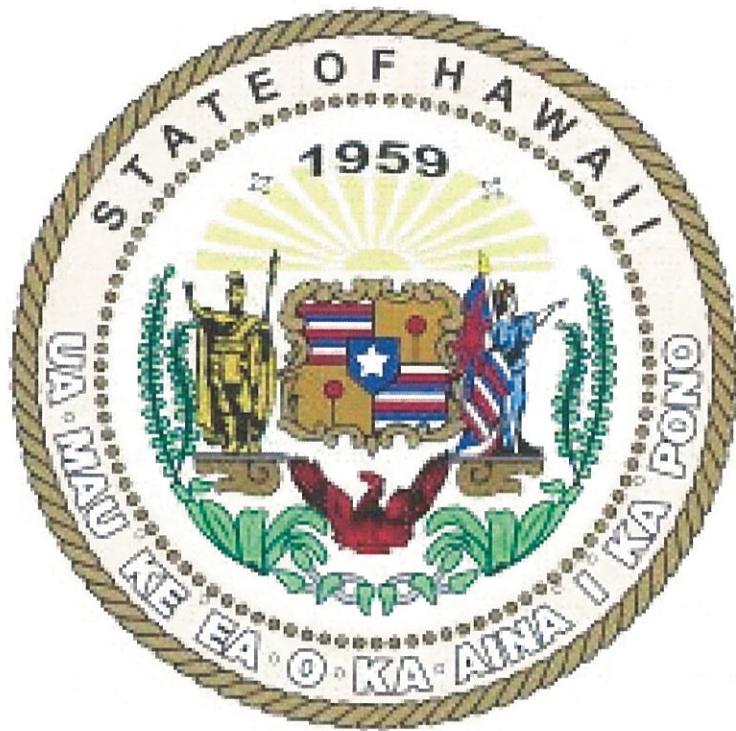


**State of Hawaii
Department of Public Safety**



**PANDEMIC RESPONSE PLAN
COVID-19**

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Pandemic Response Plan Overview

The COVID-19 Pandemic Response Plan was developed by VitalCore Health Strategies and approved by Lannette Linthicum, M.D., and the Office of Correctional Health of the American Correctional Association (ACA). The Department of Public Safety reviewed and adopted the plan, which is based upon current guidance from the CDC and adapted for the correctional setting. The newly released “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities” provides additional detailed guidance from the CDC. It is anticipated that the CDC guidance will continue to change so the plan will require revision accordingly.

COVID-19 presents unique challenges for prevention and containment in the correctional environment. Knowledge about COVID-19 and public health guidance for responding to the Pandemic is rapidly changing. Adaptable and updatable practical tools are needed to develop infection prevention and control plans for COVID-19 across a diverse array of U.S. jails and prisons.

The COVID-19 Pandemic Response Plan provides an outline of infection prevention and control information that should be considered for correctional facilities related to a COVID-19 response. The plan provides supplemental guidance to the previously distributed Infectious Disease Clinical Care Guide and existing policies. The plan outline is paired with a fillable MS WORD® Implementation Worksheet that can be customized to address facility-specific issues of concern.

The 1918-19 influenza pandemic provides important lessons for responding to COVID-19. During the 1918–19 influenza (“flu”) pandemic, certain cities fared better than others. Those U.S. cities that both acted promptly to control the flu and implemented multiple layers of protective measures had fewer flu cases and lower overall mortality. The COVID-19 Pandemic Response Plan includes multiple layers of protective measures to minimize the impact of the virus in the correctional environment.

The Pandemic Response Plan includes 13 response elements. Each element is outlined in the plan with a corresponding section of the Implementation Worksheet. When completing the Worksheet, it is recommended to reference the corresponding text in the Pandemic Response Plan. The Worksheet can be readily adapted to meet the unique challenges of a specific facility.

Effective response to the extraordinary challenge of COVID-19 requires that all disciplines in a correctional facility work collaboratively to develop, modify, and implement plans as information and conditions change. Swift, decisive, yet evidenced-based planning is paramount. The intent of this document is to advance our collective efforts to better ensure the health and safety of our correctional employees and our incarcerated population.



