



Coronavirus Outbreak Response Checklist

Screening for Patients Under Investigation (PUI) for Coronavirus Disease 2019 (COVID-19)

- Screen all new remands or transfers for symptoms or risk of COVID-19
 - **Clinical criteria:** fever and/or symptoms of lower respiratory illness (i.e. cough, difficulty breathing) [AND]
 - **Epidemiologic risk:** within the last 14 days the patient has had a history of:
 - 1) Close contact with a lab-confirmed COVID-19 patient [OR]
 - 2) History of travel from affected geographic areas (including areas in the lower 48 states) [OR]
 - 3) Unexplained febrile illness with severe lower respiratory symptoms (hospitalization for pneumonia, ARDS)
- If *epidemiologic risk only* (no symptoms), place inmate in single cell with BID monitoring for symptoms x 14 days (see quarantine information on pages 2-4) and schedule for medical provider review.
- If *both clinical and epidemiologic risk* (with symptoms), transfer inmate to single cell and alert medical provider immediately (see page 2 and continue with following checklist)

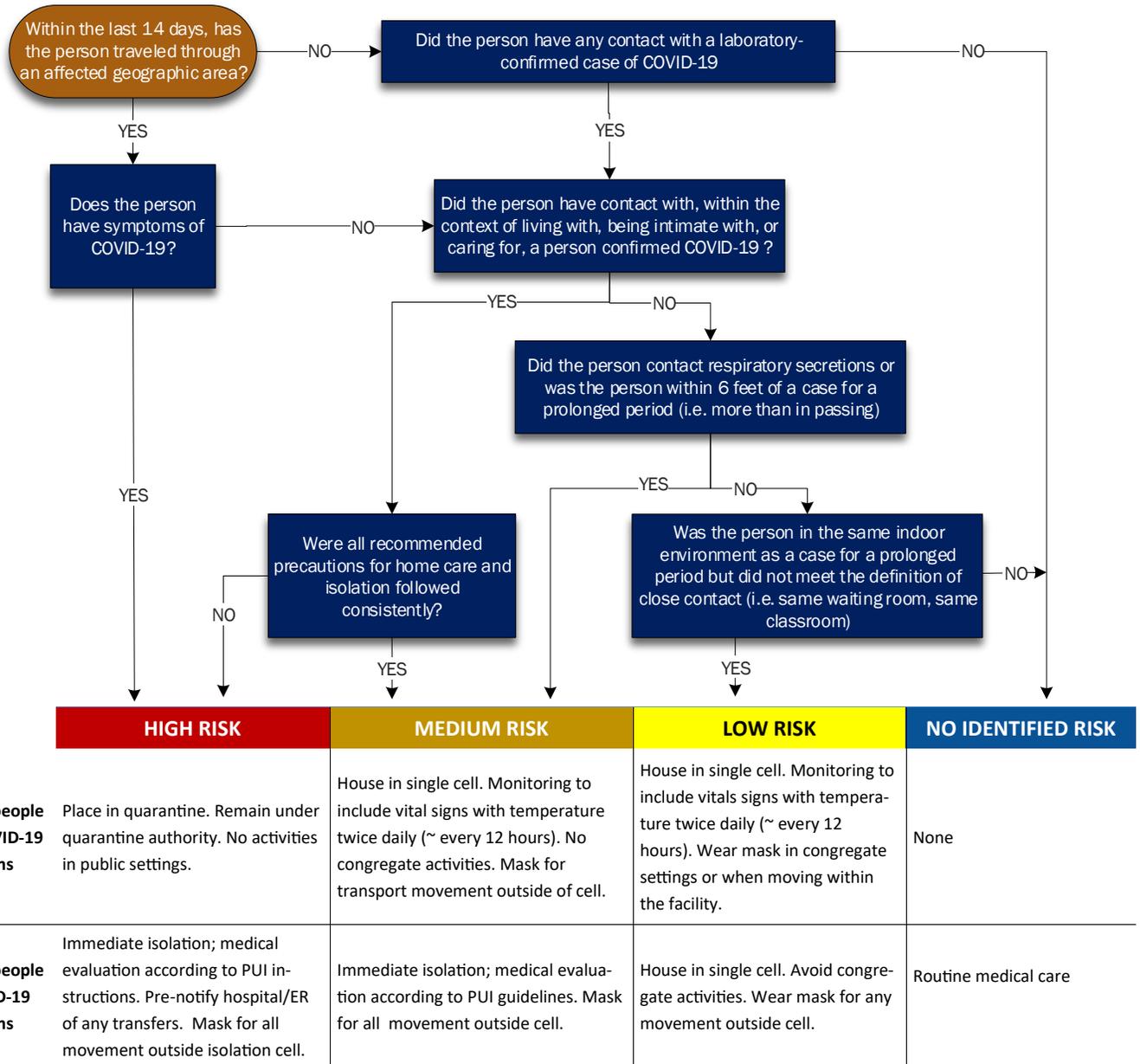
Isolation and Treatment of suspected case(s) of COVID-19 (PUI)

