## Record Keeping

1. A line list should be kept and updated daily with new cases and new quarantined units as soon as they are identified.  
   - Infection Control Team/Record-Keeping Team
2. A second line list should be kept and updated daily to keep track of those who have been exposed. This line list should include details about the level of exposure when possible.  
   - Infection Control Team/Record-Keeping Team
3. A separate line list should be kept to track staff who fall ill or are on leave for other reasons.  
   - HSA/Infection Control Team/Record-Keeping Team
4. The line lists should be reviewed daily, and new details added every 24 hours.  
   - Infection Control Team

## Communication

1. An email list should be set up to include the following:
   - Supervising RNs, core Medical Providers, Regional Medical Director, Regional Director of Operations
   - AFBH Clinical Manager, AFBH Leadership
   - Pharmacy Manager
   - Contractors: Food service, Housekeeping, GSA/BMD
   - Medical Director/HSA/Contracts Lieutenant
   - Supervising RNs/Record-Keeping Team
2. Supervising RNs are in charge of notifying the Wellpath Admin Team, the Infection Control Team, and the Watch Commander of new cases/quarantined units via email.  
   - Medical Director/HSA/Infection Control Team
3. Daily communication should take place between key staff via email and/or in person
   - Daily meetings should occur if the situation is changing rapidly
   - The line list should be emailed daily
   - Supervising RNs/Record-Keeping Team
4. Communication should be set up with Alameda County Public Health Department  
   - Medical Director/Infection Control Team
5. The line list and other updates should be emailed daily to the ACPHD  
   - Infection Control Team
6. Positive COVID results will be promptly communicated to the ACPHD  
   - Infection Control Team
### Supplies

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>PPE supplies: masks, gloves, hand sanitizer etc. should be secured for both staff and inmates. Eye protection and gowns should be available when needed.</td>
</tr>
<tr>
<td></td>
<td>Infection Control Team/AHSA/Projects Lieutenant</td>
</tr>
<tr>
<td>2.</td>
<td>Testing: adequate supplies of lab tests for the illness should be secured</td>
</tr>
<tr>
<td></td>
<td>Infection Control Team/AHSA/Lab staff</td>
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<tr>
<td>3.</td>
<td>Medications: adequate supplies of medications should be secured</td>
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<tr>
<td></td>
<td>Infection Control Team/Pharmacy</td>
</tr>
</tbody>
</table>

### Staff Protection

<p>| | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Staff should be informed of an outbreak promptly</td>
</tr>
<tr>
<td></td>
<td>HSA/ACSO Captains</td>
</tr>
<tr>
<td>2.</td>
<td>Staff will have their temperature taken and a symptom screen done before entering the facility. Persons with temperature ≥ 100° or symptoms of fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea. will be sent home until they are afebrile for at least 3 days and are symptom free at least 10 days from the onset of their symptoms. Refer to County Guidance documents for additional information.</td>
</tr>
<tr>
<td></td>
<td>HSA/ACSO Captains</td>
</tr>
<tr>
<td>3.</td>
<td>All staff should wear appropriate PPE when in contact with potentially infected individuals. Staff should wear an N95/KN95 mask, goggles and gloves, and should don a gown if in close proximity to a patient, especially when performing procedures likely to expose them to respiratory secretions.</td>
</tr>
<tr>
<td></td>
<td>HSA/ACSO Captains</td>
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<tr>
<td>4.</td>
<td>If N95/KN95 masks are not available, staff should wear surgical masks and attempt to maintain distance from the patient.</td>
</tr>
<tr>
<td></td>
<td>HSA/ACSO Captains</td>
</tr>
<tr>
<td>5.</td>
<td>Staff should have surgical, or cloth, masks available to hand to any inmate if a mask is not already readily available to them.</td>
</tr>
<tr>
<td></td>
<td>HSA/Projects Lieutenant</td>
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<tr>
<td>6.</td>
<td>Any staff displaying signs of illness should sent home until they are no longer contagious and/or their quarantine period is lifted.</td>
</tr>
<tr>
<td></td>
<td>HSA/ACSO Captains</td>
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<tr>
<td>7.</td>
<td>If staffing becomes less than adequate, staff who think they may have been exposed to a COVID-19 positive person may continue to work, pending a test, if asymptomatic. They should perform a temperature check and symptom screen twice a day, and should self-quarantine if they display any signs or symptoms. Staff should wear surgical masks and attempt to maintain distance from patients and staff. CDC guidance on healthcare exposures, is followed.</td>
</tr>
<tr>
<td></td>
<td>HSA/ACSO Captains</td>
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</tbody>
</table>
# Santa Rita Jail COVID-19 Outbreak Control Plan

