

Hawaii Community Correctional Center



# COVID 19

## Pandemic Response Plan

Quarantine Housing Unit  
Donning & Doffing Staging & PPE  
Safety & Sanitation Plan

# ISOLATION PROTOCOL

- SEPARATION is mandatory, all inmates testing positive for COVID-19 or has any of the symptoms related to COVID-19 shall be isolated from general population (including new admissions)
- Inmate shall be placed in M-Corridor's designated isolation cell, M-23.
- HCU will determine if quarantine is needed for the entire housing unit.
- Inmate shall always be wearing a face mask.
- Meals will be afforded 3 times a day in the assigned isolation cell on disposable plates with disposable utensils.
- Inmate will be allowed to shower in M-Corridor
- Medical treatment, assessments, evaluation and daily temperature checks are mandatory twice a day.



# QUARANTINE PROTOCOL

- If there are less than 7 inmates on quarantine, they will be placed in the quarantine cells in M-Corridor, M-24 & M-25.
- The housing unit that has a confirmed outbreak will automatically go into lock down, quarantine protocol will be initiated by the facility's Warden with the guidance of the facility's Health Care Unit.
- No inmate movement, transfers or programs will be allowed in/out of the area for (14) days or until cleared by the facility's Health Care Unit.
- Inmate(s) shall always be wearing a face mask.
- Meals will be afforded 3 times a day.
- Inmate will be allowed to shower in M-Corridor once a day.
- Medical treatment, assessments, evaluation and daily temperature checks are mandatory twice a day.



# DONNING PPE SEQUENCE

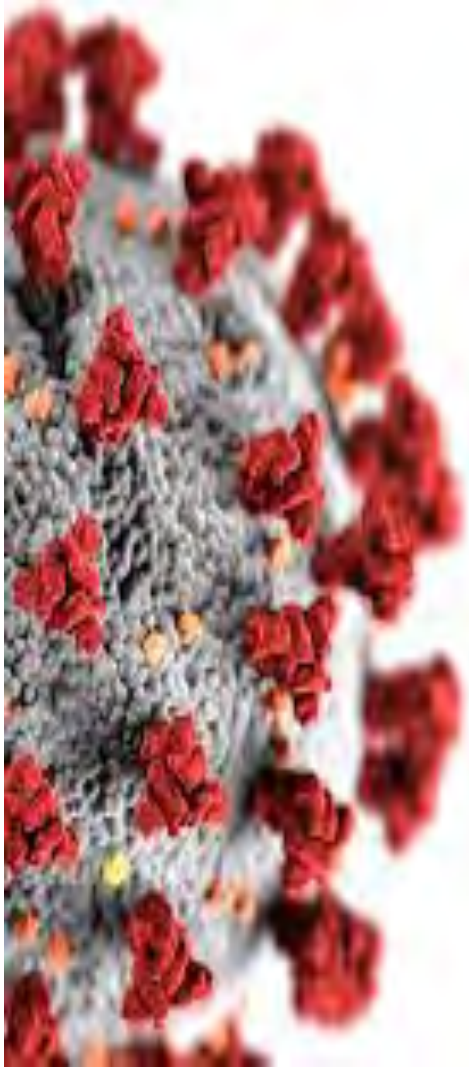
- Hand Hygiene
- Dress in in Gown/Fluid Resistant Coverall
- Mask or Respirator
- Eye Protection
- Gloves
- Shoe Covering (optional)

# DOFFING PPE SEQUENCE

- Remove Gloves
- Remove Eye Protection
- Remove Gown/Fluid Resistant Coverall
- Remove Mask or Respirator
- Hand Hygiene
- Immediately discard soiled PPE in the marked “Biohazard” trash can

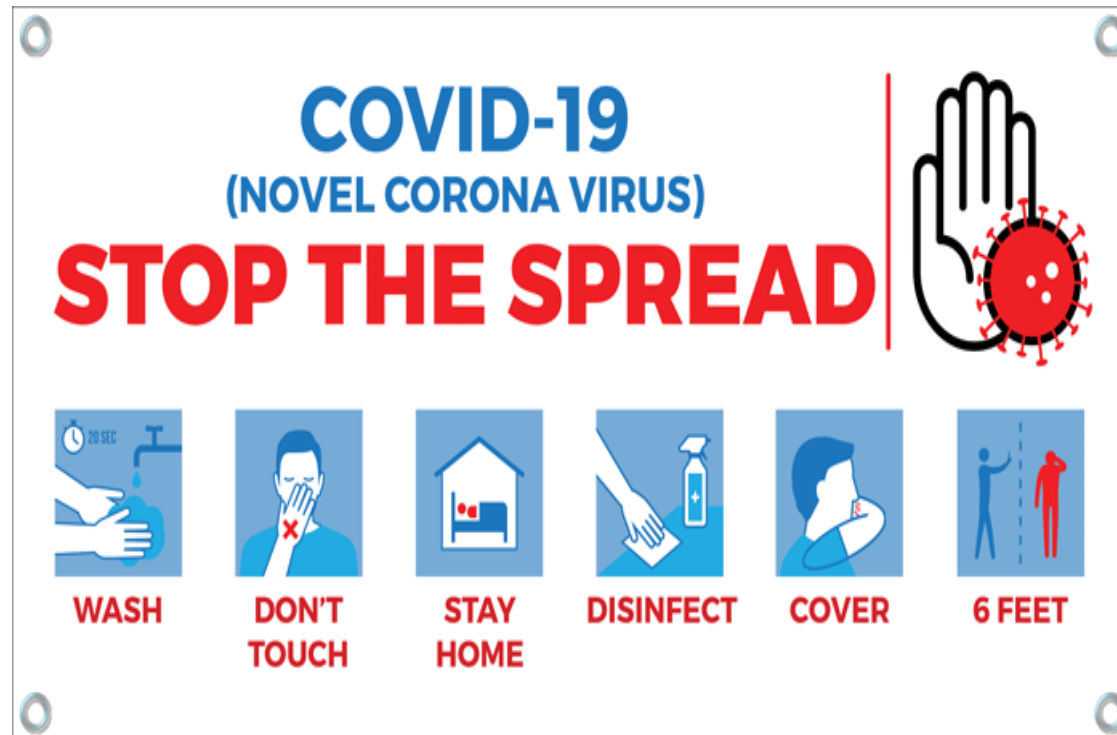






# SAFETY & SANITATION PLAN (HIGH TRAFFIC AREAS)

- Fogging System Equipment to be done by HCl
- Chemical Agent – (US EPA registered / alcohol)
- High Touch Areas Disinfected and Sanitized every 3 hours



## 6 STEPS TO PREVENT THE SPREAD OF COVID-19

- Wash your hands frequently
- Avoid touching your face, mouth and nose area
- Stay home if you are feeling sick and seek medical advice
- Frequently disinfect and sanitize your workspace and high-touch surfaces
- Cover your mouth and nose if you sneeze or cough
- Maintain a 6 ft physical distance from others and avoid crowded spaces



**Questions :**



Kulani's Correctional Facility



# Pandemic Response Plan: COVID 19

Housing Levels

Donning & Doffing Staging Areas & PPE

Safety & Sanitation Plan

# ISOLATION AREAS

- ◆ Level 1- Gym, Isolation (1-10)
- ◆ Level 2- Dorm 1 (11-25)
- ◆ Level 3- Dorm 2 (26-40)
- ◆ Level 4- Dorm 3 & 4 (41+)
- ◆ Donning & Doffing PPE/Decontamination Station
- ◆ Isolation Unit (8 cells) will used for at risk inmates

# Gym Isolation Level 1 (1-10+ Cases)

- ◆ Up to 10 offenders housed in the Gym (suspected positive/positive)
- ◆ ACO will follow Health Care Units protocols and procedures specific to COVID (donning & doffing area) per the KCF Covid response plan.
- ◆ ACO staff will be the only ones monitoring the unit. Hot area will only be accessible to assigned security and medical staff wearing proper PPE
- ◆ HCU will treat/check offenders twice a day.
- ◆ Offenders shall NOT leave the gym unless there is an emergency. Control will lockdown the facility and restrict all movement to protect all inmates and staff during an evacuation or movement
- ◆ Offenders will shower/use the restroom and eat in the gym.
- ◆ Meals will be delivered to the gym on disposable plates with disposable utensils and cups. All meals and trash will be sealed upon delivery and pick up.
- ◆ In the event of 10 or more positive cases offenders will be marched up to Dorm 1 for quarantine. If an inmate cannot walk HCU will provide a means to move them.



## Dorm 1 Level 2 (11-25+ cases)

- ◆ House up to 25 offenders in Dorm 1
- ◆ Gym will be disinfected once the offenders are transferred up to Dorm 1 and prepped for use if the need should arise
- ◆ Donning and Doffing area staged at the entrance of Dorm 1. A pop-up tent will be placed at a safe distance from the dorm, a biohazard receptacle, purell sanitizing spray, fresh 100 and purell sanitizing gel will also be placed in the tent
- ◆ Security Staff- Control ACO will be responsible to maintain security and control via CCTV. Security staff not required to assume post in Dorm. Head count procedure is attached
- ◆ Logbook, post checklist for quarantine Dorm will be in Control Station. All KCF dorms are CCTV monitored with intercoms
- ◆ Shower: Offenders will use the dorm restroom and showers; dorm janitors will maintain and sanitize their assigned dorms. Fresh 100 will be used on all surfaces and offenders have antibacterial soap.
- ◆ In case positive cases exceed 25, Dorm 2 will open as an isolation unit.

## Dorm 2 Level 3 (26-40+ Cases)

- ◇ House up to 25 offenders in Dorm 2
- ◇ Donning and Doffing area staged at the entrance of Dorm 2. Each added dorm will have its own pop-up tent and sanitizing supplies for decontamination
- ◇ Security Staff- Control ACO will be responsible to maintain security and control via CCTV. Security staff not required to assume post in Dorm.
- ◇ Logbook, post checklist for quarantine Dorm will be in Control Station. Head count procedure is attached
- ◇ Shower: Offenders will use the dorm restroom and showers; dorm janitors will maintain and sanitize their assigned dorms. Fresh 100 will be used on all surfaces and offenders have antibacterial soap.
- ◇ In case positive cases exceed 25, Dorm 3 will open as an isolation unit.
- ◇ Unaffected displaced offenders will be housed in the gym once dorm capacity is exceeded per KCF COVID response plan

## Dorm 3 & 4 Level 4 (41+ Cases)

- ◆ House up to 25 offenders in Dorm 3
- ◆ Donning and Doffing area staged at the entrance of Dorm 3. Each added dorm will have its own pop-up tent and sanitizing supplies for decontamination
- ◆ Security Staff- Control ACO will be responsible to maintain security and control via CCTV. Security staff not required to assume post in Dorm.
- ◆ Logbook, post checklist for quarantine Dorm will be in Control Station.
- ◆ Shower: Offenders will use the dorm restroom and showers; dorm janitors will maintain and sanitize their assigned dorms. Fresh 100 will be used on all surfaces and offenders have antibacterial soap.
- ◆ In case positive cases exceed 25, Dorm 4 will open as an isolation unit.
- ◆ Unaffected displaced offenders will be housed in the gym once dorm capacity is exceeded per KCF COVID response plan. The gym will be sanitized prior to use, there is an option for portable toilets and showers if necessary.





# DONNING AREA “ON” PPE Sequence

- ◆ Hand Hygiene
- ◆ Dress in Gown/ Fluid Resistant Coverall
- ◆ Mask or Respirator
- ◆ Eye protection
- ◆ Gloves
- ◆ Shoe Covering (optional)



## DOFFING AREA “OFF” PPE Sequence

- ◆ Remove Gown/Fluid Resistant Coverall and Gloves
- ◆ Remove Eye Protection
- ◆ Remove Mask or Respirator
- ◆ Hand Hygiene
- ◆ Immediately, Dispose of Soiled PPE in the Marked No-Touch Biohazard Trash Can when doffing.

# DONNING & DOFFING STAGING AREAS

WHEN VIRUS IS PRESENT IN THE  
DORM

- ◆ The barber shop will be used when the Gym becomes an Isolation Unit. Staff will utilize the area when providing services to the gym.
- ◆ Staff shall don when responding to or will be contact with a positive offender.
- ◆ Barber shop will be marked with signage
  - ◆ Donning “Clean”
  - ◆ Doffing “Dirty”
- ◆ Cross Contamination- Do not enter Donning room after leaving contaminated area. The area will be sanitized after using it to doff PPE using fresh 100 or purell surface sanitizer.
- ◆ Once the isolation has exceeded maximum occupancy the donning and doffing areas will be fronting the respective dorms. Pop-up tents and sanitizing supplies will be put in place.

## KCF HEADCOUNTS

### WATCH 1 HEADCOUNTS:

- THE FIRST THREE HEADCOUNTS ARE DONE IN THE DORMS. THE ACO ENTERS THE DORM WITH THEIR MASK ON. ONCE CLEARING THE COUNT IN THAT DORM MOVES TO THE NEXT DORM. THIS WILL INCLUDE THE ENFORCEMENT OF “NO SLEEPING IN THE DAYROOMS”.
- THE BREAKFAST COUNT IS DONE IN THE DORMS.  
  
THE ACO ENTERS ENTER THE DORM ANNOUNCES “HEADCOUNT”, CHECKS THE DAYROOM, AND HAS THE INMATES WALK TO THE FRONT DOOR TO BE COUNTED.  
  
THE ACO WILL STAND OUTSIDE OF THE DORM AT THE DOOR AS THE INMATES APPROACH THE DOOR TO BE COUNTED.  
WHEN THE COUNT IS CLEARED IN THAT DORM, THE ACO CLOSES THE DOOR AND MOVES TO THE NEXT DORM.
- AFTER THE FACILITY COUNT IS CLEARED, HAVE THE ACO’S REPORT TO THE MESSHALL TO MONITOR THE BREAKFAST FEEDING.

### WATCH 2 AND 3 HEADCOUNTS:

- ALL HEADCOUNTS ARE CONDUCTED IN THE DORMS.  
  
THE ACO ENTERS ENTER THE DORM ANNOUNCES “HEADCOUNT”, CHECKS THE DAYROOM, AND HAS THE INMATES WALK TO THE FRONT DOOR TO BE COUNTED.  
  
THE ACO WILL STAND OUTSIDE OF THE DORM AT THE DOOR AS THE INMATES APPROACH THE DOOR TO BE COUNTED.  
WHEN THE COUNT IS CLEARED, THE ACO CLOSES THE DOOR AND MOVES TO THE NEXT DORM, UNTIL THE FACILITY COUNT IS CLEARED.





## SAFETY & SANITATION PLAN HIGH TOUCH AREAS

### Sanitation Method for High Touch Areas

- ✓ Fogging System Equipment
- ✓ Chemical Agent- Hydrolyte (US EPA Registered)
- ✓ High Touch Areas Disinfected and Sanitized Daily

**#StopTheSpread**

## **6 STEPS TO PREVENT THE SPREAD OF COVID-19**

- 01** Wear a mask and required PPE at all times.
- 02** Wash your hands frequently and avoid touching your eyes, nose and mouth.
- 03** Maintain 6 ft physical distance from others and avoid crowded spaces.
- 04** Limit your exposure to shared surfaces and objects.
- 05** Frequently clean and disinfect your workspace and high-touch surfaces.
- 06** If you have any symptoms of COVID-19 do NOT come to work. Seek medical advice.



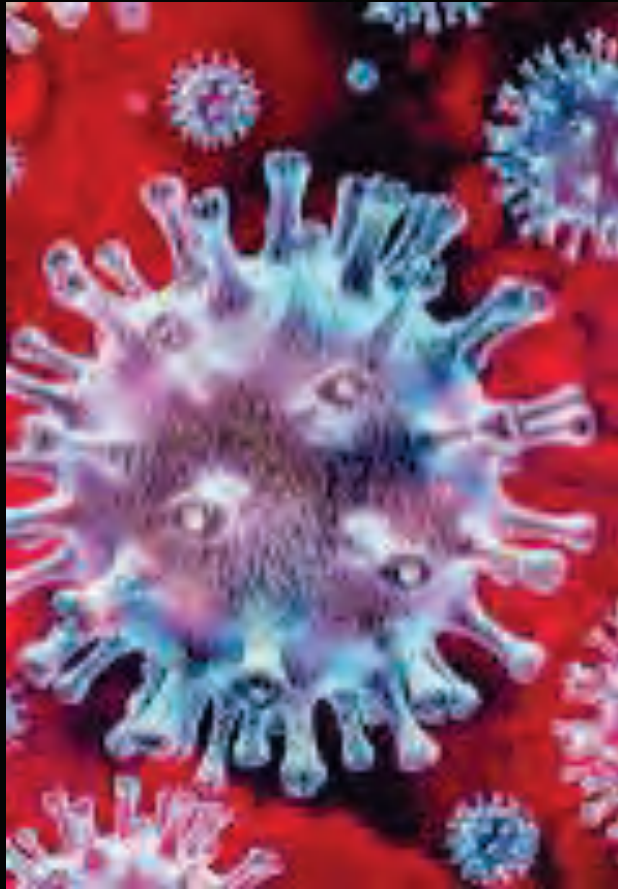
# #STOPTHESPREAD



QUESTIONS?



# Oahu's Community Correctional Center



## Pandemic Response Plan: COVID 19

Isolation & Active Cases

Isolation Module: 3 & 7

Routine Intake Quarantine Module 19 ( Men )

Module 1 ( Active Mental Health Men )

Module 3 ( Women )

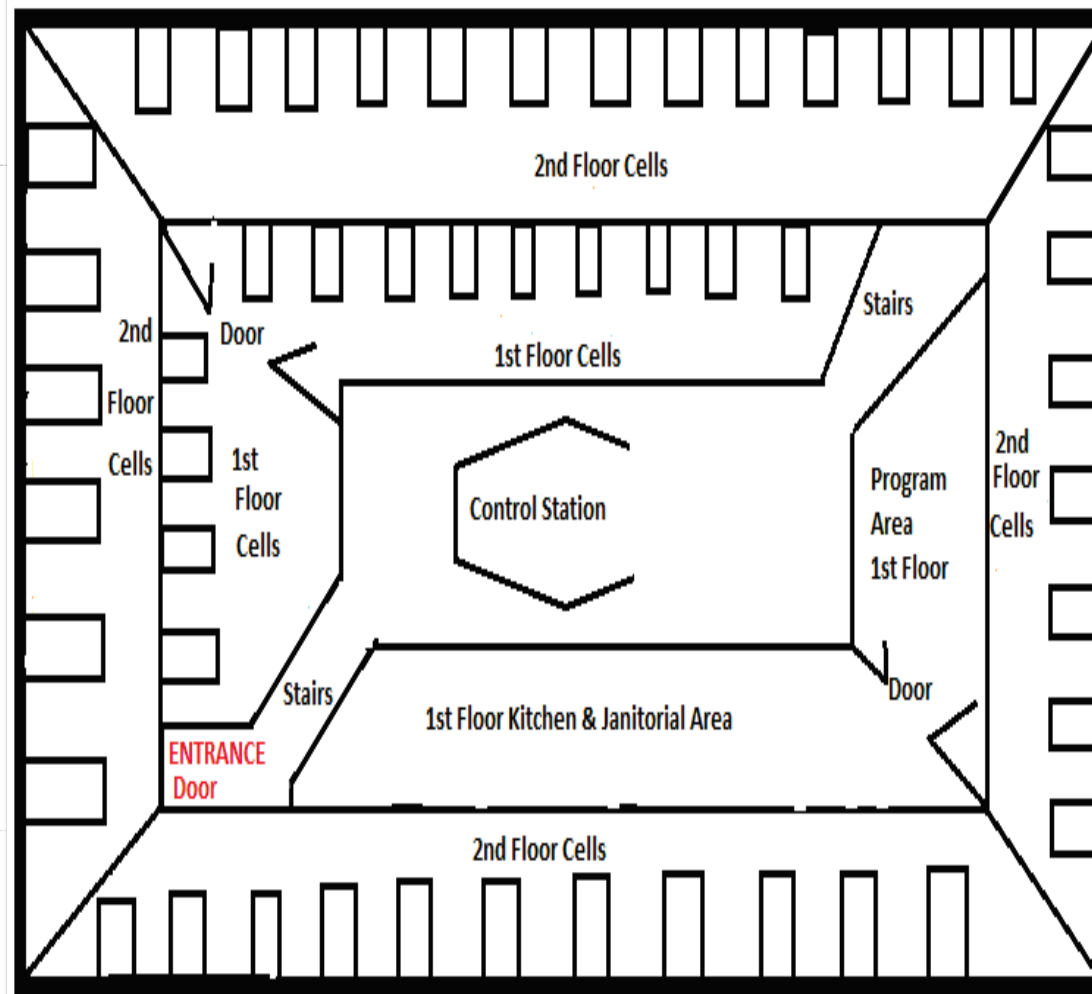
Module 8 ( Active Mental Health Women )

Donning & Doffing Staging Areas & PPE

Safety & Sanitation Plan



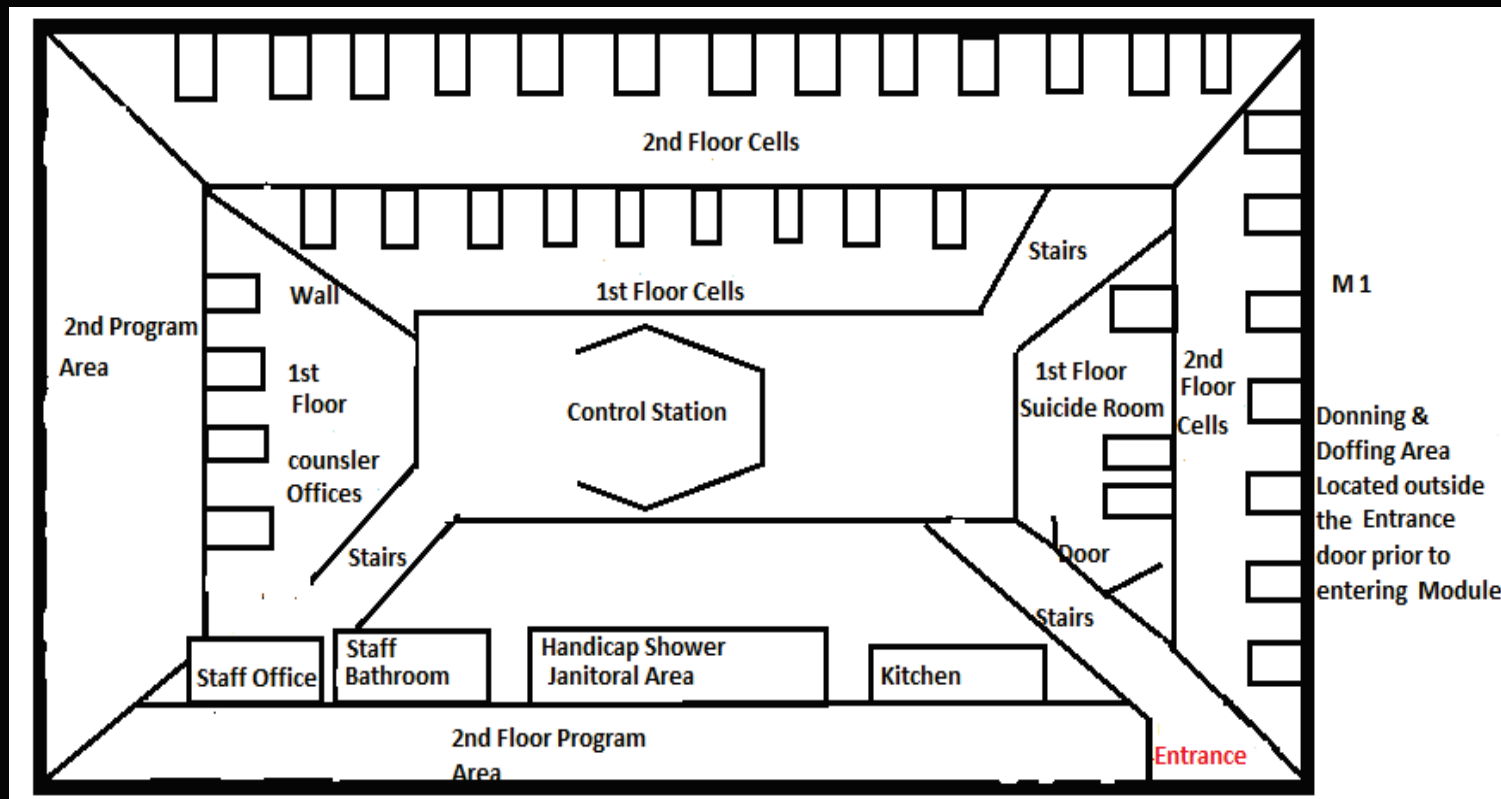
ROUTINE  
INTAKE  
QUARANTINE  
AREA (MEN)  
MODULE 19



M 19

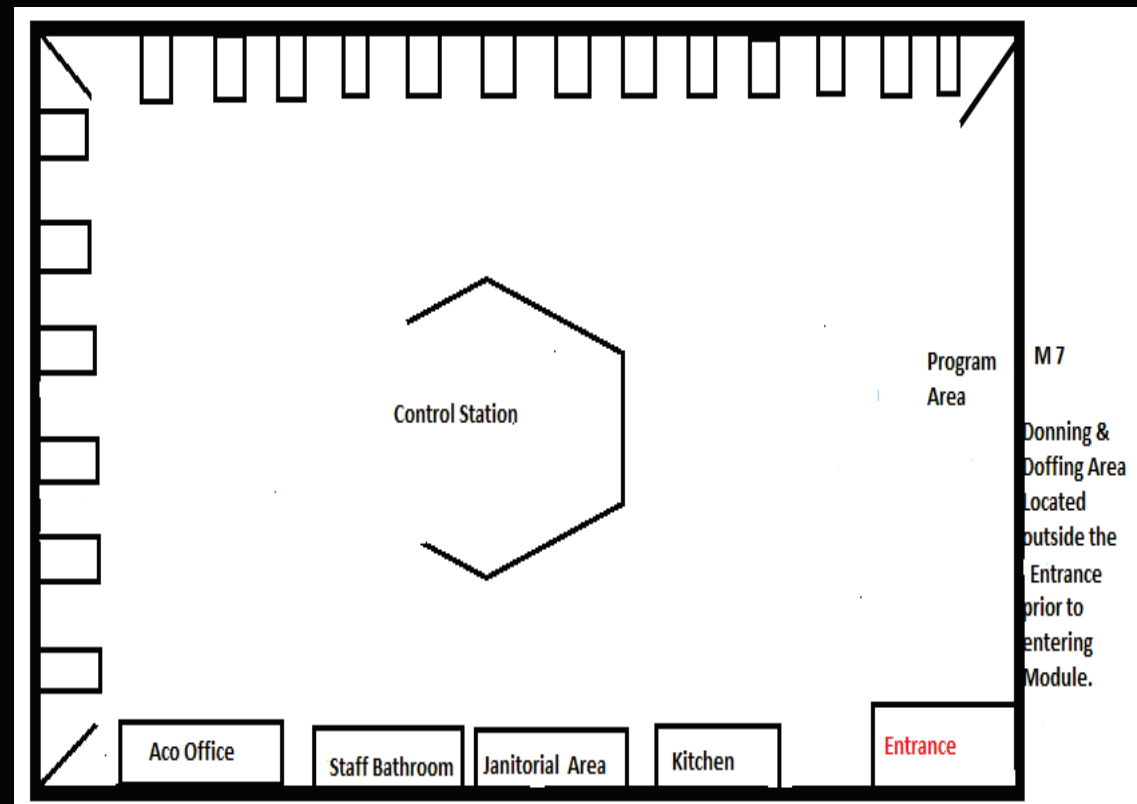
Donning & Doffing Area Located Outside the Entrance door prior to entering module

# Module 1 Acute Mental Health (Men)



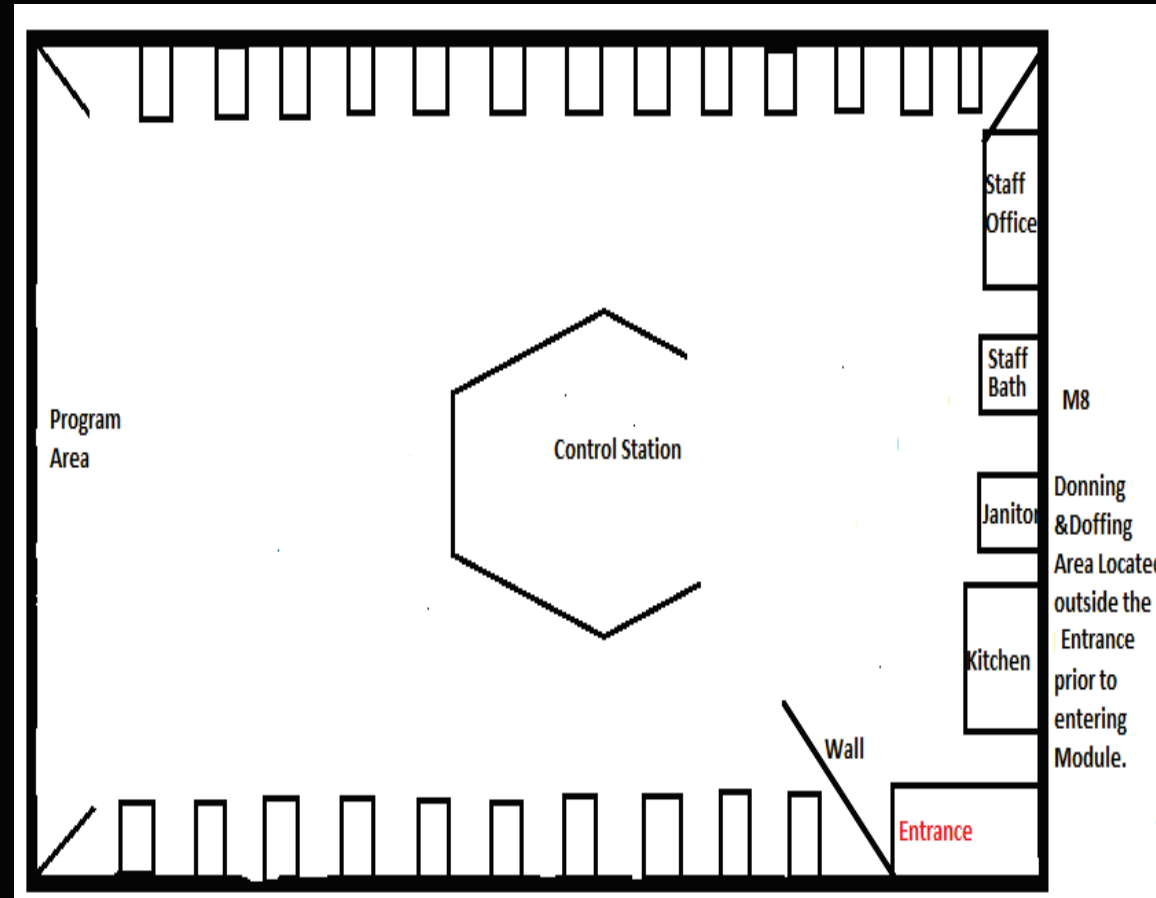
# Module 7 Isolation (Men)

- ❖ House offenders in Isolation Module.
- ❖ Shower use outside isolation quad room;  
Toilet use inside Cell
- ❖ Security Staff will be responsible to maintain security and control.



