



Virginia Department of Corrections
**Medical Guideline for the Prevention and Management of
Coronavirus (COVID-19) in Correctional Facilities**

I. Introduction

A novel (new) coronavirus was first detected in Wuhan City, Hubei Province, China and has now been detected in at least 210 countries locations internationally, including the United States. In the United States, COVID-19 has been detected in all 50 states, Guam, the Northern Mariana Islands, Puerto Rico and the U.S. Virgin Islands. The virus has been named SARS-CoV-2 and the disease it causes has been named Coronavirus Disease 2019 (COVID-19).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a Public Health Emergency of International Concern and was declared a pandemic on March 11, 2020. On January 31, 2020, a public health emergency was declared for the United States to aid the nation's healthcare community in responding to COVID-19.

On March 12, 2020 Virginia Governor Ralph Northam declared a [State of Emergency](#) and outlined additional measures to combat COVID-19 in the Commonwealth of Virginia. On March 30, 2020 a stay at home [Executive Order Fifty-Three](#) was issued to direct all Virginians to stay at home except for allowable travel including work, seeking medical attention, caring for family or household members, obtaining goods and services and engaging in outdoor activities with strict social distancing requirements.

Virginia cases of COVID-19 are reported daily at the [Virginia Department of Health \(VDH\) COVID-19 database](#). The [Centers for Disease Control and Prevention \(CDC\)](#) and [VDH](#) both provide guidance on COVID-19 in Correctional Facilities.

II. Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses, such as SARS-CoV-2 can infect people and then spread between people.

The SARS-CoV-2 virus is a beta coronavirus that has its origin in bats. The sequences suggest a likely single, recent emergence of this virus from an animal reservoir. Early on, many of the patients in the COVID-19 outbreak in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread.

Current data suggest that the virus is spread mainly from person-to-person and most commonly happens during close exposure to a person infected with the virus. This virus is spread through respiratory droplets produced when an infected person speaks, coughs or sneezes. Droplets can come in

contact with the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Transmission might also occur through contact with contaminated surfaces followed by self-delivery to eyes, nose or mouth; however, this is not thought to be the main way the virus spreads.

People are contagious when asymptomatic and it is thought that unrecognized asymptomatic and pre-symptomatic infections likely contribute to transmission in long-term care facilities and other healthcare settings.

In the VADOC, the risk of introduction of COVID-19 will come primarily from new or transferred incarcerated persons, ill staff, or visitors. This guideline will primarily focus on prevention of new cases and management of suspected cases or outbreaks and is intended for Medical Staff. Guidelines are adopted from and adhere to both CDC and VDH COVID-19 correctional facility guidelines.

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IV. Abbreviations

- AIIR: Airborne Infection Isolation Room
- COVID-19: Coronavirus Disease 2019
- CDC: Centers for Disease Control and Prevention
- EMS: Emergency Medical Services
- EPA: Environmental Protection Agency
- PPE: Personal Protective Equipment
- PUI: Persons Under Investigation
- VADOC: Virginia Department of Corrections
- VDH: Virginia Department of Health

V. External Resources

Local VDH Office locator	http://www.vdh.virginia.gov/local-health-districts/
CDC Corrections Guidelines	https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html
VDH Corrections Guidelines	http://www.vdh.virginia.gov/coronavirus/vdh-covid-19-interim-guidance-for-correctional-facilities/
CDC PPE Guidelines and Instructions	https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

