



For security and medical staff

Alaska DOC HARS COVID-19 Outbreak Response Plan - Version 08/28/2020

Alaska DOC Outbreak Response Implementation Overview

Purpose: In the event of an outbreak of coronavirus (COVID-19), the Alaska Dept. of Corrections shall institute medical and environmental safety measures including, quarantine procedures, in coordination with state and federal health officials, with the purpose of preventing the spread of disease within DOC facilities or into the Alaskan community.

Definitions:

Isolation—the procedure of separating a person who is already sick from others who are not ill in order to prevent the spread of disease. The term *isolation* is distinct from the term *quarantine*.

Incubation period—the length of time between an exposure to an ill person and the development of symptoms in another person. The incubation period of COVID-19 is 2-14 days.

Quarantine—the procedure of separating and restricting the movement of persons who are **not sick** yet but who were **exposed**. This allows rapid identification of those who will become sick.

Social Distancing—*personal and administrative strategies to reduce contact between people in order to slow the spread of COVID-19.*

Policies:

- I. The Alaska Department of Corrections (DOC) will implement measures to prevent or mitigate the spread of COVID-19 within DOC facilities or into a local community.
- II. DOC will provide staff whose duties include direct contact with patients with personal protective equipment (PPE).
- III. DOC staff will use personal measures such as hand washing, use of hand sanitizers, environmental cleaning, universal precautions, and use of PPE.
- IV. The Alaska Department of Corrections may implement four levels of quarantine: 1) Individual; 2) Module; 3) Facility; or 4) Inter-Facility.
- V. An inmate may be assigned to quarantine by a medical provider under authority granted by policy 804.01.
- VI. 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 the health and security of the institution.
- VII. Enactment of the provisions of the response plan shall be at the discretion of the Commissioner or designee. Deviations from the response plan require prior approval of the Commissioner or designee.

Procedures:

I. Preparation Phase

- a. Inventory Medical Supplies: Ensure 2 weeks of outbreak medical supplies are available in a predetermined location at each facility
 - i. **N-95 respirators and surgical masks** for medical and security staff
 - ii. Non-latex gloves
 - iii. Eyewear protection / goggles
 - iv. Isolation gowns with protective moisture barrier and long sleeves
 - v. Small plastic bags for personal sickness relief

- vi. Blue incontinence pads
- vii. Hand sanitizer for workstations
- viii. Stock inmate mattresses
- ix. Paper, plastic and Styrofoam products for inmate meals
- x. Confirm location and function of Powered Air Purifying Respirators (PAPR)
- b. Respirators:
 - i. Train and fit test staff for proper use of N95 masks
 - ii. Powered Air Purifying Respirators (PAPR) will be checked for function and placed in the infirmaries or medical clinic.
- c. Cleaning supplies: Central supply to keep on hand an adequate stock of basic cleaning supplies for each facility
 - i. Bleach
 - ii. Disinfecting wipes
 - iii. Hand soap
- d. Education: posters regarding handwashing and disease prevention will be posted in clinics, work areas, and in inmate living areas
- e. AK DOC HARS Infectious Disease Response Team (IDRT) duties:
 - i. IDRT shall conduct table-top exercises to determine the most likely scenarios under which an outbreak would occur in a DOC facility. These scenarios will be evaluated by the IDRT to identify needs for training, supplies, changes in work-flow, medications, or other preparations designed to prevent or mitigate an outbreak.
 - ii. IDRT will designate a member of the IDRT to coordinate with state and federal public health officials. This member will serve as a liaison for the AK DOC for the purpose of disseminating information to the Department.
 - iii. IDRT will develop a clinical care guide and training bulletins specific to the outbreak organism. Updates will be provided regularly to DOC staff.
- f. Ventilation and filtration system check: maintenance will assess and ensure that air ventilation and filtration are adequately performing and will minimize circulation of airborne virus.
- g. Infirmery and Treatment Area Preparation:
 - i. Isolation and quarantine areas will be identified in each facility both for individual and for group isolation or quarantine.
 - ii. Infirmery patients will be prioritized based on acuity level. Rooms in the infirmery will be identified by the RNIII and Regional Medical Officer for use in treating infected patients who require nursing level of care. Designated rooms will be prepared to be used as isolation rooms with procedures in place to prevent spread of contagion to other patients in the infirmery.
- h. The Criminal booking screen and Health Inquiry of a Received Prisoner (transfer) forms will be updated to include screening questions for COVID-19.

II. Response Phase

- a. The following procedures apply, when relevant, to all DOC or correctional personnel including staff working in a State of Alaska:
 - i. Administration Office
 - ii. Community Resource Centers (CRCs)
 - iii. Community Jail
 - iv. Electronic Monitoring Program
 - v. Jails or Prison
 - vi. Probation Office
 - vii. Pretrial Office

- viii. Transportation Service
 - ix. Training Academy
- b. A confirmed case of the epidemic virus within the state will trigger implementation of emergency response procedures depending on a facility's or office's alert level:
 - i. Alert Level A: case confirmed in Alaska or a public health emergency is declared
 - ii. Alert Level B: community transmission confirmed in the facility's geographic region
 - iii. Alert Level C: case suspected or confirmed in a DOC facility
 - iv. Alert Level D: confirmed transmission within a DOC facility
- c. Superintendents and security management staff will inform the inmate population of the outbreak response plan and the actions being taken to reduce movement of inmates and exposure to the virus.
- d. Superintendents will have the authority to identify essential persons who are granted entry into a correctional facility.
- e. Visitation may be limited and/or suspended at the discretion of the Commissioner or designee depending on the facility's alert level (see II.a above).
 - i. Possible actions may include:
 1. Limited visitation. All visitors are screened for risk of infection prior to entry into the facility (see appendix 1).
 2. Suspended personal visitation- Halt entry of all unessential visitors.
 3. Suspended visitation and activities- Suspension of all personal visitation, contractors, professional visitation. Suspension of facility activities, events, or assemblies. Group programs may also be cancelled.
 4. Critical operations only. No unessential movement.
 - ii. The department will inform the public of any restrictions on visitation or movement emphasizing the goal of protecting the health and safety both of inmates and of the public.
- f. Staff Management during outbreak
 - i. Staff who are ill, or become ill at work, will be sent home, and not be given access back into the facility until the employee is cleared in accordance with the Alaska DOC Supervisor Guidance for COVID-19 (see appendix 3).
 1. The employee's immediate supervisor has the authority to send a sick appearing employee home.
 2. In the absence of an employee's direct supervisor, the shift commander or shift supervisor have the authority to send a sick-appearing employee home.
 - ii. DOC facilities will provide only essential services during a Level D outbreak. Staffing issues will be evaluated continuously by prison administration and plans developed accordingly.
 - iii. Staff will be cross trained into essential inmate service areas so that services can be provided without the assistance of inmate workers if necessary. These services may include:
 1. Providing medical care and services to sick inmates.
 2. Food preparation and distribution using disposable products.
 3. Mail delivery.
 4. Laundry operations
 5. Removal and proper disposal of garbage.
 - iv. Regardless of the alert level, all well employees are expected to report for duty. During an emergency, the director of each division has authority to cross train and assign staff to duties which may be outside normal job descriptions and can enforce mandatory overtime.
 - v. Staff requests for family sick leave must be presented to the staff member's supervisor and may be granted on a case-by-case basis.
- g. Facility Management during an outbreak
 - i. Screening employees, contractors, and facility visitors for COVID-19

