Coronavirus Protocol Inspection

Date of Inspection:

Jail Name:

Inspected by:

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| Protocol | Response |
| 1. Screening all persons arriving at or departing from a facility, including staff, incarcerated persons, vendors, and any other person entering the facility, in a manner consistent with guidelines issued by the Centers for Disease Control and Prevention (“CDC”). Such screening includes a temperature reading and obtaining information about travel and any contact with persons under investigation for COVID-19 infection.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Restricting all visits, except for attorney-related visits, and conducting those visits without physical contact to the extent feasible.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Limiting off-site appointments for incarcerated persons to only appointments for urgent or emergency medical treatment.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Developing and implementing protocols for incarcerated persons who display symptoms of COVID-19, including methods for evaluation and processes for testing, notification of the Department of Health and Human Services (“DHHS”), and isolation during testing, while awaiting test results, and in the event of positive test results. These protocols should be developed in consultation with local public health departments.   *You must meet or exceed all of the protocol in Attachment 1 (see Attachment 1).*  Comments: | Yes  No |

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| Protocol | Response |
| 1. Notifying DHHS of any suspected case that meets the criteria for COVID-19 through communication with the applicable local public health department.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Providing, to the fullest extent possible, appropriate personal protective equipment to all staff as recommended by the CDC.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Conducting stringent cleaning of all areas and surfaces, including frequently touched surfaces (such as doorknobs, handles, light switches, keyboards, etc.), on a regular and ongoing basis.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Ensuring access to personal hygiene products for incarcerated persons and correctional staff, including soap and water sufficient for regular handwashing.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Ensuring that protective laundering protocols are in place.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Posting signage and continually educating on the importance of social distancing, handwashing, and personal hygiene.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Practicing social distancing in all programs and classrooms—meaning a distance of at least six feet between people in any meeting, classroom, or other group.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Minimizing crowding, including interactions of groups of 10 or more people, which may include scheduling more times for meal and recreation to reduce person-to-person contact.   Comments: | Yes  No |

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| Protocol | Response |
| 1. Written protocols are implemented and meet MDOC standards.   Comments: | Yes  No |

**Attachment 1**

**Covid-19 Protocol Checklist**

**Screening:**

**Intakes/transfers**: All inmates arriving to a reception center or transferring facility to facility will complete basic screening questions with a nurse.

**Offsite appointments**: inmates will complete the same screening questions prior to leaving for any reason

**Discharge**: inmates will complete the same screening questions. For any positive screen, the healthcare provider will complete an evaluation.

**Evaluation**:

* Nurse examines any positive screen and refers directly to provider
* Provider examines and rules out other illness such as Influenza (whenever possible)
* Patient given facemask when symptomatic and is separated from other patients
* If patient is symptomatic, recommended PPE: gloves, N95 mask, eye protection, gowns
* If patient is asymptomatic, recommended PPE: gloves, facemask, eye protection
* 2019 Novel Coronavirus PUI and Case Report form completed by provider if on site or nurse
* Nurse **and** provider documents
* Diagnosis of PUI is based on CDC criteria in consultation with MDHHS

**If PUI identified:**

* Provider contacts Regional Epidemiologist at MDHHS for direction regarding testing/management
* Provider notifies Sheriff/Sheriff designee

**Lab Testing:**

* MDHHS gives direction on Covid-19 testing
* If recommended, Provider will obtain nasopharyngeal sample (nurse if provider is not on site)
* Test kit sent to appropriate lab (unless other arrangements made)
* Nurse completes Covid-19 test kit inventory worksheet for each kit
* Provider determines need for additional testing (CBC, CMP, etc.)

**Management:**

* For any PUI, designate a sick room or single cell and post signs identifying precautions needed and required PPE.
* Staff provides gloves and mask for inmate
* Identify, evaluate and quarantine close contacts.
* Evaluate PUI daily and prn
* Refer to provider if condition deteriorates
* Daily vitals and screening questions for close contacts, refer to provider if symptomatic
* All staff will use appropriate PPE with each encounter.

**Medication**

Symptomatic treatment with antipyretics, cough suppressants, anti-nausea agents, antidiarrheal agents or IV fluids as indicated.

WHO and CDC recommend against steroids unless other indications (exacerbation of COPD, etc.)

**Duration of Isolation:**

Decision is made on a case by case basis in consultation with MDHHS

Inmate must be afebrile, asymptomatic and tested negative twice at least 24 hours apart

**Hospitalization:**

If patient is in respiratory distress, pneumonia is suspected or recommended by MDHHS, transport inmate to local ER. (Ambulance and ER must be notified this is a PUI)

If no ambulance, transporting officers should implement standard contact and airborne precautions including eye wear.

**This Checklist does NOT replace the need to be thoroughly familiar with MDOC Protocols for Covid-19. Remember changes and updates WILL occur.**