Secretary's Directive

Title: Clinical Care of COVID-19 Cases—Policy Statement	**Secretary's Directive Number:** DPSCS.130.0025
Related MD Statute/Regulations: Correctional Services Article, § 9-602, Annotated Code of Maryland.	**Supersedes: N/A**
Related ACA and MCCS Standards: 5-ACI-6A-03; 04; 08; 21. MCCS .05A(2)	**Authorized By:** Sharon L. Baucom, MD Director of Clinical Services
Related Directives: DPSCS Clinical Services and Inmate Health Operations Manuals	**Issued Date:** June 7, 2020 **Effective Date:** May 11, 2020
Variance: No Agency or Facility directive is necessary to implement and comply with this directive.	**Number of Pages: 6**

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.01 Purpose.

The purpose of this directive is to establish and maintain procedures for ensuring that inmates in the custody and control of the Department of Public Safety and Correctional Services (Department) receive medical evaluation and treatment at the first signs of novel Coronavirus Disease (COVID-19) Symptoms.

.02 Scope.

This directive applies to all correctional facilities within the Department.

.03 Definitions.

A. In this directive, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Correctional facility" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland: 'Correctional facility' means a facility that is operated for the purpose of detaining or confining adults who are charged with or found guilty of a crime.

(2) "Inmate" has the meaning stated in Correctional Services Article, §1-101, Annotated Code of Maryland: 'Inmate' means an individual who is actually or constructively detained or confined in a correctional facility.

(3) Medical Isolation.

(a) "Medical Isolation" refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission.

(b) "Medical Isolation" does not mean punitive isolation for behavioral infractions within the facility.

(4) "Quarantine" refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. They should be monitored for signs and symptoms of an influenza like illness (ILI).

.04 Policy.

A. The Department shall follow the Centers for Disease Control and Prevention's (CDC's) *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* and monitor the guidance website regularly for updates.

B. All medical personnel evaluating and providing care for confirmed COVID-19 cases shall follow the CDC *Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)* and contractual staff shall follow the *DPSCS Guidance for Maryland Correctional Facility Health Care and Public Health Providers* (Appendix A).

C. The Department recognizes the CDC's priorities for COVID-19 testing to include:

(1) High Priority:

(a) Hospitalized patients;

(b) Symptomatic healthcare facility workers, workers in congregate living settings, and first responders;

(c) Residents with symptoms who are in long-term care facilities or other congregate living settings, including prisons and shelters; and

(d) Persons identified through public health cluster and selected contact tracing investigations;

(2) Priority:

(a) Persons **with symptoms** of potential COVID-19 infection, including: fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea and/or sore throat; and

(b) Persons **without symptoms** who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other asymptomatic individuals according to state and local plans.

D. The Department recognizes the following medical conditions, as identified by the CDC, to be factors that indicate an increased risk for severe illness from COVID-19:

(1) Chronic Liver Disease (CLD) — cirrhosis with low albumin, low platelet, ascites, etc;

(2) Chronic Kidney Disease (CKD) and on dialysis;

(3) Asthma (moderate/ severe), Chronic Obstructive Pulmonary Disease (COPD), Chronic Lung Disease;

(4) Diabetes Mellitus;

(5) Cardiovascular disease of the heart including but not limited to: myocardial infarction, congestive heart failure, A-Fib, (hypertension by itself is excluded);

(6) Immunocompromised individuals on immune modulating Rx or undergoing treatment for:

(a) Cancer,

(b) Bone marrow or organ transplantation,

(c) HIV or AIDS, and

(d) Other autoimmune or immunodeficiency disorders; and

(7) Body Mass Index (BMI) > 40.

E. There is a COVID-19 testing program for inmates within the custody and control of the Department. The program includes testing of symptomatic individuals and testing of asymptomatic individuals:

(1) Who are under surveillance for symptoms of the COVID-19 infection;

(2) Of the highest risk by age group stratification; or

(3) Who have certain underlying medical risk factors as identified by the CDC.

F. When testing inmates for COVID-19 medical personnel shall:

(1) Conduct the testing in accordance with DPSCS COVID-19 Nasopharyngeal and Oropharyngeal Swabbing Procedure (Appendix B);

(2) Follow the instructions for packaging the specimens for shipment (Appendix C);

(3) If sending the specimen to a Maryland Department of Health (MDH) lab for testing, complete the (MDH) Infectious Agent: Culture/Detection PDF Form # 4676 (Appendix D). Instructions for completing MDH PDF Form # 4676 (Appendix E);

(4) If sending the specimen to another lab, such as Bioreference, then complete the appropriate requisition form for that lab; and

(5) Follow the process for courier services for the specific testing laboratory and pick up times from DPSCS facilities (Appendix F);

G. The Department shall:

(1) Ensure that sufficient stocks of hygiene supplies, cleaning supplies, personal protective equipment (PPE), and medical supplies are on hand and available;

(2) Operationalize a plan to continuously restock hygiene, cleaning, medical, and PPE supplies as needed;

(3) Relax the restrictions on alcohol-based hand sanitizer within the correctional facilities;

(4) Provide an ongoing supply of no-cost soap to inmates, sufficient to allow for frequent handwashing;

(5) Maintain procedures established in the Department Directive DPSCS.055.0007 (2017) — Respiratory Protection Program and expand the scope of the respiratory protection program to include employees at higher risk for COVID-19 exposure.

(6) Ensure that all employees and inmates are trained to correctly don, doff, and dispose of the PPE they have been assigned to use within the scope of their responsibilities;

(7) Implement intensified cleaning and disinfecting procedures in accordance with CDC recommendations;

(8) Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process, in order to identify and immediately place individuals with symptoms under medical isolation; and

(9) Quarantine all new intakes and transfers for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case).

H. Procedures for Inmate Admission to and Discharge from Isolation and Quarantine.

(1) Correctional staff shall not place an inmate in quarantine or medical isolation without a verified medical order.

(2) Prior to the transfer of an inmate to medical isolation or quarantine for COVID-19, the Regional Medical Director (RMD) or On-Call Provider must issue a written medical order to the correctional facility's dispensary nurse indicating that the inmate is to be placed on medical hold and transferred to quarantine or isolation.

(3) The Dispensary nurse shall:

(a) Notify the facility's security staff regarding the inmate's impending housing transfer; and

(b) Place a transfer alert in OCMS for quarantine or medical isolation for COVID-19.

(4) When an inmate is placed in or discharged from quarantine or medical isolation, the RMD or On-Call Provider shall:

(a) Notify the facility's warden, or the warden's designee of the inmate's need to be transferred to quarantine or medical isolation; and

(b) Coordinate the inmate's transfer to an appropriate housing location.

(5) Once the RMD and correctional staff identify the placement area for the inmate the transfer will be scheduled.

(6) Correctional staff shall:

(a) Ensure that a "Body Receipt" transfer notice has been entered into the OCMS "Maintain Traffic Data" screen; and

(b) Utilize the procedures established in the standard operating procedure for *COVID-19 Patient Transport* (Appendix G) and ensure that the inmate performed proper hand hygiene and put on a sneeze guard or surgical mask prior to entering the transport vehicle.

(7) Upon receipt of an inmate to be quarantined or medically isolated, facility staff shall:

(a) Receive the inmate's transfer packet which should include the inmate's:

(i) Case/base file;

(ii) Continuity of Care Form;

(iii) Any durable medical equipment receipts for a hearing aid, prosthetic, wheelchair, cane, or other equipment; and

(iv) Prescription medication that has been prescribed by a licensed Department healthcare provider; and

(b) Take custody of the inmate; and

(c) Inventory the inmate's property.

(8) Correctional staff shall utilize the procedures established in the standard operating procedure for *COVID-19 Isolation Housing* (Appendix H) when supervising patients in medical isolation for confirmed and suspected COVID-19.

.05 Appendix.

A. Interim Guidance for Maryland Correctional facility Health Care and Public Health Providers

B. DPSCS COVID-19 Nasopharyngeal and Oropharyngeal Swabbing Procedure

C. Instructions for Packaging Specimens for Shipment

D. MDH Infectious Agent: Culture/Detection Form # 4676 (Revised 09/18)

E. Instructions for MDH Infectious Agent: Culture/Detection Form # 4676 (Revised 09/18)

F. Courier Services for Laboratory Testing

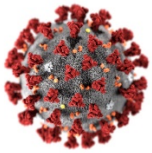
G. COVID-19 Patient Transport – Standard Operating Procedure

H. COVID-19 Isolation Housing - Standard Operating Procedure

.06 History. This directive supersedes provisions of any other prior existing communication with which it may be in conflict.

.07 Distribution.

A
S — Executive Management Team
Managing Officials
Office of Clinical Services and Inmate Health
Facility Audit Coordinators



COVID-19

DPSCS Guidance for Maryland Correctional Facility Health Care and Public Health Providers

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INTRODUCTION

Coronavirus disease 2019 (COVID-19) is caused by the novel corona virus SARS-CoV2-It was first identified in Wuhan, China during an outbreak, in December 2019. It spread by person to person via droplets. On March 11, 2020, the World Health Organization recognized COVID-19 to be a pandemic.

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities during this global pandemic.

This guidance is based on the currently available information about COVID-19. This approach will be refined and updated as more information becomes available and as response needs change in the United States. It is important to stay informed about COVID-19 to prevent introduction and minimize spread of COVID-19 in correctional facility.

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes**.**

The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions.

DEFINITIONS OF COMMONLY USED TERMS

Airborne Infection Isolation Rooms (AIIRs) are single-patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour (12 air changes per hour are recommended for new construction or renovation). Air from these rooms should be exhausted to the outside or be filtered through a high-efficiency particulate air (HEPA) filter. Room doors should be kept closed except when entering or leaving the room, and entry and exit should be minimized. Facilities should monitor and document the proper negative-pressure function of these rooms.

