

Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Objectives

The objective of this document is to guide our policies and procedures during the COVID-19 pandemic. The purpose of this guidance is to keep staff and incarcerated individuals safe while allowing the flexibility needed to limit the impact on legal processes and programming. As we monitor fluctuations in community transmission rates, our strategies may be adjusted accordingly in collaboration with the Alameda County Public Health Department and recommendations from the CDC. Therefore, periodic updates will be posted reflecting new versions of this document.

Record Keeping	
1. A COVID-19 line list should be kept and updated daily with new cases and new quarantined units as soon as they are identified. The line list should include those patients that are hospitalized and those patients that are considered a COVID-19 related mortality	Infection Control Team/ Record-Keeping Team
2. A separate Influenza line list should be kept and updated daily with new confirmed cases, persons who have influenza-like illness, and new quarantined units as soon as they are identified. The line list should include those patients that are hospitalized and those patients that are considered an Influenza related mortality.	Infection Control Team/ Record-Keeping Team
3. A separate staff line list should track staff who are on leave related to a confirmed positive COVID-19 test, or those on leave related to exposure to a person with a confirmed positive COVID-19 test.	HSA/Infection Control Team/ Record-Keeping Team
4. The line lists should be reviewed daily, and new details added every 24 hours.	Infection Control Team
Communication	
1. An email list should be set up to include the following: <ul style="list-style-type: none"> a. Wellpath: HSA, AHSA, DON, Medical Director, Infection Control Team, Supervising RNs and core Medical Providers b. ACSO: SRJ Captains, Clinic Sergeant, Contracts Lieutenant, Watch Commanders from all teams, Classification Lieutenant, Classification Sergeant, Visiting Sergeant, Projects Lieutenant, ITR Lieutenant, Inmate Services Lieutenant or Admin Sergeant, Admin Lieutenant, Compliance Lieutenant, and Commander c. AFBH Clinical Manager, AFBH Leadership 	Medical Director/HSA/Contracts Lieutenant

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<ul style="list-style-type: none"> d. Pharmacy Manager e. Contractors: Food service, Housekeeping, GSA/BMD 	
2. Supervising RNs are in charge of notifying the Wellpath Admin Team, the Infection Control Team, and the <u>Watch Commander</u> of new COVID and/or Influenza cases/quarantined units/pods via email.	Supervising RNs/ Record-Keeping Team
3. Daily communication should take place between key staff via email, phone and/or in person <ul style="list-style-type: none"> a. Daily meetings should occur if the situation is changing rapidly b. The line list should be emailed daily 	Medical Director/HSA/Infection Control Team
4. Communication should be set up with Alameda County Public Health Department	Medical Director/Infection Control Team
5. The line lists and other updates should be emailed daily to the ACPHD	Infection Control Team
6. Positive COVID and/or Influenza results will be promptly communicated to the ACPHD	Infection Control Team
Supplies	
1. PPE supplies: masks, gloves, hand sanitizer etc. should be secured for both staff and inmates. Eye protection and gowns should be available when needed.	Infection Control Team/AHSA/Projects Lieutenant
2. Testing: adequate supplies of lab tests for each illness should be secured	Infection Control Team/AHSA/Lab staff
3. Medications: adequate supplies of medications should be secured	Infection Control Team/Pharmacy
4. Vaccination: Influenza vaccine will be secured per the allotment from Wellpath, Public Health and Maxor pharmacy.	Infection Control Team/Pharmacy
Influenza Vaccine Criteria	
1. Phase 1: ORANGE patients should be offered Influenza vaccines as a first priority.	Infection Control Team

