Coronavirus Disease 2019 (COVID-19) Outbreaks in Correctional and Detention Facilities

CDNA National Guidelines for the Prevention, Control and Public Health Management of COVID-19 Outbreaks in Correctional and Detention Facilities in Australia

This guideline was developed by the Communicable Diseases Network Australia (CDNA) and endorsed by the Australian Health Protection Principal Committee (AHPPC). The document is adapted from the CDNA National Guidelines for COVID-19 Outbreaks in Residential Care Facilities in Australia, and documents and guidelines from various international health authorities including the Public Health Agency of Canada and the Ministry of Justice and Public Health England.

This guideline is provided to assist public health authorities, administrators of correctional facilities, employees of correctional facilities and healthcare workers by providing best practice information for the prevention and management of COVID-19 outbreaks in detention and correction facilities. This guideline captures the knowledge of experienced professionals and provides guidance on good practice based upon the available evidence at the time of completion.

Readers should not rely solely on the information contained within this guideline. Guideline information is not intended to be a substitute for advice from other relevant sources including, but not limited to, advice from a health professional. Clinical judgement and discretion may be required in the interpretation and application of these guidelines. Correctional and detention facilities are responsible for ensuring they comply with state and territory requirements in relation to outbreak management and the management of possible COVID-19 outbreaks.

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1. Introduction

These guidelines apply to all detention and correctional facilities in Australia, including prisons, juvenile detention centers and youth justice centers, community correctional centers and onshore Australian immigration detention facilities. Inmates of correctional facilities may be susceptible to outbreaks of respiratory illness, which commonly occur in winter. Respiratory illnesses due to COVID-19 are to be expected now, as there are outbreaks occurring globally and in Australia.

Correctional and detention facilities are likely to be at increased risk of significant transmission and infection with COVID-19. Keeping these facilities as safe as possible from the introduction of COVID-19 will assist in minimising the potential harm. This includes careful consideration of visitor access, screening (and potential quarantine) of new admissions to the facilities and regular surveillance of presentations within the facility of acute respiratory infections. These guidelines are designed to assist detention and correctional facilities to plan, prepare, detect and respond to COVID-19 outbreaks in their facility.

Appendix 1 provides a summary of COVID-19 management in detention and correctional facilities in Australia.

While this guideline focuses on detention and correctional facilities, the principles are applicable to many settings including military barracks, boarding schools, hostels and any other setting where residents sleep, eat and live either temporarily or on an ongoing basis.

1.1. COVID-19 Outbreaks

It can be difficult to tell the difference between a respiratory illness such as COVID-19 and a respiratory illness caused by other viruses based on symptoms alone. Suspected COVID-19 cases are referred to as a 'suspect case' until a causative pathogen is identified through diagnostic testing (for example, nose and throat swab collection). If the COVID-19 virus (SARS-CoV-2) is detected during an outbreak this is referred to as a COVID-19 outbreak (refer to 5.2.1 for guidance).

While all respiratory viruses can cause outbreaks and significant morbidity and mortality, COVID-19 is acknowledged as a significant health risk particularly for individuals at higher risk of developing severe illness. Correctional and detention facilities are higher risk environments for outbreaks because of difficulties practicing social distancing in these facilities, where inmates are often located in close proximity.

Individuals known, or are likely to be at higher risk for severe illness from COVID-19 include:

- Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions
- People 65 years and older with chronic medical conditions. The conditions included as ‘chronic medical conditions’ will be refined as more evidence emerges. The current conditions are listed on the Department of Health website
- People 70 years and older
• People with compromised immune systems (see Department of Health website)

These guidelines will assist facilities to manage all types of respiratory outbreaks, but the focus is predominantly on COVID-19.

1.2. Legal Framework

It is the responsibility of detention and correctional facilities to identify and comply with relevant legislation and regulations. Facilities must fulfil their legal responsibilities in relation to infection control by adopting standard and transmission-based precautions, particularly in the health facilities within these detention centres, as directed in the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019) and by state/territory public health authorities.

COVID-19 is a notifiable condition under the Australian National Notifiable Diseases Surveillance System (NNDSS). This means that in all Australian states and territories, either the medical officer requesting the test and/or the laboratory performing the test, are responsible for notifying the relevant jurisdictional public health authority of the case of COVID-19, as per local legislative requirements.

1.3. Roles and Responsibilities

1.3.1. Correctional and detention facilities

The primary responsibility of managing COVID-19 outbreaks lies with the facility, within their responsibilities for inmate care and infection control. All facilities should have in-house (or access to) infection control expertise, and outbreak management plans in place.

Facilities are required to:
• detect and notify outbreaks to state health departments
• self-manage outbreaks in accordance with this guideline, the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019), and the Australian Health Sector Emergency Response Plan for Novel Coronavirus (2020)
• Confirm and declare an outbreak
• Provide advice on infection control measures and use of PPE
• Confirm and declare when an outbreak is over.

1.3.2. The State/Territory Department of Health

The relevant state/territory Department of Health will act in an advisory role to assist correction and detention facilities to detect, characterise and manage COVID-19 outbreaks. This includes:
• Assisting facilities in confirming outbreaks by applying the case definition correctly and providing advice on obtaining testing samples
• Providing guidance on outbreak management
• Monitoring for severity of illness (record deaths and hospitalisations)
• Informing relevant stakeholders of outbreaks
• Monitoring the number of COVID-19 outbreaks occurring as the epidemic progresses
• Contributing to national surveillance.

2. Understanding COVID-19

2.1. Recognising COVID-19

COVID-19 is a contagious viral infection that generally causes respiratory illness in humans. Presentation can range from no symptoms (asymptomatic) to severe illness with potentially life-threatening complications, including pneumonia. COVID-19 is spread by contact with respiratory secretions and fomites.

The most common signs and symptoms include:
• fever
• dry cough

Other symptoms can include:
• shortness of breath
• sputum production
• fatigue
• sore throat

Less common symptoms include:
• headache
• myalgia/arthralgia
• chills
• nausea or vomiting
• nasal congestion
• diarrhoea
• haemoptysis
• conjunctival congestion

Older people may also have the following symptoms:
• increased confusion
• worsening chronic conditions of the lungs
• loss of appetite

Facilities should consider testing any inmate with any new respiratory symptom.

Suspected cases are likely to be identified by:
• correctional and detention staff (including guards)
• other inmates
• self-referral
• at reception screening or through other means
2.2. Incubation Period

People with COVID-19 generally develop signs and symptoms, including mild respiratory symptoms and fever, on an average of 5-6 days after infection (mean incubation period 5-6 days, range 1-14 days).

2.3. Routes of Transmission

COVID-19 is transmitted via droplets and fomites (droplet and contact spread) during close unprotected contact with an infected person. Airborne spread has not been reported for COVID-19; however, it may occur during certain aerosol-generating procedures conducted in health care settings. Faecal shedding of the virus has been demonstrated from some patients, and viable virus has been identified in some cases.

2.4. People at risk of complications from COVID-19

Individuals known, or are likely to be at higher risk for severe illness from COVID-19 include:

- Aboriginal and Torres Strait Islander people 50 years and older with one or more chronic medical conditions
- People 65 years and older with chronic medical conditions. The conditions included as ‘chronic medical conditions’ will be refined as more evidence emerges. The current conditions are listed on the Department of Health website
- People 70 years and older
- People with compromised immune systems (see Department of Health website)

Correctional and detention facilities are considered to be a higher risk environment for outbreaks. This is because inmates live in close proximity and have shared living arrangements with a large group of people, making it difficult to practice social distancing.

2.5. Complications of COVID-19

Most people with COVID-19 have mild disease and will recover. Some people can develop complications which may be life-threatening and can result in death.

Complications include:

- pneumonia (interstitial pneumonitis, secondary bacterial infection)
- respiratory failure
- septic shock
- multi-organ dysfunction/failure

Inmates who have pre-existing comorbid conditions may experience a worsening of chronic health problems such as congestive heart failure, asthma and diabetes.

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1 Aerosol-generating procedures include manual ventilation before intubation, tracheal intubation, non-invasive ventilation, tracheostomy succioning, cardiopulmonary resuscitation, bronchoscopy and high flow nasal oxygen
3. Preparedness and Prevention

3.1. Preparation

Facilities must ensure that they are prepared for outbreaks of COVID-19 including for the occurrence for their first case of COVID-19. A well-functioning infection prevention control (IPC) program working in concert with a well-functioning occupational health (OH) program, is the basis for an effective IPC response during a COVID-19 pandemic.

Australian healthcare facilities are likely to be impacted by a COVID-19 pandemic. It is therefore essential for detention and correctional facilities, in coordination with local and state/territory governments, to ensure that they can manage inmates with COVID-19 while maintaining the level of care required for all other inmates. This might include caring for inmates onsite who might otherwise be managed in the hospital setting.