VI. Communications Regarding COVID-19

1. Personnel from Classification and Records will contact jails to determine if they have any offenders confirmed or suspected cases of COVID-19
2. If any At Risk, Persons Under Investigation or Confirmed COVID-19 cases are identified, immediately contact your [local Virginia Department of Health](#) for notification and instructions on management. Notify the Warden at the affected facility. Also notify, by email, the VADOC Epidemiology Nurse, Angie Brennan, RN, and the Chief Physician, Mark Amonette, MD. If there are questions, you may contact the VADOC Epidemiology Nurse at (804) 201-8793 or the Chief Physician at (804) 912-5022.
3. For questions regarding the status of an individual, questions about COVID-19, contact the local VDH office.
4. If you cannot contact an official at your local Health Department and have an urgent issue, such as reporting a COVID-19 or determining the status of an offender waiting to enter a facility, contact the state Epidemiologist on call at **(866) 820-9611**. They should be able to contact a local Health Department official. For non-urgent questions please wait until a local Health Department official is available.
5. Prior to transport to a local hospital/medical facility, contact the staff prior to sending an offender. See Section VII.9 for more information.
6. Health services staff at headquarters and VDH staff will determine if any point prevalence surveillance is needed.

VII. Prevention

1. Hygiene

- Reinforce healthy hygiene practices, and make sure hygiene supplies are properly stocked throughout all medical and living areas.
- Practice good cough etiquette: Cover your mouth and nose with your elbow (or ideally with a tissue) rather than your hand when you cough or sneeze, and throw all tissues in 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 or preparing food; before taking medication.
- Avoid touching your eyes, nose or mouth without cleaning your hands first.

2. Intake and Transfer of Offenders

- Intake of new offenders from jails or the community should be restricted, if possible.
- The status of any case(s) of active or suspected COVID-19 at jails should be known at the time of transfer of an offender to a reception center based on communication with Classification and Records and the jail.
- All offenders entering VADOC are to be routed to Sussex I State Prison, if medically appropriate. After a 14-day observation period, the offender will be directed to the appropriate facility.
- All offenders are to be temperature checked and screened prior to entry into or departure from the facility by asking questions on Attachment A: Offender Intake and Transfer Screening Questionnaire. This may be performed by Security.
 - If medical screening does not take place immediately, place surgical mask on offender.
 - If individual is a suspected case, based on medical screening, offender should wear surgical mask
 - If not a suspected case, offender can wear cloth mask
- If an offender entering a facility gives an affirmative answer to any one of the questions on Attachment A, isolate in a predetermined Hold In room at the Sally Port designated for the purpose of managing offenders with possible COVID-19. The room should have a bathroom, tissues and lined, no-touch trash can
- A surgical mask should be placed on any offender being prepared for transport out of a facility who is under quarantine, suspected or pending/confirmed case. A cloth mask should be placed on all other offenders.
- If an offender gives an affirmative answer to any one of the questions on Attachment A, transfer should be postponed, and they should be placed in an AIIR. An exception is, if the offender is being transported out for an urgent or emergent medical reason and it is communicated to the receiving facility/medical institution that the offender is At Risk for COVID-19 and that facility is prepared to receive the offender.
- Once an offender has been determined to be at risk based on screening with Attachment A, a Nurse or Physician/Provider should be notified to medically assess the offender using Attachment B, COVID-19 Medical Evaluation Tool, and that documentation placed in the offender's medical file in the Complaint and Treatment section.
- The CDC recommends ruling out other causes of flu-like illness before testing for COVID-19. Therefore, Influenza should be ruled out if testing is available and influenza is circulating in the community.
- Once screening is complete, the offender should be managed according to the determined

level of risk as outlined below.

A. COVID-19 Risk Stratification

Precautions should be taken when coming into contact with any offender regardless of risk level even if an offender provides all negative responses on Attachment A.

- i. **At Risk Offender – An Offender Who Reports the Following:**
 - Close contact with a person known to have 2019-nCoV illness **OR** fever, cough, shortness of breath
 - In the context of COVID-19, close contact is considered to be within 6 feet of a COVID-19 case for 10 minutes **OR** have had direct contact with infectious secretions of a COVID-19 case (i.e. have been coughed on).
 - Coming from a jail with a known or suspected case of COVID-19 in the past 14 days.
 - An offender who gives an affirmative response to any one of the three questions on Attachment A: Offender Intake and Transfer Screening Questionnaire.
 - Any offender who rides in a transport vehicle with an offender who is found on screening to be a COVID-19 PUI.
 - Being managed for active COVID-19 or monitored for COVID-19.
- ii. **Suspected Case/ Person Under Investigation:** Any offender deemed to be a Person Under Investigation based on above criteria.
- iii. **Confirmed COVID-19 Case:** Any offender who has tested positive for COVID-19.

