

 <p style="text-align: center;"><b>DIVISION OF ADULT INSTITUTIONS</b></p> <p style="text-align: center;"><b>POLICY AND PROCEDURES</b></p>	<b>DAI Policy #:</b> 500.60.21	<b>Page</b> 1 of 8
	<b>Original Effective Date:</b> 03/07/22	<b>New Effective Date:</b> 03/07/22
	<b>Supersedes:</b> N/A	<b>Dated:</b> N/A
	<b>Administrator's Approval:</b> Sarah Cooper, Administrator – 3/4/22	
<b>Required Posting or Restricted:</b>		
<input checked="" type="checkbox"/> <b>Inmate</b> <input checked="" type="checkbox"/> <b>All Staff</b> <input type="checkbox"/> <b>Restricted</b>		
<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> COVID-19 (SARS-CoV-2) Management		

**POLICY**

All Division of Adult Institution facilities shall apply infection control principals for the management, surveillance, prevention and control of COVID-19.

**REFERENCES**

Center for Disease Control and Prevention. Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

DAI Policy 500.60.01 – Infection Prevention and Control Program

DAI Policy 500.60.04 – Immunization Program

DAI Policy 500.60.13 – Airborne/Droplet Infections

Health Services Policy and Procedures 500.60.04 – Immunization Program

Health Services Policy and Procedures 500.60.10 – External Reporting of Communicable Disease

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Definitions>

<https://www.dhs.wisconsin.gov>

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018 P-B-02 – Infectious Disease Prevention and Control

Wisconsin Statutes s. 302.38 - Medical Care of Prisoners

Wisconsin Statutes s. 302.385 - Correctional Institution Health Care

Wisconsin Statutes s. 895.4801 - Immunity for Health Care Providers during COVID-19 Emergency

**DEFINITIONS, ACRONYMS AND FORMS**

ACP – Advanced Care Provider

CDC – Centers for Disease Control and Prevention

DOC-3504 – Infection Control: Patient and Employee Precautions

DOC-3608 – Communicable Disease Notice to Staff

DOC-3609 – Communicable Disease Alert to Visitors

DOC-3609S – Communicable Disease Alert to Visitors (Spanish version)

DOC-3785 – Employee Coronavirus Disease 2019 COVID 19 Screening Tool

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Asymptomatic – Positive infection of COVID-19 with no symptoms and will not develop symptoms later.

Confirmed COVID-19 – A person has confirmed COVID-19 when they have received a positive result from a COVID-19 viral test (antigen or PCR test). Patients may be symptomatic or asymptomatic.

COVID-19 Infection – Symptoms may include: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea. Keep someone who is infected with the virus away from others.

Droplet Precautions – Precautions intended to prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. Droplet Precautions should be implemented for patients with suspected or confirmed COVID for seven days after illness onset or until 24 hours after the resolution of fever and respiratory symptoms, whichever is longer.

Employee Screening -Temperature and symptom screening take place daily before the staff member enters the facility.

HSU – Health Services Unit

Outbreak – Two or more patients or staff from the same facility with illness onsets within 72 hours of each other with confirmed COVID-19.

POC-0040 – Infection Control – Hand Hygiene

POC-0040C – Infection Control – Standard Precautions

PPE – Personal Protective Equipment

Quarantine – Keeps someone who might have been exposed to the virus away from others.

Social Distancing – Social distancing, also called “physical distancing,” means keeping a safe space between yourself and other people. To practice social or physical distancing, stay at least 6 feet (about 2 arm lengths) from other people in both indoor and outdoor spaces.

Suspected COVID-19 - Symptoms of COVID-19 but either have not been tested via a viral test or are awaiting test results.

Standard Precautions – Precautions intended to be applied to the care of all patients regardless of the suspected or confirmed presence of an infectious agent. Implementation of Standard Precautions constitutes the primary strategy for the prevention of transmission of infectious agents among patients and staff.

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Symptomatic – Positive case who has developed signs and symptoms compatible with COVID-19 virus infection.