1. All persons entering a facility from the community (employees, administrators, contractors, visitors, etc) will be screened prior to entry.
 2. The degree of screening will be at the discretion of the commissioner or designee and may include any of the following options individually or in combination:
 - a. Posted health advisories (ex. Posted signs stating “Do not enter if you are coughing, are having trouble breathing, or have a fever”)
 - b. Self-screening (ex. Signed declaration at entry confirming absence of symptoms or risk factors)
 - c. Physical screening (ex. Trained personnel checking temperature and verifying absence of **symptoms**)
 - d. Third-party health screening (ex. Required clearance letter from a medical professional, or negative COVID-19 test)
 - e. Individual or broad-based laboratory testing as recommended by state and federal public health officials.
- ii. Screening inmates for COVID-19
1. All inmates will be screened for COVID-19 upon intake to a facility:
 - a. During criminal or Title 47 remand screening
 - b. Upon transfer from another facility
 - c. Upon return from hospitalization
 2. Each remand facility will coordinate receipt of potentially infected persons from local law enforcement or sleep-off center(s).
 - a. Local law enforcement or sleep-off center staff will call DOC facility ahead of arrival to report arriving person with symptoms or confirmed COVID-19
 - b. A mask will be placed on detainee prior to arrival to DOC facility
 - c. The detainee will be escorted directly to an isolation cell to complete intake screening and booking process.
 3. Inmates transferred from a facility under Alert level C or higher will be screened prior to transfer as well as upon arrival at the receiving facility.
 4. Vital signs, including temperature, will be obtained at intake evaluation of all new remands.
 5. The Health Inquiry of a Received Prisoner (transfer) will include screening for COVID-19 symptoms or signs, as well as vital signs including temperature.
 6. Laboratory testing:
 - a. **All inmates will be screened for COVID-19 upon intake to a facility:**
 - i. **During criminal or Title 47 remand screening**
 - ii. **Upon transfer from another facility (see transfer screening below)**
 - b. Individual testing of symptomatic persons will be performed when, during detention or incarceration, a person meets the clinical criteria for COVID-19.
 - c. Broad-based testing of all persons in a cohort (symptomatic or asymptomatic), such as a module, a facility, new remands, or a work group (i.e. all kitchen workers, etc), will be authorized when appropriate as part of a contact investigation or when interval surveillance is recommended by state and/or federal public health officials.
 - d. Testing may be performed by Alaska State Public Health laboratories, hospital laboratories, or commercial laboratories.
- iii. The institutional regional medical officer or health practitioner will authorize the appropriate level of quarantine (see appendix 2).
- iv. Management of infected patients or persons under investigation.

1. Inmates with clinical or epidemiological risk factors, or with lab-confirmed COVID-19 infection will be housed in a single-cell whenever possible.
2. Medical staff will obtain lab samples from patients with clinical symptoms per the COVID-19 clinical care guide. Samples will be sent for to the appropriate lab for testing.
3. Inmates with clinical symptoms will wear a surgical mask during movement outside the cell or when staff enter the cell to perform duties.
4. Patients whose symptoms are severe enough to warrant nursing care, but not hospitalization, will be moved to the infirmary.
 - a. Patients whose symptoms are mild, or whose medical condition does not warrant infirmary level care, shall not be isolated in the infirmary.
5. Infirmary overflow: in the event the number of sick individuals exceeds the capacity of the infirmary or isolation rooms, an infirmary overflow module will be set up.
 - a. Each facility will designate an area that will serve as the overflow infirmary space. The temporary infirmary space will need rooms where individuals who are symptomatic or confirmed as having pandemic infection can be held individually in single cell environments.
 - b. Inmates with fever, cough or other signs and symptoms of early illness will be housed separately from inmates who are convalescing (separate rooms or separate tiers are acceptable).
 - c. Cohort housing of infected individuals may be used. A congregate space such as a gymnasium or other common space will be designated for use in the event the number of acutely ill patients exceeds the space available in the infirmary overflow area, allowing staff to care more efficiently for them during their peak illness period.
- v. Containment procedures.
 1. Treatment areas, including a single cell, a module, or an open area shall be set up so as to accommodate the need for staff to round on sick individuals, donning and removing PPE, washing hands, as well as minimizing movement into and out of the designated space to prevent the spread of illness to inmates in the facility who are uninfected.
 2. Healthcare staff assessing patients will implement standard, contact, and airborne precautions, including use of eye protection during evaluation (PPE) and when performing procedures that could result in droplet exposure (nasal swabs, oral swabs, nebulizer treatments). Strict droplet precautions will be adhered to by care givers assigned to the treatment area. Except in an emergency, movement into and out of the expanded infirmary space will be restricted to those staff assigned to that area.
 3. Healthcare staff and security staff will wear moisture resistant isolation gowns, goggles, gloves, and N-95 masks or PAPR when entering an aerosolizing treatment area.
 - a. See PPE guide for appropriate PPE when performing specific duties that do not involve aerosolizing treatment procedures.
 4. All garbage will be disposed of in using a double bagged system for proper disposal.
 5. All equipment entering a treatment area must stay in that area until the outbreak is ended, unless the equipment can be thoroughly cleaned and disinfected.
 6. A room housing an infected patient will be terminally cleaned, with all reachable surfaces disinfected, upon departure of the patient. Individual areas, including mattresses and personal space occupied by patients housed in a congregate area, will be cleaned and disinfected before use by another person.
 7. Meals for individuals housed in a treatment area will only be served with disposable items whenever possible.

- a. Non-disposable food service items, when used, should be handled with gloves and washed with hot water or in a dishwasher.
 - 8. Oral rehydration fluids will be made available to infected individuals during the course of illness.
 - 9. Dedicated lined-trash-containers will be provided for ill persons.
 - a. Staff or inmate workers will use gloves when removing garbage bags, handling, and disposing of trash.
- vi. Hospital Transfers
 - 1. If a patient is in respiratory distress, pneumonia is suspected, or if ordered by a health provider, the patient should be transferred to the local ER. The ER and paramedics should be notified this is an infected patient or a person under investigation.
 - 2. Transporting officers shall adhere to established contact and airborne precautions, including PPE with eye protection.
- h. Plan of care for well inmates in a quarantine area including contact quarantine, intake quarantine, transfer quarantine:
 - i. All inmates in an affected area will remain on quarantine status for a minimum of 14 days, and inmates movement during this period will be minimized.
 - ii. Rounds in all living areas, checking on the health status of well inmates in a quarantine area will be performed by medical or security staff at least three times a day.
 - iii. All well inmates will be provided with soap with instructions to wash frequently, and instructed to avoid touching eyes, nose, or mouth.
 - iv. Inmates who become ill will be transferred to a medical isolation cell. Medical staff will evaluate the person who becomes ill.
 - v. DOC HAZMAT trained inmates will clean and disinfect a cell vacated by an ill inmate; if HAZMAT trained inmates are not available, DOC staff will clean and disinfect the cell. The intent is to minimize traffic into or through a quarantine area.
- i. New remands
 - i. All new remands into a facility will be screened for clinical and epidemiological risk of COVID-19.
 - ii. Intake COVID testing and quarantine
 - 1. All inmates will be tested for COVID upon intake to a facility:
 - a. During criminal or Title 47 remand screening within 48 hours of remand
 - b. Upon transfer from another facility if intake testing has not been performed in the 72 hours prior to transfer
 - c. All asymptomatic inmates will remain on intake quarantine (separate from the general population) until cleared for general population. In general clearance will require a negative COVID test and completion of a 14 days intake quarantine period.
 - d. All symptomatic inmates will remain on isolation until cleared for general population. In general, clearance will require a completion of isolation for 10 days since onset of symptoms; fever-free without temperature lowering medication for 24 hours; and improvement in overall viral illness-like symptoms.
- j. Transfer Screening Process
 - i. Transfers will be screened for COVID-19 by the sending facility (prior to transfer) and by the receiving facility (upon arrival)
 - ii. Transfers will be placed into transfer quarantine, separate from the general population and other quarantined inmates, for 14 days.
 - 1. Symptom screening will be performed at least daily for inmates on transfer quarantine.