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2. Phase 2: Age criteria (ages 55 and older) should be offered the Influenza vaccine, if supply allows.	Infection Control Team
3. Phase 3: All other inmates in the facility should be offered the Influenza vaccine, if supply allows. a. Bi-weekly base-wide vaccination will be offered, if supply allows, for all patients who initially refused or were not offered.	Infection Control Team
4. Phase 4: All ORANGE inmates at time of booking should be offered the Influenza vaccine, if supply allows.	Infection Control Team
COVID-19 Vaccine Criteria	
1. The COVID-19 Vaccine is no longer subject to a prioritization criteria and all incarcerated patients are recommended to be offered the COVID-19 vaccine. All patients who are eligible for the COVID-19 booster will be offered the booster as soon as they are eligible. Patients who initially refuse the booster will be offered the booster upon request at any future opportunity once requested. Moderna or Pfizer remain the recommended COVID-19 vaccine to use as the booster regardless of the initial vaccine accepted. Booster eligibility will be aligned with current recommendations by the CDC and the ACPHD. 2. Vaccine status will be assessed for all newly booked patients during the intake process. 3. The CAIRS registry will be used to verify and identify each newly booked inmate to determine their vaccination status. 4. A vaccination log will be kept for all patients by Wellpath and Vaccine Status for fully vaccinated and partially vaccinated patients will also be included as an alert in the jail management software ATIMS.	Infection Control Team
5. Educational material will be available to the incarcerated population that will provide them information as to how to request the vaccine while in-custody, address vaccine hesitancy, and provide ways for the patient to access healthcare staff members so that they may have questions answered regarding the COVID-19 vaccine. ACPHD staff will be utilized specifically to address vaccine hesitancy, but will also assist in vaccine administration, post administration monitoring, and registration of the vaccine administration in the CAIRS. ACPHD staff will be assist based on availability.	Infection Control Team
Staff/Patient Protection	
1. All employees should be informed of an outbreak promptly.	HSA/Infection Control Team

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2. Any time there is a COVID-19 positive staff member identified and then isolated, there should be communication between ACSO and all Contractors. The reporting will not include personal identifiers; however, the individual's infectious period will be determined and used to identify close contacts within the facility. The infectious period will also be used to determine whether housing units will be quarantined and subjected to surveillance testing.	HR Representative for ACSO/Contractor HR representative
3. County employees and all contractor staff should be encouraged to receive the seasonal influenza vaccine prior to the Influenza season. If healthcare staff do not receive their Influenza vaccine, mask wearing will continue to be mandatory for these staff members regardless of the current station order status for mask mandate during the time period considered to be the Influenza season, typically the beginning of October until the middle of May for the following year. Healthcare workers Influenza vaccine status will be tracked and de-identified reporting should be available upon request.	Infection Control Team
4. County employees and all contracted staff should be encouraged to be fully vaccinated against COVID-19, if they are not already required to be by federal, state, or county mandates. COVID-19 vaccine status for all county employees and contractors will be tracked by their respective human resources teams for reporting purposes if requested.	Infection Control Team/HR Specialist
5. All staff will have their temperature taken and a symptom screen done before entering the facility. Persons with temperature $\geq 100^{\circ}$ or symptoms of 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, and diarrhea will be sent home until they are afebrile for at least 24 hours, symptoms have improved, and at least 10 days have passed since onset of their symptoms. Refer to County Guidance documents for additional information. If the employee is positive for COVID-19, then current CDC guidance for medical isolation would be followed.	HSA/ACSO Captains
6. All staff should wear appropriate PPE when in contact with potentially infected and/or exposed individuals. Staff should wear a N95 mask, goggles and gloves, and should don a gown if in close proximity to a patient, especially when performing procedures likely to expose them to aerosols.	HSA/ACSO Captains
7. If N95 masks are not available, staff should wear surgical masks and eye protection and attempt to maintain distance from the patient.	HSA/ACSO Captains
8. A surgical mask should be available for any incarcerated person at all times, and a mask will be required when the incarcerated person is out for pod/recreation time, or they are being moved outside of the housing unit.	HSA/Projects Lieutenant

