

WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline

Version 24

The purpose of this guidance document is to allow the Washington State Department of Corrections (DOC) to better respond to the emerging COVID-19 outbreak. This document covers screening, assessment, testing and infection control of patients housed in Washington DOC facilities. New information is italicized and highlighted yellow.

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Screening

- 1) **Patients presenting with symptoms prior to Health Services contact or in a work release:** Direct the patient to immediately don a surgical mask, place them in an isolated area within the facility and contact Health Services or the Community Corrections Supervisor or designee respectively.
- 2) **Intersystem intakes (Patient arriving from other than a DOC facility):** All intersystem intakes coming into DOC facilities will have a temperature taken and will be asked the two screening questions listed below as a. and b. If any of the three screening items are positive, the patient should immediately don a surgical mask and be placed in an isolated area.
- 3) **Intersystem intakes originating from the community,** such as patients from community custody field offices, work release, or community custody violators in jails will be screened prior to transport. If the patient screens

positive they should be transported by staff in PPE per the [Transportation of patients with suspected or confirmed COVID-19 disease](#) section below.

- 4) **Patients presenting with symptoms in Health Services:** Patients with symptoms concerning for COVID-19 should immediately don a surgical mask and be placed in an isolated area.
- 5) **Intrasystem intakes (Patients transferring to another DOC facility):** All intrasystem intakes should have a temperature taken prior to boarding and upon exiting the transport bus. If the patient has temperature greater than 100.4F immediately direct the patient to don a surgical mask, place them in an isolated area, and contact health services.
- 6) **Active screening of staff (and residents in Work Release):** All staff entering DOC facilities will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Staff screening positive due to presence of symptoms or a temperature >100.4F will not be allowed entry to the facility and will have follow up through the secondary staff screening process. Work Release residents screening positive due to presence of symptoms or a temperature >100.4F upon return to the facility will immediately don a surgical mask and be placed on medical isolation in a room alone if they do not require immediate medical attention via 911.
 - a) If staff are denied entry to a work release facility, denial forms should be sent to DOCDLWRSL2S@DOC1.WA.GOV by the end of the shift.
 - b) If staff are denied entry to a prison facility, CCD office or HQ/CI denial forms should go to <mailto:DOCOccupationalHealthandWellness@DOC1.WA.GOV>
- 7) **Active screening of patients prior to entering Prison Health Services:** All patients entering Health Services areas for scheduled or unscheduled care will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Patients screening positive will immediately don a surgical mask and be placed in an isolated area for evaluation, according to the [Health Services Evaluation](#) section below.

Initial Evaluation

- 1) For instructions on proper donning and doffing of PPE see the following [video](#) and/or [document \(Spotter guide\)](#). The purpose of this video is to demonstrate proper donning and doffing of PPE. For detailed guidance regarding appropriate PPE for each clinical situation, see the [PPE matrix](#) or the [Infection Control and Prevention](#) section of this document.
 - a. If a health care provider is unable to be fit tested, they can use PAPR instead of N95 (if there is not an established procedure for disinfecting PAPR hoods at facility, the used hood should be disposed of).
- 2) Work release staff escorting an individual who had a positive screening should ask the individual to wait outside or 6 feet away until they put on appropriate PPE based on whether the resident has symptoms or not
 - a. If possible, escort the patient while maintaining 6 feet of distance to a room to be by themselves for medical isolation
 - b. Any surfaces touched during the escort should be disinfected, including doors.
 - c. Once the resident is in medical isolation, work release staff should assess temperature and then immediately notify the Community Corrections Supervisor (CCS). The CCS will contact the Work Release Medical Consultant or if not available or after hours, the COVID Medical Duty Officer (**564-999-1845**).
- 3) In Prison, any health care provider making close contact with symptomatic patients referred from the screening section above should don personal protective equipment *before* the evaluation, including a fit-tested N95 mask, gloves, eye protection defined as goggles or a face shield, and gown.
 - a. Nurse performs a clinical assessment, including temperature check, and asks the following 2 screening questions:

- i. Do you have a fever **OR** any new cough, shortness of breath, sore throat, diarrhea, *muscle aches that cannot be attributed to another cause*, or loss of taste/smell?
 - ii. Did you have contact with someone with possible COVID-19 in the previous 14 days?
 - b. If the answer to either screening questions is yes, or temperature is greater than 100.4F, notify a healthcare practitioner for further assessment:
 - i. If a practitioner is available onsite, they will assess the patient clinically and decide whether symptoms are compatible with COVID-19 disease or other influenza-like illness. If yes, proceed to step C.
 - ii. If no practitioner is onsite, the nurse will discuss the patient's case with the practitioner.
- 4) All patients screening positive for symptoms or fever who are placed in medical isolation should be tested for COVID-19 and other respiratory viruses as described in the Testing Procedure section below.
- 5) Medical record should be reviewed to identify if the patient has any [CDC designated high risk conditions](#)
- 6) The practitioner will determine the following:
 - a. Level of care based on acuity
 - i. To emergency department for severely ill patients
 - ii. To a negative pressure room for any non-severely ill patient if one is available and the patient requires IPU level care, under airborne medical isolation precautions.
 - iii. To a facility or community medical isolation unit for those with mild or moderate symptoms of influenza-like illness while awaiting test results.
 - iv. Symptomatic patients with influenza-like illness should NOT be transferred to a Regional Care Facility unless a positive COVID-19 test is confirmed.
- 7) Patients remaining in a prison or work release facility will have the following diagnostic workup:
 - a. COVID-19 nasal PCR testing upon medical isolation and repeated in 48 hours, if negative **or not yet back**
 - b. Patients in prison will have additional on-site work-up:
 - i. During influenza season (October through the end of March) perform rapid influenza testing as available (**based on [Washington State Surveillance Data](#)**) along with the first COVID-19 test if the patient has respiratory symptoms
 - ii. If the initial COVID-19 test and rapid influenza test is negative AND it is influenza season (October through the end of March) send a viral respiratory panel (Interpath # 2910) along with the second COVID-19 test if the patient has respiratory symptoms
 - iii. Consider other diagnostic testing as clinically appropriate, i.e. **CBC with differential, complete metabolic panel**, chest x ray and blood cultures for community acquired pneumonia and/or sepsis.
 - iv. In the event that the patient is unable to be tested (for example if testing is declined) but for whom clinical suspicion remains, the patient should be isolated for presumptive COVID-19 disease.
- 8) For further guidance on clinical care of patients with COVID-19 see [National Institutes of Health COVID-19 Treatment Guidelines](#) **and the [DOC Use of Remdesivir protocol](#)**.
- 9) Any patients presenting to Health Services for evaluation of influenza-like illness will not be charged a co-pay per the Washington DOC Health Plan.

10) For questions or consultation regarding evaluation or management of patients with suspected or confirmed COVID-19 call the DOC COVID medical duty officer phone: 564-999-1845

Case Reporting

- 1) Notification of isolated patients with known or suspected COVID-19 in prisons or work release should be sent by email to [dcccovid19cases@doc1.wa.gov](mailto:dccovid19cases@doc1.wa.gov) and for work releases also send to the Work Release Medical Consultant at maryann.curl@doc1.wa.gov.
- 2) All positive COVID-19 test results for DOC patients should be immediately reported via phone to the COVID Medical Duty Officer (phone **564-999-1845**). Work release should first attempt to call the Work Release Medical Consultant during work hours.
- 3) Other notifications should occur as per the [mapping checklist](#).
- 4) The IPN or Work Release Medical Consultant or designee will report positive COVID cases to their local public health jurisdiction. If the patient was transferred to a second facility for medical isolation or care, the case should be reported to the local public health jurisdiction of the patient's original location. Do not use regular email to communicate health protected information with outside agencies. Personal identifying information may only be reported via an encrypted email (encrypt by putting [SECURE] at the beginning of the email subject line), fax or by phone.
- 5) The IPN and Work Release Medical Consultant will enter the information about the case of suspected/confirmed COVID-19 and the information about the exposed patients on the Influenza-Like Illness Log found on SharePoint Health Services. To access the log, go to SharePoint Health Services, select medical, under the Infection Prevent Library on the left hand side choose the option that states "Influenza-Like Illness Log".
- 6) *Patient rapid antigen test results will be reported per the section [Testing Procedures #4](#) below*

Infection Control and Prevention

Infection control and prevention principles:

- 1) Definitions:
 - a) **Medical isolation:** Separating a symptomatic patient with a concern for a communicable disease from other patients. Medical isolation status also applies to asymptomatic patients testing positive for COVID-19.
 - b) **Quarantine:** Separating asymptomatic patients who have been exposed to a communicable disease from other patients through close contact.
 - c) **Cohort:** Grouping patients infected with or exposed to the same agent together. Isolated and quarantined patients should NOT cohort together.
- 2) The following recommendations should be made for prevention of COVID-19 :
 - a) All incarcerated individuals in facilities, including work releases, will wear DOC provided mandatory routine face coverings when out of cell or when within 6 feet of others
 - b) Perform frequent hand hygiene
 - c) Perform frequent cleaning of cell/room throughout the day, especially high touch areas
 - (1) Highly discourage the use of bleach as this can exacerbate conditions for those patients with underlying lung disease
 - d) Avoid contact of high-touch surfaces
 - e) Limit movement in the facility

- f) Social distancing (staying at least 6 feet from others) should be maintained during Day Room, Yard, Gym, Dining Halls, Religious Services, Pill Line, and other areas where the incarcerated population congregates. Recommend signage to help identify where people should stand or sit when in these areas and to specify maximum capacity based on distancing in these areas as appropriate (i.e. dayrooms and dining areas).
- 3) PPE must be changed between EVERY patient in medical isolation or quarantine any time there is close contact except in the following situations:
- a) Regional Care Facilities and tiers, units or pods of medical isolation units where ALL patients have a confirmed positive result for COVID-19:
 - a) It is not necessary to change eye protection, mask/respirator, and gown between each patient.
 - b) Hand hygiene and new gloves are still needed between each patient. This can be achieved by double gloving, removing the outer gloves, disinfecting the inner gloves, and putting on new outer gloves between patients.
 - c) All PPE should be changed if visibly soiled.
 - b) If wearing a face shield for eye protection, then it may not be necessary to change mask/respirator between each patient as long as the shield covers the extent of the mask/respirator. More detail in the N-95 reuse section.

4) Facility management of isolated/quarantined patients:

- a) If possible, cluster cases in medical isolation within in a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population
- b) If possible, medical isolation areas should not be located in units housing quarantined patients or general population individuals unless it has been confirmed by environmental analysis that medical isolation cells are under negative pressure and air is ventilated into the outdoors.
- c) If patients are in medical isolation or quarantine, allowances will be made to accommodate patients:
 - a) Television, playing cards and/or other recreational activities will be provided
 - b) There will be no cost to the patient for the duration of their stay
 - c) All patients/residents placed in medical isolation/quarantine will be issued hygiene kits and new clothing as needed

d) Management of patients receiving outpatient hemodialysis on-site at Monroe Correctional Complex will be managed as follows:

(1) Universal source control measures

- (a) While in the MCC dialysis unit with patients not on quarantine or isolation, staff should wear a surgical mask, face shield, gown and gloves.**
- (b) ALL patients should wear a surgical mask at all times while they are in the dialysis unit.**
- (c) Patients who are not on isolation or quarantine status should never cohort with quarantine or isolation patients in the dialysis unit.**
- (d) Clean and disinfect dialysis unit and machines after patient use per current protocols.**
- (e) Screen patients at entry to the dialysis unit per current Washington DOC COVID-19 protocol, if positive at screening refer to sections 2 below as clinically appropriate**
- (f) Adequate supplies for hand sanitizing should be placed within reach of dialysis chairs for patient use.**
- (g) Maintain 6 feet of distance between all patients regardless of COVID status at all times while in the dialysis unit.**
- (h) Patients should move to the dialysis unit in a manner that avoids all possible close contacts with each other and with other patients and staff in the MCC WSR Health Services and IPU area.**

(2) COVID quarantine and isolation patients requiring dialysis

(a) While in the dialysis unit with patients on quarantine or isolation status staff should wear the following PPE at all times, and this PPE should be changed between patients after any close contact: Fit-tested N95 respirator, face shield, gown, and gloves

(b) Quarantine patients can be cohorted together during dialysis sessions with strict physical distancing maintained.