# Module 8 Acute Mental Health (Women)

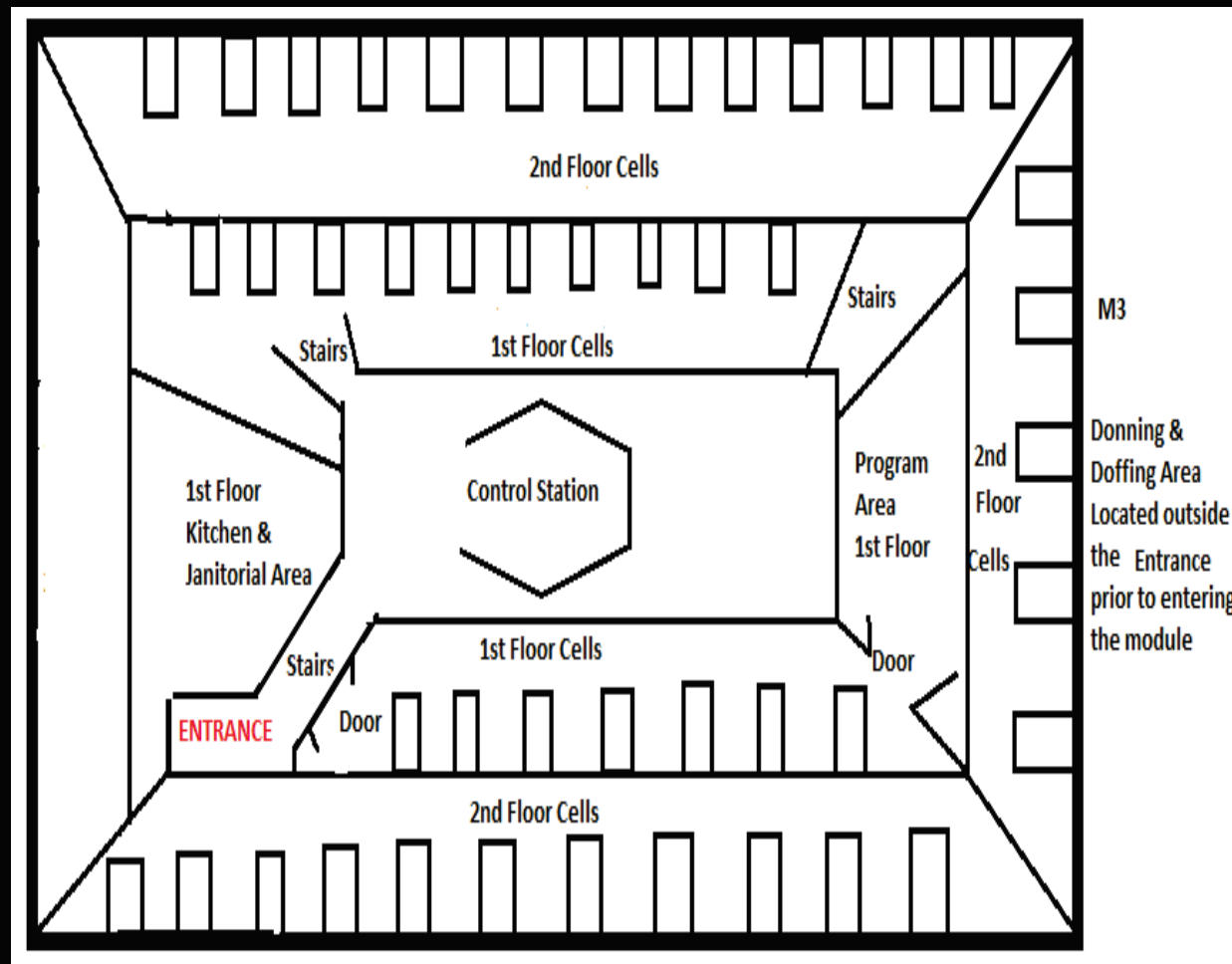
- ❖ House offenders in Isolation Module.
- ❖ Shower use outside isolation quad room; toilet use inside cell
- ❖ Security Staff will be responsible to maintain security and control.

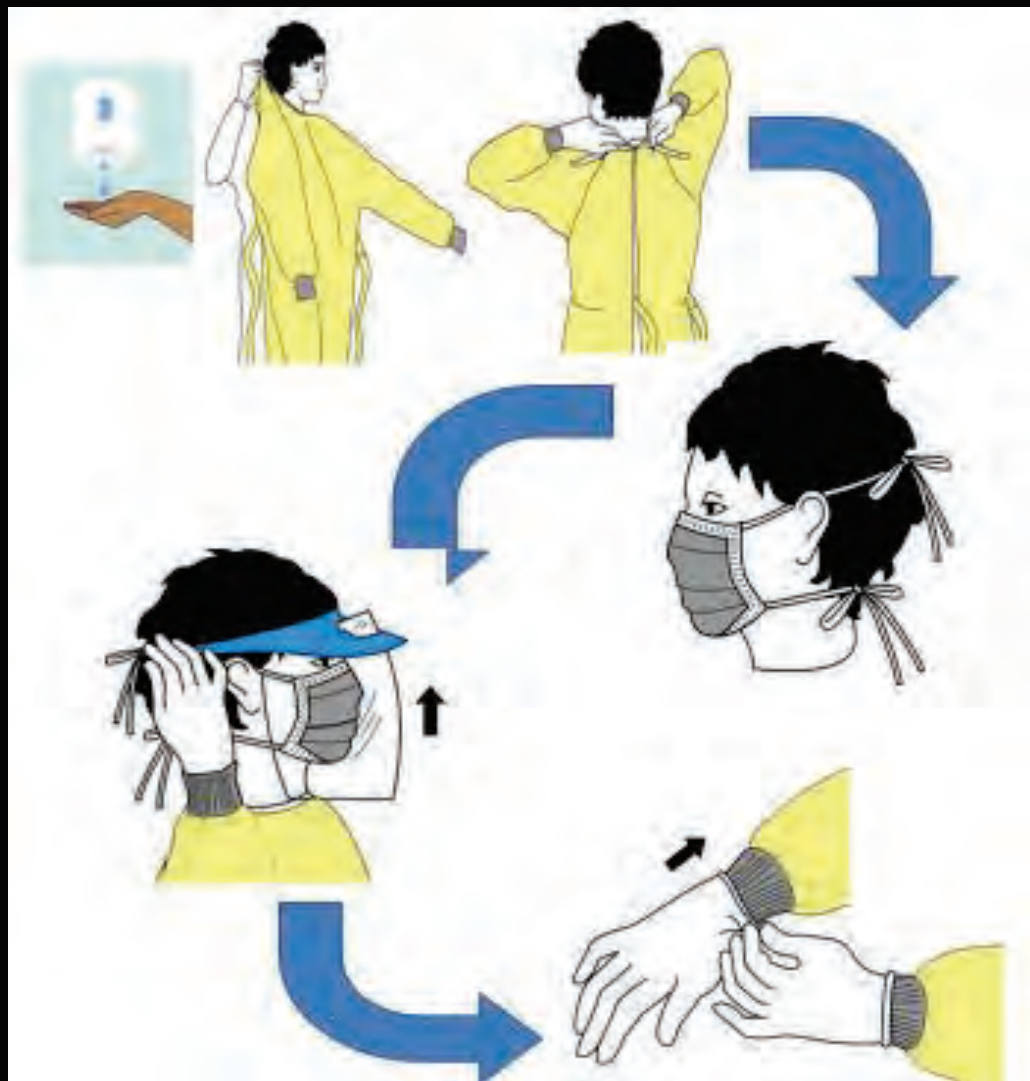




# Module 3 Isolation (Women)

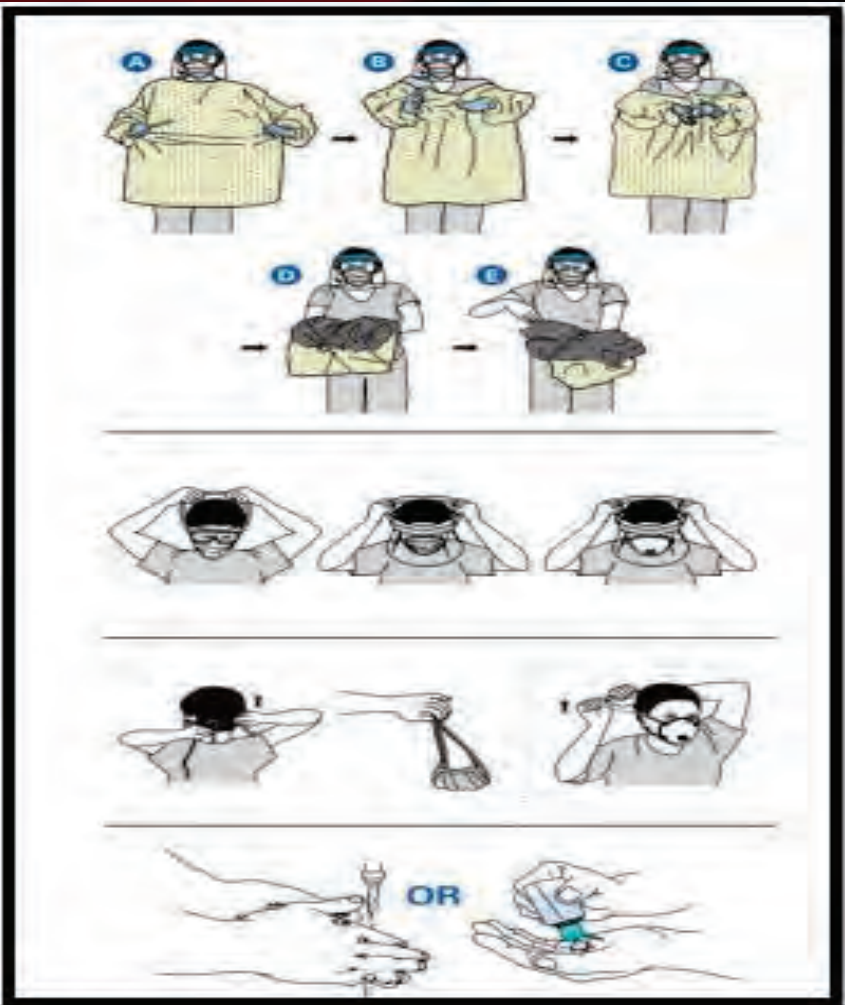
- ❖ House offenders in Isolation Module.
- ❖ Shower use outside isolation quad room; toilet use inside cell
- ❖ Security staff will be responsible to maintain security and control.





## DONNING MODULE “ON” PPE Sequence

- ◇ Hand Hygiene
- ◇ Dress in Gown/ Fluid Resistant Coverall
- ◇ Mask or Respirator
- ◇ Eye protection
- ◇ Gloves
- ◇ Shoe Covering (optional)



## DOFFING MODULE “OFF” PPE Sequence

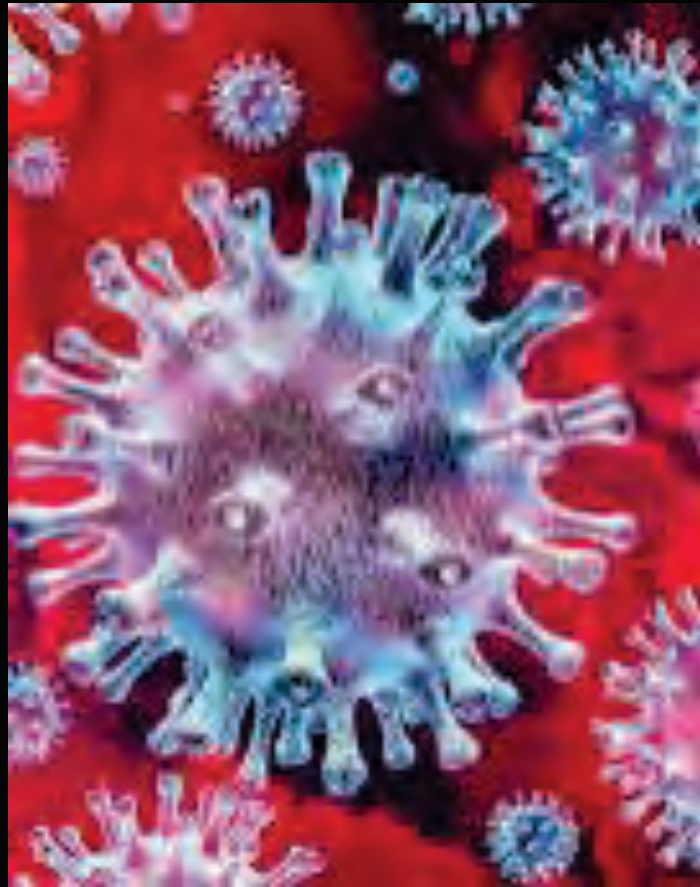
- ◆ Remove Gown/Fluid Resistant Coverall and Gloves
- ◆ Remove Eye Protection
- ◆ Remove Mask or Respirator
- ◆ Hand Hygiene
- ◆ Immediately, Dispose of Soiled PPE in the Marked No-Touch Biohazard Trash Can when doffing.



# DONNING & DOFFING STAGING AREAS

WHEN VIRUS IS PRESENT IN  
MODULES

- ◆ Module 1 - Outside of the module entrance.
- ◆ Module 3 - Outside of the module entrance.
- ◆ Module 7 - Outside of the module entrance.
- ◆ Module 8 - Outside of the module entrance.



## SAFETY & SANITATION PLAN HIGH TOUCH AREAS

### Sanitation Method for High Touch Areas

- ✓ Fogging System Equipment
- ✓ Chemical Agent- Hydrolyte (US EPA Registered)
- ✓ High Touch Areas Disinfected and Sanitized Daily

**#StopTheSpread**

## **6 STEPS TO PREVENT THE SPREAD OF COVID-19**

- 01** Wear a mask and required PPE at all times.
- 02** Wash your hands frequently and avoid touching your eyes, nose and mouth.
- 03** Maintain 6 ft physical distance from others and avoid crowded spaces.
- 04** Limit your exposure to shared surfaces and objects.
- 05** Frequently clean and disinfect your workspace and high-touch surfaces.
- 06** If you have any symptoms of COVID-19 do NOT come to work. Seek medical advice.

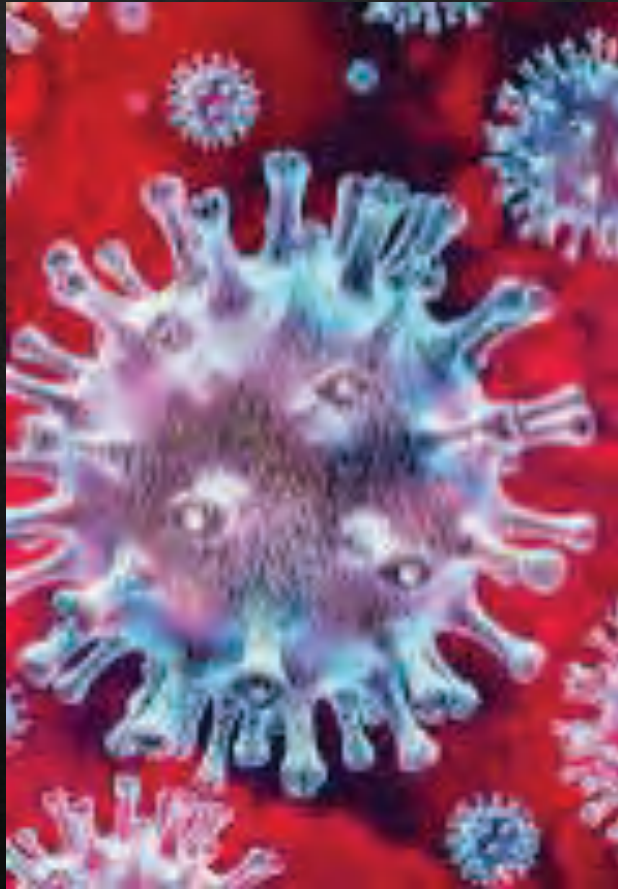


# #STOPTHESPREAD





QUESTIONS?



Women's Community Correctional Center

# Pandemic Response Plan: COVID 19

Maunawili Cottage Housing Levels

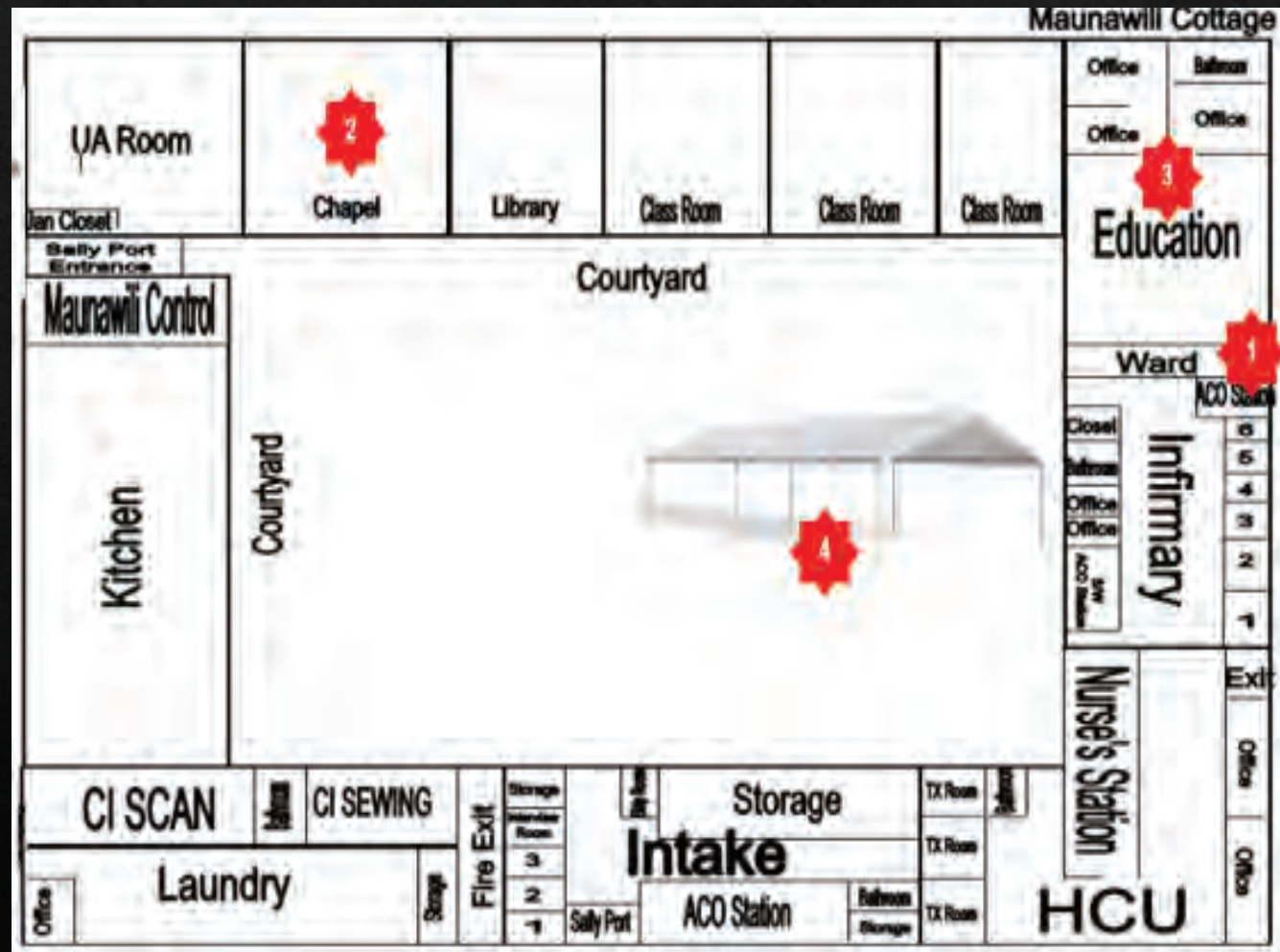
Donning & Doffing Staging Areas & PPE

Safety & Sanitation Plan



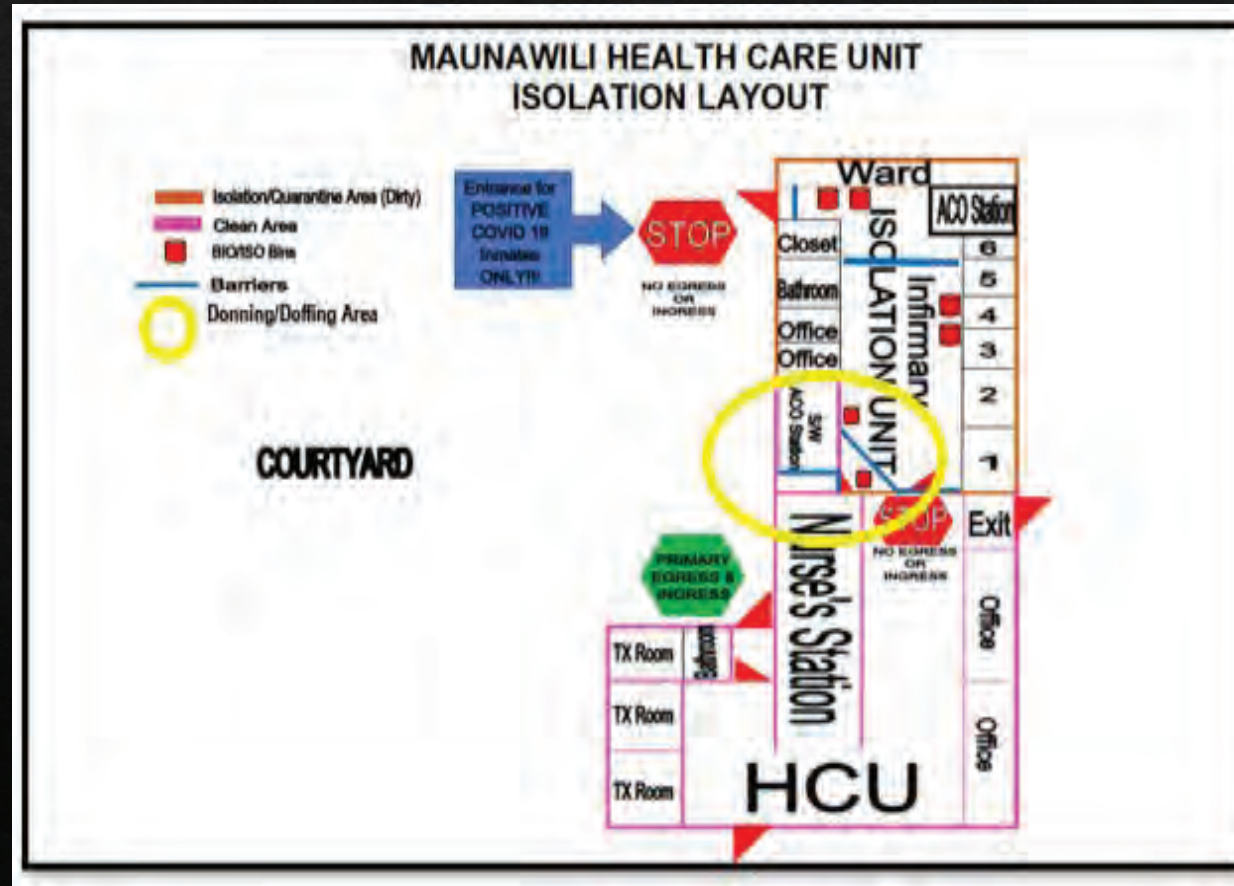
# MAUNAWILI COTTAGE HOUSING LEVEL ISOLATION AREAS

- ◆ Level 1- Infirmary Ward
- ◆ Level 2- Chapel
- ◆ Level 3- Education
- ◆ Level 4- Isolation Tent



# Housing Level 1- Infirmary Ward Isolation (1-6 + Cases)

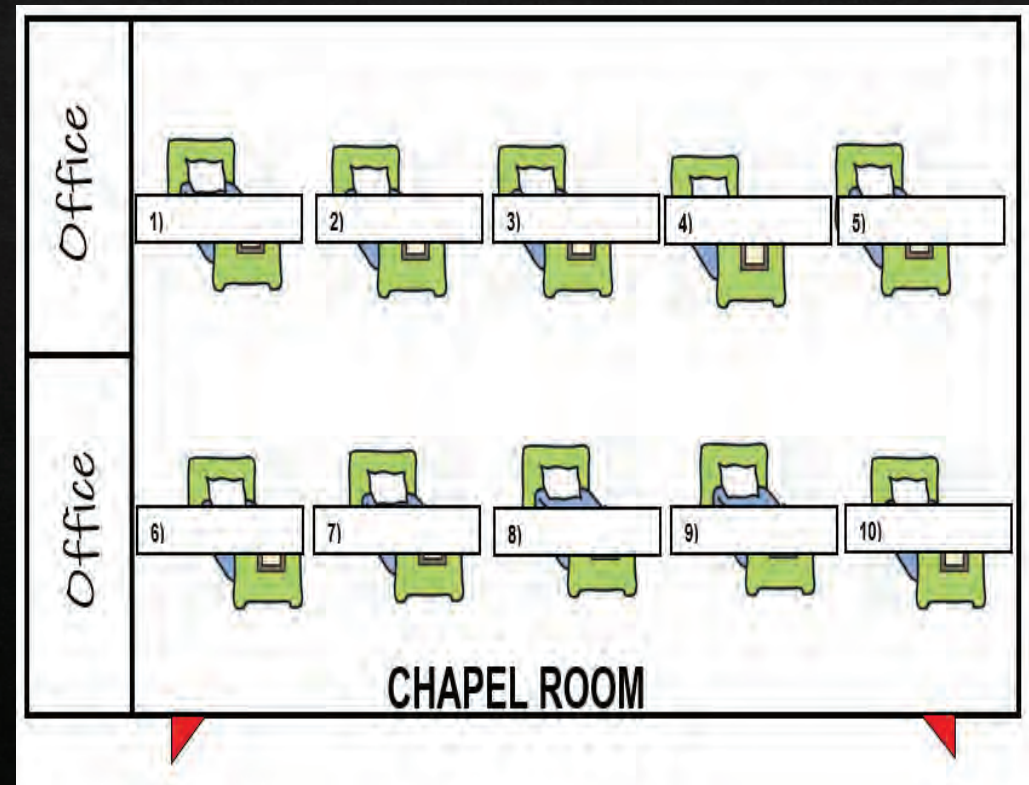
- ◇ 6 offenders housed in the Ward (HVAC ventilation Isolated current with MERV 11 air filter)
- ◇ Non- affected medical patients will be housed in Isolation Cells 1-5 .
- ◇ Suicide/Safety Watches housed in Kaala Dorm C Segregation Side. 4 Cells available, double bunk if needed based on Mental Health Orders.
- ◇ Infirmary ACO follows Health Care Units protocols and procedures specific to COVID (donning & doffing area)
- ◇ HCU staff will be the only ones entering the Ward unit to treat offenders. Offenders shall NOT leave the ward unit unless of an emergency.
- ◇ Offenders to use shower/toilet in the Ward.
- ◇ Positive cases increase to the 7th offender, Chapel Ward opens as an isolation ward.





