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Coronavirus Disease 2019 (COVID-19)		

POLICY:

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

OVERVIEW:

What is Coronavirus disease 2019 (COVID-19)?

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

What are the symptoms of COVID-19?

Symptoms commonly associated with COVID-19 include fever, cough, shortness of breath, chills, repeated shaking with chills, muscle pain, headache, sore throat, and new loss of taste or smell. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse.

Who is at higher risk for serious illness?

People 65 years or older, people who are obese, and/or people with medical issues like heart disease, chronic respiratory disease, kidney disease, diabetes, high blood pressure, cancer, or a weakened immune system, are at a higher risk for getting very sick from COVID-19. Complications include pneumonia, acute respiratory distress syndrome (i.e. ARDS) and even death.

How is COVID-19 transmitted?

The virus is known to spread person to person when there is close contact (approximately 6 feet) through respiratory droplets that are produced when an infected person coughs or sneezes. It is also believed that a person can become infected with COVID-19 by touching a contaminated surface or object that has the virus on it and then touching their own nose, eyes or mouth.

What is the difference between confirmed COVID-19 case vs. suspected COVID-19 case?

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

DEFINITIONS:

Cloth Face Covering – A cloth face covering is a covering that is usually made of tightly woven cotton material that is designed to fit on the face to cover the nose and mouth. A cloth

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face covering is not considered personal protective equipment. Use of a face covering is one strategy that might help slow the spread of COVID-19 if worn by asymptomatic people who have the virus and do not know it in settings where social distancing measures are difficult to maintain or in areas of significant community-based transmission. They are worn to protect others, not the wearer.

Close Contact of COVID-19 Case – An individual is considered a close contact if they (1) have been within 6 feet of a COVID-19 case for a prolonged period of time, or (2) have had direct contact with respiratory droplets from a COVID-19 case such as a cough or sneeze.

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

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

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

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

Routine Intake Quarantine – Routine intake quarantine is used to separate and restrict the movement of well persons who have no known exposure to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Routine intake quarantine can help limit the spread of disease.

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

Surgical Facemask – A surgical facemask is a disposable device that creates a physical

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

PROCEDURES:

I. INFECTION CONTROL

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

- B. During the COVID-19 outbreak, **all** units should:
 1. Medical staff should educate offenders and staff on how COVID-19 is transmitted, signs and symptoms of COVID-19, treatment, and prevention of transmission (Attachment A).
 2. Remind staff and offenders on the methods used to prevent the spread of any respiratory virus.
 - a. Encourage handwashing with soap and water for at least 20 seconds (Attachment B). If soap and water is unavailable, hand sanitizer (at least 60% alcohol) may be used by medical and security staff to cleanse hands.
 - b. Encourage cough etiquette. Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Otherwise, cough inside of an elbow (Attachment C).
 - c. Avoid touching eyes, nose, and mouth with unwashed hands.
 - d. Avoid close contact (< 6 feet) with people who are sick or suspected of being sick.
 - e. Stop handshakes, hugs, and fist bumps.
 3. Practice social distancing and avoid gatherings and meetings.
 4. Meet by teleconference or videoconference when feasible.
 5. Disinfect common areas and surfaces that are often touched with a 10% bleach solution. The bleach solution should be sprayed or wiped on and allowed to air dry for at least 10 minutes. Cleaning recommendations can be found in Infection Control Policy B-14.26 (Attachment D, Housekeeping/Cleaning). The formula for the 10% bleach solution is:
 - a. 8 oz. of powdered bleach to 1 gallon of water
 - b. 12.8 oz. of liquid bleach to 1 gallon of water

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6. Cancel all group healthcare activities (e.g., group therapy), and coordinate with unit warden and recommend temporarily canceling other group activities such as church and school.
 7. Post visual alerts (signs and posters) at entrances, in the medical department, and other strategic places providing instruction on hand hygiene, cough etiquette, and symptoms of COVID-19.
 8. Post a sign at the entrance, so that high risk visitors can elect not to enter the unit if COVID-19 occurs (Attachment D).
- C. Consider the use of cloth face coverings in settings where social distancing measures are difficult to maintain or in areas with significant transmission.
1. Face coverings should be worn at all times unless it restricts breathing or interferes with activities of daily living.
 2. Face coverings are not a replacement for social distancing, cleaning of frequently touched items, good hand hygiene, or proper use of PPE (e.g., N95 respirator or surgical facemask) when indicated or as recommended in policy.
 3. Hands should be thoroughly washed before and after putting on a face covering.
 4. Face coverings should fit snugly but comfortably against the side of the face and completely cover the nose and mouth.
 5. Face covering should be removed by the elastics or straps from behind the ears. The eyes, nose and mouth should not be touched when removing a face covering.
 6. Face coverings should be laundered when visibly soiled or at least daily. Machine wash and dry is preferred.
- D. Evaluate the need to expand the number of medications allowed to be distributed keep on person.
- E. Consider suspending co-pays for medical evaluations so offenders will not be hesitant to report symptoms of COVID-19 or seek medical care due to co-pay requirements. If suspended, inform offenders.
- F. If the facility has the capacity & resources, consider implementing routine intake quarantine for all new intakes for 14 days before they enter the facility's general population as a general rule not because they were exposed to COVID-19. Offenders that are close contacts of suspected or confirmed COVID-19 cases should be placed in medical restriction.
1. Do not cohort individuals in medical restriction with individuals undergoing routine intake quarantine.
 2. The 14-day quarantine period begins on the day the last offender is added to the quarantine group.
 3. Asymptomatic individuals under routine intake quarantine, with no

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- known exposure to a COVID-19 case, do not need to wear surgical facemasks.
4. Staff supervising asymptomatic persons under routine intake quarantine, with no known exposure to a COVID-19 case, do not need to wear PPE.
- G. Evaluate the need to minimize offender movement:
1. Offenders stay in housing areas.
 2. Offenders may use dayrooms in housing areas.
 3. Offenders may go to the dining hall, work, commissary, recreation, etc., if they do not mingle with offenders from other housing areas during the process. They must be escorted when leaving the housing area.
 4. Contact visitation is suspended.
 5. Minimize transfer of offenders between units and intra-unit transfers.
 6. Advise unit food captains to eliminate self-serve foods in chow halls.
- H. Influenza vaccination: During influenza season, vaccination against influenza is an important measure to prevent an illness that presents similarly to COVID-19. If there is influenza vaccine available; offer it to unvaccinated staff and offenders.
- I. When possible, limit entrance to essential staff only. If possible, staff should be assigned to a single facility, with limited assignments to other facilities only when necessary to provide essential safety, security and services.
- J. Incorporate questions about new onset of COVID-19 symptoms into assessments of all patients seen by medical staff.
- K. Offenders complaining of symptoms consistent with COVID-19 should be triaged as soon as possible. (Attachment E)
1. Ensure surgical facemasks are available at triage for patients presenting with COVID-19 symptoms.
 2. If possible, symptomatic patients should be kept > 6 feet apart from asymptomatic patients.
- L. Offenders with suspected or confirmed COVID-19 as determined by medical should be placed in medical isolation.
- M. Thoroughly clean and disinfect all areas where suspected or confirmed COVID-19 cases spent time. Staff and offenders performing cleaning should wear gloves and a gown.
- N. Medical isolation
1. All staff working in medically isolated areas and offenders who are placed in medical isolation, will be educated about early

