



**Correctional Healthcare:
Recommended COVID-19 Policy Checklist**

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Please visit <https://amend.us/covid> for additional informatoin and to ensure that you are referencing our most up-to-date recommendations.

Amend at UCSF is a health-focused correctional culture change program led by experts in medicine (geriatrics, infectious disease, family medicine), public health, and correctional health and policy.

As the global COVID-19 pandemic accelerates, correctional healthcare system and facility leadership are advised to complete a checklist of necessary policies and contingency planning. The following checklist is not tailored to any specific correctional system nor is it intended as an exhaustive account of the issues and concerns that agencies should consider in responding to the rapidly evolving COVID-19 crisis. Rather, it is a recommended starting point comprising items we believe likely to prove critical for most correctional agencies. Correctional healthcare systems should continue to update and develop new policy and procedure as circumstances warrant.

Infection Control Policies: Limiting COVID-19 *Introduction* into Prisons

Visitor Policies

- Under what conditions, if any, are visitors allowed to enter prisons
- Where can visitors go within a prison
- How are visitors screened prior to entering *and* how to act on screening results

Employee Policies

- Who are essential employees who should continue to come to work and which employees are non-essential and should stay home
- Which employees can perform their work from home
- What type of employee exposure should necessitate a quarantine before returning to work
- How will employees with suspected or laboratory-confirmed COVID-19 be cleared to return to work
- What restrictions should be placed on employee travel
- How are employees screened prior to entering the institution (and how to act on screening results)



Patient Transfer Policy

- If inmate transfer is not stopped (recommended to stop all non-medical transfers), how are patients screened for COVID-19 symptoms or exposure (ideally *prior* to transfer); and how to act on screening results

Infection Control Policies: Limiting COVID-19 Transmission within Correctional Facilities

Limitations on Non-Essential Medical Visits Policy

- Conversion of face-to-face visits to telehealth (and policies in place to allow providers to perform telehealth from home)
- Plan to allow telehealth visits while patients remain in their beds
- Plan to limit/defer non-essential medical visits within institutions and with community hospitals

Precautions and PPE Policy (much of this already outlined within other policies—such as clinical algorithms—but should exist as its own document)

- Conditions for high-level precautions (N95 mask, in addition to contact precautions and eye protection)
- Conditions for low-level precautions (surgical mask, in addition to contact precautions and eye protection)

- Conditions for isolation within negative pressure rooms (if available)
- Contact precautions when COVID-19 suspects or confirmed cases are transported within institutions or outside of the institution
- FIT testing and PPE training for staff
- Policy on reuse of PPE
- Acquisition plan for PPE

Contact Tracing Policy and Quarantine

- Procedures for identification of close contacts of confirmed COVID-19 cases (patients and staff)
- Procedures for identification of close contacts of highly-suspected COVID-19 case while awaiting laboratory testing (patients and staff)
- Procedures for quarantine of close contacts of highly-suspected and confirmed cases of COVID-19 (patients and staff)

Resident Work/Volunteer Policy

- What resident work/volunteer is essential, who should continue to perform work/volunteer and who should not
- What type of resident exposure should necessitate a quarantine before returning to select work/volunteer positions
- How will residents with suspected or laboratory-confirmed COVID-19 be cleared to return to select work/volunteer positions



- How are residents screened prior to performing select work/volunteer responsibilities (and how to act on screening results)

Environmental Sanitation Policy

- Cleaning clinical care environments occupied by COVID-19 suspects and confirmed cases
- Cleaning housing units occupied by COVID-19 suspects and confirmed cases
- Approach to limit transmission via high-touch surfaces (phones, cell phones, doors, etc)
- Routine cleaning of housing, dining, and communal spaces by patients and staff
- Policy to meet routine sanitation needs of patients

Housing Policy

- Outline who has authority to make housing decisions during high-risk period of COVID-19 transmission
- Policy to reduce housing density and enable social distancing among patients and staff including the following: group, recreation, canteen, dining, etc
- Plan to isolate and cohort patients who are both high-risk and low-risk for COVID-19 complications

Clinical Care Policies

Clinical Algorithm for Evaluating Respiratory Symptoms: separate (but related) policies needed for each care location (ambulatory, telehealth, licensed beds, acute care/triage area, etc)

- How to evaluate patients to determine entry into the algorithm and, if a suspect, approach to the following:
 - Diagnostic evaluation
 - Isolation plan
 - Personal protective equipment (PPE)
 - Treatment considerations

Laboratory Testing

- Sample collection and transportation procedures
- Results reporting
- How to facilitate expedited testing (partnerships with private labs, medical centers, local DPH)

Institution Level COVID-19 Policy Including Surge Planning

- How to staff (including transferring staff from programs that are being deferred/limited to high-needs clinical environments as appropriate)
- Capacity to isolate confirmed cases and suspected cases in settings of low-level and high-level transmission
- Where to quarantine exposed patients in settings of low-level and high-level transmission
- How to house and cohort unexposed, uninfected patients who are highly vulnerable to complications in settings of low-level and high-level transmission



- ❑ Acquisition plan for supplies that may become limited (particularly oxygen, nasal cannulas, face masks/NRBs, pulse oximeters, MDIs, BiPap, N95 masks, surgical masks, gowns, gloves, testing swabs, testing transport media)
- ❑ How to facilitate a surge in testing (partnerships with private labs, medical centers, and DPH)
- ❑ Transfer plans with community hospitals in settings of low-level and high-level transmission

General Policies and Resources

Clinicians: Guide to COVID-19 Clinical Evaluation

Nursing: COVID-19 clinical information, guide to screening and triage, resources

All Staff: Summary of COVID-19 Resources, CDCR Response, Organizational Leadership Chart, and Contacts

Patients: COVID-19 Information (updated biweekly)

IT Policy

- ❑ Cerner: clinical decision tools, documentation support, COVID-19 specific orders for testing and isolation
- ❑ Centralized repository of COVID-19 information/policies on CCHCS Intranet
- ❑ Centralized registry monitoring numbers of COVID-19 suspects, test results, and isolation beds (available and occupied) stratified by institution
- ❑ Identification of high-risk patients at each institution to assist in housing/cohorting decisions

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Amend at UCSF fundamentally transforms culture inside prisons and jails to reduce their debilitating health effects. We provide a multi-year immersive program drawing on public health-oriented correctional practices from Norway and elsewhere to inspire changes in correctional cultures and create environments that can improve the health of people living and working in American correctional facilities.

Amend is currently focused on providing resources, expertise, and support to correctional systems confronting the global COVID-19 pandemic.

For more information:

<https://amend.us>

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