The information provided in this guideline has been developed to provide facilities and their staff with the information they need to plan for and execute IPC and OH processes intended to prevent exposure to and transmission of COVID-19.

3.1.1. Prepare an Outbreak Management Plan

Preparing an outbreak management plan will help staff identify, respond to and manage a potential COVID-19 outbreak; protect the health of staff and inmates, and reduce the severity and duration of outbreaks if they occur. At a minimum, facilities must identify a dedicated staff member to plan, co-ordinate and manage logistics in an outbreak setting as well as communicate and liaise with the state/territory health department.

The prevention strategies outlined in this guideline should be included in the outbreak management plan. A checklist to assist in outbreak preparedness can be found in Appendix 2.

3.1.1.1. Planning Assumptions

It is important to note that assumptions about the epidemiology and impact of COVID-19 may change as knowledge emerges.

The following public health assumptions are relevant to infection prevention control and outbreak management planning:

- A COVID-19 pandemic will affect the entire health care system and the community. Hospitals, local public health units and other services may have limited capacity. Detention and correctional facilities may not be able to rely on the same level of support they receive now from other parts of the health care system during an outbreak.
- Pandemic COVID-19 plans developed by individual facilities are:
  - coordinated with the plans of other organisations in their communities and local/regional pandemic plans; and
- consistent with the Australian Government Department of Health Australian Health Sector Emergency Response Plan for Novel Coronavirus (2020).

- The number of health care workers available to provide care may be reduced by up to one-third because of personal illness, concerns about transmission in the workplace, and family/caregiving responsibilities.

- Usual sources of supplies may be disrupted or unavailable.

- A vaccine will not be available for at least twelve months. It will not be available in time for the first wave of illness but may be available in time to reduce the impact of the second wave. Once available, the vaccine will be in short supply and high demand.

- The efficacy of antivirals against COVID-19 is unknown but, if antivirals are shown to shorten the length of time people are ill, relieve symptoms and reduce hospitalizations, they may be introduced into standards of care. They will, however, be in short supply and high demand. Organisations will have to rely on traditional infection prevention and control practices (e.g. hand hygiene, appropriate personal protective equipment, and isolating sick individuals) as the main line of defence.

- Because Australia will not have a large enough supply of either antivirals or vaccine (when it is first developed) for the entire population, the government will have to set priorities for who receives them. Detention and correctional facilities must follow commonwealth and state/territory guidance for priority groups for immunisation and antiviral treatment and prophylaxis when available. During the course of the pandemic, priority groups may change based on the epidemiology of COVID-19 (i.e., the nature of the virus, the people most affected).

- To meet community needs during a pandemic, resources – including staff, supplies and equipment – may have to be reassigned or shifted.

- Care protocols may change and new practice may have to be adapted.

- Facilities will need effective ways to communicate with inmates, staff, and regular visitors including inmates’ families, in order to meet their needs for information but reduce demands on staff.

3.1.2. Education

Education for staff, inmates and visitors is vital to inform their behaviour and help manage the potential occurrence for ongoing transmission in an outbreak setting.

Prompt and clear information needs to be provided to inmates, staff and visitors regarding the outbreak including respiratory hygiene and cough etiquette, hand hygiene and restrictions on visitation. A sample letter outlining the preventative steps visitors can take to reduce the risk of bringing COVID-19 into the facility can be found at Appendix 3.

Staff should be informed, and supported, to exclude themselves from work when they have fever and/or an acute respiratory infection and to notify the facility if they have been confirmed to have COVID-19.

The principle underlying staff and visitors staying away from the facility if they are unwell should be reinforced by placing signage at all entry points to the facility and by encouraging self-screening (refer 3.2.1).
3.1.3. Workforce Management

Facilities should have a staff contingency plan in the event of an outbreak where unwell staff members need to be excluded from work for a prolonged period until cleared to return to work. The workforce management plan should be able to cover a 20-30% staff absentee rate.

In particular, correction and detention facilities should consider the potential impact of shortages of healthcare staff working in these facilities. Facilities should consider developing and maintaining a contact list of casual staff including external nursing staff who could be called upon as part of a surge workforce should an outbreak occur. Leave planning should also consider the nature of the pandemic and current outbreaks.

3.1.4. Staff Education and Training

Each correctional and detention facility is responsible for ensuring their staff are adequately trained and competent in all aspects of outbreak management prior to an outbreak. All staff (including prison officers, healthcare workers, and education staff) should know the signs and symptoms of COVID-19 in order to identify and respond quickly to a potential outbreak. Additionally, all staff need to understand the infection control guidelines and be competent in implementing these measures during an outbreak.

Topics for staff education and training should include:

- Symptoms and signs of COVID-19
- Exposure risk levels for COVID-19, including travel and contact with confirmed cases
- Vulnerable populations at higher risk of severe illness
- Personal hygiene, particularly hand hygiene, sneeze and cough etiquette
- Appropriate use of PPE such as gloves, gowns, eye protection and masks, including how to don and doff PPE correctly
- Actions on experiencing symptoms of COVID-19 (do not work or visit a correctional or detention facility)
- Handling and disposal of clinical waste
- Processing of reusable equipment
- Environmental cleaning
- Laundering of linen
- Food handling and cleaning of used food utensils

3.1.5. Consumable Stocks

Facilities should work with healthcare staff to ensure that they hold adequate stock levels of all consumable materials required during an outbreak, including:

- personal protective equipment (gloves, gowns, masks, eyewear)
- hand hygiene products (alcohol based hand rub, liquid soap, hand towel)
- diagnostic materials (swabs)
- cleaning supplies (detergent and disinfectant products)
Facilities should have an effective policy in place to obtain additional stock from suppliers as needed. In order to effectively monitor stock levels, facilities should:

- undertake regular stocktake (counting stock)
- use an outbreak kit / box

### 3.2. Prevention

There is currently no vaccination to prevent COVID-19. Avoidance of exposure is the single most important measure for preventing COVID-19 in correctional and detention facilities. Facilities must have, and be vigilant in implementing, effective infection control procedures. Facilities are expected to use risk assessments to ensure the risks of a COVID-19 outbreak are as low as possible. This can involve examining the layout and environment, equipment, workforce training, systems, processes or practices that affect any aspect of how inmates are managed and how their personal and clinical care is delivered.

The general strategies recommended to prevent the spread of COVID-19 in correctional and detention facilities are the same infection prevention control strategies used every day to detect and prevent the spread of other respiratory viruses like influenza. During a COVID-19 pandemic, or when local community transmission of the disease is identified, correctional and detention facilities should focus on preventing introduction of the disease into the facility, or spread within or between facilities if infection has been identified.

#### 3.2.1. Exposure Prevention

Exposure prevention actions include:

- **Self-screening for staff and visitors (including visiting workers)**
  - Correctional and detention facilities should instruct all staff to self-screen for symptoms, and to observe any exclusion requirements related to returning from travel or having close contact with a confirmed case.
  - Staff should be made aware of early signs and symptoms of COVID-19. Staff must not come to work if symptomatic with an illness compatible with COVID-19. Sick leave policies must enable employees to stay home if they have symptoms of respiratory infection.
  - Correctional and detention facilities should use signage at entrances and reception to inform visitors to self-identify if they have relevant symptoms, travel history or exposure. Visitors must be instructed not to enter the correctional and detention facility until all symptoms have completely resolved.

- **Monitor inmates and employees for fever or acute respiratory symptoms**
  - Restrict inmates with fever or acute respiratory symptoms to their room. Wherever possible, inmates with symptoms should be allocated to a single room and contact with other inmates should be avoided. If possible it is preferable for unwell inmates to be located in single rooms in a single wing or unit, so that staff can provide care without moving throughout the facility.
  - If unwell inmates must leave their room to attend the infirmary, have them wear a facemask (if tolerated). Staff escorting inmates from one room to another do not need to wear PPE, but must wash their hands after leaving the inmate.
In general, for care of inmates with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless a procedure requires Airborne Precautions.

- Implementation of non-pharmaceutical measures, which include:
  - Hand hygiene and cough and sneeze etiquette
  - Use of appropriate personal protective equipment
  - Environmental cleaning measures
  - Isolation and cohorting
  - Social distancing

### 3.2.2. Prevention of Introduction into the Facility

Visitors to the facility (including family members, legal support and official prison visitors) can potentially transmit SARS-CoV-2 to inmates. The following actions should be taken:

- Facilities should advise all regular visitors to be vigilant with hygiene measures including social distancing, and to monitor for symptoms of COVID-19, specifically fever and acute respiratory illness. They should be instructed to stay away when unwell, for their own and inmates’ protection, and to observe any self-quarantine requirements.
- Signage and other forms of communication (i.e. information and factsheets) must be used to convey key messages including what actions the facility is taking to protect them, and explaining what they can do to protect themselves and inmates.
- Facilities must ensure that adequate hand washing supplies and alcohol based hand rub, as well as tissues and lined disposal receptacles are available for visitors to use; at the entrance of the facility, in the visitor area and in each inmate’s room.