Close Contact of a COVID-19 case (***Person Under Investigation (PUI)*** – an individual is considered a close contact if they have:

a) Been within approximately 6 feet of a COVID-19 case for a prolonged period of time or

b) Had direct contact with infectious secretions from a COVID-19 case (e.g. have been coughed on).

Data to inform the definition of close contact are limited.

Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).

Cohorting – the practice of isolating multiple laboratory-confirmed COVID-19 cases together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative.

Community Transmission of COVID-19 –This occurs when individuals acquire the disease through contact with someone in their local community, rather than through travel to an affected location. Once community transmission is identified in a particular area, correctional facilities and detention centers are more likely to start seeing cases inside their walls.

Confirmed vs. Suspected COVID-19 case

- A confirmed case has received a positive result from a COVID-19 laboratory test, with or without symptoms.
- A suspected case shows symptoms of COVID-19 but either has not been tested or is awaiting test results.

Healthcare Personnel (HCP) refers to all paid and unpaid persons serving in healthcare settings who have the potential for direct or indirect exposure to patients or infectious materials, including:

- Body substances
- Contaminated medical supplies, devices, and equipment
- Contaminated environmental surfaces
- Contaminated air

Medical Isolation – Refers to confining a confirmed or suspected COVID-19 case (ideally to a single cell with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of transmission.

Quarantine – Refers to the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for a period of 14 days. They should be monitored for sign and symptoms.

Social Distancing – Social distancing is the practice of increasing the space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally, to maintain at least 6 feet between all individuals, even those who are asymptomatic).

Although social distancing is challenging to practice in correctional and detention environments, it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19.

Staff – Refers to all public sector employees as well as those working for a private contractor within a correctional facility (e.g. custody, private healthcare or food service).

STAFF PRECAUTIONS AND RESTRICTIONS DURING THE PANDEMIC

- Correctional facilities should have signage posted at entry points in English and Spanish alerting staff and visitors that if they have fever and respiratory symptoms, they should not enter the facility.
- Instruct staff to report fever and/or respiratory symptoms at the first sign of illness.
- Staff with respiratory symptoms should stay home or be advised to go home if they develop symptoms while at work. Ill staff should remain at home until their provider to return to work clears them.
- Advise visitors who have fever and/or respiratory symptoms to delay their visit until they are well.
- Consider temporarily suspending visitation or modifying visitation programs, when appropriate.
- Initiate other social distancing procedures, if necessary (e.g. halt volunteer and contractor entrance, discourage handshaking).
- Post signage and consider population management initiatives throughout the facility encouraging vaccination for influenza.

Respiratory Hygiene, Cough Etiquette, and Hand Hygiene

- Post visual alerts in high traffic areas in both English and Spanish instructing patients to report symptoms of respiratory infection to staff.
- Encourage coughing patients with respiratory symptoms to practice appropriate respiratory hygiene and cough etiquette (e.g. cover your cough, sneeze into your sleeve, use a tissue when available, dispose of tissue appropriately in designated receptacles, and hand hygiene).
  - ☐ Additionally, coughing patients should not remain in common or waiting areas for extended periods and should wear a surgical or procedure mask and remain 6 feet from others.
- Ensure that hand hygiene and respiratory hygiene supplies are readily available.
- Encourage frequent hand hygiene.

COVID-19 PPE and Healthcare Personnel

Before caring for patients with confirmed or suspected COVID-19, healthcare personnel (HCP) must:

- Receive comprehensive training on when and what PPE is necessary, how to don (put on) and doff (take off) PPE, limitations of PPE, and proper care, maintenance, and disposal of PPE.
- Demonstrate competency in performing appropriate infection control practices and procedures.

Preferred PPE Includes:

- N95 or Higher Respirator is preferred.
- N95 mask or higher when respirators are not available, use the best available alternative, like a facemask.
- One pair of clean, non-sterile gloves
- Face shield or goggles
- Isolation gown

Doffing and Donning PPE

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

A step-by-step process:

Donning (Putting on the Gear):

1. Identify and gather the proper PPE to don. Ensure choice of gown size is correct (based on training).
2. Perform hand hygiene using hand sanitizer.
3. Put on isolation gown. Tie all of the ties on the gown. Assistance may be needed by another HCP.
4. Put on NIOSH-approved N95 filtering facepiece respirator or higher (use a facemask if a respirator is not available). If the respirator has a nosepiece, it should be fitted to the nose with both hands, not bent or tented.

   Respirator straps should be placed on crown of head (top strap) and base of neck (bottom strap). Perform a user seal check each time you put on the respirator.

   Facemask: Mask ties should be secured on crown of head (top tie) and base of neck (bottom tie). If mask has loops, hook them appropriately around your ears.
5. Put on eye protection. Eye protection includes a face shield or goggles. Face shields provide full-face coverage. Goggles also provide excellent protection for eyes, but fogging is common.

Put on eye protection upon entry to the patient room or care area.

6. Perform hand hygiene before putting on gloves. Gloves should cover the cuff (wrist) of gown.
7. HCP may now enter patient room.

DOFFING (Taking Off the Gear):

1. Remove gloves.

   Ensure glove removal does not cause additional contamination of hands. Gloves can be removed using more than one technique (e.g., glove-in-glove or bird beak).

2. Remove gown.

   Untie all ties (or unsnap all buttons). Some gown ties can be broken rather than untied. Do so in gentle manner, avoiding a forceful movement. Reach up to the shoulders and carefully pull gown down and away from the body. Rolling the gown down is an acceptable approach. Dispose in trash receptacle.

3. HCP may now exit patient room.
4. Perform hand hygiene.
5. Remove Eye Protection - face shield or goggles. Carefully remove face shield or goggles by grabbing the strap and pulling upwards and away from head. Do not touch the front of face shield or goggles.
   - Reusable eye protection (e.g. goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
   - Disposable eye protection should be discarded after use.
6. Remove and discard respirator (or facemask if used instead of respirator)
   * *Do not touch the front of the respirator or facemask.*

   Respirator:

   Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator.

   Facemask:

   Carefully untie (or unhook from the ears) and pull away from face without touching the front.

7. Perform hand hygiene after removing the respirator/facemask and before putting it on again if your workplace is practicing reuse.

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

Limited Supply of PPE

During times of limited access to respirators or facemasks, facilities could consider having HCP remove only gloves and gowns (if used) and perform hand hygiene between patients with the same diagnosis (e.g., confirmed COVID-19) while continuing to wear the same eye protection and respirator or facemask (i.e., extended use).

Risk of transmission from eye protection and facemasks during extended use is expected to be very low.

HCP must take care not to touch their eye protection and respirator or facemask.

HCP should strictly follow basic infection control practices between patients (e.g., hand hygiene, cleaning and disinfecting shared equipment).

INFECTION PREVENTION AND ENVIRONMENTAL CONTROL

Limit how COVID-19 can enter and travel through the facility by:

- Cancelling elective procedures
- Using telemedicine when possible
- Limiting points of entry and manage visitors
- Screening patients for respiratory symptoms
- Encouraging patient respiratory hygiene using alternatives to facemasks (e.g. tissues to cover cough)
- Isolating symptomatic patients as soon as possible
- Setting up separate, well-ventilated triage areas, place patients with suspected or confirmed COVID-19 in private rooms with door closed and private bathroom (as possible),
- Prioritizing AIIRs for patients undergoing aerosol-generating procedures.
- Protecting healthcare personnel
- Emphasizing hand hygiene
- Installing barriers to limit contact with patients at triage
- Cohorting COVID-19 patients
- Limiting the numbers of staff providing care, and
- Prioritizing respirators and AIIRs for aerosol-generating procedures.
- If a hemodialysis facility is dialyzing more than one patient with suspected or confirmed COVID-19, consideration should be given to cohorting these patients and the HCP caring for them together in the section of the unit and/or on the same shift.

Equipment

- Dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies consistently and correctly.

Disinfectants

- For a list of EPA - registered disinfectant products that have qualified for use against SARSCoV-2, the novel coronavirus that causes COVID-19, go to:

https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2 .

- If an EPA-registered disinfectant is not available, use a fresh chlorine bleach solution at a 1:10 dilution. • Focus on cleaning and disinfection of frequently touched surfaces in common areas (e.g., faucet handles, phones, countertops, and bathroom surfaces).
- If bleach solutions are used, change solutions regularly and clean containers to prevent contamination.

Cleaning and Disinfection Procedures

- Routine cleaning and disinfection procedures should be used. Studies have confirmed the effectiveness of routine cleaning (extraordinary procedures not recommended at this time).
- Routine cleaning and disinfection means to:
    - Pre-cleaning surfaces to remove pathogens,
    - Rinse with water, and
    - Follow with an EPA - registered disinfectant to kill coronavirus. Follow the manufacturer's labeled instructions and always follow the product's dilution ratio and contact time.
- Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. Special handling and cleaning of soiled linens, eating utensils, and dishes is not required, but should not be shared without thorough washing.
- Linens (e.g., bed sheets and towels) should be washed by using laundry soap and tumbled dried on a hot setting. Staff should not hold laundry close to their body before washing and should wash their hands with soap and water after handling dirty laundry.
- Follow standard procedures for handling waste.

REPORTING AND COMMUNICATION

Communicate and collaborate with public health authorities.

Facilities should designate specific persons within the healthcare facility who are responsible for communication with public health officials and dissemination of information to HCP.

Communicate and collaborate within the institution.

Implement mechanisms and policies that promote situational awareness for facility staff including infection control, healthcare epidemiology, facility leadership, occupational health, clinical laboratory, and frontline staff about known or suspected COVID-19 patients and facility plans for response.

Communicate information about known or suspected COVID-19 patients to appropriate personnel before transferring them to other departments in the facility (e.g., radiology) and to other healthcare facilities.

