

This manual is only intended for use by staff from the Los Angeles County Department of Public Health.

Please check this webpage to view the current guidance:

<http://publichealth.lacounty.gov/acd/ncorona2019/b73covid/Corrections/index.htm>

Forms

- COVID-19 Outbreak Line List for Corrections [Excel](#)

REPORTING PROCEDURES

Under Title 17, Section 2500, *California Code of Regulations* all suspected outbreaks are reportable.

Definition of Outbreak:

1. At least two or more laboratory confirmed cases (symptomatic or asymptomatic) of COVID-19 among incarcerated/detained individuals, OR
2. At least three or more laboratory confirmed cases (symptomatic or asymptomatic) of COVID-19 among staff, OR
3. A sudden increase of acute febrile respiratory illness (e.g. Fever measured or reported as >100.0° F and either a cough, sore throat, or shortness of breath) in the setting of community transmission of COVID-19—a minimum of two Person Under Investigation (PUI).

LAC DPH will be requiring that all incarcerated/detained persons who have symptoms consistent with COVID-19 in a housing unit with other known cases, but who have not been tested, be considered a “presumed case.”

Presumed cases should meet the following criteria:

- a. At least two of the following symptoms/signs: fever (measured or subjective), chills, rigors, myalgia, headache, sore throat, new olfactory and taste disorder(s), OR
- b. At least one of the following symptoms: cough, shortness of breath, or difficulty breathing, OR
- c. Severe respiratory illness with at least one of the following:
 - i. Clinical or radiographic evidence of pneumonia, OR
 - ii. Acute respiratory distress syndrome (ARDS) AND
- d. No alternative more likely diagnosis.

Epidemiologic Data for Outbreaks

- a. Establish a case definition (i.e., fever [measured or reported] and either cough, sore throat, or stuffy nose): include pertinent clinical symptoms and laboratory data.
- b. Confirm etiology of outbreak using laboratory data.
- c. Create a line list and contact information following the COVID-19 template above.
- d. Maintain surveillance for new cases until no new cases for at least 2 weeks.
- e. Create an epi-curve, by date of onset (see CDC Quick Learn Lesson: [Create an Epi Curve](#) for guidance). Only put those that meet the case definition on the epi-curve. (Optional)

CONTROL OF CASE, CONTACTS & CARRIERS

Case

See detailed instructions below for single cases and multiple cases in incarcerated/detained persons, as well as cases in facility staff.

CONTACTS

Contacts are defined as HCWs or incarcerated/detained persons who have:

- a. Been within approximately 6 feet of a person with COVID-19 for a prolonged period (greater than 2 minutes) per CDC criteria; OR

- b. Had unprotected direct contact with infectious secretions or excretions of the resident (e.g., coughed on, touched used tissues with a bare hand).

Healthcare Personnel (HCP):

Facility to identify all close contact HCP (includes clinical and ancillary staff), and determine risk status using the guide outlined in [LAC DPH Guidance for Monitoring Healthcare Personnel](#) and a companion guidance, [CDC Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 \(Interim Guidance\)](#).

Document the contacts on the **COVID-19 Contact Information Form** (see [Report Forms section](#)) and submit it to DPH as requested by DPH

- a. Monitor and follow-up for symptoms with HCP contacts during or at the end of monitoring period to check-in and respond to concerns.

Visitors:

Correctional/detention facilities to identify any close contact visitors that may have been exposed to a confirmed case and instruct to self-quarantine and self-monitor for symptoms for 14 days after last exposure. Visitors should call their primary care provider to discuss testing options and guidance.

Correctional/detention facilities should be encouraged to maintain daily visitor log with date and time of visit as a regular practice.

Steps correctional/detention should take to reduce the spread of COVID-19

(Refer to [Guidance for Managing COVID-19 in Correctional and Detention Facilities](#))

Key recommendations include:

1. The facility must conduct COVID-19 diagnostic testing for incarcerated/detained persons, which may include those with and without symptoms.
2. The facility must report all confirmed or suspected COVID-19 cases and deaths to LAC DPH immediately by email at covidcorrections@ph.lacounty.gov.
3. The facility will comply with state and local guidelines for interfacility transfers.

Visit the [LAC DPH COVID-19 website](#) frequently for updated information on COVID-19 testing, infection control, FAQs, and guidance for facilities.

General and Administrative Considerations

1. Identify a mechanism for your facility to obtain SARS CoV-2 samples and to send these specimens from your facility to a lab.
2. Review and follow the CDC's [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#) and use [CDC guidance](#) on conservation of personal protective equipment (PPE). Develop a surge plan for emerging infectious diseases, particularly suspected or confirmed COVID-19 patients.
3. Plan for ways to continue essential services if on-site operations are reduced temporarily.
4. Plan for employee absences and create a back-up/on-call system.
5. Discontinue group activities, field trips, and communal dining.
 - a. All meals are to be served within individual rooms unless it is unsafe for incarcerated/detained persons to eat unsupervised.
 - b. Staff may eat together in staff break rooms or a separate designated area, but physical distancing of six feet or more between persons must be enforced at all times while eating.
6. Immediately implement symptom screening for all staff, incarcerated/detained persons, and visitors—including temperature checks. Incarcerated/detained persons should have their temperature taken every 12 hours if it is a medical facility. If there are no medical staff at the facility, incarcerated/detained persons should self-monitor their temperature every 12 hours.
 - a. Every individual, regardless of reason, entering the correctional facility (including incarcerated/detained persons, staff, visitors, outside healthcare workers, vendors, etc.) should