- iii. COVID-19 laboratory testing will be performed upon arrival by the receiving facility and again about day 10 after arrival.
- k. Medication distribution
 - i. The Institutional Health Care Officer in coordination with the Chief Nursing Officer, Chief Medical Officer, and DOC pharmacist may implement the methods authorized in Policy 807.04 (Use of Pharmaceutical Products) for the distribution of medications. This includes self-medication keep on person (SM-KOP); self-medication med-line (SM-ML); and self-medication stored by security (SM-SS).
 - ii. During alert level C or alert level D, the med-line will be organized to prevent congregate gathering of inmates.
 - iii. For the duration of an alert level C or an alert level D, the distribution of prescribed medication will take priority over the distribution of commissary medications.
- l. Outside Medical Appointments
 - i. Inmates with emergent medical conditions will be transported to the ER for care.
 - ii. Outside medical appointments for medical and surgical treatment of emergent conditions will continue as scheduled.
 - iii. Outside medical or surgical appointments for essential care that is not time-sensitive (routine follow up; screening endoscopy; joint-replacement surgery; etc) will be postponed until the recovery phase.
 - 1. A health practitioner or physician, in collaboration with the nursing supervisor(s) at each facility will be responsible for prioritizing the acuity of outside medical appointments.
 - 2. Outside medical appointments which are essential but not urgent will be rescheduled 90 days from the initiation of the response phase.
- m. Dental Services
 - i. Dental will be limited to emergency problem focused exams and limited treatment.
 - ii. Dental procedures that may cause aerosols including the use of cavitrons; dental handpieces; and air + water spray shall be avoided when possible.
 - iii. During procedures dental staff will wear recommended PPE.
 - iv. Essential invasive procedures must be combined with the use of HVE suction at all times and follow the CDC guidelines for precautions during Aerosol-Generating Procedures (AGPs).
- n. Programs
 - i. Individual services such as mental health services, medical services, or services involving a one-on-one visits with an inmate may continue during an outbreak, with provisions made in order to accommodate essential services without increasing the risk of disease transmission.
 - ii. Modified education, vocation, and treatment programming may continue during an outbreak, with provisions made in order to accommodate essential services without increasing the risk of disease transmission.
- o. Death of an inmate:
 - i. In the event of a death suspected to be caused by COVID-19, staff will follow policy 104.04 (Death of a Prisoner).
- p. Laundry
 - i. Staff and inmate workers will wear disposable gloves when handling dirty laundry from an ill person and then discard after each use.
 - ii. Staff and inmates will follow the following laundry procedures:
 - 1. Wash hands after handling laundry.
 - 2. Do not shake dirty laundry in order to minimize the possibility of dispersing virus through the air.
 - 3. Launder items as appropriate in accordance with the manufacturer's instructions.
 - 4. Clean laundry will not be transported in the same containers or bags as dirty laundry.

- iii. Laundry from an ill person can be washed with other people's laundry.
- iv. Clean and disinfect laundry containers at least daily, use plastic liners or disposable plastic bags instead of cloth hampers for transporting laundry.
- q. Facility Response Plan: The superintendent of an affected facility shall be responsible for developing and executing a response plan specific to the circumstances surrounding a new case of COVID identified in a facility whether in an employee or an inmate. The response should involve, at a minimum, the following steps:
 - i. Isolate the index case. Upon notification of a positive lab result, the affected facility shall ensure the index case (person testing positive) has been placed in medical isolation
 - 1. Inmates shall be placed in medical isolation at the facility but not in the infirmary unless the patient's medical condition warrants an infirmary level of care.
 - 2. Employees shall be sent home for self-isolation or to designated isolation housing
 - 3. Isolated individuals shall be monitored for clinical deterioration twice daily
 - ii. Perform contact tracing
 - 1. The affected facility shall develop a list of close contacts during the infectious period
 - a. Close contacts are defined as individuals who, while NOT wearing PPE:
 - i. Have been within approximately 6 feet of a COVID-19 case for \geq 10 minutes OR
 - ii. Have had direct contact with infectious secretions of a COVID-19 case (e.g., coughed on, spit at, yelled at, etc)
 - b. The infectious period begins 48 hours prior to the first onset of symptoms, or if asymptomatic at the time a test was performed.
 - iii. Place close contacts on contact quarantine for a total of 14 days
 - 1. Testing of all close contacts is recommended around day 7 following last known exposure.
 - 2. A negative test result does not change the duration of quarantine which remains 14 days.
 - 3. Quarantined individuals shall be monitored for new onset of COVID-19 symptoms twice daily
 - 4. Employees who are identified as close contacts may not present to work during the quarantine period unless approved by the director of institutions. The director of institutions may approve asymptomatic employees to present for work under the following conditions (all must be true):
 - a. The absence of the employee creates a critical staff shortage
 - b. The employee has had no symptoms of COVID-19 over the preceding 10 days
 - c. The employee performs two symptom screens (including temperature checks) per shift; first when coming on shift, and second about midway through a shift
 - d. The employee shall wear a medical mask at all times while in the facility
 - e. To the greatest degree possible, the employee shall be assigned duties that allow social distancing of at least 6 feet during work and breaks
 - f. The employee shall practice frequent hand washing and environmental cleaning on an end-of-use basis
 - iv. The affected facility shall provide a list of infected individuals and close contacts to the Alaska Division of Public Health.
 - v. At the discretion of the facility, a response plan meeting shall be convened for each new outbreak to include a representative from each of the following agencies:
 - 1. Facility administration and incident command
 - 2. Facility medical leadership

3. DOC Administration
 4. DOC Public Information
 5. DOC Health and Rehabilitation
 6. DHSS Epidemiology
 7. DHSS Public Health
 8. DOC central transportation and classification (if applicable)
- vi. If contact tracing is not conclusive, or if there is concern for widespread transmission following identification of new-onset COVID-19 infection among inmates or staff, the department leadership shall consider a broader testing strategy, beyond testing only close contacts within the facility, to reduce the chances of a large outbreak. Operational decisions regarding testing strategies will be developed in coordination with the Alaska Section of Epidemiology and Division of Public Health
 - vii. The cycle of testing, isolation, and quarantine repeats until no new cases epidemiologically linked to the index case are identified for two incubation periods (28 days).
- r. Release and discharges from DOC during an outbreak:
 - i. Well inmates
 1. Inmates without symptoms who complete a sentence or who are released during the outbreak may be released to the community.
 2. Inmates who are under quarantine at the time of release, should be given instructions regarding the duration of self-quarantine in the community. The names of individuals released while under quarantine will be provided to the Alaska Department of Public Health.
 - ii. Infected inmates
 1. Individuals with an active infection are contagious and may not be released directly into the general public.
 2. The DOC medical social worker or designee will coordinate with the Department of Public Health regarding the safe release of individuals who are actively infected depending on the level of medical need. Options include: release to a hospital facility; assisted transport to a personal residence for self-isolation; assisted transport to designated housing for isolated individuals.
 - s. Transport of Quarantined or Isolated Persons
 - i. Whenever feasible, transportation of a quarantined or isolated individual should be postponed until after the quarantine period or isolation period has ended.
 - ii. Emergency transport of a quarantined/isolated inmate to a hospital will be in an ambulance.
 1. As the clinical situation allows, the patient should be masked (surgical mask) and taken to the entrance of the facility for transfer via emergency medical services (EMS).
 2. DOC medical and security staff should be wearing PPE (medical mask, gloves, and eye protection at a minimum) during movement of the patient through the facility and during transport.
 - iii. A person in *isolation* (whether symptomatic or asymptomatic) must be transferred alone (no other inmates) and only when necessary for medical or legal purposes.
 1. During transport, the inmate should be seated as far back from the transport officer as possible (preferably > 6 feet); or behind a plastic barrier separating the passengers from the driver.
 2. The inmate must wear a surgical mask during the transfer.
 3. The transport officer must wear an N-95 respirator, eye protection, and gloves during the transfer of an *isolated* individual.