### 3.2.3. Prevention of Spread Within and Between Facilities

To prevent the spread of COVID-19, the following actions should be taken:

- Keep inmates and staff informed through regular communication.
  - Support personal protection measures including respiratory hygiene, cough and sneeze etiquette, and hand washing.
- Monitor inmates and employees for fever or acute respiratory symptoms
  - Restrict inmates with fever or acute respiratory symptoms to their room. Wherever possible, inmates with symptoms should be allocated to a single room and contact with other inmates should be avoided. If possible it is preferable for unwell inmates to be located in single rooms in a single wing or unit, so that staff can provide care without moving throughout the facility.
  - If unwell inmates must leave their room to attend the infirmary, have them wear a facemask (if tolerated). Staff escorting inmates from one room to another do not need to wear PPE, but must wash their hands after leaving the inmate.
  - In general, for care of inmates with undiagnosed respiratory infection use Standard, Contact, and Droplet Precautions with eye protection unless a procedure requires Airborne Precautions.
- Healthcare personnel should monitor Commonwealth Department of Health and state public health information sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory symptoms.
• illness. If there is transmission of COVID-19 in the community, in addition to implementing the precautions described above for inmates with acute respiratory infection, facilities should also consult with public health authorities for additional guidance.
• Identify dedicated employees (including healthcare staff and prison guards) to care for patients with COVID-19 and provide infection control training.
  - Guidance on implementing recommended infection prevention practices is available in section 5.4.
• Provide the correct supplies to ensure easy and correct use of PPE.
  - Make PPE, including facemasks, eye protection, gowns, and gloves, available immediately outside of the inmate room.
  - Position a disposal receptacle near the exit inside any inmate room, to make it easy for employees to discard PPE.
  - Post signs on the door or wall outside of the inmate room clearly describing the type of precautions needed and required PPE.
• Notify facilities prior to transferring an inmate with an acute respiratory illness, including suspected or confirmed COVID-19; or transferring to a higher level of care such as hospital.
  - Usual escorts and healthcare staff may accompany an inmate being transferred provided appropriate PPE is used.
• Notify any possible COVID-19 illness in inmates and employees to the relevant jurisdictional public health authority.

4. Identifying COVID-19

4.1. Identification

Correctional and detention facilities should establish systems to monitor staff and inmates for COVID-19 with a high level of vigilance and a low threshold for investigation. If local transmission of COVID-19 is occurring, effective surveillance will facilitate early recognition and management of cases.

The aim of surveillance in correctional and detention facilities is to ensure early identification of symptoms in inmates and staff that may precede, or indicate early stages of, an outbreak. Staff and inmates should be closely monitored for fever or acute respiratory infection² (ARI, with or without fever). Refer to section 2.1 for a full list of signs and symptoms facilities should be looking for.

If a person with ARI is identified, they should be promptly investigated for a causative agent. While awaiting results the patient should be treated as a possible case and appropriate infection control measures including isolation and the use of PPE should be used, to prevent further spread of the disease.

² Acute Respiratory Infection (ARI) is defined in the CDNA COVID-19 Interim National Guideline as shortness of breath or cough.
Facilities should have the capacity to count those with ARI and other severe respiratory illnesses each day to assist in identifying a potential COVID-19 outbreak. Prompt detection of outbreaks allows early implementation of control measures.

Healthcare personnel should monitor Commonwealth Department of Health and state/territory public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with undifferentiated respiratory illness. If there is confirmed local transmission of COVID-19 in the community, in addition to implementing the precautions described in this, facilities should consult with public health authorities for IPC guidance.

4.2. Case Definition

The CDNA COVID-19 Interim National Guideline provides a case definition for COVID-19 suspect and confirmed cases. Case definitions provide the criteria that allows unambiguous classification of an ill person as a confirmed case, or a suspect case. COVID-19 should be suspected in any inmate with fever or acute respiratory infection (with or without fever) in a setting where there is confirmed local transmission of COVID-19.

4.3. Testing for COVID-19

The recommended test and methods of sampling for COVID-19 is outlined in the CDNA COVID-19 Interim National Guideline. Once requested by a medical officer, collection by an appropriately trained health provider is the preferred option for obtaining appropriate respiratory samples. Correctional and detention staff who have received the applicable training in respiratory sample collection and the proper use of PPE may also collect the appropriate samples. Inmates do not need to be transferred to hospital for the purpose of testing for COVID-19. Testing must occur in an appropriate location (i.e. a single room with the door shut). Guided by the clinical picture, the responsible medical officer may request testing for additional respiratory pathogens.

Procedures for obtaining nose and throat swabs are at Appendix 4.

4.4. Notification – State/Territory Department of Health

Laboratory confirmed COVID-19 is a notifiable disease in all Australian states and territories. The requesting medical officer and/or the testing laboratory is obligated to notify the infection to the jurisdictional communicable disease authority, depending on local legislative requirements; this notification is confidential.

If an outbreak is suspected, the local state/territory Department of Health must be notified immediately. A Public Health Unit (PHU) will assist with advice and guidance on appropriate follow on actions. A sample reporting template is available at Appendix 5.

Correctional and detention facilities must be prepared to provide the following information to the PHU:

- Information on the setup of the facility
• total number of inmates and/or staff with fever and/or ARI
• date of onset of illness of each person
• symptoms of each person
• number of people admitted to hospital with fever and/or ARI (if applicable)
• number of people with influenza-like symptoms who have died
• total number of staff that work in the facility and in the affected area
• total number of inmates in the facility and in the affected area
• whether appropriate respiratory specimens have been collected
• results of any respiratory specimens already tested

The PHU will advise and assist with the following:
• confirming the presence of an outbreak
• identifying the control measures that need to be in place
• testing of the initial respiratory specimens.

The PHU will provide the facility with a preferred case list (also called a ‘line list’) template to use when an outbreak is notified. If any deaths occur during an outbreak, the department must be notified within 24 hours. Hospitalisation of inmates should be noted on the case list and sent to the department daily (see section 5.5.1).

4.4.1. State/territory Public Health Unit Contact details

<table>
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<th>State</th>
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<tr>
<td>Queensland</td>
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<tr>
<td>Western Australia</td>
<td>08 9222 4222</td>
</tr>
<tr>
<td></td>
<td>WA Health</td>
</tr>
<tr>
<td>Northern Territory</td>
<td>08 8922 8044</td>
</tr>
</tbody>
</table>

Up to date local state and territory health department contact details are available on the [Commonwealth Department of Health website](http://www.gov.au).
4.5. Notification – Facility General Practitioners (GP)

Unwell inmates should be reviewed by a GP or medical officer, regardless of whether or not an outbreak is present. If the inmate is seen by a regular visiting GP, they should be informed if a COVID-19 outbreak is present. A sample letter for GPs can be found in Appendix 6.

This will facilitate appropriate testing samples being obtained, early implementation of infection control procedures, and treatment for symptomatic patients. It is important to speak with the PHU to confirm the presence of an outbreak before issuing the outbreak letter to visiting GPs.

5. COVID-19 Case and Outbreak Management

Inmates with suspected or confirmed COVID-19 require appropriate healthcare support.

Special considerations in the management of inmates with suspected or confirmed COVID-19 in a correctional and detention facility include:

- Immediately isolate ill inmates (or cohort) and minimise interaction with other inmates.
- If COVID-19 is suspected, have a low threshold for requesting medical review and testing.
- Transfer inmates to hospital only if their condition warrants. Patients with severe symptoms or complications of COVID-19 may warrant transfer to hospital (refer 2.5). If transfer is required, advise the hospital in advance that the inmate is being transferred from a correctional or detention facility where there is potential or confirmed COVID-19. A sample transfer advice form is provided at Appendix 7.
  - Usual escorts and healthcare staff may accompany unwell inmates provided appropriate PPE is used.
- Notify the appropriate authorities as outlined in section 4.4 and 4.5.

Healthcare staff and the infirmary should prioritise assessment to patients for whom acute care hospitalisation (for COVID-19 or other infections) may be prevented (i.e. where possible prevent patients with medical conditions from deteriorating and requiring hospitalisation in an acute care facility.

In the instance of confirmed COVID-19, correctional and detention management in liaison with facility healthcare staff should consider this an opportunity to:

- Identify and implement enhanced infection control measures
- Implement surveillance for further cases
- Review outbreak plans and requirements for implementation.