When a patient with fever and respiratory symptoms is identified, notify the Infection Control Coordinator (ICC).

Laboratory confirmed COVID-19 cases and suspect cases of COVID-19 shall immediately be reported to ICC or ICC alternate.

Confirmed COVID-19 cases should be immediately reported to the DOC officials and the Local Health Department.

Response to an Outbreak

When one or more laboratory confirmed cases of COVID-19 have been reported, surveillance should be conducted throughout the institution to identify contacts. A standardized approach to stop COVID-19 transmission is necessary by identifying people who have been exposed to a laboratory confirmed COVID-19 case.

Initial Notifications

If healthcare or custody staff become aware of or observe symptoms consistent with COVID-19 in a patient, staff, or within the institution, they should immediately notify institutional leadership:

- The Regional Medical Director over the facility and Director of Operations should follow the attached DPSCS Communication Cascade see attached form.

- The manager or institutional leadership should notify the Infection Control Nurse and the local health department.

Reporting and Notification

As soon as outbreak is suspected follow the DPSCS Communication Cascade protocols by telephone, text, then by email within 24 hours. Complete the Preliminary Report of Infectious Disease or Outbreak form (PORS).

Communication with the Institution

Activate the Central Command Center. The central command center includes: Regional Medical Director, Director of Nurses (DON), Infection Control Nurse (ICN), Warden, and key custody staff. Call for an Exposure Control meeting with the Warden site provider, Facilities Captains, Department Heads and Employee multi-vendor and state staff (psychology, social work) to inform them of outbreak, symptoms of disease, number of patients affected and infection control measures.

Containment

Stopping transmission will require halting movement of exposed patients. The goal is to keep patients who are ill or who have been exposed to someone who is ill from mingling with patients from other areas of the prison, from food handling and duties in healthcare settings.

- Close as many affected buildings/units as needed to confine the outbreak.
- Remind patients not to share eating utensils, food or drinks.
- Stop large group meetings such as religious meetings and social events.
- Patients who are housed in the same affected building/unit may have pill line or yard time together.

COVID-19

Currently, there are no approved vaccine or medication treatments for COVID-19. Treatment is supportive, especially for respiratory distress.

Mild to Moderate Disease

Patients with a mild clinical presentation (absence of viral pneumonia and hypoxia) may not require hospitalization,

Many patients will be able to manage their illness at the prison.

Most of them require supportive care only.

Severe Disease

Some patients with COVID-19 will have severe disease requiring hospitalization for management.

Reinfection

- There are no data concerning the possibility of reinfection.
- Viral RNA shedding declines with resolution of symptoms, and may continue for days to weeks.
- However, the detection of RNA during convalescence does not necessarily indicate the presence of viable infectious virus.
- Clinical recovery has been correlated with the detection of IgM and IgG antibodies that signal the development of immunity.

Transmission

Person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs, sneezes, or talks.

Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity.

People who are infected but do not have symptoms likely spread of COVID-19.

Except with the risk of exposure from aerosol generating procedures, airborne transmission is not the main route of transmission.

However, airborne transmission from person-to-person over long distances is unlikely.

Community spread means people have been infected with the virus in an area, including some who are not sure how or where they became infected.

People are thought to be most contagious when they are symptomatic.

Although transmission of SARS-CoV-2 from asymptomatic or pre-symptomatic persons has been reported, risk of transmission is thought to be greatest when patients are symptomatic.

Viral RNA shedding is greatest at the time of symptom onset and declines over the course of several days.

The exact degree of SARS-CoV-2 viral RNA shedding that confers risk of transmission is not yet clear.

Incubation Period

The incubation period for COVID-19 is thought to extend to 14 days, median time of 4-5 days from exposure to symptoms onset.

One study reported that 97.5% of persons with COVID-19 who develop symptoms would do so within 11.5 days of SARS-CoV-2 infection.

Clinical Manifestations

The signs and symptoms of COVID-19 present at illness onset vary.

Over the course of the disease, most persons with COVID-19 will experience the following:

- Fever (83–99%)
- Cough (59–82%)
- Fatigue (44–70%)
- Anorexia (40–84%)
- Shortness of breath (31–40%)
- Sputum production (28–33%)
- Myalgias (11–35%)

Atypical presentations have been described and older adults and persons with medical comorbidities may have delayed presentation of fever and respiratory symptoms.

Some persons with COVID-19 have experienced gastrointestinal symptoms such as diarrhea and nausea prior to developing fever and lower respiratory tract signs and symptoms.

- Anosmia or ageusia preceding the onset of respiratory symptoms has been anecdotally reported.
- Approximately 80% of laboratory confirmed patients have had mild to moderate disease. Most of these patients are expected to recover completely.
- Approximately 15% of laboratory confirmed patients have severe disease (dyspnea, respiratory rate ≥30/minute, blood oxygen saturation ≤93%, and/or lung infiltrates >50% of the lung field within 24-48 hours).
- Approximately 5% of laboratory confirmed patients are critical (respiratory failure, septic shock, and/or multiple organ dysfunction/failure).
- Asymptomatic infection has been reported, but the majority of the relatively rare cases who were asymptomatic on the date of identification/report, went on to develop disease.
- SARS-CoV-2 infection is demonstrated in patients who never develop symptoms (asymptomatic) and in patients not yet symptomatic (pre-symptomatic).
- As many as 13% of RT-PCR-confirmed cases of SARS-CoV-2 infection in children were asymptomatic.
- Skilled nursing facility residents infected with SARS-CoV-2 from a healthcare worker demonstrated that half were asymptomatic or pre-symptomatic at the time of contact tracing evaluation and testing.
- Patients may have abnormalities on chest imaging before the onset of symptoms.

Other Laboratory Findings

Lymphopenia is the most common lab finding in COVID-19 and is found in as many as 83% of hospitalized patients.

Lymphopenia, neutrophilia, elevated serum alanine aminotransferase and aspartate aminotransferase levels, elevated lactate dehydrogenase, high CRP, and high ferritin levels may be associated with greater illness severity.

Elevated D-dimer and lymphopenia have been associated with mortality.

Procalcitonin is typically normal on admission, but may increase among those admitted to the ICU.

Patients with critical illness had high plasma levels of inflammatory makers, suggesting potential immune dysregulation.

Radiologic Findings

Chest radiographs of patients with COVID-19 typically demonstrate bilateral air-space consolidation, though patients may have unremarkable chest radiographs early in the disease.

Chest CT images from patients with COVID-19 typically demonstrate bilateral, peripheral ground glass opacities.

Chest CT imaging pattern is non-specific

Chest radiograph or CT alone is not recommended for the diagnosis of COVID-19.

The American College of Radiology also does not recommend CT for screening or as a first-line test for diagnosis of COVID-19.

Progression of the Disease

Among patients who developed severe disease, the medium time to dyspnea ranged from 5 to 8 days, to acute respiratory distress syndrome (ARDS) ranged from 8 to 12 days, and to ICU admission ranged from 10 to 12 days.

Clinicians should be aware of the potential for some patients to rapidly deteriorate one week after illness onset.

Among hospitalized patients, 26% to 32% of patients were admitted to the ICU.

Among all patients, 3% to 17% developed ARDS compared to a range of 20% to 42% for hospitalized patients and 67% to 85% for patients admitted to the ICU.

Mortality among patients admitted to the ICU ranges from 39% to 72%.

The median length of hospitalization among survivors was 10 to 13 days.

Differential Diagnosis

Viral pneumonia can be caused by many respiratory pathogens. When Influenza is present, it is the likely cause of influenza-like illness (ILI).

Patients with influenza or another etiology are unlikely to be co-infected with COVID-19 related virus. Therefore, COVID-19 testing is unnecessary if influenza is confirmed.

Infectiousness of COVID-19 Patients

A patient with a confirmed or suspected case of COVID-19 is considered to be infectious from the 48-72 hours before the time of symptom onset and until symptoms resolve.

Risk Factors for Severe Illness

Age is a strong risk factor for severe illness, complications, and death.

The case fatality rate was highest among older persons:

≥85 years (range 10%–27%),

3%–11% for ages 65–84 years,

1%–3% for ages 55–64 years, and

<1% for ages 0–54 years.[29]

Patients with no reported underlying medical conditions had an overall case fatality of 0.9%, but case fatality was higher for patients with comorbidities:

10.5% for those with cardiovascular disease,

7.3% for diabetes, and

6% each for chronic respiratory disease, hypertension, and cancer.

Heart disease, hypertension, prior stroke, diabetes, chronic lung disease, and chronic kidney disease have all been associated with increased illness severity and adverse outcomes.

Management of Contacts to Contacts

CDC does not recommend testing, symptom monitoring, quarantine, or special management for people exposed to asymptomatic people who have had high-risk exposures to COVID-19, (e.g., Contacts to Contacts).

CLINICAL MANAGEMENT AND TREATMENT

Diagnostic Testing

Testing for influenza and SARS-CoV-2 is important for establishing the etiology of influenza like illness (ILI). ILI can be defined by any combination of fever or cough.

- Diagnosis of COVID-19 requires detection of SARS-CoV-2 RNA by reverse transcription polymerase chain reaction (RT-PCR).
- Lower respiratory samples may have better yield than upper respiratory samples.
- SARS-CoV-2 RNA has also been detected in stool and blood.
- Detection of SARS-CoV-2 RNA in blood may be a marker of severe illness.
- Viral RNA shedding may persist over longer periods among older persons and those who had severe illness requiring hospitalization. (Median range of viral shedding among hospitalized patients 12–20 days).

