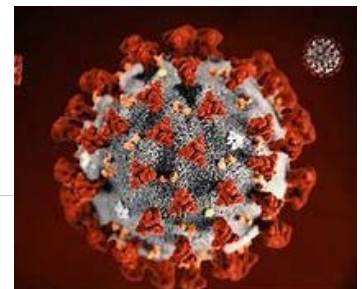


# New Hampshire Department of Corrections

## 2020 - COVID-19 Operational Guidelines

November 13<sup>th</sup>, 2020



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**Purpose:** The Main purpose of this document is create a set of general and division specific protocols in one cohesive resource to assist in operational guidance and management through the COVID-19 pandemic. Our goal is to provide a thoughtful and informed approach to guide employees to physical locations and instruct employee interactions while maximizing employee safety and adhering to physical distancing. These safeguarding procedures are based on recommendations from the NH Division of Public health, the Centers for Disease Control and Prevention (CDC) as well as guidelines through Governor Sununu’s established Executive Orders and information received from NH Department of Corrections Executive Leadership.

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

**Application:** All NHDOC employees, contractors, visitors and recipients of departmental services.

## I. General Procedures:

### Employee Protocol for ALL NHDOC Physical Office/Facility Locations

#### Screenings:

All Employees will complete a NHDOC COVID-19 Screening (Attachment 1-Screening) daily prior to the start of the work shift.

#### Temperature:

Temperature screening for employees, contractors, visitors and residents/supervisees.

- Temperatures will be taken with a no-touch thermometer each day upon arrival to your work location.
- Temperatures can be taken before arriving. Normal temperature should not exceed 100.4 degrees Fahrenheit. If you take your temperature before you arrive and it exceeds normal, contact your supervisor for triage.

#### Face Coverings:

Employees/Contractors shall always wear (cloth) face covering, at a minimum, when not at their desk and/or inside their physical office space if assigned to Headquarters. If assigned to facilities or district offices, employees/contractors shall always wear, at a minimum, a surgical mask unless otherwise instructed due to national supply chain and availability issues.

- Face covering or surgical masks shall be worn at all times by employees as described above.
- Surgical masks will be provided, if necessary, upon entry to any NHDOC physical locations.
- When coughing, point your head into your elbow even when you are wearing a face covering.

#### Social/Physical Distancing:

Practice recommended 6-foot physical distancing when space allows for it – “Further is safer.” principle.

#### Congregating:

To the extent allowed by the physical location, congregating is discouraged in break rooms or common areas and limited capacity of such areas should be posted to inform social/physical distancing with a minimum of 6-feet between employees. Limit self-service and common food and beverage items.

### Schedules:

As appropriate to your work expectation and approved by your supervisor, the use of modified schedules, staggered shifts or arrival/departure times and staggered break times and meals in compliance with wage and hour laws and regulations is encouraged to promote physical distancing while maintaining the delivery of services you are hired to accomplish.

### Hygiene Practices:

Wash hands more frequently, avoid touching your face, practice good respirator etiquette when coughing and/or sneezing.

### Updates and Training:

Regular updates and training resources are distributed about COVID-19 mitigation and office safeguards. Review them, understand them and adopt these practices.

### Illness:

All employees should stay home if feeling ill, report any symptoms of illness to your supervisor, and notify supervisor of a COVID-19 positive or suspected case in employee's household. Employees and supervisors are to work with their assigned human resources coordinator for triage with appropriate parties.

- Direct any employee who exhibits COVID-19 symptoms (i.e., answers several yes questions on screening or who is running a fever) to leave the premises immediately and seek medical care and/or COVID-19 testing, per NH Public Health guidance. Employers are to maintain the confidentiality of employee health information. Supervisors who triage these are to contact human resources. Employees in these situations are also to contact their human resources coordinators for support.

### **Employee tests positive for COVID-19 OR Employee reports being symptomatic and/or is suspected positive for COVID-19**

- a. Send the employee home (or instruct them to remain home). Contact your Human Resource Coordinator and inform them of the situation.
- b. If able to perform work duties from home after consultation with your Warden/Director, the employee may continue to do so unless they are too sick to work.
- c. The assigned Human Resources Coordinator will work on time coverage based on the individual's situation and eligibility.
- d. Once the employee has completed the 14-day quarantine period, they may return to work if ALL of the following conditions are met (This is subject to adjustment at the direction of NH Public Health and NHDOC Human Resources Administrator based on unique individual circumstances):
  - Symptoms must be improving.
  - They have been without a fever for the last 72 hours without the aid of medication such as acetaminophen or ibuprofen.
- e. Immediately notify the responsible Warden/Director and the Human Resources Coordinator assigned of the positive (or presumed positive test) result and the following information:
  - Date the employee began having symptoms (if symptomatic).
  - When was the employee tested and when were the results reported?
  - Begin the contact tracing process:
  - When was the employee last in the assigned work area? What span of time were they present at work within that time frame?

- Exactly where did the employee go while on state property? (i.e. office, restroom, breakroom, etc.).
  - Were they seated at a desk?
  - What was their typical route of travel around the workplace?
  - What equipment did they use (phone, computer, portable radio, keys, etc.)?
  - Who did they talk to or interact with while at work last?
  - Were their specific residents they had contact with for longer periods of time (e.g. managing a work crew)
  - How far apart were they standing or seated? (more or less than 6 feet apart)
  - How long did the interaction last? (more or less than 10 minutes)
  - Do they ride with anyone to or from the workplace?
  - Have they had contact with any NHDOC employees while not at work?
  - Did the employee remove their mask at any time in the presence of other staff and/or residents/supervisees? (i.e. lunch, drinking beverage)?
- f. The assigned Human Resources Coordinator will triage with the employee and communicate with the employee's supervisor and Warden/Director information relevant for the management of NHDOC operations and staff coverage.

**Employee reports potential exposure to a person who tested positive or was presumed positive for COVID-19**

- a. Ask the employee this series of questions:
- Who is the person that is confirmed positive or presumed positive?
  - Did you personally have contact with them or was it someone in your household?
  - If applicable, what date and time did you have contact with the person?
  - Do you live in the same household?
  - Do you share commons living spaces e.g. kitchen, bathroom, living room?
  - What day and date were you in contact with the person?
  - Do you know when they were confirmed positive or presumed positive? If so, when?
  - Did you have prolonged exposure to them (e.g. longer than 10 minutes and within 6-feet)?
  - Were you wearing a mask? What type of mask?
  - Were other NHDOC staff around or involved in this potential exposure?
- b. Document these answers and share them with your HRC through e-mail and follow-up with a phone call to triage according to CDC and Public Health Guidelines with your Human Resources Coordinator and inform them of the situation.
- c. Contact your Warden/Director and inform them of the situation as soon as possible.

**Safety and Risk Mitigation Measures**

Staff returning to physical workplace locations will adhere to safety protocols maximizing physical distancing.

Physical/Social distancing visual aids/guidelines shall be displayed on bulletin boards and in common walk areas.

- Visual aids shall indicate which workstations can or cannot be used and a maximum

occupancy for breakroom, conference rooms, and/or print/copy areas shall be specified. Workstations such as the copy/fax area should not exceed one (1) person utilizing the machine at a time to ensure social distancing guidelines.

**Cleaning and Sanitation Protocol**

- All frequently touched areas shall be sanitized throughout the day in accordance with State Administrative Cor 703.02 and the purpose as written within this protocol.
- Each employee shall be responsible for cleaning his/her assigned workstation.
- Cleaning supplies shall be provided and readily available.
- Staff will engage in frequent hand washing and education with residents/supervisees on the value of frequent hand washing.

**Distribution and availability of Personal Protective Equipment (PPE)**

Every person entering any NHDOC district office or any prison or transitional work/housing unit location must wear at a minimum of surgical mask at all times; a surgical mask shall be available upon request. Modification to this will only occur if supply chain issues arise at the direction of the Commissioner and in consultation with NH Public Health.

The distribution and availability of PPE shall be maintained by Director of Security and Training in coordination with the Administrator of Logistics and Wardens/Directors.

Personal Protective Equipment will be worn as outlined in Attachment 2 – Personal Protective Equipment.

Set up PPE stations for the putting on and taking off of PPE for staff use.

## **II. Transports:**

This section refers to transportation of patients under NHDOC jurisdiction to or between NHDOC facilities who are confirmed or suspected (by a provider) to have COVID-19 disease. This includes community custody violators, work release, and patients currently housed in NHDOC facilities.

- a. No patient with confirmed COVID-19 disease will be transported into or between NHDOC facilities without approval of the Chief Medical Officer (CMO) and Commissioner.
- b. For any patients with confirmed or suspected (by a provider) COVID-19 disease being transported into or between NHDOC facilities officers, or other NHDOC staff in close contact with the patient, will put on the following personal protective equipment:
  - A pair of disposable examination gloves
  - Disposable isolation gown or single-use/disposable coveralls
  - Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator)
  - Eye protection (i.e., goggles or disposable face shield)
  - If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.
- c. Any national shortage of PPE supply issues affecting the above list, NHDOC staff will review Attachment 2 – Personal Protective Equipment (PPE) and Attachment 2a- PPE External Facilities for additional guidance.
- d. Proper PPE will be provided to the patient and the patient shall be instructed to put on the PPE in its entirety. (See Attachment 2 -PPE.)

Post the transportation of a possible/confirmed COVID-19 patient or other patient with a

possible/confirmed infectious disease, the transportation vehicle must be thoroughly cleaned. The interior of the vehicle including all door surfaces touched both internal and external will be sprayed and wiped down with an approved disinfectant and will be allowed to remain wet until it dries naturally (dwell time).

Staff should work to reduce all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.

Individuals being transferred due to extenuating security concerns are to be screened by the sending facility for COVID-19 using a screening tool and testing to fully inform the transfer team/pick-up team at the receiving facility. If a transferring facility is not conducting testing, we shall require a 14-day quarantine prior to the transfer with a COVID-19 screen conducted by a licensed healthcare professional.

NHDOC staff involved in triaging requests for transfers will continue to communicate with community collaborators (e.g. County Jails, Other State Prison Facilities and the Federal Bureau of Prisons) to seek retention of our residents in their facilities if the spread of COVID-19 is such that transportation may cause a risk of exposure to our facilities (staff and residents) that may be avoided and in keeping the CDC's guidance regarding transfers.

### **III. Prisons:**

All Prison facility staff and contractors will function under the General Procedures outlined in this guidance document.

#### **Screening, Testing and Infection Control of Residents for COVID-19**

##### **Residents presenting with symptoms prior to Health Services contact:**

Provide and direct the resident to immediately put on a surgical mask, place them in an isolated area, and contact Health Services.

##### **Resident Intakes arriving from other facilities or as the result of revocation:**

Isolate immediately. Provide and direct the resident to immediately put on a surgical mask. Contact a nurse who will do a screening. The nurse will conduct a healthcare screening utilizing the COVID-19 Screening in TechCare plus other assessment data to determine clinical level of care. The level of care determination will determine their housing. (See Attachment 3 – Medical Isolation \_ Quarantine.)

##### **Residents transferring between NHDOC facilities:**

A 14-day quarantine prior to transfer shall be initiated if there are positive cases of COVID-19 within the NHDOC prison system. All residents shall be screened by medical personnel using the COVID-19 Screening in TechCare which includes a temperature check prior to boarding the transport vehicle. If the person does not clear the COVID-19 screening, medical staff are to refer to a provider for further triage and place them in medical isolation while awaiting the providers review of the person. In addition, the person is to immediately be instructed to put on a surgical mask, unless it is contraindicated pursuant to

CDC guidance, while awaiting further triage by a provider.

### Health Services Evaluation:

Any health care provider assessing patients referred from the screening section above should put on personal protective equipment listed below *before* the evaluation:

- N95 mask
- Gloves
- Eye protection: goggles or facemask
- Gown
- Shoe covers

The healthcare provider (doctors, nurses) will perform a clinical assessment and complete the COVID-19 Screening Form in TechCare.

- If the patient has a fever, cough, and/or shortness of breath, administer the Rapid Flu Test. If positive, treat accordingly.
- If the Rapid Flu Test is negative, place the patient in isolation in the treatment facility. Contact a medical provider. Give the medical provider the above information. Follow treatment plan as prescribed by provider.
- If no provider is onsite, the nurse will utilize the on-call provider and discuss the patient's case with the provider.

The provider will determine the following based on the clinical assessment for COVID-19:

- A. Level of care based on acuity
  - a. Transport to an emergency department for severely ill patients
  - b. Movement to a negative pressure room for any non-severely ill patient, if one is available, under airborne isolation precautions.
  - c. Movement to housing unit designated for medical isolation (See Attachment 3.).
    - Patients isolated for quarantine in a housing unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every 24 hours, with referral to a provider as clinically indicated.
    - Refer to Attachment 3 of this guideline for appropriate placement

The provider will develop a treatment plan based on symptoms and clinical judgment.

The provider will request COVID-19 testing for any patient with concerning symptoms per the direction of the Chief Medical Officer (CMO) or designee.

Each isolation and quarantine area should have a donning and doffing station established prior to its entrance for access to and disposal of PPE.

### Resident Testing procedure:

All testing is performed in cooperation with NH Public Health Laboratory. Courier service may be available by calling 271-0305. However, hand delivery is generally done at all sites except NCF.

Nursing staff will notify the NHDOC facility Infection Prevention Nurse, Chief Medical Officer, Director of Nursing, and Director of Medical & Forensic Services of positive COVID-19 findings.

### Housing Unit Staff Response to Resident with Symptoms:

If security staff identify a resident who is coughing, short of breath, and may have a fever, they should isolate the person in a space from other individuals, provide the resident with a surgical mask

and have the patient put that mask on. Health Services should be contacted for next steps.

If it is determined that a resident is to be escorted to Health Services for assessment, Health Services will coordinate with the Shift Commander's Office prior to the resident escort occurring.

Each housing unit and Shift Commander's office will maintain a supply of masks.

If the patient is off the housing unit at the time COVID-19 symptoms are noted, staff working with the patient will notify the Shift Commander who will direct staff and arrange a location for single cell confinement (i.e. resident cell, holding tank, isolation cell) until the patient can be assessed by medical.

If a single room is not immediately available, confine the patient at least 6 feet away from others until they have been evaluated by medical. Ensure patient is wearing a surgical mask.

Security staff will put on proper PPE: gloves, mask, eye protection, gown, shoe covers when entering the resident's room (See Attachment 2 - PPE.).

- All staff must wash hands with soap and water or with alcohol sanitizer prior to putting on gloves and entering a resident's room. All staff must wash hands with soap and water or with alcohol sanitizer after removing gloves.

As a general rule, isolated residents will not be allowed out of the cell unless security or medical needs require it.

- If an isolated resident needs to be out of their cell, they will wear a surgical mask during the necessary movement.

The resident shall be escorted directly to the destination specified by the sending and receiving area staff. Patients isolated in a housing unit or designated quarantine unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every 24 hours, with referral to a provider as clinically indicated.

- Patients will remain in isolation until they are cleared by a healthcare provider.
- Medical isolation should be distinguished operationally from segregated housing. Residents under medical isolation, no matter where housed, should receive regular contact from medical and behavioral health personnel.
- Appropriate PPE shall be worn. (See Attachment 2- PPE.)

### **Quarantine of Exposed Residents:**

Residents who are asymptomatic (showing no symptoms) but have been in close contact with confirmed or suspected COVID-19 Residents or Staff should be quarantined. Quarantined Residents can be housed alone or grouped with other quarantined residents.

- If a quarantined resident develops symptoms of the COVID-19, they will be immediately removed from quarantine, if they were housed with other asymptomatic residents, and placed into isolation.
- If the symptomatic resident lived in dormitory-style housing, consider quarantining an entire dorm or wing of a housing unit, especially if there are multiple cases.

Exposed residents will remain in quarantine for COVID-19 for 14 days. Residents in quarantine will be assessed daily by nursing staff. If the resident develops symptoms while in quarantine they will be assessed by a medical provider to determine if a change in treatment plan and housing is required.

Any pill line medications will be delivered to the quarantined resident by medical staff unless medical staff determines the need for different protocol.

### **Housing residents with laboratory confirmation of COVID-19:**

Only residents with laboratory confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort anyone with suspected COVID-19 or other respiratory infection not diagnosed as COVID-19 with those who are confirmed to have COVID-19.

All confirmed residents should wear surgical masks when anyone enters the isolation space.

Recognizing space considerations are challenging in correctional institutions, the ideal space for cohorting confirmed residents are well ventilated areas with solid walls and a solid door that closes. (See Attachment 3 – Medical Isolation\_ Quarantine.)

A facility can use one large space for cohorting of medical isolation cases instead of several small spaces if the physical plant does not provide for the latter. This will reduce the risk of cross-contamination within the facility and will lower PPE burn rate.

Isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion, and should ensure that the conditions in medical isolation spaces are distinct from those in punitive isolation.

**Facility management of isolated or quarantined residents:**

If possible, cluster cases in isolation within a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population.

If residents need to be isolated or quarantined in a housing unit, allowances will be made to accommodate residents in this location.

Recreational activities will be provided.

When possible transfers to another DOC or outside facility of isolated or quarantined residents will be cancelled. Transport only for essential reasons on a case-by-case basis with discussion with the healthcare, the facility Warden/Director and Commissioner while keeping classifications informed.

If transportation is essential, the resident will wear a surgical mask.

Notify receiving facility prior to transfer.

Clean and disinfect the transport vehicle after transport.

Routine health care/mental health care will be provided at cell front or as instructed by healthcare staff.

Medications will be given at cell front or dependent on physical plant and instructed by healthcare staff.

Emergency medical needs will be assessed immediately by medical personnel, as required. Resident will be transported as deemed necessary.

Meals will be provided by Food Services and delivered to the cell.

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

Masks and gloves will be worn when distributing and picking up trays. If anyone enters an isolation or quarantine area, full PPE shall be required.

### **COVID-19 Prison Operational Adjustments:**

#### **Environmental Cleaning:**

Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).

Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.

Enhanced frequency of cleaning and disinfection procedures of high touch surfaces is recommended for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

Disinfectant must be EPA-approved as a hospital/healthcare or broad spectrum disinfectant. Refer to CDC cleaning agent guidelines for COVID-19. <https://www.epa.gov/pesticide-registration/list-n-disinfectants-coronavirus-covid-19>

Follow label instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use, and around people. Clean according to label instructions to ensure safe and effective use, appropriate product dilution, and contact time. Facilities may consider lifting restrictions on undiluted disinfectants (i.e., requiring the use of undiluted product), if applicable. (Attachment 4 – List of Cleaners and Disinfectants Used by the NHDOC)

Facilities will utilize Attachments 5a, 5b and 5c to monitor cleaning and disinfecting practices of the facility.

Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures and CDC guidance for correctional facilities.

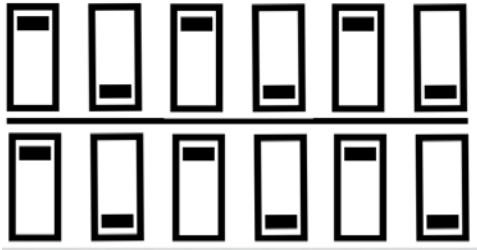
#### **Movement/Housing:**

Minimize interactions between residents living in different housing units, to prevent transmission from one unit to another. For example, stagger mealtimes and recreation times, and implement broad movement restrictions.

Ensure that work details include only residents from a single housing unit, supervised by staff who are normally assigned to the same housing unit. Ensure resident work spaces comply with physical distancing and mask wearing.

If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries are made with extreme caution. Clean and disinfect all coolers, carts, and other objects involved in the delivery.

CDC Guidance for Correctional Facilities recommends that residents sleep in a head to foot configuration to increase distancing between each individual's head like the configurations below:



### **Emergency Services:**

Prison staff will follow the Fire and EMS Personnel Access and Triage in Response to COVID-19 as outlined in Attachment 6.

### **Residents Masks:**

Fabric face coverings will be provided as necessary to replace worn and beyond use fabric face coverings through an exchange with housing unit staff.

Fabric face coverings will also be available for purchase through commissary.

When residents leave their housing units to go to other approved areas of the facility, they are required to wear a fabric face covering. Residents who report that they are unable to wear a fabric face covering due to health reasons shall be referred to healthcare staff, for assessment, and an alert entered into CORIS to inform security staff if the resident has a medical condition that prohibits wearing a fabric face covering or mask in addition a paper pass noting the exemption will be provided to the resident. A resident with this exemption will keep their pass on them to show to staff.

Residents will put on their fabric face covering before exiting their housing unit and accessing the yard or common hallway shared by other housing units. Failure to comply will result in disciplinary action.

All residents are required to wear appropriate fabric face coverings when leaving and returning to their assigned housing unit and remain covered until entering the outdoor recreation area or unit. Residents may remove their fabric face coverings while actively engaging in single unit outdoor recreation, although they should keep fabric face coverings on if sitting or socializing with peers. Social/Physical distancing should be actively considered at all times and when possible.

These parameters are still in place:

- No fabric face coverings are to be worn by residents single celled in the Special Housing Unit
- No fabric face coverings are to be worn while laying down or sleeping.
- No fabric face coverings are to be worn during observation levels.
- Fabric face coverings must be removed during all standing counts.

A resident, when directed to remove, or to wear, a fabric face covering will do so without unnecessary

delay. Failure to remove a mask for count, or following a direct order to remove the face covering will result in disciplinary action, up to and including a 32A.

- Fabric face coverings will have a resident's ID number and name placed on them.
- Fabric face coverings will be laundered through the department's laundry system.
- If your fabric covering needs to be replaced, please bring it to staff for review and they will work to provide a replacement.

If a resident is a suspected or positive COVID-19 case, personnel protective equipment will be issued and required to be worn per protocol/guidelines.

To the extent there is credible information or intelligence related to an individual that would relate to the wearing of the face covering, security leadership or Investigations may request an exclusion for the resident through the facility Warden or Director.

### **Release of residents into the community:**

A 14-day quarantine prior to release shall be initiated if there are positive cases of COVID-19 within the NHDOC facility the person was housed. Residents being released will be provided education on COVID-19. If the person does not have a fabric face covering upon release, provide them with a surgical mask.

Healthcare staff in consultation with case management will consider testing residents for SARS-CoV-2 before release if they will be released to a congregate setting or to a household with persons at increased risk for severe illness from COVID-19.

For any resident with suspected or confirmed COVID-19 who is releasing from a DOC facility, the Infection Prevention Nurse or designee in conjunction with the facility case management resources will contact their local health jurisdiction/public health for appropriate placement guidance prior to the resident's release.

### **Release of Residents to Field Services Supervision:**

Case managers will provide education to those releasing to probation or parole on which Phase Field Services is in regarding instructions on how to report prior to the resident's release to the Chief Probation Parole Officer (CPPO). Case Managers are to send via an email the CORIS note in which they documented the meeting with the resident providing them the instructions on reporting to the District Office to the appropriate Chief PPO.

### **Contact Tracking and Case Reporting:**

Cases of suspected and confirmed COVID-19 will be thoroughly investigated by the Infection Control Nurse in conjunction with NH Public Health.

Review the resident's cell and living unit location, job, classes, etc. to determine who could have been exposed and needs to be quarantined.

Report the need to isolate a resident and the need to quarantine other residents as indicated to the Nurse Coordinator or designee who will then notify the Warden/Director at the facility, Chief Medical Officer, Director of Nursing, Director of Medical and Forensic Services, and Chief of Security.

The results of contact investigations will be communicated to the Division of Medical & Forensic Services Director, Director of Nursing, facility Human Resources and Commissioner's Office who will help ensure that people who have been exposed are identified, notified, and all appropriate infection control measures are put in place to reduce transmission (masking, quarantine, grouping, etc.)

List of NHDOC Infection Control Nurses by Site as of October 2020:

Site	Name	General Telephone Contact
Secure Psychiatric Unit	Nancy Clayman	271-1839
NH Correctional Facility for Women	Chelsea Cahill	271-0874
NH State Prison for Men	Jennifer Fitzgerald	271-1853 or 271-6061
Northern NH Correctional Facility for Men	Jessica Pelletier	752-0364 or 752-0347

In the event one of the above staff are unavailable, contact the Director of Nursing Ryan Landry 271- 5631. NHDOC Chief Medical Officer – Dr. Thomas Groblewski

## IV. Field Services:

All Field Services staff will function under the General Procedures outlined in this guidance document.

Field Services will be operating under a 3 Phased approach which is outlined below. Phases will be instructed through their Chief PPOs who will be notified to make immediate phase changes by Division leadership or the Commissioner.

### Phase 1:

All probationers and parolees will be allowed to enter our space under the guidance listed below:

- All office visits will be done by appointment only.
- Scheduled reporting days shall be spread out throughout the week to avoid prolonged exposure.
- Probationers and Parolees will wear a mask and sanitize their hands prior to entering office space.
- Masks and Sanitizer has been provided to each District Office.
- A District Office COVID-19 Visitor Screening (Attachment 7 –DO Visitor Screening) questionnaire must be completed prior to anyone entering, including the taking of the person's temperature.
- Anyone who fails the screening, or refuses to complete the screening will not be permitted to enter.
- Thermometers have been provided to each District Office.
- Waiting room seating will be spaced 6 feet apart, or if the area is not large enough to accommodate this they can wait outside or in their car until called.
- Meeting area surfaces shall be cleaned prior to and directly after meeting with a probationer or parolee.

### Phase 2:

Selected probationers and parolees will be allowed to enter our space under the guidance listed below for the following:

Initial case openings, interstate transfers, and any matter needing immediate attention.

- All office visits will be done by appointment only.
- Scheduled reporting days shall be spread out throughout the week to avoid prolonged exposure.
- Probationers and Parolees will wear a mask and sanitize their hands prior to entering office space.
- Masks and Sanitizer has been provided to each District Office.
- A District Office COVID-19 Visitor Screening questionnaire must be completed prior to anyone entering, including the taking of the person's temperature.
- Anyone who fails the screening, or refuses to complete the screening will not be permitted to enter.
- Thermometers have been provided to each District Office.
- Waiting room seating will be spaced 6 feet apart, or if the area is not large enough to accommodate this they can wait outside or in their car until called.
- Meeting area surfaces shall be cleaned prior to and directly after meeting with a probationer or parolee.

### **Phase 3:**

- All Field Services office reporting days are to be suspended.
- Probation Parole Officers are to instruct clients to meet their required/scheduled check in times by telephone, email, digital platforms such as Zoom or mail in lieu of district office face-to-face check ins, unless exigent circumstances exist,
- Do not instruct clients to report to the district offices unless authorized by the Chief and circumstances are urgent.
- Officers shall triage supervision of their caseloads according to their client's current risk assessment score.
- Clients with a current risk score of High, ISP or those on AHC shall be supervised through field contacts or home visits.
- When conducting community visits, officers shall use PPE. Prior to entering the residence, the officer should ask if anyone in the residence is sick or has a fever and contact their respective County Sheriff's office to determine if the residence is on the known COVID-19 list. If either of these circumstances exist, the officer is not required to enter the residence unless necessary to address an issue at hand or there is an immediate threat present to the officer, a member of the public, or the resident. After putting on PPE, the officer will proceed inside the residence maintaining a safe (a minimum of 6 feet) distance from residents if possible. All staff should exercise appropriate precautions and immediately distance themselves from any occupants who appear ill.
- All other contact requirements (CJIS/NCIC, Cost & Fines, verification of program compliance, etc...) and verification of compliance with the Conditions of Supervision (e.g., random urinalysis testing, no firearms or deadly weapons, etc...) are to be followed.
- At the discretion of the Chief PPO, PPOs should be scheduled to report to the DO on a rotating basis in order to avoid prolonged exposure within the office. When not assigned to report to the DO, PPOs will conduct field work and/or remote work.

