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To: [Tao, Alyssa K](#); [Hashimoto, Sara H](#); [Charles, Rosemarie](#); [Kamisato, Kevan M](#); [Magallanes, Florencio A](#); [Whiting Jr, Austin K](#)
Subject: Fwd: IMPORTANT Coronavirus Update
Date: Monday, March 9, 2020 8:54:45 PM
Attachments: [COVID-19 Information Bulletin.pdf](#)
[COVID-19 Clinical Care Guide.pdf](#)
[COVID-19 Intra Office Memo 3.9.20.pdf](#)

Please distribute the attached COVID-19 Instruction Bulletin to all of your staff, including those without email. We are trying to get the bulletin out to all staff.

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Subject: IMPORTANT Coronavirus Update

Aloha All. Attached you will find a copy of an Intra-Office Memorandum released today explaining the changes to our Protocols in response to current information about COVID-19. While we have tried to anticipate future developments, please remember the situation is constantly changing and may require further adjustments as we go along.

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Instruction Bulletin

How to Respond to the Coronavirus

ABOUT THE 2019-NOVEL CORONAVIRUS (COVID-19)

The Department of Public Safety is closely monitoring the spread of the 2019-novel coronavirus (COVID-19). According to the Center for Disease Control and Prevention (CDC):

Coronavirus is a contagious virus that spreads on droplets when an infected person coughs or sneezes. In some cases, it may be spread in the stool.

Symptoms of coronavirus (COVID-19) often begin with a fever and a cough, followed by muscle aches and headache. The respiratory symptoms can abruptly worsen causing bronchitis, pneumonia, or acute respiratory distress.

A person is contagious from the onset of symptoms. Without precautions, a contagious person could pass the infection to others.

On average, it takes from two days up to two weeks from an exposure for a person to develop symptoms of an infection.

There is no vaccine for the coronavirus. The best prevention is handwashing and avoidance of close contact with infected individuals.

HOW TO ADDRESS THE CORONAVIRUS AT YOUR FACILITY

Your job during an outbreak is to help identify cases, refer suspected cases to medical staff, treat or provide security for infected individuals, educate others about COVID-19 with accurate information, and prevent the spread of virus within your facility. Here are the steps involved in a response:

1. IDENTIFY CASES: Staff shall look for individuals who meet both of the following criteria:

- **Clinical criteria:** fever or symptoms of lower respiratory tract infection (i.e. cough, difficulty breathing), **AND**
- **Epidemiologic criteria:** contact with an individual who is infected with or suspected to be infected with the coronavirus.

Note: all new inmates should be asked about recent travel activities within the past 30 days.

2. MEDICAL ISOLATION

- Anyone determined to be at moderate or higher risk with clinical symptoms of coronavirus must be placed in a medical isolation cell.
- Standard/Contact/Airborne precautions with directions shall be posted for medical isolation cells.

- Standard/Contact/Airborne precautions shall be used by all staff when entering the medical isolation cell, caring for the inmate, or when transferring the inmate.
- Wear appropriate PPE, including respiratory protection, when entering the medical isolation cell.
- The inmate must wear a surgical mask when moving within or outside the facility.
- Alert the medical unit to a suspected case of coronavirus. The medical staff is responsible for reporting a case that meets criteria for coronavirus to the Medical Director for further instruction.
- Pregnant inmates, pregnant medical staff, or pregnant security staff should not be assigned to a module or work in an area where an infected inmate is housed.
- **An inmate with confirmed coronavirus should remain in medical isolation until cleared by a medical provider.**

3. EDUCATE STAFF AND INMATES

- Place educational posters throughout the facility alerting inmates and staff to report any coronavirus symptoms.
- Distribute education on the signs and symptoms of coronavirus to facility staff.
- Instruct staff on medical isolation procedures for the facility and the posting of modified droplet precautions.

4. STOP TRANSMISSION OF VIRUS

- Movement of inmates to and from a facility with a confirmed case of coronavirus should be minimized.
- Movement in and out of a module/quad which housed an infected inmate should be minimized.
- Any room occupied by an infected individual should be thoroughly cleaned. This includes cleaning and disinfection of all surfaces.
- **Wash hands with soap and water after providing patient care, making inmate contact, or handling items used by an infected person.**

5. SURVEILLANCE FOR NEW CASES

- It takes fourteen days after a case of coronavirus has been confirmed to determine whether the infection has spread to others.
- Inmates and staff should immediately report suspicion of new coronavirus cases to the medical staff.