1. Priority for COVID-19 testing should be given to symptomatic individuals who are ≥60 years or have chronic medical conditions and/or an immunocompromised state that may put them at higher risk for poor outcomes (e.g., diabetes, heart failure, cerebrovascular disease, chronic lung disease, chronic kidney disease, cancer, liver disease, and pregnancy).
2. Patients who have had close contact with an infectious case of COVID-19 and if the contact develops symptoms, they should be tested for COVID-19 immediately.
3. Early identification of a COVID-19 outbreak may be key to mitigating its impact on staff, patients, and the surrounding community.

For initial diagnostic testing for COVID-19, the preferred specimen is any nasal swab, or oropharyngeal swabs should be collected in transport media.

- Only one swab is needed.
- NP specimen has the best sensitivity.
- Specimens should be collected as soon as possible, regardless of the time of symptom onset. **Please note:**
    - Sputum inductions are not recommended as a means for sample collection.
    - Collection of sputum should only be done for those patients with productive coughs.

- Testing policy may change as CDC recommendations change.

Collection of Respiratory Specimen

When collecting diagnostic respiratory specimens from a possible COVID-19 patient, the following should occur:

- HCP in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support.
- Specimen collection should be performed in a normal examination room with the door closed.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control.

Precaution When Performing Aerosol-Producing Procedures (AGPs)

Some procedures performed on patient with known or suspected COVID-19 could generate infectious aerosols.

In particular, procedures that are likely to induce coughing (e.g., sputum induction, open suctioning of airways) should be performed cautiously and avoided if possible.

If performed, the following should occur:

- HCP in the room should wear an N95 or higher-level respirator, eye protection, gloves, and a gown.
- The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for the procedure.
- AGPs should ideally take place in an AIIR.
- Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below.

Medical Hold and Contact Investigation

When a patient with a suspected or confirmed case of COVID-19 is identified:

- The patient should be placed on a medical **hold by the provider;**
- A contact investigation should be conducted; and
- All patients housed in the same unit, and any other identified close contacts, should be placed on a medical hold as part of quarantine measures.

Management of Suspected and Confirmed Cases of COVID-19

- Immediately mask patients when COVID-19 is suspected. Surgical or procedure masks are appropriate for patients.
- Patient Placement: The RMD Provider will determine placement as it relates to isolation, Negative airflow room, infirmary, and hospital offsite.
- For patients with COVID-19 or other respiratory infections, evaluate need for hospitalization or placement in the infirmary.
- If admitted, place a patient with known or suspected COVID-19 in a single-person room with the door closed.
- The patient should have a dedicated bathroom.
- Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients who will be undergoing aerosol-generating procedures
- It might not be possible to distinguish patients who have COVID-19 from patients with other respiratory viruses. As such, patients with different respiratory pathogens will likely be housed on the same unit. However, only patients with the same respiratory pathogen may be housed in the same room.

Transporting COVID-19 Patients

- Limit transport and movement of the patient outside of the room.
- Patients shall only be transported for emergent medically necessary procedures or transfers.
- Consider providing portable x-ray equipment in patient cohort areas to reduce the need for patient transport.
- Patients with known or suspected COVID-19 should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).
- Patients should wear a facemask to contain secretions during transport.
- If patients cannot tolerate a facemask or one is not available, they should use tissues to cover their mouth and nose.
- Once the patient has been discharged or transferred, HCP, including environmental services personnel, should refrain from entering the vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles
- After this time has elapsed, the room should undergo appropriate cleaning and surface disinfection before it is returned to routine use.
- When possible, assign dedicated health care staff to provide care to suspected or confirmed cases.

M**onitoring Patients Suspected or Confirmed With COVID-19**

- Patients with suspected COVID-19 require a minimum of twice daily nursing assessment, including, but not limited to:
    - Temperature monitoring twice daily
    - Pulse oximeter monitoring
    - Blood pressure checks
    - Lung auscultation
    - Assessing for signs and symptoms of dehydration (rapid pulse, sluggish skin turgor; dry mucous membranes, sunken eyes, confusion)
- Monitor patients for complications of COVID-19 infection, including respiratory distress and sepsis:
    - Fever and chills
    - Rapid pulse
    - Rapid breathing
    - Labored breathing
    - Low blood pressure
    - Low oxygen saturation
    - Altered mental status or confusion.

Patients with abnormal findings should be immediately referred to a provider for further evaluation.

Management of Asymptomatic Contacts of COVID-19

Patients with exposure to a confirmed or suspected COVID-19 case shall be placed in quarantine.

Isolation

Isolation housing requires a medical order (place a mask on the inmate while getting the order)

Promptly separate patients who are sick with fever and lower respiratory symptoms from well-patients. Patients with these symptoms should be isolated until they are no longer infectious and have been cleared by the health care provider.

- The preference is for isolation in a negative pressure room; second choice would be isolation in private room with a solid, closed door.

- When a negative pressure room or private, single room is not available, cohorting symptomatic patients who meet specific criteria is appropriate. Groups of symptomatic patients can be cohorted in a separate area or facility away from well patients. Possible areas to cohort patients could be an unused gym or section of a gym or chapel. When it is necessary to cohort patients in a section of a room or area with the general population of well-patients (e.g., dorm section) there should be at least 6 feet between the symptomatic patients and the well patient population. Tape can be placed on the floor to mark the isolation section with a second line of tape 6 feet away to mark the well-patient section which can provide a visual sign and alert well-employees and patients to remain outside of the isolation section unless they are wearing appropriate PPE.
    - Patients with influenza like illness (ILI) of unknown etiology should be isolated alone. If they cannot be isolated alone, they should be isolated with other sick patients from the same housing unit.
    - Patients with confirmed COVID-19 or influenza can safely be isolated in a cohort with other patients who have the same confirmed diagnosis.
- Correctional facilities should review their medical isolation policies, identify potential areas for isolation, and anticipate how to provide isolation when cases exceed the number of isolation rooms available.
- If possible, the isolation area should have a bathroom available for the exclusive use of the identified symptomatic patients. When there is no separate bathroom available, symptomatic patients should wear a surgical or procedure mask when outside the isolation room or area, and the bathroom should be sanitized frequently.
- A sign should be placed on the door or wall of an isolation area to alert employees and patients. All persons entering the isolation room or areas need to follow the required transmission-based precautions.
- When possible, assign dedicated health care staff to provide care to suspected or confirmed cases.

Quarantine

Placing an Inmate in Quarantine Housing Requires a Medical Order.

The criteria for imposing quarantine in a correctional facility will remain a dynamic process with possible re-direction and re-strategizing of disease control efforts based on recommendations from Authorities. Quarantine should be implemented for patients who are contacts to a COVID-19 case and are not ill.

- **ALL Quarantined patients shall be placed on medical hold. A medical decision regarding quarantine housing will be made in collaboration with**

the RMD statewide medical director and Infectious Disease Consultant and notification to facility hierarchy.

- Transport of patients in quarantine **should be limited**. If transport becomes necessary, assign dedicated staff to the extent possible. Patients under quarantine, and those transporting quarantined patients, must use appropriate PPE (quarantined patient should wear a surgical or procedure mask, transport staff should wear an N-95 respirator or other approved respirator).
- Quarantine does not include restricting the patient to his own cell for the duration of the quarantine without opportunity for exercise or yard time. Quarantined patients can have yard time as a group but should not mix with patients not in quarantine.
- Nursing staff must conduct twice-daily surveillance on quarantined patients for the duration of the quarantine period to identify any new cases. If new case(s) are identified, the symptomatic patient must be masked and evaluated by a health care provider as soon as possible.
- Quarantined patients may be given meals in the hall as a group if:
    - They do not congregate with other non-quarantined patients,
    - They are the last group to get meals, and
    - The dining room can be cleaned after the meal.

  If these parameters cannot be met in the chow hall, the patients shall be given meals in their cells.
- In the event of a more severe outbreak, involving multiple suspected or confirmed cases or involving neighboring community, consider prison lockdown.

Patient Surveillance While In Quarantine

Correctional nursing leadership is responsible for assigning nursing teams to conduct surveillance to identify new suspected cases. Twice daily surveillance rounds and the evaluation of well patients who have been exposed must be done in all housing units that have housed one or more patients with suspected or confirmed COVID-19.

- Surveillance Rounds must be conducted twice daily on quarantined patients.
- All quarantined patients shall be evaluated on a twice daily basis, including weekends and holidays.
- Using the electronic Surveillance Rounds form in EHRS, temperatures and any respiratory symptoms must be recorded.
- Patients with symptoms should be promptly masked and escorted to a designated clinical area for medical follow up as soon as possible during the same day symptoms are identified, including weekends and holidays.

Discontinuation of Precautions for Patient with Confirmed COVID-19

1. *Test-based strategy.*
    - Resolution of fever without the use of fever-reducing medications and
    - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
    - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive nasopharyngeal swab specimens collected ≥24 hours apart (total of two negative specimens
2. *Non-test-based strategy*.
    - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
    - At least 14 days have passed prior to first *symptoms appeared.*

Discontinuation of Precautions for Patient Suspected of Having COVID-19.

Discontinuation of precautions for a suspected COVID-19 patient requires a medical order *and* notification to the facility management prior to executing the order.

Negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2.
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *non-test-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determines whether to continue or discontinue empiric Transmission-Based Precautions.

- Educate all patients about signs and symptoms of respiratory illness, possible complications, and the need for prompt assessment and treatment. Instruct patients to report respiratory symptoms at the first sign of illness.

- Surveillance may uncover patients in housing units with respiratory symptoms but without fever and who do not meet the case presentation for COVID-19. Consult with the treating provider and/or CME to determine if these patients should be isolated.

Release from Quarantine

Release from quarantine requires medical order *and* communication to the facility management prior to release

The period of quarantine is 14 days from the last date of exposure, because 14 days is the longest incubation period seen for similar coronaviruses. Someone who has been released from COVID-19 quarantine is not considered a risk for spreading the virus to **others because they have not developed illness during the incubation period**.