## ITR Procedures

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>1.</td>
<td>Arrestees who have not reported symptoms of COVID-19 to the arresting agency will receive an initial COVID-19 screener in the tent outside the lobby during the outbreak.</td>
</tr>
<tr>
<td>2.</td>
<td>Arrestees reporting symptoms of COVID-19 or exposure risk to the arresting agency will remain in the car for their initial screening for COVID-19.</td>
</tr>
<tr>
<td>3.</td>
<td>Arrestees will be questioned about current COVID-19 symptoms (including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), or about contact with known or suspected COVID-19 cases, or travel to high risk areas.</td>
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<tr>
<td>4.</td>
<td>Arrestees arriving at ITR reporting concerning symptoms should be provided with appropriate PPE while being assessed for fitness for incarceration.</td>
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<tr>
<td>5.</td>
<td>Usual acceptance policies should be followed during an outbreak. Inmates who would normally be accepted will be accepted, as long as the facility has current capacity to provide appropriate housing (isolation, OPHU etc.), and medical care for the inmate.</td>
</tr>
<tr>
<td>6.</td>
<td>If an arrestee with concerning symptoms or high-risk history is accepted past the bubble, they must be placed in an isolation room in ITR during processing, and the room should be sanitized after their departure.</td>
</tr>
<tr>
<td>7.</td>
<td>If there are not enough isolation cells in ITR, the sick can be cohorted with the sick (RED), and the at-risk should be cohorted with the at-risk (YELLOW).</td>
</tr>
<tr>
<td>8.</td>
<td>Ideally, inmates with increased risk for COVID-19 complications should be cohorted away from the sick while held in ITR (ORANGE) (65 and older, Pregnant, Asthma [Moderate-or- severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year, history of GERD, BMI of 30 or higher, atopic conditions such as atopic dermatitis or allergic rhinitis) or who have a risk for hospitalization for COVID (i.e., aged 50 years or older)] Chronic Lung Disease (to include COPD), Diabetes aged 50 years and older or any diabtic who is insulin dependent or has uncontrolled diabetes, Serious Heart Conditions (to include heart failure, coronary artery disease, congenial heart disease, cardiomyopathies, and pulmonary hypertension), Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis), Severe Obesity (BMI of 40 or above), Immunocompromised (to include patients receiving cancer treatment, organ transplants, immune deficiencies, HIV with low CD4 count, or not taking any HIV treatment), Liver Disease (to include cirrhosis) and Sickle Cell disease.</td>
</tr>
</tbody>
</table>
General Quarantine Procedures

1. New books who are **GREEN** will be quarantined in a “new book” housing unit Ad Sep for 14 days before being introduced into the general population. They will receive a daily temperature check and symptom screen by medical staff. Within 48 hours of booking, the inmate will be offered a COVID-19 test. Additionally, the inmate will be offered a second COVID-19 test at day 10 of new book quarantine. The inmate will continue to be monitored by medical staff daily, regardless of the testing results.  
   - **HSA/Captains/Medical Director**

2. Inmates displaying symptoms consistent with COVID-19 will be housed in the OPHU, or isolated in cells around the base = **RED**.  
   - **Medical Director/Classification Lieutenant**

3. Inmates with increased risk for COVID-19 complications (i.e., as noted above in ITR 8) will be housed in “Vulnerable” Housing = **ORANGE**  
   - **Medical Director/Classification Lieutenant**

4. Inmates who have had contact with known or suspected COVID-19, or persons with a high-risk travel history should be cohorted for a 14-day quarantine period in a special housing unit = **YELLOW**  
   - **Medical Director/Classification Lieutenant**