Under all 3 phases, Court appearances will be determined pursuant to Supreme Court Order.

Under all 3 phases, Parole Revocation hearings will continue to be done via Zoom until otherwise amended by the Adult Parole Board.

### **Release Protocols:**

Upon release, a supervisee required to report to a District Office is to be instructed to contact their assigned Probation Parole Office telephonically at the main office number listed below. They are to make their best attempts/efforts to telephonically check in and continue to call until contact is made.

Once contact has been established, their assigned Probation Parole Officer (PPO) will provide reporting instructions to the supervisee based on which phase the District Offices are operating under at the time.

#### District Offices

Exeter (Rockingham) 603-772-4730

Manchester (Hillsborough-N) 603-656-6699

Concord (Merrimack) 603-271-2268

Berlin (Coos) 603-752-0429

North Haverhill (Grafton) 603-787-6900

Dover (Strafford) 603-742-6621

Laconia (Belknap) 603-528-9399

Keene (Cheshire) 603-352-4139

Claremont (Sullivan) 603-542-2470

Wolfeboro (Carroll) 603-539-4137

Nashua (Hillsborough-S) 603-886-3444

## V. Transitional Work Centers

All Community Corrections staff will function under the General Procedures outlined in this guidance document.

Transitional Work Centers will function under the General Procedures outlined in this guidance document.

The Transitional Work Center will be operating under a 3 Phased approach which is outlined below. The Division of Community Corrections Chief of Security, unit Program Coordinators and Sergeants will oversee the implementation of phases and will be notified of immediate phase changes by the Director of Community Corrections and/or the Commissioner of Corrections.

#### **Phase 1:**

1. Residents are required to wear a fabric face covering while in any common areas within the unit and outside the unit on a work crew.
  - a. Residents may remove their mask while seated during meals and while in their assigned room. If social distancing (6ft) can be maintained, residents may also remove their fabric face covering when in the TWC recreation yard.
  - b. When on a work crew and social distancing (6ft) can be maintained at all times, and when authorized by the work crew supervisor, residents may remove their fabric face covering. If social distancing guidelines cannot be maintained, face coverings must immediately be worn.

2. Work Crews will be housed in rooms with other residents working on the same community work crews at the Transitional Work Center (TWC)
3. Work Crews Residents will be screened (standard resident COVID-19 screening) prior to leaving the unit.
4. Work Crew supervisors from outside agencies will be required to do the following upon arrival at the facility.
  - a. Road Crew Supervisors will fill out the NHDOC Screening form and hand to NHDOC staff member before entering the facility.
  - b. Road Crew Supervisors (if they enter the TWC) will have their temperature administered by an NHDOC staff member
  - c. Road Crew Supervisors will be turned away if they exhibit any signs and symptoms of COVID-19 and will need clearance by their employer and Director of Community Corrections before they are allowed to return or have contact with residents.
5. Road Crew Sergeants will maintain consistent communication with each road crew supervisor regarding COVID-19 guidelines and their current practice and procedures.
6. Road Crew Sergeants will review the locations of work crews and what jobs they are completing.  
Work crews will not be authorized:
  - a. To work in areas that will have contact with groups.
  - b. If the crew would be unable to follow NHDOC COVID-19 guidelines.

## **Phase 2:**

Transitional Work Center will follow general guidelines; in addition will have the following restrictions;

1. All work crews will be reviewed by the TWC Work Crew Sergeant, Chief of Security and Director of Community Corrections.
  - 1 Any work crews that are deemed high risk will be terminated.
  - 2 Terminations will be based on COVID-19 prevalence rates in New Hampshire as tracked through <https://www.nh.gov/covid19/> and COVID-19 rates in the work crew location.
  - 3 Additional factors including amount of contact with community and ability to maintain social distancing will also be a basis for termination.
2. NHDOC facility based work crews will continue.

## **Phase 3:**

Transitional Work Center will follow general guidelines; in addition will have the following restrictions;

1. All Work Crews going into the Community will be terminated.
2. NHDOC facility based work crews will be reviewed by Director of Community Corrections, facility Wardens and Administrators. Any Work Crews that are deemed non-essential to the safety and operations of the NHDOC will be terminated.

## VI. Transitional Housing Units

All Community Corrections staff will function under the General Procedures outlined in this guidance document.

Transitional Housing Units will be operating under a 4 Phased approach which is outlined below. The Division of Community Corrections Chief of Security, unit Program Coordinators and Sergeants will oversee the implementation of phases and will be notified of immediate phase changes by the Director of Community Corrections and/or the Commissioner of Corrections.

### **Phase 1:**

1. NHDOC and State and Community guidelines and restrictions must be followed.
2. C1 residents can continue to work in the community.
3. Residents identified as showing signs and symptoms consistent with COVID-19, or that have been identified as having had contact with someone with COVID19, will be required to stay in the THU in a quarantine room.
4. Residents may be provided rent-waivers or work-offs if, due to COVID19 they are unemployed or underemployed. Program Coordinators will review any residents in this situation.
5. In-unit visitation is suspended.
6. Job searching can continue on a limited basis. Residents will have a very specific and detailed job-searching plan and will only be authorized to go to employers who are hiring. THU staff will continue to work to connect residents directly with hiring managers.
7. Outings and Overnights are authorized to continue.
8. Residents can continue to attend community appointments.
9. Drop offs – Requests to have items dropped off will only be authorized if items are essential to maintain employment, or essential to care and wellbeing. Requests to have items dropped off will be sent to the Program Coordinator (PC), Captain or in the PC's or Captains absence, their designee. In order to request items to be dropped off, residents will send a request or speak to the Program Coordinator, Captain or designee and provide a detailed reason on why items are required. If authorized, the Program Coordinator, Captain or designee will schedule a drop-off time and location. When the approved items and person drops off the items at the scheduled time, they will not enter the facility. Staff will meet them in designated area outside and items will be logged and signed for by THU staff and person dropping items off. Items shall be held in secure location at the THU for 48 hours after drop-off to ensure additional safety.
10. Food Delivery – Residents can have food delivery as normal, however the delivery person shall not come into the THU any further than the officer's station. Each THU will put up signs directing delivery drivers on where to go. All transactions with any delivery service will be in full view of a staff member.

### **Phase 2:**

1. NHDOC and State and Community guidelines and restrictions must be followed.
2. C1 residents can continue to work in the community.
3. Residents identified as showing signs and symptoms consistent with COVID-19, or that have been identified as having had contact with someone with COVID19, will be required to stay in the THU in a quarantine room.
4. Residents may be provided rent-waivers or work offs if, due to COVID19 they are unemployed or underemployed. Program Coordinators will review any residents in this situation.
5. In unit visitation is suspended.
6. There will be no job searching during this time, however if a job is available and you can be connected to the employer directly, you may be able to start the job. Speak to the Program Coordinator if you have a specific job opportunity available to you.
7. Outings/Curfews and Overnights have been suspended, the below exceptions will be authorized with unit approval.
  - a. Residents can continue to receive mental health, medical or substance abuse services. CC/CM or PC will confirm provider is still open before you leave the house for your appointment. When returning from appointments, appointment summary (proof of attendance) is required. Provide documentation to security office upon returning to the house.
  - b. Limited access to specific stores to purchase necessities (i.e. hygiene items) may be authorized. These trips will be for limited in duration and location. Each unit will post specific instructions on how to request authorization this type of outing.
1. Drop offs – Requests to have items dropped off will only be authorized if items are essential to maintain employment, or essential to care and wellbeing. Requests to have items dropped off will be sent to the Program Coordinator (PC), Captain or in the PC's or Captains absence, their designee. In order to request items to be dropped off, residents will send a request or speak to the Program Coordinator, Captain or designee and provide a detailed reason on why items are required. If authorized, the Program Coordinator, Captain or designee will schedule a drop-off time and location. When the approved items and person drops off the items at the scheduled time, they will not enter the facility. Staff will meet them in designated area outside and items will be logged and signed for by THU staff and person dropping items off. Items shall be held in secure location at the THU for 48 hours after drop-off to ensure additional safety.
8. Food Delivery – Residents can have food delivery as normal, however the delivery person shall not come into the THU any further than the officers station. Each THU will put up signs directing delivery drivers on where to go. All transactions with any delivery service will be in full view of a staff member.

## **Phase 3:**

1. NHDOC and State and Community guidelines and restrictions must be followed.
2. C1 residents can continue to work in the community.
3. Residents identified as showing signs and symptoms consistent with COVID-19, or that have been identified as having had contact with someone with COVID19, will be required to stay in the THU in a quarantine room.
4. Residents may be provided rent-waivers or work offs if, due to COVID19 they are unemployed or underemployed. Program Coordinators will review any residents in this situation.

5. In unit visitation is suspended.
6. There will be no job searching during this time.
7. Outings/Curfews and Overnights have been suspended, the below exceptions will be authorized with unit approval. Telecommunications appointments should be utilized when available and appropriate.
  - a. Residents can continue to receive mental health, medical or substance abuse services. CC/CM or PC will confirm provider is still open before you leave the house for your appointment. When returning from appointments, appointment summary (proof of attendance) is required. Provide documentation to security office upon returning to the house.
8. Drop offs – No Drop offs will be authorized.
9. Food Delivery – No food delivery will be authorized.

#### **Phase 4:**

Phase 4 will be used in cases where a significant number of residents and/or staff are positive for COVID-19. In this case, the house will go under lockdown. All Medical and Mental Health needs will be provided by the NHDOC. Residents will not be allowed to leave the NHDOC property. Exceptions can be granted by the Director of Community Corrections or Commissioner of Corrections.

## **VII. Citizen Involvement and Volunteers**

### **Citizen Involvement and Volunteers**

Volunteers to prison facilities will be managed in three (3) phases as long as the Department is still faced with a COVID-19 pandemic - based on COVID-19 prevalence rates both in New Hampshire as tracked and published at <https://www.nh.gov/covid19/> and in surrounding States.

#### **Types of Volunteers:**

- Visiting room only Volunteers – Will follow the visitation protocols in section VIII
- Professional Liaison – Will follow guidelines and process below.
- General Volunteer – Will follow guidelines and process below.
- Student Intern – Phase 1 only.

**Phase 1** – All volunteer activities allowed to resume as outlined in Policy and Procedure 1010 titled Citizen Involvement and Volunteers, with COVID-19 and departmental staff internal procedures that include COVID-19 screening including temperature check, mask requirements, hygiene and sanitation practice requirements and physically distanced without prolonged exposure.

**Phase 2** – Essential Volunteers (Professional Liaisons included)

#### **Identification of Essential Volunteers:**

- Volunteers that are essential to programs that provide religious resources, services, instruction or counseling that without the volunteer would not otherwise be able to be offered.
- Volunteers for non-religious programs that cannot be otherwise offered and the program has a significant benefit to the reentry and rehabilitative needs of residents.

- Each Facility Administrator of Programs in conjunction with program staff will submit a list of Essential Volunteers and justification as to why they are essential to the Director of Community Corrections. Director of Community Corrections will review and submit recommendation to the Commissioner of Corrections for approval.

Volunteer Screening Process for entry into a facility:

- Volunteers will be required to complete a COVID-19 training reviewing the NHDOC procedures and processes during COVID-19.
- Volunteers will be required to bring and wear their own fabric face covering until a surgical mask is provided by NHDOC staff for the duration of the visit (no alcohol, tobacco or inappropriate pictures on coverings will be allowed).
- Volunteers will be required to successfully complete and pass the NHDOC COVID-19 screening process (which includes a temperature check, symptom screen (for [symptoms of COVID-19](#)), a question regarding contact with a confirmed or suspected case of COVID-19 in the prior 14 days, and a question regarding whether the visitor has traveled outside of NH, VT, ME, MA, RI and CT in the previous 14 days). These questions are subject to change as appropriate.
- Volunteers that refuse to participate in COVID-19 screening or wear a surgical mask will be denied entrance into the facility.
- Volunteers will be requested to clean their hands using the alcohol-based hand rub at the entry location to the facility.
- The NHDOC reserves the right to terminate a Volunteer if a visitor displays symptoms that raises concerns regarding COVID-19 or other conduct which would disrupt the orderly flow of the institution.
- Volunteers will be monitored to ensure compliance with face coverings and physical distancing.
- Volunteers who are non-compliant with COVID-19 procedures will be removed as an approved visitor.

**Phase 3** – All volunteers restricted from entering NHDOC facilities.

Commissioner of Corrections may make Exceptions for Professional Liaisons.

If available, volunteer programs and services will be offered through teleconference systems.

## VIII. Visitors

### **General Visitors**

Visits to facilities will be managed in four (4) phases as long as the Department is still faced with a COVID-19 pandemic - based on COVID-19 prevalence rates both in New Hampshire as tracked and published at <https://www.nh.gov/covid19/> and in surrounding States.

**Phase 1** – In-person visits between residents and all approved visitors based on the state administrative rules outlined in Cor 305 with COVID-19 and departmental staff internal procedures that include COVID-19 screening including temperature check, mask requirements, hygiene and sanitation practice requirements and physically distanced without prolonged exposure.

Video Visits authorized

## **Phase 2** – Non-contact Visits with Physical Barriers

In order to be eligible for a Phase 2 non-contact visit, residents must be disciplinary free for one (1) year prior to the proposed visit, not produced a positive urinalysis for two (2) years (excluding NHDOC prescribed medication) and be free from any visiting restrictions. Eligible residents may receive one (1) visit per month as space and appointments allow.

### Visitation Guidelines:

- Visits will be 45 minutes in duration
- Each visit may accommodate a maximum of two (2) adult visitors, 18 years of age or older and two minor children.
- Visitors must be approved on the resident's visiting list.
- All standards set forth in PPD 305.00 *Visiting Policy* apply.
- All parties (visitors and resident) must don a face covering over their nose and mouth prior to entering any of our facilities and for the duration of the visit.
- Designated visiting room workers will clean and disinfect the visitation area and contact surfaces between each visit.

### Visiting Request Process:

- Resident's may request a visit by submitting a request slip to the designated staff member identified by each Warden/Director overseeing this visiting room privilege two to three weeks prior to the proposed visiting day.
- Request slip must include the following information:
  - Proposed date and time that corresponds with their housing unit.
  - Visitors full name and date of birth.
  - An alternative date/time must be provided as a secondary visiting option.

### Visitor Screening Process:

- Visitors will be required to bring and wear their own fabric face covering or surgical mask for the duration of the visit (no alcohol, tobacco or inappropriate pictures on coverings will be allowed).
- Visitors are required to successfully complete and pass the NHDOC COVID-19 screening process (which includes a temperature check, symptom screen (for [symptoms of COVID-19](#)), a question regarding contact with a confirmed or suspected case of COVID-19 in the prior 14 days, and a question regarding whether the visitor has traveled outside of NH, VT, ME, MA, RI and CT in the previous 14 days).
- Visitors that refuse to participate in COVID-19 screening or wear a face covering will be denied entrance into the facility.
- Visitors will be requested to clean their hands using the alcohol-based hand rub at the entry location to the facility. The NHDOC reserves the right to terminate a visit if a visitor displays symptoms that raises concerns regarding COVID-19 or other conduct which would disrupt the orderly flow of the institution.
- The visitors must maintain at least 6 feet of distance from the staff at all times except when staff are conducting searches. Searches will be conducted in a manner to reduce prolonged exposure to the visitor (10 minutes or less).
- Visitation should be monitored to ensure compliance with face coverings and physical distancing.

Video visits authorized.

**Phase 3** – Non-contact Visits with Physical Barriers with No Minor Children

In order to be eligible for a Phase 3 non-contact visit, residents must be disciplinary free for one (1) year prior to the proposed visit, not produced a positive urinalysis for two (2) years (excluding NHDOC prescribed medication) and be free from any visiting restrictions. Eligible residents may receive one (1) visit per month as space and appointments allow.

**Visitation Guidelines:**

- Visits will be 45 minutes in duration
- Each visit may accommodate a maximum of two (2) adult visitors, 18 years of age or older. No minor children will be permitted into the facility.
- Visitors must be approved on the resident's visiting list.
- All standards set forth in PPD 305.00 *Visiting Policy* apply.
- All parties (visitors and resident) must don a face covering over their nose and mouth prior to entering any of our facilities and for the duration of the visit.
- Designated visiting room workers will clean and disinfect the visitation area and contact surfaces between each visit.

**Visiting Request Process:**

- Resident's may request a visit by submitting a request slip to the designated staff member identified by each Warden/Director overseeing this visiting room privilege two to three weeks prior to the proposed visiting day.
- Request slip must include the following information:
  - Proposed date and time that corresponds with their housing unit.
  - Visitors full name and date of birth.
  - An alternative date/time must be provided as a secondary visiting option.

**Visitor Screening Process:**

- Visitors will be required to bring and wear their own fabric face covering or surgical mask for the duration of the visit (no alcohol, tobacco or inappropriate pictures on coverings will be allowed).
- Visitors are required to successfully complete the NHDOC COVID-19 screening process (which includes a temperature check, symptom screen (for [symptoms of COVID-19](#)), a question regarding contact with a confirmed or suspected case of COVID-19 in the prior 14 days, and a question regarding whether the visitor has traveled outside of NH, VT, ME, MA, RI and CT in the previous 14 days).
- Visitors that refuse to participate in COVID-19 screening or wear a face covering will be denied entrance into the facility.
- Visitors will be requested to clean their hands using the alcohol-based hand rub at the entry location to the facility. The NHDOC reserves the right to terminate a visit if a visitor displays symptoms that raises concerns regarding COVID-19 or other conduct which would disrupt the orderly flow of the institution.
- The visitors must maintain at least 6 feet of distance from the staff at all times except when staff are conducting searches. Searches will be conducted in a manner to reduce prolonged exposure to the visitor (10 minutes or less).
- Visitation should be monitored to ensure compliance with face coverings and physical distancing.

Video Visits Authorized.

**Phase 4 – Video Visit Access Only**

## **Attorney Visits**

Attorney Visits/Access to residents will be managed in three (3) phases as long as the Department is still faced with a COVID-19 pandemic - based on COVID-19 prevalence rates both in New Hampshire as tracked and published at <https://www.nh.gov/covid19/> and in surrounding States.

**Phase 1** – In-person attorney visits between residents and all approved attorneys based on the state administrative rules outlined in Cor 305 with COVID-19 and departmental staffs' internal procedures that include COVID-19 screening including temperature check, mask requirements, hygiene and sanitation practice requirements and physically distanced without prolonged exposure.

Continued access to Confidential Attorney Video Visits\*

**Phase 2** - Departmental facilities will post operational access for non-contact visits for attorneys assigned to active cases on behalf of residents incarcerated in NHDOC facilities. These non-contact visits for attorneys will be on a first come first serve basis. Each facility will have a schedule of available times with cleaning completed between each attorney non-contact visit for both the attorney side and resident side of the non-contact spaces.

Attorneys will be required to bring and wear their own fabric face covering, surgical mask or N95 mask. Attorneys who do not wear a mask will not be permitted access to the visiting space. Attorney's will be required to complete the NHDOC COVID-19 screening and pass it in order to enter for the non-contact visit. There will be no exchange of paperwork between attorneys and residents permitted.

Continued access to Confidential Attorney Video Visits\*

**Phase 3** – Access to Confidential Attorney Video Visits\*

Continued Telephonic privileged access through our communications contract.

At the time of this guidance document, GTL has agreed to make all calls placed to attorney numbers free to residents. This means, in addition to the one 5-minute free call per week to any number, all calls to attorneys will be free of charge.

- (a) Residents will still need to have the attorney's number in their list of numbers authorized for calling.
- (b) If the attorney is working remotely and needs to provide a new number to the resident, the resident will request to place that new number on their list of authorized numbers.
- (c) Attorneys in the New Hampshire Criminal Bar, and the Public Defenders offices, have been instructed to provide any new number to the resident, along with a letter to DOC, which confirms the number is a valid number authorized for attorney/client communications.
- (d) To the extent a resident attempts to manipulate the privilege by falsifying a new number not associated with their attorney, disciplinary action may be taken including violations such as, but not limited to 57A, 76A, or 68B.

If an attorney needs to communicate in an unprivileged manner (e.g. to get a quick message to the

client asking the client to call), the attorney may sign up through <https://web.connect.network.com/> to access a resident who has a messaging account. (Please recognize messages using this method are subject to monitoring, and thus not privileged communications).

If an attorney cannot reach a resident, either through the mail as it is time-sensitive, and the above two methods have proven unsuccessful, the attorney may contact the case counselor/case manager who can get a message to the resident to call the attorney. If the attorney does not know who their client's case counselor is, then assistance can be obtained through the warden's secretary at each facility to learn the name of the case counselor.

Attorneys may access the resident in certain instances via telephonic communications supported by the Case Management team, but such communications should not be considered attorney/client privileged communications.

Attorneys are also still able to communicate through the mail process, which maintains the confidential/privileged communication.

If the attorney has an emergent need, the facility's warden/director may be contacted for decision-making specific to the case needs.

\* Access to Confidential Attorney Video Visits is through the Telecommunications contract for residents – NHDOC will actively work to advance this access.

## **IX. Resources**

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

<https://www.nh.gov/covid19/>

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

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

<https://www.governor.nh.gov/news-and-media/covid-19-emergency-orders-2020>

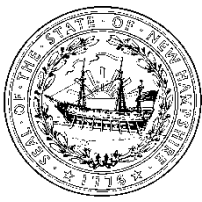
Resource 1 – Main Entrance Post

Resource 2 – Exposures to COVID-19 Guidance for Staff

Resource 3 – Mail Packages

Resource 4 – Outbreak Response

Resource 5 – Guidance of COVID-19 in Correctional Facilities CDC



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
OFFICE OF THE COMMISSIONER

Helen E. Hanks  
Commissioner

Benjamin R. Jean  
Assistant Commissioner

To: All Wardens and Directors  
From: Helen E. Hanks, Commissioner  
Date: July 24, 2020  
Re: Access to NHDOC Facilities to Aid in Prevention of COVID-19

**Effective July 24, 2020**

Each person is required to complete this form prior to entering a DOC facility.

**Check the Box that Applies to you:** ☐ NHDOC Staff ☐ Contractor ☐ Visitor ☐ Volunteer

1. Do you have a **Fever**?

☐ YES ☐ NO

**If you have checked off - Yes to having a Fever, you do not need to continue filling out this form –  
Do NOT enter the facility to have your temperature checked.  
If NHDOC Staff, contact your Human Resource Administrator and Supervisor.**

**Temperature:** \_\_\_\_\_

\_\_\_\_\_  
Person taking temperature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If the temperature is 100.0°F or greater, they shall be DENIED entry. If the person is NHDOC Staff, refer them to Human Resources and their supervisor for follow-up.**

2. Have any of the following, within the past 14 days, that are of an unknown origin (examples of known origin might include: allergies, heavy work out):

	YES	NO		YES	NO		YES	NO
A cough?			Muscle or body aches?			Fatigue?		
Shortness of breath or difficulty breathing?			Chills?			Congestion or runny nose?		
Sore throat?			Repeated shaking w/chills?			Nausea or vomiting?		
<i>(Per NH Public Health/CDC Updates July 22, 2020)</i>			New loss of taste or smell?			Diarrhea?		

3. Are you currently using, or have used in the last two weeks, cough suppressants, decongestant, Tylenol or other medications to reduce symptoms of cough, fever, sore throat or shortness of breath?

☐ YES ☐ NO

**If the person answers “yes” to two or more in question 2 and/or a “yes” in question 3, they shall be referred to the designated medical screener (if NHDOC employee) and Denied entry for all others.**

4. In the past 2 weeks:

- a. Have you had contact or close association with any person that has tested positive for COVID-19 or is presumed to be positive? ☐ YES ☐ NO
- b. Have you been asked to self-quarantine by NH Public Health? ☐ YES ☐ NO
- c. Have you traveled in the prior 14 days outside of NH, Vermont, Maine, Massachusetts, Connecticut, or Rhode Island? ☐ YES ☐ NO

Do not respond YES to 4(a) if the contact or close association is related to a NHDOC initiated communication to you associated with a staff or resident that has tested positive for COVID-19 or is presumed to be positive – as we are tracking these separately.

**If the person answers “yes” to a, b or c in question 4, they shall be referred to the designated medical screener and their Human Resources Coordinator (if NHDOC employee) and Denied entry for all others.**

\_\_\_\_\_  
Name  
NHDOC

\_\_\_\_\_  
Signature  
COVID-19 Screening

\_\_\_\_\_  
Date  
July 24, 2020

**Progress Note for Designated Medical Screener**

(Progress note not required unless the employee has to be assessed by a Medical Screener)

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Designated Medical Screener

---

Signature

---

Date

**Progress Note for Shift Commander, Only If Medical Screener seeks this support**

(Progress note not required unless the Shift Commander notification required.)

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Shift Commander/Designee

---

Signature

---

Date

**Designated Medical Screener Numbers**

<b><u>NHSP-M</u></b>	271-1853	<b><u>NHCFW</u></b>	271-0874
<b><u>SPU/RTU</u></b>	271-1839	<b><u>NCF</u></b>	752-0345

Please forward this completed form to NHDOC Human Resources.



## NH Department of Corrections – Attachment 2

<b>Guidelines: Personal Protective Equipment (PPE) COVID-19</b>	
<b>Site:</b> NH Department of Corrections Facilities	<b>Effective:</b> 11/13/2020
<b>Issued By:</b> Commissioner Helen E. Hanks	

This guideline outlines a protocol for use of and provision of personal protective equipment to staff and residents in order to respond to and/or provide care during the COVID-19 pandemic.

In review of the Centers for Disease Control and Prevention (CDC) Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities and the existing national shortage on PPE, the Department has developed this guidance document to allocate access and determine when to use PPE.

This guideline is to be used in conjunction with the NHDOC published guidance entitled “2020 -COVID-19 Operational Guidelines”.

### **Putting on PPE/Removing PPE:**

See as Published by the CDC the Sequence for Putting on PPE - <https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>

See as Published by the CDC the Sequence for Removing PPE - <https://www.cdc.gov/niosh/npptl/pdfs/PPE-Sequence-508.pdf>

These will be dependent on what PPE you have on and have to take off. Familiarize yourself with this document and triage questions through your chain of command.

Place removed PPE in the identified trash receptacles for proper disposal as instructed by your Housing Unit OIC or Nursing Coordinator.

Perform proper hand hygiene after removing PPE.

### **Locations/Replenishment for PPE:**

Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency. Each Housing OIC/Nursing Coordinator shall establish a location and inform all staff assigned. Each Housing OIC/Nursing Coordinator is responsible for managing the proper allocation and replenishment of PPE for their unit. This must be carefully monitored to ensure access to PPE during times of emergent need and to control quantities available during the national shortage and to be sure we have PPE when needed for staff and resident safety. Shift Commanders and Housing Unit OIC will work with health services on-site leadership for replenishment of their kits.