Quarantine must be extended by 14 days for every new exposure.

REFERENCES

https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html

https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease 2019 (COVID-19).

Maryland Department of Public Safety and Correctional Services

COVID-19 NASOPHARYNGEAL AND OROPHARYNGEAL SWABBING PROCEDURE

Purpose: To outline the procedure to obtain nasopharyngeal (NP) or oropharyngeal (OP) swab specimens for respiratory infection testing. Collecting NP or OP swabs is an important tool in the diagnosis of COVID-19 virus. The quality of the specimen collection is critical, and the correct collection of the specimen is directly linked to the sensitivity of the test.

Only Clinical staff who have received documented training/instruction on the process of obtaining NP or OP swab will perform NP or OP specimen collection for COVID-19 testing. When collecting NP or OP swab from a patient with possible COVID-19 infection, the following will occur:

Procedure:

Ensure that all infection prevention & control steps are followed including: Hand hygiene before and after the procedure and use of personal protective equipment to include mask, eye protection, gown, and gloves.

- The authorized provider will give a written or verbal/telephonic order for NP or OP specimen collection to test for COVID-19.
- The clinical staff will document the order in the appropriate laboratory template in the electronic patient health record (EPHR).
- The clinician or nurse will perform the specimen collection in a single room in the dispensary with the door closed. Where a negative air pressure room is available, the clinical staff will utilize the negative air pressure room.
- The clinical staff and custody officer in the room will wear full personal protective equipment (PPE) to include an N95 or higher-level respirator (or surgical facemask with face shields if a respirator is not available), eye protection, gloves, and a gown.
- The number of clinical staff and custody officers present during the procedure will be limited to only those essential for patient care and procedure support.
- The inmate will present to the dispensary in a surgical mask preferably or sneeze guard if the mask is not readily available for droplet exposure protection.
- The inmate will remain in the mask until the clinical staff is ready to obtain the specimen.

- The clinical staff will pull the patient's mask down to cover the mouth while obtaining the NP specimen from the upper naso-pharynx or will pull the patient's mask up to cover the nose while obtaining OP specimen from the oropharynx.
- Specimen collection is done by swabbing the upper respiratory nasopharyngeal (NP) or the throat (OP) utilizing a Dacron-tipped plastic swab and immediately placing the specimen in universal transport media (Speedy#510) obtained from either Maryland Department of Health (MDH) or private labs (BioReference); Ensure the tube is tightly closed, and refrigerate at 2-8 C in the lab-designated refrigerator.
- Label specimen with patient's name, SID number, date of birth, and facility and follow the directions on the specimen from the specific laboratory.
- If the test swab is from BioRererence, place the swab in the GREEN specimen bag and label with "COVID-19" and submit to Bio Reference. Turnaround time is 3 days for the results. Methodology of testing is Real-Time RT-PCR.
- If the test kit is from MDH, follow the instruction provided by MDH for requesting COVID-19 specimen testing and packaging specimens for shipment. The completed laboratory requisition form (MDH 4676 Infectious Agents Culture/Detection form) must accompany each specimen.
- Follow the contact process for the courier services identified for the specific testing laboratory used ie BioReference and MDH. Post the courier number and pick up times in all of the DPSCS Dispensaries.
- Inventory of testing to include the # of kits received, number utilized date and time and roster of the inmates who received the tests will be documented
- Additional testing kits will be determined on an establishment of par levels related to current viral activity.
- Cleaning and disinfecting of the dispensary to include all surfaces will occur after each patient encounter with an approved disinfectant per manufacturer's instructions.
- **Clinical staff will refrain from inducing a cough during the COVID-19 specimen collection and avoid respiratory induced collection specimen.**
- Hand hygiene with soap and water for 20 seconds conducted at a minimum prior to/ after patient contact and prior to/ after NP collection procedure.

- Safe removal of PPE immediately following the procedure and disposal in a biohazard waste container in the room where the procedure was performed. This PPE post testing cannot be reused.
- Clinical staff will don a clean set of PPE prior to exiting the room and performing any other task.
- Clinical staff will document the Covid-19 testing in the EPHR under the lab section; **a positive result is considered a "critical" lab value.**
- Note: All Covid-19 testing results, positive, negative, and inconclusive, will be reported to the respective state health departments through Electronic Laboratory Reporting per private lab (BioReference) and Corizon Infection Control staff to MDH independently.

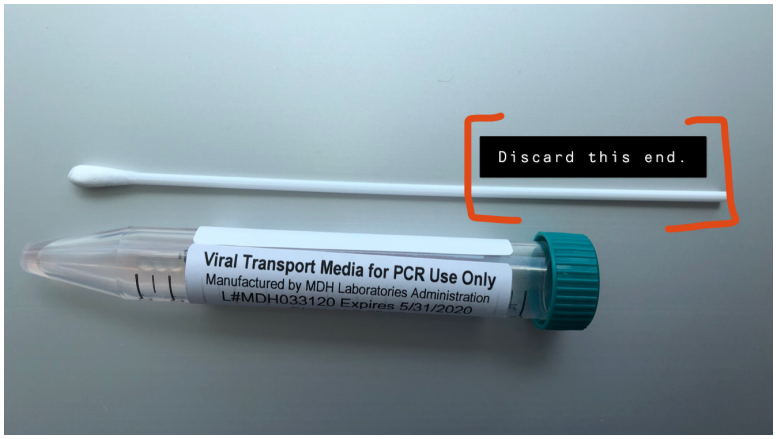
*Corizon Infectious Disease Director will incorporate all testing for COVID-19 conducted on inmates and detainees as part of the COVID-19 daily report by inmate name, facility, SID number, testing date, result date and outcome.

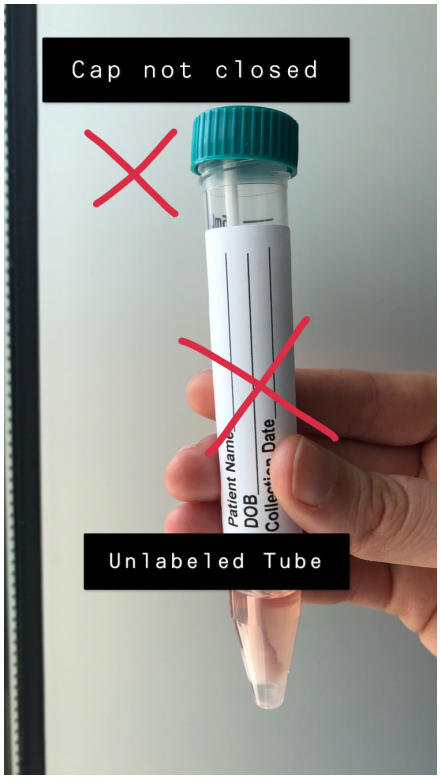
Instructions for Requesting COVID-19 Specimen Testing and Packaging Specimens for Shipment

Packaging Covid-19 specimens

For facilities submitting specimens for COVID-19 testing, the MDH Labs recommend the following best practices:

- Specimens must be transported in viral transport media or universal transport media. We are unable to accept other types of media.
- After placing the specimen swab in VTM/UTM, secure the lid properly. If the specimen leaks in transit, it will be rejected, and facilities will be requested to collect additional specimen thus delaying test results for that specimen





- All tubes must be labeled with patient name, DOB, and collection date.
- Place lab requisition in the external pocket of biohazard bag.

- Use smaller coolers and cold packs for specimen shipment/transport to MDH Labs – contact local county Health Department to request coolers and cold packs (MDH Labs will coordinate cooler and cold pack shipment with the local health department).
- Use cold packs with shipment during transport. <u>Do not</u> use ice bags with specimen (in cooler) during shipment transport. If cold packs are unavailable, ice can be used as a last resort. In that case, secure ice in smaller zip lock bag(s) to avoid leaking. It is difficult to identify whether the leak was from specimen during transit or from the ice bag **and might result in rejection of the specimen**.

Do not put ice and specimen in one bag. Use cold packs

Patient Test Requisition Slip Instructions

- Mandatory information in upper left corner:
    - **Health Care Provider** → Facilty Name. Include facility name, address, point of contact, phone, and fax.
    - **Test Request Authorized By** → Ordering physician/health care provider. Use an ordering provider **<u>affiliated with your institution</u>** (not with the health department).
- Mandatory patient information:
    - First and last name
    - Unique patient identifier: DOB, medical record number
- Collection date: fill in date specimen was collected. MDH Labs must receive and test specimen within 72hrs.
- Test type and specimen source:
    - Test Type: **COVID-19**
    - Specimen source:
        - **N → Nasopharyngeal swab**
        - **T → Oropharyngeal swab or throat swab**

STATE LAB
Use Only

Laboratories Administration MDH
1770 Ashland Ave • Baltimore, MD 21205
443-681-3800 http://health.maryland.gov/laboratories/
Robert A. Myers, Ph.D., Director

MARYLAND Department of Health

INFECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON BOTH COPIES

☐ EH ☐ FP ☐ MTY/PN ☐ NOD ☐ STD ☐ TB ☐ CD ☐ COR

Heath Care Provider

Address

City County

State Zip Code

Contact Name:

Phone # Fax #

Test Request Authorized by:

Patient SS # (last 4 digits):

Last Name ☐ SR ☐ JR ☐ Other:

First Name M.I.