If a case, or multiple cases of COVID-19 are confirmed in the facility, healthcare staff should monitor patients at a minimum once per shift.
5.1. Response to a Suspected Case of COVID-19 in a Staff Member

Health care workers and other members of staff who develop symptoms of respiratory illness should immediately be excluded from the facility and remain away whilst a diagnosis is sought. If COVID-19 is excluded, the staff member may be able to return to work once well and as guided by the infectious period for their condition. If a diagnosis of COVID-19 is confirmed, the staff member must be excluded from work (refer to guidance here) until they meet the criteria for release from isolation outlined in the CDNA COVID-19 Interim National Guideline. The correctional or detention facility must make appropriate notification to the relevant authorities as outlined in section 4.4 and 4.5.

5.2. Response to an Outbreak of COVID-19

This section provides detailed information on the required actions once an outbreak has been identified. An outbreak management checklist is provided at Appendix 8.

Correctional and detention facilities should engage an infection control consultant or discuss additional support requirements with their PHU. Surge staffing from local hospitals may be available to assist correctional and detention facility staff to avoid the transfer of inmates to hospital where possible.

5.2.1. Declaring an Outbreak

A *potential* COVID-19 outbreak is defined as:

Two or more cases of ARI in inmates or staff of a correctional or detention facility within 3 days (72 hrs).

A *confirmed* COVID-19 outbreak is defined as:

Two or more cases of ARI in inmates or staff of a correctional or detention facility within 3 days (72 hrs)

AND

At least one case of COVID-19 confirmed by laboratory testing.

While the definitions provided above offer guidance, the state/territory PHU will assist the correctional or detention facility in deciding whether to declare an outbreak.

5.2.2. Establishing an Outbreak Management Team

The correctional or detention facility is responsible for managing the outbreak. An internal outbreak management team (OMT) should be established to direct, monitor and oversee the outbreak, confirm roles and responsibilities and liaise with the state/territory Department of Health. It considers the progress of the response, undertakes ongoing monitoring, deals with unexpected issues, and initiates changes, as required. When an OMT is formed, it is important to meet regularly, usually daily, at the height of the outbreak to
monitor the outbreak, initiate changes to response measures and to discuss outbreak management roles and responsibilities. In reality, a small number of staff will perform multiple roles in an OMT.

While a number of roles in an OMT will be filled by healthcare staff, additional prison staff particularly management should play an active part in managing the response.

For detailed information on forming and implementing an OMT, refer to Appendix 9.

5.3. Implementing Infection Prevention and Control Measures

5.3.1. Isolation and Cohorting

An inmate with an ARI should be placed in a single room with their own ensuite/bathroom facilities, if possible, while a diagnosis is sought. Inmates requiring droplet precautions should be restricted to their room. If possible, it is preferable for unwell inmates to be located in single rooms in a single wing or unit, so that staff can provide care without moving throughout facility. Inmates may attend urgent medical or procedural appointments but should wear a mask when moving to the infirmary. Escort staff accompanying inmates to another room for appointments do not need to wear PPE but must wash their hands after leaving the inmate. Regular observations are not required for inmates in isolation unless indicated for other clinical reasons.

If the inmate requires transfer to another facility, including hospital, advise the hospital and transport provider in advance that the inmate is being transferred from a facility where there is potential or confirmed COVID-19. Inmates may be transferred with usual escorts and healthcare staff provided appropriate PPE is used (follow the advice of healthcare staff).

Should the numbers of cases in a facility increase in an outbreak situation, isolation resources may become under pressure. If a single room is not available, the following principles should be used to guide inmate placement:

- Solitary confinement rooms may be appropriate if alternative single room accommodation is not available.
- Give highest priority to single room placement to inmates with excessive cough and sputum production.
- Place inmates together in the same room (cohort) with similar signs and symptoms or infected with the same pathogen (if known) and assessed as being suitable roommates.
  - Staff must ensure they change their PPE and perform hand hygiene when moving between inmates cohorted in the same room.
- If the aforementioned options are not available and an inmate needs to be isolated, staff should contact the local public health unit to seek advice on the best alternative.

Once inmate isolation or cohorting measures are in place, to further reduce the risk of transmission, it is preferable to allocate specific correctional and detention facility staff (including specific healthcare staff and specific guards) to the care of inmates in isolation. A
register of staff members caring for patients with COVID-19 should be maintained by the facility. The facility must ensure that staff members:

- do not move between their allocated room/section and other areas of the facility, or care for other inmates.
- self-monitor for signs and symptoms of acute respiratory illness and self-exclude from work if unwell.

5.3.2. Standard Precautions

Standard precautions are a group of infection prevention practices always used in healthcare settings, and must be used in correctional and detention facilities with a suspected or confirmed COVID-19 outbreak. Both healthcare staff and general correctional and detention staff must abide by precautions to protect themselves and others if an inmate is unwell. Standard precautions include performing hand hygiene before and after every episode of inmate contact (5 moments), the use of PPE (including gloves, gown, appropriate mask and eye protection) depending on the anticipated exposure, good respiratory hygiene/cough etiquette and regular cleaning of the environment and equipment.

5.3.2.1. Hand Hygiene

COVID-19 can be spread by contaminated hands, hence frequent hand hygiene is important. Hand hygiene refers to any action of hand cleansing, such as hand washing with soap and water or hand rubbing with an alcohol based hand rub. Washing with soap and water is preferred but alcohol based hand rubs are suitable when hands are not visibly soiled. However, if hands are visibly soiled or have had direct contact with body fluids they should be washed with liquid soap and running water then dried thoroughly with disposable paper towel. Refer to Appendix 10 for detailed information on hand hygiene.

Online hand hygiene courses are available and staff, in particular healthcare staff, should be encouraged to do refresher training. There must be adequate access for staff, inmates and visitors to hand hygiene stations (alcohol based hand rub or hand basins with liquid soap, water and paper towel) that should be adequately stocked and maintained. Hand basins should, wherever possible, be hands-free (for example, elbow operated) to facilitate appropriate hand hygiene practices and prevent recontamination of hands when turning off taps. Staff and inmates should be made aware of the proper hand hygiene technique and rationale.

Encouraging hand hygiene among inmates and visitors is another important measure to prevent the transmission of infectious organisms. Inmates should wash their hands after toileting, after blowing their nose, before and after eating and when leaving their room. Visitors should be reminded to perform hand hygiene on entering and leaving the facility.

The use of gloves should never be considered an alternative to hand hygiene. Hand hygiene is required before putting on gloves and immediately after they have been removed.
5.3.2.2. Personal Protective Equipment (PPE)

Staff must wear appropriate PPE when caring for infected inmates requiring contact and droplet or airborne precautions. A gown, eye protection, mask and gloves may be required depending on the level of precaution required. PPE requirements for caring for patients with suspected or confirmed COVID-19 are outlined in Appendix 11.

Correctional and detention facility health staff must be trained and deemed competent in the proper use of PPE, including donning and doffing procedures. Refresher training is recommended for all existing health staff, including non-clinical support staff, and is required for new staff. PPE should be removed in a manner that prevents contamination of the HCW’s clothing, hands and the environment. PPE should be immediately discarded into appropriate waste bins. Hand hygiene should always be performed before putting on PPE and immediately after removal of PPE, as well whilst wearing PPE. Useful educational and promotional material for the proper use of PPE can be found at Appendix 12.

Facility health staff must change their PPE and perform hand hygiene after every contact with an ill inmate and when moving from one room to another.

5.3.2.3. Cough and Sneeze Etiquette

Cough and sneeze etiquette relates to precautions taken to reduce the spread of virus via droplets produced during coughing and sneezing. Inmates, staff and visitors should be encouraged to practice good cough and sneeze etiquette, which includes coughing or sneezing into the elbow or a tissue, and disposing of the tissue then performing hand hygiene. Useful educational and promotional material can be found at Appendix 13. Specific advice should be given to any inmate with ARI as a reminder.

5.3.3. Transmission-based Precautions

Transmission based precautions are infection control precautions used in addition to standard precautions to prevent the spread of COVID-19. COVID-19 is most commonly spread by contact and droplets. Less commonly airborne spread may occur e.g. during aerosol generating procedures or care of severely ill patients.

Contact and Droplet precautions are the additional infection control precautions required when caring for inmates with suspected or confirmed COVID-19. Contact and Airborne precautions are required when conducting aerosol generating procedures or caring for severely ill patients who are coughing excessively.

For further information about transmission-based precautions when caring for inmates with suspected or confirmed COVID-19, see Appendix 14.