4. If possible, ventilation of the vehicle should allow for airflow from the front of the vehicle to the rear. This may mean opening a front and back window.
- iv. Routine and non-urgent transfer of *quarantined* individuals (assuming asymptomatic)
 1. Transport may occur using the following prioritized options listed in order of preference:
 - a. Single transfer in a vehicle or van that allows ventilation from front to rear.
 - b. Multiple inmates on the *same* quarantine transported in the same vehicle, van, or bus:
 - i. The number of passengers must be limited to 50% of the seating capacity and seated with maximum distance between passengers.
 - ii. All passengers should be masked (surgical mask) during transport
 - c. Multiple inmates on the *different* quarantines transported in the same vehicle, van, or bus:
 - i. The number of passengers must be limited to 25% of the seating capacity and seated with maximum distance between passengers.
 - ii. All passengers should be masked (surgical mask) during transport
 - iii. Upon arrival, all passengers should be housed under the same quarantine for a period equal to the remaining time on the quarantine for the individual on the transport with the longest outstanding quarantine duration.
 - d. Multiple inmates on the *different* quarantines transported in the same vehicle, van, or bus during a mass movement scenario (i.e. facility evacuation) when the 25% or 50% limitation cannot be maintained.
 - i. To whatever extent feasible, the number of passengers should be limited and the distance between seated passengers should be maximized.
 - ii. All passengers should be masked (surgical mask) during transport.
 - iii. Upon arrival, all passengers should be housed under the same quarantine for a period equal to the remaining time on the quarantine for the individual(s) on the transport with the longest outstanding quarantine duration.
 2. The transport officer(s) must wear a surgical mask, eye protection, and gloves during the transfer of quarantined individuals.
- v. Airline transportation
 1. Air ambulance (medical evacuation) transports of isolated or quarantined individuals may occur under the same conditions as a ground EMS transport. Transport officers must wear appropriate PPE during the transport.
 2. Commercial airline transport of *isolated* individuals is not authorized.
 3. Commercial airline transport of *quarantined* individuals:
 - a. Persons under quarantine as part of a contact investigation or due to contact with a person with confirmed COVID-19 are not authorized to fly on a commercial airline.
 - b. Persons on intake quarantine (recently remanded individuals who have no known contact with a confirmed or possible case of COVID-19) may travel by commercial airlines under applicable state, federal, and TSA restrictions.
Transport officers should wear, at a minimum, a surgical mask and eye protection, when transporting an individual housed under intake quarantine when results of COVID-19 test are pending.

III. Recovery Phase

- a. As cases of community transmission of COVID-19 fall, each facility's alert level will be lowered accordingly:
 - i. Alert Level D: confirmed transmission continues within the DOC facility.
 - ii. Alert Level C: isolated, infectious case(s) within the DOC facility but no transmission within the facility has occurred for 28 days.
 - iii. Alert Level B: community transmission continues in the facility's geographic region, but no active cases are held within the facility
 - iv. Alert Level A: active case(s) are present in Alaska without evidence of community transmission for at least 28 days.
 - v. Alert Level minimum: return to preparation phase for possible recurrence.
- b. As a general rule: incremental reduction of restricted movement or restrictions on contact between groups (i.e. inmates-inmates; inmates-staff; inmates-visitors; etc) will lag behind community recovery strategies by a minimum of 14 days (COVID incubation period). Similarly, specific stages of reopening including resuming programs, activities, and visitation should advance incrementally no faster than every 14 days, holding or reverting to prior restrictions if an outbreak occurs during the recovery phase.
- c. Superintendents will have the authority to identify essential persons who are granted entry into a correctional facility during the step-down recovery phases.
- d. Visitation may be resumed and/or remain limited at the discretion of the Commissioner or designee depending on the facility's alert level (see III.a above).
 - i. Possible actions may include:
 1. Resume internal facility operations and movement.
 2. Resume professional visitation and activities- Resume personal visitation, contractors, professional visitation. Resume facility activities, events, or assemblies. Group programs may also be resumed if the risk of viral transmission is minimal.
 3. Resume personal visitation- allow entry of a limited number of visitors.
 4. Resume all visitation
 5. Regardless of the extent of visitation allowed, continue screening all visitors for risk of infection prior to entry into the facility (see appendix 1).
 - ii. The department will inform the public of the lifting of restrictions on visitation or movement emphasizing the ongoing goal of protecting the health and safety both of inmates and of the public.
- e. Staff Management during recovery phase
 - i. Staff who are ill, or become ill at work, will be sent home, and not be given access back into the facility until the employee is cleared in accordance with the Alaska DOC Supervisor Guidance for COVID-19 (see appendix 3). (see Appendix 3).
 1. The employee's immediate supervisor has the authority to send a sick appearing employee home.
 2. In the absence of an employee's direct supervisor, the shift commander or shift supervisor have the authority to send a sick-appearing employee home.
 - ii. During the recovery phase, staffing issues will be evaluated continuously by prison administration and plans developed accordingly.
 - iii. Regardless of the alert level, during the recovery phase, all well employees are expected to report for duty. When necessary due to critical staffing levels, the director of each division has authority to cross train and assign staff to duties which may be outside normal job descriptions and can enforce mandatory overtime.
 - iv. Staff requests during the recovery phase for family sick leave must be presented to the staff member's supervisor and may be granted on a case-by-case basis.

- f. Facility Management during the recovery phase
 - i. During the recovery phase, screening employees, contractors, and facility visitors for COVID-19 will continue until alert level falls to minimum.
 - 1. All persons entering a facility from the community (employees, administrators, contractors, visitors, etc) will be screened prior to entry.
 - 2. The degree of screening will be at the discretion of the commissioner or designee and may include any of the following options individually or in combination:
 - a. Posted health advisories (ex. Posted signs stating “Do not enter if you are coughing, are having trouble breathing, or have a fever”)
 - b. Self-screening (ex. Signed declaration at entry confirming absence of symptoms or risk factors)
 - c. Physical screening (ex. Trained personnel checking temperature and verifying absence of coughing)
 - d. Third-party health screening (ex. Required clearance letter from a medical professional, or negative COVID-19 test)
 - e. Individual or broad-based laboratory testing will be performed as recommended by state and federal public health officials.
 - ii. Screening inmates for COVID-19 during the recovery phase
 - 1. All inmates will be screened for COVID-19 upon intake to a facility:
 - a. During criminal or Title 47 remand screening
 - b. Upon transfer from another facility
 - c. Upon return from hospitalization
 - 2. Each remand facility will coordinate receipt of potentially infected persons from local law enforcement or sleep-off center(s).
 - a. Local law enforcement or sleep-off center staff will call DOC facility ahead of arrival to report arriving person with symptoms or confirmed COVID-19
 - b. A mask will be placed on detainee prior to arrival to DOC facility
 - c. The detainee will be escorted directly to an isolation cell to complete intake screening and booking process.
 - 3. Inmates transferred from a facility under Alert level C or D will be screened prior to transfer as well as upon arrival at the receiving facility.
 - 4. Vital signs, including temperature, will be obtained at intake evaluation of all new remands.
 - 5. The Health Inquiry of a Received Prisoner (transfer) will include screening for COVID-19 symptoms or signs, as well as vital signs including temperature.
 - a.
 - 6. Laboratory testing:
 - a. Strategies for performing laboratory testing of all new remands will be implemented in collaboration with state and federal public health officials as well as the state public health laboratory (see intake COVID testing and quarantine below)
 - b. Individual testing of symptomatic persons will be performed when, during detention or incarceration, a person meets the clinical criteria for COVID-19.
 - c. During the recovery phase, broad-based testing of all persons in a cohort (symptomatic or asymptomatic), such as a module, a facility, or a work group (i.e. all kitchen workers, etc), will be authorized when appropriate as part of a contact investigation or when interval surveillance is recommended by state and/or federal public health officials.