Date of Birth (mm/dd/yyyy) / /

Address

City County

State Zip Code

Sex: ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M

Ethnicity: Hispanic or Latino Origin? ☐Yes ☐ No

Race: ☐ American Indian/Alaska Native ☐Asian ☐Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

MRN/Case # DOC # Outbreak # Submitter Lab #

Date Collected: Time Collected: ☐a.m. ☐ p.m. Onset Date: _____/_____/_____

Reason for Test: ☐ Screening ☐ Diagnosis ☐ Contact ☐ Test of Cure ☐ 2-3 Months Post Rx ☐ Suspected Carrier ☐ Isolate for ID ☐ Release

Therapy/Drug Treatment: ☐ No ☐ Yes Therapy/Drug Type:_____ Therapy/Drug Date: _____/_____/_____

BACTERIOLOGY

SPECIMEN SOURCE CODE

- ☐ Bacterial Culture - Routine
  Add'l Specimen Codes: _____ _____ _____
- ☐ *Bordetella pertussis*
- ☐ Group A Strep
- ☐ Group B Strep Screen
- ☐ *C. difficile* Toxin
- ☐ Diphtheria
- ☐ Foodborne Pathogens
  (B. cereus, C. perfringens, S. aureus)
- ☐ Gonorrhea Culture:
  Incubated? ☐Yes ☐ No
  Hours Incubated: _____
  Add'l specimen Codes: _____ _____ _____
- ☐ MRSA (rule out)
- ☐ VRE (rule out)

ENTERIC INFECTIONS

- ☐ Campylobacter
- ☐ *E. coli* O157 typing/Shiga toxins
- ☐ Enteric Culture - Routine
  (Salmonella, Shigella, *E. coli* O157, Campylobacter)
- ☐ Salmonella typing
- ☐ Shigella typing
- ☐ *Vibrio*
- ☐ Yersinia

REFERENCE MICROBIOLOGY

- ☐ ABC's (BIDS) # _____
  Organism: _____
- ☐ Bacteria Referred Culture for ID
  Specify: _____

MYCOBACTERIOLOGY/AFB/TB

SPECIMEN SOURCE CODE

- ☐ AFB/TB Culture and Smear
- ☐ AFB/TB Referred Isolate for ID
- ☐ *M. tuberculosis* referred Isolate for genotyping
- ☐ Nuclear Acid Amplification Test for *M. tuberculosis* Complex (GeneXpert)

PARASITOLOGY

- ☐ Blood Parasites:_____
  Country visited outside US:
- ☐ Ova & Parasites
  Immigrant? ☐ Yes ☐ No
- ☐ Cryptosporidium
- ☐ Cyclospora/Isospora
- ☐ Microsporidium
- ☐ Pinworm

VIRUS/CHLAMYDIA

- ☐ Adenovirus*
- ☐ *Chlamydia trachomatis* culture
- ☐ Cytomegalovirus (CMV)
- ☐ Enterovirus (Includes Echo & Coxsackie)
- ☐ Herpes Simplex Virus (Types 1 & 2)
- ☐ Influenza (Types A & B)* Rapid Flu Test:
  Type:_____
  Result: ☐ Negative ☐ Positive
  Patient admitted to hospital? ☐ Yes ☐ No
- ☐ Parainfluenza (Types 1, 2 & 3)*
- ☐ Respiratory Syncytial Virus (RSV)*
- ☐ VARICELLA (VZV)

*MAY INCLUDE RESPIRATORY SCREENING PANEL

Comments:

SPECIAL BACTERIOLOGY

SPECIMEN SOURCE CODE

- ☐ Legionella Culture
- ☐ Leptospira
- ☐ Mycoplasma (Outbreak Investigation Only)

RESTRICTED TESTS

Pre-approved submitters only

- ☐ *Chlamydia trachomatis*/GC NAAT
- ☐ **Norovirus (See comment on reverse)
- ☐ QuantiFERON
  Incubation: Time began: _____ a.m./p.m.
  Time ended: _____ a.m./p.m.

OTHER TESTS FOR INFECTIOUS AGENTS

- ☐ Test Name: _____

Prior arrangements have been made with the following MDH Labs Administration employee:

_____

SPECIMEN SOURCE CODES

PLACE CODE IN BOX NEXT TO TEST

B	Blood	SP	Sputum
BW	Bronchial Washing	T	Throat
CSF	Cerebrospinal Fluid	URE	Urethra
CX	Cervix/Endocervix	UFV	Urine (1st Void)
E	Eye	UCC	Urine (Clean Catch)
F	Feces	V	Vagina
N	Nasopharynx/Nasal	W	Wound
P	Penis	O	Other: _____
R	Rectum		

CLINIC CODES

EH – Employee Health
FP – Family Planning
MTY/PN – Maternity/Prenatal
NOD – Nurse of Day
STD/STI – Sexually Transmitted Disease/Infections
CD- Communicable Disease
COR – Correctional Facility
Do not mark a box if clinic type does not apply

COMPLETING FORM

Type or print legibly
Printed labels are recommended
Please place labels on all copies of form
Print or type the name of the person Authorized to order test(s) (this may be added to the pre-printed label).
Press firmly – two part form
Collection date and time are required by Law.
WRITE SPECIMEN CODE in box next to test

*Specimen/samples cannot be processed without a requested test.

NOROVIRUS – Outbreak Number Required

Appropriate for outbreak and epidemiological investigations only.

A MDH outbreak number is required.

Contact your local health department for a MDH outbreak number.

Questions/comments on the use of the specimen bags/storage/shipping or completing the form contact:
Accessioning Unit 443-681-3842 or 443-681-3793

To order collection kits and/or specimen collection supplies, contact:
Outfit Unit 443-681-3777, Fax 443-681-3850 or
E-mail mdlabs.outfits@maryland.gov

For Specific Test Requirements Refer to:
"Guide to Public Health Laboratory Services"
Available online: mdh.maryland.gov/laboratories

LABELING SPECIMENS/SAMPLES

Printed labels with all required patient information are recommended.

Print patient name, date of birth.
Print date and time the specimen was collected.
DO NOT cover expiration date of collection container.

Write specimen source on the collection container(s).

PACKAGING SPECIMENS FOR TRANSPORT

Never place specimens with different temperature requirements in the same bio-bag.

Use one (1) bio-bag per temperature requirement.

Review test request form to ensure all test(s) have been marked.

Verify all specimens have been labeled.

Place folded request form(s) in the outer pouch of bio-bag.

Multiple specimens from the same patient with the same temperature requirements must be packaged together in one (1) bio-bag.

URINE SPECIMENS – Refrigerate PACKAGING AND SHIPPING

Double bag all urine specimens.

Urine specimens require absorbent towel in bio-bag with specimen (express excess air before sealing).

Place bagged urine specimen in second bio-bag with all refrigerated specimens from the same patient.

Place folded test request form(s) in outer pouch of second bag.

Laboratories Administration MDH
1770
3-681-3
R

MARYLAND Department of Health

Mandatory: Complete Health Care Provider Section (The address provided is the location where test results will be sent.)

Mandatory: Fill in TRAB box. (Complete field with full name and credentials)

Mandatory: Complete Patient Information Section.

ECTIOUS AGENTS: CULTURE/DETECTION

TYPE OR PRINT REQUIRED INFORMATION OR PLACE LABELS ON BOTH COPIES

☐ EH ☐ FP ☐ MTY/PN ☐ NOD ☐ STD ☐ TB ☐ CD ☐ COR

Heath Care Provider

Address

City | County

State | Zip Code

Contact Name:

Phone # | Fax #

Test Request Authorized by:

Patient SS # (last 4 digits):

Last Name ☐ SR ☐ JR ☐ Other:

First Name | M.I.

Date of Birth (mm/dd/yyyy) / /

Address

City | County

State | Zip Code

Complete Patient's Sex, Ethnicity, and Race Fields.

Sex: ☐ Male ☐ Female ☐ Transgender M to F ☐ Transgender F to M

Ethnicity: Hispanic or Latino Origin? ☐Yes ☐ No

Race: ☐ American Indian/Alaska Native ☐Asian ☐Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

MRN/Case # | DOC # | Outbreak # | Submitter Lab #

Date Collected: | Time Collected: ☐a.m. ☐ p.m. | Onset Date: ____/____/____

Reason for Test: ☐ Screening ☐ Diagnosis ☐ Contact ☐ Test of Cure ☐ 2-3 Months Post Rx ☐ Suspected Carrier ☐ Isolate for ID ☐ Release

Therapy/Drug Treatment: ☐ No ☐ Yes Therapy/Drug Type:_____ Therapy/Drug Date: ____/____/____

Mandatory: Collection date field must be completed in order for testing to be performed.

Mandatory: Complete specimen collection time field.

Mandatory: Complete Onset Date Field.

SPECIMEN SOURCE CODE

- Group A Strep
- Group B Strep Screen
- *C. difficile* Toxin
- Diphtheria
- Foodborne Pathogens
- (*B. cereus*, *C.*
- Gonorrhea Cu
- Incubated? ☐
- Hours Incubat
- Add'l specime
- MRSA (rule ou
- VRE (rule out)

ENTI

- Campylobacter
- *E. coli* O157 typing/Shiga toxins
- Enteric Culture - Routine (Salmonella, Shigella, *E. coli* O157, Campylobacter)
- Salmonella typing
- Shigella typing
- *Vibrio*
- Yersinia

REFERENCE MICROBIOLOGY

- ABC's (BIDS) # _____
- Organism: _____
- Bacteria Referred Culture for ID
- Specify: _____

SPECIMEN SOURCE CODE

MYCOBACTERIOLOGY/AFB/TB

- AFB/TB Culture and S
- *M. tuberculosis* referred isolate for genotyping
- Nuclear Acid Amplification Test for *M. tuberculosis* Complex (GeneXpert)

PARASITOLOGY

- Blood Parasites:_____
- Country visited outside US:

Mandatory: Order Test Using Specimen Code and COVID-19. Indicate COVID-19 Testing Priority Level (see below):
Level A: Hospitalized Patient,
Level B: Symptomatic Front Line Responder
Level C: Symptomatic Patient in Nursing Home/Long-Term Care Facility
Level D: Symptomatic High-Risk Unstable Patient

- *Chlamydia trachomatis* culture
- Cytomegalovirus (CMV)
- Enterovirus (Includes Echo & Coxsackie)
- Herpes Simplex Virus (Types 1 & 2)
- Influenza (Types A & B)* Rapid Flu Test:
- Type:_____
- Respiratory Syncytial Virus (RSV)*
- VARICELLA (VZV)

*MAY INCLUDE RESPIRATORY SCREENING PANEL

Comments:

Mandatory: Use Specimen Source Code List to Indicate Specimen Type Submitted

SPECIMEN SOURCE CODE

SPECIAL BACTERIOLOGY

- L
- L
- Mycoplasma (Outbreak Investigation Only)

RESTRICTED TESTS
Pre-approved submitters only

- *Chlamydia trachomatis*/GC NAAT
- **Norovirus (See comment on reverse)
- QuantiFERON
  Incubation: Time began: _____a.m./p.m.
  Time ended: _____a.m./p.m.