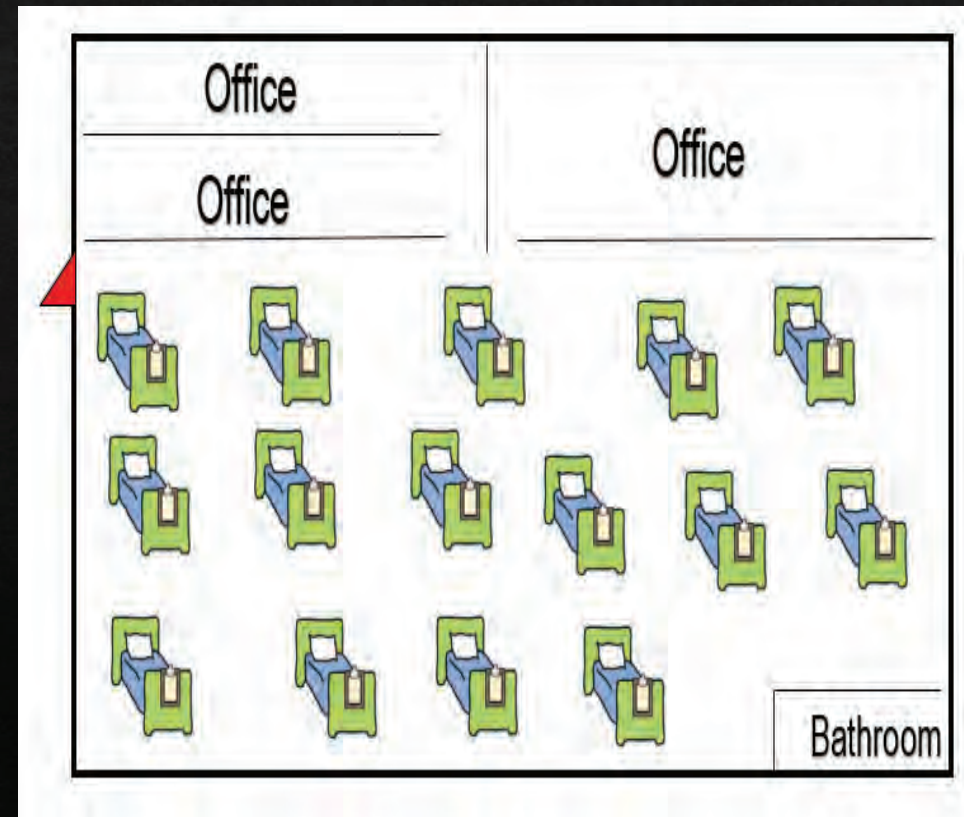
# Housing Level 2- Chapel Isolation Ward (7-16 + Cases)

- ◆ House up to 10 offenders in Chapel Ward (HVAC ventilation isolated)
- ◆ Maunawili Cottage shuts down when Chapel is utilized as an isolation area (no programs). Laundry, Kitchen, Outside Work lines, and medical treatments/visits to enter & exit thru Maunawili pedestrian gate. Entrance to Maunawili restricted to unauthorized staff and inmates.
- ◆ Donning and Doffing Tents staged at the entrance of Maunawili Cottage.
- ◆ Security Staff- Assign S/A position, responsible to maintain security and control. Not required to assume post in chapel. Logbook, post checklist and security equipment located in Maunawili Control Station.
- ◆ Shower: Isolation Cell 6; Chapel isolated offenders to use toilet adjacent to chapel.
- ◆ Positive cases increase to the 17<sup>th</sup> offender, Education opens as an isolation unit.



# Housing Level 3- Education Isolation Ward (17-31 + Cases)

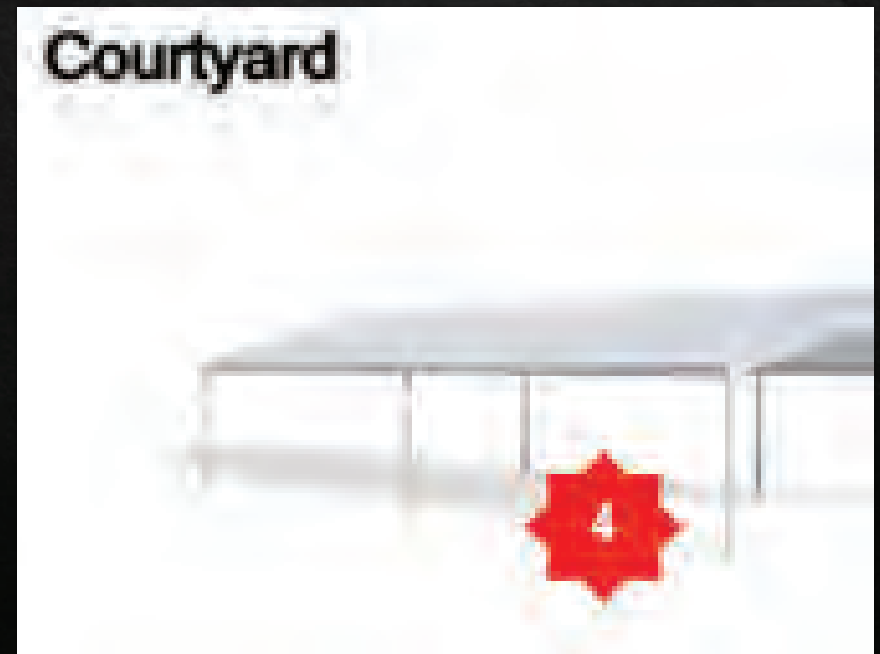
- ◆ House up to 15 offenders in Education (HVAC isolated ventilation current with MERV 11 air filter)
- ◆ Furnitures/Electronics to be relocated in Classroom 2 & 3
- ◆ 15 Cots & Linens to be added to room (Supplies in stock)
- ◆ Shower: Isolation cell 6; Education isolated offenders to use toilet in Education.
- ◆ Security Staff- Additional S/A position, responsible to maintain security and control. Not required to assume post in Education.
- ◆ Positive case increases to the 32<sup>nd</sup> offender, Isolation Tent to be set up in Maunawili Courtyard.





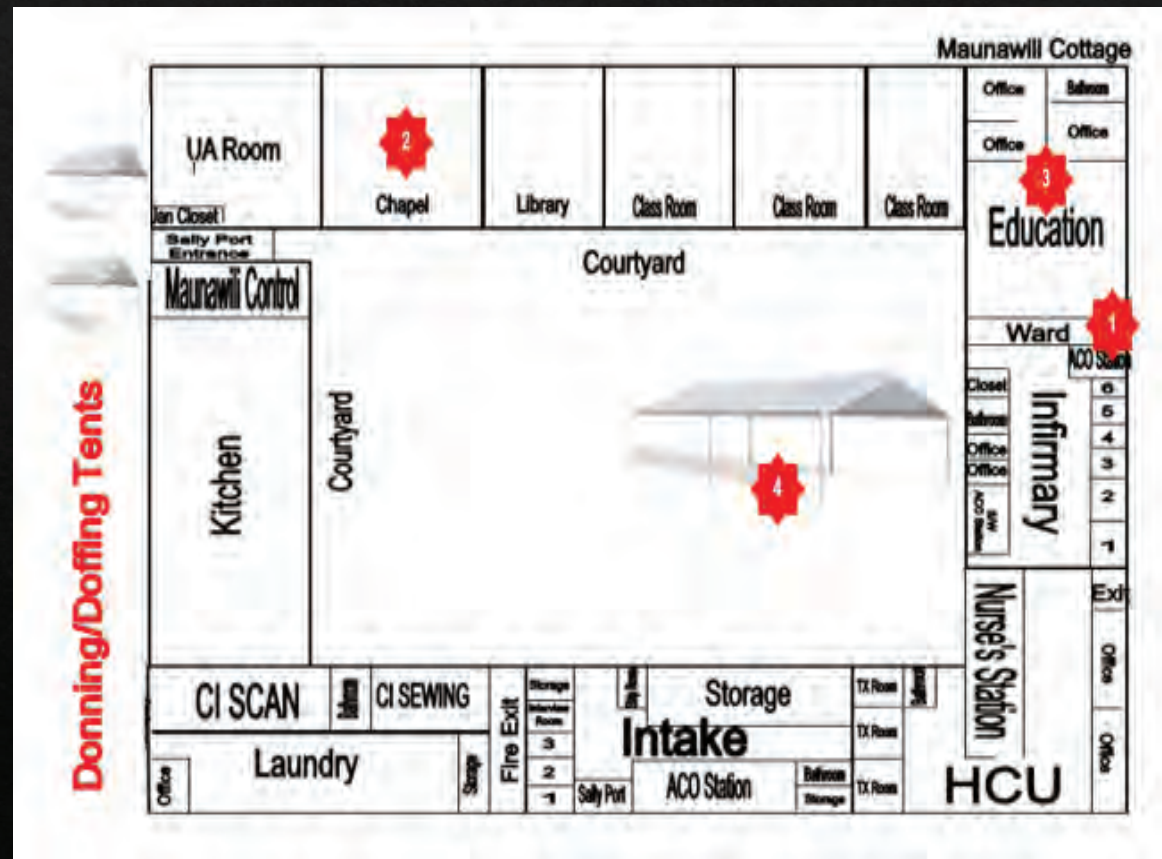
# Housing Level 4- Isolation Tent (32-50 + Cases)

- ❖ House up to 18 offenders in Isolation Tent- Power Breezer with duct system to be used.
- ❖ 18 cots and linens staged in Isolation Tent (supplies in stock).
- ❖ Shower: Isolation cell 6; Tent isolated offenders to use toilet by CI-Sewing.
- ❖ Security Staff- NO additional S/A position. Not required to assume post in tent. Chapel and Education Isolation S/A staff will be responsible to maintain security and control.

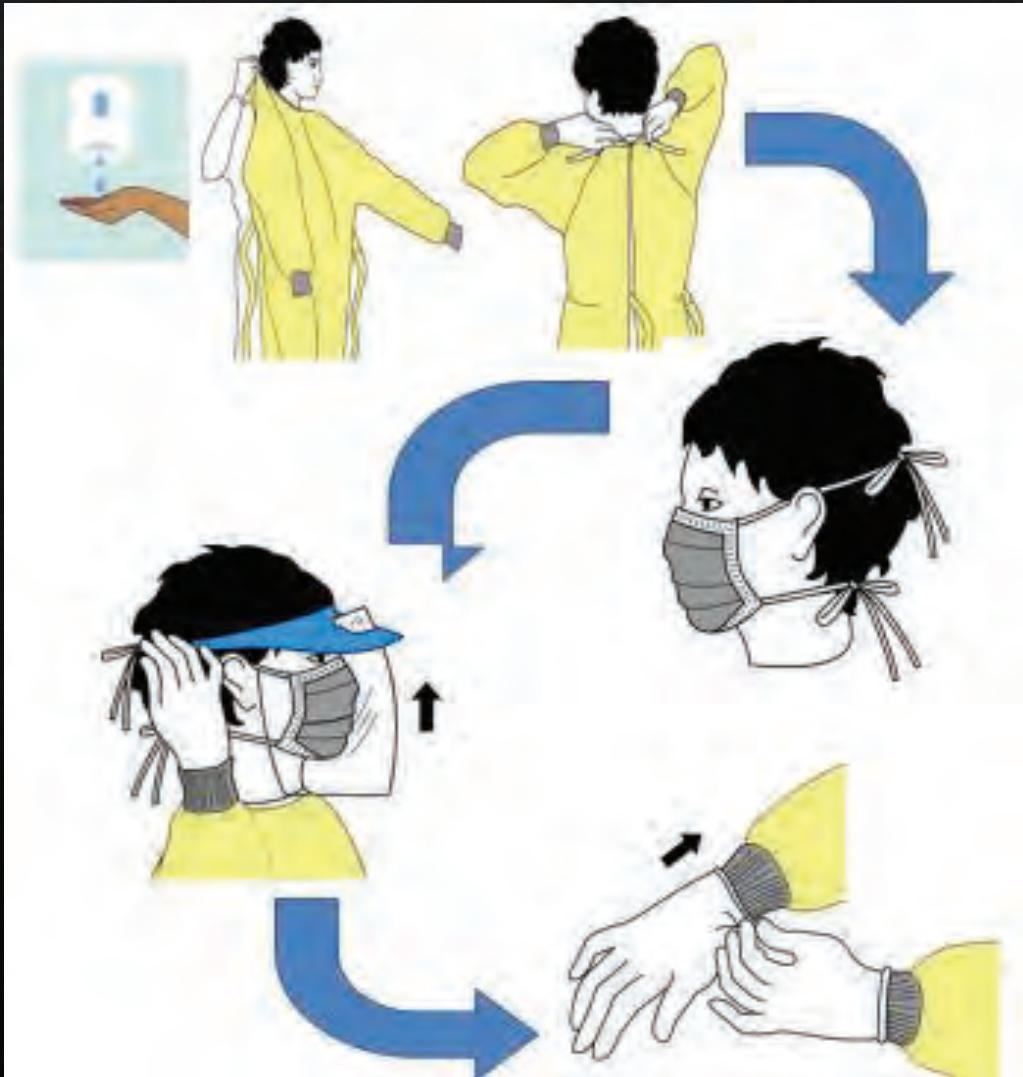


# Maunawili Donning & Doffing Location

- ◇ Tents to be set up when Chapel becomes an Isolation Unit.
- ◇ Staff shall Don when responding to or will be contact with a positive offender.
- ◇ Tents will be marked with Signage
- ◇ Donning “Clean”
- ◇ Doffing “Dirty”
- ◇ Cross Contamination- Do not enter Donning Tent after leaving contaminated area.

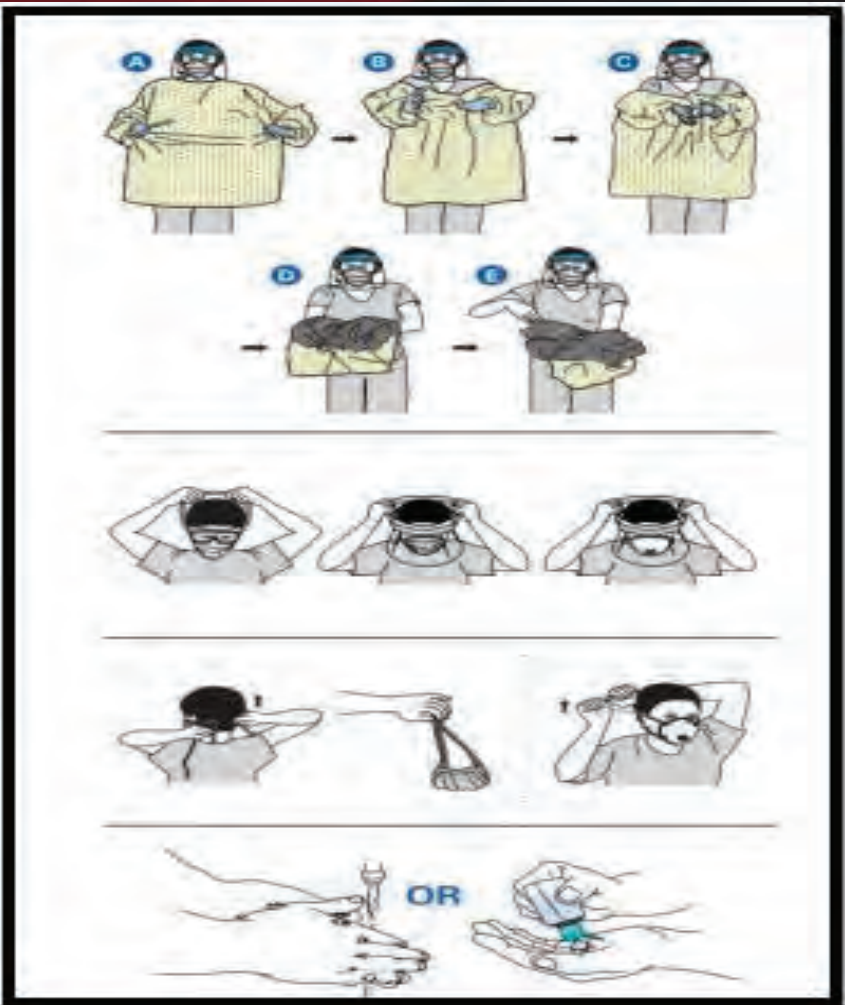






## DONNING TENT “ON” PPE Sequence

- ◇ Hand Hygiene
- ◇ Dress in Gown/ Fluid Resistant Coverall
- ◇ Mask or Respirator
- ◇ Eye protection
- ◇ Gloves
- ◇ Shoe Covering (optional)



# DOFFING TENT “OFF” PPE Sequence

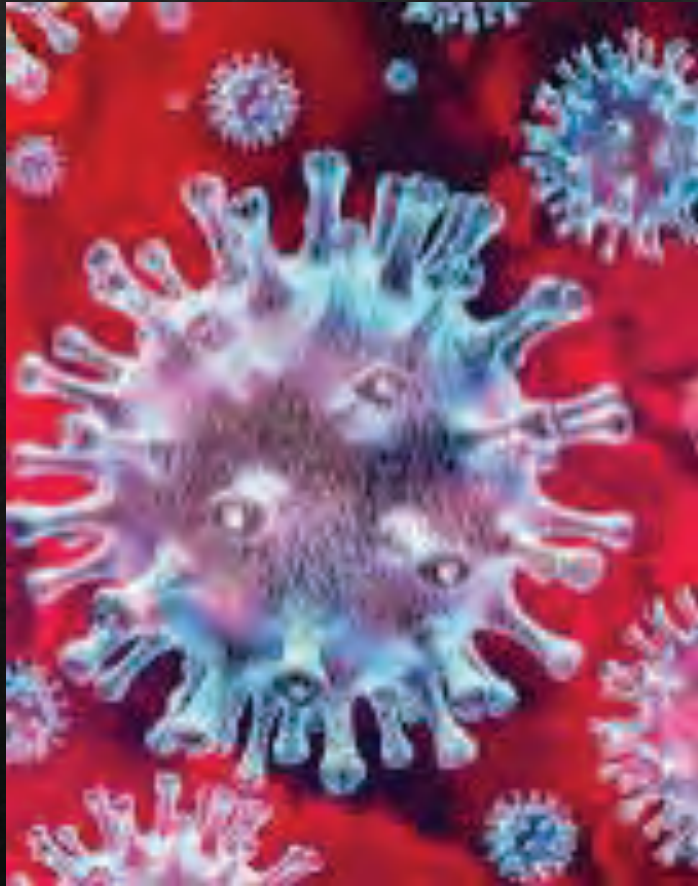
- ◆ Remove Gown/Fluid Resistant Coverall and Gloves
- ◆ Remove Eye Protection
- ◆ Remove Mask or Respirator
- ◆ Hand Hygiene
- ◆ Immediately, Dispose of Soiled PPE in the Marked No-Touch Biohazard Trash Can when doffing.

# DONNING & DOFFING STAGGING AREAS

WHEN VIRUS IS PRESENT IN  
COTTAGE(S)

- ◆ KAALA COTTAGE- Multi- Purpose Office & Interview Room
- ◆ AHIKI COTTAGE- Staff Restroom & Strip Search Room
- ◆ OLOMANA COTTAGE- Visiting Room





## SAFETY & SANITATION PLAN HIGH TOUCH AREAS

### Sanitation Method for High Touch Areas

- ✓ Fogging System Equipment
- ✓ Chemical Agent- Hydrolyte (US EPA Registered)
- ✓ High Touch Areas Disinfected and Sanitized Daily



**#StopTheSpread**

## **6 STEPS TO PREVENT THE SPREAD OF COVID-19**

- 01** Wear a mask and required PPE at all times.
- 02** Wash your hands frequently and avoid touching your eyes, nose and mouth.
- 03** Maintain 6 ft physical distance from others and avoid crowded spaces.
- 04** Limit your exposure to shared surfaces and objects.
- 05** Frequently clean and disinfect your workspace and high-touch surfaces.
- 06** If you have any symptoms of COVID-19 do NOT come to work. Seek medical advice.



# #STOPTHESPREAD



QUESTIONS?



# WAIAWA

EST. 1985

CORRECTIONAL FACILITY



# COVID-19

## Employee Training Packet



9-2-20

Department of Public Safety  
Waiawa Correctional Facility

**WAIAWA EMPLOYEE COVID TRAININGS FORM**

Waiawa Correctional Facility, on this date: \_\_\_\_\_,  
EIN# Last, First MI.

**I received Orientation and Training that included:**

1. Waiawa Correctional Facility (WCF) Pandemic Plan COVID-19 (9-2-20)
2. WCF COVID-19 Protocols
3. Employee face Covering Required Directive (August 17, 2020)
4. Staff COVID Directive, Infectious Control Program Policy and Enforcement (July 31, 2020)
5. Inmate COVID Directive, Infectious Control Program Policy and Enforcement (July 31, 2020)
6. WCF Inmate Program Rules/Protocols (June 8, 2020)
7. PSD Directors Travel Directive 2020-3276
8. Mask Fitting Directive (March 27, 2020)
9. Respiratory Clearance/Qualitative, Respiratory Fit Test
10. PPE use of, Donning and Doffing Training
11. COR.07.08 Housekeeping Plan for Non-Housing Areas
12. COR.07.09 Sanitizing Plan for Inmate Sleeping Areas
13. COR.10.1B.01 Infection Control Program
14. COR.13.03-5.4a 8 (19) Unauthorized contacts with the public or other inmates/detainees
15. COR.13.03-5.5a 9 (9) Failure to follow safety or sanitary rules.

Other: \_\_\_\_\_

Failure to comply may result in disciplinary action.

By my signature below, I have received, read and understand the above policies, directives & trainings.

EMPLOYEE NAME: \_\_\_\_\_  
(Print) Date


EMPLOYEE SIGNATURE: \_\_\_\_\_

Instructor: \_\_\_\_\_  
EIN# Name (Print) Title

Signature of Instructor: \_\_\_\_\_  
Upon completion, to be placed in the Employee records file



August 17, 2020

TO: All PSD Employees  
FROM:   
Nolan P. Espinda, Director  
SUBJECT: EMPLOYEE FACE COVERING REQUIRED

The directive issued on July 29, 2020 on the above referenced subject is hereby rescinded and superseded by the following directive:

Effective immediately, all PSD employees shall wear face coverings over their nose and mouth while at work. The wearing of face coverings under this directive is to complement, not serve as a substitute, for physical distancing.

Employees who request an exemption from wearing a face covering due to a medical condition are directed to contact the DHRO for approval/disapproval.

Any employee requesting an exemption shall provide confirmatory documentation to the DHRO as part of the approval/disapproval process.

All supervisors are directed to ensure that staff complies with this directive and shall verbally direct those not wearing face coverings to do so. Failure to immediately and fully comply with such verbal directives may be subject to discipline for insubordinate behavior and endangering the health and safety of others.

July 31, 2020

TO: All Concerned  
FROM: S. Ornellas, WFW *S 7-31-20*  
SUBJECT: Updated COVID Directive, Infection Control Policy and Enforcement

Effective immediately, you are directed in accordance with the Governor's Sixth Supplementary Proclamation and the Director of Public Safety's Face Covering Directive July 29, 2020, that all staff, inmates and persons shall wear barrier masks over their nose and mouth:

- In inmate housing common areas, to Education, Medical, HCI, FSU, Chapel Services, Program/Treatment areas.
- Anytime leaving housing units, offices, etc.
- For the full duration and at all times going to/from and while at that program/service.

You have all been issued by Waiawa two (2) barrier masks.  
Staff may choose to use the issued mask or cloth face covering, or your own.

Exemptions will be only approved for:

- Staff by PSD-DHRO and shall provide confirmatory documents.
- Inmates by CSA/Warden

You are also reminded to follow and comply with COR.10.1B.01 Infection Control Program, COR.13.03.5.4a 8 (19) Unauthorized contacts with the public or other inmates/detainees, and COR.13.03-5.5a 9 (9) Failure to follow safety or sanitary rules.

**FOLLOW ALL SAFETY AND SANITATION PROTOCOLS**

**GENERAL RULES:**

- Inmates are not to cross or enter the Yellow/Black Stripped Zones.
- Civilian Staff should remain within the Yellow/Black Stripped Zones (except when making checks in accordance with mandatory distancing requirements)
- Follow all posted signs.

**Distancing Requirements:**

- There is to be a 6 foot distance between you and any inmate at all times (exception U.O.F. or Emergencies)
- Inmates will not get within 6 foot of any staff;
  - Except for Designated Blue Box Areas
  - Pat & Strip Searches
- Inmates will not sit with inmates from another housing unit.
- Inmates will not have physical contact with any other inmate.
- Staff shall keep a 6 foot distance from Staff (exception U.O.F. or Emergency)

Continue to keep COVID-19 out of our Facility. Help keep our inmates and staff safe.

Failure to comply may subject you to disciplinary action up to and including termination.


By my signature below, I have received, read and will comply with these directives.

\_\_\_\_\_  
Print Name  
Cc: WFW, COS, Training Sergeant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

July 31, 2020

TO: All Inmates  
FROM: S. Ornellas, WFW  7-31-20  
SUBJECT: Updated COVID Directive, Infection Control Policy and Enforcement

Effective immediately, you are directed in accordance with the Governor's Sixth Supplementary Proclamation and the Director of Public Safety's Face Covering Directive July 29, 2020, that all inmates shall wear barrier masks over their nose and mouth:

- In inmate housing common areas, to Education, Admin, Medical, HCI, FSU, Chapel Services, Program/Treatment areas.
- Anytime leaving housing units, offices, etc.
- For the full duration and at all times going to/from and while at that program/service.

You have all been issued by Waiawa two (2) barrier masks.

Exemptions will be only approved for:

- Inmates by CSA/Warden and shall provide confirmatory documents.

You are also reminded to follow and comply with COR.10.1B.01 Infection Control Program, COR.13.03-5.4a 8 (19) Unauthorized contacts with the public or other inmates/detainees, and COR.13.03-5.5a 9 (9) Failure to follow safety or sanitary rules.