(c) Quarantine patients should never be cohorted with medical isolation patients in the dialysis unit.

(d) Isolation patients can be cohorted together during dialysis sessions with strict physical distancing maintained.

(e) If multiple groups of patients, based on their COVID status, require dialysis on the same day the groups should be scheduled in the following order from earliest to latest in the day:

(i) Patients not on COVID quarantine or isolation status

(ii) Patients on quarantine status

(iii) Patients on isolation status

(3) Disinfection of the hemodialysis unit [SEE section on Environmental Cleaning below]

e) Provision of health care

a) Routine health care will be provided at cell front.

b) Medications will be given at cell front **and in alternative living units**

c) Insulin and other diabetic services will be given at cell front **and in alternative living units**

d) Routine mental health services will be provided at cell front

e) Emergency medical needs will be assessed immediately by medical personnel, as required. Patient will be transported as deemed necessary if a higher level of medical care than can be delivered in the unit is required. There is not a medical indication for restraints during transport. Patient will don a surgical mask if it is not contraindicated anytime they are outside their cell/room.

f) In Work Release:

(1) Should a resident on medical isolation or quarantine need to be taken by work release staff to get COVID-19 testing, follow the instructions in section [Transportation of Patients with Confirmed or Suspected COVID-19 Disease](#)

(2) Notify the Work Release Medical Consultant if a patient in medical isolation or quarantine is on CPAP, BiPAP or uses a nebulizer machine.

(3) Notify the Work Release Medical Consultant if a patient who will be transferred to a community medical Isolation/Quarantine Facility is on a pill line medication.

f) Meals will be provided by Food Services and delivered to the cell/room.

a) The Unit staff will notify Food Services at the beginning of each shift the number of meals that are needed

b) PPE per the matrix will be worn when picking up used trays

g) Education Programs will be suspended

h) Phone Use in Medical Isolation and Quarantine:

a) Phone Use in Prison Medical Isolation and Quarantine for Areas WITH In-Cell Phone Use:

(1) Staff shall don appropriate PPE:

(a) Symptomatic patients with presumed or confirmed COVID-19: **N95 respirator, eye protection, gown, and gloves**

(b) Asymptomatic patients with presumed or confirmed COVID-19: **surgical mask, eye protection, gown and gloves**

- (2) Staff shall cover the phone handset with a plastic sleeve and use tape/bands to cinch both ends to enclose the entire handset
 - (3) Patient will wear a surgical mask, if they are medically able to do so
 - (4) Staff shall pass the handset of the phone to the patient via the cuff port or an opening of the door if necessary
 - (5) Staff shall have the patient wash his/her hands immediately after using the phone
 - (6) Staff shall carefully remove the plastic sleeve from the phone and dispose of it in the garbage container
 - (7) Staff shall remove PPE appropriately and then sanitize or wash hands as per protocol
 - (8) Staff shall spray disinfectant over the entire phone, let it sit for 10 min., and put on new gloves before wiping it off
- b) Phone Use in Work Release Medical Quarantine or Medical Isolation for areas with available mobile phones:
- (1) Mobile phones should preferentially be used for patients in medical isolation if there is limited availability
 - (2) One phone should be issued to each individual for the duration of their medical isolation or quarantine and the phone number should be recorded in the WR COVID-19 SharePoint through the Incident Recorder.
 - (3) If limited phones are available, the phone must be disinfected between each patient by spraying a rag with disinfectant and wiped down completely (Do not spray the phone directly) and wait the designated time for proper disinfection according to the manufacturer's guidelines.
- c) Phone Use in Medical Quarantine for Areas WITHOUT phones available in-cell/room for use:
- (1) Patients in quarantine will wear a surgical mask when out of their cell/room, including for the full duration of the phone call
 - (2) Patients should be cohorted for phone use, so that they are outside their cell/room with the same patients each time
 - (3) If 6 feet of distance does not exist between phones, then either some phones will not be available for use in order to create distance or physical barriers will be placed between each pay phone
 - (4) Disinfectant and a clean rag will be available for the patient to wipe down the phone hand-set before and after use (Do not spray the phone directly)
- d) Isolated patients should have access to in cell/room phone use and should not need to come out to use the phone
- i) **Showers in Medical Isolation and Quarantine:**
- a) Patients in Medical Isolation and Quarantine will be allowed to maintain personal hygiene including showers according to the following:
 - (1) For patients in medical isolation showers should be offered starting on day 7 per custody unit/house schedule. *However, if a housing unit is only housing patients with confirmed COVID-19 by PCR, showers can be per normal unit operations without delay as long as staff are able to maintain safe distancing during the process.*
 - (2) For patients in quarantine, showers should be offered per custody unit/house schedule throughout duration of quarantine.
 - (3) Quarantined patients should be cohorted and must remain at least 6 feet apart for showering.

- (4) Patients must wear a **surgical mask** at all times while out of their cell.
- (5) The showers will need to be disinfected according to the manufacture's guidelines after each shower.
- (6) Showers should not be vigorously scrubbed, deep cleaned, or power washed due to concern that these methods could cause virus to be aerosolized.
- (7) PPE for staff or incarcerated individuals cleaning showers used by patients in Medical Isolation or Quarantine:

(a) surgical mask, disposable gown, gloves and eye protection

Infection Prevention and Control Categories:

Medical isolation:

- 1) Medical isolation status is indicated for patients in the following clinical situations:
 - a) Patients identified as having an influenza-like illness or other symptoms potentially caused by COVID-19, **even if they have previously been diagnosed with COVID-19**
 - b) Asymptomatic patients testing positive for COVID-19.
- 2) As soon as staff become aware that a symptomatic patient is suspected or confirmed as a COVID-19 case, staff should direct the patient to put on a surgical mask until the patient can be isolated in a cell/room.
 - a) Each work release, field office, housing unit and Shift Commander's office will maintain a supply of surgical masks
 - b) Surgical masks will be made available in prison clinic waiting rooms
 - a. Staff will don PPE, isolate the patient/resident. Notify Prison Medical if they are identified outside the prison clinic. Work release staff should assess temperature and then immediately notify the Work Release Community Corrections Supervisor (CCS). The CCS will contact the Work Release Medical Consultant) or if not available or after hours, the COVID Medical Duty Officer (**564-999-1845**).
- 3) If the patient/resident is off the living unit or out of the work release at the time COVID-19 symptoms are noted, staff working with the patient/resident will notify the applicable housing unit or work release staff on shift and CCS that they are sending the patient/resident back for single cell/room confinement until the patient can be assessed by medical or work release staff
 - a) If a single room is not immediately available, confine the patient at least 6 feet away from others until they have been evaluated by or discussed with medical
 - b) If the patient is already in the living unit or work release, isolate the patient in their cell/room
 - c) Once the resident is in medical isolation, work release staff should assess temperature and then immediately notify the Work Release Supervisor. The CCS will contact the Work Release Medical Consultant (**509-318-3498**) or if not available or after hours, the COVID Medical Duty Officer (**564-999-1845**).
- 4) Droplet Precautions will be initiated:
 - a) Droplet Precaution Medical isolation signs will be hung outside the room at cell/room front
 - b) Proper PPE and a trash can will be available outside the medical isolation cell or somewhere easily accessible
- 5) All patients placed into medical isolation for influenza-like illness will be tested for COVID-19 **by PCR if they have never had confirmed COVID-19 before**, unless the patient refuses.

a) *If the patient previously had COVID-19 within the past 180 days, testing for COVID-19 will be by rapid antigen testing. If it is greater than 180 days since the patient had a positive COVID-19 test, then standard COVID-19 PCR testing will be done.*

- 6) All patients requiring medical isolation under this protocol who require ongoing use of aerosol generating medical treatments such as continuous positive airway pressure or nebulized bronchodilator treatment should be housed in negative pressure isolation rooms, if available, until release criteria have been met as described in Clinical Management of Medical Isolation Patients #3b below. If a negative pressure isolation room is not available at the facility, consult the COVID Medical Duty Officer to discuss placement.

PPE for medical isolation:

- 1) In the following situations PPE will be comprised of an **N95 mask, eye protection, gown, and gloves**:
 - a) Close contact with patients with suspected or lab confirmed COVID-19 while symptomatic with cough or sneezing.
 - b) While performing diagnostic nasopharyngeal swab sample collection or any other potentially aerosol generating procedures.
- 2) In the following situations PPE will be comprised of a **surgical mask, eye protection, gown, and gloves**:
 - a) When speaking with a symptomatic patient without close contact.
 - b) Any patient who has tested negative for COVID-19 but remains in medical isolation and continues to be symptomatic
 - c) Patients with suspected or lab confirmed COVID-19 without cough or sneezing.
 - d) Asymptomatic patients who have tested positive for COVID-19.
- 3) All staff must wash hands with soap and water or with alcohol sanitizer after leaving a patient's cell and removing gloves.
- 4) A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.

Facility Management of Patients on Medical Isolation Status:

- 1) Custody will work with medical staff to determine the best location to house patients on medical isolation status.
- 2) If single cell is not available, it is acceptable to cohort patients with COVID-19 together if they both/all have lab confirmed disease *by PCR testing* and do not have other communicable diseases concurrently (i.e. influenza or another viral respiratory disease). *Do NOT place an isolated patient diagnosed with COVID-19 by rapid antigen testing with another patient with COVID-19 unless confirmed with a PCR test. This can include patients who have been tested by rapid antigen outside our system, like in a jail or community hospital or emergency room*
- 3) Patients in medical isolation must be housed separately from asymptomatic exposed patients (quarantined).
- 4) If possible, avoid isolating patients with suspected or confirmed COVID-19 in cells with open bars.
- 5) As a general rule, isolated patients will not be allowed out of the cell unless security or medical needs require it
- 6) If an isolated patient needs to be out of their cell, they will don a surgical mask during the necessary movement
- 7) Staff will ensure that the patient goes where directed by communication between the sending and receiving area staff
- 8) Any pill line medications will be delivered by medical or work release staff unless medical staff determines the need for a different protocol
- 9) A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.

- 10) Patients in work release will be issued a cell phone so that they can contact staff as needed without leaving their room. The phone number of the phone given to the resident should be sent to the Reentry/CCD Unified Incident Command Recorder so that staff can also contact the resident as needed.

