

ODOC COVID-19 Infection Prevention, Testing, and De-Escalation Protocol

The following tiered protocol was created by the Agency Operation Center (AOC) in conjunction with Health Services. Institutions will coordinate with the AOC which is staffed 24/7, specifically Garry Russell and Joe Bugher to determine the appropriate tiered level of response, prior to implementation. COVID-19 testing of the AICs will be managed by DOC medical doctors and will consult with the AOC on recommendations.

Escalation ↑

Tier 1 – Institutions **without** known COVID-19

1. **Beginning with tier 1 and continuing through tier 5** - Heightened employee screening questions: "Have you experienced a new fever, cough, shortness of breath, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or new loss of taste or smell." Temperatures will be taken at the staff screening station. If temperature is above 100 degrees, facility will administer a second reading by a manager after waiting five minutes or more. (Follow screening protocol – a manager will ask secondary questions and provide employee hand-outs.)
4. All institutions test according to symptom presentation.
5. Suspected COVID-19 go into respiratory isolation/distancing.
6. All intake AICs at CCIC screened and quarantined in place for 14 days prior to releasing to other facilities.
7. If six feet of social distancing cannot be adhered to, a face covering is required to be worn all by staff.

Tier 2 – Institutions **with** confirmed COVID-19 (AIC and/or Employee) originating from the institution

1. Continue heightened employee screening protocols.
2. Quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 AIC came from, or in which the positive COVID-19 staff worked.
3. Facilities who provide 24/7 medical care, and who house positive COVID-19 AICs without an originating COVID-19 case, will be considered tier 2.
4. Conduct temperature and symptom screenings daily.
5. Prior to knowing COVID-19 result, close contacts are identified, and symptom screening is performed.
6. Symptomatic AICs are placed on medical isolation.
7. If any new positive COVID-19 AICs or employees, expand contact tracing and consider proceeding to tier 3.
8. If six feet of social distancing cannot be adhered to, a face covering is required to be worn all by staff.

Tier 3 – Institutions **with** confirmed COVID-19 **and** expanded testing of those with direct contact & all symptomatic AICs

1. Continue heightened employee screening protocols.
2. All symptomatic staff should seek medical care and testing via community care, requesting priority handling of COVID-19 testing via Oregon Health Authority (OHA).
3. While awaiting results of testing: Continue to quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 came from. Conduct symptom interviews of all patients from this group daily.
4. If any tier 3 testing results identify new positive COVID-19 AICs or employees, expand contact tracing and consider proceeding to tier 4.
5. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.

Tier 4 – Entire institution quarantined for 14 days

1. Continue heightened employee screening protocols.
2. All symptomatic patients in institution tested for COVID-19. Conduct symptom interviews daily on all AICs and continue heightened staff screening.
3. If any new cases identified while entire institution in quarantined, the 14-day observation period re-starts.
4. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.

Tier 5 – Consider multiple institutions quarantined for 14 days

1. Continue heightened employee screening protocols.
2. Further measures as directed by local and/or state Public Health authorities.
3. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.

De-Escalation ↓

Tier 5 – Consider multiple institutions quarantined for 14 days

1. **Beginning with tier 1 and continuing through tier 5** - Heightened employee screening questions: "Have you experienced a new fever, cough, shortness of breath, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea, and/or new loss of taste or smell." Temperatures will be taken at the staff screening station. If temperature is above 100 degrees, facility will administer a second reading by a manager after waiting five minutes or more. (Follow screening protocol – a manager will ask secondary questions and provide employee hand-outs.)
2. De-escalation determined by AOC in consultation with DOC medical doctors and/or local and state public health authorities.
3. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.

Tier 4 – Entire institution quarantined for 14 days

1. Continue heightened employee screening protocols.
2. All symptomatic patients in institution tested for COVID-19. Conduct symptom interviews daily on all AICs.
3. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.
4. May proceed to tier 3 if no new positive COVID-19 results within the 14-day period.

Tier 3 – Institutions **with** confirmed COVID-19 **and** expanded testing of those with direct contact & all symptomatic AICs

1. Continue heightened employee screening protocols.
2. Quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 AIC came from, or in which the positive COVID-19 staff worked.
3. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.
4. Temperature and symptom screenings to three times a week during the 14-day period.
5. May proceed to tier 2 if no new positive COVID-19 results within the 14-day period.
6. The newly revised OHA guidelines urge clinicians to potentially increase testing for Oregonians who may be at particular risk for contracting COVID-19. These groups include:
 - Those living or working in congregate care or group living facilities;
 - Essential frontline workers, including those providing healthcare services and those serving the public, such as grocery store workers.

Tier 2 – Institutions **with** confirmed COVID-19 (AIC and/or Employee) originating from the institution

1. Continue heightened employee screening protocols
2. Quarantine the housing block or unit, as well as congregate setting from which the positive COVID-19 AIC came from, or in which the positive COVID-19 staff worked.
3. Temperature and symptom screenings to once during a seven-day period.
4. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.
5. May proceed to tier 1 if 28 days elapse since last COVID-19 case (AIC or Staff).

Tier 1 – Institutions **without** known COVID-19

1. Continue heightened employee screening protocols.
2. Continue with modified operations, unless directed otherwise by AOC.
3. If six feet of social distancing cannot be adhered to, a face covering is required to be worn by all staff.

***All AIC transfers coordinated through the AOC if the institution is on a tier two through five status.**

Medical Isolation – Medical isolation refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria for release from isolation, in consultation with clinical providers. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term "medical isolation" to avoid confusion. ODOC will use medical isolation for 72 hours or until no symptoms of COVID-19 are detected. A provider will prescribe the continuance of medical isolation or when released to quarantine phase. Medical isolation AICs can be housed on same celled unit with other positive cases.

Quarantine – Quarantine refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the individual should be placed under medical isolation and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility. ODOC will quarantine a unit or institution if positive case comes from a unit or multiple units after contact tracing has been completed by AOC and provider. This quarantine is identified in a tiered approach and medical screenings will happen three times a week by Health Services. If no new cases happen during 14-day observation window, the unit/institution will move back according to the tier de-escalation protocol. ODOC will use 14-day observation for any close contact with positive AIC, new intakes, those returning from out to court or is AIC is being transferred from a facility that was quarantined.

(This prevention plan and protocol is subject to change in the event guidelines from the CDC, OHA and/or other state health authorities change)

Revised 7/14/2020