COVID-19 Overview

The Department of Public Safety is closely monitoring the spread of the 2019-novel coronavirus (COVID-19). Current information provided by the Center for Disease Control and Prevention (CDC) is included below.

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 and is now causing an International Pandemic.

How is the virus causing COVID-19 transmitted?

The virus is thought to spread mainly between people who are in close contact with one another (within approximately 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.

What are the symptoms of COVID-19?

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

- Fever
- Cough
- Shortness of breath

Complications of COVID-19 can include pneumonia, 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.

How long does it take for symptoms to develop?

The estimated *incubation period* (the time between being exposed and becoming ill) averages 5 days after exposure with a range of 1-14 days.

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.



COVID-19 Pandemic Response Plan Elements

1. Administration/Coordination

- It is critically important that correctional and health care leadership communicate regularly to review the current status of COVID-19, review updated guidance from the Centers for Disease Control and Prevention (CDC) & the Department of Health, and flexibly respond to changes in current conditions.
- Regular meetings (through video- or tele-conference when social distancing is not possible), should be held, roles and responsibilities for various aspects of the local response determined, and plans developed and rapidly implemented.
- Consideration should be given to activating the Emergency Response Plan within the facility to coordinate response to a crisis.
- Responsibility should be assigned for tracking National and Local COVID-19 updates.

2. Communication

- The importance of regular communication with staff, the incarcerated population, and their families cannot be over-emphasized. You cannot communicate too much.
- Specific methods of communication for all groups should be established. Staff should be assigned to be responsible for crafting and disseminating regular updates.
- COVID-19 group educational sessions should be avoided. Instead, communicate educational information to groups through other means, such as electronic and paper methods.
- Key communication messages for employees include:
 - Updates on the status of COVID-19.
 - The importance of staying home if signs and symptoms of fever, cough, or shortness of breath are present
 - The importance of staying home if there is known exposure to COVID-19 without wearing appropriate personal protective equipment (PPE).
 - Reminders about good health habits to protect themselves, emphasizing hand hygiene.
 - Elements of the facility COVID-19 Pandemic Response Plan to keep employees safe, including social distancing.
- Key communication messages to inmates:
 - The importance of reporting fever and/or cough or shortness of breath (and reporting if another inmate is coughing in order to protect themselves). Clear procedures about how reports of symptom observation should be made.
 - Reminders about good health habits to protect themselves, emphasizing hand hygiene.
 - Plans to support communication with family members (when personal visits are suspended or reduced).
 - Plans to keep inmates safe, including social distancing.
- Contact should be made and maintained with the Medical Director and the Department of Health to obtain guidance, especially about managing and testing of persons with respiratory illness for COVID-19.
- Communication should also be established with your local community hospital to discuss referral mechanisms for seriously ill inmates.



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3. General Prevention Measures

Throughout the duration of the COVID-19 pandemic, the following general prevention measures should be implemented to interrupt viral infection transmission (see also *Table 1* below).

Table 1. General Prevention Measures

- a. Promote good health habits among employees and inmates:
 - 1) Avoid close contact with persons who are sick.
 - 2) Avoid touching your eyes, nose, or mouth.
 - 3) Wash your hands often with soap and water for at least 20 seconds.
 - 4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash.
 - 5) Stop handshakes/fist bumps.
- b. Conduct frequent environmental cleaning of "high touch" surfaces.
- c. Institute social distancing measures to prevent spread of germs (i.e., examine and implement methods to ensure at least 6 feet of distance between individuals, when possible).
- d. Employees must stay at home if they are sick.
- e. Influenza (flu) vaccine is recommended for persons not previously vaccinated.