5. Any pod or housing unit that was previously health (**GREEN**) but develops a case of suspected COVID-19 will have the index case removed to isolation cells (**RED**) and the housing unit/pod will be placed on quarantine for 14 days (**YELLOW**) or until testing comes back negative on the index patient.  
   - **Medical Director/Captains/Watch Commanders**

6. A sign will be posted outside of each pod/housing unit displaying the quarantine status, the start date, and possible release date.  
   - **Infection Control Nurse**

7. Inmates should be given sufficient space during meals, pod time, etc. to practice social distancing  
   - **Captains/Watch Commanders**

8. During quarantine, there should be no new inmates transferred into the pod or housing unit.  
   - **Medical Director/Captains/Watch Commanders**

9. No inmates will leave the quarantined area for clinic appointments, classes, visiting, work etc.  
   - **Medical Director/Captains/Watch Commanders**

10. Commissary will be allowed, but workers who are delivering the packages must wear PPE and wash their hand in between units.  
    - **Medical Director/Captains/Watch Commanders**
### Santa Rita Jail COVID-19 Outbreak Control Plan

11. All staff working in the quarantined area are required to wear appropriate PPE, and use careful hand hygiene, especially before entering other pods or housing units.  

<table>
<thead>
<tr>
<th>Sick Call Protocol</th>
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</table>
| 1. **GREEN** and **YELLOW** housing units should have sick call conducted in the sick call room. All **YELLOW** patients will be masked and moved with appropriate precautions.  

Director of Nursing/ Watch Commander |
| 2. **ORANGE** housing units should have sick call conducted outside of the housing unit door in the day room. Sick call rooms should only be used if the inmate requires a more thorough exam. The patient will be masked and moved with appropriate precautions.  

Director of Nursing/ Watch Commander |
| 3. **RED** housing units should have sick call conducted at the cell door. The patient is always masked during sick call interactions.  

Director of Nursing/ Watch Commander |

<table>
<thead>
<tr>
<th>Testing Protocol</th>
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</table>
| 1. CDC recommendations will be followed to guide the testing strategy for inmates. According to current guidance, all inmates exhibiting symptoms of any severity will be tested for COVID-19.  

Medical Director/Infection Control Team |
| 2. A second phase of testing will be conducted on asymptomatic inmates who are housed in a quarantined housing unit. A COVID-19 test will be offered between day 7-10 of the quarantine. Additional efforts (2 additional days) will be made to continue offering testing to patients who initially refuse testing. The inmate will continue to be monitored by medical staff twice a day regardless of the testing results.  

   a. Testing Supplies will be provided by ACPHD  
   b. All labs will be processed through ACPHD, or, UCSF  

Medical Director/HSA/Infection Control Team |
| 3. A third phase of testing will be conducted on asymptomatic inmates within 48 hours of booking. All new bookings will continue to be screened through the intake process and housed in an intake housing unit for 14 days. On, or before the 48-hour mark, the inmate will be offered a COVID-19 test. Additionally, the inmate will be offered a second COVID-19 test at day 10 of new book quarantine. The inmate will continue to be monitored by medical staff daily regardless of the testing results.  

   a. Testing Supplies will be provided by ACPHD  
   b. All labs will be processed through ACPHD, or, UCSF  

Medical Director/Infection Control Team |
Santa Rita Jail COVID-19 Outbreak Control Plan

4. A fourth phase of testing will be conducted on asymptomatic inmates at a minimum of 48 hours prior to release from custody. All inmates identified at a minimum of 48 hours prior to release will be offered a COVID-19 test.

   a. Testing Supplies will be provided by ACPHD
   b. All labs will be processed through ACPHD, or, UCSF

5. A fifth phase of testing will be conducted on asymptomatic inmates who resided in a housing and/or pod with a positive index case. After phase two testing occurs, within the effected housing unit/pod, if the inmate tests negative, then Wellpath will conduct serial point prevalence surveys in an affected unit every 7 days. Testing will conclude when two consecutive surveys do not detect any new positive cases.

   a. Testing Supplies will be provided by ACPHD
   b. All labs will be processed through ACPHD, or, UCSF

Monitoring Protocol

1. Inmates who are in an intake housing unit are monitored once a day by nursing staff for a temperature and symptoms checks. If the inmate presents with a temperature or symptoms, they are to be moved to a RED housing unit wearing a mask.