OTHER TESTS FOR INFECTIOUS AGENTS

N Test Name COVID-19 Priority A Hospitalized

_____

Prior arrangements have been made with the following MDH Labs Administration employee:

Note Name of Lab Personnel or Epidemiologist Here

SPECIMEN SOURCE CODES

PLACE CODE IN BOX NEXT TO TEST

B	Blood	SP	Sputum
BW	Bronchial Washing	T	Throat
CSF	Cerebrospinal Fluid	URE	Urethra
CX	Cervix/Endocervix	UFV	Urine (1st Void)
E	Eye	UCC	Urine (Clean Catch)
F	Feces	V	Vagina
N	Nasopharynx/Nasal	W	Wound
P	Penis	O	Other: _____
R	Rectum		

EASTERN SHORE COURIER SERVICE
LOWER SHORE

START – PICK UP	PICK UP POINTS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-3842 or 443-681-4536	7:30AM
2	Eastern Shore Regional Laboratory-Holy Center 926 Snow Hill Road/Cottage 500 Salisbury, Maryland 21801 410-219-9005	1:00PM
3	Berlin Health Center 9730 Healthway Drive Berlin, Maryland 21811 410-629-0164	1:45PM
4	Worcestor County Health Department/Snow Hill Clinic 6040 Public Landing Road Snow Hill, Maryland 21863 410-632-1100	2:00PM
5	Pocomoke City Clinic 400 A Walnut Street Pocomoke City, Maryland 21851 410-957-2005	2:30PM
6	Somerset County Environmental Health 8928 Signpost Road Suite 2 Westover, MD 21871 443-523-1730	2:45PM
7	Somerset County Health Department Westover Clinic-Dr Robert Johnson Health Center 7920 Crisfield Highway Westover, Maryland 21871 410-651-5600	3:00PM
8	Wicomico County Health Department 300 W Carroll/ Fritz Building Salisbury, Maryland 21801 410-749-1244	3:30PM
9	Wicomico County Health Department 108 Main Street/ Hurdle Building Salisbury, Maryland 21801 410-749-1244	3:45PM
10	Eastern Shore Regional Laboratory-Holy Center 926 Snow Hill Road/Cottage 500 Salisbury, Maryland 21801 410-219-9005	4:00PM

NOTE:
SPECIMENS AND REPORTS ARE TO BE PICKED UP AT EASTERN SHORE REGIONAL LABORATORY – HOLY CENTER DAILY (MONDAY THROUGH FRIDAY) AND DELIVERED TO THE CENTRAL LABORATORY IN BALTIMORE THE NEXT MORNING AT 7:30AM. SPECIMENS PICKED UP AT EASTERN SHORE REGIONAL LABORATORY ON FRIDAY ARE TO BE DELIVERED IN BALTIMORE ON SATURDAY MORNING AT 7:30AM.

EASTERN SHORE COURIER SERVICE
UPPER SHORE

START – PICK UP	PICK UP POINTS	ARRIVAL TIME
	Eastern Shore Regional Laboratory –Holly Center 926 Snow Hill Road/Cottage 500 Salisbury, Maryland 21801 410-219-9005	11:45AM
1	Dorchester County Health Department 3 Cedar Street Cambridge, Maryland 21613 410-228-3223	1:00PM
2	Queen Anne's Co. Health Department-Centreville Clinic 206 N Commerce Street Centreville, Maryland 21617 410-758-0720	2:00PM
3	Kent County Health Department 125 S Lynchburg Street Chestertown, Maryland 21620 410-778-1350	2:30 PM
4	Caroline County Health Department-Denton Clinic 403 S 7th Street Denton, Maryland 21629 410-479-8000	3:30PM
5	Talbot County Health Department 100 S. Hanson Street Easton, Maryland 21601 410-819-5600	4:00PM
6	Talbot County Environmental Health 215 Bay Street Suite 4 Easton, Maryland 21601 410-770-6880	4:15PM
7	Dorchester County Health Department 3 Cedar Street Cambridge, Maryland 21613 410-228-3223	4:30PM
STOP	Eastern Shore Regional Laboratory –Holly Center 926 Snow Hill Road/Cottage 500 Salisbury, Maryland 21801 410-219-9005	5:30PM
ARRIVE	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-3842 or 443-681-4536	7:30 AM Next Day Drop off specimens, samples, mail. Pick up empty coolers, supplies, lab reports.

Note:
SPECIMENS AND REPORTS ARE TO BE PICKED UP AT EASTERN SHORE REGIONAL LABORATORY – HOLLY CENTER DAILY (MONDAY THROUGH FRIDAY) AND DELIVERED TO THE CENTRAL LABORATORY IN BALTIMORE THE NEXT MORNING AT 7:30AM. SPECIMENS PICKED UP AT EASTERN SHORE REGIONAL LABORATORY ON FRIDAY ARE TO BE DELIVERED IN BALTIMORE ON SATURDAY MORNING AT 7:30AM.

SPECIMENS, SUPPLIES AND REPORTS ARE TO BE PICKED UP AT THE CENTRAL LABORATORY DAILY (MONDAY THROUGH FRIDAY) TO BE DELIVERED TO THE EASTERN SHORE REGIONAL LABORATORY THE SAME DAY.

COURIER SCHEDULE
BALTIMORE CITY CLINICS
And
CENTRAL POST OFFICE

START – PICK-UP	LOCATIONS	ARRIVAL TIME
1	Central Post Office 900 E. Fayette Street Baltimore, Maryland 21203 410-347-4202	On or Before 7:30 a.m.
Stop	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-3842	8:00 a.m.

NOTE: Mail to be picked up at the Central Post Office, Monday through Saturday, weekly.
No mail pick-up New Years Day, Memorial Day, Independence Day (July 4th), Labor Day, Thanksgiving Day, and Christmas Day.

START –PICK –UP	LOCATIONS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-3842	8:00 a.m.
2	Chase Brexton Clinic 1111 N Charles Street Baltimore, Maryland 21201 410-545-4481	9:30 a.m.
3	Druid Health District 1515 W. North Abe Baltimore, Maryland 21217 Family Planning 410-396-0186 Sexually Transmitted Infections 410-396-0176 Comm. Disease (BDC Lab) 2nd floor Rm 236 410-396-7894	10:15 a.m.
4	Western Clinic 120 Penn Street Baltimore, Maryland 410-706-2500	10:30 a.m.
5	Eastern Clinic 620 N. Caroline Street Baltimore, Maryland 21205 Family Planning (North Wing) 410-396-9401 Sexually Transmitted Infections 410-396-9410 Chest Clinic (North Wing) 410-396-9413	10:50 a.m.
STOP	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681- 6842	11:30 a.m.

REGION B

COURIER SCHEDULE
NORTHEAST MARYLAND

START – PICK UP	LOCATIONS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-4536	8:00 a.m.
2	Cecil County Health Department John M Byers Health Center 401 Bow Street Elkton, Maryland 21921 410-996-5135 410-996-5160	3:00 p.m.
3	Harford County Health Department 1321 Woodbridge Station Edgewood, Maryland 21040 410-612-1779	3:45 p.m.
4	Harford County Environmental Health 120 S. Hays Street Bel Air, Maryland 21014 410-879-2684	4:15 p.m.
STOP	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-4536	5:30 p.m.

REGION C

COURIER SCHEDULE
SOUTHERN MARYLAND – I

START – PICK UP	LOCATIONS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-4536	11:00 a.m.
2	Charles County Health Department 4545 Crain Hwy White Plains, Maryland 20695 301-609-6900	2:30 p.m.
3	St. Mary's County Health Department 21580 Peabody Street 301-475-4330 Leonardtown, Maryland 20650 301-475-4321	3:15 p.m.
4	Calvert County Health Department 975 Solomon's Island Road –North Prince Frederick, Maryland 20678 410-535-5400	4:10 p.m.
5	Calvert County Environmental Health 150 Main Street Suite 100 Prince Frederick, Maryland 410-535-3922	4:30 p.m.
STOP	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-4536	6:15 p.m.

REGION C

SOUTHERN MARYLAND – II

START – PICK UP	LOCATIONS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681- 4536	10:30 a.m.
2	Anne Arundel County Health Department 3 Harry S. Truman Parkway Annapolis, Maryland 21401 410-222-7054	4:00 p.m.
STOP	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681- 4536	5:30 p.m.

COURIER SCHEDULE
SOUTHERN MARYLAND – III

START – PICK UP	LOCATIONS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-4536	10:30 a.m.
2	Montgomery County Environmental Health 255 Rockville Pike, 1st floor Suite 120 Rockville, Maryland 20850 240- 777-7770	2:00 p.m.
3	Montgomery County Health Department 2000 Dennis Avenue Silver Spring, Maryland 20902 240-777-1822	2:45 p.m.
4	Prince Georges County Health Department Cheverly Health Center 3003 Hospital Drive Room 3041 Cheverly, Maryland 20785 301-583-3190	3:15 p.m.
STOP	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-4536	5:00 p.m.