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3, 4 Aerosol-generating procedures include manual ventilation before intubation, tracheal intubation, non-invasive ventilation, tracheostomy suctioning, cardiopulmonary resuscitation, bronchoscopy and high flow nasal oxygen
5.3.4. Environmental Cleaning and Disinfection

Regular, scheduled **cleaning** of all inmate areas is essential during an outbreak. Frequently touched surfaces are those closest to the inmate, and should be cleaned more often. During a suspected or confirmed COVID-19 outbreak, an increase in the frequency of cleaning with a neutral detergent is recommended.

**Cleaning AND disinfection** is recommended during COVID-19 outbreaks. Either a 2-step clean (using detergent first, then disinfectant) or 2-in-1 step clean (using a combined detergent/disinfectant) is required.

The following principles should be adhered to:

- Inmate room/zone should be cleaned daily
- Frequently touched surfaces should be cleaned more frequently. These include:
  - bedrails, bedside tables, light switches, remote controllers, commodes, doorknobs, sinks, surfaces and equipment close to inmates or staff.
  - Walking aides
  - Handrails and table tops in facility communal areas, and guard station counter tops
- Cleaners should:
  - observe contact and droplet precautions
  - adhere to the cleaning product manufacturer’s recommended dilution instructions and contact time
  - use a **Therapeutic Goods Administration (TGA) listed disinfectant with claims of efficacy against enveloped viruses** (as the easiest class of microorganisms to kill). If unsure, a chlorine-based product such as sodium hypochlorite is suitable for disinfection.
- The room should be terminally cleaned when the ill inmate is moved or discharged

Equipment and items in patient areas should be kept to a minimum. Ideally, reusable inmate care equipment should be dedicated for the use of an individual inmate. If it must be shared, it must be cleaned and disinfected between each inmate use.

Linen should be washed and sanitised using hot water (>65 degrees Celsius for 10 minutes) and standard laundry detergent. Linen should be dried in a dryer on a hot setting. There is no need to separate the linen for use by ill inmates from that of other inmates. Appropriate PPE should be used when handling soiled linen.

Crockery and cutlery should be washed in a hot dishwasher or if not available, by hand using hot water and detergent, rinsed in hot water and dried. There is no need to separate the crockery and cutlery for use by ill inmates from that of other inmates.

More information on environmental cleaning and disinfection is available in the Commonwealth Department of Health factsheet – **Environmental cleaning and disinfection principles for COVID-19**.
5.3.5. Signage

Correctional and detention facilities should place signs at the entrances and other strategic locations within the facility to inform visitors of the infection prevention control requirements. A droplet and contact precaution sign must be placed outside symptomatic inmates’ rooms to alert staff to the requirement for transmission-based precautions.

Standardised signs are available to all facilities to increase the awareness of healthcare workers, staff and patients to the necessary precautions to be applied for all patients (Standard Precautions) and for those patients who require Transmission-based Precautions, due to COVID-19. These resources are available at the Australian Commission for Safety and Quality in Health Care website: https://www.safetyandquality.gov.au/our-work/healthcare-associated-infection/infection-control-signage

5.3.6. Visitors and Communal Activities

During a COVID-19 outbreak, where possible, the movement of visitors into and within the facility should be restricted.

Facilities should implement the following:
- Suspend all group activities, particularly those that involve visitors.
- Postpone visits from non-essential external providers (e.g. Hairdressers and allied health professionals).
- Inform regular visitors and families of inmates of the COVID-19 outbreak, and request that they only undertake essential visits. Young children should not visit the facility as they are generally unable to comply with standard precautions and PPE requirements.

5.3.7. Staff

For suspected or confirmed cases of COVID-19 it is preferable that only staff who have been designated to care for patients with COVID-19 provide care for these inmates. During an outbreak of COVID-19, wherever possible, healthcare workers should not move between wings or units of the facility to provide care for other inmates. This is particularly important if not all wings/units are affected by the outbreak. It is preferable to cohort staff to areas (in isolation or not in isolation) for the duration of the outbreak.

During a confirmed COVID-19 outbreak staff should attend work only if they are asymptomatic. All staff members should self-monitor for signs and symptoms of COVID-19 and self-exclude if unwell. Refer to section 5.2 for further guidance regarding the management of staff members with suspected or confirmed COVID-19.

5.3.8. Admissions and Transfers

5.3.8.1. New admissions

Correctional and detention facilities should carefully consider processes for new admissions during this time. New inmates should be screened for recent travel and contact history. It may be appropriate for new inmates to undergo screening including temperature and
wellness checks. Facilities should consider past medical history and ask targeted questions to determine vulnerability to severe illness should infection with COVID-19 occur.

An ongoing outbreak does not mean the facility has to go into complete “lock down”. It is preferable that admission of new inmates to an affected unit during an outbreak does not take place. Where new admissions are unavoidable, new inmates must be informed about the current outbreak and adequate outbreak control measures must be in place for these new inmates.

5.3.8.2. Re-admissions of confirmed cases

The re-admission of inmates who met the case definition and have been hospitalised for their illness is permitted, provided appropriate accommodation and infection prevention and control requirements can be met.

5.3.8.3. Re-admission of non-cases

The re-admission of inmates that have not been on the COVID-19 outbreak case lists (i.e. inmates who have been hospitalised for other reasons but are not a case of COVID-19) should be avoided during the outbreak period if possible. If non-cases are re-admitted, the inmate must be informed about the current outbreak and adequate outbreak control measures must be in place.

5.3.8.4. Transfers

If transfer to hospital is required, the ambulance service and receiving hospital must be notified of the outbreak/suspected outbreak verbally and through using a transfer advice form (see Appendix 4).

Inmates may be transferred with usual escorts and accompanying health care staff. All escorts should adhere to appropriate PPE requirements (on the advice of healthcare staff) during transfer.

5.3.8.5. Unaffected inmates

In exceptional circumstances, it may be feasible to transfer inmates who are not symptomatic, to other correctional and detention facilities for the duration of the outbreak. The receiving facility should be made aware that the inmate may have been exposed and is at risk of developing disease. They should be provided with information regarding the symptoms of COVID-19 and the use of appropriate personal protective measures. If these inmates have had close contact with an unwell inmate, they should be quarantined to a single room wherever possible as a precaution.

5.4. Monitoring Outbreak Progress

Increased and active observation of all inmates for the signs and symptoms of COVID-19 is essential in outbreak management to identify ongoing transmission and potential gaps in infection control measures. Facilities should have the capacity to monitor or count inmates
and staff displaying signs and symptoms of COVID-19 daily, to ensure swift infection control measures are implemented or strengthened to reduce transmission and the duration of the outbreak.

Updates to information in the line list should occur through daily meetings of the OMT, or more frequently if major changes occur. The line list should be provided to the PHU each day (or as arranged) until the outbreak is declared over.

Updated information will be reviewed by the PHU for evidence of ongoing transmission and effectiveness of control measures and prophylaxis. The PHU will discuss this with the correctional or detention facility OMT and advise of any required changes to current outbreak control measures.

The OMT should review all control measures and consider seeking further advice from PHU if:

- The outbreak comprises more cases than can be managed.
- The rate of new cases is not decreasing.
- Three (3) or more inmates are hospitalised related to COVID-19, OR
- A COVID-19-related death has occurred: telephone to notify the PHU of this.

Specialised advice is available from the following sources:

- A local state, territory or regional PHU.
- Infection control practitioners may be available for advice in local hospitals, state and territory health departments, or as private consultants.
- Infectious Disease physicians may be approached for specialist management of complex infections.

### 5.5. Declaring the Outbreak Over

The time from the onset of symptoms of the last case until the outbreak is declared over can vary. Generally, a COVID-19 outbreak can be declared over if no new cases occur within 14 days (maximum incubation period) following the date of isolation of the case. A decision to declare the outbreak over should be made by the OMT, in consultation with the PHU.

The OMT may make decisions about ongoing facility surveillance after declaring the outbreak over, considering the following needs:

- To maintain general infection control measures.
- To monitor the status of ill inmates, communicating with the public health authority if their status changes.
- To notify any late, COVID-19-related deaths to the PHU.
- To alert the PHU to any new cases, signalling either re-introduction of infection or previously undetected ongoing transmission.
- To advise relevant state/territory/national agencies of the outbreak in a correctional or detention facility, if applicable.
5.6. Reviewing Outbreak Management

Following a declaration that an outbreak is over, it is important for all parties to reflect on what worked well during the outbreak and which policies, practices or procedures need to be modified to improve responses for future outbreaks. Although a debrief may seem unnecessary for outbreaks of short duration involving a small number of cases, the OMT in collaboration with the local PHU should consider a debrief for any outbreak, a prolonged outbreak, or one with unusual features in relation to outbreak management. A debrief provides the opportunity to identify strengths and weaknesses in outbreak response and investigation processes, and provide information to help improve the management of similar outbreaks in the future. It should involve all members of the OMT and any others who participated in the response to the outbreak.