### **Allocation of PPE:**

Please refer to the chart below published in the CDC guidelines for Correctional facilities to assist in allocating PPE:

**Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response**

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
<b>Incarcerated/Detained Persons</b>					
Asymptomatic Incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19	—	✓	—	—	—
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact	—	—	—	✓	✓
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See <a href="#">CDC guidelines</a> for more details.			✓	✓
<b>Staff</b>					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)	—	Face mask, eye protection, and gloves as local supply and scope of duties allow.			—
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons	—	✓	✓	✓	—
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see <a href="#">CDC Infection control guidelines</a> )	✓**		✓	✓	✓
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see <a href="#">CDC Infection control guidelines</a> )	✓	—	✓	✓	✓
Staff handling laundry or used food service items from a COVID-19 case or case contact	—	—	—	✓	✓
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See <a href="#">CDC guidelines</a> for more details.			✓	✓

\* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.

\*\* A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

In addition to the chart, follow the instructions of our NHDOC healthcare staff and the guidelines contained in the COVID-19 Guideline NHDOC document as it provides specific PPE guidance by incident type.

- Disposable medical isolation gowns or single-use/disposable coveralls, when appropriate will be provided.
  - If security staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.

- If there are shortages of gowns, they (gowns) should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide increased opportunities for transfer of pathogens to the hands and clothing of staff.

Kits of PPE for Housing Units will include, as supply allows:

- Masks (Surgical or Fabric)
  - Gown/Coveralls
  - Gloves
  - Personal Hand Sanitizer (If no access to a sink and soap for hand washing)
  - Shoe Covers
- Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website and will be used to guide the Department's guidelines.
  - Some PPE is reusable. For example, fabric masks but face shields, goggles, glasses as well as some gowns/coveralls can be laundered and should be per instructions specific to each garment.

Example of Comments Being Shared by Health Providers in our Hospitals in NH to give perspective:



**3/24/2020 – Provider Safety and PPE**

There is a very fine balance in our use of PPE between excessive use/being overly cautious and underuse/too little caution. This pandemic will likely last well into May or June and we need to preserve our PPE resources and apply them appropriately. If we use full PPE (N95+ face shield + gown) for the patient who called with knee pain after a fall but had a runny nose 2 days ago, we will not have enough full PPE for when this thing really picks up steam in the next 2-5 weeks. One way to think of it, would you rather use your full PPE resources now with that knee pain patient without a cough who has a very small chance of transmitting a mild asymptomatic COVID-19 infection, or would you rather save it for that patient in May who is pouring out secretions and definitely has a COVID-19 infection? It sure would be great to have enough PPE for both patient presentations, but the reality is, we probably don't. We certainly don't at the hospital.

Sources:

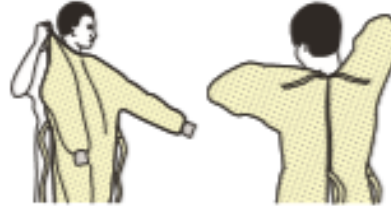
<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

## 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



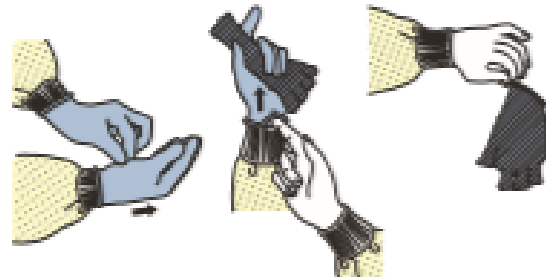
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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

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

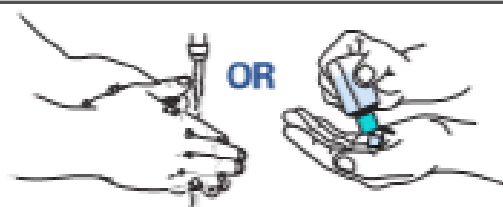


### 4. MASK OR RESPIRATOR

- 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**



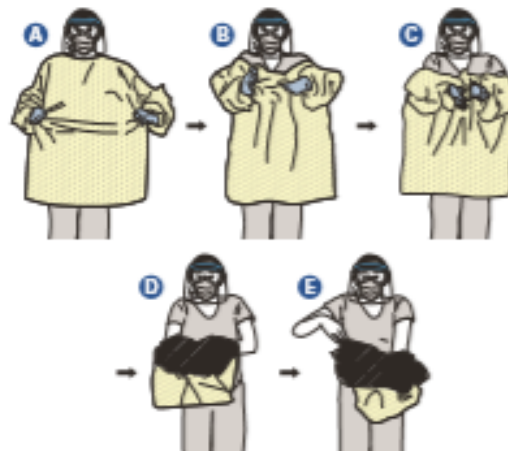
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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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**



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# How to Remove Gloves

To protect yourself, use the following steps to take off gloves



Grasp the outside of one glove at the wrist.  
Do not touch your bare skin.



Peel the glove away from your body,  
pulling it inside out.



Hold the glove you just removed in  
your gloved hand.



Peel off the second glove by putting your fingers  
inside the glove at the top of your wrist.



Turn the second glove inside out while pulling  
it away from your body, leaving the first glove  
inside the second.



Dispose of the gloves safely. Do not reuse the gloves.



Clean your hands immediately after removing gloves.



NH Department of Corrections: Division of Medical & Forensic Services

<b>Guidelines:</b> Personal Protective Equipment – Community Medical Treatments by Location RE: COVID-19	
<b>Site:</b> All Applicable	<b>Date Issued:</b> 10/08/2020
<b>Issued By:</b> Commissioner Helen E. Hanks & Director Paula Mattis	

	NHDOC Staff					Patients/Residents*		
Healthcare Location Patient Type Area within the Location Appointment Type	N95	Surgical Mask	Eye Protection	Gloves	Gown/Coveralls	COVID-19 Screening	COVID-19 Testing	Other
<div></div> <b>NON COVID-19 PATIENT</b> <ul style="list-style-type: none"> <li>Hospital Common areas/Inpatient Units/</li> <li>Appointments *</li> </ul>		X	X	X		X	X	
<ul style="list-style-type: none"> <li>Surgery/Procedures *</li> <li>Diagnostic Imaging</li> </ul>	X		X	X	X	X	X	
<ul style="list-style-type: none"> <li><b>COVID-19 Positive or COVID-19 SUSPECTED PATIENT</b></li> </ul>	X		X	X	X	X	X	
<div></div> <b>NON COVID-19 PATIENT</b> <ul style="list-style-type: none"> <li>Hospital Common Area/Inpatient Units</li> <li>Appointments</li> </ul>		X	X	X		X	X	
<ul style="list-style-type: none"> <li>Surgery/Procedures *</li> <li>Diagnostic Imaging</li> </ul>	X		X	X	X	X	X	
<ul style="list-style-type: none"> <li><b>COVID-19 Positive or COVID-19 SUSPECTED PATIENT</b></li> </ul>	X		X	X	X	X	X	
<div></div>								
<ul style="list-style-type: none"> <li>Procedure **</li> </ul>	X		X	X	X	X	X	

• In Office		X	X	X		X		
• Procedure **	X		X	X	X	X	X	
• In office		X	X	X		X		
• Procedure**		X	X	X		X	X	
• In Office		X	X	X		X		
• In Office								NOT SEEING PATIENTS
• Hospital Common Area/Inpatient Units		X	X	X		X		
• Appointments		X	X	X		x		
• Surgery/Procedures		X	X	X		x	X	
• Diagnostic Imaging		X	X	X				
• COVID-19 Positive or COVID-19 SUSPECTED PATIENT	X		X	X	X	x	X	
• Hospital Common Area/Inpatient Units		X	X	X	X	X		
• COVID-19 Positive or COVID-19 SUSPECTED PATIENT	X		X	X	X	X	X	

• Hospital Common Area/Inpatients Units		X	X	X		X		
• Surgery/Procedures		X	X	X		X	X	
• COVID-19 Positive or COVID-19 SUSPECTED PATIENT	X		X	X	X	X	X	
• In office		X	X	X		X		

\* PPE for Residents/Patients will be managed according to our published standards under NHDOC Internal Procedures 1073.00 – Attachment 8 and CDC guidelines

**\*\*Procedures and Surgeries require COVID-19 Testing 3 days prior to the appointment date, with results sent to the office prior to the procedure. CMC had limited to **three** procedures per week, but are slowly easing these restrictions.**



# NH Department of Corrections – Attachment 3

<b>Guidelines: Facility Medical Isolation and Quarantine Locations for Infectious Disease</b>	
<b>Site:</b> NH Department of Corrections Facilities	<b>Effective:</b> 11/13/2020
<b>Issued By:</b> Commissioner Helen E. Hanks	

This guideline provides education on the differences between medical isolation and quarantine for infectious disease control.

- The Centers for Disease Control and Prevention (CDC) Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, as well as, PowerPoint slides demonstrated below provide areas of priority by site for medical isolation and continued instruction on quarantine processes.
- This guideline is to be used in conjunction with the NHDOC published guidance entitled “2020 -COVID-19 Operational Guidelines”.

## The difference between Medical Isolation and Quarantine:



### MEDICAL ISOLATION

**Who:** Symptomatic people

**What:** MASK & separate from others

**When:** Immediately once symptoms appear

**Where:** Ideally, an individual cell

**Why:** Prevent exposing others  
Evaluate, test if needed  
Give care



### QUARANTINE

**Who:** Close contacts of a known or suspected case (staff or incarcerated)

**What:** Separate from others  
Monitor for symptoms

**When:** Once identified as a close contact

**Where:** Ideally, an individual cell  
(if incarcerated)  
At home (if staff)

**Why:** Prevent exposing others if infected

## CAUTIONS for Cohorting COVID-19 Cases



**DO NOT** COHORT CONFIRMED CASES WITH SUSPECTED CASES

**DO NOT** COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIOUS



PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions



USE SOCIAL DISTANCING AS MUCH AS POSSIBLE

## CAUTIONS for Cohorting Close Contacts of COVID-19 Cases



MONITOR SYMPTOMS CLOSELY, AND IMMEDIATELY PLACE SYMPTOMATIC PEOPLE UNDER MEDICAL ISOLATION TO PREVENT FURTHER SPREAD

(14-DAY CLOCK RESTARTS)



PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions



**DO NOT** ADD PEOPLE TO AN EXISTING QUARANTINE COHORT

**DO NOT** MIX PEOPLE QUARANTINED DUE TO EXPOSURE WITH PEOPLE UNDER ROUTINE INTAKE QUARANTINE

# Options for Medical Isolation

when multiple people need to be isolated due to COVID-19

## IDEAL: SEPARATELY

- Single cells with solid walls & solid door
- Single cells with solid walls

## NEXT BEST: AS A COHORT – use social distancing

- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)

## LAST RESORT: TRANSFER

- Transfer to a facility with isolation space

(LAST RESORT due to possibility of introducing COVID-19 to another facility)

**Ensure that medical isolation for COVID-19 is distinct from punitive segregation/restrictive housing of incarcerated individuals, both in name and in practice.**

Residents be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is *operationally* distinct from punitive segregation/restrictive housing, even if the same housing spaces are used for both. For example:

- Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
- Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.
- Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.

## NHDOC Prioritized Locations for Medical Isolation by Location

[REDACTED]

Facility:	Location for Medical Isolation	Bed Capacity
Priority #1	[REDACTED]	6
Priority #2	[REDACTED]	20 single celled
Priority #3	[REDACTED]	24 Single Beds
Priority #4	[REDACTED]	48 beds (bunked)

\* Should [REDACTED] Tier be used in this manner; the following considerations will need to be made:

## EQUIPMENT NEEDED

- Reusable/disposable bio-hazard suits with facemasks, gloves, goggles and booties (Some inventory is in place in the Captain's Office but will have to contact HSC/MFS for supplies beyond one day as of this date)

- Three Laundry Bins (trash cans/plastic hazmat receptacles) that could serve this function ( [REDACTED] )
- 1 pop up tent or awning ( [REDACTED] )
- Portable wash station for decontamination (There is an outdoor water source in the decontamination area and maintenance was consulted to fashion an area for hand washing
- Hand sanitizer ( [REDACTED] )
- Germicide ( [REDACTED] )
- Biohazard bags (Staged in Shift Commander's Office)
- Water soluble bags (Staged in Shift Commander's Office)
- Gloves (Available in units/Shift Commander's Office)

#### Maximum Security Management (C5):

The plan for C-5 positive patients will be to house in an isolation tank [REDACTED]

[REDACTED]

Facility: [REDACTED]	Location for Medical Isolation	Bed Capacity
Priority #1	[REDACTED] (suspected or positive)	2 (negative pressure cells)
Priority #2	[REDACTED] (suspected positive)	28
Priority #3	[REDACTED] (positive)	28
Priority #4	[REDACTED] (suspected positive)	2

\* Should the [REDACTED] be used in this manner for suspected positive covid-19 cases the following considerations will be made:

#### Equipment Needed

- Maintenance will move half the bunks from [REDACTED]
- One laundry bin will be place on the unit
- Hand Sanitizer ( [REDACTED] )
- Germicide ( [REDACTED] )
- Biohazard bags (staged in medical)
- Water soluble bags (staged in medical)
- Gloves ( [REDACTED] )
- Tent or Awning (1) for decontamination
- Portable wash station (water source is available)
- PPE (staged in medical)

#### Clothing and Bedding

- 30 sets of clothing ranging in size
- 56 Blankets, 112 sheets (staged in Laundry)

#### Estimation of PPE burn Rate

- 24 used for rounds
- Medical, social workers, meals, or emergency response call to [REDACTED] would ensure staff have necessary resources, estimated 4-6 per day if we could not combine with rounds to conserve PPE

[REDACTED]

[REDACTED] be used in this manner for medically isolated positive covid-19 cases the following considerations will be made:

- [REDACTED]

Equipment Needed

- Hand Sanitizer ([REDACTED])
- Germicide ([REDACTED])
- Biohazard bags (staged in medical)
- Water soluble bags (staged in medical)
- Gloves ([REDACTED])
- Tent or Awning (1) for decontamination
- Portable wash station (water source is available)
- PPE (staged in medical)

Clothing and Bedding

- 30 sets of clothing ranging in size
- 56 Blankets, 112 sheets (staged in Laundry)

Estimation of PPE burn Rate

- 24 used for rounds
- Medical, social workers, meals, or emergency response call to the [REDACTED] would ensure staff have necessary resources, estimated 4-6 per day if we could not combine with rounds to conserve PPE

[REDACTED]

[REDACTED]

Equipment Needed

- Water soluble bags ([REDACTED])
- Biohazard bags ([REDACTED])
- Germicide ([REDACTED])
- Tent Awning for decontamination
- Portable wash station, water source is available

[REDACTED]

Facility: [REDACTED]	Location for Medical Isolation	Bed Capacity
Priority #1	[REDACTED]	1
Priority #2	[REDACTED]	4 beds/4 bunks
Priority #3	[REDACTED]	7 beds/7 bunks
Priority #4	[REDACTED]	5 beds/5 bunks

[REDACTED]

Facility: [REDACTED]	Location for Medical Isolation	Bed Capacity
Priority #1	[REDACTED]	60/20

[Redacted]

Facility:	[Redacted]	Location for Medical Isolation	Bed Capacity
Priority #1	[Redacted]		

Facility:	[Redacted]	Location for Medical Isolation	Bed Capacity
Priority #1	[Redacted]		
Priority #2	[Redacted]		

**Guidance from the CDC on when Medical Isolation Ends which occurs with a NHDOC Provider order:**

# When Does Medical Isolation End?

**If the person will be tested to determine if they are still contagious**

- No fever for  $\geq 72$  hours (without fever reducing medications)
- Other symptoms have improved
- Tested negative in  $\geq 2$  consecutive respiratory specimens collected  $\geq 24$  hours apart

**If the person will NOT be tested to determine if they are still contagious**

- No fever for  $\geq 72$  hours (without fever reducing medications)
- Other symptoms have improved
- At least 7 days have passed since the first symptoms appeared

**If the person had a positive test but never had symptoms**

- At least 7 days have passed since the first positive COVID-19 test
- The person has had no subsequent illness

**Information from the CDC when considering locations for Quarantine:**

# Quarantine

A close contact is anyone who:

- Has been within 6 feet of a confirmed/suspected case for a prolonged period of time

OR

- Has had contact with infectious secretions from a confirmed/suspected case (e.g., coughed on)

Identify close contacts

Mask as source control, if PPE stocks allow

Separate from others (ideally individually) & restrict movement

Monitor symptoms 2x per day

If symptoms develop, immediately mask and medically isolate

If cohorting and another case develops, 14-day clock restarts

Return to previous housing and lift movement restrictions after 14 days if no symptoms develop

Quarantine will be managed pursuant to the NHDOC COVID-19 Guidelines:

## Facility management of isolated/quarantined patients:

- a. If possible, cluster cases in medical isolation within a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population.
- b. If patients need to be isolated or quarantined in a housing unit, allowances will be made to accommodate patients in this location.
- c. Recreational activities will be provided.
- d. When possible, transfers to another DOC or outside facility of medically isolated or quarantined patients will be cancelled. Transport only for essential reasons on a case-by-case basis with discussion with the healthcare, the facility Warden/Director and Commissioner while keeping classifications informed.
- e. If transportation is essential, the patient will wear a surgical mask.
- f. Notify receiving facility prior to transfer.
- g. Clean and disinfect the transport vehicle after transport.
- h. Provision of health care.
- i. Routine health care/mental health care will be provided at cell front or as instructed by healthcare staff.
- j. Medications will be given at cell front or dependent on physical plant and instructed by healthcare staff.
- k. Emergency medical needs will be assessed immediately by medical personnel, as required. Patient will be transported as deemed necessary.
- l. Meals will be provided by Food Services and delivered to the cell.
- m. The Unit staff will notify Food Services at the beginning of each shift the number of meals that are needed.
- n. Gloves will be worn when distributing and picking up trays.

## Environmental Cleaning:

- 1) Enhanced frequency of cleaning and disinfection procedures of high touch surfaces is recommended for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
- 2) Disinfectant must be EPA-approved as a hospital/healthcare or broad spectrum disinfectant.
- 3) Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

### **Site specific instructions:**

#### **NH State Prison for Men**

In the event of a positive or suspected COVID-19 resident case that establishes a need for quarantine (PPD 1073.00 COVID-19 Screening, Testing, and Infection Control Guideline), we have identified a plan to initiate immediate quarantine of the unit where the positive originated so that we can conduct an investigation of the resident's activity, to determine level of prolonged exposure with others. That investigation will help us determine the duration of extended quarantine efforts necessary for that unit. Quarantine response will be done in coordination with Medical & Forensic Services as the liaison to Public Health, and the DOC Commissioner's Office.

We will initiate immediate cleaning of the Unit/Area the positive or suspected patient originated from, to include all common areas. We will secure the property of any known positive/suspected resident and disinfect as able, i.e. clothes and bedding will be placed in water-soluble/haz-mat bags, and any items unable to be cleaned/disinfected will be placed in a bag, sealed and secured.

#### Upon notification of a positive or suspected COVID-19 case

- Major Fouts will coordinate with the Shift Commander's Office to take the lead on immediate implementation of the quarantine plan to include implementing operational changes/delivery of services.
- Deputy Warden Provencher will initiate Investigation efforts into the resident's activity/close contacts.
- Warden Edmark will initiate notifications and then assist Major Fouts and Deputy Warden Provencher.
- Delivery of services to impacted areas will occur with coordination of Director Maddaus, Administrator Hanson, and Medical & Forensics.

#### Recreation Activities/Initiatives for Units for consideration during quarantine:

- Periodic goodie bags for SHU and CCU
- Popcorn delivery
- Ice cream delivery
- Increased number of games/cards deployed for units
- Corn Hole Game to each unit
- Recreation tournaments by unit
- Increase movies on the rec channel
- TVs w/DVD
- Increase yard schedule

#### **NH Correctional Facility for Women**

#### Quarantine Housing

In the event that quarantine is not reasonably maintained within the housing unit and additional quarantine housing is required, the follow areas may be converted.

All non-affected residents would be move to the remaining non-quarantined unit.

Single, 12beds

= Double, 14 bunkbeds (28 beds)

= Double, 14 bunkbeds (28 beds)

Preparation Equipment for identified areas should include but not limited to:

- Appropriate access to PPE for staff and residents
- Bathroom facilities appropriate to the use of the space.
- Beds and Bedding
- Identified Healthcare resources
- Appropriate Hygiene and Sanitation materials
- Appropriate waste management materials and receptacles
- Cleaning and Disinfecting Practices Guidance

## **Northern NH Correctional Facility**

In the event of a positive or suspected positive COVID-19 resident case that establishes a need for quarantine, we will initiate immediate quarantine of the unit where the positive or suspected positive originated and the following procedure will be followed.

- Notifications made as soon as possible to Warden Riendeau and Major Newton by Shift Commander
- Initiate cleaning/disinfecting of the unit the positive or suspected positive originated, to include all common areas and individual resident's cells.
- We will secure the positive or suspected positive resident's property and disinfect as able, i.e. clothes and bedding will be placed in water-soluble/haz-mat bags, and any items unable to be cleaned/disinfected will be placed in a bag, sealed and secured.
- Major Newton will coordinate with the Shift commander and/or the Housing Captain to take the lead on implementing the plan and operational changes/delivery of services as needed.
- Major Newton will coordinate with the Operations Captain to initiate the investigation efforts into the resident's activities and close contacts.
- Warden Riendeau will initiate proper notifications to the Commissioner's Office, Division of Medical & Forensic Services Leadership and assist Major Newton.
- Delivery of services to impacted areas will occur with coordination of Director Maddaus, Administrator Hanson, and Medical & Forensics.
- We will work to determine the extent of the unit(s) requiring extended quarantine efforts. This effort will be done in coordination with Medical & Forensic Services as the liaison to Public Health, and the Commissioner's Office.

### Recreation Activities/Initiatives for Units for consideration

- Increased number of games on units
- Increased movies on rec channel
- TVs and DVD player on unit
- Snacks delivered, i.e. popcorn

Sources:

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

COVID-19 Guideline NHDOC

Mask Protocol NHDOC Final 3 2020

List of NHDOC Infection Control Nurses by Site as of March 2020-

Site	Name	General Telephone Contact
Secure Psychiatric Unit	AnnMarie McCooie	271-1839
NH Correctional Facility for Women	Chelsea Cahill	271-0874
NH State Prison for Men	Jennifer Fitzgerald	271-1853 or 271-6061
NH Correctional Facility for Men	Sarah Hicks	752-0345 or 752-0347

In the event one of the above staff are unavailable, contact the Director of Nursing Ryan Landry 271- 5631

## 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



CDC/ODPH

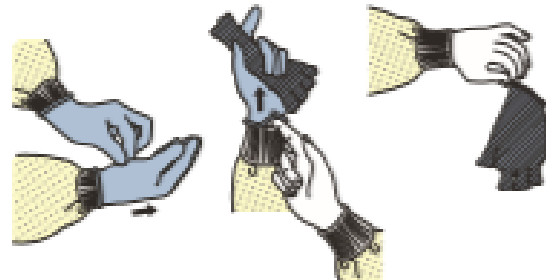
# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)

## 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

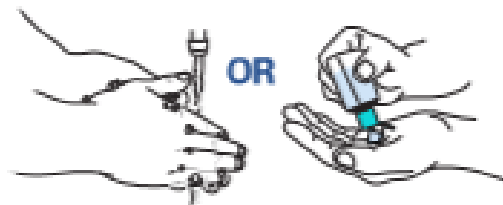


### 4. MASK OR RESPIRATOR

- 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**



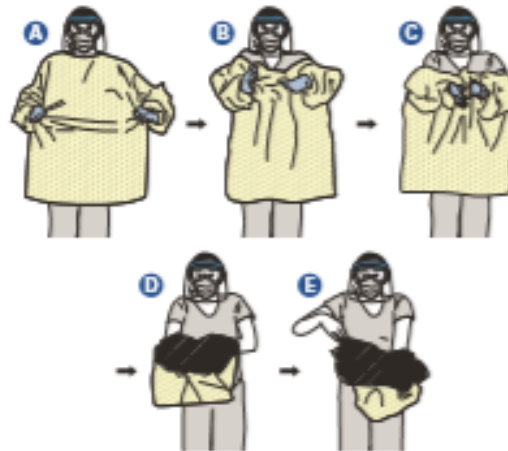
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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

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**



000007-04

# How to Remove Gloves

To protect yourself, use the following steps to take off gloves



Grasp the outside of one glove at the wrist.  
Do not touch your bare skin.



Peel the glove away from your body,  
pulling it inside out.



Hold the glove you just removed in  
your gloved hand.



Peel off the second glove by putting your fingers  
inside the glove at the top of your wrist.



Turn the second glove inside out while pulling  
it away from your body, leaving the first glove  
inside the second.



Dispose of the gloves safely. Do not reuse the gloves.



Clean your hands immediately after removing gloves.



## New Hampshire Department of Corrections Cleaners and Disinfectants Used by the NHDOC



### **Definitions – Cleaning vs. Disinfecting vs. Sanitizing**

**Cleaning removes germs**, dirt, and impurities from surfaces or objects. Cleaning works by using soap (or detergent) and water to physically remove germs from surfaces. This process does not necessarily kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

**Disinfecting kills germs** on surfaces or objects. Disinfecting works by using chemicals, for example EPA-registered disinfectants, to kill germs on surfaces or objects. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface after cleaning, it can further lower the risk of spreading infection.

**Sanitizing lowers the number of germs** on surfaces or objects to a safe level, as judged by public health standards or requirements. This process **works by either cleaning or disinfecting** surfaces or objects to lower the risk of spreading infection.

*Wear disposable gloves when cleaning, disinfecting, or sanitizing.*

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### **List of Cleaners and Disinfectants** (Consult the product packaging for complete directions for proper use)

#### **Mark E II – Disinfectant, Cleaner, Mildewstat, Non-Food Contact Sanitizer, Virucide, and Deodorizer**

Active Ingredient: Quaternary ammonium

EPA Registration #: 10324-108-3640

Description: A one-step germicidal, disinfectant, cleaner, and deodorant designed for general cleaning, disinfecting, deodorizing, and controlling mold and mildew on hard, non-porous surfaces.

Directions for Use: For cleaning, lightly spray on surfaces and wipe dry. For disinfecting, treated surfaces must remain wet for 10 minutes and allowed to air dry.

Effective against COVID-19? Yes (Contact Time: 10 minutes).



#### **Extra-Strength Cleaner**

Primary Ingredients: Anionic and nonionic surfactants.

Description: A non-flammable, medium-sudsing, industrial cleaner and degreaser. It is ideal for heavy-duty cleaning.

Directions for Use: Spray on surfaces and wipe dry.

Effective against COVID-19? No.



#### **Window Cleaner and Stainless Steel Cleaner**

Primary Ingredients: Propylene glycol methyl ether and surfactant.

Description: A super concentrated window cleaner that leaves hard surfaces free of streaks, soils, smudges, and grease.