Coronavirus Response Checklist

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

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

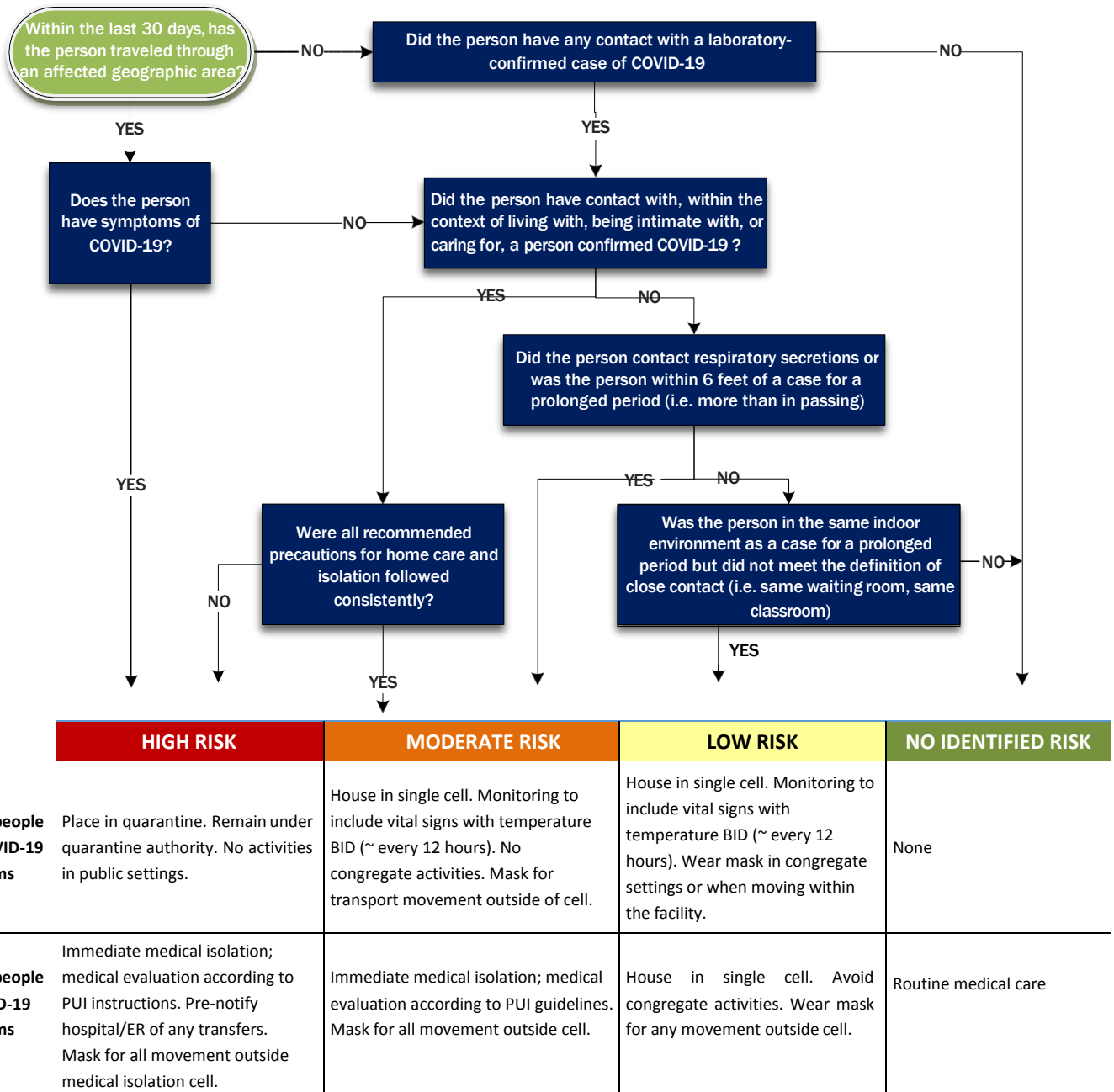
Medical Isolation and Treatment of suspected case(s) of COVID-19 (PUI)

