

Coronavirus Screening and Treatment Plan Workflow

All inmates entering our facilities must be assessed using the below protocol. This includes ALL intakes, transfers, hospital, ER, court, outside detail and off-site appointments.

Upon arrival or return to the facility, security is to bring the inmates to medical for assessment by a nurse.

1. Immediately upon notification of the patient's arrival or return, the nurse will assess each patient using the following Coronavirus Screening and Treatment Plan Protocol:

- a. Obtain temperature.
- b. If 100.4 degrees or above, assess for symptoms of respiratory illness (e.g. cough, sore throat, shortness of air, SpO2 less than 90).

If temperature obtained of 100.4 or above AND the patient is displaying at least ONE of the above symptoms of respiratory illness, place patient in a mask and contact provider to obtain order for rapid flu test. If rapid flu is negative, contact provider for orders to perform oropharyngeal swab for COVID-19 testing. If testing for COVID-19 is indicated, notify HSA immediately via phone call. If rapid flu is positive, follow the guidelines in place at your facility for flu patients.

Patients will also be assessed for risk of exposure by answering the following questions:

2. Has the patient had contact with a family member or person in the last 14 days who:

- a. Has been under isolation or quarantine for possible or confirmed COVID-19 exposure/infection?

If the answer to the above is "yes" the patient will be placed in a mask and the provider contacted for orders to conduct a rapid flu test. If rapid flu is negative, contact providers for orders to perform oropharyngeal swab for COVID-19 testing. If testing for COVID-19 is indicated, notify HSA immediately via phone call. If rapid flu is positive, follow the guidelines in place at your facility for flu patients.

If patient is masked and tested for COVID-19, the following protocol will be followed:

1. Patient to remain in a mask and segregated from the general population until test results are back (3-4 days) clearing patient of the virus.
2. Patients who are at high risk for development of significant complications from the virus include:
 - a. Patients aged 60 or over
 - b. Immunocompromised patients
 - c. Diagnosis of Respiratory condition (COPD, Asthma)
 - d. Diagnosis of Heart Failure

3. High risk patients are to be monitored by nursing staff a minimum of BID, or as clinically indicated, for adverse signs or symptoms showing patient decompensating. Assessment should include vitals and a full respiratory assessment. Any patients deemed to be in decline are to be referred immediately to a Site Medical Provider or if not on site contact the on-call medical provider for orders.
4. Patients who test negative for the virus can be released back into the general population.
5. Should a patient test positive for the virus they are to remain segregated and monitored daily. Patient should continue wearing a mask and after a 14 day period patient can be tested again for presence of the virus. Patient is to remain segregated and masked until patient tests negative for 3 days in a row.

Note: Upon HSA notification of COVID-19 testing, the HSA will immediately notify the Regional Manager. The Regional Manager will work with the HSA to ensure the proper notifications are made.