Directions for Use: Apply a mist to entire surface, then wipe dry.

Effective against COVID-19? No.



## Air Freshener

Primary Ingredients: Water, fragrance, malodor eliminators, solubilizers, and dye.

Description: Spray into the air to leave area naturally clean and fresh smelling. Spray solution on carpets, fabrics, or hard surfaces to attack odors at their source.

Directions for Use: Spray into the air or onto surfaces.

Effective against COVID-19? No.



## Neutral Cleaner Concentrate

Primary Ingredients: Anionic, nonionic, and amphoteric surfactants.

Description: A mild concentrated cleaner designed for mopping floors and for cleaning all washable surfaces. It contains no caustic, abrasive, or harsh ingredients that mar fine floor finishes.

Directions for Use: Empty contents into warm water. Use for cleaning walls, floors, or on any washable surface.

Effective against COVID-19? No.



## Steramine – Food and Non-Food Contact Sanitizer

Active Ingredient: Quaternary ammonium.

EPA Registration #: 10324-63-3640

Description: For use as an effective one-step non-food contact sanitizer and cleaner on hard, non-porous, non-food contact surfaces. Formulated to sanitize on hard, non-porous surfaces such as: dishes, glassware, silverware, cooking utensils, and other similar size food processing equipment. For use in restaurants, food handling and process areas, bars, and institutional kitchens.

Directions for Use: For cleaning and sanitizing, pre-wash using a detergent or cleaner then immerse in diluted product or spray surfaces and allow to air dry (see product packaging for complete directions for food contact sanitizing).

Effective against COVID-19? Yes (Contact Time: 10 minutes).



## Pot 'N' Pan Cleaner

Primary Ingredients: Anionic and nonionic surfactants.

Description: A manual dishwashing liquid that removes grease and cooked-on foods from pots, pans, steam tables, and utensils.

Directions for Use: Empty contents into warm water to clean pots, pans, glasses, dishes, and utensils.

Effective against COVID-19? No.



## Multi-Scrub

Primary Ingredients: Benzyl alcohol, alcohol ethoxylate, sodium dodecyl diphenyl oxide disulfonate, and monoethanolamine.

Description: Designed for heavy duty cleaning and degreasing of floors, walls, tables, chairs, counters, equipment tanks, and other hard non-porous surfaces. Ideal for shower stalls, machines, and heavy oil and grease areas.

Directions for Use: See product packaging for complete directions for floor degreasing, oven cleaning, heavy-duty spray degreasing, and deep fryer cleaning.

Effective against COVID-19? No.



## **Other Chemicals Used for Disinfecting**

### **Alcohol-Based Sanitizers and Wipes**

Active Ingredients: Isopropyl alcohol (greater than 70%) or ethanol/ethyl alcohol (greater than 60%)

Effective against COVID-19? Yes (See product label for contact time).

### **Alcohol-Free Sanitizers and Wipes**

Active Ingredients: Povidone-iodine, benzalkonium chloride, or triclosan.

Effective against COVID-19? No, they are “less effective” and not endorsed by the CDC.

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## **Sources**

<https://www.cdc.gov>

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

<https://www.stearnspkg.com/>

New Hampshire State Prison for Men  
**Supervisor COVID Compliance Report**

# HOUSING UNIT

Housing Unit or Work Area: \_\_\_\_\_

Week Ending Date (Sun): \_\_\_\_\_

Form is to be put in place for the work-week beginning on Monday and left in the area through the following Sunday. The OIC (As designated by the Captain) will initial on the respective day of the week verifying that the associated tasks were completed to an appropriate standard and with the frequency directed. The Unit Captain or designee will collect this form, answer the operational questions, and submit the form to the Major no later than 4:00 pm on Tuesday after the week cycle has been completed.

***Unusual or concerning events should be reported to an appropriate authority without delay.***

<b>NOTE: Disinfectants must stay on surfaces for a minimum of TEN minutes</b>			Initials of Unit OIC or Area Supervisor							Notes
TASK	Cleaning and Sanitation	Frequency	M	T	W	T	F	S	S	
	Disinfect all doors, pull handles, door knobs, handrails, and any other common touch area.	Twice 1st/2nd shift & once on 3rd Shift								
	Disinfect all pod / tier / area tables, chairs, and any other commonly used furniture.	Twice 1st/2nd shift & once on 3rd Shift								
	Verify that unit cleaning and disinfecting supplies are available and adequate.	As needed - Ongoing								
	Direct cleaning <u>and</u> disinfecting of recreational and weight equipment after each use.	Each shift, as needed, ongoing								
	Direct and verify cleaning <u>and</u> disinfecting of loaner tablets after each use.	As needed - Ongoing								
	Direct and verify that every cell / holding cell / living area that becomes empty is fully cleaned <u>and</u> disinfected prior to new occupancy.	As needed - Ongoing								
	Direct and verify cleaning <u>and</u> disinfecting of loaner tablets after each use.	As needed - Ongoing								
	Direct and verify that every common use bathroom is cleaned <u>and</u> disinfected.	Twice 1st/2nd shift & once on 3rd Shift								
	Direct and verify that "staff only" areas are being cleaned <u>and</u> disinfected. (counters, touch screens, radios, telephones)	Each shift, as needed, ongoing								
	Direct and verify the cleaning <u>and</u> disinfecting of all security and restraint equipment (restraint chairs, handcuffs, leg irons, radios)	Each shift, as needed, ongoing								
	Verify compliance with current mask and social distancing directives (Staff and Resident)	Each shift, as needed, ongoing								
	Verify that housing moves are only being completed as necessary for reasons of security and safety.	Ongoing								

New Hampshire State Prison for Men  
**Supervisor COVID Compliance Report**

# HOUSING UNIT

## OPERATIONAL QUESTIONS

Please detail any insurmountable issues that you have had over this week with acquiring cleaning supplies or PPE.

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Please detail any unusual issues that you have had with managing compliance with mask wearing, opposing head sleeping assignments, and social distancing.

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Please detail any challenges that your unit is having with the compliance of any other COVID related directive or standard.

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Please detail any other operational concern that you may have related to COVID management

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Please give a general statement about your perception of resident morale over this week.

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## Notes

*By signing form, I affirm that this area is in compliance with all COVID 19 protocols and directives*

## Endorsement

\_\_\_\_\_  
Unit Captain

\_\_\_\_\_  
Date

New Hampshire State Prison for Men  
**Supervisor COVID Compliance Report**

**INTERIOR**

Work Area: \_\_\_\_\_

Week Ending Date (Sun): \_\_\_\_\_

Form is to be put in place for the work-week beginning on Monday and left in the area through the following Sunday. The OIC / area supervisor (As designated by the Captain) will initial on the respective day of the week verifying that the associated tasks were completed to an appropriate standard and with the frequency directed. The Shift Commander, or designee will collect this form, answer the operational questions, and submit the form to the Major no later than 4:00 pm on Tuesday after the week cycle has been completed.

***Unusual or concerning events should be reported to an appropriate authority without delay.***

NOTE: Disinfectants must stay on surfaces for a minimum of TEN minutes			Initials of Unit OIC or Area Supervisor							Notes
TASK	Cleaning and Sanitation	Frequency	M	T	W	T	F	S	S	
	Disinfect all doors, pull handles, door knobs, handrails, and any other common touch area.	Twice 1st/2nd shift & once on 3rd Shift								
	Disinfect all area tables, chairs, and any other commonly used furniture.	Twice 1st/2nd shift & once on 3rd Shift								
	Verify that area cleaning and disinfecting supplies area available and adequate.	Each shift, as needed, ongoing								
	Direct cleaning <u>and</u> disinfecting of common use equipment after each use.	As needed - Ongoing								
	Verify that Dining Halls are being cleaned <u>and</u> disinfected <b>after each group</b> . (N/A) for areas other than the Dining halls.	Each Shift, after each group								
	Direct and verify that every common use bathroom is cleaned <u>and</u> disinfected.	Twice 1st/2nd shift & once on 3rd Shift								
	Direct and verify that "staff only" areas are being cleaned <u>and</u> disinfected. (counters, touch screens, radios, telephones)	Each shift, as needed, ongoing								
	Direct and verify the cleaning <u>and</u> disinfecting of all security and restraint equipment (restraint chairs, handcuffs, leg irons, radios)	Each shift, as needed, ongoing								
	Verify compliance with current mask and social distancing directives (Staff and Resident)	Each shift, as needed, ongoing								

**OPERATIONAL QUESTIONS**

New Hampshire State Prison for Men  
**Supervisor COVID Compliance Report**

# INTERIOR

Please detail any insurmountable issues that you have had over this week with acquiring cleaning supplies or PPE.

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Please detail any unusual issues that you have had with managing compliance with mask wearing and social distancing.

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Please detail any challenges that your unit / area is having with the compliance of any other COVID related directive or standard.

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Please detail any other operational concern that you may have related to COVID management

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Detail the mechanisms that you have implemented to audit and verify compliance with current COVID management standards.

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Please give a general statement about your perception of resident morale over this week.

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## Notes

*By signing form, I affirm that this area is in compliance with all COVID 19 protocols and directives*

## Endorsement

\_\_\_\_\_  
Shift Commander

\_\_\_\_\_  
Date

New Hampshire State Prison for Men  
**Supervisor COVID Compliance Report**

**WORK AREA**

Housing Unit or Work Area: \_\_\_\_\_

Week Ending Date (Sun): \_\_\_\_\_

Form is to be put in place for the work-week beginning on Monday and left in the area through the following Sunday. The area supervisor will initial on the respective day of the week (N/A if the area is closed on a set day) verifying that the associated tasks were completed to an appropriate standard and with the frequency directed. The Area Supervisor will collect this form, answer the operational questions, and submit the form to the Major no later than 4:00 pm on Tuesday after the week cycle has been completed.

***Unusual or concerning events should be reported to an appropriate authority without delay.***

**NOTE: Disinfectants must stay on surfaces for a minimum of TEN minutes**

TASK	Cleaning and Sanitation	Frequency	Initials of Area Supervisor							Notes
			M	T	W	T	F	S	S	
	Disinfect all doors, pull handles, door knobs, handrails, and any other common touch area.	Twice 1st/2nd shift & once on 3rd Shift								
	Disinfect all area tables, chairs, and any other commonly used furniture.	Twice 1st/2nd shift & once on 3rd Shift								
	Verify that area cleaning and disinfecting supplies are available and adequate.	Each shift, as needed, ongoing								
	Direct cleaning <u>and</u> disinfecting equipment after each use or when the user / operator changes.	As needed - Ongoing								
	Direct and verify that every common use bathroom is cleaned <u>and</u> disinfected.	Twice per 8 hour work period.								
	Direct and verify that "staff only" areas are being cleaned <u>and</u> disinfected. (counters, touch screens, radios, telephones)	Each shift, as needed, ongoing								
	Direct and verify the cleaning and disinfecting of all security <u>and</u> restraint equipment (restraint chairs, handcuffs, leg irons, radios)	Each shift, as needed, ongoing								
	Verify compliance with current mask and social distancing directives (Staff and Resident)	Each shift, as needed, ongoing								

**OPERATIONAL QUESTIONS**

New Hampshire State Prison for Men  
**Supervisor COVID Compliance Report**

# WORK AREA

Please detail any insurmountable issues that you have had over this week with acquiring cleaning supplies or PPE.

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Please detail any unusual issues that you have had with managing compliance with mask wearing and social distancing.

---

---

Please detail any challenges that your area is having with the compliance of any other COVID related directive or standard.

---

---

Please detail any other operational concern that you may have related to COVID management

---

---

Please give a general statement about your perception of resident morale over this week.

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## Notes

*By signing form, I affirm that this area is in compliance with all COVID 19 protocols and directives*

## Endorsement

\_\_\_\_\_  
Area Supervisor

\_\_\_\_\_  
Date



# NH Department of Corrections

## Guidelines: Fire and EMS Personnel Access and Triage in Response to COVID-19

Site: NH Department of Corrections Facilities

Effective: 3/25/2020

Issued By: Commissioner Helen E. Hanks

This guideline outlines a protocol for coordination of community emergency response staff accessing prison facilities in order to respond to provide care during the COVID-19 pandemic.

In consultation with local EMS and Fire Services, the Department has agreed to establish, in line with measures of prevention, predetermined entry points for patient contact and healthcare triage.

Pursuant to Guidance Issued by NH DOS, Division of Fire Standards and Training & EMS:

NHDOC staff will expect to be asked a standard set of questions (as shown below) when you contact 911/Concord Fire such as below which will assist them in responding. Be prepared in advance of the call to 911 to answer these questions, NHDOC Nursing will assist:

### Snapshots from Card 36 Pandemic Protocol.

Per 911/Concord Fire all Incoming calls placed directly to the Communications Center:

Any request for medical aid for flu like symptoms and/or a sick person will initiate questioning to determine if the patient has any of the following symptoms:

- Fever
- Cough
- Difficulty Breathing/Shortness of Breath
- Muscle Aches
- Fatigue

This information will be disseminated amongst the 911 [REDACTED] staff as in the dispatch protocol as well as documented within their incident comment/narrative field.

**KEY QUESTIONS**

- What is the most prominent complaint?  
(Difficulty breathing)
  - Does s/he have difficulty speaking between breaths?  
i. (No) Describe to me what her/his breathing is like.
  - (INEFFECTIVE or DSBB) Did s/he have any flu symptoms prior to this?  
Yes & INEFFECTIVE \_\_\_\_\_  
Yes & DSBB \_\_\_\_\_  
No \_\_\_\_\_
- (Chest pain ≥ 35)
  - Has s/he ever had a heart attack or angina (heart pains)?  
Yes \_\_\_\_\_
- Is s/he completely alert (responding appropriately)?
- Is s/he changing color?  
a. (Yes) Describe the color change.
- Is s/he having chills or sweats?  
Yes & chest pain ≥ 35 \_\_\_\_\_
- Is s/he vomiting?  
Yes & chest pain ≥ 35 \_\_\_\_\_
- Does s/he have a new cough that recently started?
- Does s/he have a sore throat?
- Does s/he have unusual total body aches?
- Does s/he have a fever (hot to touch in room temperature)?

**KEY QUESTIONS (continued)**

- Does s/he have a runny or stuffy nose? \* see Rule 2
- Does s/he have diarrhea?
- Does s/he have a headache?  
a. (Yes & no other flu symptoms) Was there a sudden onset of severe pain?  
Yes \_\_\_\_\_
- Does s/he have any HIGH RISK conditions?  
No flu symptoms in KQ 4-12 \_\_\_\_\_

LEVELS	#	DETERMINANT DESCRIPTORS	→ S A B C	CODES: LEVEL 0 (S)
<b>D</b>	1	INEFFECTIVE BREATHING with flu symptoms		36-D-1
	2	DIFFICULTY SPEAKING BETWEEN BREATHS with flu symptoms		36-D-2
	3	Not alert with flu symptoms		36-D-3
	4	CHANGING COLOR with flu symptoms		36-D-4
<b>C</b>	1	Abnormal breathing with single flu symptom or Asthma/COPD		36-C-1
	2	Abnormal breathing with multiple flu symptoms		36-C-2
	3	Chest pain ≥ 35 with single flu symptom		36-C-3
	4	Chest pain ≥ 35 with multiple flu symptoms		36-C-4
	5	HIGH RISK conditions		36-C-5
<b>A</b>	1	Chest pain < 35 with single flu symptom		36-A-1
	2	Chest pain < 35 with multiple flu symptoms		36-A-2
	3	Flu symptoms only (cough, fever, chills, sweats, sore throat, vomiting, diarrhea, unusual total body aches, headache, etc.)		36-A-3

Alternative Access Points:

In an effort to reduce COVID-19 exposure to our facility from first responders engaged in the provision of community healthcare, each site will establish a reasonable predetermined location for EMS/Fire Service to respond in the event a patient can be safely moved for treatment by them. This location will be identified by the facility Warden/Director and provided to their local EMS/Fire Service.

Example: [REDACTED]

If a patient is too at risk if they are moved as assessed by NHDOC Healthcare staff, EMS/Fire Service will respond to the necessary facility/housing location to render aid. NHDOC Personnel will make every effort to limit EMS/Fire Service contact with uninvolved staff and residents.

Personal Protective Equipment (PPE):

EMS/Fire Service will come into the facility wearing appropriate PPE and will be informed of the PPE provided to and/or put on the patient prior to their arrival during the call to 911.

NHDOC staff are reminded to follow the NHDOC COVID-19 Guidelines to ensure appropriate response and application of PPE during these events.

In the event of an actual fire, the expectation will be the same as has been in any fire emergent situation prior to COVID-19.

Sources:

NHDOC, Division of Fire Standards and Training & EMS

List of NHDOC Infection Control Nurses by Site as of March 2020-

Site	Name	General Telephone Contact
Secure Psychiatric Unit	AnnMarie McCoole	271-1839
NH Correctional Facility for Women	Chelsea Cahill	271-0874
NH State Prison for Men	Jennifer Fitzgerald	271-1853 or 271-6061
NH Correctional Facility for Men	Sarah Hicks	752-0345 or 752-0347

In the event one of the above staff are unavailable, contact the Director of Nursing Ryan Landry 271- 5631



# How to Remove Gloves

To protect yourself, use the following steps to take off gloves



Grasp the outside of one glove at the wrist.  
Do not touch your bare skin.



Peel the glove away from your body,  
pulling it inside out.



Hold the glove you just removed in  
your gloved hand.



Peel off the second glove by putting your fingers  
inside the glove at the top of your wrist.



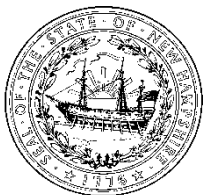
Turn the second glove inside out while pulling  
it away from your body, leaving the first glove  
inside the second.



Dispose of the gloves safely. Do not reuse the gloves.



Clean your hands immediately after removing gloves.



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF CORRECTIONS  
DIVISION OF FIELD SERVICES

Helen E. Hanks  
Commissioner

Robert Oxley  
Director

To: All Field Services  
From: Bob Oxley, Director  
Date: November 2, 2020  
Re: Visitor Access to District Offices to Aid in Prevention of COVID-19

Effective November 2, 2020

Each visitor is required to complete this form prior to entering facility District Office.

1. Do you have a Fever?

☐ YES ☐ NO

**If you have checked off - Yes to having a Fever, you do not need to continue filling out this form –  
Do NOT enter the office to have your temperature checked.**

Temperature: \_\_\_\_\_

Person taking temperature

Signature

Date

**If the temperature is 100.0°F or greater, entry shall be denied.**

Do you have any of the following symptoms?

	YES	NO		YES	NO		YES	NO
A cough?			Muscle or body aches or headache?			Fatigue?		
Shortness of breath or difficulty breathing?			Chills?			Congestion or runny nose?		
Sore throat?			Diarrhea			Nausea or vomiting?		
(Per NH Public Health/CDC Updates July 22, 2020)			New loss of taste or smell?			Diarrhea?		

2. Are you currently using, or have used in the last two weeks, cough suppressants, decongestant, Tylenol or other medications to reduce symptoms of cough, fever, or shortness of breath?

☐ YES ☐ NO

**If the visitor answers “yes” to two or more in question 2 and/or a “yes” in question 3 they shall be denied entry.**

3. In the past 14 days:

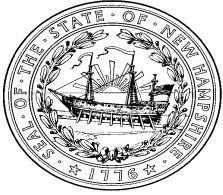
- Have you had contact or close association (6 feet or closer for at least 15 minutes) with any person who is known to have laboratory confirmed COVID-19 or with anyone who has symptoms consistent with COVID-19? ☐ YES ☐ NO
- Have you been asked to self-quarantine by NH Public Health or are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? ☐ YES ☐ NO
- Are you currently waiting on the result of a COVID-19 test? ☐ YES ☐ NO

**If the visitor answers “yes” to a, b or c in question 4, they shall be denied entry.**

Visitor Name

Visitor Signature

Date



STATE of NEW HAMPSHIRE  
DEPARTMENT of CORRECTIONS  
NEW HAMPSHIRE STATE PRISON

281 North State Street  
Concord New Hampshire 03301  
603-271-1801 Fax: 603-271-4092  
TDD Access: 1-800-735-2964

Helen Hanks  
Commissioner

Michelle Edmark  
Warden

To: Shift Commanders and staff assigned to the “Main Entrance” post

Subject: **Interim Post Directive “Main Entrance”**

From: Major Jon Fouts

**Effective Immediately – Until Further Notice**

March 13, 2020  
Revision: March 17, 2020

The primary purpose for this post is to:

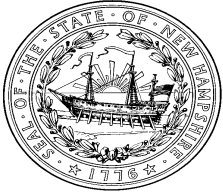
- Verify that any non-DOC person entering the facility has a definitive need to access.
  - If the need to access is at all in question, the officer will consult with the Shift Commander.
- Minimize the need for delivery personnel to travel beyond that point in the facility. Whenever reasonably possible, the Main Entrance officer will call the area that is receiving a delivery and ask that they report to the Main Entrance and retrieve the item(s). This will also be true for food deliveries.
- When it is determined that a person does have a need to move beyond this point in the facility, the officer will have the person complete a coronavirus screening form. Completed forms will be forwarded to Major Fouts at the end of each day. If a person refuses to complete this form, they will not be authorized to access.
- [REDACTED]
- During hours that this post is not manned, there will be a sign in place that directs persons hold at that location and to call 271-6161 (CP5) for assistance. The CP5 Officer is to then call the Shift Commander to dispatch a staff member to the Main Entrance to administrate the standards as defined in this memo.

As of March 17, 2020:

This post will now be staffed 24 hours per day / 7 days per week until further notice by one security staff member. Other staff will be assigned to assist during peak access periods.

Screening of staff will now occur:

- Staff will be asked to complete the COVID 19 Employee Screening Form prior to access.
- Based on the instructions on the form, the “**Designated Medical Screener” (HSC) will be contacted for any affirmative responses that the staff member provides. The DMS number for NHSP/M is 271-1853.**



**STATE of NEW HAMPSHIRE  
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**Helen Hanks  
Commissioner**

**Michelle Edmark  
Warden**

- If the DMS determines that they need to evaluate the staff member in person, the staff member is to stand by in the waiting room, on the front porch, or out front until the DMS arrives. They should be encouraged to exercise reasonable social distancing.
- The post officer will ensure that the general area is stocked with screening forms, appropriate cleaning material, forehead thermometers, and alcohol prep wipes for cleaning the thermometers. The Shift Commander should be contacted if any assistance is needed with supplies and materials.
- The posted officer should direct Resident workers to frequently clean all surfaces in this area

All persons entering the facility will have their temperature taken. Non-DOC personnel with a temperature in excess of 100.4 will not be allowed to access the facility. Staff with a temperature in excess of 100.4 are to be told to go home and to contact their supervisor and Human Resources coordinator.

Screening processes only need to occur once per duty day. A person that leaves and comes back a short time later does not need to be rescreened. "Reasonable discretion" is the standard as to how a "short time" is to be defined and applied. If there is any doubt as to if the staff member has been screened during that duty day, the screening is to happen again.

Jon Fouts, Major  
New Hampshire State Prison

# NH Department of Corrections



Guidelines: Exposures to COVID-19 Guidance for Staff	
Site: NH Department of Corrections Facilities	Effective: 4/14/2020
<b>Issued By:</b> Commissioner Helen E. Hanks; Ella Fredette, Human Resources Administrator	

This guidance document has been issued to assist NHDOC staff to outline the process for decisions regarding whether an NHDOC staff member needs to be self-monitoring, quarantined and/or tested for COVID-19. While this guidance document was drafted based on the most accurate information as of the effective date, the situation is fluid and subject to change based on multiple factors including community spread, Personnel Protective Equipment (PPE) availability and Statewide resources. Facility leadership and Human Resources will use sound judgement and the principals outlined in this guidance document to assess risk and determine if there is a need for work restrictions. This is only a guide, and should not be used to substitute the advice of a medical professional.

## Referenced language:

Unprotected exposures are defined as those exposures during which a staff member is not wearing all required Personal Protective Equipment based on the COVID-19 Screening, Testing and Infection Control Guideline and Attachment 8 *Personal Protective Equipment* issued by the NHDOC. PPE may include a face mask (or higher respiratory protection), eye protection, gloves, and/or a gown depending on the situation.

Intentionally Blank Section

The following chart was developed by the NH Emergency Operations Center for use by police, fire and EMS staff who are working directly in the community responding to symptomatic patients (it has similar relevance for our work environment):

## Risk of Exposure to Provider and Staff

Elements of Personal Protective Equipment (PPE) Worn by Provider/Staff	Patient Wearing Surgical Mask	Patient not wearing mask or intermittently pulling off mask
<b>No PPE</b> ○ Respirator* ○ Eye Protection ○ Gown/Gloves	MEDIUM	HIGH
<b>No Respirator</b> ○ Respirator* ● Eye Protection ● Gown/Gloves	MEDIUM	HIGH
<b>No Eye Protection</b> ● Respirator* ○ Eye Protection ● Gown/Gloves	LOW	MEDIUM
<b>No Gown/Gloves (unless prolonged body contact)</b> ● Respirator* ● Eye Protection ○ Gown/Gloves	LOW	LOW

- The risk category for these rows would be elevated by one level if HCP had extensive body contact with the patients (e.g., rolling the patient).
- The risk category for these rows would be elevated by one level if HCP performed or were present for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction).

### High- and Medium-risk Exposure Category

HCP in the high- or medium-risk category should undergo active monitoring, including restriction from work in any healthcare setting until 14 days after their last exposure. If they develop any fever (measured temperature  $>100.0^{\circ}\text{F}$  or subjective fever) OR respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)<sup>4</sup> they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority and healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation.

### Low-risk Exposure Category

HCP in the low-risk category should perform self-monitoring with delegated supervision until 14 days after the last potential exposure. Asymptomatic HCP in this category are not restricted from work. They should check their temperature twice daily and remain alert for respiratory symptoms consistent with COVID-19 (e.g., cough, shortness of breath, sore throat)<sup>4</sup>. They should ensure they are afebrile and asymptomatic before leaving home and reporting for work. If they do not have fever or respiratory symptoms they may report to work. If they develop fever (measured temperature  $\geq 100.0^{\circ}\text{F}$  or subjective fever) OR respiratory symptoms they should immediately self-isolate (separate themselves from others) and notify their local or state public health authority or healthcare facility promptly so that they can coordinate consultation and referral to a healthcare provider for further evaluation. On days HCP are scheduled to work, healthcare facilities could consider measuring temperature and assessing symptoms prior to starting work. Alternatively, facilities could consider having HCP report temperature and symptoms to occupational health prior to starting work. Modes of communication may include telephone calls or any electronic or internet-based means of communication.

\*\*\*HCP in this document stands for Health Care Practitioner.

\* The asterisk indicates “N-95 or higher level of respirator protection (as in an APR (air-purifying respirator); PAPR (powered air purifying respirator); or SCBA (self-contained breathing apparatus). In this circumstance it is assumed that the respiratory protection the responder is wearing is an N-95. However, as there is currently a shortage of N-95s, the CDC has issued the following statement:

- Facemasks are an acceptable alternative (to an N-95 mask) until the supply chain is restored. Respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure

*risk to responders. When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19*

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

Again, the above chart and corresponding narrative were developed for first responders and healthcare practitioners but does have a correlation to our daily work and can be used to guide situations as they arise.