**FOLLOW ALL SAFETY AND SANITATION PROTOCOLS**

**GENERAL RULES:**

- Inmates are not to cross or enter the Yellow/Black Stripped Zones.
- Follow all posted signs.

**Distancing Requirements:**

- Inmates will not get within 6 foot of any staff;
  - Except for Designated Blue Box Areas
  - Pat & Strip Searches
- Inmates will not sit with inmates from another housing unit.
- Inmates will not have physical contact with any other inmate.

Continue to keep COVID-19 out of our Facility. Help keep our inmates and staff safe.

Failure to comply may subject you to disciplinary action up to and including termination.

By my signature below, I have received, read and will comply with these directives.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cc: WFW, COS, OSSA, Intake, Admin Sergeant

## WCF Inmate Programs Protocols

### General Rules

1. All staff, inmates and persons going to/from and entering Education, Medical, HCI, Chapel Services, Program/Treatment areas, will wear barrier masks for the full duration and at all times going to/from and while at that program/service. You have all been issued by Waiawa two (2) barrier masks. Staff may choose to use the issued mask or cloth face covering, or your own. Exemptions will be allowed based on security or other legitimate reasons.
2. You are reminded to follow and comply with COR.10.1B.01 Infection Control Program, COR.13.03-5.4a 8 (19) Unauthorized contacts with the public or other inmates/detainees, and COR.13.03-5.5a 9 (9) Failure to follow safety or sanitary rules.
3. Staff and inmates shall report any fever, cough and shortness of breath immediately to the Health Care Unit (HCU).
4. Inmates are not to cross or enter the Yellow/Black Stripped zones.
5. Civilian Staff should remain within the Yellow/Black Stripped zones (except when making checks in accordance with mandatory distancing requirements).
6. Follow ALL posted signs.

### Mandatory Distancing

1. There is to be a 6 foot distance between you and any inmate at all times (exception Initial training in use of equipment and tools or Emergencies. In which you both will be gloved and masked).
2. In case of a public citizen(s), volunteer or contractor tries to approach the inmate to **breach the 6 foot barrier**, inmates are instructed to walk away and alert the supervisor or staff immediately and distance themselves. If the public or person breaches a 6 foot barrier, the inmate(s) will report to the ACO immediately and wait for further instructions.
3. Rooms and equipment are sanitized daily at the beginning and end of each program/class with disinfectant already in use at the facility.
4. Inmates will only sit in designated areas, separated by housing units.

### WASH YOUR HANDS:

#### BEFORE

Work  
Handling any product or machine  
Touching 'clean' surfaces  
Touching your face

#### AFTER

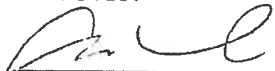
Using Bathroom  
Breaks/Lunch  
Touching Unsanitary Surfaces  
Anytime your hands are dirty

### Restroom


1. All inmates are currently advised that bathrooms are limited during this pandemic and to use the bathrooms prior to leaving their housing unit.
2. Education Bathroom is limited to 1 inmate at a time.
3. Inmate may be sent, by Security, back to the housing unit to use the bathroom and return if the Education Bathroom is occupied.
4. Bathroom will be sanitized after each use and end of each program/class with disinfectant already in use at the facility.

**This Protocol applies to all Staff, Inmates, Contractors and Volunteers.**

APPROVED:

  
\_\_\_\_\_  
Anthony Monteih, WCF COS

APPROVED:

  
\_\_\_\_\_  
Sean Ornellas, WFW



August 27, 2020

TO: PSD All  
FROM:   
Nolan P. Espirida, Director

SUBJECT: 14-Day Quarantine for Out-of-State and Neighbor Island Travel

You are hereby advised that any State Employee traveling out of State for personal reasons shall be subject to the Governor's mandated 14-day travel quarantine requirement for as long as it remains in effect. This means that upon return to the State of Hawaii, they must self-quarantine for 14 days, counting 14 calendar days including the date of return to Hawaii. No exemption to the 14-day quarantine will be given.

You are also hereby advised that any State Employee traveling to the Islands of Kauai, Hawaii, and the Islands comprising the Counties of Maui and Kalawao, and between these Islands, for personal reasons, shall be subject to the Governor's mandated 14-day travel quarantine requirement for as long as it remains in effect. The period of self-quarantine shall begin from the date of entry onto the Island and shall last 14 calendar days or the duration of the person's presence on the Island, whichever is shorter. No exemption to the 14-day quarantine will be given.

All employees must take their appropriate personal leave as indicated in the Collective Bargaining Agreement for the 14-day quarantine. The Families First Coronavirus Response Act (FFCRA) leave shall not apply to the 14-day quarantine as all PSD employees are considered Emergency Responders and exempt from FFCRA. When paid leave is not available to cover any portion of the 14-day quarantine, the Director has the discretion to approve a written request for a leave without pay made prior to the out-of-state or neighbor island travel.

Any personal leave requests should indicate if out-of-state or neighbor Island travel is involved and should be submitted in advance to obtain authorization from all appropriate authorizing authorities. If the leave request is approved, the employee must show proof to his/her supervisor that he/she self-quarantined for 14 calendar days from the date of arrival to the State. This proof must be submitted prior to the employee returning to his/her place of work. Such proof can include, but is not limited to, reservation confirmation, ticket, and boarding pass. An employee who shows signs or experiences symptoms of COVID-19 during self-quarantine must continue to self-quarantine and seek medical advice.

All Adult Correctional Officers (ACO) are reminded that the Attendance Program is applicable.

If you have any questions, please contact PSD's Personnel, Labor Relations Unit.

**Inter-Office  
MEMORANDUM**

**DEPARTMENT OF PUBLIC SAFETY**

No. \_\_\_\_\_  
Suspense: \_\_\_\_\_

March 27, 2020

TO: All Concerned

FROM: A. Monteilh, Chief of Security  3/27/20

SUBJECT: Fitting for N95 masks.

In preparation for COVID-19 virus, all staff are required to get fitted for the N95 masks. Here are the requirement that must be followed:

- All Staff will first complete the OSHA Respiratory Medical Clearance questionnaire on line.
- After completing and passing the Respiratory Medical Clearance questionnaire, All staff will be fitted for the N95 mask by the Medical Unit or authorized personel.
- To have an accurate mask fitting, all staff are required to be clean shaven.
- All staff will comply with the law. (ADM.03.09 - .4 a.) General Provisions Concerning Hair (male and female) states that hair style, and mustache sideburn and beard length for men, shall not interfere with the normal wearing of the approved uniform hat, nor with the wearing of emergency gear such as riot control helmet, gas mask, self-contained breathing apparatus or other required headgear while on duty.

Failure to follow the directive may result in disciplinary action

By my signature below, I have received this directive on the requirement on getting fitted for the N95 mask.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cc. WFW, COS, LT.'s, SGT's, ACO's, HCU, FSU, ED, CHAPEL, CI, OPS, FARM, ANNE,  
File.

# OSHA INFOSHEET

## Respirator Medical Evaluation Questionnaire

**Respirators must be used in workplaces in which employees are exposed to hazardous airborne contaminants. When respiratory protection is required employers must have a respirator protection program as specified in OSHA's Respiratory Protection standard (29 CFR 1910.134). Before wearing a respirator, workers must first be medically evaluated using the mandatory medical questionnaire or an equivalent method. To facilitate these medical evaluations, this INFOSHEET includes the mandatory medical questionnaire to be used for these evaluations.**

### Medical Evaluation and Questionnaire Requirements

The requirements of the medical evaluation and for using the questionnaire are provided below:

- The employer must identify a physician or other licensed health care professional (PLHCP) to perform all medical evaluations using the medical questionnaire in Appendix C of the Respiratory Protection standard or a medical examination that obtains the same information. (See Paragraph (e)(2)(i).)
- The medical evaluation must obtain the information requested in Sections 1 and 2, Part A of Appendix C. The questions in Part B of Appendix C may be added at the discretion of the health care professional. (See Paragraph (e)(2)(ii).)
- The employer must ensure that a follow-up medical examination is provided for any employee who gives a positive response to any question among questions 1 through 8 in Part A Section 2, of Appendix C, or whose initial medical examination demonstrates the need for a follow-up medical examination. The employer must provide the employee with an opportunity to discuss the questionnaire and examination results with the PLHCP. (See Paragraph (e)(3)(i).)
- The medical questionnaire and examinations must be administered confidentially during the employee's normal working hours or at a time and place convenient to the employee and in a manner that ensures that he or she understands its content. The employer must not review the employee's responses, and the questionnaire must be provided directly to the PLHCP. (See Paragraph (e)(4)(i).)

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### Excerpt from Appendix C of 29 CFR 1910.134: OSHA Respirator Medical Evaluation Questionnaire

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**To the employer:** Answers to questions in Section 1, and to question 9 in Section 2 of Part A, do not require a medical examination.

**To the employee:** Your employer must allow you to answer this questionnaire during normal working hours, or at a time and place that is convenient to you. To maintain your confidentiality, your employer or supervisor must not look at or review your answers, and your employer must tell you how to deliver or send this questionnaire to the health care professional who will review it.

Once filled out, this form must be given to the PLHCP. This form should **not** be submitted to OSHA.



**Part A Section 1. (Mandatory)** The following information must be provided by every employee who has been selected to use any type of respirator (please print).

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex (circle one): Male/Female
5. Your height:                                 ft.                 in.
6. Your weight:                                 lbs.
7. Your job title:
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code):
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_ N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_ Other type (for example, half- or full-facepiece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No                 If "yes," what type(s):

**Part A. Section 2. (Mandatory)** Questions 1 through 9 below must be answered by every employee who has been selected to use any type of respirator (please circle "yes" or "no").

	YES	NO
1. Do you <i>currently</i> smoke tobacco, or have you smoked tobacco in the last month?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you <i>ever had</i> any of the following conditions?	<input type="checkbox"/>	<input type="checkbox"/>
a. Seizures	<input type="checkbox"/>	<input type="checkbox"/>
b. Diabetes (sugar disease)	<input type="checkbox"/>	<input type="checkbox"/>
c. Allergic reactions that interfere with your breathing	<input type="checkbox"/>	<input type="checkbox"/>
d. Claustrophobia (fear of closed-in places)	<input type="checkbox"/>	<input type="checkbox"/>
e. Trouble smelling odors	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you <i>ever had</i> any of the following pulmonary or lung problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Asbestosis	<input type="checkbox"/>	<input type="checkbox"/>
b. Asthma	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
c. Chronic bronchitis	<input type="checkbox"/>	<input type="checkbox"/>
d. Emphysema	<input type="checkbox"/>	<input type="checkbox"/>
e. Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>
f. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
g. Silicosis	<input type="checkbox"/>	<input type="checkbox"/>
h. Pneumothorax (collapsed lung)	<input type="checkbox"/>	<input type="checkbox"/>
i. Lung cancer	<input type="checkbox"/>	<input type="checkbox"/>
j. Broken ribs	<input type="checkbox"/>	<input type="checkbox"/>
k. Any chest injuries or surgeries	<input type="checkbox"/>	<input type="checkbox"/>
l. Any other lung problem that you've been told about	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you <i>currently</i> have any of the following symptoms of pulmonary or lung illness?	<input type="checkbox"/>	<input type="checkbox"/>
a. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>
b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline	<input type="checkbox"/>	<input type="checkbox"/>
c. Shortness of breath when walking with other people at an ordinary pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>
d. Have to stop for breath when walking at your own pace on level ground	<input type="checkbox"/>	<input type="checkbox"/>
e. Shortness of breath when washing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>
f. Shortness of breath that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
g. Coughing that produces phlegm (thick sputum)	<input type="checkbox"/>	<input type="checkbox"/>
h. Coughing that wakes you early in the morning	<input type="checkbox"/>	<input type="checkbox"/>
i. Coughing that occurs mostly when you are lying down	<input type="checkbox"/>	<input type="checkbox"/>
j. Coughing up blood in the last month	<input type="checkbox"/>	<input type="checkbox"/>
k. Wheezing	<input type="checkbox"/>	<input type="checkbox"/>
l. Wheezing that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
m. Chest pain when you breathe deeply	<input type="checkbox"/>	<input type="checkbox"/>
n. Any other symptoms that you think may be related to lung problems	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you <i>ever had</i> any of the following cardiovascular or heart problems?		
a. Heart attack	<input type="checkbox"/>	<input type="checkbox"/>
b. Stroke	<input type="checkbox"/>	<input type="checkbox"/>
c. Angina	<input type="checkbox"/>	<input type="checkbox"/>
d. Heart failure	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
e. Swelling in your legs or feet (not caused by walking)	<input type="checkbox"/>	<input type="checkbox"/>
f. Heart arrhythmia (heart beating irregularly)	<input type="checkbox"/>	<input type="checkbox"/>
g. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
h. Any other heart problem that you've been told about	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you <i>ever had</i> any of the following cardiovascular or heart symptoms?	<input type="checkbox"/>	<input type="checkbox"/>
a. Frequent pain or tightness in your chest	<input type="checkbox"/>	<input type="checkbox"/>
b. Pain or tightness in your chest during physical activity	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain or tightness in your chest that interferes with your job	<input type="checkbox"/>	<input type="checkbox"/>
d. In the past two years, have you noticed your heart skipping or missing a beat	<input type="checkbox"/>	<input type="checkbox"/>
e. Heartburn or indigestion that is not related to eating	<input type="checkbox"/>	<input type="checkbox"/>
f. Any other symptoms that you think may be related to heart or circulation problems	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you <i>currently</i> take medication for any of the following problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Breathing or lung problems	<input type="checkbox"/>	<input type="checkbox"/>
b. Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
d. Seizures	<input type="checkbox"/>	<input type="checkbox"/>
8. If you've used a respirator, have you <i>ever had</i> any of the following problems? (If you've never used a respirator, check the following space and go to question 9.) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Eye irritation	<input type="checkbox"/>	<input type="checkbox"/>
b. Skin allergies or rashes	<input type="checkbox"/>	<input type="checkbox"/>
c. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
d. General weakness or fatigue	<input type="checkbox"/>	<input type="checkbox"/>
e. Any other problem that interferes with your use of a respirator	<input type="checkbox"/>	<input type="checkbox"/>
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire?	<input type="checkbox"/>	<input type="checkbox"/>
<p>Questions 10 to 15 below must be answered by every employee who has been selected to use either a full-facepiece respirator or a self-contained breathing apparatus (SCBA). For employees who have been selected to use other types of respirators, answering these questions is voluntary.</p>		
10. Have you <i>ever lost</i> vision in either eye (temporarily or permanently)?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you <i>currently</i> have any of the following vision problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Wear contact lenses	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear glasses	<input type="checkbox"/>	<input type="checkbox"/>
c. Color blind	<input type="checkbox"/>	<input type="checkbox"/>
d. Any other eye or vision problem	<input type="checkbox"/>	<input type="checkbox"/>



	YES	NO
12. Have you <i>ever had</i> an injury to your ears, including a broken eardrum?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you <i>currently</i> have any of the following hearing problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Difficulty hearing	<input type="checkbox"/>	<input type="checkbox"/>
b. Wear a hearing aid	<input type="checkbox"/>	<input type="checkbox"/>
c. Any other hearing or ear problem	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you <i>ever had</i> a back injury?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you <i>currently</i> have any of the following musculoskeletal problems?	<input type="checkbox"/>	<input type="checkbox"/>
a. Weakness in any of your arms, hands, legs, or feet	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>
c. Difficulty fully moving your arms and legs	<input type="checkbox"/>	<input type="checkbox"/>
d. Pain and stiffness when you lean forward or backward at the waist	<input type="checkbox"/>	<input type="checkbox"/>
e. Difficulty fully moving your head up or down	<input type="checkbox"/>	<input type="checkbox"/>
f. Difficulty fully moving your head side to side	<input type="checkbox"/>	<input type="checkbox"/>
g. Difficulty bending at your knees	<input type="checkbox"/>	<input type="checkbox"/>
h. Difficulty squatting to the ground	<input type="checkbox"/>	<input type="checkbox"/>
i. Climbing a flight of stairs or a ladder carrying more than 25 lbs.	<input type="checkbox"/>	<input type="checkbox"/>
j. Any other muscle or skeletal problem that interferes with using a respirator	<input type="checkbox"/>	<input type="checkbox"/>

This infosheet does not include the questions in Part B because they are not mandatory; rather, they may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.

### OSHA Educational Materials

OSHA has an extensive publications program. For a listing of free items, visit OSHA's web site at [www.osha.gov/publications](http://www.osha.gov/publications) or contact the OSHA Publications Office, U.S. Department of

Labor, 200 Constitution Avenue, N.W., N-3101, Washington, DC 20210. Telephone (202) 693-1888 or fax to (202) 693-2498.

### Contacting OSHA

To report an emergency, file a complaint or seek OSHA advice, assistance or products, call (800) 321-OSHA (6742) or contact your nearest OSHA regional, area, or State Plan office; TTY: 1-877-889-5627.

This InfoSheet is not a standard or regulation, and it creates no new legal obligations. It contains recommendations as well as descriptions of mandatory safety and health standards. The recommendations are advisory in nature, informational in content, and are intended to assist employers in providing a safe and healthful workplace. The *Occupational Safety and Health Act* requires employers to comply with safety and health standards and regulations promulgated by OSHA or by a state with an OSHA-approved state plan. In addition, the Act's General Duty Clause, Section 5(a)(1), requires employers to provide their employees with a workplace free from recognized hazards likely to cause death or serious physical harm.



U.S. Department of Labor



Occupational Safety and Health Administration

DTSEM OSHA 3789-05 2015

# Respirator Fit Test

**A. Name:** \_\_\_\_\_

**Agency/Division:** \_\_\_\_\_

**B. Pulmonary Function Test Current?** Yes No

**C. Respirator Selected**

Air Purifying Respirator (APR) Small Medium Large

Manufacturer: \_\_\_\_\_

Self Contained Breathing Apparatus (SCBA) Small Medium Large

Manufacturer: \_\_\_\_\_

**D. Conditions which could affect respirator fit**

Clean Shaven Facial Scar Other: \_\_\_\_\_

1-2 days Beard Growth Dentures Present

2+ days Beard Growth Glasses

Moustache None

**E. Fit Checks**

Negative Pressure Pass Fail

Positive Pressure Pass Fail

**F. Fit Testing (Qualitative)**

Saccharin Pass Fail

Bitrex Pass Fail

Smoke Pass Fail

Comments:

**G. Employee Acknowledgements of Results**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

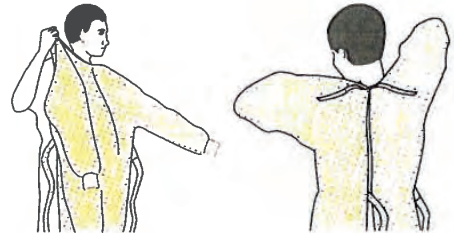
Test Conducted by: \_\_\_\_\_ Date: \_\_\_\_\_

## SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

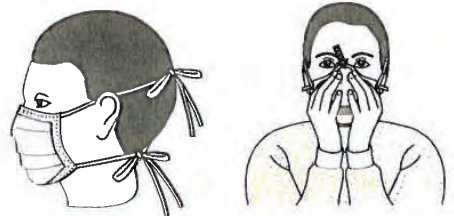
### 1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist



### 2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- Fit flexible band to nose bridge
- Fit snug to face and below chin
- Fit-check respirator



### 3. GOGGLES OR FACE SHIELD

- Place over face and eyes and adjust to fit



### 4. GLOVES

- Extend to cover wrist of isolation gown



## USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene



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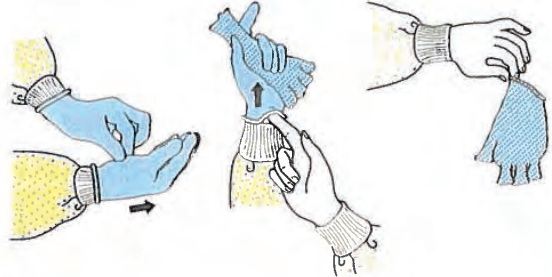


# HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

## 1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container



## 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



## 3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

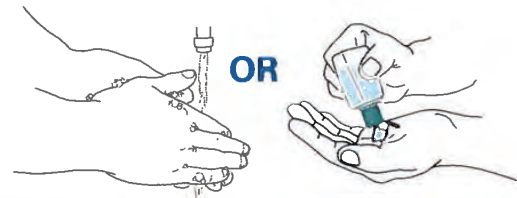


## 4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



## 5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE**



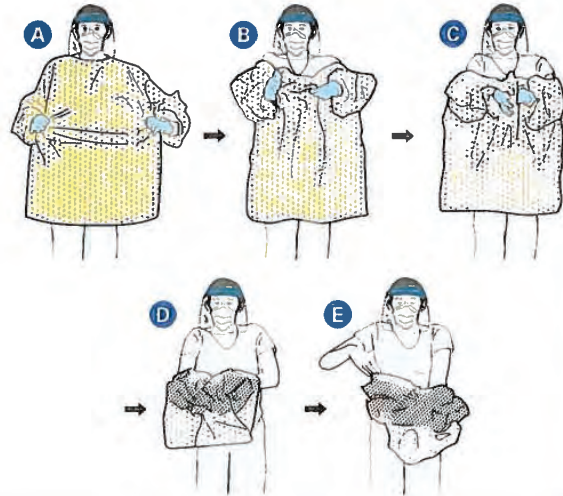
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## HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

### 1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



### 2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

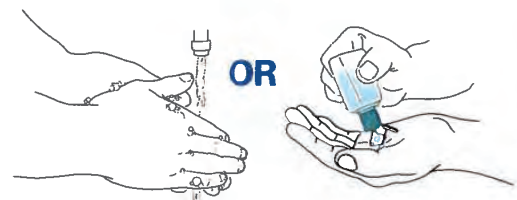


### 3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container



### 4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE




**PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS  
BECOME CONTAMINATED AND IMMEDIATELY AFTER  
REMOVING ALL PPE**



CS250672-E



	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> MAR 20 2009	<b>POLICY NO.:</b> COR.07.08
	<b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.07.08 & 01/14/93	
<b>SUBJECT:</b> <b>HOUSEKEEPING PLAN FOR NON-HOUSING AREAS</b>		Page 1 of 3	

## 1.0 PURPOSE

To establish guidelines for the daily housekeeping and regular maintenance of non-housing areas.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Standards for Adult Correctional Institutions, American Correctional Association, 3rd Edition, Section 3-4314, 3-4310.
- b. COR.07.06, Housekeeping Inspections.
- c. Standards for Health Services in Correctional Institutions, American Public Health Association, 2nd Edition.

## 3.0 POLICY

- .1 All floors, walls, ceilings and equipment in all buildings, as well as all exterior spaces shall be kept neat, clean, free from litter, dry where possible and in good repair to provide an environment which is conducive to safe and healthful living and working conditions.
- .2 Routine sanitation and housekeeping inspections and reports, as provided for in the procedures regarding housekeeping and sanitation inspections as well as timely correction of deficiencies, are integral parts of the housekeeping plan of all correctional facilities.
- .3 All staff and inmates shall be appropriately trained to carry out their assigned duties and shall be properly instructed regarding their individual responsibilities.

## 4.0 PROCEDURES

- .1 The Department Environment Health and Safety Officer (EHSO) shall:

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- a. Coordinate the housekeeping program to ensure that a clean and healthful environment is maintained in all areas of the institution. The facility safety officer will make monthly inspections as provided for in the procedure regarding Housekeeping and Sanitation Inspection; submit reports of deficiencies via EHSO to the Branch Administrator (Bas) through the Division Administrator (Das) and notify appropriate staff to correct reported deficiencies.
  - b. Maintain records regarding all aspects of the institution housekeeping program, including, but not limited to, inspection reports and narratives, notifications of corrections, correction reports and any other written documentation necessary to the program. Records must be maintained for five (5) years.
- .2 Section supervisors shall:
- Assign accountability to area supervisors for housekeeping procedures and practices within their areas.
- .3 Area supervisors shall:
- a. Establish a written work schedule for their area of responsibility, including a list which describes duties that are to be performed daily, weekly, monthly, and at other intervals and the times at which these are to be performed. The work schedule must be arranged to ensure that adequate sanitation and housekeeping is maintained.
  - b. Assign inmate workers to specific housekeeping tasks in accordance with the written work schedule.
  - c. Ensure that appropriate supplies and equipment are available to perform the housekeeping tasks.
  - d. Maintain an inventory log of supplies received and issued (e.g., caustics, toxics, etc.).
  - e. Provide on-the-job training and instruction in proper housekeeping techniques as needed to inmate workers.
  - f. Be responsible for the supervision of housekeeping tasks performed by the inmate workers and make inspections and follow up as needed to



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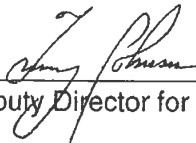
assure that tasks are performed properly and that all areas are maintained in a sanitary condition.

- g. Ensure that work orders are submitted to the operations administrator to correct deficiencies beyond supervisor's control.
- h. Consult with the EHSO on a continuing basis to ensure that effective and acceptable housekeeping and sanitation techniques are being performed.

**5.0 SCOPE**

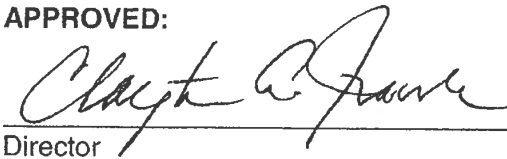
This policy applies to all correctional facilities.

**APPROVAL RECOMMENDED:**


  
 \_\_\_\_\_  
 Deputy Director for Corrections

3/20/09  
 \_\_\_\_\_  
 Date

**APPROVED:**

  
 \_\_\_\_\_  
 Director

3/20/09  
 \_\_\_\_\_  
 Date

	<b>DEPARTMENT OF PUBLIC SAFETY</b>	<b>EFFECTIVE DATE:</b> MAR 20 2009	<b>POLICY NO.:</b> COR. 07.09
	<b>CORRECTIONS ADMINISTRATION  POLICY AND PROCEDURES</b>	<b>SUPERSEDES (Policy No. &amp; Date):</b> COR.07.09 & 08/11/1995	
	<b>SUBJECT:</b> <b>SANITIZING PLAN FOR INMATE SLEEPING AREAS</b>		Page 1 of 5

## 1.0 PURPOSE

To establish guidelines for housekeeping maintenance of inmate sleeping areas.

## 2.0 REFERENCES & DEFINITIONS

### .1 References

- a. Consent Decree, Spear vs. Cayetano, June 12, 1985; Decree Supplement, January 21, 1987.
- b. Standards for Adult Correctional Institutions, American Correctional Association, 3rd Edition. Section 3-4310, 3-4314 & 3-4321.
- c. Policy COR.07.05, Housekeeping inspections.

### .2 Definitions

- a. "Chemical cocktails": Means the mixture of two (2) or more chemicals of which due to their chemical properties would result in a health, safety or fire hazard.
- b. "Qualified Inspector": Means a person whose training, education, and/or experience specifically qualifies them to conduct health and safety inspections..
- c. "Clean up": Means to purify, cleanse, and sanitize the subject article.
- d. "Sanitize": Shall mean effective bactericidal treatment of surfaces of protective covers for mattresses, pillow and bed frames by a process which has been approved by health authorities as being effective in destroying micro-organisms, including pathogens.
- e. "Sealed": Shall mean free from cracks or other openings which permit the entry or passage of moisture.
- f. "Supervisor": Means the individual responsible for the operation of the housekeeping program at each facility.

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### 3.0 POLICY

To promote good hygienic conditions within inmate sleeping areas in accordance with the Standards of the American Correctional Association, a sanitizing plan for all inmate sleeping areas shall be established and maintained under the provisions of this policy.

### 4.0 PROCEDURES

#### .1 Supervisors

The Warden of each correctional facility shall appoint staff members to function as supervisors of the program. The assigned supervisors shall be responsible for the following:

##### a. Establishing Work Schedules

Work schedules for inmates and staff shall be established and consist of three phases.

##### 1. Cell Inspections (staff only)

Conduct and document an inspection of all mattresses, pillows, and bed frames on a weekly basis. The purpose of the inspection is to ensure all bedding material is properly sealed, in a sanitary condition, and bed frames in good condition. The Cell Inspection Report, form PSD 1603 (reference attachment) shall be used for this purpose.