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- recognition of warning signs and rapid triage of patients with worsening symptoms.
2. Isolation is for offenders with suspected or confirmed COVID-19 and are considered infectious.
 3. Isolated offenders must be under droplet and contact isolation precautions.
 4. Offenders should be single-celled (isolated) or may be cohorted (i.e., co-housed) with other offenders with COVID-19 if they cannot be single celled. If possible, suspected and confirmed COVID-19 cases should be kept separate.
 5. If cohorted, each offender's isolation period is independent, so an offender may be released from the isolation area even if other offenders in the area are still under isolation.
 6. Offenders should be isolated for at least 10 days after symptom onset **and** 3 days (72 hours) after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
 7. Offenders in medical isolation should not be transferred from the facility during the isolation period, unless released from custody or a transfer is necessary for health care (e.g., medical or behavioral health), infection control, lack of quarantine space, or extenuating security concerns.
 8. Use of PPE
 - a. Offenders under isolation must wear a surgical facemask if they are required to leave the isolation area.
 - b. Staff (correctional and medical) entering an isolation housing area must wear a surgical facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.
 9. Isolated offenders must be observed by medical personnel as often as clinically indicated to detect worsening illness or complications, but in any case, must be observed at least twice per day. Monitoring consists of a temperature check and verbal questioning of symptoms (e.g., cough and shortness of breath).
 10. Offenders in isolation must be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.
 11. Laundry items from isolation areas must be handled as contaminated laundry.
 12. Offenders should **NOT** be transported on a chain bus or MPV except for medical emergencies.

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- O. All newly arriving offenders including extraditions and those returning from bench warrant or reprieve into TDCJ, including private facilities or intermediate sanction facilities, must be screened by medical staff for symptoms consistent with COVID-19 infection (Attachment F).
1. Offenders who are medically cleared upon provider evaluation will be released to continue the intake process.
 2. Offenders who have been exposed to COVID-19 but who are not yet ill (i.e., close contacts), will be placed under medical restriction for a minimum of 14 days.
 3. Offenders with positive screening findings will be referred to a provider for further evaluation.
 4. Offenders with confirmed or suspected COVID-19 shall immediately have a surgical facemask placed. The offender should be instructed to wash his or her hands. The offender will be isolated under droplet and contact isolation precautions for at least 10 days after symptom onset **and** 3 days (72 hours) after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
 5. Medical staff will notify the TDCJ intake security supervisor of all offenders placed under medical restriction or isolation, who will then notify the facility Warden and Classification Department.
 6. TDCJ leadership, in coordination with the medical department, will identify an appropriate housing area to assign/cohort all offenders placed on medical restriction and/or isolation.
- P. Assess risk level of exposure during contact investigations to guide management (Table 1). All exposures apply to the 14 days prior to assessment.

Table 1			
Risk Level	Exposure	Management if Asymptomatic Patients	Management of Symptomatic Patients
High Risk	<p>Close Contact that has been within 6 feet of a case for a prolonged period of time, or (2) has had direct contact with respiratory droplets</p> <p>E.g., living with someone, intimate partner, traveling on same bus, or working in healthcare setting (e.g., clinic or infirmary)</p>	<ul style="list-style-type: none"> • Place in medical restriction for 14 days from the date of exposure • Monitor for development of symptoms twice daily including temperature check • Patient must wear a surgical facemask during transfer/movement outside housing area • Do NOT transport on a chain bus or MPV except for medical emergencies 	<ul style="list-style-type: none"> • Immediately place in medical isolation • Must remain in isolation for 7 days after symptom onset and 72 hours after resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath) • Monitor at least twice a day to detect worsening illness including temperature and symptom checks • Patient must wear a surgical facemask during

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			transfer/movement outside housing area <ul style="list-style-type: none"> Do NOT transport on a chain bus or MPV except for medical emergencies
Medium Risk	Travel from an area of sustained transmission <u>without</u> any known exposure to COVID-19 case	<ul style="list-style-type: none"> Screen prior to entering the facility Encourage self-monitoring & social distancing If exposed to COVID-19 but is not yet ill, place under medical restriction If the facility has the capacity & resources, consider placing all new intakes under routine intake quarantine for 14 days before entering the facility's general population 	<ul style="list-style-type: none"> Medical staff evaluation if becomes symptomatic See management for high risk if suspected or confirmed COVID-19 per medical evaluation
Low Risk	Being in the same indoor environment (e.g., classroom, waiting room) but not meeting the definition of close contact	<p>None required.</p> <p>Provide education and encourage self-monitoring & social distancing</p>	<ul style="list-style-type: none"> Medical staff evaluation if becomes symptomatic See management for high risk if suspected or confirmed COVID-19 per medical evaluation
No Identifiable Risk	Interaction that does not meet exposure of high, medium, or low risk such as walking by a person or being briefly in the same room	<p>None required.</p> <p>Provide education and encourage self-monitoring & social distancing</p>	<ul style="list-style-type: none"> Medical staff evaluation if becomes symptomatic See management for high risk if suspected or confirmed COVID-19 per medical evaluation

1. Adapted from CDC guidance for persons with COVID-19 exposure

Q. Medical restriction

1. All staff working in medically restricted areas and offenders who are placed in medical restriction, will be educated about early recognition of symptoms, warning signs, and rapid triage of symptomatic patients.
2. Medical Restriction is used to separate and restrict the movement of well persons who have been exposed to COVID-19.
3. Offenders should be single-celled or may be cohorted (i.e., co-housed) with other offenders if they cannot be single celled. If possible, cohort groups should be kept separate.
4. Offenders may be released from medical restriction if they have not developed symptoms 14 days after the last exposure.
5. Cohorted offenders should be kept under medical restriction (i.e., quarantine) as a cohort until 14 days after the last exposure to a case for everybody in the cohort.
6. If a group is cohorted due to a suspected case who is subsequently tested for COVID-19 and receives a negative result, the group may be released