- d. Testing may be performed by Alaska State Public Health laboratories, hospital laboratories, or commercial laboratories.
- 7. Intake COVID testing and quarantine
 - a. All inmates will be tested for COVID upon intake to a facility:
 - i. During criminal or Title 47 remand screening within 48 hours of remand
 - ii. Upon transfer from another facility if intake testing has not been performed in the 72 hours prior to transfer
 - b. All asymptomatic inmates will remain on intake quarantine (separate from the general population) until cleared for general population. In general clearance will require a negative COVID test and completion of a 14 days intake quarantine period.
 - c. All symptomatic inmates will remain on isolation until cleared for general population. In general, clearance will require a completion of isolation for 10 days since onset of symptoms; fever-free without temperature lowering medication for 24 hours; and improvement in overall viral illness-like symptoms.
- g. TRANSPORTATION AND TRANSFERS
 - i. General Instructions for all necessary movement outside the facility (i.e. outside medical care, court appearance; etc.):
 - a. CLOTH MASK: The inmate must wear a cloth face covering during all movement outside the facility (i.e. outside medical care, court appearance).
 - b. STATUS: The inmate's COVID-19 status must be shared with the transporting officer and the outside entity with whom the inmate will be interacting.
 - c. PTO: Transport staff must wear a surgical mask at a minimum and adhere to EMS protocols for PPEs when riding with EMS/life flights.
 - d. REFUSALS: Refusal by an inmate to take a COVID test does not cancel the transfer. Inmate shall be quarantined with symptom checks as above. The inmate shall be offered testing again prior to release to GP.
 - e. URGENT/EMERGENT moves: Urgent/emergent moves shall not be delayed while awaiting test results.
 - f. MENTAL HEALTH MOVES: Mental health moves shall not be delayed while awaiting test results.
 - ii. PROCEDURES
 - 1. INTERFACILITY TRANSFERS– movement of persons from one facility to another facility:
 - a. Inmates shall be screened for COVID-19 symptoms before leaving the facility.
 - b. Inmates must wear cloth face covering during the transfer.
 - c. Inmates shall be re-screen and **tested** at the receiving facility within 48 hours of arrival
 - i. Document the reason for testing as "Transfer."
 - d. Quarantine shall be maintained for 14 days at the receiving facility. Quarantined inmates should be housed as a transfer cohort to the extent possible.
 - i. Daily symptom checks with temperatures.
 - ii. Document results in the EHR.
 - e. Inmates shall be retested within 48 to 72 hours of release to GP. Negative test results must be received before releasing to GP.
 - i. Document the reason for testing as "Post-transfer Retest."

- f. Complexes (i.e. ACCE / ACCW, WWPT/WWCC, etc.) are considered one facility and, as such, screening and testing for COVID-19 is not required for movement across a single complex.
2. INTERINFIRMARY TRANSFERS—movement of patient from one infirmary to another
- a. Criteria for inter-infirmary transfers:
 - i. Transfers will be restricted to essential medical purposes only
 - ii. Symptomatic persons or persons under quarantine for contact-tracing purposes will not be transferred
 - iii. The patient should be tested for COVID within 48 hours prior to transfer; negative results are required prior to transfer
 - iv. The patient shall be transferred alone with both the inmate and the PTO wearing surgical masks
 - b. If all four criteria are met, the patient does not need to be quarantined or retested as part of General Transfer Protocols.
 - c. Anyone who does not meet the four criteria outlined above (i.e. Admits from the hospital, returning to the infirmary from outside medical appointments, transfer from another facility for observation) will be quarantined for up to 14 days. Quarantine does not need to be completed within the infirmary if the patient otherwise meets criteria for discharge from the infirmary; however, to whatever extent possible, the inmate should complete 14 days of quarantine prior to release back to the general population.
 - d. Patients admitted to the infirmary from General Population do not need to be quarantined unless part of a contact investigation.
3. COURT MOVES
- a. Inmates must wear cloth face covering during moves.
 - b. Inmates must wash their hands/use hand sanitizer (observed) immediately upon return to facility once cuffs are removed.
4. API TRANSFERS
- a. Transfers to API shall receive a physical exam by a DOC health practitioner or physician.
 - b. Patients shall have a negative COVID test result within 48 hours of transfer to API. Rapid testing is acceptable.
 - c. Patients may refuse testing. API shall be notified immediately of patient refusal.
5. FURLOUGH/RELEASE TO TREATMENT
- a. For inmates entering a treatment facility, DOC will follow the testing protocols required by the treatment facility.
6. SHORT TERM SIGN OUT (STSO) TRANSPORTS
- a. Inmates may be transported to another facility for urgent dental or medical treatment by a DOC dentist or medial provider and returned to the originating facility on the same day if the following criteria are met:
 - i. Transports are restricted to urgent or time-sensitive treatment.
 - ii. Inmates must wear a cloth face covering during transport and during movement through a facility.
 - iii. Transported inmates do not mix with the general population in waiting areas, holding cells, or transport vehicles.
 - b. Inmates on an STSO transport do not require intake quarantine upon return to the home facility unless the inmate has close contact (< 6ft for greater than 10

min.) with non-treating individuals from outside the home facility. For example, if an inmate sits in a common waiting area with inmates from another facility or returns to the home facility on a transport van with new remands, these new exposures would trigger a need for intake quarantine upon return to the home facility.



APPENDIX 1
ALASKA DOC SCREENING TOOL

EFFECTIVE 8/28/2020

| | |
|--------------------------|---------------------------------|
| Name: | Person you are visiting: |
| Purpose of visit: | |

| 1. Today, or in the last two weeks, have you had any of the following symptoms? | | Date of Onset: |
|--|--|-----------------------|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Fever (<i>Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective.</i>) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Cough | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Shortness of Breath (SOB) | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Chills | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Headache | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Muscle Aches | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Sore Throat | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Vomiting or diarrhea | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Abdominal discomfort | |
| 2. Think of the people you have been around the last two weeks: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Within the last 14 days, have you had close contact with someone with symptoms of fever, cough, muscle aches, fatigue or someone who has been diagnosed with the COVID-19 illness? | |
| 3. Think of your recent travel: | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | In the last two weeks, have you traveled from, or through, any of the locations reported to be having a coronavirus outbreak? | |
| Thank you for completing the Visitor Screening Form. Please sign the form below and hand it to the correctional employee overseeing check-in of visitors. | | |

I understand that the Department of Corrections is screening visitors for illness in an effort to prevent the spread of Coronavirus into a correctional facility; and I confirm that I do not have symptoms of an illness and the above answers are true and correct.