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9. Any staff displaying signs of illness should not be allowed to enter the facility and should follow up with their respective leadership and Human Resources team for further guidance, which may include a recommendation to quarantine and/or be tested.	HSA/ACSO Captains
10. If Wellpath or ACSO were to experience staffing shortages (e.g., 10% or more of staff affected) then will discuss with ACPHD if it is possible for asymptomatic exposed persons with a pending test are able to work in accordance with CDC guidelines (https://www.cdc.gov/coronavirus/2019-ncov/hcp/mitigating-staffshortages.html). If approved by ACPHD, staff who think they may have been exposed to COVID-19 may continue to work, pending testing, if asymptomatic. They must perform a temperature check and symptom screen twice a day and should self-quarantine if they display any signs or symptoms. Staff should wear appropriate PPE including surgical masks or an N-95 mask when patient facing. The staff should attempt to maintain distance from patients and other staff. Staff must follow standard quarantine requirements when not at work.	HSA/ACSO Captains
ITR Procedures	
1. Arrestees who have not reported symptoms of COVID-19 or Influenza to the arresting agency will receive a Supplemental screening questionnaire in the tent outside the lobby during the outbreak.	Director of Nursing/ITR Lieutenant
2. Arrestees reporting symptoms of COVID-19 or Influenza, or exposure risk, to the arresting agency will remain in the car for their initial medical screening.	Director of Nursing/ITR Lieutenant
3. Arrestees will be questioned about current COVID-19 and Influenza symptoms (including 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, and diarrhea), or about contact with known or suspected COVID-19 cases, or travel from areas with known high transmission rates.	Director of Nursing/ITR Lieutenant
4. Arrestees arriving at ITR reporting concerning symptoms should be provided with appropriate PPE while being assessed for fitness for incarceration.	Director of Nursing/ITR Lieutenant
5. Usual acceptance policies should be followed during an outbreak as long as the facility has current capacity to provide appropriate housing (isolation, OPHU etc.), and medical care.	Director of Nursing/ITR Lieutenant/Watch Commanders

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<p>6. If an arrestee with concerning symptoms or high-risk history is accepted past the bubble, they must be placed in an isolation room in ITR during processing, and the room should be sanitized after their departure.</p>	<p>Director of Nursing/ITR Lieutenant</p>
<p>7. If there are not enough single-room isolation cells in ITR, then will follow CDC guidance on isolation and quarantine of inmates. https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html</p>	<p>Director of Nursing/ITR Lieutenant</p>
<p>8. Ideally, incarcerated persons with increased risk for COVID-19 or Influenza complications should be identified during the prebooking and/or intake medical screening process. These patients will be assigned an orange medical alert. An alert will appear in the medical health record and notification of the alert will be placed in ATIMS (ORANGE) (High risk for COVID: 65 and older, Pregnant, Asthma [Moderate-or- severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year, history of GERD, BMI of 30 or higher, atopic conditions such as atopic dermatitis or allergic rhinitis) or who have a risk for hospitalization for COVID (i.e., aged 50 years or older)]Chronic Lung Disease (to include COPD), Diabetes aged 50 years and older or any diabetic who is insulin dependent or has uncontrolled diabetes, Serious Heart Conditions (to include heart failure, coronary artery disease, congenial heart disease, cardiomyopathies, and pulmonary hypertension), Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis), Severe Obesity (BMI of 40 or above),</p> <p>a. Immunocompromised (to include patients receiving cancer treatment, organ transplants, immune deficiencies, HIV with low CD4 count, or not taking any HIV treatment), Liver Disease (to include cirrhosis) and Sickle Cell disease. (For further definition of high-risk vulnerable patients, refer to CDC guidance) ORANGE patients, with symptoms, should be considered for OPHU housing as a RED patient. ORANGE patients, with symptoms, should be started on Tamiflu pending the results of their PCR tests. Mood disorders including Bipolar affective disorder, depression, and schizophrenia have been added to the medically vulnerable population for COVID-19.</p>	<p>Director of Nursing/ITR Lieutenant</p>
<p>9. Patients set to be released, transferred, or sent to a program will be provided education and/or screening based on their situation. If they are currently (YELLOW) or (RED), or have been provided the COVID-19 vaccine in a form that requires a second dose, they will be provided an instruction sheet giving them information for necessary precautions or follow up. Vaccine recipients will be provided a copy of their vaccination card.</p>	<p>Director of Nursing/ITR Lieutenant</p>