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- from medical restriction if they were not housed with another cohorted group.
7. If an individual who is part of a quarantined cohort becomes symptomatic:
 - a. The 14-day quarantine clock for the remainder of the cohort must be reset to 0 if the individual is tested for COVID-19 and tests positive.
 - b. The 14-day quarantine clock for the individual and the remainder of the cohort does not need to be reset if the individual is tested for COVID19 and tests negative. This individual can return from medical isolation to the restricted cohort for the remainder of the quarantine period.
 - c. The 14-day quarantine clock for the remainder of the cohort must be reset to 0 if the symptomatic individual is not tested for COVID-19.
 8. Use of PPE
 - a. Staff (correctional and medical) entering medically restricted housing areas must wear a surgical facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.
 - b. Offenders on medical restriction do not have to wear a surgical facemask unless they must leave their housing area for some reason. They should be questioned about symptoms of COVID-19 before being taken from the housing area and be kept at least 6 feet from offenders from other housing areas as much as possible.
 9. Medically restricted offenders may attend outdoor recreation and shower as a group. Areas used by them should be cleaned and disinfected before use by other offenders.
 10. Medically restricted offenders may be fed on disposable trays in the housing area or may attend chow hall as a group. If fed in the chow hall, areas that may have been touched or otherwise contaminated must be disinfected before use by other offenders. Examples of such areas includes tables, benches, and tray rests.
 11. Medically restricted offenders may work only if their job is essential and they will not mingle with non-medically restricted offenders while working or getting to or from the job location and must be screened for symptoms of COVID-19 at each turnout.
 12. Medically restricted offenders should not be transferred from the facility during the 14-day restriction period, unless released from custody or a transfer is necessary for health care (e.g., medical or behavioral health), infection control, lack of quarantine space, or extenuating security concerns.

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13. Offenders under medical restriction must be observed by medical personnel at least twice per day including a temperature check and verbal questions of symptoms (e.g., cough and shortness of breath). If the offender becomes ill or has symptoms, they should be made to wear a surgical facemask and be kept at least 6 feet from other offenders and staff and must be evaluated by medical staff as soon as practical.
- R. Units with offenders with COVID-19 should
1. Institute droplet and contact precautions for offenders with COVID-19.
 2. Ensure that sick offenders do not expose other offenders without COVID-19 while in waiting rooms (consider setting up a separate waiting area for offenders with COVID-19). At a minimum, ensure that offenders with COVID-19 wear surgical facemasks or sit at least 6 feet from other offenders while waiting to be seen by medical.
 3. Implement daily active surveillance for symptoms of COVID-19 among all offenders and health care personnel until at least 2 weeks after the last confirmed case occurred.
- S. Ill staff
1. Employees who are sick should stay home and should not report to work.
 2. If employees become sick at work, they should promptly report this to their supervisor and go home.
 3. In general, staff will be allowed to return to work based on a symptom-based strategy or a test-based strategy. However, staff should refer to their respective employer's specific procedure for obtaining clearance to return to work.
 - a. Symptom-based strategy: Staff may return to work 10 days after symptom onset **and** 3 days (72 hours) after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath)
 - b. Test-based strategy: Staff may return to work if they provide a negative COVID-19 test result and a healthcare provider's note releasing the employee to return to work.
 4. After returning to work, staff should wear a surgical facemask for source control at all times while in the facility until all symptoms are completely resolved OR until 14 days after illness onset, whichever is longer. Staff should also self-monitor for symptoms and seek re-evaluation if symptoms recur or worsen.
- T. Asymptomatic staff
1. In general, staff that have tested positive and are considered asymptomatic cases should be excluded from work until 10 days have passed since the date of the positive test assuming they have not subsequently developed symptoms. If symptoms develop, they should

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follow the instructions above for ill staff. Staff should refer to their respective employer's specific procedure for obtaining clearance to return to work.

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

U. Exposed staff

1. Staff that have had close contact with a suspected or confirmed COVID-19 case will be assessed for level of exposure to determine work restrictions. In general, staff with a medium to high-risk exposure will be restricted from the workplace for 14 days after the last exposure and may then return to work if remained asymptomatic.
2. To ensure continuity of operations of essential functions, critical infrastructure and healthcare staff that have a COVID-19 exposure may be permitted to continue to work provided they remain asymptomatic and additional precautions are implemented for 14 days after last exposure. Staff must wear surgical facemasks at all times while in the workplace and must be monitored for symptoms and temperature.
3. Staff should refer to their respective employer's specific procedure for risk assessments and obtaining clearance to return to work.

Table 2		
Epidemiologic Risk Factor	Exposure Category	Work Restriction
Prolonged close contact with a COVID-19 patient who was wearing a facemask		
Staff wearing no PPE	Medium	Exclude from work for 14 days after last exposure
Staff not wearing a surgical facemask or N95 respirator	Medium	Exclude from work for 14 days after last exposure
Staff not wearing eye protection	Low	None. Staff should self-monitor.
Staff not wearing gown or gloves	Low	None. Staff should self-monitor.
Staff wearing all recommended PPE	Low	None. Staff should self-monitor.
Prolonged close contact with a COVID-19 patient who was <u>not</u> wearing a facemask		
Staff wearing no PPE	High	Exclude from work for 14 days after last exposure
Staff not wearing a surgical facemask or N95 respirator	High	Exclude from work for 14 days after last exposure
Staff not wearing eye protection	Medium	Exclude from work for 14 days after last exposure
Staff not wearing gown or gloves	Low	None. Staff should self-monitor.
Staff wearing all recommended PPE	Low	None. Staff should self-monitor.

*Adapted from CDC guidance for risk assessment for healthcare personnel

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

- W. Transportation
1. In general, offender transportation must be curtailed, except for movement that is absolutely required, such as for release, bench warrant, medical emergencies, etc.
 2. When offenders are transported during these conditions, they must be seated at least 3 feet apart.
 3. An offender who is in medical restriction or who is in isolation for COVID-19 (suspected or confirmed COVID-19 case) must wear a surgical facemask outside of restricted and isolation areas including movement from isolation to transport, during transport, and until the final destination is reached at the receiving facility. These offenders must be transported by ambulance or van. They should NOT be transported on a chain bus or MPV except for medical emergencies.
 4. Multiple offenders who are under COVID-19 isolation may be transported in the same vehicle, but no non-isolated offenders (including offenders under medical restriction) may travel with them.
 5. Staff or offender attendants must wear surgical facemasks and gloves during transport, unless the offender area has separate ventilation from the staff area. Gowns and eye protection should be worn if direct or very close contact is expected.
 6. After all offenders have disembarked from the transport vehicle, the seats and hand contact areas such as handrails must be cleaned and disinfected.

II. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

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

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- B. Offenders who are required to perform duties for which staff would wear PPE should be provided the same PPE for the job, except they must not have access to the waterless hand rub but must wash hands with soap and water instead.
- C. Goggles or protective face shields should be worn when there is a likelihood of respiratory droplet spray hitting the eyes. Since these items are re-usable, they should be cleaned and disinfected between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.
- D. Medical and Security Staff should wear surgical facemasks if their responsibilities require them to remain less than 6 feet from a symptomatic individual or patient suspected with suspected COVID-19. Hands should be washed before donning or doffing surgical facemasks, to prevent inadvertent contamination of the nose and mouth.
- E. Surgical facemask, gloves, gowns, and eye protection (face shield or goggles) should be worn when examining or providing direct care to offenders with suspected or confirmed COVID-19.
- F. Unless contact offender searches on general population would clearly involve contact with body fluids, gloves are unnecessary and handwashing between each search is adequate.
- G. Gloves may be worn for contact offender searches of medically restricted offenders. Gloves must be worn and changed between each search for contact searches on isolated offenders. Hands should be washed before donning or doffing gloves to prevent inadvertent contamination.
- H. Security and Medical Staff should be educated on the appropriate sequence of putting on PPE (Attachment J). Proper hand washing should be performed prior to putting on PPE, before putting on gloves, before removing eye protection, and immediately after removal of all PPE. Hand hygiene should also be performed between steps if hands become contaminated.

Table 3. PPE to Use While Caring for Patients with Suspected or Confirmed COVID-19			
Setting	Rooming Procedure in Medical	Staff PPE	Symptomatic Offender Requirement
Clinic	Normal	<ul style="list-style-type: none"> • Gloves • Gown • Eye protection (face shield or goggles) • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable)² 	Surgical facemask

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Setting	Rooming Procedure in Medical	Staff PPE	Symptomatic Offender Requirement
Infirmary	Normal	<ul style="list-style-type: none"> • Gloves • Gown • Eye protection (face shield or goggles) • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable)² 	Surgical facemask during transfer
Medical Restriction Area	Normal	<ul style="list-style-type: none"> • Gloves • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable)² • Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders (e.g., temperature check) 	Surgical facemask outside of medical restriction area
Medical Isolation Area	Normal	<ul style="list-style-type: none"> • Gloves • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable)² • Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	Surgical facemask outside of medical isolation area
Handling laundry or cleaning area of COVID-19 case or individuals in medical isolation or restriction	Not applicable	<ul style="list-style-type: none"> • Gloves • Gown 	<ul style="list-style-type: none"> • Not applicable
Transport Van	Not applicable	<ul style="list-style-type: none"> • Gloves • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable)² • Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders 	<ul style="list-style-type: none"> • Surgical facemask during transfer • Not transported on a chain bus or MPV except for medical emergencies
Procedural Setting (e.g., nebulizer high-flow oxygen, ventilation, intubation, CPR) ¹	Negative Pressure Room	<ul style="list-style-type: none"> • Gloves • Gown • Eye protection (face shield or goggles) • Fit-tested N-95 respirator 	Surgical facemask during transfer

1. When performing procedure or care that may generate respiratory aerosols
2. Surgical facemasks are being used as an acceptable alternative to N-95 respirator to conserve supplies and

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to create surge capacity (i.e., the ability to manage a sudden increase in patient volume that could severely challenge or exceed present supplies).

III. DIAGNOSTIC TESTING

- A. Health care providers must contact their University Designee if they feel testing should be considered **before** an order is placed in the electronic medical record. The University Designee will determine if patients meet the criteria for testing.
- B. Diagnostic testing is generally prioritized based on clinical features suggestive of COVID-19 infection and epidemiologic risk.

Table 4: Priorities for Testing	
Priority	Criteria
High Priority	Any person with symptoms consistent with COVID-19 infection including fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat
High Priority	Any person who has had close contact with a confirmed COVID-19 case or identified as part of a contact investigation
Priority	Persons without symptoms who are prioritized by the TDCJ Office of Public Health or DSHS, for any reason, including but not limited to: public health monitoring, area of ongoing transmission, sentinel surveillance, or screening of asymptomatic individuals

1. Fever may be subjective or confirmed
2. Adapted from CDC criteria for evaluation and laboratory testing

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

IV. REPORTING

- A. Daily reporting of COVID-19 to the TDCJ Office of Public Health by email or fax (936-437-3572) is required.
- B. Each unit must complete a report (Attachment I).
 1. The daily COVID-19 log should be sent by 9:00 AM. The list is only for the 24-hour period ending at 6AM that morning. Units may submit logs over the weekend or may submit three logs on Monday morning.
 2. Reporting should continue until 2 weeks has lapsed since the last case.
 3. The subject line of the email should include, “[Unit] Name, COVID-19 Log, and the Date Sent (MM /DD /YYYY).”

V. CLINICAL MANAGEMENT

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- A. Record proper diagnosis in the electronic health record for suspected COVID-19.
- B. There is no approved vaccine for COVID-19.
- C. There are currently no antiviral drugs licensed by the FDA to treat COVID-19.
- D. Currently, there is no agent known to be effective in preventing COVID-19 if given before an exposure.
- E. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19.
- F. Clinicians are encouraged to test for other causes of respiratory illness (e.g., influenza during flu season) if clinically indicated. However, testing should not delay COVID-19 testing since detection of another respiratory pathogen does not rule out COVID-19.
- G. Most cases of COVID-19 only require usual supportive care with fluids, analgesics and rest. Acetaminophen (i.e. Tylenol) is the preferred antipyretic for treating fever in non-allergic COVID-19 patients considering its efficacy and safety. Nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen may be considered. Corticosteroids are not recommended unless they are indicated for another reason (e.g., COPD exacerbation).
- H. Signs suggesting the need for a higher level of care include, but are not limited to, difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse.
- I. Clinical management for more severe cases is focused on supportive care of complications, including advanced organ support for respiratory failure.
- J. Offenders who are suspected of having COVID-19 must be placed in medical isolation. Laboratory proof is not required for isolation. The diagnosis of COVID-19 should be made on a clinical basis and testing performed only as outlined above.
- K. Adherence to strict infection control measures must always be observed. Cases in an inpatient setting must be under droplet and contact isolation (see Infection Control Policy B-14.21).