- Maintain modified droplet precautions
 - ▶ **Source control:** place a mask on the patient while in waiting area or during movement through facility.
 - ▶ **Ensure appropriate patient placement** in a single room if possible. Instruct patients to follow respiratory hygiene/cough etiquette recommendations.
 - ▶ **Use personal protective equipment (PPE).** Upon entry into patient space (< 6 feet) or exam room, staff should put on impermeable gown and gloves, a N95 mask or Powered Air Purifying Respirator (PAPR), and eye protection. Always wash hands before and after touching the patient.
 - ▶ **Limit transport and movement of PUI patients** to medically-necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow respiratory hygiene/cough etiquette.
- Diagnosis:
 - ▶ Symptoms: Fever > 101F (83%); cough (82% patients); shortness of breath (31% patients); muscle pain (11% patients)
 - ▶ Lab: Collect three specimen types: see [CDC interim guidelines for specimen collection](#)
 - ⇒ **Upper respiratory**– collect 1 nasopharyngeal and 1 oropharyngeal swabs (use separate viral transport media tubes)
 - ⇒ **Lower respiratory**– collect 2-3 mL sputum in sterile, leak-proof container with screw cap
 - ▶ Refrigerate specimen at 35°-46° F (2°-8°C) and ship overnight on ice pack to either the Alaska State Virology Lab or Alaska State Public Health Lab
- Isolation:
 - ▶ House the patient in an individual cell if possible (negative pressure if available).
 - ▶ Movement outside the isolation cell should be avoided unless being transferred to the hospital. Patient should wear a face mask (surgical mask) during movements outside the isolation cell.
 - ▶ Use masks, gowns, gloves, and eye protection when entering cell or handling uncleaned articles moved from the cell (food trays, clothing, medical equipment, etc.) until disinfection occurs.
 - ▶ Isolation should be maintained for 21 days after onset of symptoms unless otherwise approved by the CMO or designee.
- Treatment:
 - ▶ All patients should receive supportive care with oral hydration and analgesic/antipyretic agents.
 - ▶ Initiate antibiotics for any secondary bacterial infections such as pneumonia
 - ▶ Patients with acutely worsening symptoms or respiratory distress should be transferred to the hospital via EMS. Alert EMS staff and the receiving ER that the patient has suspected coronavirus.
- Report suspected cases:
 - ▶ **Report all suspected cases to the on-call physician (MED2)**
 - ▶ Alert the section of Epidemiology 907-269-8000 or 800-478-0084

<h2>Coronavirus Overview</h2>	<p>Cause: Coronavirus (COVID-19)</p> <p>Symptoms: fever > 101F, cough, malaise, and fatigue; sudden worsening of pneumonia or acute respiratory distress syndrome (ARDS) around day 7-10.</p> <p>Incubation: range 2-14 days (average 5 days)</p> <p>Contagious: from symptom onset up to 21 days</p> <p>Prevention: handwashing, isolation of suspected cases, and universal precautions</p> <p>Precautions: universal, contact, droplet, and respiratory precautions</p> <p>Treatment: symptomatic treatment; antivirals in select cases</p>
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Coronavirus Disease 2019 (COVID-19) Risk Assessment and Management of Suspected Cases in a Correctional Facility (adapted from CDC)



Notes:

- (1) Report all suspected cases of COVID-19 to the on-call physician (MED2).
- (2) Examples may not cover all potential exposures to COVID-19. This algorithm should not replace clinical judgement when determining the course of action for a given case.
- (3) Unless otherwise specified, isolation or quarantine should be maintained for the duration of the incubation period (14 days).



Alaska DOC Quarantine Implementation Overview

Purpose: In the event of an outbreak of a serious communicable disease, the Alaska Dept. of Corrections shall institute quarantine procedures in coordination with state and federal health officials, with the purpose of preventing the spread of disease.

Definitions:

Quarantine refers to the procedure of separating and restricting the movement of persons who are **not sick**, yet who were **exposed** to a contagious disease in order to quickly identify those who will become sick. The term *quarantine* is distinct from the term *isolation*.

Isolation refers to the procedure of separating a person who is already sick from others who are not ill in order to prevent the spread of disease.