- Maintain modified droplet precautions
 - **Source control:** place a mask on the patient while in waiting area or during movement through facility.
 - **Ensure appropriate patient placement** in a single room, if possible. Instruct patients to follow respiratory hygiene/cough etiquette recommendations.
 - **Use personal protective equipment (PPE).** Upon entry into patient space (< 6 feet) or exam room, staff should put on impermeable gown and gloves, a N-95 mask or equivalent, and eye protection. Always wash hands before and after touching the patient.
 - **Limit transport and movement of PUI patients** to medically necessary purposes. If transport or movement outside of the room is necessary, instruct patient to wear a mask and follow respiratory hygiene/cough etiquette.
- Diagnosis:
 - Symptoms: Fever > 100.4 F; cough; shortness of breath; muscle pain
 - Lab: Contact the Department of Health (DOH) and if directed by DOH, collect three specimen types: see [CDC interim guidelines for specimen collection](#)
 - ⇒ **Upper respiratory**– collect 1 nasopharyngeal and 1 oropharyngeal swabs (use separate viral transport media tubes)
 - ⇒ **Lower respiratory**– collect 2-3 mL sputum in sterile, leak-proof container with screw cap
 - Refrigerate specimen at 35°-46° F (2°-8°C) and ship overnight on ice pack to Hawaii Department of Health.
- Medical Isolation:
 - House the patient in an individual cell if possible.
 - Movement outside the isolation cell should be avoided unless being transferred to the hospital. Patient should wear a face mask (surgical mask) during movements outside the isolation cell.
 - Use masks, gowns, gloves, and eye protection when entering cell or handling uncleaned articles moved from the cell (food trays, clothing, medical equipment, etc.) until disinfection occurs.
 - Isolation should be maintained for 21 days after onset of symptoms unless otherwise approved by the Medical Provider.
- Treatment:
 - All patients should receive supportive care with oral hydration and analgesic/antipyretic agents, as needed.
 - Initiate antibiotics for any secondary bacterial infections such as pneumonia.
 - Patients with acutely worsening symptoms or respiratory distress should be transferred to the hospital via EMS. Alert EMS staff and the receiving ER that the patient has suspected coronavirus.
- Report suspected cases:
 - **Report all PUI cases to the Medical Provider, Medical Director, CSBA, CHCA, who will report to the DEP-C and Director.**

<h2 style="margin: 0;">Coronavirus Overview</h2>	<p>Cause: Coronavirus (COVID-19)</p> <p>Symptoms: fever > 100.4F, cough, malaise, and fatigue; sudden worsening of pneumonia or acute respiratory distress syndrome (ARDS) around day 7-10.</p> <p>Incubation: range 2-14 days (average 5 days)</p> <p>Contagious: from symptom onset up to 21 days</p> <p>Prevention: handwashing, isolation of suspected cases, and universal precautions</p> <p>Precautions: universal, contact, droplet, and respiratory precautions</p> <p>Treatment: symptomatic treatment; antivirals in select cases</p>
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Coronavirus Disease 2019 (COVID-19) Risk Assessment and Management of Suspected Cases in a Correctional Facility (adapted from CDC)



Notes:

- (1) Report all PUI cases to the Medical Provider, Medical Director, CSBA, CHCA, who will report to the DEP-C and Director.
- (2) Examples may not cover all potential exposures to COVID-19. This algorithm should not replace clinical judgement when determining the course of action for a given case.
- (3) Unless otherwise specified, medical isolation or quarantine should be maintained for the duration of the incubation period (14 days).



Quarantine Implementation Overview

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

Definitions:

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

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

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

Procedure:

- I. The Department of Public Safety is prepared to implement four levels of quarantine: 1) Individual; 2) Quad/Module; 3) Facility; or 4) Inter-Facility.
- II. The level of quarantine shall be determined by the Medical Director or designee in coordination with the Facility Warden.
- III. Medical isolation and quarantine shall be by the least restrictive means necessary to prevent the spread of a contagious or possibly contagious disease that poses a significant risk to public health.