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Color Coded System	
• RED = Symptomatic patient(s) with suspected COVID-19 or Influenza	Medical
• DARK RED = Symptomatic or Asymptomatic patient(s) with known COVID-19	Medical
• PURPLE = Symptomatic patient(s) with known Influenza	Medical
• YELLOW = Asymptomatic patient(s) with exposure to COVID-19	Medical
• BRIGHT YELLOW = Asymptomatic patient(s) with close exposure to a COVID-19 case	Medical
• ORANGE = Asymptomatic patient(s) who are currently healthy but have increased risk for COVID-19 or Influenza complications	Medical
• GREEN = Asymptomatic patient(s) who are currently healthy	Medical
General Quarantine Procedures	
1. New books who are GREEN or ORANGE will be quarantined in a “new book” housing unit, or, Ad Sep for 10 days before being introduced into the general population. They will receive a daily temperature check and symptom screen by medical staff. Within 48 hours of booking, the inmate will be offered a COVID-19 test. Additionally, the inmate will be offered a second COVID-19 test at day 5 of new book quarantine. The inmate will continue to be monitored by medical staff daily, regardless of the testing results.	HSA/Captains/Medical Director
2. Inmates displaying symptoms consistent with COVID-19 or Influenza will be housed in the OPHU, or isolated in cells around the base = RED	Medical Director/Classification Lieutenant
3. Inmates with increased risk for COVID-19 or Influenza complications (i.e., as noted above in ITR 8) will be identified during the intake process or at a later time determined by a provider. If an ORANGE patient becomes symptomatic, then they should be considered for OPHU housing.	Medical Director/Classification Lieutenant
4. Inmates who have had contact with known or suspected COVID-19, or persons with a high-risk travel history should be cohorted for a 10-day quarantine period in a special housing unit = YELLOW a. An inmate with direct close contact (refer to CDC guidance for definition of a close contact) with a known or suspected COVID-19 person should be quarantined for a 10-day period in isolation- BRIGHT YELLOW (High-risk solo).	Medical Director/Classification Lieutenant

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5. Any pod or housing unit that was previously healthy (GREEN) but develops a symptomatic case will have the index case removed to isolation cells (RED) and the housing unit/pod will be placed on quarantine for 10 days (YELLOW) or until testing comes back negative for COVID on the index patient. If the index case is positive for Influenza, and there are two or more symptomatic individuals within a 24-hour period from the same housing unit/pod, then the quarantine will be changed to 5 days (YELLOW). If they are negative for both, then the quarantine will be lifted.	Medical Director/Captains/Watch Commanders
6. A sign will be posted outside of each pod/housing unit displaying the quarantine status, the start date, and possible release date.	Infection Control Nurse
7. During the times where the community and/or the jail are experiencing an outbreak, persons living in an incarcerated setting should be given sufficient space during meals, pod time, etc. to practice social distancing	Captains/Watch Commanders
8. During quarantine in (YELLOW) pods or housing units, there should be no new incarcerated persons transferred into the pod or housing unit.	Medical Director/Captains/Watch Commanders
9. Patients that are to be seen in the medical clinic that are coming from a quarantined or medical isolation setting should be considered for medical necessity. If the patient is deemed medically necessary, the patient will be moved in a safe way with appropriate PPE worn by staff and the patient. For those patients where the medical needs are not immediate, the patient will be scheduled for their medical appointment after they have completed their period in quarantine or medical isolation. The clinic sergeant will be made aware of patients that are deemed medically necessary to come to the clinic during quarantine or medical isolation to ensure this is done safely. Appropriate PPE should be worn by the patient, custody, and medical staff during the appointment.	Medical Director/Captains/Watch Commanders
10. Commissary will be allowed unless otherwise directed by extreme circumstances; however, custody staff and inmate workers who are delivering the packages must wear PPE and wash their hands in between units.	Medical Director/Captains/Watch Commanders
11. All staff working in the quarantined area are required to wear appropriate PPE, and use careful hand hygiene, especially before entering other pods or housing units.	Medical Director/Captains/Watch Commanders
Sick Call Protocol	
1. GREEN housing units should have sick call conducted in the sick call room.	Director of Nursing/ Watch Commander