##### 2. Cleaning and Sanitizing (staff and inmates)

All mattresses, pillows, and bed frames shall be cleaned and sanitized on a weekly basis. This process should be carried out on linen exchange days, if possible.

##### 3. Repairing (staff and inmates)

Mattresses, pillow covers and bed frames shall be repaired as needed as a consequence of the Cell Inspection Reports.

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b. Work Supervision and Monitoring

1. The repair of defective mattresses and pillow covers shall be monitored to ensure they are properly sealed to prevent contamination from fluids and moisture.
2. Cleaning chemicals shall be monitored to ensure no excessive amounts are used or chemical cocktails made.

c. Supply Maintenance and Control

1. An inventory control system shall be established to ensure cleaning and sanitizing supplies do not run out and accountability is established for the return of unused supplies. An appropriate supply of cleaners and sanitizers shall be maintained for all assigned tasks.
2. Commercial sanitizers shall be used in accordance with recommendations of the manufacturer. If commercial sanitizers are not readily available, bleach such as Clorox and water may be mixed in a ratio of 1 to 50.

d. Reporting and Record Maintenance

1. All Cell Inspection Reports shall be maintained by the supervisor until all defects and repairs on the report have been satisfactorily completed. Upon completion of all deficiencies, the report shall be forwarded to the Facility Health and Safety Officer.
2. If for any reason, mattresses, pillow covers, or pillow covers, or bed frames cannot be sanitized, cleaned, or repaired as scheduled, a written report of the situation and recommended course of action shall be forwarded to the Warden through the Facility Health and Safety Officer.

Inmates shall never be allowed to continue using unsanitary bedding if the deficiency cannot be corrected -- they shall be provided usable bedding immediately.



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.2 Facility Health and Safety Officer

The facility health and safety officer shall be responsible for the following:

a. Reporting

The Facility Health and Safety Officer shall review all Cell Inspection Reports to ensure all deficiencies have been corrected. A monthly progress report shall be developed which outlines the facility's progress in meeting the weekly schedules of cleaning and sanitizing all inmate bedding. The report shall provide a percentage of bedding cleaned and sanitized for the previous month, e.g., 95% of all mattresses sanitized, 98% of bed frames repaired, etc. The report shall be forwarded to the Audit and Compliance Officer, Inspections & Investigations Office (IIO) through the Warden.

b. Corrective Action

If any deficiencies are discovered from the cell inspections which may affect the health and safety of inmates, a plan for corrective action shall immediately be developed and submitted to the Warden. A copy of the report shall be sent to the Audit and Compliance Officer, + IIO.

c. Record Maintenance

All records pertaining to the program shall be maintained for a period of six (6) months and then destroyed. Records shall consist of the Cell Inspection Reports, inter-office memos pertaining to the program, and any other documentation relating to the program.

.3 Department Inspector

A qualified inspector in IIO shall review all progress reports from the facility health and safety officers to ensure compliance with all provisions of the program. If a facility fails to meet program requirements, the Inspector shall conduct an on-site investigation of the situation, document findings, and submit a corrective action plan to the Audit and Compliance Officer in IIO.

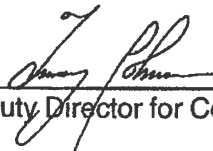
PSD  P & PM	<b>SUBJECT:</b>  SANITIZING PLAN FOR INMATE SLEEPING AREAS	<b>POLICY NO.:</b> COR.07.09
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If a facility continually fails to meet program requirements, the Audit and Compliance Officer shall report the situation to the Deputy Director for Corrections through the division administrator with a recommended corrective action plan.

**5.0 SCOPE**

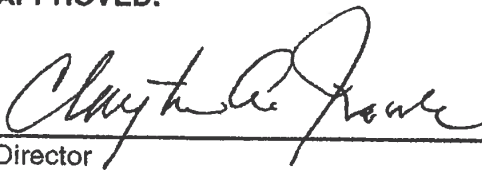
This policy shall apply to all the correctional facilities.

**APPROVAL RECOMMENDED:**

  
\_\_\_\_\_  
Deputy Director for Corrections


3/20/09  
\_\_\_\_\_  
Date

**APPROVED:**

  
\_\_\_\_\_  
Director

3/20/09  
\_\_\_\_\_  
Date



	<b>DEPARTMENT OF PUBLIC SAFETY</b>  <b>CORRECTIONS ADMINISTRATION</b> <b>POLICY AND PROCEDURES</b>	<b>EFFECTIVE DATE:</b> October 20, 2015	<b>POLICY NO.:</b> COR.10.1B.01
		<b>SUPERSEDES (Policy No. &amp; Date):</b> (COR.10.1B.01 12/29/08)	
<b>SUBJECT:</b> <b>INFECTION CONTROL PROGRAM</b>		Page 1 of 14	

## 1.0 PURPOSE

The purpose of this policy is to establish guidelines to prevent air and blood borne pathogen exposure to staff and patients, to minimize the incidence of infectious or communicable diseases, and to establish procedures for the treatment and control of skin infestations.

## 2.0 REFERENCES AND DEFINITIONS

### .1 References

- a. Center for Disease Control (CDC), Guide to Infection Control for Outpatient Settings (2014).
- b. Center for Disease Control (CDC), Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.
- c. Department of Public Safety (PSD), Policy and Procedures (P&P), ADM.04.03, Bloodborne Pathogens Training and Immunization.
- d. Hawaii Administrative Rules (HAR), Dept. of Health, Title II, Chapter 156, Communicable Diseases.
- e. Hawaii Revised Statutes (HRS), Chapter 325, Infectious and Communicable Disease.
- f. HRS Section 26-14.6, Department of Public Safety; and Section 353C-2, Director of Public Safety, Powers and Duties.
- g. National Commission on Correctional Health Care, Standards for Health Services in Prisons and Jails, (2014).
- h. PSD, Policy and Procedures Manual (P&P), ADM.04.02, Pulmonary Tuberculosis Clearance and Training.
- i. PSD, P&P, ADM.07.01. Management of Accidental Exposures to Blood or Body Fluids.

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.2 Definitions

- a. Ectoparasites: Parasites that live on the skin. They are communicable and may lead to secondary infections such as pediculosis and scabies
- b. Exposure Control Plan: A plan or policy that describes staff actions that will eliminate or minimize exposures to pathogens.
- c. Health Practitioners: Any person working in the provision of health care services such as nurses, physicians, dentists, mid-level practitioners, PMAs.
- d. Injection Safety: Includes practices intended to prevent transmission of infectious disease between one patient to another, or between a patient and a healthcare provider.
- e. Negative Air Pressure: A design that does not allow air, once it has entered a room, to vent back to the area the air came from. A fan that pulls the air out of the room and vents the air to the outside is the usual method used to accomplish this.
- f. Personal Protective Equipment (PPE): refers to wearable equipment that is intended to protect health care providers from exposure to or contact with infectious agents and include gloves, gowns, face masks, goggles and face shields.
- g. Respiratory Hygiene/Cough Etiquette: Terms used to describe infection prevention measures to decrease the transmission of respiratory illness that include covering your mouth and nose when you cough, coughing and sneezing into your upper sleeve rather than into your hands, washing hands after coughing and notifying health care providers of cold or flu symptoms when arriving at a clinic.
- h. Standard Precautions: The basic level of infection control precautions which are to be used, as a minimum, in the care of all patients. The precautions are comprised of hand hygiene, use of personal protective equipment and respiratory hygiene/cough etiquette.

**3.0 POLICY**

- .1 There shall be an exposure control plan that is reviewed annually, updated if necessary, and approved by the Medical Director.

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- .2 The PSD Infection Control Program encompasses the policies and procedures of this policy and those associated with P&P ADM.07, P&P ADM.04.02, and ADM. 04.02.
- .3 All health practitioners shall adhere to the use of standard precautions when interacting with patients.
- .4 Health care personnel shall receive job-specific training on infection prevention policies and procedures upon hire and annually thereafter. Competency and compliance shall be documented through an annual evaluation.
- .5 All health care clinics shall display Respiratory Hygiene/Cough Etiquette educational posters in patient view.
- .6 All health care staff shall be offered influenza vaccine at no cost.
- .7 All facilities shall maintain an adequate supply of personal protective equipment.
- .8 All patients shall be interviewed at intake relative to the presence of any infectious disease symptoms, skin wound or rashes. All such conditions shall be assessed by a registered nurse for determination of any necessary treatment.
- .9 Patients presenting at the clinic with potential communicable conditions shall not be charged a sick call visit copay. Patient's with possible communicable conditions shall be encouraged to visit the clinic for evaluation.
- .10 Treatment and control of the spread of skin infestations (e.g., scabies, lice) at the facilities shall involve a coordinated effort between medical and housing staff.
- .11 All inmates who receive treatment by medical staff for skin infestations shall receive clean clothes and sheets.
- .12 All reportable diseases as specified by the Department of Health (DOH) shall be reported using the DOH Communicable Disease Report. Available online at [health.hawaii.gov/docd/files/2013/05/Communicable-Disease-Report-Form-Fillable.pdf](http://health.hawaii.gov/docd/files/2013/05/Communicable-Disease-Report-Form-Fillable.pdf).

#### **4.0 PROCEDURES**

- .1 Standard Precautions- reduce the risk of disease transmission even when the source of infection is not known. Health practitioners shall always use the following standard precautions to minimize the risk of exposure and spread of communicable disease:

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Proper Hand Hygiene shall be performed:

- a. After contact with blood, bodily fluids or excretions, and wound dressings.
- b. After glove removal.
- c. Before exiting the patient's care area after touching the patient or the patient's immediate environment.
- d. Before touching a patient, even if wearing gloves.
- e. Prior to performing an aseptic task such as wound care.
- f. If hands will be moving from a contaminated body site to a clean body site during patient care.
- g. Use soap and water when hands are visibly soiled or after caring for patients with known or suspected infectious diarrhea. Otherwise the preferred method of hand decontamination is with an alcohol based hand rub per the CDC and World Health Organization.

.2 Personal Protective Equipment:

The selection of PPE shall be based on the nature of the patient interaction and potential exposure to blood, body fluids and infectious agents.

- a. Facilities shall assure that sufficient and appropriate PPE is available and readily accessible to health care staff.
- b. Health Care staff shall be educated regarding the proper selection and use of PPE.
- c. PPE shall be removed and discarded before leaving the patient's room or area.
- d. Gloves shall be worn whenever there is a potential for contact with blood, body fluids, mucous membranes, and non-intact skin or contaminated equipment.
  - i. The same pair of gloves shall NOT be used for the care of more than one patient.
  - ii. Gloves shall NOT be washed for reuse.

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<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
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- iii. Hand hygiene shall immediately be performed after removing gloves.
  - e. Gowns shall be worn to protect skin and clothing during procedures or activities where contact with blood or body fluids is anticipated.
    - i. The same gown shall NOT be used for the care of more than one patient.
  - f. Mouth, nose and eye protection shall be worn during procedures that are likely to generate splashes or sprays of blood or other body fluids.
- .3 During preparation and administration of parenteral medications.

In addition to this policy, adherence to P&P ADM. 07.01 or ADM.04.03 Exposure Control Plan which shall increase the protection of the health care providers from blood exposure and sharps injuries the following additional practices.

Safe Injection Practice:

- a. Aseptic techniques shall be used when preparing and administering medications.
- b. The access diaphragm of medication vials shall be cleaned with 70% alcohol prior to inserting a device into the vial.
- c. Medications for single dose or single use vials, ampoules, or bags or bottles of intravenous solution shall never be administered to more than one patient.
- d. Do not reuse a syringe to enter a medication vial or solution.
- e. Safety engineered needles and syringes shall be used by health care staff.
- f. Fluid infusion or administration sets shall not be used for more than one patient.
- g. Multi-dose vials shall be dedicated to a single patient, whenever possible. If multi-dose vials will be used for more than one patient, they shall be restricted to a centralized medication area and shall not enter the immediate patient treatment area.

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	<b>INFECTION CONTROL PROGRAM</b>	<b>COR.10.1B.01</b>
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- h. Used syringes and needles shall be disposed of at the point of use in a sharps container that is closable, puncture –resistant, and leak proof.
- .4 Environmental Cleaning – facilities shall establish policies and procedures for routine cleaning and disinfections of environmental surfaces and the handling and removal of biohazardous waste as part of the infection prevention plan. Cleaning refers to the removal of visible soil and organic contamination from a device or environmental surface using the physical action of scrubbing with a surfactant or detergent and water, and/or energy based processes such as an ultrasonic cleaner with appropriate chemical agents.

Emphasis for cleaning and disinfection should be placed on surfaces that are most likely to become contaminated with pathogens including those in close proximity to the patient, such as the bed, hand rails and frequently touched surfaces in the patient care environment.

- a. Use EPA registered disinfectants or detergents/disinfectants with label claims for use in healthcare settings.
- b. Disposable infectious waste (e.g., gloves) shall be contained separately from other non-infectious waste material prior to disposal. Infectious waste containers shall have an attached cover that operates with a foot pedal and shall be labeled, "Biohazardous Material." The container shall be lined with disposable red biohazard plastic bags. Infectious waste containers shall be located in the medical sections and in other locations in the facility as necessary. Full bags shall be bound and securely stored until removed for biohazard waste disposal.
- c. Linen and clothing that are soiled with blood or other bodily secretions shall be placed in a hazard bag at the site of the spill and transported to the laundry. Laundry workers shall avoid direct contact with the areas of the material soiled with blood and body fluids. The items shall be washed in the hot water laundry cycle with bleach to disinfect the material.
- d. Janitorial staff may routinely use a biohazard liner in the receptacle of inmate and staff female restrooms. Sanitary napkins are considered "household" waste by OSHA and CDC and are not addressed in infectious waste management. The biohazard liner in a female restroom is an added protection for the institution. Once the receptacle is full, the biohazard bag may be disposed of with other facility waste, incinerated, or sterilized. Please note that special biohazard disposal is not required.

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- e. Non-medical or institutional sharps or tools (handcuffs, sharp cutting tools, razor blades, etc.) are not covered by OSHA or CDC guidelines. For the added protection of the institution, it is recommended that non-disposable institutional sharps and tools be decontaminated with a germicidal product if the instrument is contaminated by blood or body fluids. Gloves shall be worn during the decontamination process. Razors that are still a part of the handle can be disposed of without caution. Razors that have become separated from the handle should be managed in the same way as a medical sharp and should be placed in a puncture proof container. Any strong metal, plastic or rubberized container, such as a coffee can, will suffice for this purpose so long as it is under the supervision of a correctional employee pending disposal. Once the container is disposed of, no other precautions are necessary.
  
- f. Blood and body secretion spills shall be promptly cleaned. Gloves shall be worn. A protective gown and goggles shall also be worn if splashing is anticipated. Every facility shall have all in one blood spill kits to clean up blood spills. To avoid special receptacles throughout the facility, a spill kit shall include biohazard bags. Contaminated disposable material and protective clothing shall be bagged at the site of the spill and the bag shall be promptly removed.
  
- g. To clean a biohazard spill:
  - i. Small spills shall be soaked up with paper towels and the area disinfected with a germicide agent. Hands shall be scrubbed clean after the gloves are removed.
  
  - ii. Dike large spills with paper towels to contain the fluid if necessary. If dripping is anticipated from paper towels soaked with blood or body fluid, place the biohazard bag on newspapers. Lay the newspapers on the floor up to the outer edge of the dyke. This will avoid contamination of other areas.
  
  - iii. Visible material shall be removed with paper towels that shall be disposed of immediately in a red biohazard bag. Once all the visible material has been removed, the area shall then be decontaminated with broad spectrum, biodegradable germicide. It is a violation of federal laws to use a product in a manner inconsistent with its labeling. The germicide label shall be referred to in order to ensure the appropriate solution and application. Bleach or germicidal solutions shall not be made up in advance and stored.

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<b>COR</b>  <b>P &amp; PM</b>	<b>SUBJECT:</b>  <b>INFECTION CONTROL PROGRAM</b>	<b>POLICY NO.:</b> <b>COR.10.1B.01</b>
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- iv. Discard all newspaper and disposable clothing or gloves in the biohazard bag before leaving the clean up site. A light mist of the germicidal solution may be lightly sprayed over the area. Rinsing is not required and the area should be left to dry naturally.
  
- .5 Medical Equipment Cleaning- is labeled by the manufacturer to be either reusable or single use. Reusable medical equipment should be accompanied by instructions for cleaning and disinfection or sterilization, as appropriate. All reusable medical equipment shall be cleaned and maintained according to the manufacturer's instruction to prevent patient to patient transmission of infectious agents.
  - a. All reusable medical equipment that has contact with non-intact skin or mucus membranes such a blood glucose meters, nebulizers, infusion pumps etc., shall be cleaned between patient use.
  - b. Copies of the manufacturer's instructions for the cleaning and reprocessing of equipment in use at the facility shall be maintained and followed.
  - c. Periodic observation of procedures shall be performed to evaluate the competencies of health care providers in the proper reprocessing of equipment.
  - d. Health care staff shall wear appropriate PPE when handing and reprocessing contaminated patient equipment.
  
- .6 Appropriate medical, dental, and laboratory equipment and instruments are decontaminated.
  
- .7 Respiratory Hygiene/Cough Etiquette – is an element of standard precautions that is targeted primarily at patients with undiagnosed transmissible respiratory infections, and applies to any person with signs of illness including cough, congestion, rhinorrhea, or increased production of respiratory secretions when entering the clinic.
  - a. Signs shall be posted at the entrances of the clinic with instructions to patients with respiratory infection to:
    - i. Cover their mouths/noses when coughing or sneezing using the crux of the elbow or upper sleeve.
    - ii. Access to hand hygiene shall be provider for patients.

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iii. Masks shall be offered to patients entering clinic with respiratory infections and they shall be seated away from other patients.

- .8 Transmission Based Precautions - requires three elements: a source of infectious agents, a susceptible host with a portal of entry receptive to the infectious agent, and a mode of transmission for the agent.

Several classes of pathogens can cause infection, including bacteria, viruses, fungi, parasites, and prions. The modes of transmission vary by type of organism and some infectious agents may be transmitted by more than one route: some are transmitted primarily by direct or indirect contact, (e.g., Herpes simplex or Staphylococcus aureus), others by the droplet, (e.g., influenza virus) or airborne routes (e.g., M. tuberculosis). And other infectious agents are bloodborne viruses (e.g., hepatitis and HIV).

There are three categories of Transmission-Based Precautions: Airborne Precautions, Contact Precautions, and Droplet Precautions. Transmission-Based Precautions shall be used when the route(s) of transmission is (are) not completely covered by using Standard Precautions alone. For diseases having multiple routes of transmission (e.g., measles), more than one Transmission-Based Precautions category shall be used. When used either singly or in combination, they shall always be used in addition to Standard Precautions.

- a. Airborne Precautions- prevent transmission of infectious agents that remain infectious over long distances when suspended in the air.

Use the following airborne precautions in addition to standard precautions to minimize the risk of airborne transmission:

- i. Isolate the patient, or place the patient with others with the same pathogen in a detached room or housing unit (not attached to the facility's central air supply system) with bars, mesh, windows or other material that allows air to flow freely through the unit and that vents to the outside, or place the patient in a negative air pressure room or isolation room, or transport the patient to a community center or hospital that specializes in air borne diseases.
- ii. If a patient must be transported through the facility where central air conditioning is in operation in order to reach a negative air pressure or isolation room within the facility, the patient shall wear a surgical mask until the destination is reached.

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- iii. Wear the appropriate mask for infectious organism per CDC recommendation such as a standard surgical mask for influenza or a HEPA or other bio-safety mask (N-95) for TB, when working with the patient and in the patient's room.
    - iv. Limit movement of the patient from the room to other areas. Place a surgical mask on the patient who must be moved.
    - v. Patients requiring airborne precautions shall not be transferred to other facilities without the approval of the Health Care.
  - b. Droplet Precautions - prevent transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions. As these pathogens do not remain infectious over long distances, special air handling and ventilation are not required to prevent droplet transmission.  
  
Use the following in addition to standard precautions to minimize the risk of droplet transmission:
    - i. Separate the patient (a negative air pressure is not required.)
    - ii. If unable to separate patient use spatial separation of at least 3 feet with separation by a curtain.
    - iii. Wear a mask and gloves when working with the patient.
    - iv. Dispose of personal protective equipment in a properly marked infectious waste container. There shall be one container for disposable wear and a separate container for non-disposable wear.
    - v. Limit movement of the patient from the room to other areas. If the patient must be moved, place a surgical mask on the patient.
    - vi. Use disposable utensils, plates and cups.
    - vii. Designate equipment for each patient. If this is not possible, equipment shall be disinfected before use by another patient.
  - c. Contact Precautions - are intended to prevent transmission of infectious agents, which are spread by direct or indirect contact with the patient or the patient's environment. Contact Precautions also apply where the presence of excessive wound drainage, fecal incontinence, or other discharges from

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the body suggest an increased potential for extensive environmental contamination and risk of transmission.

Use the following in addition to standard precautions to minimize the risk of contact transmission:

- i. Isolate the patient and limit access.
  - ii. If unable to separate patient use spatial separation of at least 3 feet with separation by a curtain.
  - iii. Wear two layers of protective clothing and gloves during direct contact with a patient having infectious body fluids or contaminated items.
  - iv. Wash hands after contact with infectious patients or body fluids.
  - v. Limit movement of the patient from the isolation room to other areas.
  - vi. Designate equipment for the patient. If this is not possible, equipment shall be disinfected before used by another patient.
  - vii. If individual toilet, sink and shower are not available for each patient, they shall be disinfected before next use.
  - viii. Dispose of personal protective equipment in a properly marked infectious waste container. There shall be one container for disposable wear and a separate container for non-disposable wear.
  - ix. Surfaces shall be disinfected between uses.
  - x. If the patient must be moved, a surgical mask shall be placed on the patient, if tolerated.
- .9 The medical measures to be taken relative to a possible communicable disease outbreak shall be determined by the Health Care Division. This may include special housing, additional infection control measures, screenings, education and treatment. These measures shall be communicated to the facility administration in written form.
- .10 Any communicable disease reportable by law and diagnosed by a provider must be reported to the public health authorities. The provider is responsible for completing any required documentation or telephone reports. The provider shall

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document this notification in the health record and notify the Medical Director or Health Care Division Administrator.

- .11 Ectoparasite Control - The following ectoparasite control measures are used to identify and treat affected patients and their clothing and bedding:
- a. Any patient discovered to have skin infestations during intake screening shall be treated at the time of discovery. Subsequent complaints by a patient of skin infestation symptoms shall be seen in sick call. The procedure for care of inmates with skin infestation shall be:
    - i. Record medical findings in the patient's medical record.
    - ii. Issue medication per nursing protocol or as ordered by the provider.
    - iii. No pregnant or potentially pregnant woman shall be treated with Lindane (Kwell). Pregnant women shall use permethrine (NIX) for treatment.
    - iv. The use of Lindane (Kwell) and permethrine (NIX) is contraindicated in persons with open sores and skin rashes.
    - v. The patient shall be instructed on the proper use of medication.
    - vi. Nursing shall call the patients' cell mates to the clinic to receive instructions and supplies for treatment.
  - b. Nursing shall issue a memorandum to the housing unit staff to provide the following:
    - i. Allow the patient to shower and apply the medication.
    - ii. Issue the patient a fresh change of linen and clothing.
    - iii. Allow the placement and sealing of all infested clothing and linen in a plastic bag by the patient prior to treatment. The bag shall be properly labeled and delivered to the laundry where the clothing and linen shall be disinfected by normal laundry procedures.
    - iv. At no time shall the infested clothing or linen come into contact with the fresh clothing and linens.

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- v. Patient undergoing treatment for parasites infestation must be free of parasites and medically cleared prior to transfer to another facility.
  
- .12 A monthly environmental inspection shall be conducted and documented of areas where health services are provided to verify that:
  - a. Equipment is inspected and maintained.
  - b. The unit is clean and sanitary.
  - c. Measures are taken to ensure the unit is occupationally and environmentally safe.
  
- .13 Occurrences of any communicable disease shall be reported to the Health Care Administration.

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5.0 SCOPE

This policy and procedure applies to all correctional facilities and their personnel.

APPROVAL RECOMMENDED:

Gary David Saldaña, MD OCT 19 2015  
Acting Medical Director Date

Wally U. Jr. OCT 19 2015  
Health Care Division Administrator Date

ALZ. [Signature] 10-20-15  
Deputy Director for Corrections Date

APPROVED:

Nolan P. Espino  
Director

October 20, 2015  
Date

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COR  P & PM	<b>SUBJECT:</b>	<b>POLICY NO.:</b> <b>COR.13.03</b>
	<b>ADJUSTMENT PROCEDURES GOVERNING SERIOUS MISCONDUCT VIOLATIONS AND THE ADJUSTMENT OF MINOR MISCONDUCT VIOLATIONS</b>	<b>EFFECTIVE DATE:</b> <b>November 13, 2017</b>
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- 8 (16) Being in an unauthorized area.
  - 8 (17) Failing to stand count or interfering with the taking of count.
  - 8 (18) Gambling, preparing or conducting a gambling pool, or possession of gambling paraphernalia.
  - 8 (19) Unauthorized contacts with the public or other inmates/detainees.
  - 8 (20) Giving money or anything of value to, or accepting money or anything of value from an inmate/detainee, a member of the inmate's/detainee's family or friend.
  - 8 (21) Possession or introduction of any tobacco/nicotine product, electronic cigarette, or electronic devices within a community based furlough program by an inmate.
  - 8 (22) No more than two (2) deviations from the following: date of validity, time expiration, destination, and purpose/intent of any furlough pass within a six (6) month period, not resulting in additional misconduct violations or the filing of a criminal complaint.
  - 8 (23) Tattooing or self-mutilation, or possession of tattooing tools/implements.
  - 8 (24) Harassment of employees.
  - 8 (25) Any lesser and reasonably included offense of paragraphs (1) to (24).
  - 8 (26) Any other criminal act which the Hawaii Penal Code classifies as a class C felony or misdemeanor.
- b. Sanctions that may be imposed as punishment for acts listed above shall include one or more of the following:
- 1) Disciplinary segregation for up to fourteen (14) days.
  - 2) Any other sanction other than disciplinary segregation.

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COR  P & PM	<b>SUBJECT:</b>	<b>POLICY NO.:</b> COR.13.03
	<b>ADJUSTMENT PROCEDURES GOVERNING SERIOUS MISCONDUCT VIOLATIONS AND THE ADJUSTMENT OF MINOR MISCONDUCT VIOLATIONS</b>	<b>EFFECTIVE DATE:</b> November 13, 2017
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- .5 Low Moderate Misconduct Violations (9).
- a. 9 (1) Destroying, altering or damaging government property or the property of another person resulting in damages less than \$50.
  - 9 (2) Possession of property belonging to another person.
  - 9 (3) Possession of unauthorized clothing.
  - 9 (4) Using abusive or obscene language to a staff member, contractor or volunteer (informal adjustment process only).
  - 9 (5) Unauthorized use of mail or telephone.
  - 9 (6) Correspondence or conduct with a visitor in violation of rules.
  - 9 (7) Violating a condition of any community release or furlough program.
  - 9 (8) Unexcused absence from work, or other authorized assignment.
  - 9 (9) Failure to follow safety or sanitary rules.
  - 9 (10) Using any equipment or machinery not specifically authorized, or contrary to instructions or posted safety standards.
  - 9 (11) Being unsanitary or untidy; failing to keep one's person and one's quarter in accordance with posted safety standards.
  - 9 (12) A minor deviation from the following: date of validity, time expiration, destination, and purpose/intent of any furlough pass (no prior incidents in six (6) months) not resulting in additional misconduct violations.
  - 9 (13) Any lesser and reasonably included offense of paragraphs (1) to (12).
  - 9 (14) Any other criminal act which the Hawaii Penal Code classifies as a petty misdemeanor or violation.

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# CORRECTIONS

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## *Participant Manual*

**Department of Public Safety  
Training Academy**

v.09092020

***Personal  
Protective  
Equipment &  
N95  
Respirator  
Use During a  
Pandemic***



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ACO's are reminded that even with the proper use of Personal Protective Equipment, there is no guarantee that they will not be infected. It is imperative that all employees maintain vigilance to prevent the spread of disease.