Low-Risk exposures refer to brief interactions with symptomatic patients, or prolonged close contact with a symptomatic person who was wearing a face mask, and the staff was wearing a face mask (eye protection, and gloves further decrease risk).

Protected exposures are defined as those exposures where the staff is wearing the proper PPE (face mask, eye protection, gloves, and gown) for the situation. **These exposures do not require any further action.**

Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they develop symptoms of COVID-19; no medical care is given.

Prolonged close contact is being within six feet of a person with COVID-19 for at least 10 minutes without appropriate PPE or having unprotected direct contact with infectious secretions or excretions of the person. The 6-foot rule is clinically based and consistently widespread, and does not seem to be changing in the near future. However, there are varied opinions regarding the length of time for the encounter to be considered prolonged. The CDC offers the following on this topic: Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Recommendations vary on the length of time of exposure from 10 minutes or more to 30 minutes or more. In healthcare settings, it is reasonable to define a prolonged exposure as any exposure greater than a few minutes because the contact is with someone who is ill. Brief interactions are less likely to result in transmission; however, symptoms and the type of interaction (e.g., did the person cough directly into the face of the individual) remain important.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Symptoms of COVID-19 include: fever, cough, shortness of breath/difficulty breathing, fatigue, chills, nausea, and/or headache.

48 Hour Rule - takes into account new guidance from the CDC related to the viral shedding (being contagious) from a source patient for up to 48 hours prior to that patient becoming symptomatic. Meaning that once a person becomes symptomatic, they should recount the last 48 hours to consider who they may have had prolonged, close contact with, as these individuals may have been exposed. This may also apply to residents that staff have had an interaction with, a subject law enforcement has had an interaction with, or a fellow employee that a staff member may have been on shift with.

<https://www.cdc.gov/coronavirus/2019-ncov/php/public-health-recommendations.html>

Please understand that the defining contributors are subjective. Wardens/Directors and Human Resources need to use their best judgement based on the information and circumstances they are faced with, recognizing that each situation may present itself in a unique way. The decision to quarantine staff as opposed to having a staff member self-monitor can be based on factors other than just the possible exposure. Decisions may also be influenced by available staffing resources. A facility with sufficient staffing resources may be able to be more conservative and use a philosophy of “when in doubt, sit them out”. A facility with limited resources may have to take a different tactic, and keep staff members working and being monitored through the front door preventative screening and check ins with human resources unless a clear unprotected exposure occurred. When facing a limited staffing resource situation, this newly released CDC guide should be used:

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/critical-workers-implementing-safety-practices.pdf>

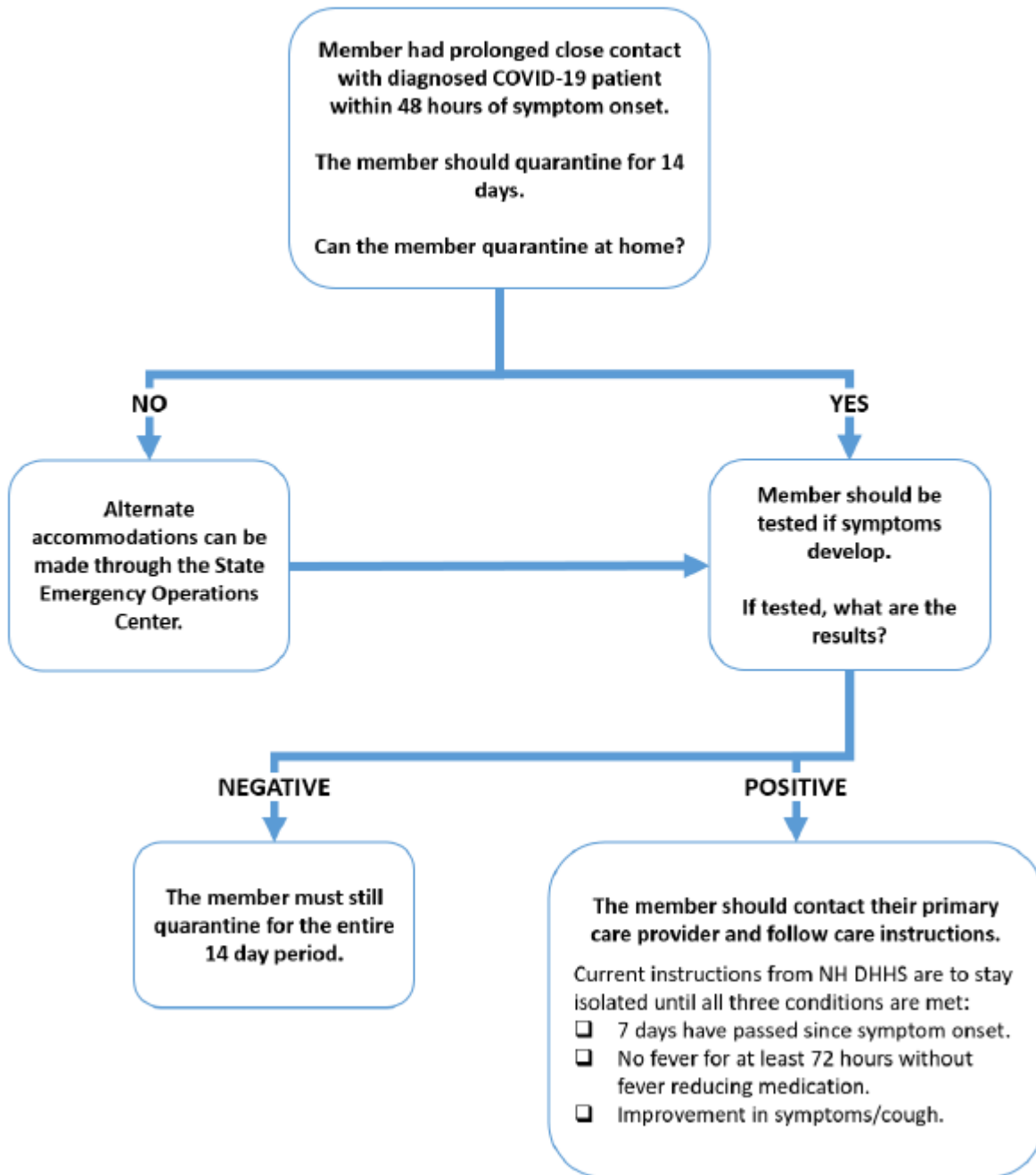
Unprotected Exposure Algorithms: Below are three separate and circumstantially specific algorithms that provide guidance on how to plan for and if necessary, react to the exposure or potential exposure of a staff member to someone with COVID-19. **Members involved in a low risk exposure do not need to follow the algorithms. The Member need only to self-monitor for any symptoms twice daily.** Members are reminded to report the first sign of any COVID-19 symptoms to their immediate supervisors.

*Guidance from the CDC for assessing risk and managing staff and healthcare personnel with potential COVID-19 exposure should be followed. **While we are currently recommending quarantine for asymptomatic members under algorithm #1 and #2, we may reach a point where facilities have exposed essential staff members wear a facemask while at work for the 14 days after the exposure event if there is a sufficient supply of facemasks and critical mass is reached on essential staffing.** If staff members develop even mild symptoms consistent with COVID-19, they must cease all work activities, and notify their supervisor prior to leaving work. For complete guidance, see CDC guidance at the websites provided below:*

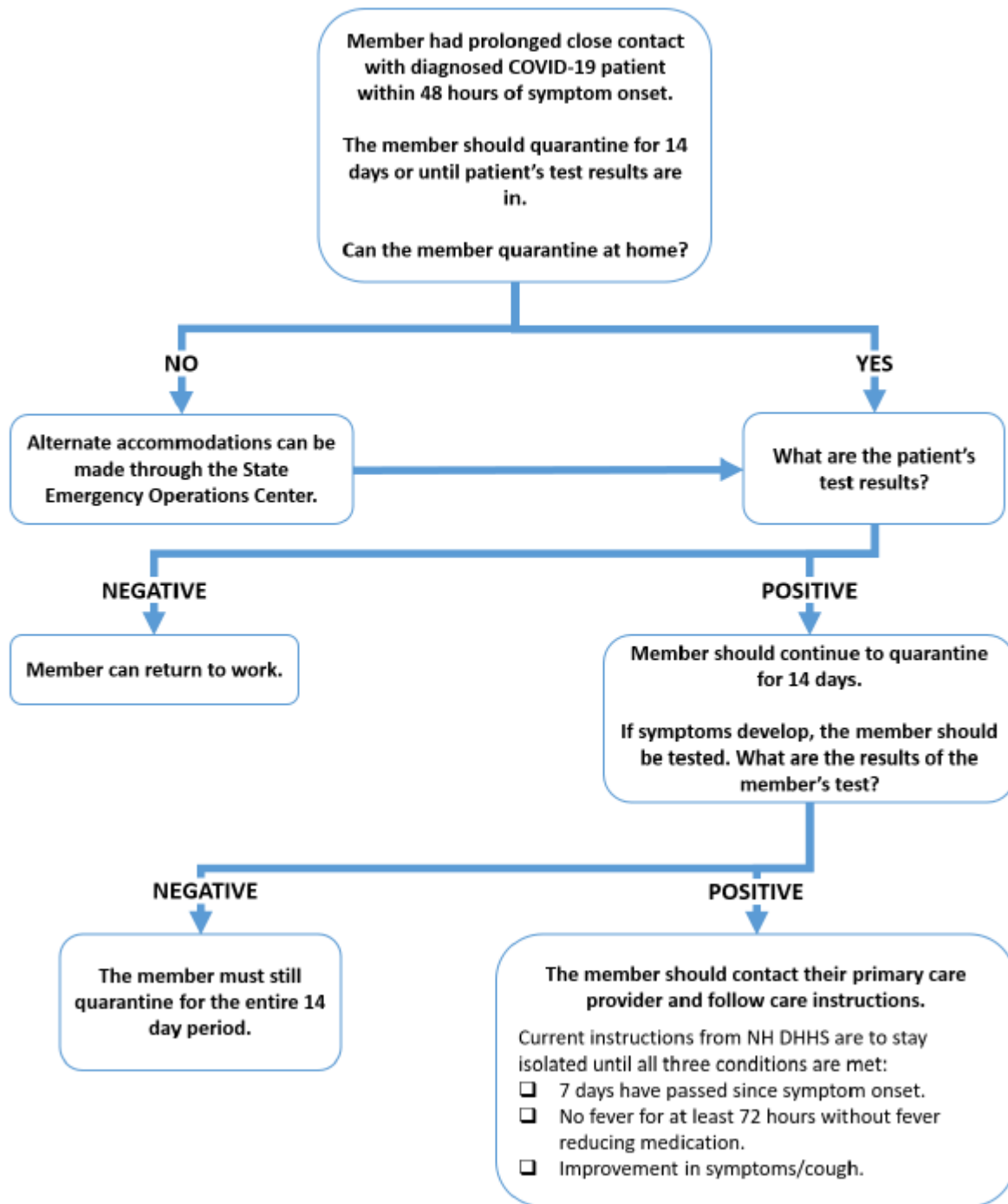
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

<https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html>

**UNPROTECTED EXPOSURE – CONFIRMED COVID-19 PATIENT - ALGORITHM #1**

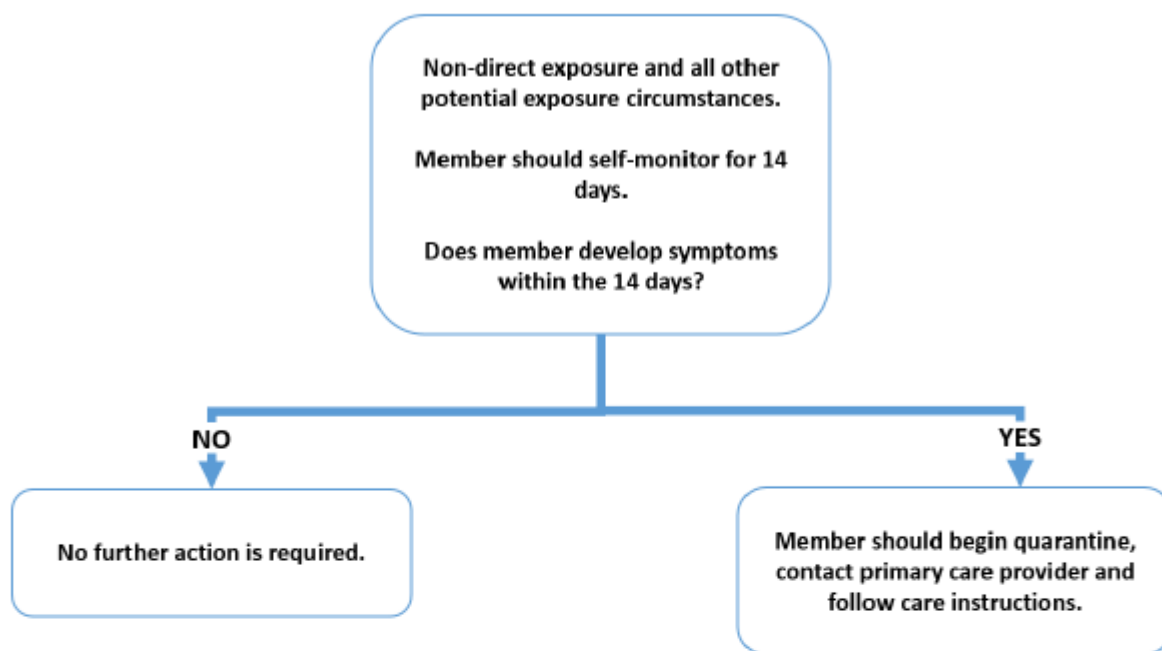


**UNPROTECTED EXPOSURE – SUSPECTED COVID-19 PATIENT - ALGORITHM #2**



In algorithm #3, staff can use this in examining their situation as it pertains to likely contacts in the community and/or during a working shift. There is a difference between an “asymptomatic” person and a “symptomatic” person, as a symptomatic person is actively coughing, sneezing and expelling potential contagious fluids when in contact with another person versus an asymptomatic person who is not actively expelling contagious fluids because they have not begun coughing, sneezing etc.

### **UNPROTECTED EXPOSURE – NON-DIRECT CONTACT - ALGORITHM #3**



#### **EXAMPLES:**

1. A Member has dinner with his sister, the next day he finds out that his sister visited her friend over the last couple of days and her friend has since been diagnosed with COVID-19. Neither the Member nor his sister are exhibiting any symptoms. The member does not need to quarantine unless the member or his sister develops symptoms.
2. A Member treats a patient with no COVID-19 symptoms and later learns that the patient had recently been in contact with someone who has been diagnosed with COVID-19. The COVID-19 subject was exhibiting symptoms during the contact with the patient. The Member is not exhibiting any symptoms. The member does not need to quarantine.
3. A Member treats a patient with no COVID-19 symptoms and later learns the patient recently returned from a trip out of the country, the Member is not exhibiting any symptoms. The member does not need to quarantine.
4. A Member's close family member who lives in the same residence has been in contact with someone who has a confirmed case of COVID-19. This family member must self-quarantine for 14 days and monitor for any symptoms. The member does not also need to quarantine unless the family member develops symptoms.
5. Members are working together through a shift, in the middle of the shift one member develops COVID-19 symptoms and is sent home for the remainder of the shift. The remaining Members need to evaluate the contact that they had with the symptomatic Member throughout the shift. If they had prolonged close contact, meaning they were within six feet of each other for generally more than 10 minutes, then they should refer to Algorithm 2 for guidance on how respond to the possible exposure. If they did not have prolonged close contact for any significant amount of time then the Member should refer to Algorithm 3 for guidance on how to respond to the possible exposure. Any other Member who had prolonged close contact with the symptomatic Member within the last 48 hours must also follow Algorithm 2.

# Interim Guidance for Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19

To ensure continuity of operations of essential functions, CDC advises that critical infrastructure workers may be permitted to continue work following potential exposure to COVID-19, provided they remain asymptomatic and additional precautions are implemented to protect them and the community.

A potential exposure means being a household contact or having close contact within 6 feet of an individual with confirmed or suspected COVID-19. The timeframe for having contact with an individual includes the period of time of 48 hours before the individual became symptomatic.

Critical Infrastructure workers who have had an exposure but remain asymptomatic should adhere to the following practices prior to and during their work shift:

- ▶ **Pre-Screen:** Employers should measure the employee's temperature and assess symptoms prior to them starting work. Ideally, temperature checks should happen before the individual enters the facility.
- ▶ **Regular Monitoring:** As long as the employee doesn't have a temperature or symptoms, they should self-monitor under the supervision of their employer's occupational health program.
- ▶ **Wear a Mask:** The employee should wear a face mask at all times while in the workplace for 14 days after last exposure. Employers can issue facemasks or can approve employees' supplied cloth face coverings in the event of shortages.
- ▶ **Social Distance:** The employee should maintain 6 feet and practice social distancing as work duties permit in the workplace.
- ▶ **Disinfect and Clean work spaces:** Clean and disinfect all areas such as offices, bathrooms, common areas, shared electronic equipment routinely.

If the employee becomes sick during the day, they should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. Information on persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled. Others at the facility with close contact within 6 feet of the employee during this time would be considered exposed.

Employers should implement the recommendations in the Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 to help prevent and slow the spread of COVID-19 in the workplace. Additional information about identifying critical infrastructure during COVID-19 can be found on the DHS CISA website or the CDC's specific First Responder Guidance page.

## INTERIM GUIDANCE

This interim guidance pertains to critical infrastructure workers, including personnel in 16 different sectors of work including:

- ▶ Federal, state, & local law enforcement
- ▶ 911 call center employees
- ▶ Fusion Center employees
- ▶ Hazardous material responders from government and the private sector
- ▶ Janitorial staff and other custodial staff
- ▶ Workers – including contracted vendors – in food and agriculture, critical manufacturing, informational technology, transportation, energy and government facilities

## ADDITIONAL CONSIDERATIONS

- ▶ Employees should not share headsets or other objects that are near mouth or nose.
- ▶ Employers should increase the frequency of cleaning commonly touched surfaces.
- ▶ Employees and employers should consider pilot testing the use of face masks to ensure they do not interfere with work assignments.
- ▶ Employers should work with facility maintenance staff to increase air exchanges in room.
- ▶ Employees should physically distance when they take breaks together. Stagger breaks and don't congregate in the break room, and don't share food or utensils.





DEPARTMENT OF CORRECTIONS  
STATE OF NEW HAMPSHIRE  
P. O. BOX 1806  
CONCORD, NH 03302-1806

**INTRA-DEPARTMENT MEMORANDUM**  
*Office of the Commissioner*

**FROM:** Helen E. Hanks  
Commissioner

**DATE:** March 23, 2020

**SUBJECT:** In-coming Mail

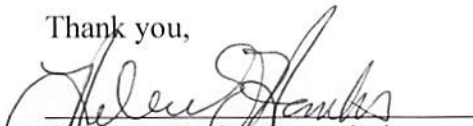
**OFFICE:** Commissioner's Office  
Phone: 271-5603

**TO:** All Staff and Residents

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Due to some concerns and research that is in question (<https://www.nih.gov/news-events/news-releases/new-coronavirus-stable-hours-surfaces>), in an abundance of caution, effective today until further notice, in-coming mail and packages will not be handled for a period of 24 hours.

Thank you,

  
Helen E. Hanks, Commissioner

## Recommendations for Responding to Correctional & Detention Facility Outbreaks of Coronavirus Disease 2019 (COVID-19) August 18, 2020

### Background

This guidance is intended to assist Correctional and Detention (C&D) Facilities to respond to outbreaks of COVID-19. Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with DPHS to ensure that individuals with suspected COVID-19 will be effectively isolated, evaluated, tested (if indicated), and given care. The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) COVID-19 Congregate Setting Investigation Unit will work closely with you if COVID-19 is identified in your facility.

All C&D facilities should adhere to current [CDC infection prevention and control recommendations](#), including universal source control measures; screening of incarcerated/detained persons and staff; and promptly notifying the health department (603-271-4496 or 603-271-5300 after hours) about any suspected/confirmed COVID-19 or cluster of new-onset respiratory symptoms among staff or incarcerated/detained persons.

### Immediate Actions

Upon identification of suspect or confirmed COVID-19 in your facility (among incarcerated/detained persons, staff, or visitors who have recently been inside) take the following immediate actions:

1. Place individuals with suspected or confirmed COVID-19 under medical isolation.
2. Quarantine their close contacts.
3. Facilitate necessary medical care.
4. Observe relevant infection control and environmental disinfection protocols and wearing recommended PPE.
5. Work with your investigator at DPHS to coordinate further [testing](#).

### Policies & Procedures

- Provide [clear information](#) to incarcerated/detained persons and staff about the presence of COVID-19 within the facility.
- Enforce use of universal [cloth face coverings](#) or facemasks ([if it can be worn safely](#)) and social distancing and encourage hygiene precautions.
- Consider implementing regular symptom screening and temperature checks in housing units that have *not* yet identified infections, until no additional infections have been identified in the facility for 14 days.
  - Because some incarcerated/detained persons are hesitant to report symptoms, it is very important to monitor for symptoms closely even though doing so is resource intensive. See [Screening](#) instructions below for a procedure to safely perform a temperature check.
- Exclude staff who are suspected or confirmed COVID-19 from work until they meet criteria for [ending home isolation](#).
- Staff identified as close contacts of someone with COVID-19 should be tested for SARS-CoV-2 and self-quarantine at home for 14 days, unless a [shortage of critical staff](#) precludes quarantine of those

who are asymptomatic.

- Consider additional options to intensify [social distancing](#) within the facility, such as staggering meal times or limiting group activities. Consult with your DPHS investigator if suspending all group activities is necessary.
- Restrict unnecessary movement within the facility.
  - Staff should maintain consistent duty assignments in the same area across shifts to prevent unnecessary movement between housing units. Especially staff assigned to isolation and quarantine units should restrict movement across the facility.
    - If these staff must serve multiple areas of the facility, ensure that they change PPE when leaving the isolation space. If PPE supplies necessitate reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination. For example, start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in an isolation unit. Ensure that staff are highly trained in [infection control practices](#), including use of [recommended PPE](#).
  - Consider utilizing telemedicine to evaluate persons with COVID-19 symptoms and other health conditions to limit movement of healthcare staff.
  - If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.
  - Minimize interactions between incarcerated/detained persons living in different housing units. For example, stagger mealtimes and recreation times.
  - Consider implementing broad movement restrictions.
- Ensure that work details include only incarcerated/detained persons from a single housing unit, supervised by staff who are normally assigned to the same housing unit.
  - If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries are made with extreme caution. For example, have a staff member from the work detail deliver prepared food to a set location, leave, and have a staff member from the delivery location pick it up. Clean and disinfect all coolers, carts, and other objects involved in the delivery.
- Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.
  - Refer to CDC [guidance for Emergency Medical Services \(EMS\)](#) on safely transporting individuals on isolation or quarantine for COVID-19 if necessary.
  - If the transport vehicle is not equipped with the features described in the EMS guidance, at minimum drive with the windows down and ensure that the fan is set to high, in non-recirculating mode. If the vehicle has a ceiling hatch, keep it open.
- Set up PPE donning/doffing stations as described in the PPE section [below](#).
- Incorporate COVID-19 prevention practices into release planning and re-entry programming as described in [CDC management guidance](#).

## Isolation for Confirmed or Suspected COVID-19

- As soon as an individual develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should be immediately placed under isolation in a separate environment from other individuals and [medically evaluated](#).
  - For medical evaluation, refer to CDC guidelines on [evaluation](#) and [testing](#). See CDC's [Infection Control](#) and [Clinical Care](#) sections as well.
  - Incarcerated/detained persons with symptoms are included in the high-priority group for

testing due to the high risk of transmission within congregate settings.

- If the individual's SARS-CoV-2 test is positive, continue isolation.
- If the SARS-CoV-2 [test](#) is negative, the individual can be returned to their prior housing assignment unless they require further medical assessment or care or if they need to be quarantined as a close contact of someone with COVID-19.
- Staff interacting with incarcerated/detained individuals with COVID-19 symptoms should wear [recommended PPE](#).
- Ensure that isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detained individuals, both in name and in practice. Because of limited individual housing spaces within many correctional and detention facilities, infected individuals are often placed in the same housing spaces that are used for solitary confinement. To avoid being placed in these conditions, incarcerated/detained individuals may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is *operationally* distinct from solitary confinement, even if the same housing spaces are used for both. For example:
  - Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
  - Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.
  - Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.
  - Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.
- Keep the individual's movement outside the medical isolation space to an absolute minimum.
  - Provide medical care to isolated individuals inside the medical isolation space, unless they need to be transferred to a healthcare facility. See CDC's [Infection Control](#) and [Clinical Care](#).
  - Serve meals inside the medical isolation space.
  - Exclude the individual from all group activities.
  - Assign the isolated individual(s) a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result. Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.
- Ensure that the individual is wearing a cloth face covering if they must leave the isolation space for any reason, and whenever another individual enters. Provide clean masks as needed. Masks should be washed routinely and changed when visibly soiled or wet.
- Avoid [transferring](#) infected individual(s) to another facility unless necessary for medical care.
- Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to:
  - Cover their mouth and nose with a tissue when they cough or sneeze
  - Dispose of used tissues immediately in the lined trash receptacle
  - [Wash hands](#) immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that [hand washing supplies](#) are stocked.
- Maintain isolation at least until [CDC criteria for discontinuing home-based isolation](#) have been met.
  - See information about the [data](#) informing the symptom-based strategy, and considerations for extended isolation periods for persons in congregate settings including corrections.
  - If persons will require ongoing care by medical providers, discontinuation of transmission-based precautions (PPE) should be based on similar criteria found [here](#).

- **If the facility is housing individuals with confirmed COVID-19 as a cohort:**
  - Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort.
  - Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, or with close contacts of individuals with confirmed or suspected COVID-19.
  - Do not house individuals with undiagnosed respiratory infection (who do not meet the criteria of suspected COVID-19) with individuals with suspected COVID-19.
  - Ensure that cohorted groups of people with confirmed COVID-19 wear cloth face coverings whenever anyone (including staff) enters the isolation space. (Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.)
  - Use one large space for cohorted isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across the facility.
  - If the facility is housing individuals with confirmed COVID-19 as a cohort, use a well-ventilated room with solid walls and a solid door that closes fully.