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2. YELLOW and NEW BOOK housing units should have sick call conducted door-to-door in two person cell HUs, and patients shall be required to wear a mask during the entire encounter.	
3. Red, Dark Red, and Purple housing units should have sick call conducted at the cell door. The patient should always be masked during sick call interactions.	Director of Nursing/ Watch Commander
COVID Testing Protocol	
1. CDC recommendations will be followed to guide the testing strategy for inmates. According to current guidance, all inmates exhibiting symptoms of any severity will be tested for COVID-19	Medical Director/Infection Control Team
2. A second phase of testing will be conducted on asymptomatic inmates who are housed in a quarantined housing unit. A COVID-19 test will be offered to all patients in the quarantined housing unit. This testing will be called mass testing. Patients who refuse mass testing will continue to be offered opportunities to test during the serial testing period that follows. a. Testing Supplies will be provided by CPHD b. All labs will be processed through CPHD	Medical Director/HSA/ Infection Control Team
3. A third phase of testing will be conducted on asymptomatic inmates within 48 hours of booking. All new bookings will continue to be screened through the intake process and housed in an intake housing unit for 10 days. On, or before the 48-hour mark, the inmate will be offered a COVID-19 test. Additionally, the inmate will be offered a second COVID-19 test at day 5 of new book quarantine. a. Testing Supplies will be provided by CPHD b. All labs will be processed through CPHD	Medical Director/Infection Control Team
4. A fourth phase of testing will be conducted on asymptomatic inmates at a minimum of 48 hours prior to release from custody. All inmates identified at a minimum of 48 hours prior to release will be offered a COVID-19 test. a. Testing Supplies will be provided by CPHD b. All labs will be processed through CPHD	Medical Director/Infection Control Team
5. A fifth phase of testing will be conducted on asymptomatic inmates who resided in a housing and/or pod with a positive COVID-19 index case. After phase two (mass testing) occurs, within the effected housing unit/pod, if the inmate tests negative for COVID-19, then Wellpath will conduct serial point prevalence surveys (serial testing)	Medical Director/Infection Control Team

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<p>in an affected unit every 5 days. Testing will conclude when two consecutive surveys do not detect any new positive cases.</p> <p>a. Testing Supplies will be provided by CPHD</p> <p>b. All labs will be processed through CPHD</p>	
<p>6. A sixth phase of testing will be conducted on asymptomatic inmates who are currently working as pod/inmate workers. All individuals who meet this criteria will be offered testing on a weekly basis.</p> <p>a. Testing Supplies will be provided by CPHD</p> <p>b. All labs will be processed through CPHD</p>	Medical Director/Infection Control Team, Classification
<p>7. A seventh phase of testing will include testing offered to all patients with an Orange medical alert. This will be done monthly.</p> <p>a. Testing Supplies will be provided by CPHD</p> <p>b. All labs will be processed through CPHD</p>	Medical Director/Infection Control Team, Classification
<p>8. An eighth phase of testing will include testing offered to all patients residing in dormitory style settings. This will be done monthly.</p> <p>a. Testing Supplies will be provided by CPHD</p> <p>b. All labs will be processed through CPHD</p>	Medical Director/Infection Control Team, Classification
Influenza Testing Protocol	
<p>1. CDC recommendations will be followed to guide the testing strategy for inmates. According to current guidance, all inmates exhibiting Influenza-Like Illness (ILI) symptoms of any severity will be tested for Influenza throughout the duration of flu season. Influenza testing will begin when there is documented flu activity within the community.</p>	Medical Director/Infection Control Team
<p>2. Upon identification of a confirmed positive influenza case in a housing unit or pod, subsequent patients from that housing unit presenting with ILI symptoms, for a duration of 10 days from the date of the index case test, will be offered a rapid antigen and PCR test.</p>	Medical Director/Infection Control Team
Influenza Treatment Protocol	
<p>1. Wellpath to provide oseltamivir prophylaxis to all inmates who reside in an affected housing unit when the following criteria have been met:</p> <p>a. Two or more laboratory confirmed influenza cases that were acquired in the jail (i.e., tested positive 3 or more days after intake), epidemiologically-linked to one another (i.e., resided in the same housing unit), and were identified within 72 hours of one another</p>	Medical Director/Infection Control Team/ Nursing Staff