Clinical management of medical isolation patients:

- 1) Patients isolated in a living unit in prison with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every shift, *with consultation with* a practitioner as clinically indicated.
 - a) Patients testing positive for COVID-19 who are initially symptomatic can be assessed once per day once they become asymptomatic for 24 hours. See #5 in this section for more information.
 - b) Patients testing positive for COVID-19 who have never been symptomatic should be assessed twice per day throughout the medical isolation period. See #6 in this section for more information. If symptoms develop assess patient every shift as in number 1.a) above.
 - c) For patients testing negative for COVID-19 once and positive for influenza refer to the Seasonal Influenza Protocol for continued management.
 - d) For patients testing positive for both COVID-19 and influenza:
 - i) The case should be discussed with the Facility Medical Director and COVID medical duty officer/infectious disease consultant
 - ii) The patient should NOT be placed in a Regional Care Facility
 - iii) The patient should remain in medical isolation for 14 days after becoming asymptomatic according to COVID-19 isolation criteria
 - iv) Antivirals for influenza should be used if clinically appropriate
- 2) Prison medical practitioners should document an assessment on all patients entering medical isolation for confirmed or suspected COVID-19 within one business day
 - a) If symptomatic, patients should be assessed by medical practitioner daily until asymptomatic for 24 hours.
 - b) If asymptomatic, patients should be assessed by medical practitioner if there are any clinical concerns. Once the patient is thought to be symptomatic daily assessments by the medical practitioner should occur.
 - c) If there is clinical concern about placement of symptomatic patients, the practitioner will discuss with the Facility Medical Director and COVID Medical Duty Officer as indicated to determine if transfer to a Regional Care Facility is appropriate. Transfers to a higher level of care in the community are made at the facility level.
- 3) Patients isolated in work release with suspected or confirmed COVID-19
 - a) If symptomatic, patients will be discussed with the Work Release Medical Consultant (509-318-3498) or if not available, the COVID Medical Duty Officer (564-999-1845)
 - b) Staff will evaluate the resident at least every shift while the resident has symptoms
 - i) Temperature check using a no touch thermometer. Residents can self-check their temperature and pass back the thermometer to staff to be read.
 - ii) Screened for COVID-19 symptoms either at the door maintaining 6 feet of distance or via their issued mobile phone with consultation with the Work Release Medical Consultant for a temperature of 100.4°F or any report of concerning symptoms
 - c) Patients testing positive for COVID-19 who are initially symptomatic can be assessed once per day once they become asymptomatic (symptoms resolve) for 24 hours.
 - d) Patients testing positive for COVID-19 who have never been symptomatic will be assessed twice per day throughout the medical isolation period. If symptoms develop assess patient every shift as in number 3.b) above.

- e) For patients testing negative for COVID-19 once and positive for influenza refer to the Seasonal Influenza Protocol for continued management.
 - f) For patients testing positive for both COVID-19 and influenza, contact the Work Release Medical Consultant immediately for instructions on how to manage the resident.
 - g) Any time staff or the resident themselves feel the resident requires a higher level of care, 911 should be called without delay and the Work Release Medical Consultant (509-318-3498) should be notified as soon as possible.
 - h) Transfer to a community medical Isolation/Quarantine Facility or Regional care facility will be in discussion with the Work Release Medical Consultant
 - i) The Work Release Medical Consultant will work with the Department of Health (DOH) and the Local Health Jurisdiction (LHJ) to see if testing can be arranged, if testing is unavailable on site.
- 4) Patients with laboratory confirmed COVID-19 will remain in medical isolation until they have been asymptomatic for 14 days OR until they have been in medical isolation for 20 days from **COVID-19 test date** as long as their symptoms are improving and they have been afebrile (without fever reducing medication) for 72 hours with the following exceptions:
- a) Patients with confirmed COVID-19 who are significantly immunocompromised may continue to shed contagious virus after the medical isolation period is complete. To prevent potential spread of COVID-19 disease from these patients additional time in medical isolation may be required.
 - i) Any patient with significant immunocompromise by diagnosis or medication as determined by a medical practitioner will be discussed with the COVID medical group by the practitioner calling the COVID Medical Duty Officer phone prior to release from medical isolation in order to determine a strategy to ensure safe release from medical isolation.
 - b) Patient with confirmed COVID-19 who require ongoing use of medical treatments that may aerosolize virus, such as nebulized bronchodilators and continuous positive airway pressure (CPAP or BIPAP). In work release, notify the Work Release Medical Consultant. In prison, it will **require two negative COVID-19 rapid antigen tests at least 24 hours apart** prior to release from the negative pressure isolation room. **If no negative pressure isolation rooms are available, discuss appropriate housing with the CMO, deputy CMO or infectious disease consultant.**
 - i) Perform the first **rapid antigen** test on day 15 of medical isolation
 - ii) The patient will remain in a negative pressure isolation room until they have tested negative for COVID-19 on two consecutive tests 48 hours apart. If the patient tests positive for COVID-19 retain in negative pressure isolation and repeat the test in 7 days.
- 5) Removal of patients from medical isolation status requires review by the Infection Prevention Nurse or designee or Work Release Medical Consultant or designee for prisons and work releases respectively.
- 6) Patients who tested negative for COVID-19, influenza, and other respiratory viruses will remain in medical isolation until:
- a) they have been asymptomatic for 14 days, unless they have a definitive confirmed alternative diagnosis that explains their symptoms, such as in the following example:
 - i) Fever explained by infection at another site, such as UTI or cellulitis
 - b) **OR** they have been asymptomatic for at least 72 hours and have tested negative for COVID-19 twice with at least 48 hours between tests
- 7) Patients with symptoms who are isolated for suspected or confirmed COVID-19 disease who become asymptomatic:

- a) After an isolated patient is asymptomatic for 24 hours, the intensity of monitoring can be decreased to once daily temperature, *oxygen saturation*, and symptom checks at cell front. Patients with recurrence of symptoms should be evaluated by a medical practitioner.
 - b) Recommended PPE for these asymptomatic medical isolation nursing checks will include **surgical mask, eye protection, gown, and gloves**.
 - c) Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's medical isolation cell.
- 8) Asymptomatic patients testing positive for COVID-19:
- a) Place in medical isolation for 14 days from the date of the positive test if the patient remains asymptomatic
 - b) Continue nursing assessments two times per day, including temperature, oxygen saturation, and symptom checks at cell front to monitor for the development of symptoms.
 - c) If the patient subsequently becomes symptomatic, follow the medical isolation criteria in Medical Isolation section below.

Quarantine:

Patients who are asymptomatic but have been in close contact with confirmed or suspected COVID-19 patients should be placed on quarantine status.

PPE for staff interacting with quarantined patients:

- 1) Whenever possible, staff should avoid close contact with patients in quarantine. For example, in an open dorm style housing unit, have patients sit on their bed during tier checks. When in a quarantined unit or house, when close contact is not necessary, staff will don the following PPE: **surgical mask, eye protection, and gloves**.
- 2) When close contact is necessary, staff will don the following PPE: **surgical mask, eye protection, gloves plus gown**.

Nursing and Unit/Work Release Management of Patients on Quarantine Status:

- 1) Quarantined patients ideally should be housed alone or cohorted when determined by medical to be necessary with other quarantined patients from the same exposure.
- 2) If the patient develops symptoms or fever while on quarantine
 - a) Prison health services will perform a full assessment upon entering the cell in PPE appropriate for symptomatic patients including an N95 mask
 - b) Work release staff, will call the Work Release Medical Consultant to discuss any reported symptoms or fever without the need to enter the room
 - c) The patient should be moved to medical isolation as appropriate
- 3) Patients in quarantine should don a **surgical mask** anytime they leave their cell.
- 4) Any pill line medications will be delivered to the quarantined patient by medical or work release staff unless staff determines the need for different protocol.
- 5) A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell/room or unit/house to assist staff in proper doffing of PPE.
- 6) Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's quarantine cell in prison.
- 7) Signage indicating that the quarantine areas are under droplet precautions will be hung at the cell/room, unit, or tier level.

Clinical Management of Patients on Quarantine Status:

- 1) Asymptomatic patients are placed on quarantine status after being identified as a close contact of a symptomatic suspected COVID-19 case or a confirmed COVID-19 case. In work release the close contact can occur in the house or in the community.
- 2) *Asymptomatic patients who previously tested positive for COVID-19 within the past 90 days do not need to quarantine even if they have had a close contact with a confirmed case. Quarantine is still necessary if it has been 90 days or more since testing positive for COVID-19.*
- 3) Patients placed into quarantine status who are close contacts of confirmed (by a positive COVID test) cases will be tested for COVID-19 with a viral PCR test within *one business day* of the positive test result. In work release, the Work Release Medical Consultant will work with the Department of Health (DOH) and the Local Health Jurisdiction (LHJ) to see if testing can be arranged, if testing is unavailable on site.
 - a) Quarantine patients testing positive for COVID-19 or who become symptomatic will be transferred to medical isolation. Further management of these patients is described in the Medical Isolation section.
 - b) Patients testing negative for COVID-19 will remain on quarantine status. They will be retested for COVID-19 on quarantine day #7.
 - i) Patients testing negative for COVID-19 will remain on quarantine status until 14 days from the time of last contact with the index case has elapsed.
 - ii) Patients who test positive for COVID-19 or become symptomatic will be transferred to medical isolation. Further management of these patients is described in [Medical Isolation](#) section.
 - c) *Asymptomatic patients placed on quarantine who have previously tested positive for COVID-19 within the past 180 days will not be retested by PCR for COVID-19.*
- 4) Close contacts of patients who test negative for COVID-19 may only be released from quarantine if the associated symptomatic patient tests negative for COVID-19 on two tests at least 48 hours apart:
 - a) If repeat testing is not available, close contacts of patients testing negative once for COVID-19 may be released from quarantine 14 days after their last contact with the symptomatic patient per the Medical Isolation section above.
- 5) At a minimum, patients in quarantine **in prison** will be assessed twice daily by nursing staff. The assessment will include a temperature check, oxygen saturation, and monitoring for development of any symptoms at a minimum. If the patient develops symptoms, fever, or oxygen desaturation while in quarantine, they will be assessed by a medical practitioner per Health Services Evaluation section step #3.
 - a) For stand-alone camps, Health Services staff will determine scheduling to accommodate assessment of quarantined patients 7 days per week.
 - b) If a quarantined patient develops symptoms of COVID-19, they will be immediately removed from quarantine, if they were housed with other asymptomatic patients, and placed into medical isolation. If cohorted with other asymptomatic patients, the quarantine period for those patients will be reset to day 0 of 14.
 - c) If the symptomatic patient lived in dormitory-style housing, consider quarantining an entire dorm or wing of a housing unit. If multiple cases occur in the same living unit refer to the [Outbreak Testing and Management](#) section.
 - d) Staff performing nursing assessments of patients in quarantine should do so by discussing development of symptoms and perform temperature check at the cell front after donning PPE outlined above. Assessments should be documented on [13-583 Influenza-Like Illness Assessment Flow Sheet](#).

- i) Disposable thermometers should be used by patients if available. If multi-use thermometers must be used, they should be disinfected in between patients.
- 6) Patients quarantined in **work release** due to an exposure will be called on their issued mobile phone by staff at least twice per day to ask if they have any symptoms
 - a) If a quarantined patient develops symptoms of COVID-19, they will be immediately removed from quarantine, if they were housed with other asymptomatic patients, and placed into medical isolation in discussion with the Work Release Medical Consultant and if not available, the COVID Medical Duty Officer. If cohorted with other asymptomatic patients, the quarantine period for those patients will be reset to day 0 of 14.
 - b) Transfer to a community medical Isolation/Quarantine Facility or Regional care facility will be in discussion with the Work Release Medical Consultant
 - c) If multiple cases occur in the same work release refer to the [Outbreak Testing and Management](#) section.
- 7) Close contacts of patients who test positive for COVID-19 will remain in quarantine 14 days after the last exposure to the patient.
- 8) Removal from quarantine status requires review by Infection Prevention Nurse or designee or Work Release Medical Consultant or designee in prisons and work releases respectively.
- 9) All patients requiring quarantine under this protocol who require ongoing use of aerosol generating medical treatments such as continuous positive airway pressure or nebulized bronchodilator treatment should be housed in negative pressure isolation rooms, if available, until the quarantine period is completed. If a negative pressure isolation room is not available, consult the COVID medical duty officer to discuss placement.