LEVELS OF QUARANTINE

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

Table: Department of Public Safety Levels of Quarantine



Facility Infection Control Measures During an Outbreak			
Infection Control Measure	Outbreak Scenario		
	Isolated case	Widespread transmission (>1 case or PUI)	Quarantine
Containment Goal	Prevent spread within facility.	Prevent spread to other institutions or the public	Rapid identification and isolation of new cases
Isolation	Place the patient in an individual cell.	Place patients in individual cells if possible. Cohort confirmed cases only if necessary.	N/A
General Hygiene	Regular hand hygiene. Wash hands with soap and water x 20 seconds. Ensure soap dispensers are available to staff and inmates. If no soap and water are available for staff, ensure alcohol based (at least 60%) is available. All staff and inmates shall be instructed to avoid touching eyes, nose, or mouth.		
Personal Protective Equipment (PPE)	Provide PPE (gloves, mask, eye protection, and impermeable gown) for use by staff who are in contact with infected individuals or staff who are cleaning rooms or items used by an infected individual or PUI. Properly dispose of used PPE in biohazard waste.		Security or medical staff entering a quarantine module do not require full PPE. Universal precautions should be maintained when duties require contact with an otherwise healthy appearing quarantined individual.
Environmental Cleaning	Routine daily cleaning of rooms, furniture, utensils, and clothing used by infected individuals. Clothing/linens shall be exchanged at least twice weekly; more frequently if soiled. PPE shall be used by staff/workers handling soiled linens/laundry. Cleaning of clothing/linens shall be laundered separate from general population items.		Conduct frequent environmental cleaning of "high touch" surfaces such as handles, knobs, chairs, tables, etc. using EPA-registered detergent.
Screening	Screen all inmates at intake.	Screen all inmates at intake. Screen all inmates before transfer. Staff shall report suspected cases to the medical unit.	Screen quarantined individual(s) with temperature twice daily. Screen quarantined individuals before and after all required outside contacts.
Visitors	Contact visitor restrictions for infected individuals or PUI.	Contact visitor restrictions for infected individuals or PUI.	No unnecessary contact visitors for quarantined individual(s).
Treatment	<ul style="list-style-type: none"> ➤ All patients with suspected or confirmed coronavirus should receive supportive care with oral hydration and analgesic/antipyretic agents, as needed. ➤ Initiate antibiotics for any secondary bacterial infections such as pneumonia. ➤ Patients with acutely worsening symptoms or respiratory distress should be transferred to the hospital via EMS. Alert EMS staff and the receiving ER that the patient has suspected coronavirus. 		N/A
Restricted Movement	No movement of suspected or confirmed cases, except hospital transfers.		No unnecessary moves into or out of quarantined modules/facilities. Released inmates from facility should be reported to the Department of Health
Meals	Meals provided in room with disposable utensils/plates/etc.		Meals provided in quarantined module. Utensils, trays, cups, etc. cleaned and stored separately.

Table: Facility Infection Control Measures During an Outbreak

March 9, 2020

TO: All Health Care Staff

THROUGH: Dr. Gavin Takenaka, CHCA *gt 3/9/20*

FROM: Dr. Caroline Mee, Medical Director *Caro Mee MD*

SUBJECT: Coronavirus (COVID-19)

The Coronavirus continues to spread worldwide and in some areas of the United States. We are monitoring the situation and have decided to make some ADDITIONAL CHANGES:

1. Intake – Instead of asking whether a patient has travelled to specific locations, we will ask whether: in the preceding 30 days,
 - a. The patient is feeling well. If they have a HISTORY OF RECENT HOSPITALIZATION for Severe Lower Respiratory Symptoms (e.g. Pneumonia or ARDS) or they now have SIGNS/SYMPTOMS of an acute respiratory illness (Fever > 100.4, Cough, Shortness of Breath), nursing will put a surgical face mask on them and evaluate them further under our Flu Protocol and, if applicable, our new Coronavirus Protocol.
 - b. In the past 30 days, the patient has traveled thru a GEOGRAPHIC REGION AFFECTED BY COVID-19. If so, nursing will ask for more details about the travel (e.g., where, when, what conditions, what contacts), to see if the patient may have been exposed to COVID-19.
 - c. In the past 30 days, the patient has had CLOSE CONTACT (< 6 feet) with anyone who : i) is CONFIRMED to have COVID 19; OR ii) HAD SYMPTOMS of an upper respiratory illness AND is someone with POSSIBLE EXPOSURE TO COVID-19. If so, Nursing will inquire about the details of the contact (e.g. sharing same living space vs. a single handshake).
2. FLU PROTOCOL: Will be changed to prompt nursing staff to consider Coronavirus/COVID-19 in appropriate cases.
 - a. After checking a Rapid Flu, for now, staff should check a Flu PCR in anyone suspected of having the Flu.
3. CORONAVIRUS PROTOCOL(New): We will distribute an Instruction Bulletin and a Clinical Care Guide (see attached). We are also promulgating a new protocol for COVID-19. As COVID-19 spreads and testing is more available, the CDC has EXPANDED its criteria of who to test for COVID-19, recommending that providers use their CLINICAL JUDGMENT to determine if a patient:

- a. Has SIGNS & SYMPTOMS compatible with COVID-19:
 - i. Most patients with confirmed COVID-19 have Fever, Cough & Shortness of Breath.
 - ii. Other symptoms reported include: Sore Throat, Myalgia/Fatigue, Headache, Nasal Congestion, Runny Nose, Nausea, Vomiting or Diarrhea.
 - iii. While Clinicians are encouraged to test for other causes of respiratory illness, such as the Flu, they have found that these illnesses do NOT rule out COVID-19. There have been cases of people co-infected with more than one thing. However, testing does help in evaluating the likelihood of COVID-19 infection.

- b. LOCAL EPIDEMIOLOGY & CLINICAL COURSE: Epidemiological factors that may help in deciding whether to test for COVID-19 include:
 - i. ANYONE who, within 14 days of symptom onset, has a history of travel from an AFFECTED GEOGRAPHIC REGION
 - a) This is no longer limited to China. Instead, "Affected areas are defined as geographic regions where sustained community transmission has been identified. Relevant affected areas will be defined as a country with AT LEAST A CDC LEVEL 2 (As of this writing – China, Iran, South Korea, Italy and Japan).
 - b) You may also want to consider areas inside the US with an outbreak such as Kings County, Washington or Westchester, New York. As soon as they arrive, a surgical facemask should be placed on the patient and they should be isolated from others (ideally 6 feet away).
 - c) I will try to update everyone on developments as I become aware of them but it is also important that everyone monitor the news and keep on top of developments.
 - ii. ANYONE, including health care workers, who have had CLOSE CONTACT WITH A LABORATORY CONFIRMED COVID-19 patient within 14 days of symptom onset. You may also want to consider
 - a) ANYONE who has had CLOSE CONTACT with someone who had SYMPTOMS of an Acute Respiratory Illness and a HISTORY OF POSSIBLE EXPOSURE TO COVID-19; or
 - b) ANYONE with A HISTORY OF UNEXPLAINED FEBRILE ILLNESS with SEVERE LOWER RESPIRATORY SYMPTOMS (e.g. hospitalization for Pneumonia, ARDS)

- 4. TESTING: If, based on the above criteria, the staff thinks there is a real possibility that a patient might have COVID-19, they need to contact their Facility Provider or the Provider on Call to get orders for testing:
 - a. If the Provider agrees that, under the above criteria, there is a real possibility the

patient might have COVID-19, the staff should contact the DEPARTMENT OF HEALTH at (808) 586-4586 to discuss the case.

- b. If the Provider is uncertain whether or not the patient might have COVID-19, please call the Medical Director (Dr. Mee) to discuss the case and if Testing is needed.
 - c. If the DEPARTMENT OF HEALTH AGREES further testing should be done, they will likely ask us to check the RESPIRATORY PANEL first. This is NOT the test for COVID-19 (although it does check for Other Coronaviruses).
 - d. In Addition to collecting & submitting the specimens for further testing, the Health Care Unit should IMMEDIATELY NOTIFY: their Watch commander; Dr. Mee, Medical Director; Tina Agaran, CSBA ; and Gavin Takenaka, CHCA. NOTIFY THEM OF ANY TEST RESULTS WHEN AVAILABLE.
 - e. The Department of Health will also likely direct what further investigation, isolation and testing of any contacts (e.g. other inmates or staff) needs to be done).
5. CAVEAT: The CDC reported that COVID-19 symptoms tend to peak in the 2nd week of illness. If someone initially appears to have mild disease, they may get better. However, they should be monitored closely in case their condition worsens.
6. COMPLICATIONS RISK. Also, COVID-19 hits seniors harder. The risk of complications is 4% for patients age 60-69, but doubles to 8% for ages 70-79, and doubles again to 15% for those age 80 and up. Not surprisingly, the risk of complications is greater for those with pre-existing health problems. These higher risk groups should be monitored closely as well.