BHS Grid - Housing strategy reference grid

## **PROCEDURE**

### **I. Prevention**

- A. Preventative actions to prevent the spread of COVID-19 shall include:
  - 1. Social distancing.
  - 2. Wearing face masks unless additional PPE is indicated.
  - 3. Frequently washing your hands with soap and water for at least 20 seconds following POC-0040.
  - 4. Cover your cough or sneeze using respiratory hygiene/cough etiquette.
  - 5. Follow standard precautions.
  - 6. Avoid touching eyes, nose and mouth without cleaning hands.
  - 7. Avoid sharing food, eating utensils, dishes, and cups.
- B. Follow current vaccination recommendations per DAI Policy 500.60.04. and offer the vaccine.
- C. All staff are encouraged to obtain a COVID-19 vaccination when it becomes available following current vaccination recommendations.
- D. Hand cleansing items shall be readily available within the facility.
  - 1. Cleanse under running water, with soap and paper towels.
  - 2. Alternatively, except in bathrooms and food preparation areas, hand sanitizers may be used. See DAI Policy 500.60.01.
- E. Clean all common areas within the facility routinely and immediately, when visibly soiled, with the cleaning agents recommended for use in these areas.
- F. When there is an outbreak in the facility, inmate workers working in the HSU or Infirmary or outbreak areas shall wear recommended PPE. Work may be suspended during outbreak periods.

### **II. Reducing the Risk of COVID-19 Introduction into the Facility During an Outbreak**

- A. All staff, contractors and visitors shall be screened upon entrance into the facility utilizing the DOC-3785.
- B. Staff, contractors, and visitors who meet specific criteria as identified on the DOC-3785 shall be instructed to leave the facility and seek care if needed.
- C. Visitors shall be informed that anyone who had been diagnosed with COVID-19 in the 14 days prior or who still have symptoms 14 days after illness began shall not enter the facility.

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- D. Facilities shall use their usual communication channels to inform potential visitors of these rules.
- E. Staff who have COVID-19 shall stay home (or be sent home if they develop symptoms while at the facility) and remain off work 10 days and until 24 hours after no fever without the use of antipyretics or symptoms resolve per HR guidelines.
- F. Facilities shall monitor personnel absenteeism due to COVID-19.
- G. Routine testing of staff is mandatory according to established guidelines.

### **III. Rapid Detection of Cases**

- A. Instruct patients to report symptoms of COVID-19 to the facility staff at the first sign of illness.
- B. Contact tracings of PIOC determined to be in close contact of a suspected or confirmed cases shall be conducted.
- C. Staff shall report symptoms of COVID-19 to their Supervisor and HR department, at the first sign of illness.
- D. Facilities shall post notices throughout the facility and educate on signs and symptoms.
- E. Copayment shall be suspended when a facility has evidence of an outbreak.

### **IV. Intake and Transfer**

- A. All incoming patients shall be screened and placed in quarantine for 14 days.
- B. Any patient with symptoms on intake shall isolated and tested.
- C. COVID-19 testing shall be completed between days 4-5. If negative with symptoms remain quarantined and retest.
- D. Routine COVID-19 screens shall be completed on all quarantined and isolated patients. Screens shall at least include a full set of vitals and symptom checking.
- E. Routine wellness checks shall be completed on units where COVID-19 cases are suspected or identified.
- F. Routine testing of all patients for COVID-19 shall continue until no further cases have been identified or until further notice.
- G. Testing for COVID-19 symptomatic patients shall continue until further notice.

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**V. Management and Isolation of Suspected and Confirmed Cases**

- A. Staff shall follow CDC guidance and WI DHS guidance and BHS Grid guidelines in the care of patients.
- B. Staff shall follow CDC guidelines and DOC COVID-19 guidance if symptomatic for COVID-19.
- C. Facilities shall post:
  - 1. DOC-3608 – Communicable Disease Notice to Staff.
  - 2. DOC-3609 – Communicable Disease Alert to Visitor.
  - 3. DOC-3609S – Communicable Disease Alert to Visitor (Spanish version).
  - 4. DOC-3607 – Communicable Disease Notice to Inmates/Youth
  - 5. DOC-3607S – Communicable Disease Notice to Inmates/Youth (Spanish version)
  - 6. DOC-3504 – Infection Control: Patient and Employee Precautions.
- D. During a COVID-19 outbreak, the facility shall implement the following:
  - 1. Facility specific pandemic plan.
  - 2. Cancel internal group gatherings in affected areas.
  - 3. Serve meals in rooms or stagger meals and other activities to provide social distancing between individuals.
  - 4. Consider temporarily suspending visitation or modifying visitation programs
  - 5. If the outbreak is widespread consider limited activities (e.g., recreation, library) throughout the facility and unit based movement.
  - 6. Plan to have restrictions and limitations to allow for areas with social distancing.
  - 7. Review need to limit transfers in and out of the facility.
- E. Follow Standard Precautions for all patients with suspected COVID-19. Utilizing the BHS grid for specific examples of infection control practices and proper PPE.
- F. Prepare a designated PPE donning and doffing area outside all spaces where PPE will be used which shall include:
  - 1. A dedicated trash can for disposal of used PPE
  - 2. A hand washing station or access to alcohol-based hand sanitizer
  - 3. A poster demonstrating correct PPE donning and doffing procedures
- G. Follow Droplet Precautions for all patients with suspected or confirmed cases. Droplet precautions include:
  - 1. If a single cell is not available, isolate patients in the designated isolation area. Isolated patients with confirmed positive can be cohorted together.
  - 2. Movement in and out of the room shall be limited to using the bathroom facilities if not available in cell and medical assessments. Assessments by