Routine Pre-procedure COVID-19 Testing:

- 1) Health care providers may require routine COVID-19 testing of asymptomatic patients prior to surgical, **dental**, or other procedures.
 - a) Patients may be housed in their usual housing units without special quarantine or medical isolation procedures while awaiting test results.
 - b) Staff interacting with these patients may do so without additional PPE other than a **routine face mask**.
 - c) *Patients should be tested 24 hours prior to their planned procedure.*
 - d) *Test the patient with COVID-19 [rapid antigen test](#) as described in the Testing Procedure section below, including test result documentation and reporting.*
 - e) *For patients testing positive with the rapid antigen test:*
 - i) *Place patient alone in cell in a medical isolation unit that does not have contact with other COVID-19 positive patients*
 - ii) *Confirm the positive test using COVID-19 PCR testing as described in the Testing Procedure section*
 - (1) *If confirmatory PCR is positive, the patient can be housed with other confirmed COVID-19 cases*
 - (2) *If confirmatory PCR is negative, repeat PCR testing should be sent. The patient should remain in a single cell in medical isolation while awaiting results*
 - (a) *If the second COVID-19 PCR test is negative, the patient is considered COVID-19 negative and can be removed from isolation if remaining asymptomatic*
 - (b) *If the second COVID-19 PCR test is positive, the patient is considered a POSSIBLE COVID-19 case and should remain in a single cell in medical isolation to complete the isolation period.*
 - iii) *Notify the onsite or offsite consultant or their office staff that the patient tested positive and reschedule procedure after isolation is completed*
 - f) *For patients testing negative with rapid antigen test:*

- i) *The patient is considered COVID-19 negative and can proceed with the planned procedure*
- g) *Patients in work release*
 - i) *Can arrange COVID-19 rapid antigen testing in the community on their own at any of the available testing sites with the help of their community provider*
 - ii) *If rapid antigen testing is not available, standard COVID-19 PCR testing can be done on-site 72-96 hours prior to the procedure in order to get the results back in time*

Intersystem *and Intrasystem* Transfer Separation:

Intersystem transfer separation can include individuals entering or exiting DOC custody that require separation from the general population to reduce the potential risk of COVID spread

Intake Separation for Prisons:

- 1) This section applies to all intersystem intakes into DOC facilities, including:
 - a) Individuals arrested on community custody violations
 - b) Patients arriving from county jails or other detention facilities
 - c) Work release, GRE, or rapid reentry returns
- 2) Patients will be cohorted together based on day of arrival:
 - a) After testing is initiated no new patients should be added to the cohort. The cohort should have no contact with other incarcerated individuals or other cohorts until the testing process is complete.
 - b) If patients are added to arrival cohorts after the day of arrival the intake separation period resets to day 1 after the last addition to the cohort
- 3) Patients in these categories will be housed separate from the general population as a cohort after intake to the receiving facility
 - a) Within 24 hours of arrival patients in intake separation will be tested for COVID-19
 - i) If the COVID-19 test is negative and the patient is asymptomatic, the patient remains in intake separation and is re-tested on day 7 after intake. If the second test is negative, the patient can be released to the general population on day 10 post intake.
 - ii) Patients becoming symptomatic or testing positive at either point will be transferred to medical isolation and managed according to protocol.
 - iii) If a patient in an intake separation cohort tests positive for COVID-19, all patients testing negative from that cohort will be placed on quarantine status.
 - iv) If a patient in intake separation is put into medical isolation and is released from medical isolation after testing negative, they will return to intake separation status until 10-14 days have passed since arrival at the facility depending on test dates
- 4) *Proper PPE as per [PPE Matrix](#)*
 - a) *With close contact: Surgical mask, eye protection, gown and gloves*
 - b) *Without close contact: Surgical mask, eye protection, and gloves*
- 5) If a patient in routine intake separation becomes symptomatic, they should enter medical isolation status and the remaining intake cohort should be placed in quarantine for 14 days.
- 6) Removal on intake separation status requires review with the Infection Prevention Nurse or designee.
- 7) *If the patient is already on isolation at intake, due to a positive test prior to arrival, the test needs to be confirmed with a COVID-19 standard PCR test prior to placing the patient around other positive patients, if it was a COVID-19 rapid antigen test.*

Transfer Separation for Prisons and Work Release:

- 1) *This section applies to all intrasystem transfers between DOC facilities, including:*
 - a) *Between two prison facilities*
 - b) *From prison to work release*
- 2) *Patients who have had confirmed COVID-19 by PCR within the past 90 days do not need to undergo transfer separation and can be placed directly into general population upon arrival at the receiving facility. Transfer separation is still necessary if it has been 90 days or more since testing positive for COVID-19.*
- 3) *Patients will be cohorted together based on day of arrival and sending facility:*
 - a) *When possible, patients on transfer separation will be alone in cell/room*
 - b) *After testing is initiated no new patients should be added to the cohort. The cohort should have no contact with other incarcerated individuals or other cohorts until transfer separation complete.*
 - c) *If patients are added to arrival cohorts after the day of arrival the intake separation period resets to day 1 after the last addition to the cohort*
- 4) *Patients in these categories will be housed separate from the general population as a cohort after transfer to the receiving facility*
 - a) *Within 24 hours of arrival patients in transfer separation will be tested for COVID-19*
 - i) *If the COVID-19 test is negative and the patient is asymptomatic, the patient remains in transfer separation and is re-tested on day 7 after intake. If the second test is negative, the patient can be released to the general population on day 10 post transfer or as soon as the second test result is back*
 - ii) *Patients becoming symptomatic or testing positive at either point will be transferred to medical isolation and managed according to protocol.*
 - iii) *If a patient in a transfer separation cohort tests positive for COVID-19, all patients testing negative from that cohort will be placed on quarantine status.*
 - iv) *If a patient on transfer separation becomes symptomatic and is put into medical isolation, but tests negative twice and is released from medical isolation without a COVID-19 diagnosis, they will return to transfer separation status until transfer separation status and required testing is complete.*
- 5) *Proper PPE as per [PPE Matrix](#) for transfer separation is as follows:*
 - a) *With close contact: Surgical mask, eye protection, gown and gloves*
 - b) *Without close contact: Surgical mask, eye protection, and gloves*
- 6) *If a patient in routine intake separation becomes symptomatic, they should enter medical isolation status and the remaining intake cohort should be placed in quarantine for 14 days.*
- 7) *Removal on intake separation status requires review with the Infection Prevention Nurse or designee.*

Protective Separation for Prisons

- 1) Housing units with a high concentration of individuals at high risk for severe COVID-19 may be placed on protective separation status in order to reduce the risk of introduction and transmission of virus.
 - a) At the current time, the following units are on protective separation status:
 - i) CRCC-Sage East
 - ii) All DOC facility inpatient units
 - iii) Other facilities or units if designated by Prisons Health Services Unified Command
- 2) Special direction to staff working on protective separation units:
 - a) Only necessary and assigned staff should have access to this unit
 - b) Staff must wash hands before entering and exiting the unit

- c) Staff will remove and dispose of their routine face mask and don a new surgical mask prior to entering the unit.
 - d) No staff interacting with quarantined and isolated individuals should be entering these units during their assigned shift
 - e) Staff **and porters** will wear a face shield over their surgical mask when in protective separation units when in contact with patients
 - f) When not interacting with patients, staff will maintain 6 feet of distance from other staff and continue to wear a surgical mask
- 3) Special direction to incarcerated individuals living on **protection separation** units:
- a) Individuals are restricted to interacting with others only from within their living unit
 - b) Patients are provided a surgical mask for use at all times
 - c) Patients are restricted from eating in main chow halls and meals are delivered to the living unit
 - d) Individuals shall be given pill line at their cells
 - e) Individuals should be allowed to self-quarantine if they choose
 - f) Individuals should be allowed to go outside with just their living unit
 - g) Porters should be from the unit in protective isolation when possible and may not be from a unit with known active cases**
- 4) Testing of incarcerated individuals transferring into protective separation units:
- a) **For living units, like Sage East, prior to transfer into the unit, patients** will have:
 - i) Two negative COVID-19 test results and a negative viral respiratory panel (no rapid influenza test is necessary). The second COVID test should be collected with the viral respiratory panel 7 days after the first COVID test.
 - ii) The transfer should occur as soon as possible after the second test results are received.
 - iii) Incarcerated individuals should be screened the day of transfer utilizing the screening questions and temperature checks per protocol for intrasystem transfers.
 - b) Patients transferring into facility inpatient units **(IPUs)**:
 - i) Do not require testing PRIOR to transfer to the IPU**
 - ii) Patients should be screened the day of transfer utilizing the screening questions and temperature checks per protocol for intrasystem transfers**
 - iii) Upon arrival in the IPU, place transferring inpatients into single rooms, whenever possible
 - iv) After arrival, patients test patients for COVID-19 twice, one week apart with a viral respiratory panel with the second test.
 - v) Patients should not **intermix**, have access to inpatient unit day rooms, **or be roomed together** until they have had two negative COVID test results and a negative viral respiratory panel
 - vi) Patients on isolation or quarantine for COVID-19 should be placed in a negative pressure room when housed in an IPU. If no negative pressure room is available, consult with the CMO, deputy CMO, or COVID-19 provider on duty.**

PPE Requirements for Prisons and Work Release Staff:

- **Tyvek suites** are not considered appropriate PPE for the purpose of this guideline and should not be used when contacting patients with suspected or confirmed COVID-19 or those on quarantine.
- Contact with asymptomatic individuals who are not on medical isolation or quarantine:
 - a) **Gloves**

- i) Follow standard universal precautions
- b) **Routine face covering**
 - i) Follow the most current agency directives on what constitutes an appropriate face covering
- Contact with individuals on medical isolation status:
 - a) In the following situations **N95 mask, eye protection, gown, and gloves** should be worn:
 - i) Close contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic with cough or sneezing
 - ii) While performing diagnostic nasopharyngeal sample collection
 - iii) **A PAPR can be substituted for an N95 mask and eye protection once the PAPR protocol is available**
 - b) In the following situations **surgical mask, eye protection, gown, and gloves** should be worn:
 - i)
 - ii) Any contact with a patient who has tested negative for COVID-19 but remains on medical isolation
 - iii) Any close contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing
 - iv) If entering a medical isolation area to handle laundry or food service items
 - c) In the following situations PPE will be comprised of **surgical mask, eye protection, +/- gloves**:
 - i) When on a dedicated medical isolation unit but not have contact with patients.
 - ii) When speaking with individuals with suspected or lab confirmed COVID-19 without close contact.
 - iii) Wear gloves if you will be touching anything in the medical isolation unit or isolated patient's cell/room
- Contact with individuals on quarantine/**intake or transfer separation** status:
 - a) In the following situations **surgical mask, eye protection, gown, and gloves** will be worn:
 - i) If in a quarantined living unit or work release with close contact with anyone in the unit/house
 - ii) If in close contact (i.e. within 6 feet) with a quarantined individual
 - b) In the following situations **surgical mask, eye protection, and gloves** will be worn:
 - i) If in a quarantined living unit or work release without close contact with anyone in the unit/house
 - ii) If around a quarantined individual without close contact (i.e. able to maintain 6 feet of distance)
 - c) Searches:
 - iii) General pat searches require **face mask and gloves**. Gloves must be sanitized between each search.
 - iv) Pat searches of individuals in quarantine requires a **surgical mask, gown and gloves**. Gown and gloves should be changed between each pat search.
 - v) Cell/room searches and inspections in non-quarantine/medical isolation areas require a **face covering and gloves**.
- Staff active screening of patients or staff at entry into facilities, health services, or other :
 - a) **Active screening without use of a protective barrier:**
 - i) **Surgical mask, gown, gloves and eye protection**
 - ii) **When an active screener should change PPE:** If a facility active screener comes within 6 feet of a staff member or patient that screens positive PPE should be removed and discarded, hand hygiene should be performed, and new PPE should be donned prior to resuming screening.
 - b) **Active screening while using protective barrier:**
 - i) PPE should consist of **gloves and routine face mask**
 - ii) The screener should stand behind the protective barrier. Temperature should be taken by reaching around the barrier. The screener should ensure they are positioned so that the barrier blocks any potential respiratory droplets from the screened individual. If no contact was made between the

screeners and the screened individual, gloves do not need to be changed between screenings, unless they are visibly soiled or torn. Gloves should be removed and hands sanitized when not actively screening (i.e. there is no one waiting in line to be screened).

iii) If a breathalyzer screening is necessary upon return to work release on a person without COVID-19 symptoms, in addition to a protective barrier, don proper PPE per the matrix (surgical mask, eye protection, and gloves), and have the person face away from any staff when performing the test. Disinfect the breathalyzer machine after use.