   Medical Director/Infection Control Team/ Nursing Staff

2. Inmates who are of a YELLOW status are monitored twice a day by nursing staff for a temperature and symptoms check. If the inmate presents with a temperature or symptoms, they are to be moved to a RED housing unit wearing a mask.

   Medical Director/Infection Control Team/ Nursing Staff

3. Inmates who are in a RED housing unit are monitored at a minimum of twice a day by nursing staff for a temperature and symptoms check and seen daily by a provider.

   Medical Director/Infection Control Team/ Nursing Staff

4. Inmates who test positive for COVID-19 are released back to a GREEN or ORANGE housing unit after one of the following CDC recommended strategies are used, indicating that the patient has recovered:

   COVID positive patients who have had symptoms:

   Test-based strategy

   - Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions.
   - Resolution of fever without the use of fever-reducing medications and
   - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
   - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive
naso<ref>pharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens)

**Symptom-based strategy**

- At least 24 hours have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in symptoms (e.g., cough, shortness of breath); and,
- At least 10 days have passed since symptoms first appeared in mild to moderate cases and at least 20 days have passed since symptoms first appeared in severe or severely immunocompromised cases.

**Mild Illness defined:**

Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

**Moderate Illness defined:**

Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

**Severe Illness defined:**

Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.

**Severely Immunocompromised defined:**

Some conditions, such as being on chemotherapy for cancer, untreated HIV infection with CD4 T lymphocyte count < 200, combined primary immunodeficiency disorder, and receipt of prednisone >20mg/day for more than 14 days, may cause a higher degree of immunocompromise and inform decisions regarding the duration of Transmission-Based Precautions.

Other factors, such as advanced age, diabetes mellitus, or end-stage renal disease, may pose a much lower degree of immunocompromise and not clearly affect decisions about duration of Transmission-Based Precautions.

Ultimately, the degree of immunocompromise for the patient is determined by the treating provider, and preventive actions are tailored to each individual and situation.

**COVID positive patients who have had NO symptoms:**
Santa Rita Jail COVID-19 Outbreak Control Plan

**Test-based strategy:**
- Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions.
- Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected ≥24 hours apart (total of two negative specimens)

**Time-based strategy:**
- At least 10 days have passed since the date of their first positive COVID-19 diagnostic test assuming they have not subsequently developed symptoms since their positive test. If they develop symptoms, then the symptom-based or test-based strategy should be used.

### Environmental Controls and Hygiene

1. High-touch surfaces in common areas (both inmate and staff areas) should be wiped with antiseptic wipes several times each day. If antiseptic wipes are not available, diluted bleach solution (5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water) should be used.  
   ```
   HSA/Captains
   ```

2. Staff should clean shared equipment (radios, keys, blood pressure cuffs, etc.) several times per day and at the end of each shift.  
   ```
   HSA/Captains
   ```

3. Soap should be made available to all inmates and the importance of proper hand hygiene should be reinforced.  
   ```
   HSA/Captains
   ```

4. All inmates should be given surgical, or cloth, masks and mask-wearing of inmates will be mandatory prior to any movement.  
   ```
   Captains/ Watch Commanders
   ```

### Management of Inmate Workers during Quarantine

1. Inmate workers in quarantined areas should not participate in work during the lockdown.  
   ```
   Projects Lieutenant/Vendors
   ```

2. Custody should anticipate an alternative plan for providing food, laundry etc. during the quarantine.  
   ```
   Projects Lieutenant/Vendors
   ```

3. Medical staff should be prepared to screen substitute workers during the quarantine.  
   ```
   Director of Nursing/Projects Lieutenant
   ```

4. Inmate workers assigned to ITR should be provided with adequate PPE and trained on proper hand hygiene and facility disinfection techniques. At the end of their shift they should be provided with a change of clothes and wash their hands carefully before returning to their housing units.  
   ```
   Director of Nursing/Projects Lieutenant
   ```
## Santa Rita Jail COVID-19 Outbreak Control Plan