3. Management of New Intakes

All offenders, regardless of risk level, should be given a mask to wear, temperature checked and screened prior to entering any facility.

A. At Risk Offenders

- Immediately place a surgical face mask on the offender.
- Maintain a social distance (at least 6 feet) from the affected offender until they can be placed in isolation/single cell or are sent to the hospital.
- Thoroughly wash hands if you have had close contact with the offender.
- Offender should be placed in an Airborne Infection Isolation Room (AIIR or negative pressure room) if available with a toilet and shower. The facemask can be removed once in an AIIR but should be placed back on if staff enter AIIR. If AIIR is not available place in single cell until a disposition is determined.
- Notify the VDH, the VADOC Epidemiology Nurse, the VADOC Chief Physician, and the Warden of the facility where the offender is located, per Section VI of this guideline.
- The VDH will determine, based on their criteria, whether the offender is a Person Under Investigation and should be tested for COVID-19. If the VDH determines that the offender does not need to be tested for COVID-19 and the Institutional Physician/Provider disagrees with the assessment of the VDH and feels the offender is at risk and should be tested, the Physician/Provider can order a test for COVID-19 from a private lab.
- If the offender is symptomatic, the Nurse should notify the Institutional Physician/Provider for any orders regarding managing the offender/patient including transport to a hospital if seriously ill.
- If the Health Department determines that the offender has already been monitored and

declared free of COVID-19 since the last known exposure to COVID-19, AND determines that the offender does not meet criteria for a COVID-19 Person Under Investigation status and no other condition or symptom deems AIIR necessary, the offender can be released from AIIR.

- If the offender has not already been monitored then s/he should remain in Airborne Isolation, or single cell if AIIR is not available, until Health Department approval to release.
- If at any point, the offender develops respiratory illness OR has close contact with someone known to have COVID-19 illness treat as a PUI.

B. Person Under Investigation

- Immediately contact the Medical Department/Health Authority/Nurse on duty, the Warden, and the local Health Department.
- The Warden or designee should mobilize the Strike Force to send trained officers to secure offender if needed.
- The affected offender should remain in the Hold In room or isolation cell until the medical staff arrives.
- Follow instructions from the VDH on management of any staff or other offenders who may have been exposed to the affected offender.
- The facility should be placed on quarantine and any offender movement into or out of the facility should be halted until the VDH provides instructions on management of the offender population and staff.
- The Health Authority or designee should make a list of all persons they can identify who may have been exposed to the offender with COVID- 19 to aid the VDH in any investigation they may conduct.

4. Personal Protective Measures

- All offenders are required to wear cloth masks at all times unless instructed to remove by staff member.
- Staff are required to wear cloth masks at all times
- When coming in close contact with or entering an isolation room of an At Risk offender, PUI, or confirmed COVID-19 case, staff, including medical and non-medical personnel, should wear appropriate PPE
- Staff should follow the [CDC guidelines for Personal Protective Equipment](#) (PPE) and VADOC Medical PPE Risk Zones (See Section VIII.3) for guidance when to wear PPE.
- Maintain social distance (at least 6 feet) from staff and offenders at all times when possible.
- Once a PUI is identified, limit further interaction with the affected offender, if possible, only to designated local health department healthcare responders, EMS responders, and Strike force officers.
- Avoid touching the offender with COVID-19 or surfaces s/he has touched without donning PPE. No direct contact should be allowed to take place with the COVID-19 offender by anyone not wearing appropriate PPE.
- If life-saving care is needed, the minimum PPE that must be donned before entering the room includes a N95 or NIOSH approved respirator, gloves, goggles or face shield, and impermeable gown.
- Hand hygiene should be performed by washing hands with soap and water for at least 20 seconds. Hands should be washed after all offender contact, if visibly soiled, contact with

- infectious material, and before putting on and removal of PPE including gloves.
- Once an offender with COVID-19 has been removed, cordon off any room/cell in which the affected offender has occupied until an assessment has been completed, and the space has been appropriately cleaned and disinfected.