Audits are commonly used in clinical practice as part of continuous quality improvement, and may be an appropriate method by which healthcare workers review the management of the outbreak. Australian public health practitioners and researchers have developed an outbreak audit process, with a framework for deciding which outbreak investigations to audit, an approach for conducting a successful audit, and a template for trigger questions. This tool enables agencies such as healthcare centres within correctional and detention facilities to assess their outbreak response against best practice and is available at https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-9-472
This guideline is intended for use within correctional and detention facilities in Australia and has been adapted from Coronavirus Disease 2019 (COVID-19) CDNA National Guidelines for Public Health Units. 


Note: the case definition may change over time

### Plan for cases
- Develop a facility management plan
- Ensure all staff are aware of this plan.

### Vaccinate all inmates and staff against influenza
- Ensure all staff and inmates are aware of the importance of annual influenza vaccination.
- Provide free influenza vaccination for all staff on site.
- Encourage healthcare staff to vaccinate inmates against influenza.
- Create a list of staff and inmates by influenza vaccination status; ensure it is kept updated and accessible.

### Infection control preparedness
- Provide annual infection control training to all healthcare staff that includes information about COVID-19
- Ensure personal protective equipment (PPE), hand washing facilities and alcohol based hand rubs are available near point of care.
- Encourage frequent and appropriate hand hygiene at all times (5 Moments).
- Ensure infection control signage is available for use.
- Consider how case isolation will be managed.
- Develop contingency staffing plans in event of staff illness and isolation.
- Ensure stocked hygiene stations are at each visitor entrance.

### Assess inmates for signs & symptoms of COVID-19

#### Risk Assessment for COVID-19:
- Correctional and detention staff should be aware that they are working in a high risk environment and should not attend work if they feel unwell to protect themselves and others.
- Healthcare staff should be vigilant in monitoring for COVID-19 and should strongly encourage good hygiene for both inmates and staff.

1. **Identify signs/symptoms of COVID-19:**

   **CLINICAL CRITERIA**
   Fever OR acute respiratory infection (e.g. shortness of breath or cough) with or without fever.
Implement additional infection control measures immediately

- Each inmate with suspected COVID-19 should be reviewed by the treating doctor.
- Obtain laboratory request forms for respiratory viral testing INCLUDING CORONAVIRUS.
- Collect the appropriate respiratory sample. Use a single viral transport collection swab for each person.
- Observe droplet precautions when collecting specimens i.e. gown, gloves, fluid resistant surgical mask and eye protection (goggles). Wash hands before and after collection.

Collect specimens

- Commence droplet precautions including gown, gloves, eye protection (goggles) and a fluid resistant surgical mask when caring for inmates with a COVID-like illness. Maintain a 1.5 metre distance between an infected person and others.
- Isolate inmates with COVID-like illness, if feasible. (Single room with bathroom facilities)
- Staff and visitors with a COVID-like illness must stay away from the facility until well and see medical advice.
- Inform all visitors about cough etiquette and hand hygiene.
- Immunise inmates and staff who have not been immunised with the current influenza vaccine as soon as possible.

Ensure appropriate management of cases

- Symptomatic and supportive treatment under the guidance of the GP
- Use of antiviral medication is a clinical decision made by the GP
- Transfer to hospital as indicated.

Confirm outbreak

- Two or more new cases of COVID-like illness in inmates or staff within 72 hours, at least one of which is laboratory confirmed as COVID-19.

Document and monitor outbreak daily

- Nominate an outbreak coordinator and management team at the facility.
- Create a detailed list of inmates and staff with COVID-like illness including location, influenza vaccination status, onset date, symptoms, specimens taken and results, treatment and outcome. Update the list daily.

Inform

- Inform the relevant state or territory Public Health Unit. Contact again if death or hospitalisation of inmate or staff occurs.
- Inform GPs, facility staff, inmates and regular visitors.

End outbreak

- No new cases for 14 days from onset of symptoms in last case.
- Send final detailed list to the relevant state or territory Public Health Unit Review and evaluate outbreak management.
**Appendix 2. COVID-19 Outbreak Preparedness Checklist**

<table>
<thead>
<tr>
<th>Planning actions</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Does your facility have a respiratory outbreak plan that covers all the areas identified below?</td>
<td></td>
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<tr>
<td>Has your facility updated its respiratory outbreak plan this year?</td>
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<tr>
<td>Have the relevant health care providers/organisations in the community (e.g. associated GPs, visiting consultants) been involved in the planning process?</td>
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<tr>
<td>Are all facility staff aware of the plan including their roles and responsibilities?</td>
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<table>
<thead>
<tr>
<th>Staff, inmate and family education</th>
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<tbody>
<tr>
<td>Have your facility staff undergone education and training in all aspects of outbreak identification and management, particularly competency in infection control?</td>
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</tr>
<tr>
<td>Has your facility run one or more staff education sessions?</td>
<td></td>
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<tr>
<td>Has your facility provided inmates with information regarding prevention of transmission?</td>
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<thead>
<tr>
<th>Staffing actions</th>
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<tr>
<td>Does your facility have a staffing contingency plan in case 20% to 30% of staff fall ill and are excluded for 14 days?</td>
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<tr>
<td>Has your facility developed a plan for cohorting staff in an outbreak?</td>
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<tr>
<th>Stock levels</th>
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<tbody>
<tr>
<td>Has your facility acquired adequate stock of PPE, hand hygiene products, nose and throat swabs and cleaning supplies?</td>
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<thead>
<tr>
<th>Outbreak recognition actions</th>
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<tbody>
<tr>
<td>Does your facility routinely assess inmates for respiratory illness, particularly for fever or cough (with or without fever)?</td>
<td></td>
</tr>
<tr>
<td>Does your facility encourage staff to report COVID-19 symptoms during the pandemic?</td>
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</tr>
<tr>
<td>Does a process exist to notify the facility manager and the state/territory Department of Health and Human Services as soon as practicable (and within 24 hours) of when a COVID-19 case is suspected?</td>
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<tr>
<th>Communication actions</th>
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<tr>
<td>Does your facility have a contact list for the state/territory health department and other relevant stakeholders (e.g. facility doctors and infection control consultants)?</td>
<td></td>
</tr>
<tr>
<td>Does your facility have a plan for communicating with staff, inmates, and family members during an outbreak?</td>
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</tr>
<tr>
<td>Does your facility have a plan to restrict unwell visitors entering the facility as well as limitation of well visitors during an outbreak to reduce risk of transmission both within the facility and externally (e.g. security, signage, restricted access)?</td>
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<tr>
<th>Cleaning</th>
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<tbody>
<tr>
<td>Does the plan identify who is responsible for overseeing increased frequency of cleaning, liaison with contractors or hiring extra cleaners as necessary?</td>
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Appendix 3. Letter to Visitors – Preventing Spread of COVID-19

[Facility Letterhead]

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Dear visitor

There is local transmission of Coronavirus Disease 2019 (COVID-19) in the community. COVID-19 causes respiratory illness ranging from cold-like symptoms to severe pneumonia. Correctional and detention facilities are particularly susceptible to COVID-19 outbreaks. This is because of the close living space where it can be difficult to practise social distancing.

COVID-19 Pandemic
COVID-19 has caused outbreaks of illness in the Australian community, and local transmission has occurred in some communities. Even when facilities actively try to prevent outbreaks occurring, many external visitors may lead to inmates or staff contracting COVID-19, which can result in outbreaks.

Families play an important role in protecting their relatives from community viruses. Practical steps you can take to prevent COVID-19 from entering correctional and detention facilities, as outlined below.

Avoid spreading illnesses
Washing your hands well with liquid soap and water or alcohol-based hand rub before and after visiting and after coughing or sneezing will help reduce the spread of disease. Cover your mouth with a tissue or your elbow (not your bare hand) when coughing or sneezing and dispose of used tissues immediately before washing your hands again.

Follow any restrictions the correctional or detention facility has put in place
Facilities will post signs at entrances to inform you if an outbreak is occurring so look out for these warning signs when entering the facility.

It is important to follow the infection control guidelines as directed by the facility staff. This may include wearing a disposable face mask and/or other protective equipment (gloves, gowns) as instructed.

Stay away if you’re unwell
If you have recently been unwell, been in contact with someone who is unwell or you have symptoms of respiratory illness (e.g. fever, cough, shortness of breath, sore throat, muscle and joint pain, or tiredness/exhaustion) please do not visit the facility until your symptoms have resolved. If you have been in contact with a confirmed case of COVID-19 you must stay away until you are released from self-isolation.