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<ul style="list-style-type: none"> b. One laboratory confirmed influenza case that was acquired in the jail (i.e., tested positive 3 or more days after intake) is detected in a housing unit dedicated to individuals who are at high-risk for COVID-19 complications (ORANGE housing units/pods) c. One laboratory confirmed influenza case that was acquired in the jail (i.e., tested positive 3 or more days after intake) is detected in a housing unit and following criteria are met: <ul style="list-style-type: none"> i. ILI attack rate in the housing unit is 8% or higher within 5 days of initial presentation of the first confirmed influenza case. 	
<ul style="list-style-type: none"> 2. If the aforementioned criteria are not met for providing oseltamivir prophylaxis to an entire housing unit, then would still recommend providing oseltamivir prophylaxis to close contacts of a laboratory confirmed case of influenza and inmates who are residents of same housing unit who are not a close contact but have a comorbidity that increases their risk for complications from influenza virus infection. <ul style="list-style-type: none"> a. Close Contact is defined as someone who was within 2 meters or 6 feet of the confirmed case, not wearing a mask, and was in contact for 1 or more hours while the index case was infectious. b. Practically, close contact could be defined as anyone who was a cellmate or who had a bed that was within 6 feet of the confirmed case. 	
COVID-19 Treatment Protocol	
<ul style="list-style-type: none"> 1. Monoclonal Antibody Treatment (MAB) will be available for the care of patients that meet criteria and will be administered according to the Emergency Use Authorization from the FDA. <ul style="list-style-type: none"> a. Patients meeting criteria will be patients who: <ul style="list-style-type: none"> i. Are detected COVID-19 positive ii. Have not been vaccinated against COVID-19 iii. Are determined to have comorbidities that may result in a moderate to severe illness from the COVID-19 infection iv. Meet inclusion criteria per the medication EAU Fact Sheet. v. Willing to consent to the treatment b. Patients excluded from treatment will be those patients who: <ul style="list-style-type: none"> i. Are Hospitalized due to COVID-19 ii. Meet Exclusion criteria per the medication EAU Fact Sheet 	Medical Director/Infection Control Team/ Nursing Staff
<ul style="list-style-type: none"> 2. Monoclonal Antibody Treatment will be administered in the OPHU according to the current Wellpath Policy and Procedures guiding the pre-procedure process, administration procedure process, and the post-procedure process for monitoring. <ul style="list-style-type: none"> a. Procurement of MAB medication will be assisted by the ACDPH and stored in the designated refrigerator in MAXOR pharmacy. 	Medical Director/Infection Control Team/ Nursing Staff

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b. All patients receiving treatment will be reported to the ACPHD for tracking purposes.	
Monitoring Protocol	
1. Inmates who are in an intake housing unit are monitored once a day by nursing staff for a temperature and symptoms checks. If the inmate presents with a temperature or symptoms, they are to be moved to a RED housing unit wearing a mask. Inmates who arrive to the facility and are up-to-date with their vaccination status and are asymptomatic may be released from new book quarantine once the results of their initial negative test results are received. Up-to-date status will be determined by current CDC recommendations. Verification will be done by infection control team and include those patients in the CAIRS system or that have been verified by a request for information from the providing pharmacy or agency.	Medical Director/Infection Control Team/ Nursing Staff
2. Inmates who are of a YELLOW status are monitored once a day by nursing staff for a temperature and symptoms check. If the inmate presents with a temperature or symptoms, they are to be moved to a RED housing unit wearing a mask.	Medical Director/Infection Control Team/ Nursing Staff
3. Inmates who are in a RED and PURPLE housing unit are monitored daily by nursing staff at a minimum for a temperature and symptoms check and referred to be seen that day by a provider if their symptom monitor necessitate a follow up. These concerning symptoms may be low oxygen saturation, tachycardia, elevated temperatures, shortness of breath, severe GI concerns, and if their baseline medical alert status is ORANGE . Inmates who are housed in DARK RED housing unit are monitored twice a day by nursing staff, and once daily by a provider.	Medical Director/Infection Control Team/ Nursing Staff
4. Inmates who are housed in DARK RED housing unit are monitored twice a day by nursing staff, and once daily by a provider.	Medical Director/Infection Control Team/ Nursing Staff
5. Inmates who test positive for COVID-19 are released back to a general population housing unit after: <ol style="list-style-type: none"> At least 24 hours have passed <i>since recovery</i> defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); and, At least 10 days have passed <i>since symptoms first appeared in mild to moderate cases and at least 20 days have passed since symptoms first appeared in severe or severely immunocompromised cases.</i> 	Medical Director/Infection Control Team/ Nursing Staff