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- health care staff shall be completed on the housing unit whenever possible.
3. Patients shall wear a facemask (e.g., surgical or procedure mask) at all times when outside of their cell.
  4. Staff entering the cell shall wear a facemask (e.g., surgical/procedure or N-95 or other appropriate PPE). Remove the facemask when leaving the patient's room and dispose of the facemask in a waste container and/or as directed by preservation of PPE guidelines.
  5. Communicate information about patients with COVID-19 to appropriate staff before transferring them to other areas of the facility.
- H. A health assessment of COVID positive patients shall be completed by an RN or ACP for 14 days from onset of symptoms or a positive test. Screen and release from isolation after 14 days if last 3 days are fever-free without meds and symptoms have improved. During monitoring, health care staff shall assess the patient for a decline in clinical status at intervals that coincide with BHS guidelines.
- I. Additional patient assessments shall be determined on a case by case basis.
- J. The nurse's assessment and collaboration with the ACP shall determine the plan of care for the patient.
1. Determine the level of care required for the patient who may require transfer to another facility or a higher level of care.
  2. RN assessment with abnormal findings shall be reviewed with an ACP.
- K. The assessment shall be documented in the healthcare record and at a minimum include:
1. General appearance and demeanor.
  2. Hydration.
  3. A complete set of vital signs including pulse oximetry, temperature with orthostatic readings if indicated.
  4. Focused Respiratory and cardiac assessment.
- L. Restrict movement of patients with COVID exposure within the facility. These patients should also be restricted from transferring between facilities. If symptoms develop, follow the above guidelines for a suspected COVID case.
- M. Eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but shall not be shared without thorough washing.
- N. Linens, such as bed sheets and towels, shall be washed at the facility laundry and not on the unit. Laundry workers should be provided PPE.
1. Avoid "hugging" laundry before washing it to prevent contamination.
  2. Wash hands immediately after handling dirty laundry.

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- O. Assess and treat as appropriate soon-to-be released patients with COVID-19 or other flu symptoms and make direct linkages to community resources to ensure proper isolation and access to medical care. Test for COVID-19 prior to release according to established guidelines.
- P. Continue to offer and encourage COVID-19 vaccination to individuals not vaccinated.

**VI. Reporting**

- A. The HSM/designee shall actively monitor the number, severity and location of cases of COVID-19 at each facility. The HCR COVID Screening form and DAI/BHS COVID Testing PIOC Isolation and Quarantine list are collection tools available to complete this task.
- B. Utilize the DOC established reporting mechanism for monitoring.
  - 1. Confirmatory test results from patients are sent to each facility’s Public Health Department and per DHS requirements for reporting COVID-19.
    - a. b. Report all hospitalizations related to COVID-19 as requested.
    - Report all deaths related to COVID-19.

Bureau of Health Services: \_\_\_\_\_ Date Signed: \_\_\_\_\_  
Vacant, Director of Healthcare Administration

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Daniel La Voie, MD, Medical Director

\_\_\_\_\_ **Date Signed:** \_\_\_\_\_  
Mary Muse MS, RN, FAAN, Nursing Director

**DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES**

<b>Facility:</b> Oakhill Correctional Institution		
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<b>Chapter:</b> 500 Health Services		
<b>Subject:</b> COVID-19 (SARS-CoV-2) Management		
<b>Will Implement</b> <input checked="" type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
<b>Warden's/Center Superintendent's Approval:</b> Warden Clinton Bryant		

**REFERENCES**

**DEFINITIONS, ACRONYMS AND FORMS**

**FACILITY PROCEDURE**

- I.
  - A.
    - 1.
      - a.
  - B.
  - C.
  
- II.
  - A.
  - B.
  - C.