VIII. Management

1. General Guidance

- A. For any offenders already housed in a facility who are identified as **At Risk, Person Under Investigation, or a Confirmed Case** of COVID-19 follow Communications Regarding COVID-19 outlined in Section VI of this guideline. In addition to the steps outlined below, we will also maintain communication with the Virginia Department of Health and follow other recommendations they may offer.
- B. Note that when the plan calls for quarantine of a housing unit or facility for 14 days, that is for 14 days after the most recent identified case.
- C. Monitoring for signs/symptoms of disease include
 - Cough
 - Shortness of breath or difficulty breathing
 - Or at least two of these symptoms:
 - i. Fever, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell
 - Monitoring of offenders who are At Risk, or a Person Under Investigation, should include temperature check and symptom screening twice per day.
 - Monitoring of an offender with confirmed COVID-19 should include temperature and pulse oximetry checks at least twice per day and more frequently if clinical circumstances warrant, as ordered by the provider. Twice per day checks should be conducted at approximately 10-12 hour intervals.
- D. The CDC recommends ruling out other causes of flu-like illness before testing for COVID-19. Therefore, Influenza should be ruled out if testing is available and influenza is circulating in the community.
- E. For any of the scenarios below, if an Airborne Infection Isolation Room (AIIR) is not available, the offender should be placed in a single cell until a disposition is determined.
- F. Individual medical isolation and quarantine is always preferable, but CDC provides a [hierarchy of preferred](#) options if cohorting is necessary
- G. In medical isolation, an offender will be provided all approved items including additional items identified by CDC (tissues and, if permissible, a lined no-touch trash receptacle) for medical isolation.
- H. Solitary confinement or other punitive spaces should not be used for quarantining
 - If such a space is the only option, the space should be outfitted with anything the offender would have in their normal cell (communication options, entertainment, toiletries, etc)
- I. Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns
 - If an offender will be released who is under quarantine, suspected or confirmed COVID-19 or with pending test results, contact local VDH and the probation office to arrange for safe transport and continuation of medical care and medical isolation as a result of release planning

2. Medical Isolation Housing Preferences

- A. In order of preference, individuals under medical isolation should be housed:
1. Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
 2. Separately, in single cells with solid walls but without solid doors
 3. As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Per CDC Correctional guidelines, employ social distancing strategies related to housing.
 4. As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Per CDC Correctional Guidelines, employ social distancing strategies related to housing.
 5. 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. (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.)
 6. 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. Per CDC Correctional Guidelines, employ social distancing strategies related to housing.
 7. Safely transfer individual(s) to another facility with available medical isolation capacity 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.)
- B. If the ideal choice does not exist in a facility, use the next best alternative.
- C. If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)
- D. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check regularly for updates as more data become available to inform this issue.

3. PPE Risk Zones

- A. Medical Staff Risk Zones are in effect, and the proper PPE should be worn depending on risk zone.
1. Red Zone: Offenders that are COVID-19 Positive (includes isolation and cohorting of positive cases)
 - All Medical Staff in Red Zone with Potential for Close contact should wear:
 - Droplet surgical mask (all day, unless in N95). N95 should be donned for any close contact of any duration, when in an open dorm with positive patients or for high risk procedures.
 - Face Shield or Goggles and Gowns (all day)
 - Gloves (all day, change in between contact with hand hygiene)
 2. Yellow Zone: Offenders undergoing Sick Call in Medical; Quarantine Building; Other areas deemed a Yellow Zone by Medical Staff
 - All Medical Staff in Yellow Zone should wear:

- Droplet surgical mask (all day)
 - Gloves (only for any offender contact)
 - Gowns and eye protection should be worn when in close contact with offender for more than 5 minutes or if contact is high risk (i.e. nebulizer treatments, CPR)
 - Offenders should have droplet surgical masks on at all times
3. Green Zone: No COVID-19 positive cases and low traffic areas
- No PPE needed
 - All staff and offenders wear cloth face masks
 - Promote handwashing for 20 seconds frequently

4. Medical Isolation of Suspected COVID-19 Case

- Isolate the individual to an AIIR, if available, with restriction of movement for 14 days. If an AIIR is not available, isolate the affected individual according to section VIII.2. Medical Isolation Housing Preferences, found on page 8.
- Offender should wear facemask if required to leave isolation area or if staff enter isolation area
- Meals and medical care provided in isolation area
- Assign a dedicated bathroom, ideally attached to isolation area
- Tissues and lined, no-touch trashcan provided
- Exclude from activities and contact facility staff to arrange for alternative options.

5. Medical Isolation of Confirmed/Clinically Diagnosed Case

- Isolate the individual to an AIIR, if available, with restriction of movement until resolution of illness. If an AIIR is not available, isolate the affected individual according to section VIII.2. Medical Isolation Housing Preferences, found on page 8.
- Offender should wear facemask if required to leave isolation area or if staff enter isolation area
- Meals and medical care provided in isolation area
- Assign a dedicated bathroom, ideally attached to the room
- Tissues and lined, no-touch trashcan provided
- Exclude from activities and contact facility staff to arrange for alternative options.
- Quarantine/Lock down the housing area where the affected offender is housed and serve meals in the housing area for 14 days
- Quarantine/Lock down the facility where the affected individual is housed for 14 days
- No offender or visitor movement into or out of the facility
- Offenders outside the affected offenders housing area may move about the facility and go to chow hall for meals
- Monitor offenders for signs/symptoms of disease

6. Two or More Confirmed Cases in Separate Housing Units

- Isolate the affected individuals to AIIRs, if available, until resolution of the illness. If an AIIR is not available, isolate the affected individual according to section VIII.2. Medical Isolation Housing Preferences, found on page 8.
- Offender should wear facemask if required to leave isolation area or if staff enter isolation area
- Meals and medical care provided in isolation area
- Assign a dedicated bathroom, ideally attached to the room

- Tissues and lined, no-touch trashcans provided
- Exclude from activities and contact facility staff to arrange for alternative options.
- If there are not enough AIIRs to accommodate the number of affected individuals, consult with the VADOC Epidemiology Nurse, Angie Brennan, Chief Physician, Mark Amonette, and the Health Department to develop a strategy to isolate the affected offenders.
- Quarantine the housing units where the affected offenders are housed and serve meals in the housing units for 14 days.
- Quarantine the entire facility for 14 days. No offender or visitor movement into or out of the facility. Offenders outside the affected offenders housing units may move about the facility and go to chow hall for meals.
- Monitor offenders for signs/symptoms of disease

7. Offender Becomes Symptomatic and is Confirmed COVID-19 after Moving from One Facility to Another during the Infectious Period

- Isolate the affected individual to an AIIR, if available, for the duration of illness. If an AIIR is not available, isolate the affected individual according to section VIII.2. Medical Isolation Housing Preferences, found on page 8.
- Offender should wear facemask if required to leave isolation area or if staff enter isolation area
- Meals and medical care provided in isolation area
- Assign a dedicated bathroom, ideally attached to the room
- Tissues and lined, no-touch trashcan provided
- Exclude from activities and contact facility staff to arrange for alternative options.
- Quarantine housing units in both facilities where the offender has been housed and serve meals in the housing units for 14 days
- Quarantine both facilities where the offender has been housed for 14 days
- No offender or visitor movement into or out of the facility
- Monitor offenders in both facilities for signs/symptoms of disease