3 W's

- Wear you PPE properly
- Watch your distance – when you can stay more than 6' from everyone.
- Wash Your Hands Often

### Introduction

First responders including police, corrections, EMS and healthcare staff are always on the front lines protecting our community even during a pandemic. When outbreaks of infectious disease occur, first responders place themselves at increased risk of exposure to the pathogen causing the disease.

When N95 respirators are necessary to protect employees, employers must implement a formal, comprehensive respiratory protection program in accordance with OSHA's Respiratory Protection Standard. As part of the respiratory protection requirements, employees must be medically cleared to don a tight-fitting respirator, which includes N95 masks, and the mask must be fit tested to the user.

### Department of Public Safety Pandemic Plan

The COVID-19 Pandemic Response Plan was developed by VitalCore Health Strategies and approved by Lannette Linthicum, M.D., and the Office of Correctional Health of the American Correctional Association (ACA). The Department of Public Safety reviewed the plan, which is based upon current guidance from the CDC, and adapted the plan for Hawaii's correctional system. The recently released CDC "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities" provides additional detailed guidance. It is anticipated that the CDC guidance will continue to change so the plan will require revision accordingly.

COVID-19 presents unique challenges for prevention and containment in the correctional environment. Knowledge about COVID-19 and public health guidance for responding to the Pandemic is rapidly changing. Adaptable and updatable practical tools are needed to develop

infection prevention and control plans for COVID-19 across a diverse array of U.S. jails and prisons.

The COVID-19 Pandemic Response Plan provides an outline of infection prevention and control information that should be considered for correctional facilities related to a COVID-19 response. The plan provides supplemental guidance to the previously distributed Infectious Disease Clinical Care Guide and existing policies. The plan outline is paired with a fillable MS WORD® Implementation Worksheet that can be customized to address facility-specific issues of concern.

The 1918-19 influenza pandemic provides important lessons for responding to COVID-19. During the 1918–19 influenza (“flu”) pandemic, certain cities fared better than others. Those U.S. cities that both acted promptly to control the flu and implemented multiple layers of protective measures had fewer flu cases and lower overall mortality. The COVID-19 Pandemic Response Plan includes multiple layers of protective measures to minimize the impact of the virus in the correctional environment.

The Pandemic Response Plan includes 15 response elements. Each element is outlined in the plan with a corresponding section of the Implementation Worksheet. When completing the Worksheet, it is recommended to reference the corresponding text in the Pandemic Response Plan. The Worksheet can be readily adapted to meet the unique challenges of a specific facility.

Effective response to the extraordinary challenge of COVID-19 requires that all disciplines in a correctional facility work collaboratively to develop, modify, and implement plans as information and conditions change. Swift, decisive, yet evidenced-based planning is paramount. The intent of this document is to advance our collective efforts to better ensure the health and safety of our correctional employees and our incarcerated population.

### **Definitions**

#### **Face Masks**

Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands). If face masks are in short supply, use temporary alternative methods of source control, such as the use of cloth face covering, cotton/cotton-blended shirts, pillowcases, or towels.

#### **Respirators**

N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.

#### **Medical Isolation**

Refers to the procedure of separating someone with confirmed or suspected COVID-19 infection (i.e., those who are sick with COVID-19 symptoms and those with no symptoms), from others who are not infected.

#### **Quarantine**

Refers to the procedure of separating people who might have been exposed to COVID-19 from others.

### **COVID-19 Overview**

The Department of Public Safety is closely monitoring the spread of the novel coronavirus 2019 (COVID-19). Current information provided by the Center for Disease Control and Prevention (CDC)



is included below.

Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person-to-person. The virus that causes COVID-19 is a Novel Coronavirus that was first identified during an investigation into an outbreak in Wuhan, China and is now causing an International pandemic.

The virus is thought to spread mainly between people who are in close contact with one another (within approximately 6 feet) through respiratory droplets produced when an infected person coughs, sneezes, or talks. It also may be possible for a person to contract COVID-19 by touching a surface or object that has the virus, and then touching their mouth, nose, or eyes. The virus is spreading very easily and sustainably between people. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

### Symptoms of COVID-19

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. People with the following symptoms may have COVID-19 (not all possible symptoms are listed):

- Fever or Chills
- Cough
- Shortness of Breath or Difficulty Breathing
- Fatigue
- Myalgia, Muscle or Body Aches
- Headache
- New Loss of Taste (ageusia) or Smell (anosmia)
- Sore throat
- Congestion or Runny Nose (Rhinorrhea)
- Nausea or Vomiting
- Diarrhea or Loose Stool

Emergency warning signs for COVID-19 include:

- Trouble Breathing
- Persistent Pain or Pressure in the Chest
- New Confusion
- Inability to Wake or Stay Awake
- Bluish Lips or Face

Seek emergency medical care immediately if someone is showing emergency warning signs. The list of emergency warning signs is not exhaustive. Contact medical if any other symptoms are severe or

concerning. Complications of COVID-19 can include pneumonia, multi-organ failure, and in some cases death.

### How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick and people who do not live in your household; maintain good social distancing (about 6 feet).
- Wash your hands often with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Routinely clean and disinfect frequently touched surfaces.
- Cover your mouth and nose with a cloth face covering when around others.
- Monitor your health daily. Be alert for symptoms of COVID-19 and take your temperature.

### How long does it take for symptoms to develop?

The estimated *incubation period* (the time between being exposed and symptom onset) averages 4-5 days (median) after exposure with a range of 2-14 days.

### Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

### Is there a treatment?

Currently, there are no Food and Drug Administration (FDA) approved drugs for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

## **COVID-19 Pandemic Response Plan Elements**

### Administration/Coordination

The Administration/Coordination element provides an overview of the plan in two phases: Preparation Steps for COVID-19 and Response Steps for Managing COVID-19. PREPARATION STEPS for COVID-19 summarizes activities that all correctional facilities should be engaged in while preparing for the possibility of COVID-19 in the facility. The steps can be used as an outline for daily meetings about COVID-19 to quickly review the status of plan implementation. RESPONSE STEPS for MANAGING COVID-19 summarizes activities that should be implemented after case(s) of suspected or confirmed COVID-19 have been identified in the facility in either a staff or inmate.

### **Phase I. Preparation Steps For Covid-19**

#### a) Coordination of Facility Response

- Train staff on the facility's COVID-19 Pandemic Response Plan. All personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms

of the disease are, and what measures are being implemented and can be taken by individuals to prevent or minimize the transmission of SARS-CoV-2.

- All individuals who have the potential for direct or indirect exposure to someone with COVID-19 or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow and monitor infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, with adaptation to reflect facility operations and custody needs.
  - It is critically important that correctional and health care leadership meet or consult regularly to review the current status of COVID-19, review updated guidance from the Centers for Disease Control and Prevention (CDC) and the Hawaii Department of Health, and flexibly respond to changes in current conditions.
  - Regular meetings (through video- or tele-conference when social distancing is not possible), should be held, roles and responsibilities for various aspects of the local response determined, and plans developed and rapidly implemented.
  - Consideration should be given to activating the Emergency Response Plan within the facility to coordinate response to a crisis.
  - Responsibility should be assigned for tracking National and Local COVID-19 updates.
- b) Coordination with Local Law Enforcement and Court Officials to Minimize Crowding
- Explore alternatives to in-person court appearances.
  - Continue to explore strategies to reduce new intakes to the correctional facility with local law enforcement and court officials.
  - Utilize existing policies for alternatives to incarceration.
- c) Review Personnel Policies and Practices
- Review the most recent version of the Department of Human Resources Development instructions for "2019 Novel Coronavirus (COVID-19): Questions and Answers for Supervisors and Managers," currently Version #4, the CDC Interim Guidance "Implementing Safety Practices for Critical Infrastructure Workers who may have had Exposure to a Person with Suspected or Confirmed COVID-19," and the Occupational Safety and Health Administration website.
  - Review contingency plans for reduced staffing.
  - Consider offering alternative duties to staff at higher risk of severe illness with COVID-19.
  - Remind staff to stay at home if they are sick.
  - Implement employee screening (see Element #5).
  - Send staff home if they experience COVID-19 symptoms (e.g., fever, cough, or shortness of

breath), while at work, and advise to follow CDC recommended steps for persons with COVID-19 symptoms.

- Except for rare situations, a test-based strategy is no longer recommended by CDC and HDOH to determine when to allow staff to return to work. CDC and HDOH recommend the following symptom-based strategy for determining return to work.
  - Staff, who experienced *mild to moderate illness* and *are not severely immunocompromised*, may return to work after:
    - At least 10 days have passed since symptoms first appeared; AND
    - At least 24 hours have passed since last fever without the use of fever-reducing medications; AND
    - Symptoms have improved (e.g., cough, shortness of breath)
  - Staff, who were *asymptomatic* throughout the infection and *are not severely immunocompromised*, may return to work after:
    - At least 10 days have passed since the date of the first positive viral diagnostic test
  - Staff, who experienced *severe to critical illness* and *are severely immunocompromised*, may return to work after:
    - At least 20 days have passed since symptoms first appeared; AND
    - At least 24 hours have passed since last fever without the use of fever-reducing medications; AND
    - Symptoms have improved (e.g., cough, shortness of breath)
  - Staff, who were *asymptomatic* throughout the infection and *are severely immunocompromised*, may return to work after:
    - At least 20 days have passed since the date of the first positive viral diagnostic test
- When the test-based strategy is used, the CDC recommends the following criteria.
  - Staff who are symptomatic:
    - Resolution of fever without the use of fever-reducing medications; AND
    - Improvement in symptoms (e.g., cough, shortness of breath); AND
    - Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA
  - Staff who are not symptomatic:
    - Results are negative from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) tested using an



FDA-authorized molecular viral assay to detect SARS-CoV-2 RNA

- Identify staff with COVID-19 Exposures (see definition of close contact in Element #12).
  - If a staff member has a confirmed COVID-19 infection, inform other staff about possible exposure to COVID-19 (maintaining confidentiality in accordance with State and Federal laws).
  - Employees, who are COVID-19 close contacts, should self-monitor for symptoms and, if feasible, self-quarantine for 14 days. If due to staffing constraints, self-quarantine is not feasible for critical infrastructure workers (i.e., adult correctional officers, law enforcement officers, and healthcare workers), then asymptomatic exposed critical infrastructure workers may be permitted to continue to work following potential exposure to COVID-19 provided the employee remain asymptomatic and additional precautions are implemented to protect the critical infrastructure worker and others.
    - Pre-Screen: Employers should measure the employee's temperature and assess symptoms prior to starting work each day.
    - Regular Monitoring: Employees should self-monitor and report to the supervisor the development of a temperature or other symptoms .
    - Wear a Cloth Face Covering: The employee should wear a cloth face covering (unless contraindicated) at all times while in the workplace for 14 days after the last exposure.
    - Social Distance: The employee should maintain 6 feet of physical distance from others and practice social distancing as work duties permit.
    - Disinfect and Clean Workspaces: Continue enhanced cleaning and disinfecting practices in all areas, especially frequently touched surfaces and objects, including offices, bathrooms, common areas, and shared equipment.
- d) Communication (Element #2)
  - Initiate and maintain ongoing communication with local public health authorities.
  - Communicate with community hospitals about procedures for transferring severely ill inmates.
  - Develop and implement ongoing communication plans for staff, inmates, and families.
- e) Implement General Prevention Measures (Element #3)
  - Promote good health habits among employees (Table 1).
  - Review protocols or practices regarding alcohol-based hand sanitizer use by employees.
  - Conduct frequent environmental cleaning of high touch surfaces. Increase the number of inmate workers assigned to this duty.
  - Implement social distancing measures to prevent the spread of germs. Review the list of possible social distancing measures in Element #3 and develop plans for individual facilities.

- Encourage the use of cloth face coverings (unless contraindicated). Utilize no-contact barriers for inmate encounters, where feasible.
  - Minimize inmate movements within and between facilities. Consider limiting the transfer of inmates to and from other jurisdictions and facilities, unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding. Depending on the degree of local community transmission and potential for patient harm, adhere to the CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic.
  - Implement infection prevention control guidance for screening of employees, visitors/vendors/volunteers, and new intakes (Element #3).
- f) Visitors/Vendors/Volunteers (Element #4)
- Communicate with potential visitors.
  - Conduct screening of visitors, vendors, and volunteers.
- g) Continue to Conduct Employee Screening (Element #5)
- h) Continue to Conduct New Intake Screening (Element #6)
- i) Appropriately Manage and Test Symptomatic Inmates (Element #7)
- Provide education to all staff about source control and the importance of immediately providing a face mask to inmates with symptoms of COVID-19.
  - Suspend co-pays for inmates seeking medical evaluation for COVID-19 symptoms and implement COVID-19 testing of symptomatic inmates.
- j) Attempt to Acquire Needed Personal Protective Equipment (PPE) and Other Supplies (Element #8)
- Ensure a sufficient stock of hygiene supplies, cleaning supplies, personal protective equipment (PPE), and medical supplies are available and plan for re-stocking.
  - Review *Table 3. COVID-19 Personal Protective Equipment Recommendations* and post as needed in the facility.
  - Implement staff training on donning and doffing PPE.
- k) Provide Training to Transport Officers on Safe Transport Utilizing PPE (Element #9)
- Identify staff who will provide transport.
  - Identify staff who will provide training and document the training.
- l) Identify Cells and Housing to be used for Medical Isolation (Element #10) and Quarantine (Element #12)

NOTE: CDC strongly recommends single rooms for inmates on medical isolation and quarantine status. Cohorting refers to the practice of medically-isolating multiple inmates with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected inmate together as a group due to a limited number of individual cells. Cohorting of inmates should be a last resort.

- Print out color CDC Contact Precautions and CDC Droplet Precautions signs (Attachments #3 and #4). Print out color Isolation and Quarantine signs (Attachments #5 and #6).
  - Review how staff will be assigned to work in isolation/quarantine areas.
  - Appropriately train staff and inmates who work in laundry and food service.
  - Train staff and inmate workers on how to clean areas where COVID-19 inmates spent time.
- m) Health Care Staff Should Review Medical and Nursing Procedures for Caring for the Sick (Element #11)
- Maintain communication with the Medical Director and the Hawaii Department of Health to determine how COVID-19 testing will be performed and recommended criteria for testing.
  - Encourage the use of existing no-contact barriers for patient encounters.
  - Explore options for expanding telehealth capabilities.

### Phase II. Response Steps For Managing COVID-19

- a) Implement alternative work arrangements for staff, as deemed feasible. Determine where inmates should be allowed to work, depending on exposure history.
- b) Suspend all transfers of inmates to and from other jurisdiction and facilities unless necessary for medical evaluation, medical isolation/quarantine, extenuating security concerns, release, or to prevent over-crowding.
- c) When possible, arrange for lawful alternatives to in-person court appearances.
- d) Implement Routine Intake Quarantine of new admissions to the facility for 14 days before housed with the existing population, if possible.
- e) Incorporate screening for COVID-19 symptoms and a temperature check into release planning. Provide releasing inmates with COVID-19 Re-entry Care Packs, which include one face covering and the COVID-19 Re-entry Information Handout (see Attachment 7). Provide releasing inmates, who are under medical isolation or quarantine, with education about recommended follow-up.
- f) Communicate with community hospitals about the potential need to transfer severely ill inmates.
- g) Hygiene
- Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.
  - Continue to emphasize proper hand hygiene practices and cough etiquette.
  - Encourage staff to change clothes before leaving the worksite and designate a location for changing clothes.
- h) Environmental Cleaning
- Continue to emphasize the importance of cleaning and disinfection.
  - Ensure compliance with the specific cleaning and disinfection procedures for areas where a COVID-19 case spent time (Element #10).

- i) Implement medical isolation of confirmed or suspected COVID-19 cases (Element #10).
  - Assess adequacy of PPE for staff working in medical isolation areas (see Element #8).
  - Implement telehealth modalities, if possible.
  - When there are space constraints related to medical isolation, consult with the health care provider and the Hawaii Department of Health on decisions about placement.
- j) Implement quarantine of close contacts of COVID-19 cases (Element #12).
  - Assess adequacy of PPE for staff working in quarantine areas (see Element #8).
  - Require all inmates wear masks while in quarantine, except when contraindicated or not feasible.
  - When there are space constraints related to quarantine, consult with the health care provider and the Hawaii Department of Health on decisions about placement.
- k) In the event of a COVID-19 outbreak, consult with the Medical Director and the Hawaii Department of Health on the recommended viral testing strategy for inmates and staff. Prior to conducting widespread testing, determine how test results will be used to make housing and movement decisions (i.e., where to house inmates with positive test results, negative test results with known exposure, and negative test results with no known exposure).
- l) Implement a system for tracking information about inmates and staff with suspected/confirmed COVID-19 (Element #14).

### Communication

The importance of regular communication with staff, the incarcerated population, and their families cannot be over-emphasized. You cannot communicate too much.

- Specific methods of communication for all groups should be established. Staff should be assigned to be responsible for crafting and disseminating regular updates.
- Post signage throughout the facility to communicate the Symptoms of COVID-19 and measures of prevention such as Hand Hygiene and Social Distancing. CDC Stop the Spread of Germs posters were distributed to all correctional facilities. Post signage to remind staff to Stay at Home When Sick. Signage should be understandable for non-English speaking and low literacy persons. Provide accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low vision. Communication Resources are available on the CDC website.
- Congregating in large groups to communicate educational information should be avoided. Instead, communicate educational information to groups through other means, such as electronic and paper methods.
- Key communication messages for employees include:
  - Providing updates on the status of COVID-19.
  - The importance of staying home if signs and symptoms of COVID-19 symptoms

- are present.
- The importance of staying home if there is known exposure to COVID-19 without wearing appropriate personal protective equipment (PPE).
- Reminders about good health habits to protect themselves, emphasizing cough etiquette and hand hygiene.
- Elements of the facility COVID-19 Pandemic Response Plan to keep employees safe, including social distancing.
- Key communication messages to inmates:
  - The importance of immediately reporting COVID-19 symptoms (and reporting if another inmate is experiencing COVID-19 symptoms in order to protect themselves). Establish procedures on how to report symptom observations.
  - Reminders about good health habits to protect themselves, emphasizing cough etiquette, hand hygiene, and reminders to use cloth face coverings as much as possible.
  - Plans to support communication with family members (when personal visits are suspended or reduced).
  - Plans to keep inmates safe, including social distancing.
  - The purpose of medical isolation and quarantine.
- Contact should be made and maintained with the Medical Director and the Hawaii Department of Health to obtain guidance, especially about managing and testing of inmates with COVID-19.
- Communication should also be established with local community hospitals to discuss referral mechanisms for seriously ill inmates.



General Prevention Measures

Throughout the duration of the COVID-19 pandemic, the following general prevention measures should be implemented to interrupt viral infection transmission.

Table 1. General Prevention Measures	
a.	Promote good health habits among employees and inmates: 1) Avoid close contact with persons who are sick. 2) Avoid touching your eyes, nose, or mouth. 3) Wash your hands often with soap and water for at least 20 seconds. 4) Cover your sneeze or cough with a tissue (or into a sleeve), then throw the tissue in the trash. 5) Avoid non-essential physical contact. No hugs, handshakes, fist bumps, or high-fives.
b.	Conduct frequent environmental cleaning of “high touch” surfaces.
c.	Institute social distancing measures to prevent the spread of germs (i.e., examine and implement methods to ensure at least 6 feet of distance between individuals, when possible).
d.	Encourage the use of cloth face coverings and other no-contact barriers.
e.	Employees must stay at home if they are sick.
f.	Influenza (flu) vaccine is recommended for persons not previously vaccinated.
g.	Follow infection prevention and control guidance when conducting screening.
h.	Utilize control strategies for aerosol generating procedures.

Good Health Habits

Good health habits should be promoted in various ways (e.g., educational videos/posters, assessing adherence to cough etiquette and hand hygiene).

- All employees and inmates should view the COVID-19 educational video, which includes measures of prevention and detailed handwashing procedures.
- The CDC Stop the Spread of Germs poster should be posted throughout the facility. The CDC website has additional helpful educational posters: CDC Posters
- Each facility should ensure that adequate supplies and facilities are available for handwashing for both inmates and employees.
- With approval of the Warden, health care workers should have access to alcohol-based hand rub.
- Provisions should be made for employees, visitors, vendors, volunteers, and new intakes to wash their hands when they enter the facility.
- In order to help minimize the risk of transmitting SARS-CoV-2 between the facility and the

community, encourage staff to change clothes before leaving the worksite and designate a location for changing clothes.

### Environmental Cleaning

Implement intensified cleaning and disinfecting procedures in accordance with the CDC Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 (COVID-19).

- Several times per day, routinely clean and disinfect surfaces and objects that are frequently touched, especially in common areas. These may include doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, computer equipment, handrails, elevator buttons, cell bars, etc.
- One strategy is to increase the number of workline inmates who are assigned to conduct continual cleaning of common areas throughout the day.
- Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs, computer equipment, telephones), after shared use and when the use of equipment has concluded.
- Hard (non-porous) Surfaces:
  - If surfaces are dirty, clean using a detergent or soap and water prior to disinfection.
  - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective (consult the EPA Product List of Disinfectants for Use Against SARS-CoV-2).
    - Diluted, unexpired household bleach can be used if appropriate for the surface. Never mix household bleach with ammonia or any other cleanser.
    - Prepare bleach solution by mixing 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons of bleach per quart of water.
- Soft (porous) Surfaces (e.g., carpeted floor, rugs, drapes):
  - Remove visible contamination and clean with appropriate cleaner for soft surfaces.
  - If washable, launder in hottest water setting for the item and dry completely.
  - Or, use products with EPA-approved viral pathogens claims.
- Electronics: Remove visible contamination, if present. Follow the manufacturer's instructions for all cleaning and disinfection of products. Consider use of wipeable covers for electronics. If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens and other surfaces. Dry surfaces thoroughly to avoid pooling of liquids.

### Social Distancing Measures

Social distancing, or physical distancing, means keeping space between all individuals (ideally at least 6 feet) regardless of symptoms and decreasing the frequency of contact between individuals. Various administrative measures should be implemented to lessen the chance of spreading the virus by reducing close contact between people. Due to differences among correctional facilities, facility administration should discuss and implement social distancing measures specific for the individual facility, as allowable by physical plant limitations, security restrictions, and operational resources.

Examples of possible social distancing strategies for use at individual facilities include:

- Common Areas
  - Provide educational reminders to stay at least 6 feet from others.
  - Provide visual reminders (e.g., tape, paint), on floor surfaces every six feet in walking areas.
  - Enforce increased space between inmates in holding cells, lines, and waiting areas.
  - Remove every other chair in a waiting area.
- Recreation
  - Utilize recreation areas where inmates can spread out, if available.
  - Stagger time in recreation spaces.
  - Restrict recreation space usage to a single housing unit, where feasible.
  - Suspend close-contact sports (e.g., basketball). Encourage individual exercises (e.g., walking).
  - Suspend the use of equipment that multiple people will touch.
  - Clean and disinfect equipment after individual use and between group use.
- Meals
  - Stagger meal times, if possible.
  - Rearrange seating in dining hall to increase space between inmates (e.g., remove every other chair or use only one side of table).
  - Increase meals to cell opportunities.
  - Implement a rotational system among inmates for dining at the cafeteria.
- Group Activities
  - Limit the size of group activities.
  - Reduce the number of group participants to ensure physical separation of at least 6 feet between participants.
  - If available, consider the use of alternative settings to usual group activities (e.g., outdoor recreation areas, module dayroom areas, or other areas where inmates

- can spread out).
- Temporarily suspend group programs. [Note: when discontinuing group activities, it is important to provide alternative forms of activity to support the mental health of inmates during the pandemic.]
- Education and Program Services
  - Convert the educational or program curriculum to self-study, if possible.
  - Consider the use of video modalities for education and other programs, if available.
  - Use no-contact barriers when meeting with inmates, if possible.
  - Limit the size of program participants to ensure physical separation of at least 6 feet between participants in the classroom.
  - Explore alternatives to in-person education.
- Housing
  - Arrange bunks so that inmates sleep head to foot.
  - If space allows, reassign bunks to provide more space between inmates (ideally 6 feet or more in all directions).
  - Minimize mixing inmates from different housing units.
  - Conduct thorough cleaning and disinfection of living space when inmates leave.
- Health Care
  - Use no-contact barriers when meeting with inmates, if possible.
  - Use telehealth for virtual clinic visits with Providers, forensic examiners, community-based case managers, and other professional service providers, if available.
  - If available, designate a room near the intake area to evaluate new intakes with COVID-19 symptoms or exposure risk before the inmate moves to other parts of the facility.
  - If possible, designate a room near each housing unit to evaluate inmates with COVID-19 symptoms, rather than having inmates with COVID-19 symptoms walk through the facility to be evaluated in the medical unit. If designating a room near each housing unit is not feasible, consider staggering inmate sick call visits.
  - Stagger pill-lines or administer medication at modules.
- Minimize Inmate Movement
  - Avoid transferring inmates between living areas, when possible.
  - Depending on the degree of local community transmission, suspend work furlough and other programs that involve inmate movement in and out of the facility. When work furlough or other programs resume, implement facility protocols to cohort

work furlough and other transiently housed inmates with routine quarantine measures while at the facility, if possible.

- o Depending on the degree of local community transmission and potential for patient harm, adhere to the CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic. Prioritize services that, if deferred, are most likely to result in patient harm. Prioritize at-risk populations who would benefit most from services (e.g., inmates with serious underlying health conditions, inmates most at-risk for complications from delayed care, or inmates without access to telehealth). When returning from outside facility appointments, implement routine quarantine measures for inmates who return to the facility, if possible.
- Provide video or telephonic visitation, if available. When visitation resumes, use no-contact barriers and no-contact visit stations, if available.

### Encourage the use of Cloth Face Coverings and Other No-Contact Barriers

Transmission of COVID-19 occurs from individuals who are symptomatic, asymptomatic (i.e., absence of symptoms), and pre-symptomatic (i.e., prior to the development of symptoms). This means COVID-19 could spread between people interacting in close proximity, even if those people are not exhibiting symptoms.

- Encourage inmates to use cloth face coverings. Require employees and others present at correctional facilities to use cloth face coverings to the extent possible. Anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not use cloth face coverings (refer to additional CDC Considerations for Wearing Cloth Face Coverings for conditions and situations that may require adaptation).
- Educate inmates, employees, and others at correctional facilities on How to Safely Wear and Take Off a Cloth Face Covering.
- The use of cloth face coverings may help people, who have the virus and do not know it, from transmitting it to others (see CDC Use of Cloth Face Coverings to Help Slow the Spread of COVID-19). If everyone wears a cloth face covering in congregate settings, the risk of exposure to SARS-CoV-2 can be reduced. Note: cloth face coverings are a type of source control intended to help slow the spread of COVID-19 and are not Personal Protective Equipment (PPE).
- Utilize no-contact barriers for inmate encounters, where feasible.

### Sick/Exposed Employees Remain Home

COVID-19 could gain entrance to a facility via infected employees. Staff should be educated to stay home if they have COVID-19 symptoms.

- If employees develop fever, cough, shortness of breath, or other COVID-19 symptoms at work, they should be advised to immediately put on a face mask, promptly inform their supervisor, leave the facility, and follow CDC recommended steps for persons who are ill with



COVID-19 symptoms.

- Employees should be advised to consult their health care provider by telephone.
- If employees have been exposed, without the use of appropriate PPE, to a known COVID-19 case, adhere to the most recent version of the Department of Human Resources Development instructions for "2019 Novel Coronavirus (COVID-19): Questions and Answers for Supervisors and Managers," currently Version #4, the CDC Interim Guidance "Implementing Safety Practices for Critical Infrastructure Workers who may have had Exposure to a Person with Suspected or Confirmed COVID-19," the CDC "Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19," and/or the CDC Interim Guidance on "Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed (COVID-19)."

### Influenza Vaccination

- During influenza season, flu vaccination remains an important measure to prevent an illness that presents similarly to COVID-19.
- Encourage correctional employees to obtain flu vaccination.
- If there is influenza vaccine still in stock, unvaccinated health care staff (highest priority) and inmates should be offered the flu vaccine.