## Quarantining Close Contacts of Individuals with COVID-19

- Staff should wear [recommended PPE](#) as appropriate for their level of contact with the individuals under quarantine.
  - Staff supervising asymptomatic incarcerated/detained persons under [routine intake quarantine](#) (with no known exposure to someone with COVID-19) do not need to wear PPE but should still wear a cloth face covering as source control.
- Avoid mixing individuals quarantined due to exposure someone with COVID-19 with individuals undergoing routine intake quarantine.
- Work with your DPHS investigator in [contact tracing](#) to determine close contacts.
  - NH DPHS defines a close contact as *someone who was within 6 feet of an infected person for at least 10\* minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.* \*CDC uses 15 min.
  - Consider broad-based [testing](#) in order to identify infections and prevent further transmission if there is a large number of individuals with COVID-19 in the facility, because contact tracing may become difficult to manage.
- Quarantine close contacts of someone with confirmed or suspected COVID-19 (whether the infected individual is another incarcerated/detained person, staff member, or visitor) for 14 days:
  - If the close contact is tested for SARS-CoV-2 and [tests positive](#) for SARS-CoV-2, the individual should move to isolation rather than quarantined.
  - If quarantined individual is tested during quarantine and they [test negative](#), they should continue to quarantine for a full 14 days after last exposure.
  - If an individual is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result, they can be released from quarantine and [retesting](#) should be considered.
- Test [all close contacts](#) of persons with SARS-CoV-2 infection, regardless of whether the close contacts have symptoms.
  - Isolate those who test positive to prevent further transmission.
  - Asymptomatic close contacts testing negative should still quarantine for 14 days from their last exposure.
- Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.
  - Provide medical evaluation and care inside or near the quarantine space when possible.
  - Serve meals inside the quarantine space.
  - Exclude the quarantined individual from all group activities.

- Assign the quarantined individual a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result.
- Facilities should make every possible effort to individually quarantine close contacts of individuals with confirmed or suspected COVID-19.
- [Cohorting](#) multiple quarantined close contacts could transmit SARS-CoV-2 from those who are infected to those who are uninfected. **Cohorting should only be practiced if there are no other available options.**
  - If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 or who test positive for SARS-CoV-2 should be placed under [isolation](#) immediately. If an individual is removed from the cohort due to COVID-19 symptoms and tests positive (or is not tested), the 14-day quarantine clock should restart for the remainder of the quarantined cohort.
  - If an entire housing unit is under quarantine due to contact with an individual from the same housing unit who has COVID-19, the entire housing unit may need to be treated as a cohort and quarantine in place.
  - Do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.
  - If cohorting close contacts is absolutely necessary, be especially mindful of those who are at increased risk for severe illness from COVID-19. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the increased-risk individuals. (For example, intensify [social distancing strategies](#) for increased-risk individuals.)
- If single cells for isolation (of those with suspected COVID-19) and quarantine (of close contacts) are limited, prioritize them in rank order:
  - Individuals with suspected COVID-19 who are at [increased risk for severe illness](#)
  - Others with suspected COVID-19
  - Quarantined close contacts of someone with COVID-19 who are themselves at increased risk for severe illness from COVID-19
  - Other quarantined close contacts
- In order of preference, multiple quarantined individuals should be housed:
  - IDEAL: Separately, in single cells with solid walls (not bars) and solid doors that close fully
  - Separately, in single cells with solid walls but without solid doors
  - As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
  - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
  - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
  - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ [social distancing strategies related to housing in the Prevention section](#) to maintain at least 6 feet of space between individuals housed in the same cell.
  - As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ [social distancing strategies related to housing](#) to maintain at least 6 feet of space between individuals.

- Safely [transfer](#) to another facility with capacity to quarantine in one of the above arrangements. (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)
- If quarantined individuals leave the quarantine space for any reason, they should wear cloth face coverings as source control, if not already wearing them.
  - Quarantined individuals housed as a cohort should wear cloth face coverings at all times.
  - Quarantined individuals housed alone should wear cloth face coverings whenever another individual enters the quarantine space.
  - Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.
- Quarantined individuals should be [screened](#) for COVID-19 symptoms at least once per day (ideally twice per day) including temperature checks.
  - If an individual develops symptoms or tests positive for SARS-CoV-2, they should be moved to isolation (individually, and separately from those with confirmed COVID-19 and others with suspected COVID-19) immediately and further evaluated. (See [Isolation](#) section).
- If an individual who is part of a quarantined cohort becomes symptomatic:
  - If the individual is tested for SARS-CoV-2 and tests [positive](#): the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
  - If the individual is tested for SARS-CoV-2 and tests [negative](#): the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period as their symptoms and diagnosis allow.
  - If the individual is [not tested](#) for SARS-CoV-2: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.
- Quarantined individuals can be released from quarantine restrictions if they have not developed COVID-19 symptoms during the 14-day quarantine period.
  - Place any individuals testing positive under medical isolation, and if the individual testing positive was part of a quarantine cohort, restart the 14-day quarantine clock for the remainder of the cohort.
  - Consider [re-testing](#) individuals in quarantine cohort every 3-7 days to identify and isolate infected individuals and to minimize the amount of time infected individuals spend with the rest of the cohort.

## Verbal Screening and Temperature Check Protocols

Below, verbal screening questions for COVID-19 [symptoms](#) and contact with known cases, and a safe temperature check procedure are detailed.

- **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:**
  - *Today or in the past 24 hours, have you had any of the following symptoms?*
    - *Fever, or feeling feverish;*
    - *Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;*
    - *General body symptoms such as muscle aches, chills, and severe fatigue;*
    - *Gastrointestinal symptoms such as nausea, vomiting, or diarrhea, and*
    - *Changes in a person's sense of taste or smell.*

- *In the past 14 days, have you had [close contact](#) with a person known to be infected with the novel coronavirus (COVID-19)?*
- The following is a protocol to safely check an individual's temperature:
  - Perform [hand hygiene](#)
  - Put on a surgical mask, eye protection, gown/coveralls, and a single pair of disposable gloves
  - Check individual's temperature
  - If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
  - Remove and discard PPE

## Hand Hygiene, Cleaning & Disinfecting

- Continue to ensure that [hand hygiene supplies are well-stocked](#) in all areas of the facility.
- Continue to emphasize practicing good hand hygiene and cough etiquette.
- Continue adhering to recommended cleaning and disinfection procedures [for the facility at large](#).
- Adhere to [specific cleaning and disinfection procedures](#) for areas where individuals with COVID-19 spend time.
  - Ensure that staff and incarcerated/detained persons performing cleaning wear [recommended PPE](#).
  - Thoroughly and frequently [clean and disinfect](#) all areas where individuals with confirmed or suspected COVID-19 spend time.
    - After an individual has been medically isolated for COVID-19 close off areas that they have used prior to isolation. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest [air exchange conditions](#) before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
    - Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces with disinfectant that is [EPA-approved for use against COVID-19](#).
    - Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.
  - See [CDC Management Guidance, Cleaning](#) for detailed information on cleaning hard vs. soft surfaces, as well as electronics.
- Food service items:
  - Individuals under isolation or quarantine should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.
- [Laundry from individuals on isolation or quarantine](#) can be washed with other's laundry.
  - Individuals handling this laundry should wear disposable gloves and gown, discard after each use, and clean their hands immediately after.
  - Do not shake dirty laundry. This will minimize the possibility of dispersing virus.
  - Launder items as appropriate according to manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
  - Clean and disinfect clothes hampers according to [guidance for surfaces](#). If permissible, consider using a bag liner that is either disposable or can be laundered.

## Transmission Based Precautions & Personal Protective Equipment (PPE)

- Set up PPE donning/doffing/disposal stations that include:
  - A dedicated trash can for disposal of used PPE
  - A hand washing station or access to alcohol-based hand sanitizer
  - A poster demonstrating correct PPE donning and doffing procedures
- Staff should exercise caution and wear [recommended PPE](#) when in contact with individuals showing COVID-19 symptoms. Contact should be minimized to the extent possible until the infected individual is wearing a cloth face covering and staff are wearing PPE.
- Ensure that staff and incarcerated/detained persons are trained to doff PPE after they leave a space where PPE is required, as needed within the scope of their duties and work details. Ideally, staff should don clean PPE before entering a different space within the facility that also requires PPE.
  - If PPE shortages make it impossible for staff to change PPE when they move between different spaces within the facility, ensure that they are trained to move from areas of low exposure risk (“clean”) to areas of higher exposure risk (“dirty”) while wearing the same PPE, to minimize the risk of contamination across different parts of the facility.
- Ensure strict adherence to OSHA PPE requirements.
  - Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer’s [respiratory protection program](#). If individuals wearing N95s have facial hair, it should not protrude under the respirator seal, or extend far enough to interfere with the device’s valve function (see [OSHA regulations](#)).
  - See [CDC website](#) for PPE training materials and posters.
- Ensure that all staff are trained to perform hand hygiene after removing PPE.
- Ensure that PPE is readily available where and when needed.
- Recommended [PPE](#) for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with someone with COVID-19 and their close contacts.
- Reference [CDC’s PPE Optimization Strategies](#) to mitigate PPE shortages.

### Coordinate with the Congregate Setting Investigation Unit

#### Please prepare the following for the COVID-19 Congregate Setting Investigation Unit:

1. A current list of all COVID-19 positive incarcerated/detained persons and staff using the attached COVID-19 case line list. (Include the total number of staff and incarcerated/detained persons at your facility).
2. A daily update of all newly ill incarcerated/detained persons and staff using the line list form. Separate list for staff vs. incarcerated persons. The line list should reflect new symptoms, resolution of symptoms, hospitalizations, or deaths.
3. A facility floor plan that includes all units/wings/floors. Please mark off where COVID-19 positives are located.

This data should be sent using encryption to protect privacy and confidentiality. In order to ensure encryption, DHHS will provide you with instructions via email.

**Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional or Detention Facility during the COVID-19 Response**

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of someone with COVID-19*)	Use surgical masks or cloth face coverings as source control (NOTE: cloth face coverings are NOT PPE and may not protect the wearer. Prioritize cloth face coverings for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE.)				
Incarcerated/detained persons who have confirmed or suspected COVID-19, or showing symptoms of COVID-19					
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Incarcerated/detained persons cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC <a href="#">guidelines</a> for more details.			X	X
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of someone with COVID-19* (but not performing temperature checks or providing medical care)	Surgical mask, eye protection, and gloves as local supply and scope of duties allow.				
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	
Staff having direct contact with (including transport) or offering medical care to individuals with confirmed or suspected COVID-19 (See CDC <a href="#">infection control guidelines</a> ). For recommended PPE for staff performing collection of specimens for SARS-CoV-2 testing see the <a href="#">Standardized procedure for SARS-CoV-2 testing in congregate settings</a> .	X**		X	X	X
Staff present during a procedure on someone with confirmed or suspected COVID-19 that may generate infectious aerosols (See CDC <a href="#">infection control guidelines</a> )	X		X	X	X
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Staff cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC <a href="#">guidelines</a> for more details.			X	X

\* If a facility chooses to routinely quarantine all newly incarcerated/detained intakes (without symptoms or known exposure to someone with COVID-19) before integrating into the general population, surgical masks are not necessary. Cloth face coverings are recommended.

\*\*A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.



## Coronavirus Disease 2019 (COVID-19)

[MENU >](#)

# Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

Updated Oct. 21, 2020

[Print](#)

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of the date of posting, October 7, 2020.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.

This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available.

### A revision was made 10/21/2020 to reflect the following:

- Updated language for the close contact definition.

### A revision was made 10/7/2020 to reflect the following:

- Updated criteria for releasing individuals with confirmed COVID-19 from medical isolation (symptom-based approach).
- Added link to CDC Guidance for Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings
- Reorganized information on Quarantine into 4 sections: Contact Tracing, Testing Close Contacts, Quarantine Practices, and Cohorted Quarantine for Multiple Close Contacts

### A revision was made 7/14/20 to reflect the following:

- Added testing and contact tracing considerations for incarcerated/detained persons (including testing newly incarcerated or detained persons at intake; testing close contacts of cases; repeated testing of persons in cohorts of quarantined close contacts; testing before release). Linked to more detailed Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities.
- Added recommendation to consider testing and a 14-day quarantine for individuals preparing for release or transfer to another facility.
- Added recommendation that confirmed COVID-19 cases may be medically isolated as a cohort. (Suspected cases should be isolated individually.)

- Reduced recommended frequency of symptom screening for quarantined individuals to once per day (from twice per day).
- Added recommendation to ensure that PPE donning/doffing stations are set up directly outside spaces requiring PPE. Train staff to move from areas of lower to higher risk of exposure if they must re-use PPE due to shortages.
- Added recommendation to organize staff assignments so that the same staff are assigned to the same areas of the facility over time, to reduce the risk of transmission through staff movements.
- Added recommendation to suspend work release programs, especially those within other congregate settings, when there is a COVID-19 case in the correctional or detention facility.
- Added recommendation to modify work details so that they only include incarcerated/detained persons from a single housing unit.
- Added considerations for safely transporting individuals with COVID-19 or their close contacts.
- Added considerations for release and re-entry planning in the context of COVID-19.

## Intended Audience

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities (including but not limited to federal and state prisons, local jails, and detention centers), law enforcement agencies that have custodial authority for detained populations (i.e., U.S. Immigration and Customs Enforcement and U.S. Marshals Service), and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of SARS-CoV-2 (the virus that causes Coronavirus Disease 2019, or COVID-19) in their facilities. In general, the document uses terminology referring to correctional environments but can also be applied to civil and pre-trial detention settings.

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes.

**The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions.** Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying these principles or addressing topics that are not specifically covered in this guidance.

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## Guidance Overview

The guidance below includes detailed recommendations on the following topics related to COVID-19 in correctional and detention settings:

- ✓ Operational and communications preparations for COVID-19
- ✓ Enhanced cleaning/disinfecting and hygiene practices
- ✓ Social distancing strategies to increase space between individuals in the facility

- ✓ Strategies to limit transmission from visitors
- ✓ Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages
- ✓ Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors
- ✓ Testing considerations for SARS-CoV-2
- ✓ Medical isolation of individuals with confirmed and suspected COVID-19 and quarantine of close contacts, including considerations for cohorting when individual spaces are limited
- ✓ Healthcare evaluation for individuals with suspected COVID-19
- ✓ Clinical care for individuals with confirmed and suspected COVID-19
- ✓ Considerations for people who are at increased risk for severe illness from COVID-19

## Definitions of Commonly Used Terms

**Close contact of someone with COVID-19** – Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period\* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

*\* Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

**Cohorting** – In this guidance, cohorting refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals. See Quarantine and Medical Isolation sections below for specific details about ways to implement cohorting as a harm reduction strategy to minimize the risk of disease spread and adverse health outcomes.

**Community transmission of SARS-CoV-2** – Community transmission of SARS-CoV-2 occurs when individuals are exposed to the virus through contact with someone in their local community, rather than through travel to an affected location. When community transmission is occurring in a particular area, correctional facilities and detention centers are more likely to start seeing infections inside their walls. Facilities should consult with local public health departments if assistance is needed to determine how to define “local community” in the context of SARS-CoV-2 spread. However, because all states have reported cases, all facilities should be vigilant for introduction of the virus into their populations.


**Confirmed vs. suspected COVID-19** – A person has **confirmed COVID-19** when they have received a positive result from a COVID-19 viral test (antigen or PCR test) but they may or may not have symptoms. A person has **suspected COVID-19** if they show symptoms of COVID-19 but either have not been tested via a viral test or are awaiting test results. If their test result is positive, suspected COVID-19 is reclassified as confirmed COVID-19.

**Incarcerated/detained persons** – For the purpose of this document, “incarcerated/detained persons” refers to persons held in a prison, jail, detention center, or other custodial setting. The term includes those who have been sentenced (i.e., in prisons) as well as those held for pre-trial (i.e., jails) or civil purposes (i.e., detention centers). Although this guidance does not specifically reference individuals in every type of custodial setting (e.g., juvenile facilities, community confinement facilities), facility administrators can adapt this guidance to apply to their specific circumstances as needed.

**Masks** – Masks cover the nose and mouth and are intended to help prevent people who have the virus from transmitting it to others, even if they do not have symptoms. CDC recommends wearing cloth masks in public settings where social distancing measures are difficult to maintain. Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control. If everyone wears a mask in congregate settings, the risk of exposure to SARS-CoV-2 can be reduced. Anyone who has trouble breathing or is unconscious, incapacitated, younger than 2 years of age or otherwise unable to remove the mask without assistance should not wear a mask (for more details see How to Wear Masks). **CDC does not recommend use of masks for source control if they have an exhalation valve or vent).** Individuals working under conditions that require PPE should not use a cloth mask when a surgical mask or N95 respirator is indicated (see Table 1). Surgical masks and N95 respirators should be reserved for situations where the wearer needs PPE. Detailed recommendations for wearing a mask can be found [here](#).

**Medical isolation** – Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established criteria for release from isolation, in consultation with clinical providers and public health officials. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion, and should ensure that the conditions in medical isolation spaces are distinct from those in punitive isolation.

**Quarantine** – Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last for 14 days after the exposure has ended. Ideally, each quarantined individual should be housed in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, and/or a quarantined individual receives a positive viral test result for SARS-CoV-2, the individual should be placed under medical isolation and evaluated by a healthcare professional. If symptoms do not develop during the 14-day period and the individual does not receive a positive viral test result for SARS-CoV-2, quarantine restrictions can be lifted. (NOTE: Some facilities may also choose to implement a “routine intake quarantine,” in which individuals newly incarcerated/detained are housed separately or as a group for 14 days before being integrated into general housing. This type of quarantine is conducted to prevent introduction of SARS-CoV-2 from incoming individuals whose exposure status is unknown, rather than in response to a known exposure to someone infected with SARS-CoV-2.)

**Social distancing** – Social distancing is the practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals would be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Social distancing can be challenging to practice in correctional and detention environments; examples of potential social distancing strategies for correctional and detention facilities are detailed in the guidance below. Social distancing is vital for the prevention of respiratory diseases such as COVID-19, especially because people who have been infected with SARS-CoV-2 but do not have symptoms can still spread the infection. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this CDC publication  [900 KB, 36 pages]

**Staff** – In this document, “staff” refers to all public or private-sector employees (e.g., contracted healthcare or food service workers) working within a correctional facility. Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff, including private facility operators.

**Symptoms** – Symptoms of COVID-19 include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell. This list is not exhaustive. Other less common symptoms have been reported, including nausea and vomiting. Like other respiratory infections, COVID-19 can vary in severity from mild to severe, and pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations at increased risk for severe illness are not yet fully understood. Monitor the CDC website for updates on symptoms.

## Facilities with Limited Onsite Healthcare Services

Although many large facilities such as prisons and some jails employ onsite healthcare staff and have the capacity to evaluate incarcerated/detained persons for potential illness within a dedicated healthcare space, many smaller facilities do not. Some of these facilities have access to on-call healthcare staff or providers who visit the facility every few days. Others have neither onsite healthcare capacity nor onsite medical isolation/quarantine space and must transfer ill patients to other correctional or detention facilities or local hospitals for evaluation and care.

The majority of the guidance below is designed to be applied to any correctional or detention facility, either as written or with modifications based on a facility’s individual structure and resources. However, topics related to healthcare evaluation and clinical care of persons with confirmed and suspected COVID-19 infection and their close contacts may not apply directly to facilities with limited or no onsite healthcare services. It will be especially important for these types of facilities to coordinate closely with their state, local, tribal, and/or territorial health department when they identify incarcerated/detained persons or staff with confirmed or suspected COVID-19, in order to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed. The guidance makes note of strategies tailored to facilities without onsite healthcare where possible.

Note that all staff in any sized facility, regardless of the presence of onsite healthcare services, should observe guidance on recommended PPE in order to ensure their own safety when interacting with persons with confirmed or suspected COVID-19 infection.

## COVID-19 Guidance for Correctional Facilities

Guidance for correctional and detention facilities is organized into 3 sections: Operational Preparedness, Prevention, and Management of COVID-19. Recommendations across these sections should be applied simultaneously based on the progress of the outbreak in a particular facility and the surrounding community.

- **Operational Preparedness.** This guidance is intended to help facilities prepare for potential SARS-CoV-2 transmission in the facility. Strategies focus on operational and communications planning, training, and personnel practices.
- **Prevention.** This guidance is intended to help facilities prevent spread of SARS-CoV-2 within the facility and between the community and the facility. Strategies focus on reinforcing hygiene practices; intensifying cleaning and disinfection of the facility; regular symptom screening for new intakes, visitors, and staff; continued communication with incarcerated/detained persons and staff; social distancing measures; as well as testing symptomatic and asymptomatic individuals in correctional and detention facilities. Refer to the Interim Guidance on Testing for SARS-CoV-2 in Correctional and Detention Facilities for additional considerations regarding testing in correctional and detention settings.
- **Management.** This guidance is intended to help facilities clinically manage persons with confirmed or suspected COVID-19 inside the facility and prevent further transmission of SARS-CoV-2. Strategies include medical isolation and care of incarcerated/detained persons with COVID-19 (including considerations for cohorting), quarantine and testing of close contacts, restricting movement in and out of the facility, infection control practices for interactions with

persons with COVID-19 and their quarantined close contacts or contaminated items, intensified social distancing, and cleaning and disinfecting areas where infected persons spend time.

## Operational Preparedness

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the symptoms of COVID-19 and the importance of reporting those symptoms if they develop. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, training staff on proper use of personal protective equipment (PPE) that may be needed in the course of their duties, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they may temporarily alter daily life.

## Communication and Coordination

### ✓ Develop information-sharing systems with partners.

- Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before SARS-CoV-2 infections develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.
- Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.
- Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
- Where possible, put plans in place with other jurisdictions to prevent individuals with confirmed or suspected COVID-19 and their close contacts from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.
- Stay informed about updates to CDC guidance via the CDC COVID-19 website as more information becomes known.

### ✓ Review existing influenza, all-hazards, and disaster plans, and revise for COVID-19.

- Train staff on the facility's COVID-19 plan. All personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms of the disease are, and what measures are being implemented and can be taken by individuals to prevent or minimize the transmission of SARS-CoV-2.
- Ensure that **separate** physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate individuals with confirmed COVID-19 (individually or cohorted), 2) isolate individuals with suspected COVID-19 (individually – do not cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected individuals and/or close contacts are identified and require medical isolation or quarantine simultaneously. See Medical Isolation and Quarantine sections below for more detailed cohorting considerations.
- Facilities without onsite healthcare capacity should make a plan for how they will ensure that individuals with suspected COVID-19 will be isolated, evaluated, tested, and provided necessary medical care.
- Make a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity.
- Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the disease transmission patterns change.

✓ **Coordinate with local law enforcement and court officials.**

- Identify legally acceptable alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of SARS-CoV-2
- Consider options to prevent overcrowding (e.g., diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies where allowable).

✓ **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signs throughout the facility and communicate this information verbally on a regular basis. Sample signage and other communications materials are available on the CDC website.** Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low-vision.

- **For all:**
  - Practice good cough and sneeze etiquette: Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
  - Practice good hand hygiene: Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating; before and after preparing food; before taking medication; and after touching garbage.
  - Wear masks, unless PPE is indicated.
  - Avoid touching your eyes, nose, or mouth without cleaning your hands first.
  - Avoid sharing eating utensils, dishes, and cups.
  - Avoid non-essential physical contact.
- **For incarcerated/detained persons:**
  - the importance of reporting symptoms to staff
  - Social distancing and its importance for preventing COVID-19
  - Purpose of quarantine and medical isolation
- **For staff:**
  - Stay at home when sick
  - If symptoms develop while on duty, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home, contacting a healthcare provider as soon as possible to determine whether evaluation or testing is needed, and contacting a supervisor.

## Personnel Practices

✓ **Review the sick leave policies of each employer that operates within the facility.**

- Review policies to ensure that they are flexible, non-punitive, and actively encourage staff not to report to work when sick.
- Determine which officials will have the authority to send symptomatic staff home.

✓ **Identify duties that can be performed remotely.** Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of SARS-CoV-2

✓ **Plan for staff absences.** Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.

- Identify critical job functions and plan for alternative coverage.
- Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.
- Review CDC guidance on safety practices for critical infrastructure workers (including correctional officers, law enforcement officers, and healthcare workers) who continue to work after a potential exposure to SARS-CoV-2.
- Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.

✓ **Consider offering revised duties to staff who are at increased risk for severe illness from COVID-19.** Persons at increased risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, moderate to severe asthma, heart disease, chronic kidney disease, severe obesity, and diabetes. See CDC's website for a complete list and check regularly for updates as more data become available.

- Consult with occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to SARS-CoV-2.

✓ **Make plans in advance for how to change staff duty assignments to prevent unnecessary movement between housing units during a COVID-19**

- If there are people with COVID-19 inside the facility, it is **essential** for staff members to maintain a consistent duty assignment in the same area of the facility across shifts to prevent transmission across different facility areas.
- Where feasible, consider the use of telemedicine to evaluate persons with COVID-19 symptoms and other health conditions to limit the movement of healthcare staff across housing units.

✓ **Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season.** Symptoms of COVID-19 are similar to those of influenza. Preventing influenza in a facility can speed the detection of COVID-19 and reduce pressure on healthcare resources.

✓ **Reference the Occupational Safety and Health Administration website [\[link\]](#) for recommendations regarding worker health.**

✓ **Review CDC's guidance for businesses and employers to identify any additional strategies the facility can use within its role as an employer, or share with others.**

## Operations, Supplies, and PPE Preparations

✓ **Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available and have a plan in place to restock as needed.**

- Standard medical supplies for daily clinic needs
- Tissues
- Liquid or foam soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing. Ensure a sufficient supply of soap for each individual.
- Hand drying supplies, such as paper towels or hand dryers
- Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
- Cleaning supplies, including EPA-registered disinfectants effective against SARS-CoV-2 [\[link\]](#), the virus that causes COVID-19

- Recommended PPE (surgical masks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See PPE section and Table 1 for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when surgical masks are acceptable alternatives to N95s. Visit CDC's website for a calculator to help determine rate of PPE usage.
- Cloth face masks for source control
- SARS-CoV-2 specimen collection and testing supplies

✓ **Make contingency plans for possible PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.**

- See CDC guidance optimizing PPE supplies.


✓ **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting, where security concerns allow.** If soap and water are not available, CDC recommends cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty, and place dispensers at facility entrances/exits and in PPE donning/doffing stations.

✓ **Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing.** (See Hygiene section below for additional detail regarding recommended frequency and protocol for hand washing.)

- Provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing, and ensure that individuals do not share bars of soap.

✓ **If not already in place, employers operating within the facility should establish a respiratory protection program as appropriate, to ensure that staff and incarcerated/detained persons are fit-tested for any respiratory protection they will need within the scope of their responsibilities.**

✓ **Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.**

- See Table 1 for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with persons with COVID-19 or their close contacts.
- Visit CDC's website for PPE donning and doffing training videos and job aids  [2.9 MB, 3 pages]

✓ **Prepare to set up designated PPE donning and doffing areas outside all spaces where PPE will be used. These spaces should include:**

- A dedicated trash can for disposal of used PPE
- A hand washing station or access to alcohol-based hand sanitizer
- A poster demonstrating correct PPE donning and doffing procedures

✓ **Review CDC and EPA guidance for cleaning and disinfecting of the facility.**

## Prevention

Cases of COVID-19 have been documented in all 50 US states. Correctional and detention facilities can prevent introduction of SARS-CoV-2 and reduce transmission if it is already inside by reinforcing good hygiene practices among incarcerated/detained persons, staff, and visitors (including increasing access to soap and paper towels), intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with SARS-CoV-2 do not display symptoms, the virus could be present in facilities before infections are identified. Good hygiene practices, vigilant symptom screening, wearing cloth face masks (if not contraindicated), and social distancing are critical in preventing further transmission.

Testing symptomatic and asymptomatic individuals and initiating medical isolation for suspected and confirmed cases and quarantine for close contacts, can help prevent spread of SARS-CoV-2.