Incubation period of the Coronavirus is 14 days (length of time between an exposure to an ill person and the development of symptoms in another person).

Procedure:

- I. The Alaska Department of Corrections is prepared to implement four levels of quarantine: 1) Individual; 2) Module; 3) Facility; or 4) Inter-Facility.
- II. The level of quarantine shall be determined by the DOC Chief Medical Officer or designee in coordination with the Alaska Chief Medical Officer of the Department of health and Social Services.
- III. Isolation and quarantine shall be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease that poses a significant risk to public health
- IV. Before quarantining or isolating an individual involuntarily, the Department of Corrections must obtain an emergency order from the Chief Medical Officer of the Dept. of Health and Social Services and seek a written order from the superior court authorizing the isolation or quarantine (see [A.S. 18.15.385](#))

LEVELS OF QUARANTINE

Level	Description	Scenario	Details
I	Individual level	Exposed individual is booked into a DOC facility	Quarantine of an exposed individual to include single cell housing, in-cell meals, restriction of movement, and separation from congregate activities for duration of incubation period.
II	Module level	An ill individual is identified in a single module	Quarantine of all inmates in a module with restriction of movement to within the module, in-module meals, separation from congregate activities outside the module for the duration of the incubation period.
III	Facility level	Multiple ill individuals are identified in separate modules or areas	Quarantine of all inmates in an exposed facility to include restriction of movement to and from the facility for the duration of the incubation period.
IV	Inter-facility level	An ill individual is identified after movement between facilities during the infectious period	Quarantine of exposed inmates in multiple modules within multiple facilities with restriction of movement to and from the facilities/modules, and separation of exposed inmates from congregate activities.

Table: Alaska DOC levels of quarantine



Facility Control Measures During an Oubreak			
Control Measure	Outbreak Scenario		
	Isolated case	Widespread transmission (>1 case or PUI)	Quarantine
Containment Goal	Prevent spread within institution.	Prevent spread to other institutions or the public	Rapid identification and isolation of new cases
Isolation	Place the patient in an individual cell (negative pressure if available).	Place patients in individual cells if possible (negative pressure if available). Cohort confirmed cases only if necessary.	N/A
General Hygiene	Regular hand hygiene. Wash with soap and water x 15 seconds or use alcohol-based hand gel. Make soap dispensers and alcohol-based hand gel dispensers available to staff. Ensure soap available to inmates. All staff and inmates shall be instructed to avoid touching eyes, nose, or mouth.		
Personal Protective Equipment (PPE)	Provide PPE (gloves, mask, eye protection, and impermeable gown) for use by staff who are in contact with infected individuals or staff who are cleaning rooms or items used by an infected individual or PUI. Properly dispose of used PPE in biohazard waste.		Officers or medical staff entering a quarantine module do not require full PPE. Universal precautions should be maintained when duties require contact with an otherwise healthy appearing quarantined individual.
Environmental Cleaning	Routine daily cleaning of rooms, furniture, and utensils, and clothing used by infected individuals. Clothing/linens shall be exchanged at least twice weekly; more frequently if soiled. PPE shall be used by staff/workers handling soiled linens/laundry. Cleaning of clothing/linens shall be laundered separate from general population items.		Conduct frequent environmental cleaning of "high touch" surfaces such as handles, knobs, chairs, tables, etc. using EPA-registered detergent.
Screening	Screen all inmates at booking.	Screen all inmates at booking. Screen all inmates before transfer. Staff shall report suspected cases to medical.	Screen quarantined individual(s) with temperature twice daily. Screen quarantined individuals before and after all required outside contacts.
Visitors	Contact visitor restrictions for infected individuals or PUI.	Contact visitor restrictions for infected individuals or PUI.	No unnecessary contact visitors for quarantined individual(s).
Treatment	<ul style="list-style-type: none"> ▶ All patients with suspected or confirmed coronavirus should receive supportive care with oral hydration and analgesic/antipyretic agents. ▶ Initiate antibiotics for any secondary bacterial infections such as pneumonia ▶ Patients with acutely worsening symptoms or respiratory distress should be transferred to the hospital via EMS. Alert EMS staff and the receiving ER that the patient has suspected coronavirus. 		N/A
Restricted Movement	No movement of suspected or confirmed cases to include court moves. Notify Anchorage Central Office (ACO) for coordination.		No unnecessary moves into or out of quarantined modules/facilities. Released inmates from facility should be reported to Section of Epidemiology (public health)
Meals	Meals provided in room with disposable utensils/plates/etc.		Meals provided in quarantined module. Utensils, trays, cups, etc. cleaned stored separately.

Table: Facility Infection Control Measures During an Outbreak