Limit your visit
If there is an outbreak in the correctional or detention facility, you may be asked to reduce your visit time and keep vulnerable visitors away from the facility. In particular, it is
recommended that young children not visit during this time as they are typically unable to comply with appropriate hygiene requirements.

Thank you for your assistance in adhering to these steps. These measures will greatly assist our facility and protect the health of your family member/s in the event of a COVID-19 outbreak.

Should you require further information regarding COVID-19, please refer to the Commonwealth Department of Health website:


Yours sincerely,

[Name]
[Position]
[Facility/Organisation]
Appendix 4. Swab Collection Procedure

Swab Collection Procedures

1. Before performing swab

Obtain required materials:

- Personal protective equipment (PPE) for the health care worker taking the swab, including gown, gloves, eye protection (goggles or face shield), and surgical mask.
- One dry, sterile, flocked swab.
- One viral culture swab with viral culture medium.

IMPORTANT NOTES:
- Contact your laboratory provider for current local advice about swabs.
- Do not use bacterial swabs for specimen collection. If in doubt, check!

2. Performing the swabs

Preparation:

1. Perform hand hygiene.
2. Don PPE in the order of gown, surgical mask, eye protection, and gloves.
3. Explain the procedure to the patient and obtain consent.
4. Place patient standing or sitting with head tilted at 70°, supported against a bed, chair or wall.

Deep nasal swab procedure: (refer to figure 1)

1. Stand at the side of the patient’s head and place your non-dominant hand on the patient’s forehead with your thumb at the tip of the nose.
2. With the other hand, insert the flocked end of a dry, sterile swab horizontally into the patient’s nostril, approx. 2-3 cm (gently pushing the swab directly back rather than up).
3. Place lateral pressure on the swab to collect cells from the midline nasal septum.
4. Rotate the swab twice (2 x 360 degree turns) against the turbinate in the nostril to ensure the swab contains epithelial cells (not mucus) from the nostril.
5. Withdraw the swab from the nostril. Place the swab back in its labelled tube or bottle.

Figure 1
Throat swab procedure: *(refer to figure 2)*

1. Stand at the side of the patient’s head and ensure their head is resting against a wall or supporting surface.
2. Place your non-dominant hand on the patient’s forehead.
3. Ask the patient to open his/her mouth widely and say “aaah”.
4. Use a wooden spatula to press the tongue downward to the floor of the mouth. This will avoid contamination of the swab with saliva.
5. Using the viral culture swab, insert the swab into the mouth, avoiding any saliva.
6. Place lateral pressure on the swab to collect cells from the tonsillar fossa at the side of the pharynx.
7. Rotate the swab twice (2 x 360 degree turns) against the tonsillar fossa to ensure the swab contains epithelial cells (not mucus).
8. Remove the swab, and place directly into its labelled tube or bottle.

**Figure 2**

**IMPORTANT NOTES:**

- *Choose an area for the procedure where the patient can rest their head against a wall or on a high-backed chair with room for you to stand beside (not in front of) the patient.*
- *Ensure the area is well lit, with hand washing and infectious waste disposal facilities.*
- *Remember to WASH AND DRY HANDS before and after the procedure!*
- *Gloves, gown, surgical mask and eye protection MUST be worn when collecting nose and throat swabs.*
- *Masks should NOT be touched during wear and should NOT be worn around the neck at any time. When removed, handle the mask by the ties of the mask only.*

3. **After performing the swab**

   5.6.1.1. **Labelling and storage of specimen:**

   1. Label the tube or bottle containing the swabs with the patient’s full name, date of birth, specimen type and date of collection. The accompanying request form should include the facility name.
   2. Remove PPE safely (remove gloves, perform hand hygiene, remove goggles or face shield, gown and mask and perform hand hygiene again).
   3. Specimens should be sent on the day of collection. Refrigerate the specimen until it is sent to the laboratory (do NOT freeze the specimen). Specimens should be packaged in a small insulated bag/box (with ice bricks) for transport to the pathology laboratory.
IMPORTANT NOTE: Dispose of gloves, gowns and masks in an infectious (biohazard) waste bag.
Appendix 5. Initial facility report to a PHU – COVID-19 Outbreak

Date/time: ___________________ Public Health Officer: ___________________

Contact details:
Person notifying outbreak: _______________ Position: ___________________
Telephone number: _______________ Email: _______________________

Facility details:
Name of Facility_______________________________________________________
Address: _____________________________________________________________
Facility Manager / Director: ____________________________________________
Telephone number: __________________ Fax number: ___________________
Email address: _________________________
Description of facility: _________________________________________________
Total number of inmates: __________ Total number of staff: __________
Total number of inmates who identify as Aboriginal and Torres Strait Islander: __________
Age range of inmates: __________________
Number of units / wings / areas in facility: __________________________________

Floorplan provided: Yes / No

<table>
<thead>
<tr>
<th>Inmates:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit name</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

Staff:

<table>
<thead>
<tr>
<th>Staff type</th>
<th>No. of staff</th>
<th>No. casual staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Administrator</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guard</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthcare staff</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6. Letter to visiting health staff – COVID-19 Outbreak

[Facility Letterhead]

Respiratory outbreak at [Facility Name]

Dear Doctor,

There is an outbreak of acute respiratory illness affecting inmates at the facility named above. The outbreak may involve some of the patients your regularly see, who may require review.

It is important to establish if the outbreak is caused by SARS-CoV-2. Coronavirus Disease 2019 (COVID-19), caused by SARS-CoV-2, is a notifiable condition.

We recommend that you:
- Review regular patients for symptoms
- Help determine if the outbreak is caused by SARS-CoV-2:
  - Obtain/order appropriate respiratory samples from inmates who meet the case definition, for respiratory PCR testing.
- Ensure that your patients are vaccinated against influenza, if there are no contraindications
- Ensure that you observe hand hygiene procedures and use appropriate PPE when visiting your patients.

Limit the use of antibiotics to patients with evidence of bacterial superinfection, which is uncommon. There is significant evidence that antibiotics are over-prescribed during institutional respiratory illness outbreaks.

Control measures that the facility has been directed to implement include:
- Isolation of symptomatic inmates
- Use of appropriate PPE when providing care to ill inmates
- Exclusion of symptomatic staff from the facility
- Restriction/limitation of visitors to the facility until the outbreak has resolved
- Promotion of thorough hand washing and cough and sneeze etiquette.


If you require any further information or advice please contact [insert details].

Yours sincerely,

[Name]
[Position]
[Facility/Organisation]
Appendix 7. Transfer Advice Form

[Facility Letterhead]

Date: ……/……/……

To: [Admitting Officer, Facility Name]

Please be advised that: [Inmate Name] is being transferred from a facility where there is a cluster/outbreak of COVID-19. At this stage the outbreak is:

☐ suspected
☐ confirmed

Please ensure that appropriate infection control precautions are taken upon receipt of this inmate.

At the time of transfer:

☐ The inmate does not have an acute respiratory illness
☐ The inmate has an acute respiratory illness
☐ The inmate is a suspected case of COVID-19
☐ The inmate is confirmed case of COVID-19
☐ The inmate is believed to have had close contact with a confirmed case of COVID-19

Inmate details: ____________________________________________

Given name____________________________________ Surname___________________________________

Date of birth:

Name of originating facility:

Name of contact person:

Phone number:
## Appendix 8. COVID-19 Outbreak Management Checklist

<table>
<thead>
<tr>
<th>Identify</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify if your facility has an outbreak using the definition in the guideline</td>
<td>✔</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Implement infection control measures</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolate / cohort ill inmates</td>
<td></td>
</tr>
<tr>
<td>Implement contact and droplet precautions</td>
<td></td>
</tr>
<tr>
<td>Provide PPE outside room</td>
<td></td>
</tr>
<tr>
<td>Display sign outside room</td>
<td></td>
</tr>
<tr>
<td>Exclude ill staff until symptom free (or if confirmed case of COVID-19, until they meet the release from isolation criteria)</td>
<td></td>
</tr>
<tr>
<td>Reinforce standard precautions (hand hygiene, cough etiquette) throughout facility</td>
<td></td>
</tr>
<tr>
<td>Display outbreak signage at entrances to facility</td>
<td></td>
</tr>
<tr>
<td>Increase frequency of environmental cleaning (minimum twice daily)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Collect respiratory specimens</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect appropriate respiratory specimens from ill inmates or staff</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Notify</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>The state/territory Department of Health and Human Services</td>
<td></td>
</tr>
<tr>
<td>Contact the GPs/treating doctors of ill inmates for review</td>
<td></td>
</tr>
<tr>
<td>Provide the outbreak letter to all inmates’ healthcare staff</td>
<td></td>
</tr>
<tr>
<td>Inform staff and regular visitors/families of outbreak</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restrict</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Restrict movement of staff between areas of facility</td>
<td></td>
</tr>
<tr>
<td>Avoid inmate transfers if possible</td>
<td></td>
</tr>
<tr>
<td>Restrict ill visitors where practical</td>
<td></td>
</tr>
<tr>
<td>Cancel non-essential group activities during the outbreak period</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Monitor</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Monitor outbreak progress through increased observation of inmates for fever and/or acute respiratory illness</td>
<td></td>
</tr>
<tr>
<td>Update the case list daily at the facility and provide to the public health unit daily</td>
<td></td>
</tr>
<tr>
<td>Action</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Add positive and negative test results to case list</td>
<td></td>
</tr>
<tr>
<td>Declare</td>
<td>Declare the outbreak over when there are no new cases 14 days from the date of isolation of the most recent case.</td>
</tr>
<tr>
<td>Review</td>
<td>Review and evaluate outbreak management – amend outbreak management plan if needed</td>
</tr>
</tbody>
</table>
Appendix 9. Forming an Outbreak Management Team

Several functions are critical within the outbreak management team (OMT), and some roles may be performed by the same person.