### Infection Prevention and Control Guidance for Screening

Protocol when conducting temperature checks:

- Perform hand hygiene.
- Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face) and disposable gloves [in facilities with PPE shortage, CDC provides Strategies to Optimize the Supply of PPE and Equipment].
- Check the individual's temperature.
  - Non-contact or disposable thermometers are preferred over reusable oral thermometers.
  - If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next screen. If non-contact thermometers are used, they should be cleaned routinely as recommended by the CDC for infection control.
  - If performing oral temperature check on multiple individuals, put on new gloves for each individual screen and thoroughly disinfect the thermometer between each screen.
- Remove and discard PPE.
- Perform hand hygiene.

### Control Strategies for Aerosol Generating Procedures

Refer to Attachment 8 for recommended control strategies during aerosol generating procedures, including SARS-CoV-2 specimen collection, emergency dental procedures, CPAP/BiPAP, pulmonary

function tests/peak flow tests, nebulizer treatment, and CPR.

Adhere to the CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response and guidance from the Hawaii Board of Dentistry (see Dentist FAQs document).

Visitors / Vendors / Volunteers

Implement COVID-19 screening of visitors, vendors, and volunteers (Attachment 1).

- To the extent possible and unless contraindicated, visitors, vendors, and volunteers should be required to wear cloth face coverings or a higher medical grade face mask while present at correctional facilities.
- Consideration should be given to limiting access to the facility by visitors, volunteers, and non-essential vendors.
- Promote non-contact visits and encourage alternatives to in-person visitation. Arrangements should be made to increase options for inmates to communicate with their families via telephone or video visitation, where possible.
- If possible, legal visits should occur remotely.

**DEPARTMENT OF PUBLIC SAFETY**  
CORONAVIRUS DISEASE 2019 (COVID-19)  
**VISITOR/VENDOR/VOLUNTEER SCREENING TOOL**

SECTION A (TO BE COMPLETED BY VISITOR/VENDOR/VOLUNTEER)

<b>Please complete the following:</b>	
Date of Requested Entrance	
Name	
<b>1. Please answer the following questions:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you traveled outside Hawaii?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you had contact with a person suspected or known to be infected with the novel coronavirus (COVID-19)?
<b>2. Today or in the past 14 days, have you had any of the following symptoms?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, Felt Feverish, or Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Body Aches
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestion or Runny Nose
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea or Loose Stool
<b>3. Temperature</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can staff take your temperature?

SECTION B (TO BE COMPLETED BY STAFF)

<b>4. Take Temperature</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the visitor/vendor/volunteer 100.4°F or above?
<b>5. Clearance</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the visitor/vendor/volunteer clear for purpose of this screening to enter the facility?

Staff Name: \_\_\_\_\_  
Staff Title: \_\_\_\_\_

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Employee Screening

In locations where it is identified that there is sustained COVID-19 community transmission, employees should be screened upon arrival using the COVID-19 Employee Screening form, which asks questions about COVID-19 symptoms, travel, contact with a known or suspected COVID-19 individual, and temperature check (Attachment 2).

**DEPARTMENT OF PUBLIC SAFETY  
CORONAVIRUS DISEASE 2019 (COVID-19)  
EMPLOYEE SCREENING TOOL**

**SECTION A (TO BE COMPLETED BY EMPLOYEE)**

<b>Please complete the following:</b>	
<b>Date</b>	
<b>Employee Name</b>	
<b>1. Please answer the following questions:</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you traveled outside Hawaii?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you had contact with a person suspected or known to be infected with the novel coronavirus (COVID-19), while not wearing recommended Personal Protective Equipment (PPE)?
<b>2. Today or in the past 14 days, have you had any of the following symptoms?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, Felt Feverish, or Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Body Aches
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestion or Runny Nose
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea or Loose Stool
<b>3. Temperature</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can the screener take your temperature?

**SECTION B (TO BE COMPLETED BY SCREENER)**

<b>4. Take Temperature</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the employee 100.4°F or above?
<b>5. Clearance</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the employee clear for purpose of this screening to enter the facility?

Screener Name: \_\_\_\_\_

Screener Title: \_\_\_\_\_

Facilities might choose to laminate employee screening forms (not the visitor/vendor/volunteer screening form), and have employees review the screening questions and verbally respond to them. Employees can then sign a logbook that includes date, employee name, and position. The temperature should be taken and recorded by the screener in a fourth column in the logbook. Employee screenings would not require documentation on an employee screening form, unless the employee responds “YES” to any question in section 1 or 2, responds “NO” to section 3, or has a temperature of 100.4 or above. Only positive screens that would deny clearance into the facility require completion of the employee screening form. All cleared employees would only complete the logbook (see example spreadsheet below).

DATE	EMPLOYEE NAME	POSITION	TEMPERATURE

- A temperature should also be taken ideally with a no-touch infrared thermometer.
- Screening is generally performed by non-health care personnel.
- Positive screens require notification of the Watch Commander and the employee’s immediate supervisor for civilian staff.
- All actions should adhere to the most recent version of the Department of Human Resources Development instructions for “2019 Novel Coronavirus (COVID-19): Questions and Answers for Supervisors and Managers,” currently Version #4.
- Employees who screen positive for symptoms should be sent home and advised to consult their healthcare provider.
- Employees who have had known close contact with a COVID-19 patient, while not wearing appropriate personal protective equipment, should self-monitor for symptoms (e.g., fever, cough, shortness of breath), and self-quarantine for 14 days. If self-quarantine is not feasible due to staffing constraints, asymptomatic exposed critical infrastructure workers (i.e., adult correctional officers, law enforcement officers, and healthcare workers), should report to work, wear a face mask (cloth or disposable), and perform frequent hand hygiene, in accordance with the CDC Interim Guidance “Implementing Safety Practices for Critical Infrastructure Workers who may have had Exposure to a Person with Suspected or Confirmed COVID-19,” the CDC “Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19,” and/or the CDC Interim Guidance “Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed (COVID-19).”

### New Intake Screening

New intakes should be provided cloth face coverings (unless contraindicated) and screened for symptoms in accordance with established nursing protocols. Screening should take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry (weather, security protocols, and logistics permitting).

- Temperature should be taken, ideally with an infrared no-touch thermometer with staff wearing PPE as described in Element #3f.
- Additional questions should be asked regarding travel history and potential exposure to COVID-19.
- New inmate arrivals should be separated from other inmates until the screening process has been completed.
- If new intakes are identified with symptoms then *immediately place a cloth face covering (unless contraindicated) on the inmate*, have the inmate perform hand hygiene, and place the inmate in a separate room, preferably with a toilet, while determining next steps. If no cloth face covering is immediately available, instruct the inmate to cover mouth/nose with cotton/cotton-blended shirt, towel, or pillowcase until a cloth face covering is available. Staff entering the room shall wear personal protective equipment (PPE) in accordance with guidance in Element #8.
- Identify inmates who were transferred with the symptomatic new intake for the need to quarantine (see Element #12).
- If new intakes report history of exposure to COVID-19, then they should be placed in quarantine (see Element #12).
- To the extent possible, implement routine intake quarantine (i.e., quarantine all new admissions to the facility for 14 days before housing such inmates in the general population). Inmates in routine intake quarantine should be housed separately from inmates who are quarantined due to contact with a suspected or confirmed COVID-19 case, if possible.

### Initial Management & Testing of SARS-CoV-2

*Source control (placing a cloth face covering on a potentially infectious persons) is critically important. If an inmate is identified with COVID-19 symptoms, then immediately place a cloth face covering on the inmate (unless contraindicated) and have the inmate perform hand hygiene.*

- Place the inmate in a separate room, preferably with a toilet and sink, while determining next steps. Staff in the same room shall wear personal protective equipment (PPE) as outlined in Element #8.
- The CDC provides an Overview of Testing for SARS-CoV-2 and Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities. Decisions about how to manage



and test inmates for SARS-CoV-2 should be made in collaboration with the facility Provider or Medical Director and the Hawaii Department of Health.

- The CDC recommends using a viral (nucleic acid or antigen) test to diagnose acute infection. Viral testing is recommended for inmates with signs or symptoms consistent with COVID-19 and all close contacts of persons with SARS-CoV-2 infection. Decisions on testing asymptomatic inmates without known or suspected SARS-CoV-2 exposure should be based on an assessment of the unique situation in each facility, as determined by the Medical Director in consultation with the Hawaii Department of Health. The CDC does not recommend using antibody testing as the sole basis for diagnosing acute infection (see the CDC Interim Guidelines for COVID-19 Antibody Testing).
- The CDC provides considerations for jails and prisons when Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings, including needed supplies, planning, physical space, protocol for testing multiple inmates in succession, staff assignments, and post-test tasks (see also the CDC Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities). In addition to testing inmates, the CDC provides Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 and Considerations for Non-Healthcare Workplaces, and Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified. If offering testing to staff, follow the guidance from the Equal Employment Opportunity Commission.
- For additional testing information, see the CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19 and CDC Diagnostic Tests for COVID-19.
- Suspend co-pays for inmates seeking medical evaluation for possible COVID-19 symptoms.

### ***Personal Protective Equipment (PPE)***

The CDC recommends the following Personal Protective Equipment (PPE) when an individual encounters a person with suspected or confirmed COVID-19.

#### **N95 Respirator**

N95 respirators should be prioritized when staff anticipate contact with infectious aerosols or droplets from someone with COVID-19.

- *N95 respirators should not be worn with facial hair that interferes with the respirator seal.*

If N95 respirators are to be used, they must be used in the context of a fit-testing program. Fit testing is specific to the brand/size of respirator to be used.

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other

bodily fluids from patients.

- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield (preferred<sup>3</sup>) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

**Face Mask or Surgical Mask**

Worn to protect the wearer from splashes, sprays, and respiratory droplets generated by others. Note: Face masks or surgical masks are distinct from cloth face coverings, which are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer. When respirators are in short supply, surgical masks may serve as an acceptable alternative, according to the CDC.

Table 2. Definitions of “Face Masks” and “Respirators”	
<i>Face Masks:</i>	Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands). If face masks are in short supply, use temporary alternative methods of source control, such as the use of cloth face covering, cotton/cotton-blended shirts, pillowcases, or towels.
<i>Respirators:</i>	N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.

**Eye Protection**

Goggles or disposable face shield that fully covers the front and sides of the face. This does not include personal eyeglasses.

If reusable eye protection is used, it should be cleaned and disinfected in accordance with the manufacturer’s instructions. If there are no instructions, they may be disinfected using the bleach solution listed above.

**Gloves**

Disposable examination gloves should be changed if torn or heavily contaminated.

**Gown/One-Piece Coverall**

If security staff are unable to wear a disposable gown or coverall due to limitations in access to the duty belt and gear, then the duty belt and gear should be disinfected after close contact with an inmate with confirmed or suspected COVID-19. Clothing should be changed as soon as possible.

If gowns/one-piece coveralls are in short supply, prioritize for aerosol-generating procedures. Each facility will determine who will be issued gowns or one-piece coveralls.

All Staff who will have contact with infectious materials, shall be trained to correctly don, doff, and dispose of PPE relevant to the level of contact anticipated with individuals with confirmed and suspected COVID-19.

Suspected contaminated PPE shall be disposed of as if they are infectious, staff will follow the Department protocols of the Blood Borne Pathogens Policy ADM.07.01 which covers Other Infectious Diseases and re-enforced through American Heart Association First Aid/ CPR training.

- It is strongly emphasized that hand hygiene be performed before donning and after doffing PPE.
- Designate PPE donning/doffing stations.
- Inventory current supplies of PPE and implement plans for restocking PPE as needed.
- Develop contingency plans for PPE shortages during the COVID-19 pandemic. Refer to the CDC [Strategies to Optimize the Supply of PPE and Equipment](#). The National Institute for Occupational Safety and Health (NIOSH) provides [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings](#) during periods of depleted N95 supplies.
- *Criteria for using various types of PPE based on the type of contact is outlined in Table 3 below.*
- Other Supplies
  - Standard medical supplies and pharmaceuticals for daily clinic needs
  - Liquid, foam, or bar soap
  - Hand drying supplies
  - Tissues
  - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible)
  - Cleaning supplies, including [EPA-registered disinfectants](#) effective against SARS-CoV-2, the virus that causes COVID-19
  - Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated

Table 3. COVID-19 Personal Protective Equipment Recommendations					
Situation	N95 respirator	Face mask	Eye protection	Gloves	Gown/coveralls
<b>STAFF</b>					
Staff performing temperature checks on: employees, visitors/vendors/volunteers, or inmates		X	X	X	
Medical Isolation: Staff providing medical care for suspected/confirmed COVID-19 cases	X <sup>1</sup>		X	X	X
Medical Isolation: Correctional staff entering isolation room	X <sup>1</sup>		X	X	X
Staff present during aerosolizing procedure on suspected or confirmed COVID-19 case (including testing)	X		X	X	X
Staff handling laundry (from a COVID-19 case or case contact)				X	X
Staff handling used food service items (from a COVID-19 case or case contact)				X	X
Staff cleaning an area (where a COVID-19 case has spent time)	<i>Additional PPE may be needed based on the disinfectant label.</i>			X	X
Transport of suspected/confirmed COVID-19	X <sup>1</sup>	<i>During transport</i>			
Prior to & following transport (if close contact)	X <sup>1</sup>		X	X	X
Quarantine: No direct contact with asymptomatic persons who are close contacts to COVID-19		X	X	X	
Quarantine: Direct contact with asymptomatic persons (including medical care/temperature checks)		X	X	X	

INCARCERATED/DETAINED PERSONS					
Confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19	<i>Use face/surgical masks or cloth face coverings for source control<sup>3</sup></i>				
Quarantine: Asymptomatic COVID-19 close contacts <sup>2</sup>					
Laundry worker (handling items from COVID-19 case or close contact)				X	X
Food service worker (handling items from COVID-19 case or close contact)				X	X
Worker performing cleaning (areas where COVID-19 case has spent time)	<i>Additional PPE may be needed based on the disinfectant label.</i>			X	X
<p><b>1</b> A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, face or surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.</p> <p><b>2</b> If a facility chooses to quarantine new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.</p> <p><b>3</b> Cloth face coverings are NOT PPE and may not protect the wearer. Prioritize cloth face coverings for source control among all persons who do not meet criteria for N95 or face/surgical masks, and to conserve face/surgical masks for situations that require PPE.</p> <p><b>Adapted from:</b> CDC. Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities (Table 1); 7/14/20. Available at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Min_Mod_Trans">https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Min_Mod_Trans</a></p>					

Transport

Depending on the degree of local community transmission, postpone non-essential inmate transports. To the extent possible, implement routine transport quarantine (i.e., quarantine of all inmates, who enter the facility by outside transport, for 14 days before housed in the general population). Inmates in routine transport quarantine should be housed separately from inmates who are quarantined due to contact with suspected or confirmed COVID-19 case(s).

Prior to transporting inmates to outside appointments and transferring inmates between other jurisdictions and facilities, procedures should be established to ensure screening is conducted by nursing. Positive screens should remain at the sending facility until cleared by the Provider. To the extent possible, inmates transported outside the facility must wear face masks (unless contraindicated).

If a decision is made to transport a patient with confirmed or suspected COVID-19 to a health care facility, EMS will be requested. If EMS is not available and the transport vehicle is not equipped with the features described in the EMS guidance, the following transport considerations should be followed at a minimum.

- Notify the receiving health care facility of the pending transport of a potentially infectious patient.
- Patient wears a face mask (unless contraindicated) and performs hand hygiene.
- Transporting officer wears face mask (or N-95 respirator). Wear gloves, gown, and eye



protection if in close contact with inmate prior to transport.

- Prior to transporting, all PPE (except for face mask/N-95 respirator) is removed and hand hygiene is performed. This is to prevent contaminating the driving compartment.
- Ventilation system should bring in as much outdoor air as possible. Set fan to high. If the vehicle has a ceiling hatch, keep it open.
- Do NOT place air on recirculation mode.
- Weather permitting, drive with the windows down.
- Following the transport, if close contact with the patient is anticipated, put on a new set of PPE. Perform hand hygiene after PPE is removed.
- After transporting a patient, air out the vehicle for one hour before using it without a face mask or respirator.
- When cleaning the vehicle, wear a disposable gown and gloves. A face shield or face mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
- Clean and disinfect the vehicle after the transport utilizing instructions in Element #3b.

Table 4. Definitions of “Medical Isolation” and “Quarantine”	
Medical Isolation:	Refers to the procedure of separating someone with confirmed or suspected COVID-19 infection (i.e., those who are sick with COVID-19 symptoms and those with no symptoms), from others who are not infected.
Quarantine:	Refers to the procedure of separating people who might have been exposed to COVID-19 from others.

Medical Isolation / Cohorting (Symptomatic Persons)

A critical infection control measure for COVID-19 is to promptly separate inmates with confirmed or suspected COVID-19 infection (i.e., those who are sick with COVID-19 symptoms and those with no symptoms), from other inmates who are not infected. Medical isolation is a non-punitive medical intervention.

To the extent possible, the conditions in medical isolation should be distinct from those in segregation. Facilities should make every effort to medically isolate inmates in individual cells or rooms. While cohorting inmates with laboratory confirmed COVID-19 is acceptable, cohorting inmates with suspected COVID-19 is not recommended due to the high risk of transmission from infected to uninfected inmates. Inmates with laboratory confirmed COVID-19 should be housed separately from those with undiagnosed respiratory illness.

- The CDC provides guidance for housing individuals under medical isolation (refer to Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional

and Detention Facilities). Facilities without sufficient space to implement effective medical isolation should coordinate with the Hawaii Department of Health to ensure that COVID-19 cases will be appropriately managed.

- To minimize the likelihood of disease transmission, inmates who are medically isolated or cohorted should wear a cloth face covering (unless contraindicated) while isolated. Cloth face coverings should be replaced as needed. Inmates who are cohorted with undiagnosed respiratory illness should wear a cloth face covering (unless contraindicated) to protect inmates with respiratory illnesses other than COVID-19.
- Ideally, the Medical Isolation unit should have a bathroom attached. If not, inmates must wear a cloth face covering (unless contraindicated) to go to the bathroom outside the room.
- If the facility is housing inmates with confirmed COVID-19 as a cohort, use a well-ventilated room with solid walls and a solid door that closes fully, where possible. To conserve PPE and reduce the risk of cross-contamination across different parts of the facility, consider using one large space for cohorted inmates with confirmed COVID-19 on medical isolation status. Depending on the degree and severity of illness among inmates, bunk beds may or may not be suitable.

Medical isolation cells or rooms should be identified with the Respiratory Infection Isolation Room Precautions sign. See below.



- The door to the Medical Isolation Cell should always remain closed, except when staff must enter and exit the cell, or when the medically isolated inmate must enter and exit the cell for treatment or bathroom use.

<b>Respiratory Infection Isolation Room Precautions</b> <i>PRECAUCIONES de sala de aislamiento de infección respiratoria</i>	
<b>TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE:</b> <i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitación tienen que:</i>	
	<b>HAND HYGIENE</b> <i>Hygiene De Las Manos</i>
	<b>Face Mask or N-95 Respirator</b> <i>Mascara Facial o Respirador N95</i>
	<b>Gloves</b> <i>Guantes</i>
	<b>GOWN</b> <i>Bata</i>
	<b>Eye Protection</b> <i>Protección para los ojos</i>
	<b>Ensure that the door to this room remains closed <u>at all times</u>.</b> <i>Asegurese de mantener la puerta de esta habitación cerrada todo el tiempo.</i>

- Dedicated medical equipment (e.g., blood pressure cuffs), should be left in room (ideally) or decontaminated in accordance with manufacturer’s instructions.
- Provide inmates in medical isolation with tissues, and if permissible and available, a lined no-touch trash receptacle.
- Facilities should ensure that medical isolation is operationally distinct from segregation to the extent possible, even if the same housing spaces are used for both. Refer to the CDC [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#) for additional information.
- If individuals with respiratory illness must be taken out of the medical isolation room, they should wear a cloth face covering (unless contraindicated) and perform hand hygiene before leaving the room.

- If an inmate who is in medical isolation must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medication, testing for COVID-19), they should be placed in a separate room. An N95 respirator (not a face mask), gloves, gown, and face protection should be used by staff.
- If feasible, designated security staff should be assigned to monitor medically isolated inmates in order to minimize exposures. If an inmate has laboratory-confirmed COVID-19, staff should maintain a consistent duty assignment in the same area of the facility across shifts to prevent transmission across different facility areas, where possible. Staff assigned to medical isolation posts should limit their movement to other parts of the facility as much as possible. If staff must serve multiple areas of the facility, ensure staff change PPE when leaving the medical isolation space. If PPE supplies necessitate reuse, staff should move from areas of low to high exposure risk.
- When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an inmate with COVID-19 symptoms while interviewing, escorting, or interacting in other ways. Keep interactions with inmates with COVID-19 symptoms as brief as possible.
- Laundry from COVID-19 cases may be washed with other inmate laundry. Use the hottest appropriate water setting and dry items completely. Individuals handling laundry from COVID-19 cases should wear disposable gloves and gown, discard after each use, and perform hand hygiene. Do not shake dirty laundry (to minimize the possibility of dispersing virus through the air).
- Inmates in medical isolation should throw disposable food service items in regular trash in the medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling food service items should clean their hands after removing gloves and gown.
- Admission to and Discharge from Medical Isolation must be ordered by a Provider.
- Inmates, who experienced *mild to moderate illness and are not severely immunocompromised*:
  - At least 10 days have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of fever-reducing medications; AND
  - Symptoms have improved (e.g., cough, shortness of breath)
- Inmates, who were *asymptomatic* throughout the infection and *are not severely immunocompromised*:
  - At least 10 days have passed since the date of the first positive viral diagnostic test

- Inmates, who experienced *severe to critical illness* and *are severely immunocompromised*:
  - At least 20 days have passed since symptoms first appeared; AND
  - At least 24 hours have passed since last fever without the use of fever-reducing medications; AND
  - Symptoms have improved (e.g., cough, shortness of breath)
- Inmates, who were *asymptomatic* throughout the infection and *are severely immunocompromised*:
  - At least 20 days have passed since the date of the first positive viral diagnostic test

### **Quarantine (Asymptomatic Exposed Persons)**

The purpose of quarantine is to help prevent the spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. Quarantine is a medical intervention that separates inmates who might have been exposed to COVID-19 from others.

Inmates who are close contacts of a suspected or confirmed COVID-19 case (i.e., other inmates, staff, visitors, vendors, volunteers), should be placed under quarantine for 14 days.

In the context of COVID-19, an inmate is considered a Close Contact if the inmate has been within approximately 6 feet of a suspected or confirmed COVID-19 case for a prolonged period of time (i.e., at least 15 minutes), starting from 48 hours before illness onset (or starting from 48 hours before the first positive test if asymptomatic) until the time the infected person meets criteria to end medical isolation OR the inmate had direct contact with infectious secretions (e.g., sharing utensils, sneezed or coughed on), from a suspected or confirmed COVID-19 case and were not wearing recommended PPE at the time of contact.

Facilities should make every effort to quarantine close contacts of an inmate with suspected or confirmed COVID-19 individually. Cohorting multiple close contacts in quarantine could result in the transmission of COVID-19 to inmates who are not infected. Cohorting should only be practiced if there are no other available options. Do not add more inmates to an existing quarantine cohort after the 14-day quarantine clock has started, if possible.

If an entire housing unit is under quarantine, due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.

- The door to the Quarantine Room should remain closed. A sign should be placed on the door of the room indicating that it is a Quarantine Room, which lists recommended personal protective equipment (PPE) (see [Attachment 6](#)). Required PPE in the Quarantine Room includes face mask, eye protection, and gloves.
- Quarantined inmates housed as a cohort should wear cloth face coverings at all times, except when contraindicated or not practicable. Quarantined inmates housed alone should wear cloth face coverings whenever another individual enters the quarantine space, except when



contraindicated or not practicable. If quarantined inmates leave the quarantine space for any reason, the inmate should wear cloth face coverings (unless contraindicated) as source control. Cloth face coverings should be replaced as needed.

- As feasible, the beds/cots of quarantined inmates should be placed at least 6 feet apart.
- Quarantined inmates should be restricted from being transferred, having in-person visits, or mixing with the general population.
- CDC recommends screening inmates in quarantine at least once per day (ideally twice per day) for symptoms and temperature. Symptomatic inmates should be medically isolated.
- Laundry from quarantined inmates may be washed with other inmate laundry. Use the hottest appropriate water setting and dry items completely. Individuals handling laundry from quarantined inmates should wear disposable gloves, discard after each use, and perform hand hygiene. Do not shake dirty laundry (to minimize the possibility of dispersing virus through the air). Clean and disinfect clothes hampers in accordance with Element 3b. If permissible, consider using a bag liner that is either disposable or can be laundered.
- Meals should be provided to quarantined individuals in the designated quarantine area. Disposable food service items can be placed in regular trash in the quarantine area. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling food service items should perform hand hygiene after removing gloves and gown.

Staff assignments to quarantine spaces should remain as consistent as possible. Staff assigned to quarantine posts should limit their movement to other parts of the facility as much as possible. If staff must serve multiple areas of the facility, ensure staff change PPE when leaving the quarantine space. If PPE supplies necessitate reuse, staff should move from areas of low to high exposure risk to prevent cross-contamination.

The duration of quarantine for COVID-19 is the 14-day incubation period. If a new case requiring medical isolation is identified in the quarantine unit, then the 14-day quarantine period starts again.

- Viral testing is recommended for all close contacts of persons with SARS-CoV-2 infection. If an inmate is quarantined due to close contact with an individual who has laboratory confirmed COVID-19, but the quarantined inmate tests negative, the inmate should continue to quarantine for the full 14 days after last exposure and follow all recommendations of public health authorities.
- If an inmate is quarantined due to close contact with a suspected COVID-19 inmate who subsequently tests negative, the inmate may be considered for medical discharge from quarantine by the Provider. Due to the possibility of false negative results and other medical considerations involving the medically isolated inmate, only a Provider may order the discontinuation of quarantine.
- If an inmate on quarantine status (not routine quarantine) due to exposure to suspected or confirmed COVID-19 is to be released from the facility before medically discharged from quarantine, notify the Hawaii Department of Health to provide direct linkage to community

resources and release planning (e.g., transport, shelter, and medical care).

- If an inmate on quarantine status is scheduled to transfer to the Hawaii State Hospital or another correctional facility, hold the transfer until the inmate is cleared for transfer by the Medical Director.

<b>Quarantine Room Precautions</b> <i>PRECAUCIONES de Sala de Cuarentena</i>	
<b>TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE:</b> <i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitacion tienen que:</i>	
	<b>HAND HYGIENE</b> <i>Hygiene De Las Manos</i>
	<b>Face Mask</b> <i>Mascara facial</i>
	<b>Eye Protection</b> <i>Protección para los ojos si contacto cercano</i>
	<b>Gloves</b> <i>Guantes</i>
	<b>Ensure that the door to this room remains closed <u>at all times</u>.</b> <i>Asegurese de mantener la puerta de esta habitacion cerrada <u>todo el tiempo</u>.</i>

Surveillance for New Cases

Inmates and staff should immediately report suspected cases of COVID-19 to the medical unit.

- Daily screening of workline inmates, who provide services within the facility (e.g., kitchen, janitorial, laundry), is recommended to prevent infection in multiple locations.
- If individuals with COVID-19 have been identified among staff or inmates (excluding the introduction of a known COVID-19 positive inmate admission to the facility) in a facility, consider implementing regular symptom screening and temperature checks in housing areas that have not yet identified infections, until no additional infections have been identified in the facility for 14 days.
- In addition to routine intake quarantine (see element #6) and routine transport quarantine

(see element #9), to the extent possible, implement and customize routine quarantine procedures for inmates who leave and return to the facility for other reasons (e.g., work furlough, weekend sentence, inmate workline). As an example, implement routine work furlough quarantine (i.e., cohorting and restricting movement within the facility of all inmates, who leave and return to the facility while participating in work furlough). Inmates in routine work furlough quarantine should be housed separately from inmates who are quarantined due to contact with a suspected or confirmed COVID-19 case and the general inmate population.

### **N95 Respirator**

The N95 respirator is the most common of the seven types of particulate filtering facepiece respirators. This product filters at least 95% of airborne particles but is not resistant to oil.