- All staff working in DOC locations must wear an approved face mask while on duty.
- Staff in protective separation units will wear a face shield over their surgical mask when in patient accessible areas and will maintain 6 feet of distancing in all areas, including from other staff.
- Recommended personal protective equipment for both Health Services and Prisons/Work Release staff is summarized in the linked [PPE matrix](#).

Environmental Cleaning

- 1) Enhanced frequency of cleaning and disinfection procedures of high touch surfaces is recommended during the COVID-19 pandemic in prisons and work releases.
- 2) Disinfectant must be <https://www.epa.gov/pesticide-registration/list-n-advanced-search-page-disinfectants-coronavirus-covid-19> EPA approved for COVID-19.
 - a) [All DOC approved disinfectants are adequate for COVID-19](#).
 - b) Follow manufacturer instructions regarding contact time necessary for the disinfectant to work. Most quaternary ammonium compounds require 10 minutes of contact time, including the Pink Correct Pac solution.
- 3) Management of laundry:
 - a) Laundry from medical isolation or quarantine patients and cells will be placed in rice bags and transported in yellow bags.
 - b) In work release, the resident will notify staff by phone when they place their laundry outside their door. Staff will do the laundry for residents on medical isolation or quarantine on a weekly basis.
 - c) Proper PPE for handling of laundry includes **surgical mask, eye protection, gown and gloves**.
 - d) Contents should be treated as infectious laundry and placed into the washing machine set on hot water in the rice bag. Once out of the washing machine, it is no longer considered an infectious risk.
- 4) Food service management:
 - a) Meals for isolated and quarantined patients should be served in disposable clamshells. If trays are used, staff should wear **gloves** and wash hands before and after handling. If picking up the food trays requires entering a quarantine or medical isolation area, then a **surgical mask, eye protection, gown and gloves** are required.
 - b) In work release, the meal should be left on a chair or table outside each resident's room and the resident should be notified that it is there.
- 5) Disinfection of bathrooms in a living unit or work release, if the entire area is on quarantine
 - a) The number of people allowed to use the bathroom at any time should be limited based on space and cohorting
 - b) Prior to using the bathroom, the individual should wipe down any areas that remain wet with disinfectant from the prior user with a clean paper towel.
 - c) After using the toilet, the lid of the toilet should be closed prior to flushing if possible

- d) The person should then wash their hands thoroughly
- e) After hand washing, the person should take the spray bottle of disinfectant kept in the bathroom and starting at the back of the bathroom, spray any area that was touched, making sure to include the flush handle, toilet seat, and sink faucets while backing out of the bathroom.
- f) The spray bottle should be returned to its original location prior to leaving the bathroom
- 6) Medical waste from medical isolation and quarantined cells can be discarded using the regular waste disposal process.
- 7) Any individuals involved in cleaning rooms occupied by isolated suspected or confirmed COVID-19 cases, including DOC staff and employed incarcerated individuals, should wear the following PPE: **surgical mask, gown, eye protection and gloves.**
- 8) Rooms occupied by quarantined patients, who are moved prior to the completion of the 14-day period, should be similarly cleaned only by individuals wearing the following PPE: **surgical mask, gown, eye protection and gloves.**
- 9) Areas with potential COVID-19 exposure should not be scrubbed, deep cleaned, or power washed due to concern that these methods could cause virus to be aerosolized.
- 10) Medical isolation and quarantined areas with potential COVID-19 should not be vacuumed due to the potential for vacuuming to aerosolize virus. Regular vacuuming can restart once the area has been off medical isolation/quarantine for 7 days.

11) Disinfection of on-site hemodialysis unit at Monroe Correctional Complex before and after each group dialysis session

- a) *Cleaning and disinfecting should be performed with no patients present in the unit.*
- b) *After each dialysis session no staff or porters should enter the unit for 1 hour, at which time the unit can be entered for disinfecting.*
- c) *Staff and porters entering the unit for cleaning should wear the following PPE: Gown, gloves, eye protection, and surgical mask.*
- d) *The dialysis unit should be cleaned and disinfected on the day of the dialysis session. If there are multiple sessions per day the unit should be cleaned and disinfected prior to each session that day.*
- e) *All surfaces, equipment, and supplies within 6 feet of the patient should be disinfected or discarded*
 - i) *This includes walls, floor, cabinets, desks, countertops, and any other items within 6 feet of the dialysis station*
 - ii) *Licensed dialysis unit staff are responsible for cleaning and disinfecting the dialysis station*
 - iii) *Dialysis unit porters are responsible for cleaning and disinfecting the environment around the dialysis station as described in i) above*
 - iv) *Disposable medical supplies near the hemodialysis station should be discarded.*
- f) *All staff and porters should be educated, trained, and have competency assessed for these cleaning and disinfecting procedures*

Outbreak Testing and Management:

This guidance describes management of COVID outbreaks in DOC facilities, including recommendations for mass testing and safe unit operation.

- 1) **Outbreak definition:** An outbreak within a DOC facility is defined as:

- a. Two or more confirmed cases of COVID in incarcerated individuals occurring within 14 days who reside in the same living area or work release

OR

- b. One or more confirmed cases of COVID in an incarcerated individual AND one or more confirmed cases of COVID in staff working in proximity to the incarcerated individual case/cases occurring within 14 days
- c. Incarcerated individual COVID cases occurring in intake separation areas are not included in (a) above. Management of multiple cases in intake separation areas will be discussed with Prisons/Health Services Unified Command on a case by case basis.

2) If two or more symptomatic patients test positive for influenza please refer to the Seasonal Influenza Protocol for ongoing management.

- a. If overlapping COVID-19 and influenza outbreaks occur in the same living area contact COVID medical duty officer or Infectious Diseases Consultant.

3) **Contact tracing, mapping, quarantine, and testing:**

- a. Once an outbreak of COVID-19 has been identified, contact tracing of suspected and confirmed COVID cases will be conducted in order to identify (“map”) close contacts and determine a recommendation for quarantining of individuals and living areas.
 - i. In a prison, mapping and tracing is done by the Infection Prevention Nurse (IPN), in cooperation with the Occupational Nurse Consultant (ONC) and the facility mapping team, if staff cases are involved.
 - ii. In a work release, mapping and tracing is done by the Work Release Medical Consultant or COVID Medical Duty Officer, in cooperation with the Community Custody Supervisor
- b. Who to quarantine will be determined on a case-by-case basis considering environmental, clinical, and operational aspects of the scenario in coordination with Prisons/Health Services Unified Command or Reentry/CCD Unified Incident Command.
- c. When contact tracing is complete the identified individuals and living areas will be placed on quarantine as indicated. This may occur at the unit level, multi-unit level or facility level, based on details of the contact tracing and potential for wider exposures throughout the facility.
- d. Patients testing positive for COVID will be moved to medical isolation or a Regional Care Facility (RCF) based on level of medical care needed. Patients in work release may also move to medical isolation in the community at a facility run by DOH or, as necessary, the local health jurisdiction based on recommendations of the Work Release Medical Consultant.
- e. Testing of DOC staff should occur simultaneously with incarcerated individual testing in an outbreak setting to limit risk for re-introduction of COVID in populations that have tested negative.
 - i. In work release, the Work Release Medical Consultant will work with the Department of Health (DOH) and the Local Health Jurisdiction (LHJ) to see if testing can be arranged, if testing is unavailable on site.
- f. Staff working in outbreak areas will wear surgical mask and face shield at all times, unless the situation requires other PPE as directed elsewhere in this protocol or the [PPE Matrix](#), for example an N95 respirator replacing the surgical mask during close contact with a symptomatic patient.

- g. Patients in quarantined living areas will have symptom screening, temperature and oxygen saturation checks two times daily, and will be moved to medical isolation areas if they screen positive or become symptomatic.
 - h. When symptomatic or COVID positive patients are moved to medical isolation from a quarantined unit, the remaining cohort who were potentially exposed to the individual will have its quarantine period reset to day 1.
- 4) **Unit operation and cohorting:** Incarcerated individuals in living areas on quarantine during an outbreak situation should be placed into distinct contact cohorts at the beginning of the quarantine period:
- a. Cohorts will be comprised of the smallest number of individuals as is operationally feasible.
 - b. Patients should not change cohorts through the duration of the quarantine period.
 - c. Unit operations should be managed so that cohorts do not have contact with other cohorts in the quarantined unit or with any incarcerated individuals outside of the quarantined unit.
 - d. If essential workers, such as porters, kitchen workers, or laundry workers from the quarantined unit/facility are needed to maintain prison operations the facility, the Incident Command Post (ICP) will discuss the situation with Prisons/Health Service Unified Command at the start of the quarantine to explore solutions for providing unit services while mitigating risk of transmission.
 - e. Continuation of court-ordered programming, religious services and other prison movements outside of the quarantined area should be discussed with Prisons/Health Service Unified Command.
 - f. No transfers should occur in or out of areas on quarantine during an outbreak.
- 5) **Serial Testing and Outbreak resolution:** In quarantined areas where COVID positive incarcerated individuals are identified from initial testing:
- a. Those testing negative initially will be re-tested as soon as initial test results are available, ideally within 48 hours.
 - b. Subsequent serial testing will be repeated every seven days until all incarcerated individuals in the quarantined area have two consecutive negative results.
 - c. Once serial testing results show that all incarcerated individuals in the living area or work release have two negative tests AND they have been on quarantine status at least 14 days from their last contact with COVID positive or symptomatic patients, the living area or work release can be removed from quarantine.
- Prior to moving patients back into a quarantined living area in a prison during an outbreak situation, discuss with Prisons/Health Services Unified Command. In a work release, the situation will be discussed with the Reentry/CCD Unified Incident Command, including the Work Release Medical Consultant.