## Operations

✓ Stay in communication with partners about your facility's current situation.

- State, local, territorial, and/or tribal health departments
- Other correctional facilities

✓ Communicate with the public about any changes to facility operations, including visitation programs.

✓ Limit transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.

- If a transfer is absolutely necessary:

- Perform verbal screening and a temperature check as outlined in the Screening section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for suspected COVID-19 infection – including giving the individual a cloth face mask (unless contraindicated), if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2.
- Ensure that the receiving facility has capacity to properly quarantine or isolate the individual upon arrival.
- See Transportation section below on precautions to use when transporting an individual with confirmed or suspected COVID-19.

✓ Make every possible effort to modify staff assignments to minimize movement across housing units and other areas of the facility. For example, ensure that the same staff are assigned to the same housing unit across shifts to prevent cross-contamination from units where infected individuals have been identified to units with no infections.

✓ Consider suspending work release and other programs that involve movement of incarcerated/detained individuals in and out of the facility, especially if the work release assignment is in another congregate setting, such as a food processing plant.

✓ Implement lawful alternatives to in-person court appearances where permissible.

✓ Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for possible COVID-19 symptoms, to remove possible barriers to symptom reporting.


✓ Limit the number of operational entrances and exits to the facility.

✓ Where feasible, consider establishing an on-site laundry option for staff so that they can change out of their uniforms, launder them at the facility, and wear street clothes and shoes home. If on-site laundry for staff is not feasible, encourage them to change clothes before they leave the work site, and provide a location for them to do so. This practice may help minimize the risk of transmitting SARS-CoV-2 between the facility and the community.

## Cleaning and Disinfecting Practices

✓ Even if COVID-19 has not yet been identified inside the facility or in the surrounding community, implement intensified cleaning and disinfecting procedures according to the recommendations below. These measures can help prevent spread of SARS-CoV-2 if introduced, and if already present through asymptomatic infections.

✓ Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response. Monitor these recommendations for updates.

- Visit the CDC website for a tool to help implement cleaning and disinfection.
- Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).
- Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.
- Use household cleaners and EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19  as appropriate for the surface.
- Follow label instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use, and around people. Clean according to label instructions to ensure safe and effective use, appropriate product dilution, and contact time. Facilities may consider lifting restrictions on undiluted disinfectants (i.e., requiring the use of undiluted product), if applicable.

✓ Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.

✓ Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.

## Hygiene

✓ Encourage all staff and incarcerated/detained persons to wear a cloth face mask as much as safely possible, to prevent transmission of SARS-CoV-2 through respiratory droplets that are created when a person talks, coughs, or sneezes ("source control").

- Provide masks at no cost to incarcerated/detained individuals and launder them routinely.
- Clearly explain the purpose of masks and when their use may be contraindicated. Because many individuals with COVID-19 do not have symptoms, it is important for everyone to wear masks in order to protect each other: "My mask protects you, your mask protects me."
- Ensure staff know that cloth masks should not be used as a substitute for surgical masks or N95 respirators that may be required based on an individual's scope of duties. Cloth masks are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer.
- Surgical masks may also be used as source control but should be conserved for situations requiring PPE.

✓ Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).

✓ Provide incarcerated/detained persons and staff no-cost access to:

- Soap – Provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing, and ensure that individuals are not sharing bars of soap.
- Running water, and hand drying machines or disposable paper towels for hand washing
- Tissues and (where possible) no-touch trash receptacles for disposal
- Face masks

✓ Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions. Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.

✓ Communicate that sharing drugs and drug preparation equipment can spread SARS-CoV-2 due to potential contamination of shared items and close contact between individuals.

## Testing for SARS-CoV-2

Correctional and detention facilities are high-density congregate settings that present unique challenges to implementing testing for SARS-CoV-2, the virus that causes COVID-19. Refer to Testing guidance for details regarding testing strategies in correctional and detention settings.

## Prevention Practices for Incarcerated/Detained Persons

✓ Provide cloth face masks (unless contraindicated) and perform pre-intake symptom screening and temperature checks for all new entrants in order to identify and immediately place individuals with symptoms under medical isolation. Screening should take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry, before beginning the intake process. See Screening section below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see PPE section below).

- If an individual has symptoms of COVID-19:
  - Require the individual to wear a mask (as much as possible, use cloth masks in order to reserve surgical masks for situations requiring PPE). Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.
  - Ensure that staff who have direct contact with the symptomatic individual wear recommended PPE.
  - Place the individual under medical isolation and refer to healthcare staff for further evaluation. (See Infection Control and Clinical Care sections below.)
  - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care. See Transport section and coordinate with the receiving facility.
- If an individual is an asymptomatic close contact of someone with COVID-19:
  - Quarantine the individual and monitor for symptoms at least once per day for 14 days. (See Quarantine section below.)
  - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care. See Transport section and coordinate with the receiving facility.

✓ Consider strategies for testing asymptomatic incarcerated/detained persons without known SARS-CoV-2 exposure for early identification of SARS-CoV-2 in the facility.

Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of symptoms), and to minimize mixing of individuals from different housing units. Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:

- Common areas:

- Enforce increased space between individuals in holding cells as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area).

- Recreation:

- Choose recreation spaces where individuals can spread out
- Stagger time in recreation spaces (clean and disinfect between groups).
- Restrict recreation space usage to a single housing unit per space (where feasible).

- Meals:

- Stagger meals in the dining hall (one housing unit at a time; clean and disinfect between groups).
- Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table).
- Provide meals inside housing units or cells.

- Group activities:

- Limit the size of group activities.
- Increase space between individuals during group activities.
- Suspend group programs where participants are likely to be in closer contact than they are in their housing environment.
- Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.

- Housing:

- If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.)
- Arrange bunks so that individuals sleep head to foot to increase the distance between their faces.
- Minimize the number of individuals housed in the same room as much as possible.
- Rearrange scheduled movements to minimize mixing of individuals from different housing areas.

- Work details:

- Modify work detail assignments so that each detail includes only individuals from a single housing unit.

- Medical:

- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering individuals' sick call visits.
- Stagger pill line, or stage pill line within individual housing units.
- Identify opportunities to implement telemedicine to minimize the movement of healthcare staff across multiple housing units and to minimize the movement of ill individuals through the facility.
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake symptom screening process before they move to other parts of the facility.

✓ Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.

✓ Provide up-to-date information about COVID-19 to incarcerated/detained persons on a regular basis. As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education). Updates should address:

- Symptoms of COVID-19 and its health risks
- Reminders to report COVID-19 symptoms to staff at the first sign of illness
  - Address concerns related to reporting symptoms (e.g., being sent to medical isolation), explain the need to report symptoms immediately to protect everyone, and explain the differences between medical isolation and solitary confinement.
- Reminders to use masks as much as possible
- Changes to the daily routine and how they can contribute to risk reduction

## Prevention Practices for Staff

✓ When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with COVID-19 symptoms while interviewing, escorting, or interacting in other ways, and to wear recommended PPE if closer contact is necessary.

✓ Ask staff to keep interactions with individuals with COVID-19 symptoms as brief as possible.

✓ Remind staff to stay at home if they are sick. Ensure staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.

✓ Consider strategies for testing asymptomatic staff without known SARS-CoV-2 exposure for early identification of SARS-CoV-2 in the facility.

- Follow guidance from the Equal Employment Opportunity Commission [\[1\]](#) when offering testing to staff. Any time a positive test result is identified, relevant employers should:
  - Ensure that the individual is rapidly notified, connected to appropriate medical care, and advised how to self-isolate.
  - Inform other staff about their possible exposure in the workplace but should maintain the infected employee's confidentiality as required by the Americans with Disabilities Act [\[2\]](#).

✓ Perform verbal screening and temperature checks for all staff daily on entry. See Screening section below for wording of screening questions and a recommended procedure to safely perform temperature checks.

- In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
- Send staff home who do not clear the screening process, and advise them to follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.

✓ Provide staff with up-to-date information about COVID-19 and about facility policies on a regular basis, including:

- Symptoms of COVID-19 and its health risks
- Employers' sick leave policy

✓ If staff develop a fever or other symptoms of COVID-19 while at work, they should immediately put on a mask (if not already wearing one), inform their supervisor, leave the facility, and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.

✓ Staff identified as close contacts of someone with COVID-19 should self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine.

- Staff identified as close contacts should self-monitor for symptoms and seek testing.
- Refer to CDC guidelines for further recommendations regarding home quarantine.
- To ensure continuity of operations, critical infrastructure workers (including corrections officers, law enforcement officers, and healthcare staff) may be permitted to continue work following potential exposure to SARS-CoV-2, provided that they remain *asymptomatic* and additional precautions are implemented to protect them and others.
  - **Screening:** The facility should ensure that temperature and symptom screening takes place daily before the staff member enters the facility.
  - **Regular Monitoring:** The staff member should self-monitor under the supervision of their employer's occupational health program. If symptoms develop, they should follow CDC guidance on isolation with COVID-19 symptoms.
  - **Wear a Mask:** The staff member should wear a mask (unless contraindicated) at all times while in the workplace for 14 days after the last exposure (if not already wearing one due to universal use of masks).
  - **Social Distance:** The staff member should maintain 6 feet between themselves and others and practice social distancing as work duties permit.
  - **Disinfect and Clean Workspaces:** The facility should continue enhanced cleaning and disinfecting practices in all areas including offices, bathrooms, common areas, and shared equipment.

✓ Staff with confirmed or suspected COVID-19 should inform workplace and personal contacts immediately. These staff should be required to meet CDC criteria for ending home isolation before returning to work. Monitor CDC guidance on discontinuing home isolation regularly, as circumstances evolve rapidly.

## Prevention Practices for Visitors

✓ Restrict non-essential vendors, volunteers, and tours from entering the facility.

✓ If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.

✓ Require visitors to wear masks (unless contraindicated), and perform verbal screening and temperature checks for all visitors and volunteers on entry. See Screening section below for wording of screening questions and a recommended procedure to safely perform temperature checks.

- Staff performing temperature checks should wear recommended PPE.
- Exclude visitors and volunteers who do not clear the screening process or who decline screening.

✓ Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.

✓ Provide visitors and volunteers with information to prepare them for screening.

- Instruct visitors to postpone their visit if they have COVID-19 symptoms.

- If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.
- Display signage outside visiting areas explaining the COVID-19 symptom screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.

✓ **Promote non-contact visits:**

- Encourage incarcerated/detained persons to limit in-person visits in the interest of their own health and the health of their visitors.
- Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.
- Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.

✓ **Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.**

- If moving to virtual visitation, clean electronic surfaces regularly after each use. (See Cleaning guidance below for instructions on cleaning electronic surfaces.)
- Inform potential visitors of changes to, or suspension of, visitation programs.
- Clearly communicate any visitation program changes to incarcerated/detained persons, along with the reasons for them (including protecting their health and their family and community members' health).
- If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.

NOTE: Suspending visitation should only be done in the interest of incarcerated/detained persons' physical health and the health of the general public. Visitation is important to maintain mental health. If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them.

## Management

If there is an individual with suspected COVID-19 inside the facility (among incarcerated/detained persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing individuals with suspected or confirmed COVID-19 under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and environmental disinfection protocols and wearing recommended PPE.

Testing symptomatic and asymptomatic individuals (incarcerated or detained individuals and staff) and initiating medical isolation for suspected and confirmed cases and quarantine for close contacts, can help prevent spread of SARS-CoV-2 in correctional and detention facilities. Continue following recommendations outlined in the Preparedness and Prevention sections above.

## Operations

- ✓ Coordinate with state, local, tribal, and/or territorial health departments. When an individual has suspected or confirmed COVID-19, notify public health authorities and request any necessary assistance with medical isolation, evaluation, and clinical care, and contact tracing and quarantine of close contacts. See Medical Isolation, Quarantine and Clinical Care sections below.
- ✓ Implement alternate work arrangements deemed feasible in the Operational Preparedness section.
- ✓ Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.
- ✓ Set up PPE donning/doffing stations as described in the Preparation section.
- ✓ If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (separately from other individuals who are quarantined due to contact with someone who has COVID-19). This practice is referred to as routine intake quarantine.
- ✓ Consider testing all newly incarcerated/detained persons before they join the rest of the population in the correctional or detention facility.
- ✓ Minimize interactions between incarcerated/detained persons living in different housing units, to prevent transmission from one unit to another. For example, stagger mealtimes and recreation times, and consider implementing broad movement restrictions.
- ✓ Ensure that work details include only incarcerated/detained persons from a single housing unit, supervised by staff who are normally assigned to the same housing unit.
  - If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries are made with extreme caution. For example, have a staff member from the work detail deliver prepared food to a set location, leave, and have a staff member from the delivery location pick it up. Clean and disinfect all coolers, carts, and other objects involved in the delivery.
- ✓ Incorporate COVID-19 prevention practices into release planning.
  - Consider implementing a release quarantine (ideally in single cells) for 14 days prior to individuals' projected release date.
  - Consider testing individuals for SARS-CoV-2 before release, particularly if they will be released to a congregate setting or to a household with persons at increased risk for severe illness from COVID-19.
  - Screen all releasing individuals for COVID-19 symptoms and perform a temperature check (see Screening section below.)
    - If an individual does not clear the screening process, follow the protocol for suspected COVID-19 – including giving the individual a mask, if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2 testing.
    - If the individual is released from the facility before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.
    - Before releasing an incarcerated/detained individual who has confirmed or suspected COVID-19, or who is a close contact of someone with COVID-19, contact local public health officials to ensure they are aware of the individual's release and anticipated location. If the individual will be released to a community-based

facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation or quarantine as needed.

✓ **Incorporate COVID-19 prevention practices into re-entry programming.**

- Ensure that facility re-entry programs include information on accessing housing, social services, mental health services, and medical care within the context of social distancing restrictions and limited community business operations related to COVID-19.
  - Provide individuals about to be released with COVID-19 prevention information, hand hygiene supplies, and masks.
  - Link individuals who need medication-assisted treatment for opioid use disorder to substance use, harm reduction, and/or recovery support systems [\[7\]](#). If the surrounding community is under movement restrictions due to COVID-19, ensure that referrals direct releasing individuals to programs that are continuing operations.
  - Link releasing individuals to Medicaid enrollment and healthcare resources [\[8\]](#), including continuity of care for chronic conditions that may place an individual at increased risk for severe illness from COVID-19.
  - When possible, encourage releasing individuals to seek housing options among their family or friends in the community, to prevent crowding in other congregate settings such as homeless shelters. When linking individuals to shared housing, link preferentially to accommodations with the greatest capacity for social distancing.

## Hygiene

- ✓ Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility (see above).
- ✓ Continue to emphasize practicing good hand hygiene and cough etiquette (see above).

## Cleaning and Disinfecting Practices

- ✓ Continue adhering to recommended cleaning and disinfection procedures for the facility at large (see above).
- ✓ Reference specific cleaning and disinfection procedures for areas where individuals with COVID-19 spend time (see below).

## Management of Incarcerated/Detained Persons with COVID-19 Symptoms

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with local public health officials to ensure that individuals with suspected COVID-19 will be effectively isolated, evaluated, tested (if indicated), and given care.

- ✓ Staff interacting with incarcerated/detained individuals with COVID-19 symptoms should wear recommended PPE (see Table 1).
- ✓ If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.

✓ Incarcerated/detained individuals with COVID-19 symptoms should wear a mask (if not already wearing one, and unless contraindicated) and should be placed under medical isolation immediately. See Medical Isolation section below.

✓ Medical staff should evaluate symptomatic individuals to determine whether SARS-CoV-2 testing is indicated. Refer to CDC guidelines for information on evaluation and testing. See Infection Control and Clinical Care sections below as well. Incarcerated/detained persons with symptoms are included in the high-priority group for testing in CDC's recommendations due to the high risk of transmission within congregate settings.

- If the individual's SARS-CoV-2 test is positive, continue medical isolation. (See Medical Isolation section below.)
- If the SARS-CoV-2 test is negative, the individual can be returned to their prior housing assignment unless they require further medical assessment or care or if they need to be quarantined as a close contact of someone with COVID-19.

✓ Work with public health or private labs, as available, to access testing supplies or services.

## Medical Isolation of Individuals with Confirmed or Suspected COVID-19

**NOTE:** Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity, or without sufficient space to implement effective medical isolation, should coordinate with local public health officials to ensure that individuals with confirmed or suspected COVID-19 will be appropriately isolated, evaluated, tested, and given care.

✓ As soon as an individual develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should be given a mask (if not already wearing one and if it can be worn safely), immediately placed under medical isolation in a separate environment from other individuals, and medically evaluated.

✓ Ensure that medical isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detained individuals, both in name and in practice.

Because of limited individual housing spaces within many correctional and detention facilities, infected individuals are often placed in the same housing spaces that are used for solitary confinement. To avoid being placed in these conditions, incarcerated/detained individuals may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is *operationally* distinct from solitary confinement, even if the same housing spaces are used for both. For example:

- Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
- Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.
- Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.

✓ Keep the individual's movement outside the medical isolation space to an absolute minimum.

- Provide medical care to isolated individuals inside the medical isolation space, unless they need to be transferred to a healthcare facility. See Infection Control and Clinical Care sections for additional details.
- Serve meals inside the medical isolation space.
- Exclude the individual from all group activities.
- Assign the isolated individual(s) a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result. Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.

✓ **Ensure that the individual is wearing a mask if they must leave the medical isolation space for any reason, and whenever another individual enters.** Provide clean masks as needed. Masks should be washed routinely and changed when visibly soiled or wet.

✓ **If the facility is housing individuals with confirmed COVID-19 as a cohort:**

- Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, with close contacts of individuals with confirmed or suspected COVID-19, or with those with undiagnosed respiratory infection who do not meet the criteria for suspected COVID-19.
- Ensure that cohorted groups of people with confirmed COVID-19 wear masks whenever anyone else (including staff) enters the isolation space. (Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.)
- When choosing a space to cohort groups of people with confirmed COVID-19, use a well-ventilated room with solid walls and a solid door that closes fully.
- Use one large space for cohorted medical isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.

✓ **If possible, avoid transferring infected individual(s) to another facility unless necessary for medical care. If transfer is necessary, see Transport section for safe transport guidance.**

✓ **Staff assignments to isolation spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible.** These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see PPE section below) and should limit their own movement between different parts of the facility.

- If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the isolation space. If a shortage of PPE supplies necessitates reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination. For example, start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in an isolation unit. Ensure that staff are highly trained in infection control practices, including use of recommended PPE.

✓ **Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle.** Instruct them to:

- Cover their mouth and nose with a tissue when they cough or sneeze
- Dispose of used tissues immediately in the lined trash receptacle
- Wash hands immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked.

✓ Maintain medical isolation at least until CDC criteria for discontinuing home-based isolation have been met. These criteria have changed since CDC corrections guidance was originally issued and may continue to change as new data become available. Monitor the sites linked below regularly for updates. This content will not be outlined explicitly in this document due to the rapid pace of change.

- CDC's recommended strategy for release from home-based isolation can be found in the *Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings Interim Guidance*.
- Detailed information about the data informing the symptom-based strategy, and considerations for extended isolation periods for persons in congregate settings including corrections, can be found [here](#).
- If persons will require ongoing care by medical providers, discontinuation of transmission-based precautions (PPE) should be based on similar criteria found [here](#).

## Cleaning Spaces where Individuals with COVID-19 Spend Time

✓ Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE. (See PPE section below.)

✓ Thoroughly and frequently clean and disinfect all areas where individuals with confirmed or suspected COVID-19 spend time.

- After an individual has been medically isolated for COVID-19, close off areas that they have used prior to isolation. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions (consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions) before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
- Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in Prevention section).
- Clean and disinfect areas used by infected individuals on an ongoing basis during medical isolation.


✓ Hard (non-porous) surface cleaning and disinfection

- If surfaces are soiled, they should be cleaned using a detergent or soap and water prior to disinfection.
- Consult the list of products that are EPA-approved for use against the virus that causes COVID-19 [\[link\]](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
- If EPA-approved disinfectants are not available, diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted.
  - Use bleach containing 5.25%–8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified.
  - Follow the manufacturer's application instructions for the surface, ensuring a contact time of at least 1 minute.
  - Ensure proper ventilation during and after application.
  - Check to ensure the product is not past its expiration date.
  - Never mix household bleach with ammonia or any other cleanser. This can cause fumes that may be very dangerous to breathe in.
- Prepare a bleach solution by mixing:
  - 5 tablespoons (1/3<sup>rd</sup> cup) of 5.25%–8.25% bleach per gallon of room temperature water

OR

- 4 teaspoons of 5.25%–8.25% bleach per quart of room temperature water
- Bleach solutions will be effective for disinfection up to 24 hours.
- Alcohol solutions with at least 70% alcohol may also be used.

#### ✓ Soft (porous) surface cleaning and disinfection

- For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
  - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
  - Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19  and are suitable for porous surfaces.

#### ✓ Electronics cleaning and disinfection

- For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
  - Follow the manufacturer's instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on CDC's website.

✓ **Food service items.** Individuals under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.

#### ✓ Laundry from individuals with COVID-19 can be washed with other's laundry.

- Individuals handling laundry from those with COVID-19 should wear a mask, disposable gloves, and a gown, discard after each use, and clean their hands immediately after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air. Ensure that individuals performing cleaning wear recommended PPE (see PPE section below).
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

## Transporting Individuals with Confirmed and Suspected COVID-19 and Quarantined Close Contacts

✓ Refer to CDC guidance for Emergency Medical Services (EMS) on safely transporting individuals with confirmed or suspected COVID-19. This guidance includes considerations for vehicle type, air circulation, communication with the receiving facility, and cleaning the vehicle after transport.

- If the transport vehicle is not equipped with the features described in the EMS guidance, at minimum drive with the windows down and ensure that the fan is set to high, in non-recirculating mode. If the vehicle has a ceiling hatch, keep it open.


✓ Use the same precautions when transporting individuals under quarantine as close contacts of someone with COVID-19.

✓ See Table 1 for the recommended PPE for staff transporting someone with COVID-19.

## Managing Close Contacts of Individuals with COVID-19

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space to implement effective quarantine should coordinate with local public health officials to ensure that close contacts of individuals with COVID-19 will be effectively quarantined and medically monitored


### *Contact Tracing*

✓ To determine who is considered a close contact of an individual with COVID-19, see definition of close contact and the Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan  [12 Kb, 1 page] for more information.

✓ Contact tracing can be a useful tool to help contain disease outbreaks. When deciding whether to perform contact tracing, consider the following:

- Have a plan in place for how close contacts of individuals with COVID-19 will be managed, including quarantine logistics.
- Contact tracing can be especially impactful when:
  - There is a small number of infected individuals in the facility or in a particular housing unit. Aggressively tracing close contacts can help curb transmission before many other individuals are exposed.
  - The infected individual is a staff member or an incarcerated/detained individual who has had close contact with individuals from other housing units or with other staff. Identifying those close contacts can help prevent spread to other parts of the facility.
  - The infected individual is a staff member or an incarcerated/detained individual who has recently visited a community setting. In this situation, identifying close contacts can help reduce transmission from the facility into the community.
- Contact tracing may be more feasible and effective in settings where incarcerated/detained individuals have limited contact with others (e.g., celled housing units), compared to settings where close contact is frequent and relatively uncontrolled (e.g., open dormitory housing units).
- If there is a large number of individuals with COVID-19 in the facility, contact tracing may become difficult to manage. Under such conditions, consider broad-based testing in order to identify infections and prevent further transmission.
- Consult CDC recommendations for Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings for further information regarding selecting a testing location, ensuring proper ventilation and PPE usage, setting up testing stations and supplies, and planning test-day operations.


### *Testing Close Contacts*

✓ Testing is recommended for all close contacts  [12 KB, 1 page] of persons with SARS-CoV-2 infection, regardless

of whether the close contacts have symptoms.

- Medically isolate those who test positive to prevent further transmission (see Medical Isolation section above).
- Asymptomatic close contacts testing negative should be placed under quarantine precautions for 14 days from their last exposure.

### *Quarantine for Close Contacts (who test negative)*

✓ Incarcerated/detained persons who are close contacts of someone with confirmed or suspected COVID-19 (whether the infected individual is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days. (Refer to the Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan  [12 KB, 1 page] for more information):

- If a quarantined individual is tested again during quarantine and they remain negative, they should continue to quarantine for the full 14 days after last exposure and follow all recommendations of local public health authorities.
- If an individual is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result, they can be released from quarantine. See Interim Guidance on Testing for SARS-CoV-2 in Correctional and Detention Facilities for more information about testing strategies in correctional and detention settings.

✓ Quarantined individuals should be monitored for COVID-19 symptoms at least once per day including temperature checks.

- See Screening section for a procedure to perform temperature checks safely on asymptomatic close contacts of someone with COVID-19.
- If an individual develops symptoms for SARS-CoV-2, they should be considered a suspected COVID-19 case, given a mask (if not already wearing one), and moved to medical isolation immediately (individually, and separately from those with confirmed COVID-19 and others with suspected COVID-19) and further evaluated. (See Medical Isolation section above.) If the individual is tested and receives a positive result, they can then be cohorted with other individuals with confirmed COVID-19.

✓ Quarantined individuals can be released from quarantine restrictions if they have not developed COVID-19 symptoms and have not tested positive for SARS-CoV-2 for 14 days since their last exposure to someone who tested positive.

✓ Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.

- Provide medical evaluation and care inside or near the quarantine space when possible.
- Serve meals inside the quarantine space.
- Exclude the quarantined individual from all group activities.
- Assign the quarantined individual a dedicated bathroom when possible. When providing a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result.

✓ Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.

✓ If a quarantined individual leaves the quarantine space for any reason, they should wear a mask (unless

contraindicated) as source control, if not already wearing one.

- Quarantined individuals housed as a cohort should wear masks at all times (see cohorted quarantine section below).
- Quarantined individuals housed alone should wear a mask whenever another individual enters the quarantine space.
- Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.

✓ **Meals should be provided to quarantined individuals in their quarantine spaces.** Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands immediately after removing gloves.

✓ **Laundry from quarantined individuals can be washed with others' laundry.**

- Individuals handling laundry from quarantined persons should wear a mask, disposable gloves, and a gown, discard after each use, and clean their hands immediately after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

✓ **Staff assignments to quarantine spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility.** These staff should wear recommended PPE based on their level of contact with the individuals under quarantine (see PPE section below).

- If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the quarantine space. If a shortage of PPE supplies necessitates reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination.
- Staff supervising asymptomatic incarcerated/detained persons under routine intake quarantine (with no known exposure to someone with COVID-19) do not need to wear PPE but should still wear a mask as source control.

### ***Cohorted Quarantine for Multiple Close Contacts (who test negative)***

✓ **Facilities should make every possible effort to individually quarantine close contacts of individuals with confirmed or suspected COVID-19.** Cohorting multiple quarantined close contacts could transmit SARS-CoV-2 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.

✓ **In order of preference, multiple quarantined individuals should be housed:**

- **IDEAL:** Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
- Separately, in single cells with solid walls but without solid doors
- As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
- As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door

- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
- As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section to maintain at least 6 feet of space between individuals housed in the same cell.
- As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed – referred to as “quarantine in place”). Employ social distancing strategies related to housing in the Prevention section above to maintain at least 6 feet of space between individuals.
- Safely transfer to another facility with capacity to quarantine in one of the above arrangements. (See Transport) (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

If the ideal choice does not exist in a facility, use the next best alternative as a harm reduction approach.

