

Santa Rita Jail Respiratory Virus Guidance

July 16, 2024

Objective: Practical guidance available for the prevention, mitigation, and treatment of respiratory viruses in order to lower the risk of poor outcomes in the correctional setting. This document is intended to be broadly encompassing and adaptable to allow for best process implementation including seasonal viruses (i.e. influenza, RSV) and addressing periods of outbreaks for viruses that may affect the population throughout the year (i.e. COVID-19). The key aspect to an effective mitigation plan is it offers flexibility and adaptability that is guided by evidence, and therefore this document is considered fluid and may be updated based on changing guidelines by CDC, CDPH and the Alameda County Public Health Department (ACPHD).

Reporting Guidelines

COVID-19: Any positive resident or staff case should be reported to ACPHD via SPOT within 24 hours.

Influenza: Any positive resident or staff case should be reported via CMR to acutecd@acgov.org.

Outbreak Definitions

Close contact: Practically, close contact could be defined as anyone who was a cellmate or who had recreation or pod time within 6 feet of the confirmed case, or all individuals in an associated side of a dormitory style housing unit.

COVID-19: ≥ 3 cases in residents or staff in 7-day period that are epi-linked. Epi-linked means that the cases had close contact with each other.

Influenza: ≥ 1 case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of influenza-like illness (i.e. fever plus cough and/or sore throat, in the absence of a known cause other than influenza) within a 72-hour period.

Outbreak Communication

During an outbreak of any communicable disease, ACPHD will request more frequent communication, via additional calls and emails. When conducting response testing during an outbreak, please report the following information to ACPHD within 24 hours, *even if no positive cases are identified*:

- Date of testing
- Number of residents *offered* testing
- Number of residents *tested*
- Planned date of next round of testing

Prevention

Environmental Control

Ventilation: Ensuring areas are well-ventilated and include access to good air circulation is an important aspect of the environmental control of respiratory viruses. Staff working in enclosed areas should have access to masks throughout the year.

Disinfection: High-touch surfaces in common areas (both inmate and staff areas) should be wiped with antiseptic wipes several times each day. Staff should be encouraged to clean shared equipment (radios, keys, blood pressure cuffs, etc.) several times per day and at the end of each shift.

Soap or hand disinfectant should be made available to all inmates, and proper hand hygiene should be encouraged.

Intake and Facility Screening: All patients who present in the intake process with **any** symptom consistent with respiratory illness (e.g. fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), should be offered available rapid antigen testing (e.g. COVID-only, COVID + influenza, etc.) and consequent medical isolation in positive cases. All patients who become symptomatic during their incarceration should be rapidly triaged and offered testing as above to allow for timely medical isolation to help mitigate further cases of infection.

Continual Vaccination Efforts

Health Education for Vaccinations: Educational material will be available to the incarcerated population that will provide them information about common respiratory viruses such as COVID-19, influenza and RSV. Specific education shall be provided in ITR that addresses how to request a vaccine while in custody. Staff offering vaccines will also address vaccine hesitancy and provide ways for the patient to access healthcare staff for questions regarding vaccinations.

Vaccination Availability: Vaccines for COVID-19, influenza and RSV (for some persons 65 years and older) should be available and recommended to the incarcerated populations based on current CDC guidelines. The priority populations for delivery should be those most vulnerable to severe outcomes from an infection.

County employees and all contracted staff will be encouraged to get annual COVID-19 and flu vaccines.

Education and Prioritization for Vulnerable Population: Vulnerable populations are specifically targeted for education during both the ITR screening when the Orange Medical Alert is provided, and during provider encounters throughout the incarcerated person's stay. Providers should seek to meet community guidelines for providing education to vulnerable populations during their encounters.

Masking and PPE

Universal masking is recommended to all staff and residents, regardless of vaccination status and local COVID-19 wastewater level, when any healthcare is being provided. *Universal masking is required in all clinical isolation areas*. Masks should be readily on hand and available to the incarcerated population and staff of the facility.

Masks are a useful prevention tool in this setting, especially during times of increased respiratory virus transmission in the community or during an outbreak. Masking of patients identified with medical vulnerabilities should be encouraged and made available upon patient request throughout their incarceration. The [CDC recommends](#) that all persons who test positive for COVID-19 or who are ill with a respiratory virus wear a mask for 5 days when around others in indoor settings. High quality, well-fitting face masks will be clean, undamaged, and worn over the nose and mouth.

The following exceptions may apply:

- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it.
- During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.

Mitigation

Medical Isolation Areas: The facility will predetermine medical isolation areas so that timely movement of positive cases can occur to remove them from their current housing area.

Communication of Positive Cases: Facility communication will occur allowing for clear identification that a positive case has occurred and the disposition area of the case. The daily cheat sheet will determine if an area of the jail is being used to house a known positive case of a respiratory virus. Email correspondence will include key parties to facilitate the movement of the patient timely and efficiently.

