

Prisons Division COVID-19 Cluster and Outbreak Checklist

FACILITY OPERATIONS

Date: _____

Time: _____

Immediate Actions

Cluster

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

Limited Area Cluster:

- Four 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.
- Rapid Antigen Test (RAT) one time a week for staff in the affected areas.

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) 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.
- Implement Rapid Antigen Testing (RAT) for all staff one time a week.

Outbreak

A group of confirmed cases of COVID-19 that includes the incarcerated prison population.

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.

Facility Wide Outbreak:

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

See Section II For Additional Instructions for High Risk Units

Notifications

Actions	Time Started	Time Completed	Initial	N/A
Clusters:				
Prior to a Cluster being declared, Occupation Health and Wellness Unit (OHWU) will review case data, and if cases meet criteria for cluster status, will confirm with Occupational Health Medical Director or OHWU RN4 and/or COVID-19 Medical Duty Officer. Facilities will be notified of confirmed cluster status.				
Cluster status will continue until a <u>minimum of 10 days</u> has passed since the last positive staff test that does not have a clear epidemiologic link to a community case. Facilities will be notified by the Occupational Health and Wellness Unit when Clusters are lifted. The Institution COVID Liaison will ensure staff and incarcerated are notified of the changes.				
Outbreaks:				
Once designated facility staff verify cases and confirm an Outbreak threshold has been met, the Institution COVID Liaison will notify, and make contact with the Prisons Deputy Director for COVID Response.				
Once an Outbreak threshold has been met, by definition, the Outbreak status will remain in effect for 20 days from last confirmed COVID Positive individual residing in the unit/area with the designation. The Institution COVID Liaison will ensure at least weekly updates on the timeframe is communicated with Staff, Incarcerated, and Visitors.				
Ensure local 117 representative is notified.				

Cluster AND Outbreak Response

Actions	Time Started	Time Completed	Initial	N/A
Institution COVID Liaison will promptly convene a Command Staff meeting for related planning and operations which will include Health Services representatives/Medical COVID Liaison. Consider an ICP schedule and/or virtual ICP option to monitor Covid protocols during the Outbreak/Cluster period.				
For FACILITY POPULATION:				
Once notified of a confirmed Positive Individual, coordinate the deployment of Custody Escort Staff with required PPE measures to ensure the safe containment and movement of the Individual to an Isolation Area. If necessary, utilize CNT personal or other supervisors to gain compliance with the placement on Isolation.				
Prior to moving individuals to another unit for medical Isolation, ensure the individual packs their own property to take with them to their new location. If there is property that is not able to go to the new location, place in storage for re-issue if necessary. Refer to the Minimum Allowable Personal Property for ISO/Quarantine Housing form.				

Actions	Time Started	Time Completed	Initial	N/A
Initiate standard notifications to Staff, Incarcerated, and Visitors such as memos and kiosks announcing the specific circumstances surrounding the elevated risk. Ensure required elevated risk standard signage is posted in affected areas and facility entrance points.				
Reinstitute mandatory routine masking facility wide per the Routine Masking Guidance if “any” Outbreak or Facility Wide Cluster is identified. Masking will remain mandatory when outside their cells (all areas i.e., movements, work, programming, recreation, visitation, etc.) during the duration of the above-mentioned designation.				
In consultation with Prisons Deputy Director for COVID Response, determine the need for check-in call(s) to ensure proper notifications, consultation, status, and resource support is on-going. Reporting will include at a minimum: <ul style="list-style-type: none"> • Which units/tiers (or facility-wide) are on cluster or outbreak status • Number of positive cases in population and location in last 10 days (cluster) or 14 days (outbreak) • If able to be determined, a current tentative end date for Outbreak areas • Number of patients in isolation and beds available 				
For STAFF:				
As necessary, coordinate with ONC Team and/or mapping team to map any potential staff close contacts of the cases and follow the Phase 3 of the RTW protocol. <i>ONC and/or mapping team primarily responsible for this work.</i>				
Reinstitute mandatory routine masking per the Routine Masking Guidance throughout facility if there is a Facility Wide Cluster or “any” Outbreak unit status is identified. Masking will remain mandatory while on facility grounds during the duration of the above-mentioned designation.				
Testing of STAFF:				
Upon identification of a Cluster , test all staff that work in the affected area/unit or facility, as soon as operationally feasible. All staff tests will be by Rapid Antigen.				
Until the facility wide/ limited area Cluster is determined to be over by ONC Team or instructed otherwise by HQ, involved staff will continue to be serial tested one time a week.				
Upon identification of “any” Outbreak , initiate once weekly all-staff serial testing as soon as operationally feasible. All staff tests will be by Rapid Antigen.				