a. Good Health Habits

- Good health habits should be promoted in various ways (e.g., educational videos/posters, assessing adherence with hand hygiene).
- All employees and inmates should view the COVID-19 educational video, which includes measures of prevention and detailed handwashing procedures.
- The CDC Stop the Spread of Germs poster should be posted throughout the facility. The CDC website has additional helpful educational posters: [CDC Posters](#)
- Each facility should ensure that adequate supplies and facilities are available for handwashing for both inmates and employees.
- With approval of the Warden, health care workers should have access to alcohol-based hand rub.
- Provisions should be made for employees and visitors and new intakes to wash their hands when they enter the facility.

b. Environmental Cleaning

- The frequency of routine cleaning of surfaces that are frequently touched should be increased. These may include doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, cell bars, etc.
- One strategy is to increase the number of inmates on workline who are assigned to this duty.
- CDC recommends utilizing an EPA-registered, hospital-grade disinfectants from Schedule N for disinfecting high touch surfaces. See: [List N: Disinfectants for Use Against SARS-CoV-2](#) (Recommended products are both a surface cleaner and disinfectant with a 3-minute wet time or less.)



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c. Social Distancing Measures

Various administrative measures should be implemented to reduce contact between people and reduce the chance of spreading viruses. Examples of such measures include:

- Minimizing inmate movement
- Providing opportunities for video visits or increasing telephone use
- Increasing the distance between inmates during meal activities, increasing meals to cell opportunities, implementing a rotational system among inmates for dining at the cafeteria
- Temporarily discontinuing group activities or reducing the number of group participants to ensure separation of at least 6 feet between participants
- Discontinuing pill-lines and administering medication at modules
- Assigning workline inmates to open frequently touched doors, as security operations allow
- Staggering recreation and mealtimes (with disinfection in-between groups)

d. Sick/exposed employees remain home

- COVID-19 could gain entrance to a facility via infected employees. Staff should be educated to stay home if they have fever and respiratory symptoms.
- If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
- Employees should be advised to consult their health care provider by telephone.
- If employees have been exposed to a known COVID-19 case, they should stay in home quarantine for 14 days.
- A system should be developed to collect data about employees who are sick or are in home quarantine.

d. Influenza vaccination

- While influenza season is still ongoing, flu vaccination remains an important measure to prevent an illness that presents similarly to COVID-19.
- Encourage correctional employees to obtain flu vaccination.
- If there is influenza vaccine still in stock, unvaccinated health care staff (highest priority) and inmates should be offered the flu vaccine.

4. Visitors / Vendors / Volunteers

- Inmate personal visits have been suspended, effective March 13, 2020.
- Upon lifting of the suspension, COVID-19 screening of visitors, vendors, and volunteers must be implemented ([Attachment 1](#)).
- Consideration should be given to limiting access to the facility by visitors, volunteers, and non-essential vendors.
- Arrangements should be made to increase options for inmates to communicate with their families via telephone or tele-video, where possible.
- If possible, legal visits should occur remotely.



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5. Employee Screening

- In locations where it is identified that there is sustained COVID-19 community transmission, employees should be screened upon arrival using the COVID-19 Employee Screening form, which asks questions about fever and respiratory symptoms, travel, contact with a known or suspected COVID-19 individual, and temperature check ([Attachment 2](#)).
- A temperature should also be taken ideally with a no-touch infra-red thermometer.
- Screening is generally performed by non-health care personnel.
- Positive screens require notification of the Watch Commander and the employee's immediate supervisor for civilian staff.
- All actions should adhere to the most recent version of the Department of Human Resources Development instructions for "Supervisors and Managers, 2019 Novel Coronavirus (COVID-19), Questions and Answers," currently Version #2.
- Employees who screen positive for symptoms should be sent home and advised to consult their healthcare provider.
- Employees who have had known close contact with a COVID-19 patient, while not wearing appropriate personal protective equipment, should be on home quarantine for 14 days.