Release of Patients into the Community

- 1) *Every facility will identify a team to assist with release planning for individuals releasing on COVID-19 medical isolation or quarantine. They will also assist with release planning when the facility is on outbreak status.*
 - i) *For prisons, the release team should, at a minimum, include health services, classification, and if relevant, community custody*
 - ii) *For work release, the release team should at a minimum, include the Community Corrections Supervisor, Work Release Medical Consultant or designee, and if relevant, the Community Corrections Officer*
- 2) Patients in medical isolation:
 - a) *For any patient with confirmed COVID-19 disease in medical isolation who is releasing from a DOC facility will release in medical isolation if it is 10 days or less from symptom onset or COVID-19 test date. The facility release*

team will follow the COVID-19 release protocol when available to ensure proper transportation, housing, and community notifications are made prior to release of the individual. .

- b) If the patient with confirmed COVID-19 remains in medical isolation at the facility, but more than 10 days have passed from symptom onset or test date, they can be off isolation once outside the facility perimeter and do not require special arrangements in the community
- c) If the patient has suspected COVID-19 and their first COVID-19 PCR test has come back negative, but the second test is pending or has not yet been done, they can be off isolation once outside the facility perimeter and do not require special arrangements in the community. If there is a pending PCR test, it will be cancelled.
- d) If the patient has suspected COVID-19 and two COVID-19 PCR tests have come back negative, but the patient remains in medical isolation, they can be off isolation once outside the facility perimeter and do not require special arrangements in the community.
- e) If the patient has suspected COVID-19, but no COVID-19 test results are back yet. The patient will have a COVID-19 rapid antigen test within 24 hours of release and any pending PCR tests will be cancelled.
 - i) If the COVID-19 rapid antigen test is negative, the patient should remain on isolation in the facility, but can be off isolation once outside the facility perimeter and do not require special arrangements in the community.
 - ii) If the COVID-19 rapid antigen test is positive, the patient will be considered a preliminary positive and will release in medical isolation. The facility release team will follow the release protocol to ensure proper transportation, housing and community notifications are made prior to release of the individual.
- f) An instructional brochure will be given to every patient releasing from medical isolation in [English](#) or [Spanish](#).

3) Patients in quarantine:

- a) For any patient in quarantine for COVID-19 who is releasing from a DOC facility, the facility release team will follow the COVID-19 release protocol when available to ensure proper transportation, housing, and community notifications are made prior to release of the individual.
- b) Prior to release of a patient in quarantine, they will have a COVID-19 rapid antigen test within 24 hours of release and any pending PCR tests will be cancelled.
 - i) If the COVID-19 rapid antigen test is negative, they will release in quarantine status as planned.
 - ii) If the COVID-19 rapid antigen test is positive, they will release in medical isolation and will be considered a preliminary positive and the plan for transportation, housing, and community notification will be updated as necessary.
- c) An instructional brochure will be given to every patient releasing from medical isolation in [English](#) or [Spanish](#).

4) For facilities on outbreak status:

- a) For any patient cleared from quarantine or who has never been on quarantine for COVID-19 who is releasing from the facility, a COVID-19 rapid antigen test will be done within 24 hours of release.
 - i) If the COVID-19 rapid antigen test is negative, no special arrangements are necessary and the release can proceed as planned.
 - ii) If the COVID-19 rapid antigen test is positive, they will be immediately placed in medical isolation until release and will be considered a preliminary positive and the plan for transportation, housing, and community notification will be updated.
- b) An instructional brochure will be given to every patient releasing from medical isolation in [English](#) or [Spanish](#).

Transportation of Patients with Suspected or Confirmed COVID-19 Disease

- 1) This section refers to transportation of patients under Washington DOC jurisdiction to or between DOC facilities who are confirmed or suspected (by a licensed medical provider) to have COVID-19 disease. This includes community custody violators, work release/GRE returns, and patients currently housed in DOC facilities.
- 2) No patient with confirmed COVID-19 disease will be transported into or between DOC facilities without approval of the CMO in consultation with the COVID-19 EOC.
- 3) When a unit or facility experiences an outbreak, transfers in and out of that unit will be suspended and the situation discussed with Prisons/Health Services Unified Command or Reentry/CCD Unified Incident Command
- 4) For any patients with confirmed or suspected by a licensed medical provider COVID-19 disease being transported into or between facilities, custody officers, community custody officers, or other DOC staff in close contact with the patient will don the following PPE: disposable examination **gloves**, disposable medical isolation **gown, fit-tested NIOSH-approved particulate respirator (i.e. N-95), and eye protection**. If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.
- 5) For transport for all other individuals, staff will don the following PPE: gloves, gown, surgical mask, and eye protection. If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.
- 6) During transport the air-conditioner will be set on non-recycle per the transportation protocol
- 7) When temperature allows, front and back windows will be cracked open to allow for air flow through the vehicle
- 8) Transport of more than one patient at a time from medical isolation or quarantine will be reviewed with the Infection Prevention Nurse at the facility or Work Release Medical Consultant
- 9) A symptomatic patient will not be transported with anyone else without discussion with the DOC Nurse Desk, COVID Medical Duty Officer, Work Release Medical Consultant, or the facility Infection Prevention Nurse depending on the scenario and location of the transport.
- 10) Transportation staff should adhere to the following procedure when doffing PPE after transport of a patient with suspected or confirmed COVID-19:
 - a) Transfer patient to custody of facility staff
 - b) Doff PPE (gown/gloves/eye protection) per protocol into nearest garbage can, but keep on mask and sanitize hands
 - c) Return to vehicle and don clean gloves
 - d) Sanitize vehicle
 - e) Doff rest of PPE and sanitize hands
 - f) Don routine face mask
- 11) The transport vehicle will be cleaned and disinfected after each use.

Contact Tracing

- 1) Cases of suspected and confirmed COVID-19 in Prison will be thoroughly investigated by the Infection Prevention Nurse (IPN) with assistance as needed from the facility mapping team to identify additional contacts within the facility for the IPN to further investigate:
 - a) Review the patient's cell and living unit location, job, classes, etc. to determine who could have been exposed and needs to be quarantined.

- b) If in the course of the contact tracing it is apparent that DOC staff may have had close contact with the confirmed or suspected COVID-19 case, the IPN will send an email with case details to the following Occupational Health email address: DOCoccupationalhealthandwellness@DOC1.WA.GOV and the Facility Incident Command Post.
- 2) Cases of suspected and confirmed COVID-19 among residents and staff in Work Release will be thoroughly investigated within the facility by the Work Release Medical Consultant with assistance as needed from the Community Custody Supervisor.
 - a) The Local Health Jurisdiction will conduct the mapping and tracing of community close contacts of both staff and residents.
 - b) The Work Release Medical Consultant will determine the return to work date of staff who were mapped out of work release due to a close contact.
 - c) The secondary screeners will determine the return to work date for staff who have screened out of work release through the active screening process.
- 3) The decision to classify a contact as close or high risk and requiring quarantine will be a clinical decision by the IPN or Work Release Medical Consultant taking into consideration the guidance described here. Consultation with a DOC Infectious Disease physician or designee should be considered if any uncertainty exists regarding how to classify a contact with a suspected or confirmed COVID-19 case.
- 4) A close, or high-risk, contact with potential COVID-19 cases will be defined as follows for the purpose of this guideline:
 - a) Close contact is defined as being within 6 feet of someone with suspected or confirmed COVID-19 for a cumulative total of ten minutes within a twenty-four hour period, starting 2 days prior to symptom onset or test date (if asymptomatic).
 - b) Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
 - c) Contact not considered close or high risk include briefly entering the patient room without having direct contact with the patient or their secretions/excretions, or a *brief conversation with a patient who was wearing a facemask*.
 - d) Mitigating and exacerbating factors should be considered in determination of contact risk. For example, a suspected or confirmed COVID-19 case will be more likely to transmit disease if they are generating respiratory aerosols through actively coughing, singing or shouting during the contact, and less likely if they are wearing a facemask. Other factors to consider include: presence of any symptoms, proximity, duration of exposure, environmental factors (indoor/outdoor, ventilation in the area).
 - e) Internal reporting of medical isolation and quarantine of individuals after mapping and tracing
 - i) For Work Release, the Work Release Medical Consultant or designee will report the need to isolate a patient and the need to quarantine other patient/s or staff as indicated to the Work Release Supervisor and Reentry/CCD Unified Incident Command for work releases who will then notify Human Resources and the Headquarters EOC.
 - ii) For prisons, the IPN or designee will report the need to isolate a patient and the need to quarantine other patient/s as indicated to the Health Care Manager or designee who will then notify the facility ICP, Facility Medical Director, and Headquarters EOC.
 - f) The IPN or Work Release Medical Consultant will update the contact investigation and review medical isolation/quarantine status of the tested and exposed patients after receipt of test results.
 - g) Occupational Nurse Consultants will, in communication with the IPN, review the case for potential close contacts among DOC prison staff.

Testing Procedure

- 1) For influenza rapid point of care testing, follow test manufacturer testing instructions
- 2) For viral respiratory panel, follow Interpath lab testing instructions for test number 2910.
- 3) **Polymerase chain reaction (PCR) testing for COVID-19:**
 - a) PCR is a molecular test that detects virus genetic material and is used in all cases that testing is required by this protocol, unless other testing methods are specifically mentioned.
 - b) Upper respiratory samples appropriate for COVID-19 PCR testing can include any of the following. Patient collected nasal anterior and mid-turbinate samples *are preferred*. All sampling techniques require synthetic tipped swabs, such as dacron, nylon, or polyester, without wooden handles:
 - i) Nasopharyngeal (NP) swab:
 - (1) NP swab sample collection is considered an aerosol generating procedure that requires the clinician to wear full PPE including an N95 mask.
 - (2) Perform NP swab on both sides of the nasopharynx, with either one swab or two depending on composition of testing kit and swab availability
 - (3) Please review the following nasopharyngeal swab sample collection guidance:
 - (a) NP swab is clinician collected only
 - (b) [NP swab guidance document](#)
 - (c) [NP swab demonstration video](#)
 - ii) Nasal mid-turbinate swab:
 - (1) Nasal mid-turbinate swab can be clinician or patient collected.
 - (2) Use a flocked tapered swab. Tilt patient's head back 70 degrees. While gently rotating the swab, insert swab less than one inch (about 2 cm) into nostril (until resistance is met at turbinates). Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.
 - iii) Anterior nares specimen swab:
 - (1) Anterior nares specimen swab can be clinician or patient collected.
 - (2) Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nares and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds. Sample both nares with same swab.
 - c) There are currently two laboratory options for COVID-19 testing:
 - i) **Interpath Laboratory:**
 - (1) Testing through Interpath does not require specialized supplies for packaging and shipping as samples are picked up through the established Interpath lab courier.
 - (2) Collect COVID-19 specimen per Interpath Laboratories [test collection guidance](#).
 - ii) **Northwest Pathology:**
 - (1) Enter the Northwest Pathology online portal, [TestDirectly](#), to enter a testing order.
 - (a) Health Services staff must have pre-authorization to access this site. Contact [Jeremy Turner](#) to request site access.
 - (b) Fill out the online requisition form for patient testing.
 - (2) Collect COVID-19 specimen per Northwest Pathology [test collection guidance](#).
 - (3) Ship test sample via FedEx. Pre-paid label, shipping containers and ice packs can be ordered in advance from the [Washington Department of Health](#) or by placing an order for shipping materials through the facility Logistics Section Chief. COVID-19 viral test kits should be ordered through the facility Logistics Section Chief.

(4) Test results are available through the [Northwest Pathology online portal](#).