Signature: _____ Date: _____

Staff Name (Last, First): _____

Institution: _____



APPENDIX 2

DOC 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. |



APPENDIX 3

ALASKA DOC SUPERVISOR GUIDANCE FOR COVID-19

EFFECTIVE 08/27/2020

1. Does the employee have symptoms of respiratory infection including:

A) new onset of any one of the following: feverishness, cough, or shortness of breath; OR

B) new onset of *two* or *more* of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> Chills | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Runny nose |
| <input type="checkbox"/> Diminished sense of taste or smell | <input type="checkbox"/> Headache | <input type="checkbox"/> Sore throat |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Muscle/joint aches | <input type="checkbox"/> Sputum (phlegm) production) |
| <input type="checkbox"/> Nausea/vomiting | | |

If answer is **NO** – Proceed to Question 2

• If answer is **YES** – Employee will be sent home.

- Provide the employee with a cloth face mask.
- Recommend the employee contact a local testing center for COVID-19 testing.
- Let the employee know that they may not return to work until **NEGATIVE** test results are received and the isolation return to work criteria are met.
- If the criteria are met, the employee does not need a doctor's note/release to return to work.
- If the test is **POSITIVE**, the employee will be allowed to return to work in accordance with guidance provided to the individual by public health staff.

NOTE: If an employee becomes sick with any of the symptoms listed in #1 above at any time, the employee shall be sent home immediately. Surfaces in their workspace shall be cleaned and disinfected and a list of persons who had close contact with the ill employee during the time the employee had symptoms and two days prior to symptoms shall be compiled.

2. Within the past 14 days has the employee been in close contact with any of the following:

- Someone who has been identified as a close contact and is awaiting test results;
 - If so, the employee may come to work but must leave work immediately if the other person becomes symptomatic or receives positive test results
- Someone who has symptoms and is awaiting test results;
 - If so, the employee may not come to work until the other person's test comes back negative
- Someone who is asymptomatic but has been tested for COVID (travel related, personal choice, etc).
 - Yes, the employee may come to work.
- Someone who has tested positive for COVID-19?
 - If so, the employee may not come back to work until completing a 14-day quarantine beginning at the time of the last possible exposure. NOTE: The CDC recommends testing around day seven from the last possible exposure, sooner if symptoms develop.
- If answer is **NO CLOSE CONTACTS**– Employee may come to work.

3. Within the past 14 days has the employee traveled outside Alaska?

- If answer is **NO** – Employee may come to work
- If answer is **YES** and the employee has taken a COVID test upon return to Alaska with negative results OR has taken a test within 72 hours of return with negative results, the employee may come to work. While on the work site—including while on breaks, while awaiting entry point screening, or while on solitary posts—the employee must wear a mask, practice social distancing whenever possible, wash hands frequently and clean items and work area on an end-of-use basis for 14 days after returning to Alaska.
 - If the employee becomes sick with any of the symptoms listed above, the employee shall be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. A list of persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled.
- If the answer is **YES** and the employee either has not taken a COVID test OR has taken a COVID test but does not have the test results, the employee may not return to work.

NOTE: *If answer is YES to #2 or #3 and the employee does not have symptoms as outlined in #1 above and staffing levels are critical contact your Division Director for guidance.*

4. Has the employee been tested for COVID-19 in the last 10 days? If the answer is yes, the employee may not return to work unless:

- The employee was tested as a close contact and has completed a 14-day quarantine, OR
- The employee was symptomatic and meets the return to work criteria for isolation, OR
- The employee was tested as part of an asymptomatic broad-based screening during a contact investigation AND he or she remains asymptomatic, OR
 - The employee has tested positive AND he or she has been cleared in accordance with guidance provided to the individual by public health staff.

RETURN TO WORK CRITERIA

FOR EMPLOYEES ON **ISOLATION** DUE TO SYMPTOMS or POSITIVE COVID TEST

- 1) at least 10 days have passed since symptoms first appeared (or date test performed if no symptoms); AND
- 2) at least one day (24 hours) have passed since resolution of fever without the use of fever-reducing medication; AND
- 3) improvement in cough and shortness of breath (if part of illness).

NOTE: The same criteria apply if a COVID-19 test comes back negative or if the employee was symptomatic but did not get tested for COVID-19.

RETURN TO WORK CRITERIA

FOR EMPLOYEES ON **CONTACT QUARANTINE**

- 1) at least 14 days have passed since the last possible contact with a person with lab-confirmed COVID; AND
- 2) no symptoms have developed AND
- 3) negative results have been received, if testing occurred (CDC recommends testing around day 7 of quarantine for all close contacts)

NOTE: Quarantine is a minimum of 14 days even when test results are negative.



ALASKA DOC ENTRY POINT SCREENING QUESTIONNAIRE FOR COVID-19

EFFECTIVE 06/05/2020

DOC continues to take measures to keep our facilities and offices safe. Therefore, anyone coming into the facility/office will be screened. Please answer the following questions before entering:

1. Do you have **new onset** of any of the following: feverishness, cough, or shortness of breath?

- YES
 NO

If the answer is yes, and you are in a facility in a community that has community transmission, it is recommended you contact your health care provider for COVID-19 testing.

2. Do you have new onset of **two or more** of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea/vomiting, runny nose, sore throat, or sputum (phlegm) production?

- YES
 NO

If the answer is yes, and you are in a facility in a community that has community transmission, it is recommended you contact your health care provider for COVID-19 testing.

3. If you were tested for COVID-19; was the result POSITIVE or are you waiting on results?

- YES
 NO or NOT APPLICABLE (not tested)

4. In the past 14 days have you been in close contact with someone at home or in the community who has been tested and is awaiting results or who has tested positive for COVID-19? (*Note: Close contact is defined as within 6 feet for more than 10 minutes without wearing personal protective equipment*)

- YES
 NO

5. Is your temperature at or above 100.4° F?

- YES
 NO

If the answer to any question above is YES question, the individual will not be allowed into the facility/office. If the individual is a DOC employee, direct them to contact their supervisor for guidance on when they may return to work

6. In the past 10 days have you been tested for COVID-19?

- YES
 NO

If the answer is yes, contact your supervisor before entering the facility to ensure you meet the criteria to return to work.

7. In the past 14 days, have you traveled outside Alaska?

YES

NO

- If the answer is yes, the employee must have a negative COVID test result prior to returning to work. While on the work site—including while on breaks, while awaiting entrypoint screening, or while on solitary posts—the employee must wear a mask, practice social distancing whenever possible, wash hands frequently and clean items and work area on an end-of-use basis for 14 days after returning to Alaska.
- If the employee becomes sick with any of the symptoms listed above, he or she should be sent home immediately. Surfaces in their workspace should be cleaned and disinfected. A list of persons who had contact with the ill employee during the time the employee had symptoms and 2 days prior to symptoms should be compiled.



ALASKA DOC INMATE TRANSFER SCREENING FOR COVID-19

EFFECTIVE 4/8/2020

The following questions must be asked of every inmate immediately prior to getting on the van/bus for transport.

1. Have you been coughing, feeling feverish or had any shortness of breath?
 YES
 NO

2. Do you have new onset of *two* or *more* of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea/vomiting, runny nose, sore throat, or sputum (mucus) production?
 YES
 NO

3. In the last two weeks, have you traveled outside Alaska?
 YES
 NO

4. Is your temperature at or above 100.4° F?
 YES
 NO

If the answer to any question is YES, the individual will not be allowed to transfer. Inmates who fail the screening should be GIVEN A MASK and taken to a single cell or to medical for further assessment.