✓ If cohorting close contacts is absolutely necessary, be especially mindful of those who are at increased risk for severe illness from COVID-19. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure for the individuals with increased risk of severe illness. (For example, intensify social distancing strategies for individuals with increased risk.)

✓ If single cells for isolation (of those with suspected COVID-19) and quarantine (of close contacts) are limited, prioritize them in rank order as follows to reduce the risk of further SARS-CoV-2 transmission and adverse health outcomes:

- Individuals with suspected COVID-19 who are at increased risk for severe illness from COVID-19
- Others with suspected COVID-19
- Quarantined close contacts of someone with COVID-19 who are themselves at increased risk for severe illness from COVID-19

✓ If a facility must cohort quarantined close contacts, all cohorted individuals should be monitored closely for symptoms of COVID-19, and those with symptoms should be placed under medical isolation immediately.

✓ If an individual who is part of a quarantined cohort becomes symptomatic:

- If the individual is tested for SARS-CoV-2 and receives a positive result: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- If the individual is tested for SARS-CoV-2 and receives a negative result: the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantine cohort for the remainder of the quarantine period as their symptoms and diagnosis allow.
- If the individual is not tested for SARS-CoV-2: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.

✓ Consider re-testing all individuals in a quarantine cohort every 3-7 days, and immediately place those who test positive under medical isolation. This strategy can help identify and isolate infected individuals early and minimize continued transmission within the cohort.

✓ Consider testing all individuals quarantined as close contacts of someone with suspected or confirmed COVID-19

at the end of the 14-day quarantine period, before releasing them from quarantine precautions.

✓ Do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started. Doing so would complicate the calculation of the cohort's quarantine period, and potentially introduce new sources of infection.

✓ Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to someone with COVID-19). Under this scenario, do not mix individuals undergoing routine intake quarantine with those who are quarantined due to COVID-19 exposure.

## Management Strategies for Incarcerated/Detained Persons without COVID-19 Symptoms

✓ Provide clear information to incarcerated/detained persons about the presence of COVID-19 within the facility, and the need to increase social distancing and maintain hygiene precautions.

- As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education).
- Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf or hard-of-hearing, blind, or have low-vision.


✓ If individuals with COVID-19 have been identified among staff or incarcerated/detained persons anywhere in a facility, consider implementing regular symptom screening and temperature checks in housing units that have *not* yet identified infections, until no additional infections have been identified in the facility for 14 days. Because some incarcerated/detained persons are hesitant to report symptoms, it is very important to monitor for symptoms closely even though doing so is resource intensive. See Screening section for a procedure to safely perform a temperature check.

✓ Consider additional options to intensify social distancing within the facility.

## Management Strategies for Staff

✓ Provide clear information to staff about the presence of COVID-19 within the facility, and the need to enforce universal use of masks (unless contraindicated) and social distancing and to encourage hygiene precautions.

- As much as possible, provide this information in person (if social distancing is feasible) and allow opportunities for staff to ask questions.

✓ Staff identified as close contacts of someone with COVID-19 should be tested for SARS-CoV-2 and self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine of those who are asymptomatic (see considerations for critical infrastructure workers). Refer to the Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan  [12 KB, 1 page] for more information about contact tracing.

- Close contacts should self-monitor for symptoms and seek testing.
- Refer to CDC guidelines for further recommendations regarding home quarantine.

✓ Staff who have confirmed or suspected COVID-19 should meet CDC criteria for ending home isolation before returning to work. Monitor CDC guidance on discontinuing home isolation regularly, as circumstances evolve rapidly.

# Infection Control

Infection control guidance below is applicable to all types of correctional and detention facilities. Individual facilities should assess their unique needs based on the types of exposure staff and incarcerated/detained persons may have with someone with confirmed or suspected COVID-19.

✓ All individuals who have the potential for direct or indirect exposure to someone with COVID-19 or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Monitor these guidelines regularly for updates.

- Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.
- Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).

✓ Staff should exercise caution and wear recommended PPE when in contact with individuals showing COVID-19 symptoms. Contact should be minimized to the extent possible until the infected individual is wearing a mask (if not already wearing one and if not contraindicated) and staff are wearing PPE.

✓ Refer to PPE section to determine recommended PPE for individuals in contact with individuals with COVID-19, their close contacts, and potentially contaminated items.

✓ Remind staff about the importance of limiting unnecessary movements between housing units and through multiple areas of the facility, to prevent cross-contamination.

✓ Ensure that staff and incarcerated/detained persons are trained to doff PPE after they leave a space where PPE is required, as needed within the scope of their duties and work details. Ideally, staff should don clean PPE before entering a different space within the facility that also requires PPE.

- If PPE shortages make it impossible for staff to change PPE when they move between different spaces within the facility, ensure that they are trained to move from areas of low exposure risk ("clean") to areas of higher exposure risk ("dirty") while wearing the same PPE, to minimize the risk of contamination across different parts of the facility.

## Clinical Care for Individuals with COVID-19

✓ Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.

- If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital (including notifying the facility/hospital in advance). See Transport section. The initial medical evaluation should determine whether a symptomatic individual is at increased risk for severe illness from COVID-19. Persons at increased risk may include older adults and persons of any age with serious underlying medical conditions, including chronic kidney disease, serious heart conditions, and Type-2 diabetes. See CDC's website for a complete list and check regularly for updates as more data become available to inform this issue.

- Based on available information, pregnant people seem to have the same risk of COVID-19 as adults who are not pregnant. However, much remains unknown about the risks of COVID-19 to the pregnant person, the pregnancy, and the unborn child. Prenatal and postnatal care is important for all pregnant people, including those who are incarcerated/detained. Visit the CDC website for more information on pregnancy and breastfeeding in the context of COVID-19.

✓ Staff evaluating and providing care for individuals with confirmed or suspected COVID-19 should follow the CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) and monitor the guidance website regularly for updates to these recommendations.

✓ Healthcare staff should evaluate persons with COVID-19 symptoms and those who are close contacts of someone with COVID-19 in a separate room, with the door closed if possible, while wearing recommended PPE and ensuring that the individual being evaluated is wearing a mask.

- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.

✓ Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). However, presence of another illness such as influenza does not rule out COVID-19.

✓ When evaluating and treating persons with symptoms of COVID-19 who do not speak English, use a language line or provide a trained interpreter when possible.

## Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons

✓ Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with individuals with confirmed and suspected COVID-19. Ensure strict adherence to OSHA PPE requirements.

- Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program. If individuals wearing N95 respirators have facial hair, it should not protrude under the respirator seal, or extend far enough to interfere with the device's valve function (see OSHA regulations [§ 1910.134](#)).
- For PPE training materials and posters, visit the CDC website on Protecting Healthcare Personnel.

✓ Ensure that all staff are trained to perform hand hygiene after removing PPE.

✓ Ensure that PPE is readily available where and when needed, and that PPE donning/doffing/disposal stations have been set up as described in the Preparation section.

✓ Recommended PPE for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with someone with COVID-19 and their close contacts (see Table 1). Each type of recommended PPE is defined below. As above, note that PPE shortages are anticipated in every category during the COVID-19 response.

- N95 respirator

N95 respirators should be prioritized when staff anticipate contact with infectious aerosols or droplets from

someone with COVID-19. See below for guidance on when surgical masks are acceptable alternatives for N95s. Individuals working under conditions that require an N95 respirator should not use a cloth mask when an N95 is indicated.

- **Surgical mask**

Worn to protect the wearer from splashes, sprays, and respiratory droplets generated by others. (NOTE: Surgical masks are distinct from cloth masks, which are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer. Individuals working under conditions that require a surgical mask should not use a cloth mask when a surgical mask is indicated.)

- **Eye protection**

Goggles or disposable face shield that fully covers the front and sides of the face.

- **A single pair of disposable patient examination gloves**

Gloves should be changed if they become torn or heavily contaminated.

- **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**

- If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with an individual with confirmed or suspected COVID-19, and that clothing is changed as soon as possible and laundered. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
- If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, activities where splashes and sprays are anticipated, and high-contact activities that provide opportunities for transfer of pathogens to the hands and clothing of the wearer.

✓ Note that shortages of all PPE categories have been seen during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category (including strategies to reuse PPE safely) can be found on CDC's website:

- Strategies for optimizing the supply of N95 respirators

- Based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.

- Strategies for optimizing the supply of surgical masks

- Reserve surgical masks for individuals who need PPE. Issue cloth masks to incarcerated/detained persons and staff as source control, in order to preserve surgical mask supply (see recommended PPE).

- Strategies for optimizing the supply of eye protection

- Strategies for optimizing the supply of gowns/coveralls

- Strategies for optimizing the supply of disposable medical gloves

**Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional or Detention Facility during the COVID-19 Response**

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/Coveralls
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## Classification of Individual Wearing PPE

N95  
respirator

Surgical  
mask

Eye Protection

Gloves

Gown/  
Coveralls

### Incarcerated/Detained Persons

Asymptomatic incarcerated/detained persons (under quarantine as close contacts of someone with COVID-19)

Use cloth masks as source control (NOTE: cloth face coverings are NOT PPE and may not protect the wearer. Prioritize cloth masks for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE.)

Incarcerated/detained persons who have confirmed or suspected COVID-19, or showing symptoms of COVID-19

Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts

X

X

Incarcerated/detained persons cleaning an area where someone with COVID-19 spends time

Additional PPE may be needed based on the product label. See CDC guidelines for more details.

X

X

### Staff

Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of someone with COVID-19\* (but not performing temperature checks or providing medical care)

Surgical mask, eye protection, and gloves as local supply and scope of duties allow.

Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons

X

X

X

Staff having direct contact with (including transport) or offering medical care to individuals with confirmed or suspected COVID-19 (See CDC infection control guidelines). For recommended PPE for staff performing collection of specimens for SARS-CoV-2 testing see the Standardized procedure for SARS-CoV-2 testing in congregate settings.

X\*\*

X

X

X

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/Coveralls
Staff present during a procedure on someone with confirmed or suspected COVID-19 that may generate infectious aerosols (See CDC infection control guidelines)	X		X	X	X
Staff handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Staff cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

#### Classification of Individual Wearing PPE

\* A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

## Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

The guidance above recommends verbal screening and temperature checks for incarcerated/detained persons, staff, volunteers, and visitors who enter correctional and detention facilities, as well as incarcerated/detained persons who are transferred to another facility or released from custody. Below, verbal screening questions for COVID-19 symptoms and contact with known cases, and a safe temperature check procedure are detailed.

✓ Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:

- *Today or in the past 24 hours, have you had any of the following symptoms?*
  - *Fever, felt feverish, or had chills?*
  - *Cough?*
  - *Difficulty breathing?*
- *In the past 14 days, have you had close contact with a person known to be infected with the novel coronavirus (COVID-19)?*

✓ The following is a protocol to safely check an individual's temperature:

- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
- Put on a surgical mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves

- Check individual's temperature
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
- Remove and discard PPE
- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol

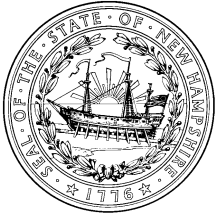
✓ If a physical barrier or partition is used to protect the screener rather than a PPE-based approach, the following protocol can be used. (During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener's face and mucous membranes from respiratory droplets that may be produced when the person being screened sneezes, coughs, or talks.)

- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
- Put on a single pair of disposable gloves.
- Check the individual's temperature, reaching around the partition or through the window. Make sure the screener's face stays behind the barrier at all times during the screening.
- If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
- Remove and discard gloves.

Last Updated Oct. 21, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases





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DIVISION OF ADMINISTRATION

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Helen E. Hanks  
Commissioner  
Robin H. Maddaus  
Director

FROM: **Jeff Smith**  
**Assistant Administrator of Logistics**

DATE: **December 2, 2020**

SUBJECT: **Red Bag Procedures**

AT (OFFICE): **NHSP/M 271-1889**  
**NCF 752-0311**

TO: **All Staff**

If resident clothes are contaminated with blood, feces, or other body fluids they must be handled and cleaned separate from the rest of the facility's laundry (per PPD 758.00/9.06 *Laundry Services*). This also includes laundry from residents who have either tested positive for or are currently being treated for:

- **AIDS** (if open lesions, blood or body fluids have had contact with the laundry),
- **Herpes Zoster** (aka "Shingles"),
- **Hepatitis A** (if hygiene is poor),
- **Hepatitis B** (if blood or body fluids have contact with the laundry),
- **Staphylococcus Aureus** (aka "staph" infection),
- **Streptococcus – Group A** (aka Group A Strep or Strep Throat),
- **Pubic/Body Lice**,
- **Scabies**, and/or
- **COVID-19** (if tested positive and on medical isolation and also anyone living on a quarantined housing unit/tier – "Q1").

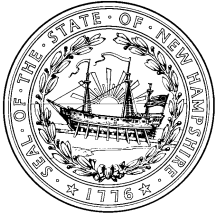
This procedure also applies to mop heads, rags, and other items cleaned by our Laundry Department. If there is a question on whether or not laundry or other washable items are considered contaminated or should follow these procedures, Health Services staff will assist with the determination.

Step #1: The person handling and packaging the contaminated items must wear personal protection equipment.

- Disposable gloves – all contaminated clothing and items,
- Disposable gowns – for COVID-19 related clothing/items and any wet items where there is a risk of splashing, and/or
- Face masks – for COVID-19 related clothing/items.

Residents must be supervised by a staff member to ensure the correct procedure is followed.

Step #2: All contaminated items must first be placed inside a clear, water-soluble bag (also called a vinegar bag or melt-away bag). The water-soluble bag will then be placed inside a red (or sometimes blue), plastic, hazardous material bag. This will help to identify the contaminated items and also allow laundry staff to place the items into the washing machines without contaminating themselves (the water-soluble bag, as named, is designed to dissolve in water). Bags can be obtained from either the Warehouse or another pre-designated distribution point.



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- Step #3: **Include a label on the red, hazardous material bag.** Be sure to indicate the owner of the clothing, the housing unit and the date/time. Also include information about the biological fluid that caused the contamination. This will allow the Laundry Supervisor to select the appropriate cleaning product and/or washer cycle. **Do not attach Incident Reports directly to hazardous material bags.**
- Step #4: During regular business hours, call/notify the Laundry Supervisor **before** delivering contaminated items to the Laundry Department. After business hours, an e-mail sent to the Laundry Supervisor is sufficient.
- Step #5: Bring the contaminated item(s) directly to the Laundry Department. Never leave contaminated items and/or used hazardous material bags outside the Laundry Department's door or any other unsupervised area.

Contaminated items that cannot be cleaned and need to be disposed of (e.g. paper towels, used gloves and gowns, and other bio-hazard trash) should be collected in a red, hazardous material bags and brought either directly to the HSC's hazardous material disposal bin or your pre-designated location for bio-hazard medical waste. Please do not drop off these items at the Laundry Department.

Thank you,

*Jeff Smith*



# SEOC ESF-4 COVID-19 Travel and Unprotected Exposure Quarantine Guidelines Updated 12/4/2020

The State of New Hampshire has adopted the following quarantine guidelines for any travel out of the New England region and for all unprotected exposure algorithms.

## Updated Quarantine Requirements-General

If you have been identified as having an unprotected exposure to someone diagnosed with COVID-19, then you are at risk of developing COVID-19 yourself and need to follow these guidelines;

- You must stay at your home and avoid other people for 10 days after you were last exposed to a person with COVID-19. You may not go out in public places - not even to the grocery store or to run errands.
- Do not visit with other people outside of your home, and do not invite others into your house to visit. If you must have visitors, tell them that you are under quarantine.
- Keep your distance from others in your household (at least 6 feet). Wear a cloth face covering to protect those around you.
- Someone who was exposed to COVID-19 can develop illness and test positive anytime during the 10-day period.

## Updated Quarantine Requirements-Critical Infrastructure Agencies/First Responders

Critical infrastructure agencies experiencing significant staff shortages due to employees being out on quarantine resulting in the inability to maintain operations may permit essential employees to work during their quarantine period if all of the following criteria are met:

- The employee is not exhibiting any signs or symptoms of COVID-19
- The employee is not a household contact to a confirmed case of COVID-19
- The employee is deemed essential to the functioning of the business and substantial business impact would be experienced if the employee does not work in person
- The employee cannot conduct essential functions remotely
- There is no replacement personnel for the employee
- The employee self-quarantines for all other purposes other than reporting to work
- The employee wears a mask, maintains at least 6 feet of separation from other employees and customers, and participates in daily health screening while at work as outlined in CDC guidance

## Updated Quarantine Requirements-Out of New England Region Travel

Travelers/visitors to AND residents of NH need to self-quarantine for 10 days following the last date of any high-risk travel, which includes travel internationally (including to/from Canada); on a cruise ship; or domestically outside of the New England states of Maine, Vermont, Massachusetts, Connecticut, or Rhode Island for nonessential purposes.

People meeting the criteria for high-risk travel have the option of ending their quarantine after day 7 by getting a test on day 6-7 of their quarantine to test for active SARS-CoV-2 infection (SARS-CoV-2 is the novel coronavirus that causes COVID-19); this test must be a molecular test (e.g., PCR-based test); antigen tests (rapid tests) are not accepted for this purpose.

If the test is obtained on day 6-7 of quarantine, the person is asymptomatic, and the test is negative, then the person can end their quarantine after 7 days, but they must still self-observe for symptoms of COVID-19 and strictly adhere to COVID-19 mitigation measures (social distancing, avoiding social gatherings, wearing a face mask, practicing frequent hand hygiene, etc.) for a full 14 days after their last day of travel.

Any new symptoms of COVID-19 should prompt the person to isolate and seek testing again (even if the person recently tested out of quarantine). This 7-day quarantine “test out” option ONLY applies to travel-related quarantine (not quarantine due to a high-risk close contact exposure to a person with COVID-19).

<https://www.dhhs.nh.gov/dphs/cdcs/covid19/documents/employee-travel-guidance.pdf>

For more information on quarantine guidance scenarios please visit NH DHHS at  
<https://www.dhhs.nh.gov/>

Please feel free to contact the ESF-4 desk at (603) 223-3718 with any questions.



## Guidelines for Reuse of N95 Filtering Facemasks

### Division of Medical and Forensic Services

Effective Date: December 11, 2020

Approved by: Paula L. Mattis, Director

#### Background:

This guidance is for any staff providing care to a person suspected of, or confirmed to be, positive for COVID-19. There is no way of determining the maximum possible number of safe reuses for an N95 respirator to be applied in all cases. A number of variables that affect respirator function and contamination over time affects safe N95 reuse. To reduce the chance of decreased protection, research suggests limiting the number of reuses to no more than **five (5) uses** per device to ensure an adequate safety margin.

#### Guidance regarding reuse of N95:

The recommendations below are designed to provide practical advice so that N95 respirators are discarded before they become a significant risk for contact transmission or their functionality is reduced.

- *Discard* N95 respirators following use during aerosol generating procedures.
- *Discard* N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- *Discard* N95 respirators following close contact with any patient co-infected with an infectious disease requiring contact precautions.
- Use a cleanable face shield (preferred) or a surgical mask over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.
- Keep respirators in a clean, breathable container such as a paper bag between uses. Do not use plastic bags.
- To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. For example, write the user's name on the bag.
- Paper bags should be disposed of between uses and a clean paper bag used with each storage.
- Clean hands with soap and water, or an alcohol-based hand sanitizer, before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).
- Avoid touching the inside of the respirator. If inadvertent contact is made with the inside of the respirator, perform hand hygiene as described above.
- Use a pair of clean (non-sterile) gloves when donning (putting on) a used N95 respirator and performing a user seal check. **After** the N95 respirator is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal, discard the gloves.

## Procedure for N95 reuse:

### Donning procedure

- Perform hand hygiene.
- Put on a pair of clean exam gloves.
- Remove *your previously* used N95 mask from *your labeled* paper bag by **only touching the straps or the outermost rim of the N95 mask.**
- Care should be taken not to handle the front or insides of the N95 mask.
  - **If contact occurs, place N95 mask on top of bag, remove gloves, perform hand hygiene and put on new pair of gloves.**
- Place N95 mask on face by **only touching the straps and the outermost rim of the N95 mask.**
- Perform seal check by **only by touching outermost rim of N95 mask.**
- Throw the paper bag away into biohazard trash (red bag)- **do not reuse paper bag.**
- Remove gloves and perform hand hygiene.
- If necessary, put on clean exam gloves.

### Removal and storage of a used N95 mask

- Remove all isolation PPE except the N95 mask in the patient's room.
- Exit the patient room with N95 mask still on your face.
- Perform hand hygiene and put on clean exam gloves.
  - Obtain new/clean paper bag.
  - Label with user's name and date.
- Open bag for ease of N95 mask placement.
- **Remove the N95 mask by only touching the straps or the outermost rim of the N95 mask.**
- Place N95 mask in the labeled paper bag, handling **only the straps or outermost rim of the N95 mask.**
- Remove gloves.
- Perform hand hygiene.
- Close bag by folding over itself two times.
  - **Take care to not fold, bend or crush the N95 mask inside the bag**
  - Ensure bag is 3 feet or more from a sink or potential splash zone.
- Perform hand hygiene prior to leaving ante-room/doffing area.

### References:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/decontamination-reuse-respirators.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html>

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Helen E. Hanks  
Commissioner

Paula L. Mattis  
Director, Medical and  
Forensic Services

To: NHDCC Provider and Nursing Staff  
From: T. Groblewski, DO, Chief Medical Officer  
Date: December 11, 2020  
Re: Coronavirus Tests—Clinical Guidance

No clinical guideline takes the place of good clinical practice. Every case is unique. Always use your best clinical judgement when making medical decisions. Seek additional guidance as appropriate.

Patients with COVID-19 illness have reported a wide range of symptoms, ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. Patients with these symptoms may have COVID-19 and should be immediately considered for medical isolation and for definitive testing:

- i. Fever equal to or greater than 100, or chills
- ii. Cough
- iii. Shortness of breath or difficulty breathing
- iv. Fatigue
- v. Muscle or body aches
- vi. Headache
- vii. New loss of taste or smell
- viii. Sore throat
- ix. Congestion or runny nose
- x. Nausea or vomiting
- xi. Diarrhea

This list does not include all possible symptoms. Testing should be determined by and ordered by a medical provider on a case-by-case basis. As a rule, flu and strep throat testing should be considered before making the decision whether or not to proceed with COVID-19 PCR testing.

[illegible]

## References

Duration of Isolation and Precautions for Adults with COVID-19. Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>

Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/testing.html>

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

Overview of Testing for SARS-CoV-2 (COVID-19). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/hcp/testing-overview.html>



## New Hampshire Department of Corrections How to Dispose of Regulated Medical Waste



### What is regulated medical waste?

Regulated medical waste is also known as “biohazardous” waste or “infectious” waste. This includes waste items that could cause an infection in humans, such as blood, human tissue, or anything contaminated with bodily fluids. Regulated medical waste can also include items that are dangerous, but not infectious, such as sharps, discarded surgical equipment, and some chemical waste.

Our Health Services Centers generate the majority of the NHDOC’s regulated medical waste, but we need to ensure that all other areas are properly disposing of their waste when cleaning up blood or other bodily fluids.

**Important Note:** Several sources (including the CDC, OSHA, and the FDA) have indicated that the presence of COVID-19 does not prompt a change on how the NHDOC handles regular waste or regulated medical waste (i.e. normal trash does not become “medical waste” when someone with COVID-19 touches it).

### Current Procedures:

- Medical staff treating positive COVID-19 patients will continue to remove the waste they generate using “red bags” if they deem the waste to be infectious.
- Regular waste/trash generated by residents living on positive COVID-19 units or quarantined units does not have to be “red-bagged” or treated as regulated medical waste.
- Used personal protective equipment, if not wet from blood or other bodily fluids, can be disposed of in our regular trash containers (i.e. **used, dry PPE does not have to be “red-bagged”**). However, it is still recommended that used PPE be collected in separate trash containers for contraband control purposes.

Regulated medical waste inside a tightly tied “red-bag” will be brought to HSC (or arranged to be picked-up and transported to a pre-designated storage area) to be properly stored and disposed of. Regulated medical waste must not go into the green trash dumpsters. Please do not flush any regulated medical waste or any other waste items down into the sewer lines.

Anyone handling waste of any type should wear disposable gloves and wash their hands as soon as the gloves are removed. Disposable gloves should also be worn when removing and handling used PPE.



### Sources:

<https://www.cdc.gov/>  
<https://www.osha.gov/coronavirus/control-prevention/solid-waste-wastewater-mgmt>  
<https://www.fda.gov/medical-devices/personal-protective-equipment-infection-control/n95-respirators-surgical-masks-and-face-masks>  
<https://www.who.int/publications/i/item/WHO-2019-nCoV-IPC-WASH-2020.4>  
<https://advowastemedical.com/new-hampshire-medical-waste/>  
<https://www.inciner8.com/blog/medical-incineration/different-types-of-medical-waste/>



## NH Department of Corrections

**Guidelines:** Amendment to NHDOC 2020 - COVID-19 Operational Guidelines

**Dated November 13<sup>th</sup>, 2020\_ Page 12 and 13**

**Section Entitled: "Resident Masks:" Replace with update below**

**Site:** NH Department of Corrections Facilities

**Effective: 12/9/2020**

**Issued By:** Commissioner Helen E. Hanks

This update serves to replace the section which begins on page 12 and continues to page 13 entitled "Resident Masks:"

### Residents Masks:

When residents leave their rooms to access shared common spaces and/or to go to other approved areas of the facility including but not limited to recreation yards/gyms, they are required to wear a fabric face covering. Fabric face covering are to be worn as demonstrated below:



Residents who report that they are unable to wear a fabric face covering due to health reasons shall be referred to healthcare staff, for assessment, and an alert entered into CORIS to inform security staff if the resident has a medical condition that prohibits wearing a fabric face covering or mask. In addition, a paper pass noting the exemption will be provided to the resident and their pass kept on their person to show to staff.

Failure to comply will result in disciplinary action

These parameters are still in place:

- No fabric face coverings are to be worn by residents single celled in the Special Housing Unit
- No fabric face coverings are to be worn while laying down or sleeping.
- No fabric face coverings are to be worn during observation levels.
- Fabric face coverings must be removed during all standing counts.

Fabric face coverings will have a resident's ID number and name placed on them. The fabric face coverings will be laundered through the department's laundry system.

If a resident's fabric covering needs to be replaced, staff will provide a replacement. Fabric face coverings will also be available for purchase through commissary.

A resident, when directed to remove, or to wear, a fabric face covering will do so without unnecessary delay. Failure to remove a mask for count, or following a direct order to remove the face covering will result in disciplinary action, up to and including a 32A.

If a resident is a suspected or positive COVID-19 case, personnel protective equipment will be issued and required to be worn per protocol/guidelines.

Social/Physical distancing should be actively considered at all times and when possible

To the extent there is credible information or intelligence related to an individual that would relate to the wearing of the face covering, security leadership or Investigations may request an exclusion for the resident through the facility Warden or Director.