Additional Response for Limited Area Outbreak and Facility Wide Outbreak ONLY

Actions	Time Started	Time Completed	Initial	N/A
If operations require opening of an alternate housing area for increased numbers of Isolation patients, submit a 213 request and then ensure core correctional practices are still occurring such as tier checks, security inspections, etc. Post orders for alternate housing areas should be in place.				

Ensure all meals are served in-unit for Individuals housed in Medical Isolation.				
<p>Ensure Isolation housing protocols are in place to provide at least the minimum level of conditions of confinement, including:</p> <ul style="list-style-type: none"> ➤ An outdoor recreation schedule, if possible. ➤ Daily access to out of cell dayroom, if possible. ➤ Daily phone access ➤ Daily access to laundry services and/or change of clothing ➤ Minimum 3x weekly shower access ➤ Incoming / outgoing mail without restriction ➤ Commissary/store similar as scheduled by originating unit. ➤ Access to workbooks, TVs, Jpay and other available recreational materials ➤ Access to mental health staff and emergency/necessary medical services ➤ Video visits if scheduled and possible by location. 				
Conduct a review of the staffing to minimize access to Isolation area/s. Only those staff needed for critical work should be permitted into these area/s.				

Protocols and PPE:

Actions	Time Started	Time Completed	Initial	N/A
Follow the most current versions of the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline and PPE Matrix , and/or any updated current Interim Guidance published.				
Offer Surgical and/or voluntary use N95 masks for all incarcerated individuals in a facility. Have N95s available at all times during an outbreak or cluster for voluntary usage.				
Establish unit PPE donning/doffing stations inside/outside Isolation areas/units. COVID ICP Command staff will ensure daily checks on PPE stations.				
Ensure Spotter Guide Poster and PPE Matrix is available to staff at the stations and posted.				
Ensure a system is in place to adequately stock PPE, disinfecting supplies, and disposal receptacle(s).				

Step Down Process:

Actions	Time Started	Time Completed	Initial	N/A
Once Cluster or Outbreak status is lifted, ensure standard notifications are made to Staff, Incarcerated, and Visitors. Remove postings and Routine Masking when/where possible.				

Section II:

High-Risk Areas: Housing units with a high concentration of individuals at high risk for severe COVID-19 may be placed on protective separation status in order to reduce the risk of introduction and transmission of COVID-19. This includes stricter strategies and a separate outbreak definition for these areas. [Screening, Testing, and Infection Control Guideline V.34](#)

- a) At the current time, the following units are on protective separation status:
 - i) CRCC-Sage East. (See Section III for Sage Specific Instructions)
 - ii) MCC-WSR A.
 - iii) All DOC facility inpatient units (IPUs)

Cluster in High Risk Area

See standard prison guidance, no difference in Cluster for high risk areas.

Outbreak In High Risk Area

A group of confirmed cases of COVID-19 that includes at least one member of the prison population.