4) **Rapid antigen testing for COVID-19:**

- a) Watch [Module 1-4 instructional videos](#) on the webpage prior to performing the BinaxNOW COVID-19 Ag Card test on this webpage (Press yes when prompted to proceed. Scroll down to the videos below; Module 5 does not need to be viewed)
 - i) Module 1: Getting Started
 - ii) Module 2: Quality Control
 - iii) Module 3: Specimen Collection & Handling
 - iv) Module 4: Patient Test
- b) Prior to using a swab from a new box on a patient, perform a negative and positive control test as per instructions in the box or the Module 2 video above
- c) Conduct the antigen test on the patient according to the package insert
 - i) Obtaining the specimen
 - (1) Carefully insert the swab into the nostril
 - (2) Using gentle rotation, push the swab until resistance is met, less than one inch into the nostril
 - ii) Rotate the swab 5 times or more against the nasal wall then slowly remove from the nostril
 - iii) Using the same swab, repeat sample collection in the other nostril
 - iv) Test direct nasal swab as soon as possible after collection
- d) Using the test card
 - i) Remove card from its pouch just before use and lay flat (opened)
 - ii) Hovering ½ inch above the top hole, slowly add 6 drops of reagent to the top hole of the swab well (Do not touch the card with the dropper tip while dispensing)
 - iii) Insert sample swab into bottom hole
 - iv) Firmly push upward so that the swab tip is visible in the top hole
 - v) Rotate swab shaft 3 times clockwise (Do NOT remove swab)
 - vi) Peel off adhesive liner from right edge of the test card and close and securely seal the card
 - vii) Set timer for 15 minutes
 - viii) Read the result in the window 15 minutes after closing the card (It is important to read the result promptly at 15 minutes and NOT before)
- e) Interpret the results at 15 minutes
 - i) Negative: One pink line at the level of the control
 - ii) Positive: Two pink lines at the level of the control and the sample
 - iii) Invalid:
 - (1) One line at the level of the sample, but the control line is missing
 - (2) No lines at all
 - (3) A blue line at the level of the control
- f) Dispose of used test kit after reading the result in a biohazard red bag
- g) Any invalid tests should be immediately repeated using another test kit
- h) Document test result on [DOC 13-415 In-House Lab Results](#)
- i) See specific sections of this protocol to determine clinical action to take in response to the COVID-19 rapid antigen test result. In general, patients with just a positive COVID-19 rapid Ag test result:
 - i) Are considered preliminary positives until the result is confirmed with a standard PCR test
 - ii) Will be single celled and will NOT be housed with other COVID-19 positive patients in a cell or RCF
- j) Clinical scenarios in which rapid antigen testing is indicated per protocol include pre-procedure, pre-release to the community, and in patients who use aerosolizing machines such as CPAP, BIPAP or a nebulizer prior to taking off medical isolation. Other indications require approval of the CMO, deputy CMO or infectious disease specialist.
- k) Reporting to DOH can occur in one of two ways:

i) Fax each individual [COVID-19 POC DOH Reporting Form](#) completely filled out to DOH at 206-512-2126

(1) Test Name: Abbott BinaxNOW COVID-19 Ag CARD

OR

ii) The facility will completely fill out the [DOH POC Reporting Spreadsheet](#) for ALL results of rapid antigen testing, positives and negative results in two separate files, and at the end of each day email the spreadsheets via secure email (by putting the following in the subject line: [SECURE] DOC POC COVID-19 testing with date) to Phocis-fax@doh.wa.gov

Reuse of N95 Respirators:

Supplies of N95 respirators are in increased demand creating critical shortages during infectious diseases outbreaks. Existing CDC guidelines recommend a combination of approaches to conserve supplies while safeguarding health care workers in such circumstances. In these situations, existing guidelines recommend:

- Minimizing the number of individuals who need to use respiratory protection
- Using alternatives to N95 respirators where feasible
- Implementing practices allowing reuse of N95 respirators when acceptable during encounters with multiple patients

Reuse of N95 respirators:

- 1) Re-use can occur under the following conditions:
 - a) N95 respirators must only be used by a single individual and should never be shared
 - b) Use a full-face shield that covers entire extent of N95 respirator and/or surgical mask over an N95 to reduce surface contamination of the respirator. For aerosol generating procedures, both a face shield and surgical mask are necessary for re-use.
 - c) N95 respirators can be reused up to five times before discarding.
 - d) Keep used respirator in a clean dry paper bag between uses
 - e) Write your name on the bag and elastic straps of the N95 so that the owner is clearly identified (Do not write on the actual mask)
 - f) Use a new paper bag each time the respirator is removed
- 2) Always use clean gloves when donning a used N95 respirator and performing a user seal check.
- 3) Perform hand hygiene over gloves before touching or adjusting the respirator as necessary
- 4) Discard gloved after the N95 is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
- 5) Perform hand hygiene. Anytime one touches the N95, perform hand hygiene again.

Do NOT reuse and DISCARD N95 respirators if:

- 1) The N95 respirator becomes visibly soiled with blood, respiratory or nasal secretions, or other bodily fluids
- 2) The N95 respirator becomes visibly damaged or difficult to breathe through
- 3) The straps are stretched out so they no longer provide enough tension for the respirator to seal to the face
- 4) The nosepiece or other fit enhancements are broken
- 5) If the inside of the respirator is touched inadvertently
- 6) The respirator was used during an aerosol generating procedure, except when the respirator is protected by a surgical mask as described below.

Donning and Doffing of N95 respirator:

Donning a NEW N95 respirator:

- 1) Perform hand hygiene
- 2) Remove routine face mask
- 3) Perform hand hygiene
- 4) Don gown
- 5) Don gloves
- 6) Don a new, fit-tested N95 respirator and adjust as necessary
- 7) Don a full face shield ensuring it fully covers both eyes and respirator
- 8) Perform patient care activities

Donning a USED N95 respirator:

- 1) Perform hand hygiene
- 2) Remove routine face mask
- 3) Perform hand hygiene
- 4) Don gloves
- 5) Remove the used N95 respirator from the paper bag by the straps
- 6) Don the respirator without touching the front of the mask
- 7) Sanitize gloves and adjust the mask for comfort and to ensure a good face seal
- 8) Remove gloves and perform hand hygiene
- 9) Don gown, new gloves, and full face shield

Doffing an N95 respirator:

- 1) When finished with patient care prior to leaving medical isolation area, remove gown and gloves and discard
- 2) Perform hand hygiene
- 3) Don new gloves
- 4) Leave medical isolation area
- 5) Immediately outside medical isolation area, remove gloves
- 6) Perform hand hygiene
- 7) Put on new gloves
- 8) Remove face mask by touching only the ear pieces
- 9) Remove respirator touching only the straps
- 10) Place respirator in a new, clean paper bag labeled with the user's name
- 11) Remove gloves
- 12) Perform hand hygiene
- 13) Put back on routine use mask

Guideline Update Log

03/06/2020

- Under Health Services Evaluation, section 3.iii, added subsection 3 to include criteria for isolating patients who are suspected COVID-19 who cannot be tested.

- Under Infection control and Prevention section C.5, d. “COVID-19 patients will not be isolated in an IPU, unless they require IPU level of medical care.” was deleted.
- Under Infection control and Prevention section C.9 added.
- Section Transportation of patients with suspected or confirmed COVID-19 disease added.

03/09/2020

- Section Contact Tracking and Case Reporting added
- Section Health Services Evaluation 3.3.2 changed to reflect updated DOH and CDC testing guidance

03/11/2020

- Section Health Services Evaluation part 2 added instruction for donning and doffing PPE.
- Section Contact Tracking and Case Reporting added guidance and definitions for determining risk of contact with suspected or confirmed COVID 19 cases.
- Section Contact Tracking and Case Reporting changed COVID-19 log to Influenza-like illness log.

03/12/2020

- Section Health Services Evaluation part 5 Testing Procedure updated

03/13/2020

- Section Testing Procedure information regarding testing through Interpath labs

03/17/2020

- Section Screening Intrasystem Intakes changed to require temperature screening at both boarding and exiting the transport bus.
- Section Health Services Evaluation 3A (screening question #1) changed from AND to OR
- Section Infection Control and Prevention changed to reflect updated PPE requirements for staff evaluating quarantined patients

03/18/2020

- Section Infection Control and Prevention changed the duration of medical isolation recommended
- Section Testing Procedure, deleted #3 regarding Interpath Labs, as they are no longer performing COVID testing
- Section Health Services Evaluation added information regarding when to order COVID testing in the context of influenza test results

03/19/2020

- Section Infection Control and Prevention, changed criteria for use of N95 mask when in contact with isolated patients.

03/20/2020

- Section Infection Control and Prevention, changed monitoring of isolated patients after they become asymptomatic to once daily at cell front

03/25/2020

- Section Patients at High Risk for Severe COVID-19 added
- Section Infection Control and Prevention added statement regarding release from quarantine requirements

- Section Health Services Evaluation added pharyngitis to screening questions
- Section Infection Control and Prevention, added PPE Requirements for Prisons and Work Release Staff

03/27/2020

- Section Testing Procedure- deleted reference to need for PUI number and approval prior to sending COVID tests to the Washington DOH public health lab
- Section Release of Patients into the Community added direction for patients on quarantine status at the time of release

04/03/2020

- Section Testing Procedure added NP swab demonstration video
- Section Infection Control and Prevention added eye protection to PPE needed for evaluation of quarantined patients
- Section Infection Control and Prevention, PPE for Work Release and Prisons Staff, added criteria for changing PPE for screeners

04/07/2020

- Section Clinical Care of Patients with Suspected or Confirmed COVID-19 added
- Section Screening added statements about active screening of staff and patients
- Section Infection Control and Prevention changed waste disposal from biohazard red bag/bin to regular trash bins.

04/15/2020

- All sections changed 'isolation' to 'medical isolation'
- Section Clinical Care of Patients with Suspected or Confirmed COVID-19 added recommendation to use metered dose inhalers instead of nebulizers for administration of bronchodilators.
- Section Infection Control and Prevention added link to recommended PPE matrix.
- Section Release of Patients in the Community changed notification for patients releasing who are on medical isolation
- Section Clinical Care of Patients with Suspected or Confirmed COVID-19 changed criteria for starting supplemental oxygen to less than 96% on room air
- Section Testing Procedure added back Interpath Laboratory as they have resumed COVID-19 testing
- Section Testing Procedure added statement to perform NP swabs of both sides of the nasopharynx

04/21/2020

- Section Infection Control and Prevention added statement that Tyvek suites are not appropriate PPE for this purpose and should not be used.
- Section Infection Control and Prevention added statement that quarantined patients must don a surgical mask anytime they leave their cells.
- Section Infection Control and Prevention added statement regarding all staff wearing approved face coverings while on duty.
- Section Patients at High Risk for Severe Covid-19 changed interventions for high risk and very high risk patients

- Section Contact Tracing and Case Reporting changed positive COVID test result reporting to include COVID medical duty officer and COVID cases email box.
- Section Health Services Evaluation added diarrhea and loss of taste/smell to screening questions.
- Section Infection Control and Prevention added statement regarding droplet precaution signs in quarantine units
- Section Infection Control and Prevention added subsections h. and i. regarding phone use in medical isolation

04/24/2020

- Section Infection Control and Prevention subsection PPE requirements for Prisons and Work Release Staff added use instructions and PPE for staff using barriers during active screening
- Section Health Services Evaluation linked PPE video
- Section Testing Procedure added information regarding anterior nasal and nasal mid-turbinate swab sample collection
- Section Health Services Evaluation eliminated influenza testing and added statement regarding testing for influenza during influenza season