8. Quarantining Close Contacts of COVID-19 Cases

- Quarantine 14 days from last exposure with twice daily symptom and temperature checks
 - If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result and has no symptoms, the quarantined individual should be released from quarantine restrictions.
 - If a quarantined individual develops symptoms, they should be moved to medical isolation immediately and further evaluated
- Close contact includes spending 10 minutes or more within six feet from a symptomatic case or having direct contact with secretions
- Keep a quarantined individual's movement outside the quarantine space to an absolute minimum
 - Provide medical education and care inside or near quarantine space when possible
 - Serve meals inside quarantine space
 - Exclude quarantined individual from activities and contact facility staff to arrange for alternative options.
 - Assign a dedicated bathroom space when possible
- Individual quarantine is preferable

- CDC provides a [hierarchy of preferred](#) options if cohorting is necessary
- Staff who have close contact with quarantined individuals should wear recommend PPE if feasible based on local supply, feasibility and safety within scope of their duties
- Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during 14-day period
- Continue to encourage offenders to notify staff if symptoms develop
- Encourage handwashing

9. Transfer to Local Hospitals/Medical Centers

- Before any offender is transferred to a local hospital or medical center, staff must call the medical facility indicating desire to send offender. A phone consultation may be required to evaluate the situation prior to approval for transfer to occur
- Consultation should include specific information regarding offender symptoms that may indicate suspected COVID-19 infection
- Life threatening care should not be delayed, but a call should be made to notify suspected COVID-19 cases are in route to a local medical facility
- VCU Transfer Center can be reached at 804-828-2638

10. Release of a Confirmed COVID-19 Case from Medical Isolation

- When an offender has been diagnosed with COVID-19 and their illness has resolved, this addresses when they can be released from isolation.
 - Test-based Strategy:
 - Resolution of fever without medication for three days and
 - Improvement in respiratory symptoms and
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart.
 - Symptom-based Strategy:
 - Resolution of fever without fever-reducing medication for three days and
 - Improvement in respiratory symptoms and
 - At least 14 days have passed since symptoms first appeared
 - For Those Who Never Showed Symptoms
 - Test-based Strategy as outline above
 - Time-based Strategy
 - At least 14 days have passed since the first positive COVID-19 diagnostic
 - No development of new symptoms
 - [For those who are immunocompromised](#), discontinue isolation with testing
 - Resolution of fever without the use of fever-reducing medications and
 - Improvement in respiratory symptoms and
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart.

11. Environmental Infection Control

- Refer to the [VADOC Medical Epidemic / Pandemic Sanitation Plan](#) for minimal cleaning that takes place in Medical areas. Additional cleanings should occur as needed
- Adhere to [CDC recommendations for cleaning and disinfection](#) during the COVID-19 response. Monitor recommendations for updates.

- A Hold In room or isolation cell which an offender has occupied and remained without signs/symptoms and diagnosis of COVID-19 the entire time, can be cleaned by housekeeping in the usual fashion.
- Dedicated medical equipment is to be used when caring for patients with known or suspected COVID-19
 - All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policy
- Any staff member or offender performing cleaning should wear PPE
- Thoroughly clean and disinfect all areas where confirmed or suspected COVID-19 case spent time
- Special care should be taken in cleaning and disinfecting spaces where confirmed or suspected COVID-19 cases spent time
 - Close off areas used by infected individual. Wait as long as practical (up to 24 hours) before beginning to clean and disinfect, to minimize potential exposure to respiratory droplets
 - Clean and disinfect all areas used by infected individual, focusing on frequently touched surfaces
- Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. See www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html and <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
 - Follow label instructions and take precautions when using product, such as wearing gloves and making sure there is good ventilation
- Laundry from COVID-19 cases can be washed with other individual's laundry but should be handled wearing disposable gloves. COVID-19 laundry should not be shaken.
- Disposable food should be placed in trash in medical isolation room. 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 hands after removing gloves.

IX. References

1. Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings. Centers for Disease Control and Prevention.
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Signature on file

Dr. Mark Amonette
Medical Director