- be asked about COVID-19 symptoms and they must also have their temperature checked. An exception to this is Emergency Medical Service (EMS) workers responding to an urgent medical need. They do not have to be screened, as they are typically screened separately.
- b. Records are to be kept of staff and incarcerated/detained persons temperature checks.
 - c. Facilities should limit access points and ensure that all accessible entrances have a screening station.
 - d. Anyone with a fever (100.0° F or 37.8° C) or symptoms (fever, chills, sore throat, cough, sneezing, shortness of breath, gastrointestinal symptoms, or not feeling well) may not be admitted entry.
7. Prohibit visitors from entering the facility unless compassionate care situations, such as end-of-life.
 - a. Those with symptoms of a respiratory infection (fever, cough, shortness of breath, or sore throat) should not be permitted to enter the facility at any time (even in end-of-life situations).
 - b. Post signs explaining visitor restrictions.
 - c. Set-up alternative methods of visitation such as through videoconferencing through skype or FaceTime
 - d. Those visitors that are permitted, should be screened for fever and respiratory symptoms, must wear a face covering while in the building, and should restrict their visit to the resident's room or other location designated by the facility. They should also be reminded to frequently perform hand hygiene and to practice physical distancing while in the facility.
 8. Restrict all volunteers and non-essential staff.
 9. All facility personnel should wear a surgical mask or non-medical face covering while they are in the facility.
 - a. Staff must wear either an N95 respirator or a surgical mask when in patient care areas.
 - b. Masks and respirators are not required for staff working alone in closed areas unless they are moving through common spaces where they may interact with other staff or incarcerated/detained persons.
 - c. All staff should follow physical distancing and hand hygiene guidance.
 10. All incarcerated/detained persons must wear cloth face coverings when outside their room. This includes persons who must regularly leave the facility for care (e.g. hemodialysis patients). Surgical masks are required for any resident that is COVID-19-positive or assumed to be COVID-19-positive.
 - a. The facility is required to provide each resident with a clean non-medical face covering. Surgical masks should be reserved for staff.
 11. Provide education and job-specific training to staff regarding COVID-19, including:
 - a. Signs and symptoms
 - b. Modes of transmission of infection
 - c. Correct infection control practices and personnel protective equipment (PPE) use
 - d. Staff sick leave policies and recommended actions for unprotected exposures (e.g., not using recommended PPE, an unrecognized infectious patient contact)
 - e. How and to whom COVID-19 cases should be reported
 12. Ensure that your facility has the capacity to isolate incarcerated/detained persons with COVID-19 and quarantine persons who are close contacts of a COVID-19 case.
 13. Establish a COVID-19 area within the facility:
 - a. The COVID-19 area is for persons who have suspected or confirmed COVID-19. The area must be physically separated from the area for those who do not have COVID-19.
 - b. All staff, equipment and common areas should be kept separate as much as possible.
 - c. Designate HCP who will be responsible for caring for suspected or known COVID-19 incarcerated/detained persons. Ensure they are trained on the infection prevention and control recommendations for COVID-19 and the proper use of PPE.

- d. All staff should follow physical distancing and perform frequent hand hygiene.
 - e. If staffing scarcity requires staff to work with COVID-19 positive and negative incarcerated/detained persons, staff should be careful to change required PPE between patients, though N95 and face shields may be worn throughout the day consistent with [CDC PPE conservation contingency strategies](#).
14. As much as possible, have employees work at only one facility in order to reduce interfacility spread of COVID-19.

WHAT TO DO IF YOU IDENTIFY ONE OR MORE COVID-19 CASES IN A CORRECTIONAL FACILITY

1. Immediately initiate standard, contact, and droplet precautions, plus eye protection for all suspect or confirmed persons with fever and/or respiratory symptoms.
2. Ensure all facility staff (i.e. food service workers, receptionist, housekeeping) and HCP wear face masks at all times. For conservation of Personal Protective Equipment (PPE), refer to [CDC guidance](#) on conservation of PPE.
3. Increase environmental cleaning throughout the facility with emphasis on high touch surfaces particularly in the unit where the resident was located. If you have not already done so, ensure that you are using an approved cleaning agent: [List N: Disinfectants for Use Against SARS-CoV-2](#).
4. Continue to restrict visitors.
5. Continue to monitor all exposed incarcerated/detained persons for fever and respiratory symptoms (i.e. cough, sore throat, shortness of breath) until 14-day after the last COVID-19 case has recovered.
6. Designate an area in your facility for the placement of suspect incarcerated/detained persons and cohort staff caring for suspect cases to minimize transmission.

CLOSURE CRITERIA

Outbreak can be closed once closure criteria is met:

14 days have passed since last confirmed or symptomatic case (includes staff and incarcerated/detained persons).

DEATH REPORTING

ACD COVID Corrections team must be notified of a death and the facilities will need to complete and submit a death report form to ACDC.