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 - 3 Texas Department of State Health Services. Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19). Available at <https://www.dshs.state.tx.us/coronavirus/healthprof.aspx>
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- 14 Centers for Disease Control and Prevention. Symptom-Based Strategy to Discontinue Isolation for Persons with COVID-19. May 3, 2020. Available at <https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>
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COVID-19 CORONAVIRUS DISEASE

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

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

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic>.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at <https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html>.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.



CL598574 05/03/2020

For more information: www.cdc.gov/COVID19

Stop Germs! Wash Your Hands.

When?

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



How?



Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.



Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.



Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.



Rinse hands well under clean, running water.



Dry hands using a clean towel or air dry them.

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

LIFE IS BETTER WITH

CLEAN HANDS



www.cdc.gov/handwashing



This material was developed by CDC. The Life Is Better with Clean Hands Campaign is made possible by a partnership between the CDC Foundation, GOJO, and Staples. HHS/CDC does not endorse commercial products, services, or companies.

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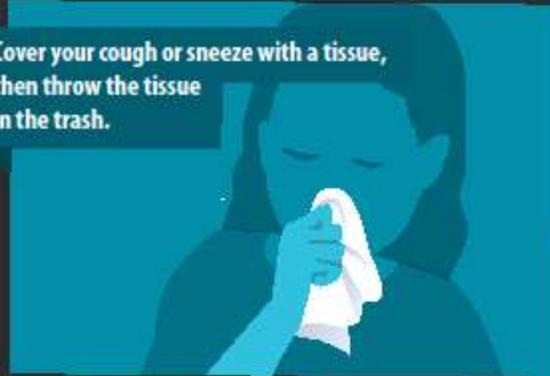
STOP THE SPREAD OF GERMS

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

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



Wash your hands often with soap and water for at least 20 seconds.



For more information: www.cdc.gov/COVID19

Visitors

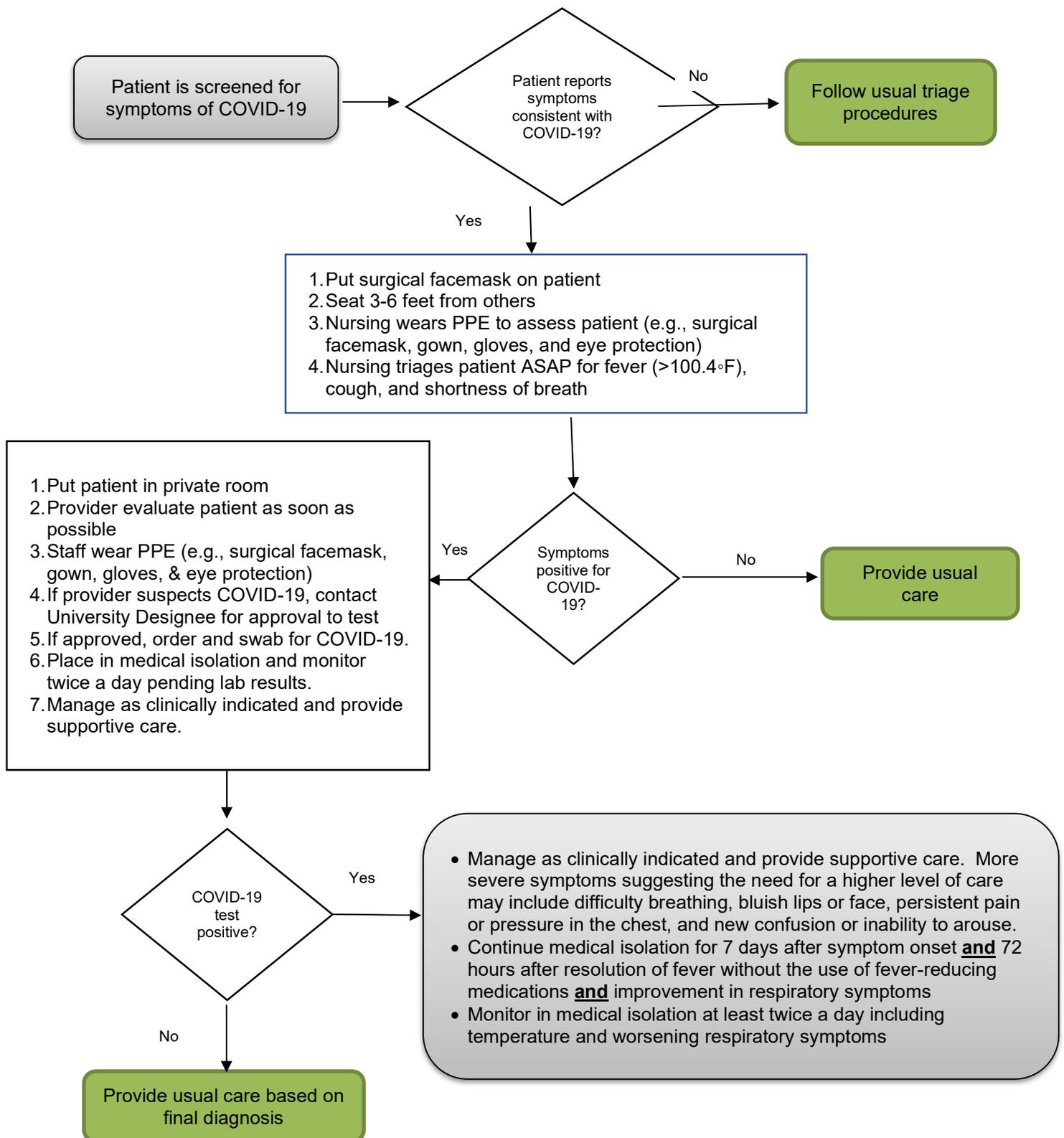
WARNING

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

- Try to stay 6 feet away from other people as much as possible.
- Avoid shaking hands, hugging or touching surfaces that get a lot of hand contact.
- Wash your hands often
- Avoid touching your eyes, nose or mouth without washing your hands before and afterward.