6. New Intake Screening

- New intakes should be screened for symptoms per established nursing protocols. Consider conducting this screening outdoors or in a covered area (weather and logistics permitting).
- Temperature should be taken, ideally with an infra-red no-touch thermometer.
- Additional questions should be asked regarding travel history and potential exposure to COVID-19.
- New inmate arrivals should be segregated from other inmates until the screening process has been completed.
- If new intakes are identified with symptoms then ***immediately place a face mask on the inmate***, have the inmate perform hand hygiene, and place them in a separate room, preferably with a toilet, while determining next steps. If no face mask is immediately available, instruct inmate to cover mouth/nose with cotton/cotton-blended shirt, tower, or pillow case until a mask is available. Staff entering the room shall wear personal protective equipment (PPE) in accordance with guidance in Element #8.
- Identify inmates who were transferred with the symptomatic new intake for the need for quarantine (see Element #12).
- If new intakes report history of exposure to COVID-19, then they should be placed in quarantine (see Element #12)

7. Initial Management and Testing of Cases of Respiratory Illness

- **Source control (placing a mask on a potentially infectious persons) is critically important.** If inmates are identified with symptoms, then ***immediately place a face mask on the patient*** and have them perform hand hygiene.
- Place them in a separate room, preferably with a toilet and sink, while determining next steps. Staff in the same room shall wear personal protective equipment (PPE) as outlined in Element #8.



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- Decisions about how to manage and test inmates with mild respiratory illness should be made in collaboration with the facility Provider or Medical Director and the Department of Health. Many inmates with respiratory illness will not have COVID-19, especially during flu season. It is unlikely that hospitals will have the capacity to evaluate inmates with mild respiratory illness.
- If feasible, during flu season it is recommended that rapid flu tests with nasopharyngeal swab be performed. It is important that nasopharyngeal swabs be performed correctly. See instructional video at: <https://www.youtube.com/watch?v=DVJNWefmHjE>
- It is likely that it will be necessary to isolate or cohort inmates with mild respiratory illness within the facility (see Element #10).

8. Personal Protective Equipment (PPE)

- The CDC recommends the following Personal Protective Equipment (PPE) when an individual encounters a person with suspected or confirmed COVID-19.
 - **Face Mask or N95 Respirator.**
 - When N95 respirators are in short supply, they should be reserved for confirmed COVID-19 patients and for use when a patient is undergoing an aerosol-generating procedure including testing for COVID-19.
 - N95 respirators should not be worn with facial hair that interferes with the respirator seal.
 - If N95 respirators are to be used, they must be used in the context of a fit-testing program. Fit testing is specific to the brand/size of respirator to be used.
 - **Gown.**
 - If gowns are in short supply, they can be reserved for times when direct, close contact with a patient is being implemented.
 - **Gloves.**
 - **Eye Protection** (goggles or disposable face shield that fully covers the front and sides of the face).
 - This does not include personal eyeglasses.
 - If reusable eye protection is used, it should be cleaned and disinfected in accordance with the manufacturer's instructions.
 - It is strongly emphasized that hand hygiene be performed before and after donning and doffing PPE.
 - Train staff who are required to wear PPE. See CDC instructions on donning (putting on) and doffing (removing) PPE: [Comprehensive PPE Training Videos](#) and [PPE Sequence Poster](#).
 - Inventory current supplies of PPE.

Table 2. Definitions of “Face Masks” and “Respirators”

Face Masks: Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands). If face masks are in short supply, use temporary alternative methods of source control, such as the use of cotton/cotton-blended shirts, pillow cases, or towels.

Respirators: N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.



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9. Transport

Postpone non-essential inmate transports.

Prior to transporting inmates to essential outside appointments and transferring inmates between facilities, procedures should be established to ensure required screening is conducted by nursing. Positive screens should remain at the sending facility until cleared by the Provider.

If a decision is made to transport a patient with signs and symptoms of severe respiratory illness to a health care facility, the following guidance for transport should be followed.