APPENDIX 6



ALASKA DOC EMPLOYEE SELF-SCREEN FOR COVID-19

EFFECTIVE 05/05/2020

Your health and well-being are of the utmost importance and we are taking measures to keep the office a safe environment for employees, individuals under our charge, and the public. Therefore, anyone coming into a Department of Corrections office must affirm the following:

1. I do not have symptoms of respiratory infection (fever, persistent cough or shortness of breath).
2. I do not have *two* or *more* of the following: chills, diminished sense of taste or smell, diarrhea, fatigue, headache, muscle/joint aches, nausea/vomiting, runny nose, sore throat, or sputum (mucus) production?
3. In the past 14 days I have not cared for or been in close contact with someone with suspected or confirmed COVID-19. (*Note: Close contact is defined as within 6 feet for more than 10 minutes without wearing personal protective equipment*)
4. My temperature is at or below 100.4° F. (*I understand that until further notice I must take my temperature daily before reporting to the office*).
5. I understand that if I have been tested for COVID-19, I may not return to work unless:
 - a) I have received negative results and meet the return to work criteria; OR
 - b) The testing was part of an asymptomatic broad-based screening during a contact investigation AND I have no symptoms; OR
 - c) I have tested positive AND I have been cleared in accordance with guidance provided to me by public health staff.

RETURN TO WORK CRITERIA

- 1) at least 10 days have passed since symptoms first appeared; AND
- 2) at least one day (24 hours) has passed since resolution of fever without the use of fever-reducing medication; AND
- 3) improvement in other symptoms of the illness

NOTE: The same criteria apply if a COVID-19 test comes back negative or if the employee was not tested for COVID-19.

Employee Name

Signature

Date



ALASKA DOC COVID-19 RECOVERY PLAN

PHASE I

EFFECTIVE 05/29/2020

Alaska has worked hard to flatten the curve during the COVID-19 pandemic and DOC's protective measures have proven to be effective at minimizing the spread of the disease within our facilities. While DOC must remain vigilant in our efforts to protect our staff and the offenders in our care, with the slowdown of community spread, we now may look toward a gradual return to normal operations. Following is an outline of the first steps during Recovery Phase I.

Note:

- Phase I applies only to facilities without a current outbreak.
- Phase I shall be rescinded at any facility where either a staff or inmate tests positive for COVID -19.
- Phase I may be revised or rescinded should there be a spike in community transmission in a community where a facility is located.
- All other precautions remain in effect.
- Regardless of phase, standard infection prevention and control measures will be practiced including: frequent handwashing; environmental cleaning on an end-of-use basis; social distancing to the greatest degree possible; and wearing of cloth face masks when around others or during movement outside a person's housing unit.

The following changes may be made to facility operations during Recovery Phase I.

1. Groups of 10 or fewer may gather. The following precautions apply:
 - a. Space must be large enough to ensure attendees can maintain social distancing of six feet or more.
 - b. Attendees and staff shall wear cloth face coverings.
 - c. Attendees and staff shall wash hands before and after activities.
 - d. The gathering area shall be cleaned and disinfected after each use.
 - e. Attendees shall not share writing instruments, workbooks or other materials.
2. Individual exercise activities, such as weightlifting, may resume. The following precautions apply:
 - a. One person per machine unless at least six feet apart.
 - b. Machines shall be cleaned and disinfected after each use.
3. Noncontact activities, such as table tennis, may resume. The following precautions apply:
 - a. Participants shall wear cloth face coverings.
 - b. Equipment shall be cleaned and disinfected after each use.
4. Barber shop services may resume. The following precautions apply:
 - a. Both the barber and the individual getting the haircut shall wear cloth face coverings.
 - b. All instruments used during the haircut shall be sanitized between use using Barbicide or other professional salon disinfectant.
 - c. All touch surfaces shall be cleaned and disinfected after each use.

5. Hobbycraft activities may resume. The following precautions apply:
 - a. If participants are from different housing units
 - i. Space must be large enough to ensure attendees can maintain social distancing of six feet or more.
 - ii. Attendees and staff shall wear cloth face coverings.
 - iii. Attendees and staff shall wash hands before and after activities.
 - iv. The gathering area shall be cleaned and disinfected after each use.
 - b. If participants are from a single housing unit:
 - i. Attendees and staff shall wear cloth face coverings.
 - ii. Attendees and staff shall wash hands before and after activities.
 - iii. The gathering area shall be cleaned and disinfected after each use.



ALASKA DOC COVID-19 RECOVERY PLAN

TRANSPORTATION AND TRANSFERS

EFFECTIVE 06/25/2020

OVERVIEW: Screening and testing of transfers will ensure we do not knowingly introduce someone who is contagious into the general population of another facility. Quarantining ensures they don't develop symptoms during the 14 days after entering a different facility. There is always the possibility that a person with COVID-19 will initially test negative and remain asymptomatic, so we test again before releasing from quarantine to ensure that no one has become contagious during the incubation period.

GENERAL INSTRUCTIONS

CLOTH vs SURGICAL MASKS: A cloth face covering must be worn by inmates during movement outside the facility (i.e. outside medical care, court appearance). A surgical mask must be worn by inmates during inter-infirmiry transfers.

PTO PPE: Transport staff must wear a surgical mask at a minimum and adhere to EMS protocols for PPEs when riding with EMS/life flights.

STATUS REPORTS: The inmate's COVID-19 screening status must be shared with the transporting officer and the outside entity with whom the inmate will be interacting, such as the medical clinic or imaging center.

REFUSALS: Refusal by an inmate to take a COVID test or participate in screening does not block a transfer or change quarantine procedures. Inmates shall be quarantined with symptom checks as below. Each inmate shall be offered testing again prior to release to the general population.

URGENT/EMERGENT moves: Urgent/emergent moves shall not be delayed while awaiting test results.

MENTAL HEALTH MOVES: Mental health moves shall not be delayed while awaiting test results.

SCREENING AND TESTING PROCEDURES

INTERFACILITY TRANSFERS: movement of persons from one facility to another

1. Inmates shall be screened for COVID-19 symptoms before leaving facility.
2. Inmates must wear a cloth face covering during the transfer (note: a surgical mask is required in some situations—see infirmiry transfers below).
3. Inmates shall be re-screened and **tested** for COVID-19 at the receiving facility during the *Health Care Evaluation Upon Transfer Arrival* (policy 807.14 VII.F.3). Document the reason for testing as "Transfer."
4. Quarantine shall be maintained for 14 days at the receiving facility. Quarantined transfers may be housed together, preferably as a separate transfer cohort to the extent possible.
5. Perform daily symptom checks with temperatures on quarantined transfers. Document results in the EHR.
6. Inmates shall be retested 48 to 72 hours prior to release to general population (GP). Negative test results must be received before releasing to GP. Document the reason for testing as "Post-transfer Retest."

INFIRMARY TRANSFERS—movement of patient from one infirmary to another

1. Criteria for inter-infirmary transfers:
 - a. Transfers will be restricted to essential medical purposes only
 - b. Symptomatic persons or persons under quarantine for contact-tracing purposes will not be transferred
 - c. The patient should be tested for COVID within 48 hours prior to transfer; negative results are required prior to transfer
 - d. The patient shall be transferred alone with both the inmate and the PTO wearing surgical masks

Note: If all four criteria are met, the patient does not need to be quarantined or retested for COVID-19 as part of General Transfer Protocols.