Attachment E

Medical Triage



**CORRECTIONAL MANAGED CARE
COVID-19 Health Screening Intake Form**

Date: _____

Patient Name: _____

DOB: _____

Facility: _____

1. Temperature: Above 100.4F? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Feverish or chills? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, date of onset:
3. Cough? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, date of onset:
4. Shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, date of onset:
5. Had contact with a person known to be infected with COVID-19 or with fever, cough or shortness of breath in the last 14 days? <input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any question, place a surgical facemask on the patient and separate from the rest of the intake group for additional screening and orders.

Nurse's Signature

Date

Texas Department of Criminal Justice

COVID-19 Health Screening Form

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

Clearly **PRINT** information below:

Name: _____ Birthdate (mm / dd): _____

Has the individual:

		Date Range
*Had contact with anyone who tested positive for COVID-19 in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?
* Had contact with a person with fever, cough or shortness of breath in the last 14 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes when?

Does the individual have:

		Result
Fever above 100.4F?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, temperature?
Feverish or chills?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Cough?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

**If the individual answers yes to being in contact with anyone who tested positive for COVID-19 or with symptoms of COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Also, notification will need to be made to the Melissa Kimbrough, Office of Emergency Management and Chris Black Edwards, Deputy Director Health Services.*

Staff completing COVID-19 Health Screening Form:

Name: _____ Date: _____

CONTACT INFORMATION:

Melissa Kimbrough, Emergency Management Coordinator
936-437-6038 (Office)
936-581-9848 (State Cell)
melissa.kimbrough@tdcj.texas.gov

Chris Black-Edwards, Deputy Director Health Services
936-437-4001 (Office)
chris.black-edwards@tdcj.texas.gov

COVID-19 Testing for Units

Note: Requires pre-authorization from the University Designee prior to placing the order.

- Providers in the Texas Tech Sector should contact the Northern Region Medical Director for approval.
- Providers in the UTMB Northern Geographical Service Area (GSA) should contact the Chief Medical Officer for approval.
- Providers in the UTMB Southern GSA should contact the Region 4 Medical Director for approval.

1. Units Designated for Testing by Galveston Laboratory:

Test should be sent to the Galveston laboratory for processing. The test is available in the EMR under **CORONAVIRUS COVID-19 TESTING (COVID19)**. The viral culture collection kit is available from the CMC Medical Warehouse (stock # 495-38-15427-6).

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

2. Units Designated for Testing by Quest Diagnostics:

Staff must manually order the test. Each unit should have the paper ordering forms. The test should be ordered on its own dedicated requisition and not combined with any other test. National test code is 39433. It is not a STAT test and a STAT pick-up cannot be ordered. Test results are typically available 3-4 days from the time of specimen pick-up and may be impacted by high demand.

Test name and code:	SARS-CoV-2 RNA, RT PCR
Collect:	Preferred Specimen(s): One (1) nasopharyngeal swab collected in a multi microbe media (M4), V-C-M medium (green-cap) tube or equivalent (UTM).

	Also acceptable: 0.85 mL bronchial lavage/wash, nasopharyngeal aspirate/wash, sputum/tracheal aspirate sample in a plastic sterile leak-proof container
Specimen Preparation:	Place in multi microbe media (M4), V-C-M medium (green-cap) tube, or equivalent (UTM). It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources. Also, acceptable: Plastic sterile leak-proof container.
Storage/Transport Temperature:	Transport refrigerated (cold packs) to local Quest Diagnostics accessioning laboratory.
Unacceptable Conditions:	Specimens not in viral transport media. Calcium alginate swab • Cotton swabs with wooden shaft • Received refrigerated more than 72 hours after collection • ESwab • Swabs in Amies liquid or gel transpo
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. Do not combine other specimen sources.
Stability:	Ambient: Unacceptable; Refrigerated for up to 72 hours or Frozen at -70°C

3. Texas Tech Units Designated for Testing by LabCorp

The test is available in the EMR under “2019 Novel Coronavirus (CoVID-19), NAA”. Contact your Facility Health Administrator if you are in need of additional culture collection kits.

Test Name and Code:	COVID-19 – Test Code 139900
Collect:	Nasopharyngeal or Oropharyngeal swab, placed and transported in Universal Transport Medium (UTM).
Specimen Preparation:	Universal Transport Medium (UTM) with included swabs, specimen label and biohazard bag are needed. Follow instructions published by LabCorp regarding OP and NP specimen collection for COVID-19 testing.
Storage/Transport Temperature:	Samples/specimens should be shipped frozen due to limited stability at 2°-8° C. Refrigerated swabs submitted within 72 hours will be accepted.
Unacceptable Conditions:	Swabs with calcium alginate or cotton tips; swabs with wooden shafts; refrigerated samples greater than 72 hours old; room temperature specimen submitted; improperly labeled; grossly contaminated; broken or leaking transport device; collection with substances inhibitory to PCR including heparin, hemoglobin, ethanol, EDTA concentrations >0.01M.

Remarks:	Submit separate frozen specimens for each test requested. Submit COVID-19 test on one requisition with test code 139900.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours
Turnaround Time:	Current turnaround time for COVID-19 testing is estimated between 3-4 days and may be impacted by high demand.

4. Montford Testing

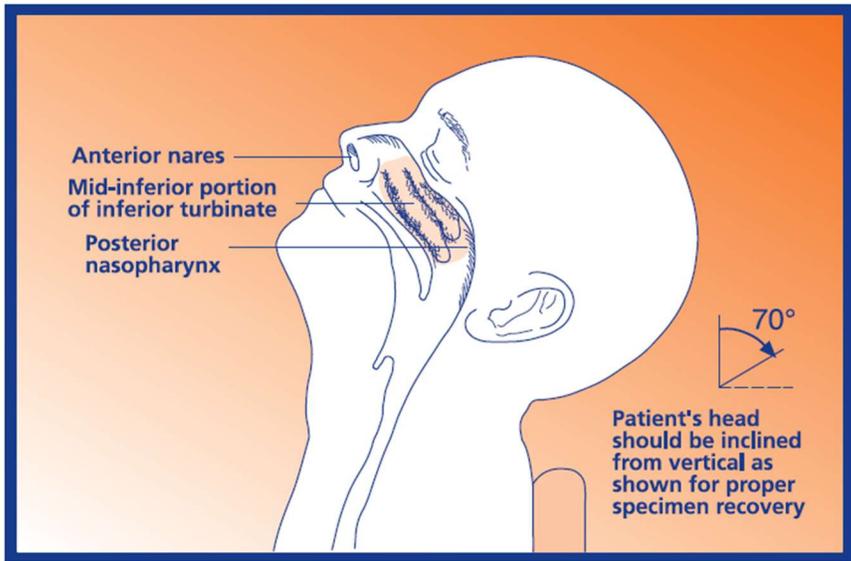
******Contact Lisa Wilson, Carrie Culpepper, or Mike Parmer******