Communication of all positive staff and resident cases to ACPHD will occur within 24 hours via SPOT, and internally via the daily reporting email that is sent to the facility email distribution list.

Monitoring and Testing of Incarcerated Individuals

All symptomatic patients arriving to ITR will be offered testing for circulating respiratory viruses. For the remainder of their incarceration, testing will be available in the same manner for persons developing symptoms at any later time. Positive cases will be referred to medical isolation.

For individuals who present with symptoms and refuse to be tested, medical provider evaluation will be required, and the incarcerated person may be medically isolated until they are evaluated by the provider.

Asymptomatic exposed residents, in both dormitory style and non-dormitory style housing units, should be tested at least 5 days from their last exposure. *Asymptomatic exposed staff* should test within 5 days from their last exposure and prior to work. If symptoms develop before 5 days, test immediately.

A group-level (e.g., unit or other specific area(s) of the facility) approach can be used if the outbreak is not controlled using the contact tracing approach. Test residents in the affected unit(s) twice weekly until there are no new cases for 14 days.

Testing asymptomatic persons exposed to influenza is NOT recommended. Instead, conduct active daily symptom monitoring in these persons for 5 days.

Color Coding System and Alerts:

| | REQUIREMENT | ATIM ALERT ASSIGNMENT |
|-------------------------------|--|--|
| RED medical alert | Symptomatic patient(s) with suspected respiratory virus infection who refuse to be tested | The responsible nurse who is performing the assessment. |
| DARK RED medical alert | Symptomatic or Asymptomatic patient(s) with positive COVID-19 test | The Line list team or the charge nurse. |
| PURPLE medical alert | Symptomatic patient(s) with positive Influenza test | The responsible nurse who is performing the assessment. |
| ORANGE medical alert | Asymptomatic patient(s) who are currently healthy but have an increased risk for worse outcomes from a COVID-19, RSV or Influenza infection. | ITR Intake RN or the responsible nurse who is performing the assessment. |
| GREEN medical alert | Asymptomatic patient(s) who are currently healthy. | ITR Intake RN or the responsible nurse who is performing the assessment. |

ORANGE medical specifications (High risk for moderate to severe disease when diagnosed with COVID-19 or Influenza infection):

- 65 and older
- Pregnant
- Asthma: Moderate-or-severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year)
- History of GERD
- Severe Obesity (BMI of 40 or above)
- Atopic conditions, such as atopic dermatitis or allergic rhinitis who have a risk for hospitalization for COVID (i.e., aged 50 years or older)
- Chronic Lung Disease (to include COPD)
- Diabetes aged 50 years and older or any diabetic who is insulin dependent or has uncontrolled diabetes
- Serious Heart Conditions: heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension
- Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis),
- Immunocompromised: patients receiving cancer treatment, organ transplants, immune deficiencies, HIV (with low CD4 count or not taking any HIV treatment), liver disease (to include

cirrhosis) and sickle cell disease. (For further definition of high-risk vulnerable patients, refer to [CDC guidance](#))

- Mood disorders including Bipolar affective disorder, depression, and schizophrenia.

Treatment of Respiratory Viruses

Medical Isolation: Medical Isolation will be initiated for symptomatic individuals who test positive for respiratory illness and also for those symptomatic individuals who refuse to be tested. Medical isolation will continue until the patient is cleared by the clinician. For the patients who refuse to be tested, the clinician will determine disposition based on the presentation of symptoms and risk factors for transmission. For those individuals who test positive, the clinician will discontinue isolation when a patient has had an improvement of symptoms and is without a fever for a 24-hour period during a time when no fever reducing medicine is utilized.

If asymptomatic, COVID-positive persons refuse to wear a mask for 5 days, consideration should be given to protecting medically-vulnerable residents and staff in that unit through strategies such as offering high-quality masks.

Monitoring of Patients: Medical isolation patients will be monitored by nursing staff twice daily and seen by a clinician once per day until they are cleared from medical isolation.

Influenza Prophylaxis: Wellpath should offer oseltamivir prophylaxis **within 48 hours of last exposure** to all inmates who reside in an affected dormitory housing unit, or identified direct close contacts in two-person cell housing units (specifically the cell mate) when the following criteria have been met:

- ≥ 1 case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of influenza-like illness (i.e. fever plus cough and/or sore throat, in the absence of a known cause other than influenza) within a 72-hour period.

Antiviral Treatment for the Incarcerated Person: Treatment is a core strategy to reduce the risk for adverse outcomes from respiratory virus infections in vulnerable populations. Antiviral treatment should be accessible to the patients testing positive for COVID-19 or flu. Treatment should follow the course recommended by CDC beginning during the recommended time period as close to the known infection date as possible.