- Notify the receiving health care facility of the pending transport of a potentially infectious patient.
- Patient wears a face mask and performs hand hygiene.
- Correctional officer wears face mask (or N-95 respirator). Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
- Prior to transporting, all PPE (except for face mask/N-95 respirator) is removed and hand hygiene is performed. This is to prevent contaminating the driving compartment.
- Ventilation system should bring in as much outdoor air as possible. Set fan to high.
- Do NOT place air on recirculation mode.
- Weather permitting, drive with the windows down.
- Following the transport, if close contact with the patient is anticipated, put on a new set of PPE. Perform hand hygiene after PPE is removed.
- After transporting a patient, air out the vehicle for one hour before using it without a face mask or respirator.
- When cleaning the vehicle, wear a disposable gown and gloves. A face shield or face mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
- Clean and disinfect the vehicle after the transport utilizing a hospital grade disinfectant (EPA Schedule N, see Element #3).

Table 3. Definitions of “Medical Isolation” and “Quarantine”

Medical Isolation: refers to the procedure of separating a person, in a single cell or by cohorting, who is already sick from others who are not ill in order to prevent the spread of disease.

Quarantine: refers to the procedure of separating and restricting the movement of persons who are NOT sick, yet who were exposed to a contagious disease in order to quickly identify those who may become sick during the incubation period (up to 14 days for COVID-19).

10. Medical Isolation / Cohorting (*Symptomatic Persons*)

A critical infection control measure for pandemic viral infection is to promptly separate inmates who are sick with viral infection symptoms from other inmates who are not ill. Inmates can be isolated in private cells or rooms. Alternatively, groups of sick inmates can be housed together or cohorted in a separate cell, unit, quad, or module depending on the number of inmates affected by viral infection symptoms.

- **To minimize the likelihood of disease transmission, inmates who are medically isolated or cohorted should wear a face mask while isolated.** Face masks should be replaced as needed.



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- The cells or rooms where inmates with respiratory illness are either housed alone or cohorted should be identified with the relevant CDC [Transmission-Based Precautions](#) sign(s) (e.g., [Contact Precautions](#) and [Droplet Precautions](#)). See [Attachment 3](#) and [Attachment 4](#). According to the CDC, no special air handling is required for COVID-19 at this time.
- The door to the Medical Isolation Cell should always remain closed , except when staff must enter and exit the cell, or when the medically isolated inmate must enter and exit the cell for treatment or bathroom use.
- Dedicated medical equipment (e.g., blood pressure cuffs should be left in room (ideally) or decontaminated in accordance with manufacturer's instructions).
- Depending on the degree and severity of illness among inmates, bunk beds may or may not be suitable. Ideally, the Medical Isolation unit should have a bathroom attached. If not, inmates must wear a face mask to go to the bathroom outside the room.
- If individuals with respiratory illness must be taken out of the isolation room, they should wear a face mask and perform hand hygiene before leaving the room.
- If an inmate who is in medical isolation must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medications, testing for COVID-19), they should be placed in a separate room. An N95 respirator (not a face mask), gloves, gown, and face protection should be used by staff.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- In large dorm settings or camps, medical isolation may not be a possibility. If medical isolation is not feasible, attempt to place the beds of sick inmates at a distance of at least 6 feet from other inmates and mandate that those sick individuals wear a face mask. In this case, aggressive enforcement of the requirement that patients continue wearing a mask is critical.
- Admission to and Discharge from Medical Isolation must be ordered by a Provider.

11. Care for the Sick

- There are no specific treatments for COVID-19 illness. Care is supportive.
- Treatment consists of providing hydration and comfort measures, as needed. The recipe for oral rehydration solution is shown in Table 4 below.
- Anti-Pyretic (Ibuprofen or Tylenol) can be administered as needed for fever.
- Patients should be assessed at least twice daily for signs and symptoms of shortness of breath or decompensation.
- A low threshold should be used for making the decision to transport an inmate to the hospital if the inmate develops shortness of breath.

Table 4. Oral Rehydration Solution Recipe

1-gallon clean water

10-tablespoons of sugar

4-teaspoons salt

Directions: Stir up. Do not boil. Can add sugar-free drink mix to flavor. Use within 24 hours.