### Court

1. At present, county court has been modified, but federal court will be in session  
   - Captains
2. Any inmate displaying symptoms of COVID-19 (RED), claiming contact with a person with known or suspected COVID-19, or with high risk travel history (YELLOW) will be prevented from going to court until they are out of quarantine.  
   - Medical Director/Captains
3. Asymptomatic inmates with no known contact with COVID-19 may go to court.  
   - Medical Director/Captains

### Visiting/Attorneys

1. Contact visits are suspended during the outbreak. Video visits will be allowed.  
   - Medical Director/Captains
2. Attorney visits will be non-contact during the outbreak.  
   - Medical Director/Captains

### Programs

1. Programs and classes will be modified during the outbreak  
   - Captains

### Weekenders

1. Then weekender program will be suspended during the outbreak  
   - Captains

### Non-Essential Workers/Outside Contractors

1. Currently all workers at SRJ are considered to be essential to operations and will be allowed into the facility.  
   - Captains

### Transfers during Quarantine

1. No inmates should be transferred from quarantined housing units until the quarantine has been lifted on that unit. The only exception to outside transfers is ED visits, Psych emergencies, and urgent/emergent medical appointments.  
   - Medical Director/Captains/Watch Commanders
2. The list of inmates due for other facility transfers should be reviewed the night before to make sure none of the individuals are coming from quarantined units – If quarantined inmates are identified the Watch Commander should be notified as soon as possible.  
   - Supervising RNs/Watch Commanders
3. Inmates being transferred to other facilities from non-quarantined units should have a symptom screen and a temperature check (if applicable) before boarding the bus – symptomatic inmates should be held back at Santa Rita until they are well.  
   - Medical Director/Captains/Watch Commanders
Santa Rita Jail COVID-19 Outbreak Control Plan

<table>
<thead>
<tr>
<th>4.</th>
<th>Inmates being transferred from other facilities will be quarantined and offered COVID-19 testing as a new book inmate (See Testing Protocols #3).</th>
<th>Medical Director/Captains/Watch Commanders</th>
</tr>
</thead>
</table>

**Release/Discharge Planning**

| 1. | Releases who are currently identified as **YELLOW** or **RED** must wear an appropriate mask and be escorted alone to ITR. They must be held in an isolation/quarantine cell in ITR prior to release depending on their color. | Medical Director/Captains/Watch Commanders |
| 2. | Releases who are currently identified as **YELLOW** or **RED** at time of release will be given discharge instructions, including information on isolation or quarantine, and asked for their contact information and address by ITR RNs. This information is provided to the Supervising RN for internal notification - The Public Health Department will be provided a daily release report for all **YELLOW** and **RED** releases for community tracking and follow up purposes. | Director of Nursing/ITR Lieutenant |
| 3. | Releases who are currently identified as **YELLOW** or **RED** will have their temperatures taken and have a symptom screen performed before release. Individuals identified to be medically unstable to shelter in their home, will be referred to a community hospital and provided a courtesy shuttle. | Director of Nursing/ITR Lieutenant |
| 4. | Releases may have 14 days of discharge meds instead of the usual 7 days. | Medical Director/Discharge Planners |
| 5. | Releases with pending test results will be communicated with ACPHD as soon as possible. | Nursing Supervisors/Discharge Planners |
| 6. | Releases with pending test results will have the lab personnel notify the RN supervisor as soon as the results become available. Notification to released patients determined to have a positive result will occur by ACPHD as part of community tracking and follow up. | Lab/Infection Control Team |
| 7. | Discharge planning team and ITR RNs will work to identify patients with unstable housing. The discharge team will coordinate with Operation Comfort if there is a known period of 24 hours prior to release to potentially procure transportation to a shelter-in-place facility for releases currently identified as **RED** or **YELLOW**. The obtaining of additional contact information including cell phone, email, or emergency contact information will be attempted when and where stable housing cannot be identified. This information will be communicated with ACPHD as soon as possible. | Discharge Planners/Director of Nursing |