2. General transfers to an infirmary, or any interinfirmary transfers who do not meet the four criteria outlined above (i.e. admits from the hospital, returning to the infirmary from outside medical appointments, transfer from another facility for observation, etc.), will be quarantined for up to 14 days. Quarantine does not need to be completed within the infirmary if the patient otherwise meets criteria for discharge from the infirmary; however, to whatever extent possible, the inmate should complete 14 days of quarantine prior to release back into the general population.
3. Patients admitted to the infirmary or moved for observation to the infirmary from general population at the same facility do not need to be quarantined unless part of a contact investigation.

API TRANSFERS

1. Transfers to API shall receive a physical exam by a DOC health practitioner or physician.
2. Patients shall have a negative COVID test result within 48 hours of transfer to API. Rapid testing is acceptable when necessary.
3. Patients may refuse testing. API shall be notified immediately of patient refusal.

FURLOUGH/RELEASE TO TREATMENT

For inmates entering a treatment facility, DOC will follow the testing protocols required by the treatment facility.

CRC TRANSFERS

1. Transfer to CRCs shall have a negative COVID test result within 48 hours of transfer to the CRC.
2. If inmate refuses testing, the inmate must be quarantined for 14 days prior to transfer to the CRC.

SHORT TERM SIGN OUT (STSO) TRANSPORTS

1. Inmates may be transported to another facility for urgent dental or medical treatment by a DOC dentist or medial provider and returned to the originating facility on the same day if the following criteria are met:
 - a. Transports are restricted to urgent or time-sensitive treatments.
 - b. Inmates must wear a cloth face covering during transport and during movement through a facility.
 - c. Transported inmates do not mix with the general population while in waiting areas, holding cells, or transport vehicles.
2. Inmates on an STSO transport do not require intake quarantine upon return to the home facility unless the inmate has had close contact (< 6 ft for greater than 10 min.) with a non-clinical individual from outside the home facility. For example, if an inmate sits in a common waiting area with inmates from another facility or returns to the home facility on a transport van with new remands, these new exposures would trigger a need for intake quarantine and other interfacility transfer procedures as described above.



APPENDIX 9

ALASKA DOC COVID-19 RECOVERY PLAN BARBER SHOP & HAIRCUT PROTOCOLS

EFFECTIVE 08/13/2020

OVERVIEW: Community spread has been prevented by having barbershops and salons follow very careful procedures. DOC may allow inmate haircuts to resume under the following protocols. No other barber or salon services are approved at this time.

GENERAL INSTRUCTIONS

A cloth face covering must be worn by inmates while getting their hair cut.

A medical/surgical mask must be worn by inmates who are providing the haircut service.

Both prisoners must be asymptomatic.

Barbicide disinfectant must be used to sanitize all instruments (combs, brushes, scissors, razors, etc) between each haircut.

Chairs, tables, and other surfaces must be sanitized between each service.

The prisoner responsible for cutting hair must thoroughly wash his/her hands between haircuts.

No one may congregate in the area designated for haircutting. Social distancing of six feet minimum must be maintained by those waiting.



Guidance Regarding Close Contacts Identified During a Contact Investigation

8/28/2020

This guidance is intended to assist with assessment of risk and application of work restrictions for asymptomatic staff who are identified as having close contact exposure to inmates or other staff with confirmed COVID-19.

Because of extensive and close contact with vulnerable individuals, the CDC recommends a conservative approach for monitoring staff working in congregate settings and applying work restrictions to prevent transmission from potentially contagious staff to inmates, other staff, and the community.

The DOC definition of **Close Contact** is an individual who, while NOT wearing PPE:

- ▶ Has been within approximately 6 feet of a COVID-19 case for ≥ 10 cumulative minutes **OR**
- ▶ Has had direct contact for any duration with infectious secretions of an individual with COVID-19 (e.g. coughed on, sneezed on, spit on, yelled at, or been present during an aerosolizing procedure)

Guidance for Asymptomatic Staff Who Were Exposed to Individuals with Confirmed COVID-19

| Exposure | Personal Protective Equipment Use | Work Restrictions |
|---|---|---|
| HARD CONTACT- Staff who had prolonged ¹ <u>close contact</u> with an inmate, staff member, or visitor with confirmed COVID-19 ² | <ul style="list-style-type: none"> • Staff not wearing a medical mask³ [OR] • Staff not wearing eye protection when the person with COVID-19 was not wearing a cloth face mask or medical mask [OR] • Staff not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while performing a nebulizer treatment, dental procedure, or other aerosolizing procedure. | <ul style="list-style-type: none"> • Exclude from work for 14 days after last exposure⁴ • Advise staff member to monitor themselves for fever or symptoms consistent with COVID-19⁵ • Any staff who develop symptoms consistent with COVID-19⁵ should immediately arrange for testing • For staff who remain asymptomatic, recommend testing around day 7 after last exposure. |
| SOFT CONTACT- Staff who had less than prolonged ¹ <u>close contact</u> with an inmate, staff member, or visitor with confirmed COVID-19 ² | <ul style="list-style-type: none"> • Staff not wearing a medical mask³ [OR] • Staff not wearing eye protection if the person with COVID-19 was not wearing a cloth face covering or medical mask | <ul style="list-style-type: none"> • Staff may present for work • Follow infection prevention and control practices, including wearing a mask for source control while at work, monitoring themselves for fever or symptoms consistent with COVID-19⁵ and not reporting to work when ill, and undergoing active screening for fever or symptoms consistent with COVID-19⁵ at the beginning of their shift. • Any staff who develop symptoms consistent with COVID-19⁵ should immediately arrange for testing. |
| Staff other than those with exposure risk described above | N/A | <ul style="list-style-type: none"> • No work restrictions • Any staff who develops fever or symptoms consistent with COVID-19⁵ should immediately self-isolate and contact their established point of contact (e.g., occupational health program) to arrange for medical evaluation and testing. |

Staff with travel or community exposures should inform their supervisor for guidance on need for work restrictions.

NOTE: This table is adapted from CDC Interim guidance for Healthcare workers: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assessment-hcp.html> and is subject to change as further information becomes available.

(continued: Guidance Regarding Close Contacts Identified During a Contact Investigation)

Footnotes:

1. Data are insufficient to precisely define the duration of time that constitutes a prolonged exposure. Until more is known about transmission risks, in the correctional setting it is reasonable to consider an exposure of less than six feet for 10 minutes or more as prolonged. However, any duration should be considered prolonged if the infected person coughed, yelled, sang, spit; or if the exposure occurred during performance of an aerosol generating procedure such as a dental procedure or nebulizer treatment.
2. For individuals with confirmed COVID-19, consider the exposure window to begin 2 days before symptom onset or, if asymptomatic, 2 days prior to testing.
3. Medical masks include surgical-type masks or N95 respirators. Cloth face coverings used for source control and other non-medical dust masks are not considered PPE because their capability to protect staff is unknown.
4. If staffing shortages occur, it might not be possible to exclude all exposed staff from work. Asymptomatic staff may be authorized to work under specific conditions. For additional information and considerations refer to section II.q.iii.4 of the Response Plan for details
5. According to the CDC, fever is defined as subjective fever (feeling feverish) or a measured temperature of 100.0°F (37.8°C) or higher. Note that fever may be intermittent or may not be present in some people, such as those who are elderly, immunocompromised, or taking certain fever-reducing medications (e.g., nonsteroidal anti-inflammatory drugs [NSAIDS]).