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12. Quarantine (Asymptomatic Exposed Persons)

- If contacts to COVID-19 are identified, it may be appropriate to identify close contacts to suspected or confirmed COVID-19 cases and quarantine them in a separate unit.
- The purpose of quarantine is to assess and monitor inmates who are asymptomatic and known or suspected to have been exposed to the virus. Quarantine separates asymptomatic inmates who are known or suspected to have been exposed to the virus from symptomatic inmates, as well as from asymptomatic inmates who have not been exposed to the virus.
- Exposure is defined as having been in a setting where there was a high likelihood of contact with respiratory droplets and/or body fluids of a person with suspected or confirmed COVID-19.
 - Examples of close contact include sharing utensils, riding in proximity in the same vehicle, or any other contact between persons likely to result in exposure to respiratory droplets. Close contact typically does not include activities such as walking by an infected person or sitting across from a symptomatic patient in a waiting room or office.
- The door to the Quarantine Room should remain closed. A sign should be placed on the door of the room indicating that it is a Quarantine Room, which lists recommended personal protective equipment (PPE) (see [Attachment 5](#)).
- (*Only if there is a sufficient supply of face masks*) To minimize the likelihood of disease transmission to fellow quarantined persons, those who are placed in quarantine should be required to wear a face mask while in quarantine. Face masks should be replaced as needed.
- The mortality rates for COVID-19 increase substantially with age and for individuals with underlying medical conditions (e.g., pregnant, diabetes, heart disease, lung disease). Facilities should maintain a list of vulnerable inmates who are 60 and older and who have underlying medical conditions. If feasible, facilities should quarantine vulnerable inmates in single cells.
- As feasible, the beds/cots of quarantined inmates should be placed at least 6 feet apart.
- Quarantined inmates should be restricted from being transferred, having in-person visits, or mixing with the general population.
- A face mask is recommended for staff who are in direct, close contact (within 6 feet) of quarantined inmates.
- At least daily or as specified by nursing protocol/policy, inmates in quarantine should be screened for symptoms including temperature. Symptomatic patients should be evaluated for the need to be medically isolated or cohorted.
- The duration of quarantine for COVID-19 is the 14-day incubation period.
- Refer to Infectious Disease Clinical Care Guide for additional guidance.

13. Surveillance for New Cases

- It takes 14 days after a case of COVID-19 has been confirmed to determine whether the infection has spread to others.
- Inmates and staff should immediately report suspected cases of COVID-19 to the medical unit.
- Daily screening of workline inmates, who provide services within the facility (e.g., kitchen, janitorial, laundry), is recommended to prevent infection in multiple locations.



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COVID-19 Pandemic Response Plan Implementation Worksheet

This MS Word® template worksheet is designed for facilities to operationalize the guidance in this COVID-19 Pandemic Response Plan. It should be adapted to the unique needs of your facility.

Date Updated:

Completed by:

1. Administration/Coordination

a. Identify members of the facility leadership team responsible for COVID-19 pandemic response planning and implementation, including roles and responsibilities:

b. How will facility administration regularly meet?

c. Who is responsible for monitoring COVID-19 updates from CDC and Hawaii Department of Health?

CDC Website: <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Hawaii Department of Health Websites:

<https://health.hawaii.gov/news/covid-19-updates/>

<https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/>

<https://health.hawaii.gov/docd/for-healthcare-providers/news-updates/>

2. Communication

a. The mechanisms for regular updates (paper/electronic/telephonic) will be as follows:

- Staff:
- Inmates:
- Families of inmates:

b. The following staff are responsible for communicating with stakeholders:



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c. Department of Health:

Oahu (Disease Reporting Line): (808) 586-4586
Maui District Health Office: (808) 984-8213
Kauai District Health Office: (808) 241-3563
Big Island District Health Office (Hilo): (808) 933-0912
Big Island District Health Office (Kona): (808) 322-4877
After hours on Oahu: (808) 600-3625
After hours on neighbor islands: (800) 360-2575 (toll free)

Fax: (808) 586-4595

d. Communicate with the Hawaii Department of Health and discuss guidance on management and COVID-19 testing of persons with respiratory illness.