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<p>Mild Illness defined:</p> <p>Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.</p>	<p>Medical Director/Infection Control Team/ Nursing Staff</p>
<p>Moderate Illness defined:</p> <p>Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) $\geq 94\%$ on room air at sea level.</p>	<p>Medical Director/Infection Control Team/ Nursing Staff</p>
<p>Severe Illness defined:</p> <p>Individuals who have respiratory frequency >30 breaths per minute, SpO2 $<94\%$ on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of $>3\%$), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates $>50\%$.</p>	<p>Medical Director/Infection Control Team/ Nursing Staff</p>
<p><i>Severely Immunocompromised defined:</i></p> <p>Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone $>20\text{mg/day}$ for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.</p> <p>Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.</p> <p>Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.</p>	<p>Medical Director/Infection Control Team/ Nursing Staff</p>
<p><u>COVID positive patients who have had NO symptoms:</u></p> <p>At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom based strategy should be used. Asymptomatic COVID-19 positive patients who have recently recovered within the past 90 days may not be recommended for further medical isolation as this current positive test may not indicate persistent ability to transmit infection.</p>	<p>Medical Director/Infection Control Team/ Nursing Staff</p>

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6. Influenza precautions should last for 7 days after illness onset or until 24 hours after resolution of fever and respiratory symptoms, whichever is longer.	Medical Director/Infection Control Team/ Nursing Staff
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Environmental Controls and Hygiene

1. High-touch surfaces in common areas (both inmate and staff areas) should be wiped with antiseptic wipes several times each day. If antiseptic wipes are not available, diluted bleach solution (5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water) should be used.	HSA/Captains
2. Staff should clean shared equipment (radios, keys, blood pressure cuffs, etc.) several times per day and at the end of each shift.	HSA/Captains
3. Soap should be made available to all inmates and the importance of proper hand hygiene should be reinforced.	HSA/Captains
4. All inmates should be given surgical masks and mask-wearing of inmates will be mandatory prior to any movement.	Captains/ Watch Commanders

Management of Inmate Workers during Quarantine

1. Inmate workers in quarantined areas should not participate in work during the lockdown.	Projects Lieutenant/Vendors
2. Custody should anticipate an alternative plan for providing food and laundry during the quarantine.	Projects Lieutenant/Vendors
3. Medical staff should be prepared to screen substitute workers during the quarantine.	Director of Nursing/Projects Lieutenant
4. Inmate workers assigned to ITR should be provided with adequate PPE and trained on proper hand hygiene and facility disinfection techniques. At the end of their shift they should be provided with a change of clothes and wash their hands carefully before returning to their housing units.	Director of Nursing/Projects Lieutenant
5. Inmates with an ORANGE medical alert will be permitted to work if they are up to date with their vaccination status, Up to date vaccinations status will be determined by CDC recommendations for the current booster recommendations. Verification will be done by infection control team and include those patients in the CAIRS system or that have been verified by a request for information from the providing pharmacy or agency.	Infection Control Nurse/Classification

Court

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1. The access to in person court appearances may change throughout the pandemic. This in-person court appearance will be limited to those patients who are not currently in medical isolation or quarantine. New-book quarantine patients will be permitted to go to first appearance in-person after a negative COVID-19 test. This process will be guided by recommendations from each jurisdiction such as county or federal court.	Or Captains/ Judges
2. Patients displaying symptoms of COVID-19 or Influenza (RED), positive for COVID-19 (DARK RED) and/or positive for influenza (PURPLE) will be prevented from going to court until they are out of medical isolation.	Medical Director/Captains
3. Persons under quarantine (YELLOW) may be allowed to go to a video court appearance if this can be done safely and a video court appearance is an option. Any incarcerated patient that leaves a quarantined area will undergo a rapid test prior to the video court appearance and must have a symptom screen prior to movement. Those patients that are found to be symptomatic will be changed to a RED medical status and medically isolated, making them unavailable to go to court until they clear medical isolation.	Medical Director/Captains
Visiting/Attorneys	
1. Attorney visits may be limited to non-contact only during times with high community transmission and/or times of an active outbreak within the jail.	Medical Director/Captains
2. Visiting may be affected during the pandemic. Guidance for when visiting will be discontinued and then subsequently resumed will be done with collaboration with the ACPHD and CDC guidance based on community transmission rates and outbreaks within the jail. Visiting will be suspended when the facility has a confirmed outbreak in more than two regular housing units.	Medical Director/Captains
Programs	
1. Programs and classes may be restricted during the pandemic. Guidance for when classes will be offered and how programming will be conducted will be done with collaboration with the ACPHD and CDC guidance based on community transmission rates and outbreaks within the jail.	Captains
Weekenders	
1. The weekender program is a function of the court section and subjected to guidance from the court. Currently the weekender program is suspended.	Captains/ Judges
Non-Essential Workers/Outside Contractors	
1. Currently all workers at SRJ are considered to be essential to operations and will be allowed into the facility.	Captains