N95 respirator refers to an N95 filtering facepiece respirator (FFR) that seals to the face and uses a filter to remove at least 95% of airborne particles from the user's breathing air. It is important to note that surgical masks, sometimes referred to as facemasks, are different than respirators and are not designed nor approved to provide protection against airborne particles. Surgical masks are designed to provide barrier protection against droplets, however they are not regulated for particulate filtration efficiency and they do not form an adequate seal to the wearer's face to be relied upon for respiratory protection. Without an adequate seal, air and small particles leak around the edges of the respirator and into the wearer's breathing zone.

When properly fitted and worn, minimal leakage occurs around the edges of an N95 respirator when the user inhales, ensuring that the user's breathing air is being directed through the filter material. Staff that are required to use respiratory protection must undergo fit testing, medical clearance, and training, which are all required elements of a healthcare facility's written respiratory protection program. These are requirements of the Occupational Safety and Health Administration (OSHA) Respiratory Protection standard (29 CFR 1910.134).

Fit testing is a critical component to a respiratory protection program whenever workers use tight-fitting respirators. OSHA requires an initial respirator fit test to identify the right model, style, and size respirator for each worker. Annual fit tests ensure that users continue to receive the expected level of protection. A fit test confirms that a respirator correctly fits the user. Additionally, tight-fitting respirators, including N95s, require a user seal check each time you put one on to help ensure the best fit possible. In the US, NIOSH-approved respirators include instructions on how to conduct a user seal check.

During times of extreme supply constraints, when there may be limited availability of respirators or fit test kits, employers may face challenges in fit testing workers.

### **Medical Requirements**

Employees need to be medically cleared to wear respirators before using. All respirators generally place a burden on the employee. Some respirators can cause claustrophobia, some these conditions may adversely affect the health of some employees who wear respirators. A physician or other

licensed health care needs to medically evaluate employees to determine under what conditions they can safely wear respirators. Corrections is using RespSafety for the medical Questionnaires and Medical Evaluations. This process is done online. Per OSHA requirements, employees are required to conduct a Fit Test annually.

**Filtration, Fit, and Proper Use**

There are three (3) key criteria required for a respirator to be effective:

1. The respirator filter needs to be highly effective at capturing particles that pass through it, (filtration)
2. The respirator must fit the user's face snugly (i.e., create a seal) to minimize the number of particles that bypass the filter through gaps between the user's skin and the respirator seal (fit); and
3. The respirator must be put on (donned) and taken off (doffed) correctly before and worn throughout the exposure (proper use).

**Three Key Factors Required for a Respirator to be Effective**

**Correct\***                      **Incorrect**

① The respirator must be put on correctly and worn during the exposure.

② The respirator must fit snugly against the user's face to ensure that there are no gaps between the user's skin and respirator seal.

③ The respirator filter must capture more than 95% of the particles from the air that passes through it.

\*If your respirator has a metal bar or a molded nose cushion, it should rest over the nose and not the chin area.

**Filtration**

As outlined in 42 Code of Federal Regulations Part 84, NIOSH applies test conditions that represent near "worst case" scenarios when testing N95 respirators submitted for approval. This ensures that filters in NIOSH-approved respirators will collect different workplace aerosols (including emerging hazards such as

airborne infectious organisms and engineered nanoparticles) with high efficiency.

All respirators that rely on a mask-to-face seal need to be annually checked with either qualitative or quantitative methods to determine whether the mask provides an acceptable fit to a wearer.

### Respirator Fit Testing

A respirator can't protect you if it doesn't fit your face. It's that simple. Certain respirators, known as tight-fitting respirators, must form a tight seal with your face or neck to work properly. If your respirator doesn't fit your face properly, contaminated air can leak into your respirator facepiece, and you could breathe in hazardous substances. So, before you wear a tight-fitting respirator at work, your employer must be sure that your respirator fits you. Your employer does this by performing a fit test on you while you wear the same make, model, and size of respirator that you will be using on the job. That way, you know that your respirator fits you properly and can protect you, as long as you use it correctly.

A "fit test" tests the seal between the respirator's facepiece and your face. It takes about fifteen to twenty minutes to complete and is performed at least annually. After passing a fit test with a respirator, you must use the exact same make, model, style, and size respirator on the job.

A fit test should not be confused with a user seal check. A user seal check is a quick check performed by the wearer each time the respirator is put on. It determines if the respirator is properly seated to the face or needs to be readjusted.

There are two types of fit tests: qualitative and quantitative, based on the type of filtering face respirator the Department issues we will be conducting a qualitative test.

Qualitative fit testing is a pass/fail test method that uses your sense of taste or smell, or your reaction to an irritant in order to detect leakage into the respirator facepiece. Qualitative fit testing does not measure the actual amount of leakage. Whether the respirator passes or fails the test is based simply on you detecting leakage of the test substance into your facepiece. There are four qualitative fit test methods accepted by OSHA:

- Isoamyl acetate, which smells like bananas;
- Saccharin, which leaves a sweet taste in your mouth;
- Bitrex, which leaves a bitter taste in your mouth; and
- Irritant smoke, which can cause coughing.

Also, the fit of your respirator must be retested whenever you have a change in your physical condition that could affect the fit of your respirator. Such changes could include:

- large weight gain or loss;
- major dental work (such as new dentures);
- facial surgery that may have changed the shape of your face; or
- significant scarring in the area of the seal.

Any of these changes could affect the ability of your respirator to properly seal to your face, which

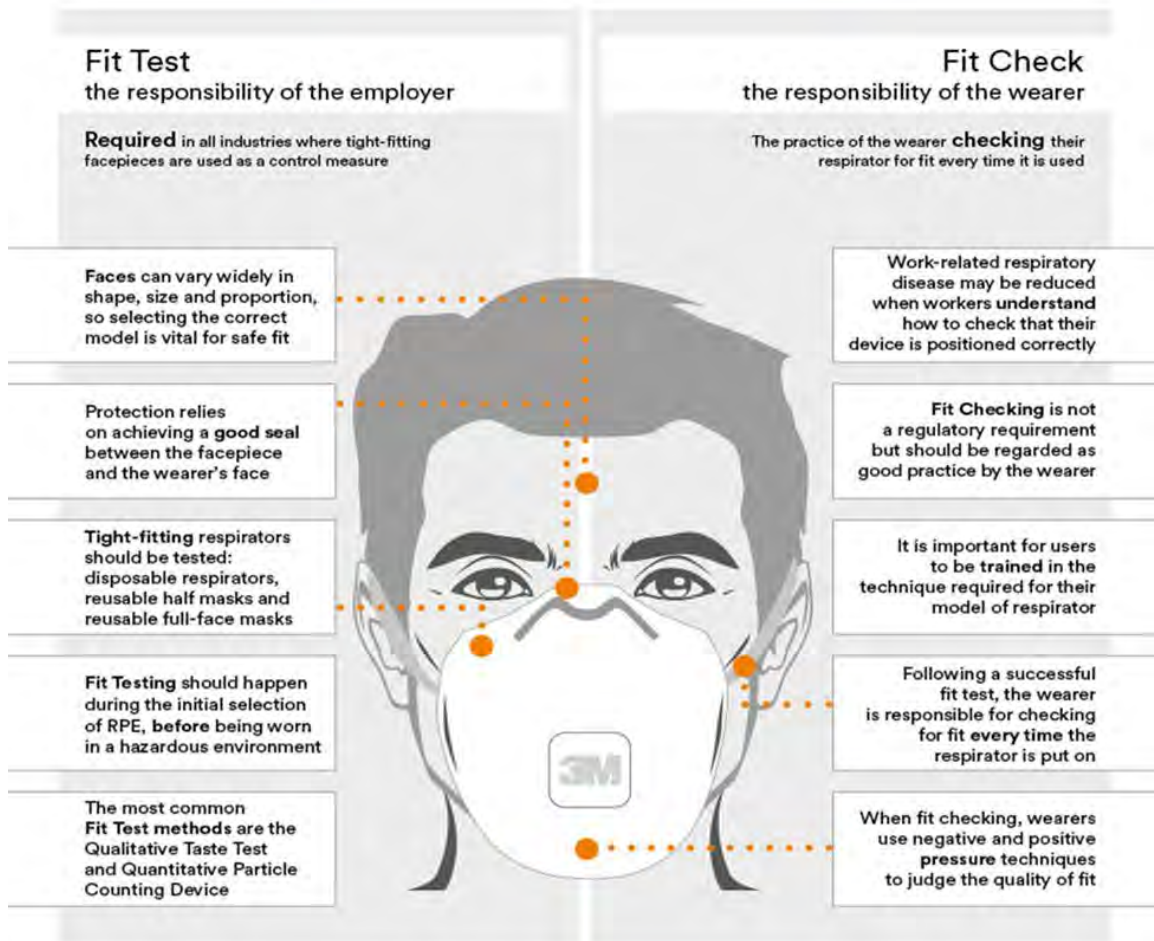


could allow contaminated air to leak into your respirator facepiece.

Facial hair, like a beard or mustache, can affect your respirator's ability to protect you. Anything that comes between your face and the respirator's seal or gets into the respirator's valves can allow contaminated air to leak into the respirator facepiece and you will not be protected. For example, if you have long hair, make sure it doesn't get between the respirator seal and your face because this can allow contaminated air to leak into the respirator.

Fit is critical – one size does NOT fit all

Responsibility is shared by employer and wearer



Seal Check

This is a check that should be carried out by the employee/wearer of the device each time that they put it on, even if this occurs several times per day. Although not a formal requirement like fit testing, a fit check is good practice that gives an indication that the respirator is positioned correctly. The responsibility of a fit check remains with the employee.

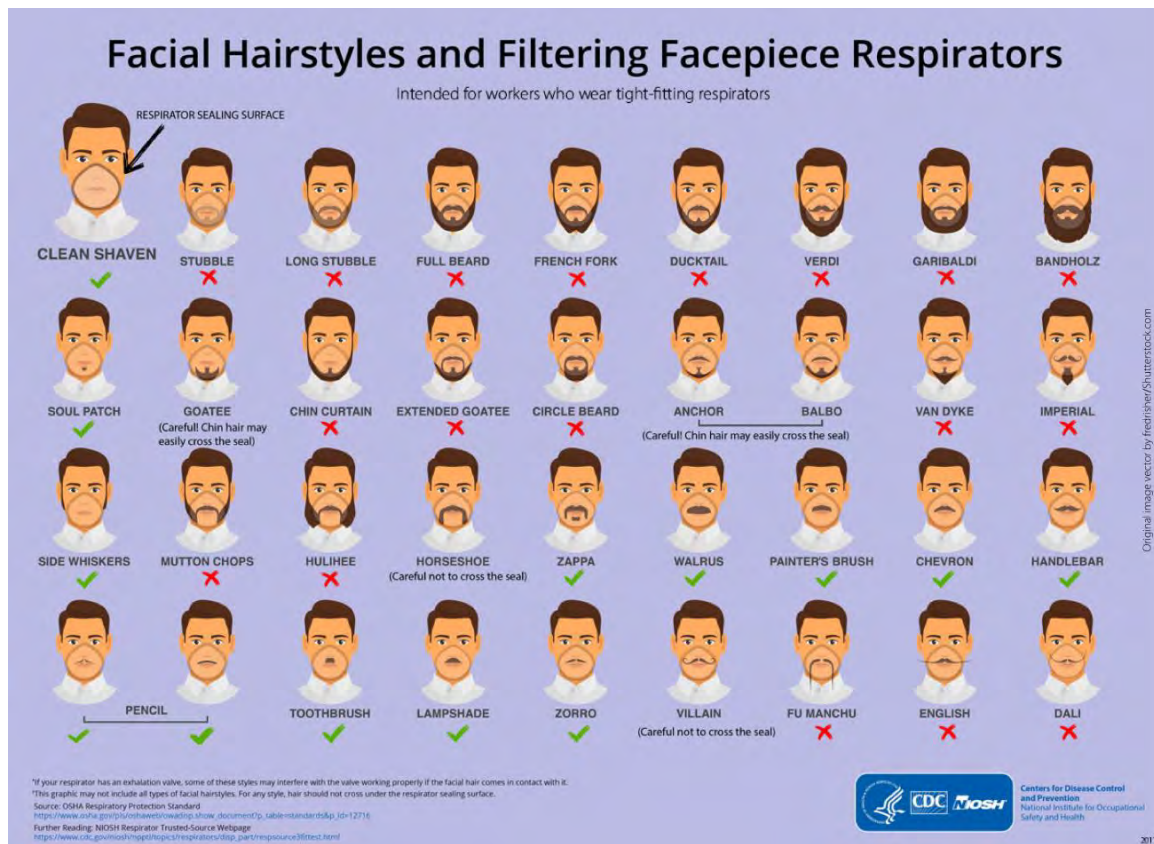
**Factors that Affect Fit**

Face shape and size, facial hair, eyewear (both prescription and safety glasses) and jewelry should all be considered as factors that affect the proper fit and wear of RPE.

**Facial Hair**

Selection of adequate respiratory protective equipment focusses on the need to provide the required respiratory protection for the present hazard(s). However, the level of protection provided by these types of equipment can be significantly reduced if the user has facial hair in the area of the face seal.

Because fit is so important, OSHA requires that each respirator wearer receive an initial fit test and annual fit tests thereafter. It is not possible to predict how well a respirator will fit on a particular face, even for respirators that fit well on a broad range of facial sizes.



### ***Proper Use***

Although it may seem obvious, it is worth repeating that if the respirator is not worn or used properly during exposure, it will not keep the wearer from coming into contact with hazardous particles. Proper use of all PPE including the respirator is the responsibility of the individual wearer.

### **OSHA Sec. 1910.134 Appendix D**

#### **Mandatory Information for Employees Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

### ***Using Your Own Respirator***

Sometimes workers own their own respirators and bring them to a job where respiratory protection is required. If your employer allows you to use your own personal respirator for protection, then your employer still has to comply with all of the requirements of the OSHA standard. For example, your employer must still ensure that:

- your respirator is appropriate for the hazards you face;
- your respirator is properly cleaned, maintained, and stored; and
- the proper schedule for replacing cartridges and filters is followed.

For more information about respirator use in your workplace, refer to these OSHA and NIOSH websites. You will find OSHA's respiratory protection standard, additional respirator training videos, and other guidance material to help you work safely.

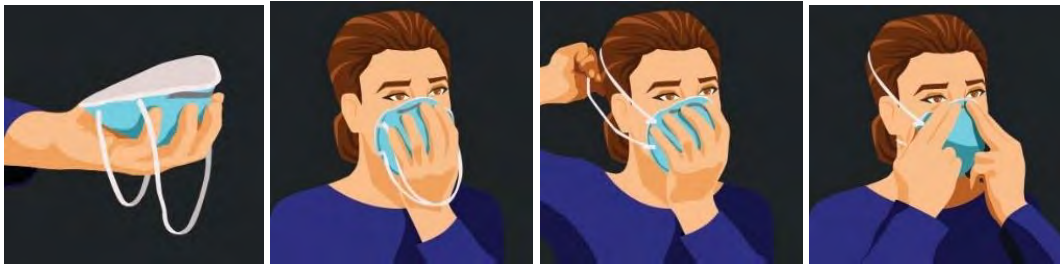
### ***Fit Under Fire: Situational Strategies to Achieve the Best Respirator Fit During Crisis***

Under serious outbreak conditions in which respirator supplies are severely limited, however, you may not have the opportunity to be fit tested on a respirator before you need to use it. While this is not ideal, in this scenario, you should work with your employer to choose the respirator that fits you best, as, even without fit testing, a respirator will provide better protection than a facemask or using no respirator at all. If possible, start with the size you have been fit tested for previously, but as size can vary by manufacturer and model, you may need to wear a different size to achieve a good fit. (If you have never been fit tested before, the following recommendations are still useful.) The respirator should fit over your nose and under your chin. If you cannot get a good face seal, try a different model or size. If you receive respirators, and you need to use them right away without fit testing, ask your employer for additional (you should have already received training on proper respirator use and user seal checks) product training videos and literature on proper donning and doffing, which

should be available from the manufacturer. Practice putting on the respirator and doing a user seal check at least several times. Check the fit in a mirror or ask a colleague to look to be sure the respirator is touching your face and appears to be on properly. While fit testing is ideal to confirm if a respirator does or does not fit, healthcare professionals should be able to obtain a good fit if they have had training and they perform a user seal check prior to each use of the respirator.

Even if workers begin using respirators without proper fit testing, employers should make every effort to perform fit testing as respirator supplies allow. Employers should always perform fit testing for workers who cannot successfully seal check their own respirators.

In addition to a user seal check, properly donning the respirator in the first place will help to achieve a good fit. Here are some additional considerations when donning your respirator:



Place the respirator over your nose and under your chin. If the respirator has two straps, place one strap below the ears and one strap above. If you're wearing a hat, it should go over the straps.

If the respirator has a nose clip (a thin metal bar at the top of the device), use your fingertips from both hands to mold the nose clip firmly against your nose and face. Do not pinch with one hand.

Be sure to conduct a user seal check every time you put on the respirator.

Facial hair will cause the respirator to leak, so users should be clean-shaven.

*If you feel dizzy, lightheaded, or nauseated, leave the room, remove your respirator, and get medical attention.*

Discard the respirator when: (1) it becomes more difficult to breathe through it, (2) if it becomes dirty or (3) the respirator becomes damaged. N95 Respirators need to be replaced after they become soiled or every 8 hours, whichever is first.

*Do NOT TOUCH the front of the respirator! It may be contaminated.*

Keep your respirator clean and dry. Be sure to read and follow the manufacturer's recommendations on use and storage.

**Fit Test Procedures**

<b>Fit Test Problems:</b>	<input type="checkbox"/> Beard Growth	<input type="checkbox"/> Dentures	<input type="checkbox"/> Glasses	<input type="checkbox"/> Other:
	<input type="checkbox"/> Facial scaring	<input type="checkbox"/> Prosthetics	<input type="checkbox"/> Cosmetic Surgery	



SENSITIVITY TEST			
No.	Procedure	Yes	No
1.	Sensitivity test conducted		

FIT TEST			
No.	Test Exercises (length of time for each test is one minute)	Pass	Fail
1.	Breathe normally.		
2.	Breathe deeply. Be certain breaths are deep and regular.		
3.	Turn head all the way from one side to the other. Inhale on each side. Be certain movement is complete. Do not bump the respirator against the shoulders.		

No.	Procedure	Yes	No
5.	<b>Talking.</b> The following is called the "Rainbow Passage." <i>Hand a copy of this passage (alternatives can be used) printed on a card and instruct the test subject to read it aloud and slowly:</i> "When the sunlight strikes raindrops in the air, they act like a prism and form a rainbow. The rainbow is a division of white light into many beautiful colors. These take the shape of a long round arch, with its path high above, and its two ends apparently beyond the horizon. There is, according to legend, a boiling pot of gold at one end. People look but no one ever finds it. When a man looks for something beyond reach, his friends say he is looking for the pot of gold at the end of the rainbow."		

FIT TEST PASSAGE			
No.	Criteria for passing/failing fit test	Pass	Fail
1.	If at any time during the test, the subject detects the solution, the test has failed. If the test has failed, the test subject must return to the respirator selection room, remove the failed respirator, and select a new respirator as described in the respirator selection section of this form. For this test, the respirator:		

FIT TEST OPTIONS			
No.	Available options	Yes	No
1.	The fit test <b>cannot</b> be conducted if there is any hair growth between the skin and the facepiece sealing surface. <b>Did the test subject have any hair growth between the skin and facepiece sealing surface?</b>		
2.	At least two facepieces must be selected. The test subject must be given the opportunity to wear them for one week to choose the one which is more comfortable to wear. <b>Did test subject need the opportunity to wear two facepieces for a week?</b>		
3.	If a person cannot pass the fit test described above wearing a half mask respirator from the available selection, full facepiece models must be used. <b>Did test subject pass the fit test using a half mask respirator?</b>		

### How to Put On (Don) PPE Gear

More than one donning method may be acceptable. Training and practice using your healthcare facility's procedure is critical. Below is one example of donning.

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct if applicable).



2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by other healthcare personnel.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented. Do not pinch the nosepiece with one hand. Respirator/facemask should extend under chin. Both your mouth and nose should be protected.
  - a. Do not wear respirator/facemask under your chin or store in pocket.\*
  - b. Respirator: Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.
  - c. Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on face shield or goggles. When wearing an N95 respirator or half facepiece elastomeric respirator, select the proper eye protection to ensure that the respirator does not interfere with the correct positioning of the eye protection, and the eye protection does not affect the fit or seal of the respirator. Face shields provide full face coverage. Goggles also provide excellent protection for eyes, but fogging is common.
6. Put on gloves. Gloves should cover to the wrist and if wearing a gown, to the cuff of the gown.

### How to Take Off (Doff) PPE Gear

More than one doffing method may be acceptable. Training and practice using the facility's procedure is critical. Below is one example of doffing.

1. Remove gloves. Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).
2. Remove gown. Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle. \*
3. Perform hand hygiene.
4. Remove face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
5. If removing your respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask.\*

- a. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head.
  - b. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.
  - c. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front.
6. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.\*

\* Facilities implementing reuse or extended use of PPE will need to adjust their donning and doffing procedures to accommodate those practices.

### How Officers Can Lessen Their Exposure to COVID-19


Staff and people incarcerated in correctional and detention facilities are at greater risk for some illnesses, such as COVID-19, because of the close living arrangements inside the facility. The virus is thought to spread mainly from person-to-person, through respiratory droplets and aerosols produced when an infected person talks, coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or aerosols can possibly be inhaled into the lungs. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Since officers have a much higher risk of exposure to COVID-19, it is extremely important for officers to follow recommended infection control procedures, which include:



- Perform regular hand hygiene. Thoroughly wash and clean hands often.
- Use personal protective equipment (PPE) whenever there is an expectation of possible exposure. This includes wearing a mask or respirator, eye protection and/or a face shield, gloves, and for some employees a gown and/or a protective outer garment.
- Follow respiratory hygiene and cough etiquette principles. Always cover your mouth and nose when coughing or sneezing and wash your hands thoroughly afterward.
- Ensure appropriate individual placement. It's likely that an individual will be moved to several different locations during the course of their care. Be sure to avoid unnecessary touching of surfaces in close proximity to a potentially infected individual. When you come in contact with such individuals, be sure to perform adequate hand hygiene. Also, individuals with potential symptoms of COVID-19 should be transported individually to minimize potential transmission to others.
- Properly handle, clean, and disinfect equipment. Any items that are not disposable and come into contact with an individual who potentially may be infected must be cleaned and disinfected. This includes, but is not limited to handcuffs, pens, clipboards, etc. Items that are disposable must be disposed of properly.

- Handle textiles, uniforms, and laundry carefully. Bag or otherwise contain contaminated textiles for proper care and cleaning. Be sure to follow fabric-care instructions and special laundering requirements of all textiles or clothing according to agency policy. Package, transport, and store clean textiles or uniforms so they are protected during transport and unloading so they're clean for future usage.


These infection control procedures should be practiced on a daily basis. While it's not expected that officers respond to every call in a HAZMAT suit, they should be diligent about following these recommendations and procedures to minimize exposure to respiratory diseases.



**DEPARTMENT OF PUBLIC SAFETY**  
**COVID-19 RE-ENTRY INFORMATION**


Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person-to-person. Symptoms of the disease may include fever, cough, and/or shortness of breath. Severe cases can result in hospitalization and death. Residents of Hawaii are advised to take a few simple precautions to help reduce their risk of exposure.



### HOW TO PROTECT YOURSELF & OTHERS

Avoiding crowds and other people's personal space helps to curb the spread of the virus. Social Distancing or keeping at least six feet away from other people will also reduce your chances of catching COVID-19. Examples general prevention measures:


- Avoid handshaking, hugging, and other intimate types of greetings
- Wash your hands often with soap and water for at least 20 seconds after you have been in a public place, or after blowing your nose, coughing, or sneezing
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Clean and disinfect frequently touched objects and surfaces
- Avoid groups larger than 10 people, especially in poorly ventilated spaces
- Stay at home as much as possible
- Wear a cloth face mask or equivalent face covering



### SELF-QUARANTINE

People who have been exposed to the new coronavirus and who are at risk for coming down with COVID-19 should self-quarantine. Health experts recommend a self-quarantine period of 14 days. Two weeks provides enough time for people to know whether they will become ill and be contagious to other people. Self-quarantine involves:

- Staying at home
- Not having visitors
- Practicing social distancing with other people in your household
- Standard hygiene practice and frequent hand washing
- Not sharing things like towels and dining ware



### RESOURCES AND LINKS

Below are COVID 19 hotline numbers and web links for more information:

- **Hawaii Department of Health**
  - 2-1-1
  - <https://www.hawaii-covid19.com/> or <https://www.health.hawaii.gov/coronavirusdisease2019/>
- **Centers for Disease Control and Prevention**
  - 1-800-232-4636
  - <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

***References***

29 CFR 1910 Subpart I, Personal protective equipment. OSHA Standard.

1910.134, Respiratory protection

1910.134(e), Medical evaluation

1910.134(f), Fit-testing

1910.134(g), Use of respirators

Appendix B-1, User seal check procedures (Mandatory)

Department of Public Safety Pandemic Plan

**DEPARTMENT OF PUBLIC SAFETY  
TRAINING ACADEMY**

AF 4-20

**ACKNOWLEDGMENT OF TRAINING**

INSTRUCTIONS: To be completed by the employee upon successful completion of mandatory training. This form will be maintained in the employees training records to validate completion of training. The employee and the Instructor must sign. Incomplete forms will result in no credit for the required training.

RETENTION SCHEDULE: In accordance with SOH Record Retention Schedule. DPS 340605-00002 Training Records: Departmental Employee Training Records. Operational Files: 1 year from employee's termination and / or transfer from the department.

DISPOSITION: Destroy at end of authorized retention period.

**COURSE INFORMATION**

*Course No. & Title of Training*

*Date(s) of Training*

**PPE & N95 Fit Testing**

*Location of Training*

*Instructor Name*

I decline to provide medical screening information. Understand that without medical screening I cannot be fit tested for a Filtering Face Respirator. \_\_\_\_\_

I understand that OSHA does not permit fit testing for any individual where there is facial hair or any obstruction between the face and respirator edge. \_\_\_\_\_

*Reference(s)* OSHA Standard 1910.134 Medical Screening & Fit Testing Procedures; Proper donning & doffing of PPE; Environmental Cleaning; Medical Isolation; Routine Quarantine; and Quarantine of Close Contacts of COVID.

**Material Provided**

NA

Student Manual

Other (List)

Policy Handout

**Confidential Material:** Contains information that may not be disseminated without prior written authorization by the Director of Public Safety.

**Admonishment**

NA

**CERTIFICATION**

I attest that I received the training and materials as listed above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
EIN#

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Section/Unit

\_\_\_\_\_  
Instructor Signature

\_\_\_\_\_  
EIN#

**ACADEMY USE ONLY**

CID	Reviewed	Date Entered	Initials



## RESPIRATOR FIT TEST RECORD

INSTRUCTIONS: This form is used to record annual Respirator Fit Test results in accordance with OSHA Standard 1910.134 and applicable Department policies. The same test protocol must be used for all tests recorded on this sheet. Tester must indicate if testing hood was used. RETENTION SCHEDULE: This form is kept in accordance with SOH Record Retention Schedule DPS 340605-00002 Training Records: Operational Files.

Fit testing conducted in compliance with OSHA Standard 1910.134(F).

Type of OSHA accepted fit test protocol used: Qualitative

Date of Fit Testing: \_\_\_\_\_

Saccharin (w - w/o Hood)

Bitrex™ w - w/o Hood

Isoamyl Acetate w - w/o Hood

Irritant Smoke w - w/o Hood

Name (please print)	Signature	Respirator Fit Tested (Make, Model, Style, Size)	Fit Test Pass    Fail	Could not be fit tested due to:
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
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			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	
			<input type="checkbox"/> <input type="checkbox"/>	

I attest that I conducted the Fit Test in accordance with OSHA Standard.

Print Name of Fit Tester: \_\_\_\_\_

Signature: \_\_\_\_\_

EIN: \_\_\_\_\_

Date: \_\_\_\_\_