Document date of communication and the plans discussed:

e. Local community referral hospital:

Phone:

3. General Prevention Measures

a. Good Health Habits: How will good health habits be promoted with your staff (e.g., posters, leadership emphasizing hand hygiene, educational video, email messages to staff)?

- 1) Are there facilities for employees and visitors to wash hands when entering and leaving the facility? YES NO If no, what are the plans to address this issue?

- 2) Are there facilities for inmates to wash hands at intake? YES NO If no, what are the plans to address this issue?

- 3) Are soap dispensers or hand soap available in all employee and inmate restrooms? YES NO What is the plan to ensure soap dispensers are refilled regularly?

- 4) What is the plan to ensure inmates have an adequate supply of soap?

- 5) Are signs for hand hygiene and respiratory etiquette visibly posted at the entry, in modules, and other high traffic areas? YES NO



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b. Environmental Cleaning:

(If necessary) purchase EPA hospital-grade disinfectants from Schedule N:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

(Recommended products are both a surface cleaner and disinfectant with a 3-minute wet time or less.)

Identify "high-touch" surfaces in the facility (e.g., doorknobs, handrails, keys, telephones):

The following plan will be implemented to increase the frequency and the extent of cleaning and disinfection of high-touch surfaces in this facility:

c. Social Distancing Measures: What administrative measures will your facility implement to increase social distancing (Review across all Sections in the facility)?

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)

d. Sick/Exposed Employees Remain Home: Does communication with employees include the message that they should stay home when sick or under quarantine? YES NO If NO, what corrective action will be implemented?

e. Influenza Vaccination: Is there flu vaccine in stock? YES NO If yes, number of doses? If yes, what plans are there to continue offering vaccination to health care staff and inmates who have not been vaccinated?



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4. Visitors / Vendors / Volunteers

What changes in procedures/polices are being instituted in response to COVID-19 for:

a. Visitors:

b. Volunteers:

c. Vendors:

d. Attorneys:

5. Employee Screening

Do you have an infrared no-touch thermometer for employee screening? YES NO

When did your facility implement employee screening?

The following system will be utilized for employees to report illness/exposures:

The following system will be used to track employee illness/exposures:



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6. New Intake Screening

It is recommended that new arrivals be isolated from rest of population until screening is performed. New intakes should be screened with temperature and questionnaire.

Where will screening occur?

Who will conduct screening?

What other screening logistics are being considered?

7. Initial Management and Testing of Cases of Respiratory Illness

It is recommended that individuals with symptoms be immediately issued a face mask and be placed in a separate room with a toilet and sink.

What separate room will be used for this purpose?

Do you have capacity in this facility to perform rapid flu tests? YES NO

If yes, what are the plans to ensure competency in nasopharyngeal swabbing?

What are current recommendations from your Medical Director and the Hawaii Department of Health regarding COVID-19 testing?



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8. Personal Protective Equipment

Date: **What is the current inventory of the following**

Face Masks:

N-95 respirators:

Gowns (disposable):

Gowns (washable):

Eye Protection- Goggles:

Eye Protection—Disposable face shields:

What is your plan for securing and maintaining an adequate supply of PPE?

If respirators are available, but in limited supply, what activities will they be prioritized for?

What is your plan for fit-testing adult correctional officers?

What is your plan for fit-testing health care workers?

How does the facility plan to train adult correctional officers in donning and doffing of PPE?

Who will conduct the training?

Who will organize the training?

When will the training occur?

How does the facility plan to train Health Care Workers in donning and doffing of PPE?

9. Transport

What is your plan for training transport staff on procedures for transport?



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10. Medical Isolation / Cohorting (*Symptomatic Inmates*)

What is your capacity for medically isolating inmates in single cells with a toilet?

Where will medical isolation cells be located?

What is your capacity for cohorting inmates in cells, quads, modules, or dorms, with toilets/sinks?

What areas of the facility have been designated for medical isolation in cohorts?