Limited Area Outbreak:

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

Facility Wide Outbreak:

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

Quarantine:

Quarantine status will now be implemented **only** in high-risk units: all IPU's, MCC-WSR and CRCC-SAGE. The rest of DOC areas and facilities, including Reentry Centers, will no longer implement quarantine status as a COVID-19 strategy. Patients in these high-risk areas who are asymptomatic but have been exposed to confirmed or suspected COVID-19 patients should be placed on quarantine status. If a unit goes on outbreak status, follow the section Outbreak Testing and Management (SEE V34 page 11)

STAFF:

- a) Only necessary and assigned staff should have access to this unit.
- b) Staff must wash hands before entering and exiting the unit.
- c) Staff will wear surgical masks at all times while working in IPU's and CRCC-Sage East despite community and facility COVID-19 levels.
- d) No staff interacting with quarantined and isolated individuals should be entering these units during their assigned shift.
- e) When not interacting with patients, staff will maintain 6 feet of distance from other staff as possible.
- f) Staff working in SAGE will be rapid tested every shift, prior to entering the unit/tier. Staff who have previously tested positive for COVID-19 within the past 30 days do not need to test daily.

INCARCERATED INDIVIDUALS:

- a) Individuals are restricted to interacting with others only from within their living unit if possible.
 - b) Patients are encouraged to wear a surgical mask at all times when outside of their cell/room.
 - c) Patients are encouraged to eat meals in their rooms if safe to do so.
 - d) Individuals shall be given pill line at their cells or at a unique time away from others in the facility.
 - e) Individuals should be allowed to go outside with just their living unit.
 - f) Porters should be from the unit in protective isolation when possible and may not be from a unit with known active cases.
 - i) If porters are not from the protective living unit they are working in, they will undergo daily COVID-19 RAT testing prior to attending work.
- 2) **Testing of incarcerated individuals transferring into protective separation units:**
- a) Patients transferring into protective separation units will be offered the COVID-19 vaccine prior to transfer, if possible, or upon arrival in the unit, if the vaccine series, including booster dose, was not already completed.

TESTING:

- 1) **Testing of incarcerated individuals transferring into protective separation units:**
 - a) Patients transferring into protective separation units will be offered the COVID-19 vaccine prior to transfer, if possible, or upon arrival in the unit, if the vaccine series, including booster dose, was not already completed.

SECTION III (Sage East and IPUs)

- a) **For Sage East only**, prior to transfer into the unit, patients will have:
 - i) Two negative COVID-19 test results and a negative viral respiratory panel (no rapid influenza test is necessary). The second COVID test should be collected with the viral respiratory panel 7 days after the first COVID test.
 - ii) The transfer should occur as soon as possible after the second test results are received and within 1 week of testing.
 - iii) Incarcerated individuals should be screened the day of transfer utilizing the screening questions and temperature checks per protocol for intrasystem transfers.
- b) Patients transferring into facility **inpatient units (IPUs)** from another or elsewhere in the same facility:
 - i) Do not require testing PRIOR to transfer to the IPU. If a patient is requiring IPU transfer, care should not be delayed by obtaining a COVID19 RAT prior to transfer.
 - ii) Patients should be screened the day of transfer utilizing the screening questions and temperature checks per protocol for intrasystem transfers.
 - iii) Upon arrival in the IPU, place transferring inpatients into single rooms, whenever possible.
 - iv) After arrival, collect COVID-19 RAT twice, on day 0 and day 5 of admission to IPU.
 - v) Patients should not intermix, have access to inpatient unit day rooms, or be roomed together until they have had two negative COVID test results and a negative viral respiratory panel.
 - vi) Patients on isolation or quarantine for COVID-19 should be placed in a negative pressure room when housed in an IPU. If no negative pressure room is available, consult with COVID-19 Clinical Leadership.
 - vii) Patients returning to the IPU from a community hospital after **at least** an overnight stay, will be placed into intake separation upon return. **Intake separation is not necessary if they return directly to general population or if it is an emergency room visit that does not include an overnight stay.**

Notes
