

Clinical Checklist for COVID-19

**This checklist is for any incarcerated individual who tests positive for COVID-19
Health Services staff should review version 34 of COVID-19 DOC Guideline for full details on
COVID-19 management.**

Definitions

Cluster Status

A group of confirmed cases of COVID-19 that only involves staff and/or volunteers.

Limited Area Cluster:

- Four (4) or more confirmed cases of COVID-19 in staff or volunteers occurring within ten (10) days who work in the same living or work area.

Facility Wide Cluster:

- Twenty (20) or more confirmed cases of COVID-19 in a main facility or six (6) or more confirmed cases of COVID-19 in a camp (free-standing or co-located minimum security unit), or four (4) or more confirmed cases of COVID-19 in a reentry center within ten (10) days among staff and/or volunteers across a facility regardless of their position or post OR
- Twelve (12) or more confirmed cases of COVID-19 in a main facility or four (4) or more confirmed cases of COVID-19 in a camp (free-standing or co-located minimum security unit) within ten (10) days among staff and/or volunteers within a facility that have direct contact with the incarcerated population.

Outbreak Status

A group of confirmed cases of COVID-19 that includes the incarcerated prison/reentry population. The Limited Area Outbreak definition will change depending on the area affected:

Low-Risk Areas: Applies to all facilities, units and Reentry Centers, except the High-Risk areas below.

Limited Area Outbreak:

- Four or more confirmed cases of COVID-19 in incarcerated individuals occurring within fourteen (14) days who reside in the same living area OR

High-Risk Areas: Applies only to all inpatient units (IPUs), MCC-WSR A and CRCC-Sage East.

Limited Area Outbreak:

- Two or more confirmed cases of COVID-19 in incarcerated individuals occurring within fourteen (14) days who reside in the same living area OR
- One or more confirmed cases of COVID-19 in an incarcerated individual AND
- One or more confirmed cases of COVID-19 in DOC staff or volunteers working in proximity to the incarcerated individual case/cases occurring within fourteen (14) days

Facility Wide Outbreak: Applies to all facilities, including low and high-risk areas.

- Two (2) or more Limited Area Outbreaks that are connected, occurring simultaneously in the same facility

General Medical Checklist

- Provide the patient with a surgical mask if they are not already wearing one
- Nurse or Practitioner will don appropriate PPE, assess, and document patient's symptoms, take vital signs, temperature, and pulse oximetry
- Nurse and/or Practitioner will determine if patient requires the use of any aerosolizing devices (nebulizer, CPAP, BiPAP, etc.)
- Practitioner will determine after clinical assessment if the patient is eligible for COVID-19 specific treatment
- Nurse and Practitioner will determine appropriate care setting based on the clinical assessment in consultation with the Facility Medical Director
- Contact the facility Shift Commander to inform them that the patient needs to be housed in medical isolation (Patient can take personal items with them into isolation: phone book, JPay player, commissary, etc.)
- Notify the facility's Infection Prevention Nurse

IPN Checklist

For Areas not identified as High-Risk

- Identify all close contacts through contact mapping and offer rapid antigen testing to all identified individuals
- Determine through data collection if the patient's living area has met criteria to initiate or maintain Limited Area Outbreak status
- Inform Local COVID-19 Prisons Liaison of area's level of COVID-19 risk for appropriate in-unit signage to be posted/updated
- Make all appropriate updates to facility's COVID-19 Workbook
- Make all necessary notifications as identified below

For Areas identified as High-Risk

- Identify all close contacts through contact mapping
- Notify custody for any moves to individual quarantine (if outbreak status is not met)
- Arrange for quarantined individual(s) to be RAT tested as soon as possible
- Determine through data collection if the patient's living area has met criteria to initiate or maintain Limited Area Outbreak status
- If outbreak status is met, initiate in-unit quarantine operations
- begin testing per protocol for high-risk area outbreak
- Make all appropriate updates to facility's COVID-19 Workbook
- Make all necessary notifications as identified below

Notification Checklist

- All patients who live in the unit who meet criteria to be considered high risk for complications related to COVID-19.
- Local Senior Management Team and/or COVID-19 Prisons Liaison
- Local Facility Mapping Lead
- Local Facility Nursing Team
- DOH COVID-19 Case Reporting
- DOC COVID-19 Cases & HQ Clinical Leadership via email using the template below
- Notify local health jurisdiction if facility is placed on outbreak status

Your Facility's Contact Information

Infection Prevention Nurse (IPN)/Designee Name: _____

Phone Number(s): _____

Local COVID-19 Prisons Liaison Contact Number: _____

Superintendent Name: _____

Facility Medical Director (FMD) Name: _____

Phone Number: _____

DOC COVID-19 Cases & HQ Clinical Leadership Case Reporting Template

Assessment Date and Time:

Patient Full Name:

DOC #:

Facility:

Unit:

Confirmed or Suspected:

Symptom Onset Date:

Test Date:

Test Result:

Isolation Date:

Actions:

Mapping Dates:

Documentation of COVID Vaccine in WAIS:

Outbreak Timeline Cheat Sheet (Prisons)

- For low-risk areas 20 days from last known positive case *if* the patient was moved to a designated isolation area.
- For high-risk areas, see version 34 for details.
- If a patient has refused to move out of isolation, the 20-day timeframe would not begin until the COVID-19 positive patient is considered recovered and no longer infectious.

Process to Step Out of Outbreak Status

- Notify local Senior Management Team and local COVID-19 Prisons Liaison that 21 days have lapsed and that the area and/or facility may come off outbreak status.