Fill out health screening form and await approval from TDCJ Office of Public Health to proceed. This test will be sent to UMC as a reference test. **CORONAVIRUS COVID-19 TESTING (COVID19)**

Test name and code:	SARS-CoV-2 (Test code: 39433) aka COVID-19 **Order on UMC paper requisitions**
Collect:	Nasopharyngeal swab (Use Xpert® Nasopharyngeal Sample Collection Kit---in lab). Ensure swab is broken off and left in liquid media.
Specimen Preparation:	<ul style="list-style-type: none"> Refer to Nasopharyngeal Collection Below Ensure swab is broken off and left in liquid media. Place each specimen in an individually sealed bag.
Storage/Transport Temperature:	Acceptable Conditions: Refrigerated (2-8° C)
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable; Refrigerated: 3 days
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. **Stat Delivery**

5. Nasopharyngeal swab method

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

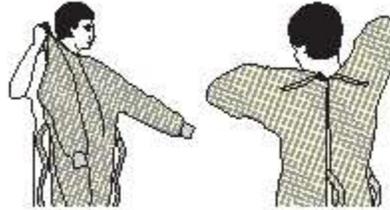


SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



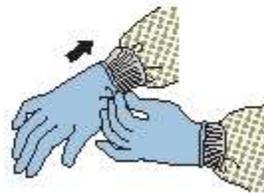
3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



4. GLOVES

- Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

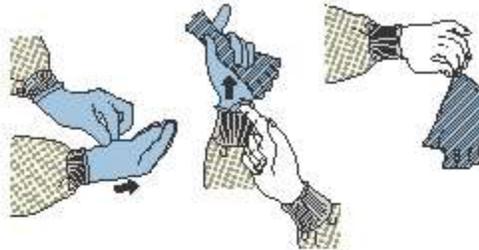


HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



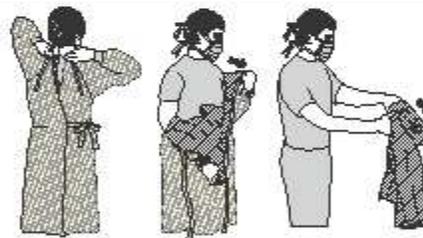
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



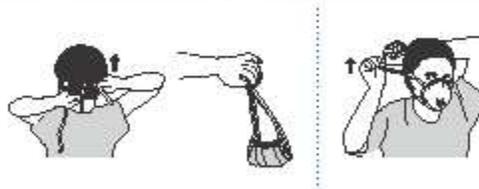
3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

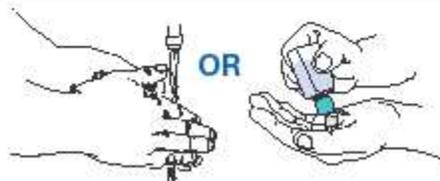


4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



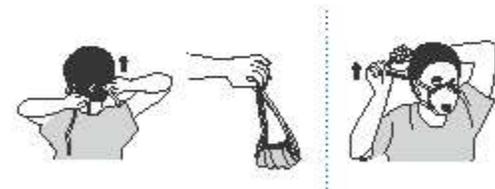
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

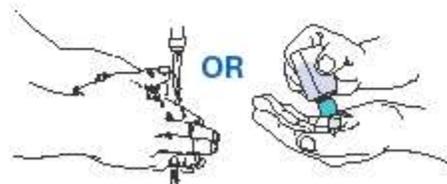


3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — **DO NOT TOUCH!**
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS
BECOME CONTAMINATED AND IMMEDIATELY AFTER
REMOVING ALL PPE**



Attachment K

Pandemic COVID-19 Alert Stages and Matrix

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

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

- III. Stage III – Pandemic COVID-19 observed in the United States. Because COVID-19 spreads quickly, it is likely that only a few weeks, at most, would elapse between the first observation of COVID-19 in the United States and its appearance in the local community.
 - A. This stage is subdivided into 3a – no in-state cases reported, 3b – cases reported in Texas.
 - B. Continue Stage 2 activities
 - C. Work with security to identify areas that can be used to cohort offender cases
 - D. Screen for symptoms of COVID-19 at main gate and exclude symptomatic individuals
 - E. Screen for symptoms of COVID-19 before allowing offenders on chain buses.
 - F. Increase emphasis on cleaning/disinfecting high hand contact areas and offender transportation.
 - G. Allow staff to carry waterless hand cleaners.
 - H. Additional precautions for Stage 3b
 1. Non-essential offender movement between units must be stopped Elective medical procedures should be postponed
 2. Intake facilities screen arriving offenders by asking about new cough or sore throat and taking temperature
 3. Intake facilities should consider placing new intakes under routine intake quarantine for 14 days before allowing them into general population. The 14-day quarantine period begins on the day the last offender is added to the quarantine group.
 4. Consider locking down the unit and stopping visitation.
 5. If the warden deems it necessary to allow a person with symptoms of COVID-19 or household contacts onto the unit, the following precautions are recommended:
 - a. Each person should always be required to wear a surgical facemask on the unit and wash hands before entering the unit.
 - b. Employees restricted to jobs that do not entail contact within 6 feet of others (such as picket duty or strictly outdoor work)
 - c. Employee workstation and hand contact areas are disinfected with Double D solution or a 1:10 bleach solution at the end of their shift.

IV. Stage IV – Initial cases of COVID-19 on the prison facility

- A. Continue actions from lower stage levels.
- B. Unit should be locked down and visitation stopped if this has not been done previously.
- C. Cases/suspected cases should be placed in (order of preference): 1) Respiratory isolation, if available on the unit, or in a single cell in cell block designated for cohorting COVID-19 cases. If single celled, they should not be allowed access to the day room unless all offenders using the day room are suspected or confirmed COVID-19 cases. Consider using segregation or similar housing for the initial cases.
- D. Cases or suspected cases must not be allowed to attend work, school, dining hall or group recreation.
- E. Isolation should continue until 7 days after symptoms started **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
- F. If the offender requires transfer to a hospital, he should go by ambulance or van. Multiple offenders with COVID-19 may be transported in the same vehicle if necessary. Attendants and other staff in the vehicle must wear surgical facemask and gloves. Gowns and eye protection should be worn if direct or very close contact is expected. The offender should wear a surgical facemask unless breathing is restricted, and his condition does not allow. The transport vehicle should be disinfected after use. The receiving facility must be notified that the patient has COVID-19 before arrival at the facility.
- G. Offenders in the cellblock or dormitory of the index case must be medically restricted (no housing reassignments, no work or school; dining and recreation as a cohort only) until 14 days have elapsed without another case of COVID-19 in the living group. If their work is deemed critical, they must be screened for symptoms of COVID-19 before their shift before being allowed to work.