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Transfers during Quarantine	
1. No inmates should be transferred from quarantined housing units until the quarantine has been lifted on that unit. The only exception to outside transfers is ED visits, Psych emergencies, and urgent/ emergent medical appointments. All receiving facilities would be made aware of the patient's medical status prior to transfer.	Medical Director/Captains/Watch Commanders
2. The list of inmates due for other facility transfers should be reviewed the night before to make sure none of the individuals are coming from quarantined units – If quarantined inmates are identified the Watch Commander should be notified as soon as possible. The transfer may occur, but the receiving agency will be made aware of the status of the patient prior to transfer. Appropriate PPE will be made available for the patient to use during the transfer.	Supervising RNs/ Watch Commanders
3. Inmates being transferred to other facilities from non-quarantined units should have a symptom screen and a temperature check (if applicable) before boarding the bus – symptomatic inmates may transfer, if the receiving facility is aware and approves of the transfer with knowledge of the individual's status.	Medical Director/Captains/Watch Commanders
4. Inmates being transferred from other facilities will be quarantined and offered COVID-19 testing as a new book inmate (See Testing Protocols #3).	Medical Director/Captains/Watch Commanders
Release/Discharge Planning	
1. Releases who are currently identified as YELLOW , DARK RED , PURPLE or RED must wear an appropriate mask and be escorted alone to ITR. They must be held in an isolation/quarantine cell in ITR prior to release depending on their color.	Medical Director/Captains/Watch Commanders
2. Releases who are currently identified as YELLOW , DARK RED , PURPLE or RED at time of release will be given discharge instructions, including information on isolation or quarantine, and asked for their contact information and address by ITR RNs. This information is provided to the Supervising RN for internal notification - The Public Health Department will be provided a daily release report for all YELLOW , DARK RED , PURPLE and RED releases for community tracking and follow up purposes.	Director of Nursing/ITR Lieutenant
3. Releases who are currently identified as YELLOW , DARK RED , PURPLE or RED will have their temperatures taken and have a symptom screen performed before release. Individuals identified to be medically unstable to shelter in their home, will be referred to a community hospital and provided a courtesy shuttle.	Director of Nursing/ITR Lieutenant
4. Releases may have 14 days of discharge meds instead of the usual 7 days.	Medical Director/Discharge Planners

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5. Releases with pending test results will be communicated with ACPHD as soon as possible.	Nursing Supervisors/Discharge Planners
6. Releases with pending test results will have the lab personnel notify the RN supervisor as soon as the results become available. Notification to released patients determined to have a positive result will occur by ACPHD as part of community tracking and follow up.	Lab/Infection Control Team
7. Discharge planning team and ITR RNs will work to identify patients with unstable housing. The discharge team will coordinate with Operation Comfort if there is a known period of 24 hours prior to release to potentially procure transportation to a shelter-in-place facility for releases currently identified as DARK RED , PURPLE , or RED. An attempt to obtain contact information will be done by nurses in ITR.	Discharge Planners/Director of Nursing
8. Any patient with confirmed influenza virus infection (PURPLE) who has not completed a recommended course of Tamiflu or isolation, and any person who is identified as a close contact will be provided education regarding influenza in accordance with material provided by the Alameda County Public Health Department.	Discharge Planning/ ITR Nurses