05/06/2020

- Section Testing Procedure added statement that patient collected nasal swabs should be preferred if N95 masks are in short supply and removed preference for NP swabs in all testing situations
- Section Infection Prevention and Control added statement regarding mandatory use of routine face coverings by incarcerated individuals.
- Section Health Services Evaluation added statement that all patients entering medical isolation will be tested for COVID-19.
- Section Infection Control and Prevention added subsection Post-isolation Convalescent Housing
- Section Infection Control and Prevention added two negative tests at least 48 hours apart as new criteria for release from medical isolation and associated quarantine
- Section Infection Control and Prevention added subsection Routine Pre-procedure COVID-19 Testing
- Section Patients at High Risk for COVID-19 Disease deleted 'very high risk' section
- Section Infection Control and Prevention added subsection Asymptomatic Patients Testing Positive for COVID-19
- Section Infection Control and Prevention added subsection Showers in Medical Isolation
- Section Infection Control and Prevention added subsection Routine Intake Separation
- Section Infection Control and Prevention added subsection Protective Isolation Prior to Work Release Transfer

05/15/2020

- Section Infection Control and Prevention added information for each care situation regarding when to change PPE
- Section Infection Control and Prevention added subsection Protective Separation
- Section Reuse of N95 Respirators added
- Section Health Services Evaluation changed testing criteria for viral respiratory panel

- Section Infection Control and Prevention subsections Routine Intake Separation and Separation Prior to Work Release Transfer were combined into Intersystem Transfer Separation and the period of pre-work release separation was changed to 14 days

06/29/2020

- Section Infection Control and Prevention added eye protection to PPE requirement for close contact with asymptomatic confirmed COVID patients
- Section Infection Control and Prevention – Environmental Cleaning corrected placement of laundry to: placed in rice bags and transported in yellow bags.
- Section Contact Tracing and Case Reporting added requirement for reporting confirmed COVID cases to the patient’s local public health jurisdiction
- Section Infection Control and Prevention subsection Facility Management of Isolation/Quarantine, added statement that medical isolation and quarantine areas should not be located in the same unit
- Section Infection Control and Prevention subsection Clinical Management of Quarantine Patients revised to require COVID-19 testing of all patients placed on quarantine status who are close contacts of confirmed COVID 19 cases
- Section Infection Control and Prevention added statement recommending against deep cleaning, scrubbing, or power washing due to concerns over aerosolized virus.
- Section Infection Control and Prevention added oxygen saturation monitoring to quarantine nursing assessments

07/20/2020

- Section Infection Control and Prevention Categories, Quarantine, Clinical Management of Patients on Quarantine Status, changed #2 to ‘Patients placed into quarantine status who are close contacts of confirmed (by a positive COVID test) cases will be tested for COVID-19 with a viral PCR test within 24 hours.’
- Section Infection Control and Prevention Categories, Medical Isolation- Clinical Management of Medical Isolation Patients- added #3b: Any patient with significant immunocompromise by diagnosis or medication as determined by a medical practitioner will be discussed with the COVID medical group prior to release from medical isolation
- Section Transportation of Patients with Suspected or Confirmed COVID-19 Disease #4 added describing procedure for donning and doffing PPE before and after disinfection of the transport vehicle.
- Section Infection Control and Prevention- Environmental Cleaning- added #10 ‘Areas with potential COVID-19 exposure should not be vacuumed due to the potential for vacuuming to aerosolize virus.’
- Section Infection Control and Prevention Categories- Medical Isolation- added #7 requiring patients on medical isolation who use CPAP or nebulizer treatments to be housed in negative pressure isolation rooms.
- Section Infection Control and Preveion Categories- Medical Isolation- Clinical Management of Medical Isolation Patients- added #3a regarding patients with confirmed COVID-19 using CPAP or nebulizers requiring 2 negative COVID-19 tests 48 hours apart prior to release from medical isolation.
- Section Infection Control and Prevention Categories- Intake Separation added COVID-19 testing process for intersystem intakes (added to version 19)
- Section Infection Control and Prevention Categories- Post Isolation Convalescent Housing was deleted
- Section Infection Control and Prevention Categories- Quarantine- Intake Separation- changed #3 to ‘Patients in these categories should be separated from the general population at the receiving facility for 14 days after arrival if COVID-19 testing is not available or is not feasible due to the patient’s length of stay’

- Section Infection Control and Prevention Categories, Separation Prior to Work Release Transfers was deleted
- Section Transportation of Patients with Suspected or Confirmed COVID-19 Disease- added #3 'When two or more cases of confirmed COVID-19 are present within a 30 day time period in a facility's housing unit transfers in and out of that unit will be suspended and the situation discussed with Prisons/Health Services Unified Command.'

09/08/2020

- Section Outbreak Testing and Management added
- Section Transportation of Patients with Suspected or Confirmed COVID-19 Disease- changed #3 to 'When the outbreak definition, as defined in the Outbreak Testing and Management section, is met, transfers in and out of that unit will be suspended and the situation discussed with Prisons/Health Services Unified Command.'
- Section Infection Control and Prevention- PPE Requirements for Prisons and Work Release Staff, added #7 'Staff working in or passing through protective separation units will wear a face shield over their face covering.'
- Section Infection Control and Prevention- Protective Separation- added 1.a.iii/iv, 2.e, and 4
- Section Infection Control and Prevention- Intake Separation- added #2
- Section Infection Control and Prevention- Intake Separation- deleted #3: Patients in these categories should be separated from the general population at the receiving facility for 14 days after arrival if testing is not available
- Section Clinical Care of Patients with Suspected and Confirmed COVID-19 deleted
- Section Health Services Evaluation- added 4.d.iv: For further guidance on clinical care of patients with COVID-19 see [National Institutes of Health COVID-19 Treatment Guidelines](#).
- Section Testing Procedure 1.b added iv. Northwest Pathology to the list of labs for COVID-9 testing.

10/06/2020

- *Section Health Services Evaluation- added #1. e.*
- *Section Health Services Evaluation- #3. a. added 'muscle aches that cannot be attributed to another cause.'*
- *Section Health Services Evaluation- #4. a. added 'or other influenza-like illness'.*
- *Section Health Services Evaluation- added #4. d.*
- *Section Health Services Evaluation- #4 e. i. and ii. SIGNIFICANT CHANGES PLEASE REVIEW CAREFULLY*
- *Section Health Services Evaluation- added #5.*
- *Section Testing Procedure- added #1 and #2*
- *Section Testing Procedure- #3. a. added 'Patient collected anterior nares and mid-turbinate samples are preferred'.*
- *Section Infection Control and Prevention/Infection Control and Prevention Principles- added #2.*
- *Section Infection Control and Prevention/Infection Control and Prevention Principles- added #4. h. 2. Regarding showers in quarantine.*
- *Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation/Clinical Management of Patients in Medical Isolation- #1 and #2 contain extensive revisions please review section. #5 added 'oxygen saturation'. #6 added b.*

- *Section Infection Control and Prevention/Infection Control and Prevention Categories/Quarantine/Clinical Management of Patients in Quarantine/ #2 changed ‘within 24 hours’ to ‘within one business day’. Added #6.*
 - *Section Infection Control and Prevention/Infection Control and Prevention Categories/Protective Separation- #4 added viral respiratory panel testing to intake separation testing procedure.*
 - *Section Outbreak Testing and Management- added #2 regarding influenza outbreaks and #3 added ‘facility mapping team’.*
 - *Section Reuse of N95 Respirators- added #1. c.*
 - *Section Transportation of Patients with Suspected or Confirmed COVID-19 Disease- added #7. d. adding eye protection to PPE for transportation staff*
- Section Contract Tracing and Case Reporting 1. d. i. updated definition of close contact, and 1. g. added notification for new isolation and quarantine patients to facility ICP.*

12/2/2020

- The entire document was updated to better reflect the needs in work release facilities
- Section Initial Evaluation - #7. b. i. and ii added that influenza and respiratory viral testing only needed in patient with respiratory symptoms
- Section Infection Control and Prevention/Infection Control and Prevention Principles/Facility Management of Isolated/Quarantined Patients– g. eliminated category Phone Use in Medical Isolation for Areas WITHOUT In-Cell Phone Use
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation/ PPE for Medical Isolation – updated to match PPE Matrix v12
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation/ Clinical Management of Medical Isolation Patients - #4 changed criteria for release from isolation status
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation/ Clinical Management of Medical Isolation Patients – added #5
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Quarantine/PPE for Staff Interacting with Quarantined Patients – updated to match PPE Matrix v12
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Quarantine/Clinical Management of Patients on Quarantine Status – added #7
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Intersystem Transfer Separation/Intake Separation for Prisons – added #3. a. iv and #6
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Intersystem Transfer Separation/Protective Separation for Prisons – deleted AHCC K Unit from #1. a.
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Intersystem Transfer Separation/Protective Separation for Prisons – added #2 f. and #3 f.
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Intersystem Transfer Separation/Protective Separation for Prisons – clarified #4 a.
- Infection Control and Prevention/PPE Requirements for Prisons and Work Release Staff – Updated to match PPE Matrix v12
- Infection Control and Prevention/Environmental Cleaning – clarified approved disinfectants in #2 and added #5
- Release of Patients into The Community – added #1. c., #2. b. and #2. c.
- Transportation of Patients with Suspected or Confirmed COVID Disease – added #4 through #9

- Contact Tracing – clarified #4. d.

01/25/2021

- Section Screening - #7 undated to take into account DOH influenza surveillance data and added additional laboratory testing to consider
- Section Screening - #8 added link to the DOC Use of Remdesivir Protocol
- Section Infection Control and Prevention/Infection Control and Prevention Principles - #4d added alternative living units
- Section Infection Control and Prevention/Infection Control and Prevention Principles - #ha)1) showers can be per normal unit procedures if a unit is only housing confirmed COVID cases
- Section Infection Control and Prevention/Infection Control and Prevention Principles - #4d section to protocol for the hemodialysis unit at MCC
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation - #1 and #5 edited to include guidance for patients who previously have had COVID-19 infection
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation/Facility Management of Patients on Medical Isolation Status - #2 clarified management based on type of COVID-19 testing
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation/Clinical Management of Patients in Medical Isolation - #4 Updated when patients can come off medical isolation
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Medical Isolation/Clinical Management of Patients in Medical Isolation -#4b Updated when patients using aerosolizing machines can come off medical isolation
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Quarantine/Clinical Management of Patients on Quarantine Status - #2 Added that patient with COVID-19 within the past 90 days do not need to quarantine
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Quarantine/Clinical Management of Patients on Quarantine Status - #3c Added that testing patients on quarantine is not needed if they have had COVID-19 in the past 180 days
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Routine Pre-Procedure COVID-19 Testing – Updated section to incorporate COVID-19 rapid antigen testing
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Intersystem and Intrasystem Transfer Separation/Intake Separation for Prisons - #4 updated proper PPE to match the PPE matrix
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Intersystem and Intrasystem Transfer Separation – Added section on transfer separation for prisons and work releases
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Protective Separation - #2 and #3 Clarified information regarding porters in these units
- Section Infection Control and Prevention/Infection Control and Prevention Categories/Protective Separation - #4 Clarified information about protective separation in IPUs
- Section infection Control and Prevention/PPE Requirements for Prisons and Work Release Staff – Updated to allow for PAPRs in place of N95 and eye protection consistent with new PAPR protocol
- Section infection Control and Prevention/Environmental Cleaning – #11 Added bullet about disinfection of the hemodialysis unit

- *Section Release of Patients Into The Community – section updated to be consistent with and refer to the new release protocol*
- *Section Testing Procedure - #4 Added section on COVID-19 rapid antigen testing procedures and reporting*