V. Stage V – Multiple cases of COVID-19 in the facility, when the number of cases is too large to isolate individually.

- A. Continue previous stage level activities
- B. At this point individual case isolation is not practical and confirmed cases should be cohorted in living areas (dormitories or cellblocks). Cases need to remain in the cohort living area for 7 days after onset of their symptoms **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath), but may be transferred to other living areas after their isolation period has passed.

Alert Stage	Medical Department	Security	Offender Management					
			Housing	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
Stage 3b – pandemic COVID-19 in Texas	<ul style="list-style-type: none"> • Work with security to identify housing areas that can be used to cohort cases • Train staff on identification of COVID-19 cases and early isolation of cases 	<ul style="list-style-type: none"> • Continue Stage 2 activities • Train staff in recognition of COVID-19 symptoms and how the medical triage/cohorting system will work 	<ul style="list-style-type: none"> • Cohort essential workers by shift • Stop housing reassignment except for disciplinary or medical reasons, or within same 	<ul style="list-style-type: none"> • Consider unit lockdown procedures • Feed and shower offender in cohorts by housing area. Disinfect showers/dining facilities between cohorts 	<ul style="list-style-type: none"> • Consider unit lockdown procedures • Recreation in cohorts by housing area. Disinfect equipment between cohorts 	<ul style="list-style-type: none"> • Screen for symptoms of COVID-19 before allowing offenders on chain bus • Disinfect seats, handrails and other contact areas before 	<ul style="list-style-type: none"> • Consider suspending classes • Consider suspending non-essential work • Screen workers for symptoms at turnout 	<ul style="list-style-type: none"> • Screen for symptoms of COVID-19 and exclude symptomatic individuals, whether staff or visitors • Stop contact visitation

Alert Stage	Offender Management							
	Medical Department	Security	Housing	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	<ul style="list-style-type: none"> • Reinforce personal hygiene and cough etiquette with offenders • Limit use of medical staff on multiple units • Cancel/reschedule elective medical procedures • Begin COVID-19 triage and early isolation process • Allow staff to carry and use alcohol-based hand antiseptic rub • Intake units screen offenders arriving on the unit by asking about new onset of cough or shortness of breath and taking their temperature 	<ul style="list-style-type: none"> • Increase emphasis on cleaning and disinfecting high hand contact areas and offender transportation • Stockpile food and other essential supplies for at least a 2-4 week period • Place new intakes and offenders returning from bench warrant, etc. under routine intake quarantine for 14 days • Allow staff to carry and use alcohol-based hand antiseptic rub • Limit use of staff on multiple units • Consider unit lockdown 	<p>housing area (dorm or cell block)</p> <ul style="list-style-type: none"> • Prepare one or more cell blocks to be designated as medical wards, if feasible 			<p>loading offenders and at end of trip</p> <ul style="list-style-type: none"> • Stop non-essential offender movement between units 		<ul style="list-style-type: none"> • Consider stopping all visitation
Stage 4 – initial cases of COVID-19 on unit	<ul style="list-style-type: none"> • Continue Stage 3b activities • Place suspected cases in droplet and contact isolation in a single cell for 7 days after symptom onset and 72 hours after 	<ul style="list-style-type: none"> • Continue Stage 3b activities • Security staff assigned to medical and isolation areas wear facemasks • 	<ul style="list-style-type: none"> • Create one or more isolation wards, and medical wards if needed • No transfer of exposed offenders 	<ul style="list-style-type: none"> • Unit lockdown. 	<ul style="list-style-type: none"> • Unit lockdown. 	<ul style="list-style-type: none"> • Continue Stage 3b actions • Transfer of symptomatic cases by ambulance or van only. Multiple cases 	<ul style="list-style-type: none"> • Continue Stage 3b actions • Medically restricted and isolated offenders cannot work • If a medically restricted 	<ul style="list-style-type: none"> • Continue Stage 3b actions

Alert Stage	Medical Department	Security	Offender Management						
			Housing	Feeding/Showering	Recreation	Transportation	Work/School	Visitation	
	<p>resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath).</p> <ul style="list-style-type: none"> • Cases wear surgical facemask whenever moved out of their isolation room • Medically restrict contacts of the case until 14 days after the last case appears in the medically restricted group • If a medically restricted offender develops signs and symptoms of COVID-19, place him in droplet and contact isolation and extend the medical restriction on the remaining offenders for 14 more days • Make rounds of isolated offenders in the isolation housing area at least twice per shift • Make daily rounds on medically restricted housing areas • Medical staff wear PPE when entering a room with an ill offender 	<ul style="list-style-type: none"> • Staff on affected units not to work on unaffected units if possible 	<p>into areas housing unexposed offenders</p>				<p>can be in same vehicle.</p> <ul style="list-style-type: none"> • Notify receiving facility of COVID-19 case before arrival • Attendants with transported cases must use surgical facemasks and gloves. Gowns and eye protection should be worn if direct or very close contact is expected. 	<p>offender must work because of a critical need, he must be screened to rule out symptoms of COVID-19 before each shift he works.</p>	

Alert Stage	Medical Department	Security	Offender Management					
			Housing	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	<ul style="list-style-type: none"> • Staff on affected units not to work on unaffected units if possible 							
Stage 5 – multiple COVID-19 cases on unit	<ul style="list-style-type: none"> • Continue Stage 4 actions • Cohort cases and suspected cases • Cases may be moved to any living area 7 days after symptom onset and 72 hours after resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g. cough, shortness of breath). They can be considered immune for the remainder of the pandemic 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions 	<ul style="list-style-type: none"> • Continue Stage 4 actions • Cases who have completed their 7 day isolation and 72 hours after resolution of fever and improvement in respiratory may work without restriction if their symptoms have resolved 	<ul style="list-style-type: none"> • Continue Stage 4 actions
Termination of COVID-19 alert: May return to Stage 4 when there are no new cases on the unit in 7 days, or to stage 3b when there have been no new cases on the unit for an additional 7 days								