The OMT should initially meet daily to:
- direct and oversee the management of the outbreak
- monitor the outbreak progress and initiate changes in response, as required
- liaise with GPs and the state/territory Department of Health, as arranged.

The OMT should include the following roles and functions:

<table>
<thead>
<tr>
<th>Role</th>
<th>Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chairperson (facility Director, Manager or Senior Medical Officer)</td>
<td>The chairperson is responsible for co-ordinating outbreak control meetings, setting meeting times, agenda and delegating tasks.</td>
</tr>
<tr>
<td>Secretary</td>
<td>The secretary organises OMT meetings, notifies team members of any changes, and records and distributes minutes of meetings.</td>
</tr>
<tr>
<td>Outbreak Coordinator (Nurse, Infection Control Practitioner or Doctor)</td>
<td>The coordinator ensures that all infection control decisions of the OMT are carried out, and coordinates activities required to contain and investigate the outbreak. This role is often given to an Infection Control Practitioner (ICP) or delegate.</td>
</tr>
<tr>
<td>Media Spokesperson (facility Director, Manager, Nursing Manager or Senior Medical Officer)</td>
<td>Significant media interest in outbreaks in correctional and detention facilities is common, especially if there are adverse outcomes. The department is available to assist facilities should media interest arise. It is recommended that facilities liaise with the department in this instance prior to making media statements.</td>
</tr>
<tr>
<td>Visiting General Practitioners</td>
<td>Some GPs may be available to participate in the OMT and their role should be identified during the planning process. It is valuable to identify a clinical lead amongst those GPs who attend a facility. In the management of an outbreak, the role of this person is important in facilitating assessment and management of ill inmates, and in working with the correctional and detention facilities and the department to implement control strategies.</td>
</tr>
<tr>
<td>Public Health Officers</td>
<td>An understanding of what assistance can be provided by PHUs and role/responsibility clarification should be confirmed at the initial OMT meeting, although it is usually not necessary for PHUs to be part of the OMT.</td>
</tr>
</tbody>
</table>
Appendix 10. Hand Hygiene

5 Moments for HAND HYGIENE

1. BEFORE TOUCHING A PATIENT
   - When: Clean your hands before touching a patient and their immediate surroundings.
   - Why: To protect the patient against acquiring harmful germs from the hands of the HCAW.

2. BEFORE A PROCEDURE
   - When: Clean your hands immediately before a procedure.
   - Why: To protect the patient from harmful germs (including their own) from entering their body during a procedure.

3. AFTER A PROCEDURE OR BODY FLUID EXPOSURE RISK
   - When: Clean your hands immediately after a procedure or body fluid exposure risk.
   - Why: To protect the HCAW and the healthcare surroundings from harmful patient germs.

4. AFTER TOUCHING A PATIENT
   - When: Clean your hands after touching a patient and their immediate surroundings.
   - Why: To protect the HCAW and the healthcare surroundings from harmful patient germs.

5. AFTER TOUCHING A PATIENT’S SURROUNDINGS
   - When: Clean your hands after touching any objects in a patient’s surroundings when the patient has not been touched.
   - Why: To protect the HCAW and the healthcare surroundings from harmful patient germs.

Adapted from Hand Hygiene Australia www.hha.org.au

World Health Organization
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1. Apply a palmful of the product in a cupped hand, covering all surfaces;

2. Rub hands palm to palm;

3. Right palm over left dorsum with interlaced fingers and vice versa;

4. Palm to palm with fingers interlaced;

5. Backs of fingers to opposing palms with fingers interlocked;

6. Rotational rubbing of left thumb clasped in right palm and vice versa;

7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

8. Once dry, your hands are safe.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this document. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of this material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

WHO acknowledges the Hôpitaux Universitaires de Genève (HUG), in particular the members of the Infection Control Programme, for their active participation in developing this material.

May 2009
How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.

Source: Hand Hygiene Australia, adapted from ‘5 Moments for Hand Hygiene’, ‘How to Handwash’, and ‘How to Handrub’ © World Health Organization 2009. All rights reserved.
### Appendix 11. Personal Protective Equipment Requirements

<table>
<thead>
<tr>
<th>Personal Protective Equipment</th>
<th>Precaution</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact</td>
</tr>
<tr>
<td>Gloves</td>
<td>Yes</td>
</tr>
<tr>
<td>Gown/Apron (impermeable)</td>
<td>When healthcare worker's clothing is in substantial contact with the patient, items in contact with the patient, and their immediate environment</td>
</tr>
<tr>
<td>Surgical Mask</td>
<td>When in close contact (less than 1m)</td>
</tr>
<tr>
<td>P2/N95 Respirator</td>
<td>Not required</td>
</tr>
<tr>
<td>Goggles/face shield</td>
<td>Not required</td>
</tr>
</tbody>
</table>
Appendix 12. Proper Use of Persona Protective Equipment (PPE)

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
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 piece.
   - 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.
**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 tie or elastic 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**

---

Source: Centres for Disease Control and Prevention [https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf](https://www.cdc.gov/hai/pdfs/ppe/PPE-Sequence.pdf)
Appendix 13. Respiratory Etiquette

Cough and Sneeze Etiquette

- When coughing or sneezing, use a tissue to cover your nose and mouth
- Dispose of the tissue afterwards
- If you don’t have a tissue, cough or sneeze into your elbow

- After coughing, sneezing or blowing your nose, wash your hands with soap and water
- Use an alcohol-based hand cleanser if you do not have access to soap and water

Remember:
Hand hygiene is the single most effective way to reduce the spread of germs that cause respiratory disease!

Anyone with signs and symptoms of respiratory infection:
- should be instructed to cover their nose/mouth when coughing or sneezing;
- use tissues to contain respiratory secretions;
- dispose of tissues in the nearest waste receptacle after use; and
- wash or cleanse their hands afterwards.
## Appendix 14. Transmission-Based Precautions

<table>
<thead>
<tr>
<th>Infection Control Measure</th>
<th>Route of transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Contact</td>
</tr>
<tr>
<td>Gloves</td>
<td>For all manual contact with patient, associated devices and immediate environmental surfaces</td>
</tr>
<tr>
<td>Gown</td>
<td>When healthcare worker’s clothing is in substantial contact with the patient, items in contact with the patient, and their immediate environment</td>
</tr>
<tr>
<td>Surgical Mask</td>
<td>As per Standard precautions</td>
</tr>
<tr>
<td>P2/N95 Respirator</td>
<td>Not required</td>
</tr>
<tr>
<td>Goggles/face shield</td>
<td>As per Standard precautions</td>
</tr>
<tr>
<td>Single room with own ensuite/bathroom facilities</td>
<td>Yes OR Cohort patients with door closed</td>
</tr>
<tr>
<td>Negative pressure ventilation room</td>
<td>Not required</td>
</tr>
<tr>
<td>Special handling of equipment</td>
<td>Single use or if reusable, reprocess according to IFU before reuse. Avoid contaminating environmental surfaces and equipment with used gloves.</td>
</tr>
<tr>
<td>------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Transport of patients</td>
<td>Surgical mask if coughing/sneezing and other signs and symptoms COVID-19. Notify the facility receiving patient. Advise transport staff of level of precautions to be maintained.</td>
</tr>
<tr>
<td>Alerts</td>
<td>Remove gloves and gown/apron and perform hand hygiene on leaving the room. Patient Medical Records must not be taken into the room. Signage of room.</td>
</tr>
<tr>
<td>Room cleaning</td>
<td>Standard cleaning protocol.</td>
</tr>
</tbody>
</table>