What is your plan for designating and training officers assigned to medical isolation cells, quads, modules, or dorms on isolation room procedures?

11. Care for the Sick

Do you have an adequate supply of Ibuprofen/Tylenol and other medications for supportive care of a respiratory illness?

What is your facility plan for monitoring ill inmates?

12. Quarantine (*Asymptomatic Exposed Inmates*)

What cells, quads, modules, and dorms could be used for group quarantine?

How do you plan to monitor inmates under quarantine?

What is your plan for supplying face masks needed for an entire housing unit of inmates for a period of 14 days?

What is your plan/ability to provide single cells for exposed persons who have risks for complications (e.g., over age 60 or with medical risk factors)?



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13. Surveillance for New Cases

What is the facility plan for notifying the medical unit of suspected COVID-19 cases by inmates and staff?

What is the facility procedure for daily screening of workline inmates?



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Attachment 1. COVID-19 Visitor/Vendor/Volunteer Screening Tool

**DEPARTMENT OF PUBLIC SAFETY
CORONAVIRUS DISEASE 2019 (COVID-19)
VISITOR/VENDOR/VOLUNTEER SCREENING TOOL**

SECTION A (TO BE COMPLETED BY VISITOR/VENDOR/VOLUNTEER)

Please complete the following:	
Date of Requested Entrance	
Name	
1. Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last 14 days, have you traveled outside Hawaii?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last 14 days, were you within 6 feet of someone who had or is suspected to have coronavirus?
2. Do you have any of the following?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath
3. Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can staff take your temperature?

SECTION B (TO BE COMPLETED BY STAFF)

4. Take Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the visitor/vendor/volunteer 100.4°F or above?
5. Clearance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the visitor/vendor/volunteer clear for purpose of this screening to enter the facility?

Staff Name: _____

Staff Title: _____

Facility: _____



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Attachment 2. COVID-19 Employee Screening Tool

**DEPARTMENT OF PUBLIC SAFETY
CORONAVIRUS DISEASE 2019 (COVID-19)
EMPLOYEE SCREENING TOOL**

SECTION A (TO BE COMPLETED BY EMPLOYEE)

Please complete the following:	
Date	
Employee Name	
1. Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last 14 days, have you traveled outside Hawaii?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the last 14 days, were you within 6 feet of someone who had or is suspected to have coronavirus, while not wearing recommended Personal Protective Equipment (PPE)?
If the employee traveled outside the State of Hawaii within the last 14 days or had close contact with someone who had or is suspected to have coronavirus while not wearing recommended personal protective equipment, immediately contact the Watch Commander and/or the immediate supervisor for civilian staff.	
2. Do you have any of the following?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath
If the employee answered YES, immediately contact the Watch Commander and/or the immediate supervisor for civilian staff.	
3. Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can the screener take your temperature?
If the employee does not permit staff to take the temperature, immediately contact the Watch Commander and/or the immediate supervisor for civilian staff.	

SECTION B (TO BE COMPLETED BY SCREENER)

4. Take Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the employee 100.4°F or above?
If the employee has a temperature of 100.4°F or above, immediately contact the Watch Commander and/or the immediate supervisor for civilian staff.	
5. Clearance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the employee clear for purpose of this screening to enter the facility?
If all of the above are negative, CLEAR the employee for entrance to the facility. Complete screener name, title, and facility.	

Screener Name: _____

Screener Title: _____



Attachment 3. CDC Contact Precautions Sign

STOP CONTACT PRECAUTIONS **EVERYONE MUST:**

 Clean their hands, including before entering and when leaving the room.

PROVIDERS AND STAFF MUST ALSO:

 Put on gloves before room entry.
Discard gloves before room exit.

 Put on gown before room entry.
Discard gown before room exit.

Do not wear the same gown and gloves for the care of more than one person.

 Use dedicated or disposable equipment.
Clean and disinfect reusable equipment before use on another person.

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 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention



Attachment 4. CDC Droplet Precautions Sign





Attachment 5. Quarantine Room Precautions Sign