REGION D

COURIER SCHEDULE

CARROLL COUNTY

START – PICK UP	LOCATIONS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-3842	8:00 a.m.
2	Carroll County Health Department 290 S. Center Street Westminster, Maryland 21157 410-876-1884	2:00 p.m.
STOP	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681- 3842	3:00 P.M.

HOWARD COUNTY

START – PICK UP	LOCATIONS	ARRIVAL TIME
1	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-3842	8:00 a.m.
2	Howard County Health Department 8930 Stanford Blvd 410-313-7500 Columbia, Maryland 21045 410-313-2640	1:30 p.m.
STOP	Department of Health and Mental Hygiene Laboratories Administration 1770 Ashland Ave Loading Dock (back of building) Baltimore, Maryland 21205 443-681-3842	2:30 p.m.

WESTERN MARYLAND
COURIER SERVICE

START-PICK-UP	PICK-UP POINTS	ARRIVAL TIMES
1	Frederick County Health Department 300 Montevue Lane Frederick, Maryland 21701 301-600-1733	2:45PM Drop off lab reports, empty coolers, supplies
2	Washington County Health Department 1302 Pennsylvania Avenue Hagerstown, Maryland 21742 240-313-3290	3:45PM
3	Western Maryland Hospital Center 1500 Pennsylvania Avenue – Front Entrance Hagerstown, Maryland 21742 301-745-4910	4:00PM
4	Washington County Environmental Health 13332 Pennsylvania Avenue Hagerstown, Maryland 21742 240-313-3400	4:30PM
5	Western Maryland Regional Laboratory The Brook Building – Entrance #6 12503 Willowbrook Road Cumberland, Maryland 21502 301-759-5115	5:00PM
6	Frederick County Health Department 300 Montevue Lane Frederick, Maryland 21701 301-600-1733	After 5:30PM
7	Central Laboratory - Loading Dock 1770 Ashland Ave Baltimore, Maryland 21205 443-681-	7:30AM Next Day Drop off specimens, samples, mail. Pick up empty coolers, supplies, lab reports.

Note:
SPECIMENS AND REPORTS ARE TO BE PICKED UP AT WESTERN MARYLAND REGIONAL LAB, WASHINGTON COUNTY HEALTH DEPARTMENT, WASHINGTON COUNTY ENVIRONMENTAL HEALTH, WESTERN MARYLAND HOSPITAL CENTER, AND FREDERICK COUNTY HEALTH DEPARTMENT DAILY (MONDAY THROUGH FRIDAY) AND DELIVERED TO THE CENTRAL LABORATORY IN BALTIMORE THE NEXT MORNING AT 7:30AM. SPECIMENS PICKED UP AT WESTERN MARYLAND REGIONAL LAB, WASHINGTON COUNTY HEALTH DEPARTMENT, WASHINGTON COUNTY ENVIRONMENTAL HEALTH, WESTERN MARYLAND HOSPITAL CENTER, AND FREDERICK COUNTY HEALTH DEPATMENT ON FRIDAY ARE TO BE DELIVERED IN BALTIMORE ON SATURDAY MORNING AT 7:30AM.

SPECIMENS, SUPPLIES AND REPORTS ARE TO PICKED UP AT THE CENTRAL LABORATORY DAILY (MONDAY THROUGH FRIDAY) TO BE DELIVERED TO THE WESTERN MARYLAND REGIONAL LAB, WASHINGTON COUNTY HEALTH DEPARTMENT, WASHINGTON COUNTY ENVIRONMENTAL HEALTH, WESTERN MARYLAND HOSPITAL CENTER, AND FREDERICK COUNTY HEALTH DEPARTMENT THE SAME DAY.

March 21, 2020

COVID-19 TRANSPORT
STANDARD OPERATING PROCEDURES

I. APPLICABLE TO:

This Standard Operating Procedure is applicable to facility management and all Correctional Officers assigned to a correctional facility as a Transportation Officer.

II. PROCEDURES:

A. Prior to transporting an infectious or potentially infectious inmate, a Transport Officer shall:

1. Telephone and notify the receiving correctional or healthcare facility of the pending delivery of an infectious or potentially infectious patient.

2. Perform proper hand hygiene. If in close contact with the inmate, put on personal protective equipment (PPE) including gloves, gown, eye protection, and a facemask (or N-95 if Fit-Tested). See attached procedures for donning and doffing PPE.

3. Ensure that the inmate has performed proper hand hygiene and put on a facemask prior entering the vehicle.

4. Ensure the inmate is properly secured in the vehicle.

5. Remove gloves and gown per doffing guideline and dispose of them appropriately. **Do Not** remove facemask/N95 or eye protection.

6. Perform proper hand-hygiene again before entering vehicle.

B. During transport of an infectious or potentially infectious inmate, a Transportation Officer shall:

1. Ensure that the vehicle ventilation system allows as much outdoor air to enter the vehicle as possible. Set fan to high.

2. **Do Not** place ventilation system on recirculation mode.

3. If weather permits, drive with the windows down.

4. Upon arrival at the correctional or healthcare facility, and if in close contact with the inmate, put on gloves and gown.

5. Ensure the inmate is safely removed from the vehicle and properly received by correctional or medical staff.

6. Before re-entering the vehicle, remove gloves and gown per the attached PPE doffing guidelines and dispose of them appropriately. **Do Not** remove facemask/ N95 or eye protection.

7. Perform proper hand-hygiene again before entering vehicle.

C. After each transport of infectious or potentially infectious inmates, a Transportation Officer shall clean the vehicle:

1. While wearing a disposable gown and gloves; and if splashes or spray is anticipated, a face-shield, or facemask and goggles.

2. By wiping down every vehicle surface with a **hospital grade disinfectant** per the instructions in the attached transportation vehicle sanitation guidelines.

3. By Airing out the vehicle for one hour before using it without a facemask or respirator.

4. Properly remove and dispose of PPE following appropriate doffing procedures and perform proper hand hygiene.

Attachments:

A. PPE Sequence Guideline
B. Transport Vehicle Sanitation Guidelines (2 pages)

Authorized by: _____
Robert Green, Secretary

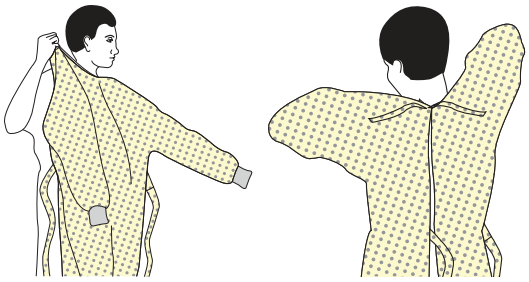
Distribution:
A
L
S - Senior Executive Team
Transportation Units
Special Operations Group
Home Detention Enforcement Unit
Fleet and Property Management
Environmental Compliance, Safety and Emergency Operations Officers
Occupational and Employee Health
Office of Clinical Services

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.

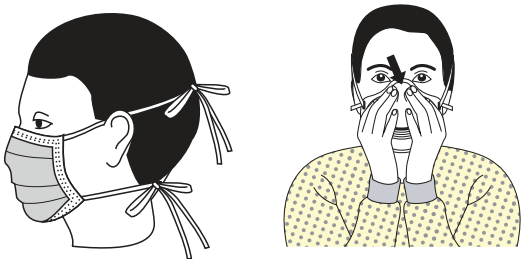
1. GOWN

- 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

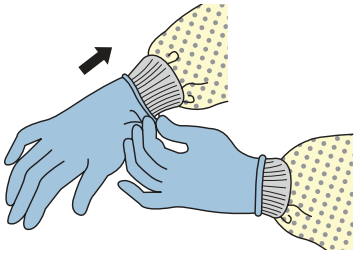


3. GOGGLES OR FACE SHIELD

- 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

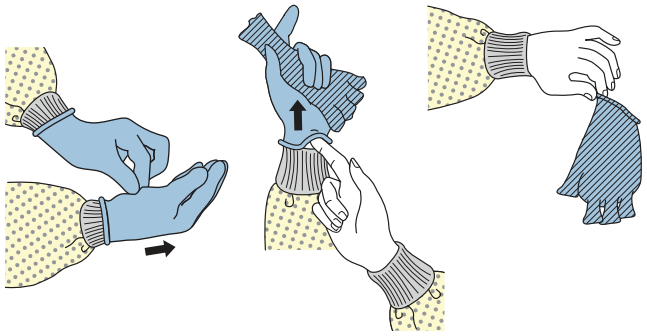
CS250672-E

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

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

1. GLOVES

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

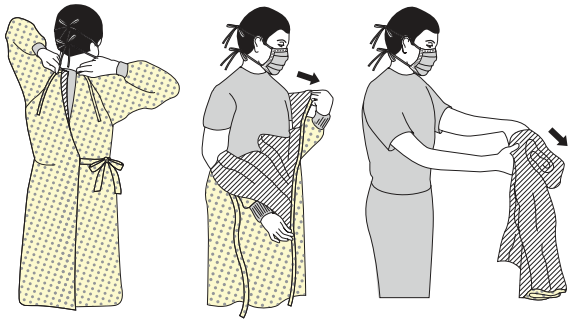


2. GOGGLES OR FACE SHIELD

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

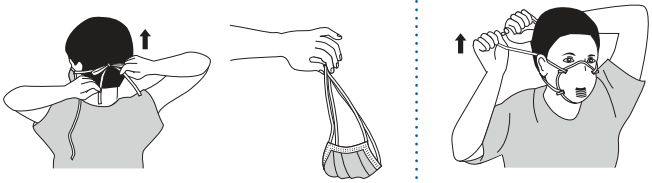
3. GOWN

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

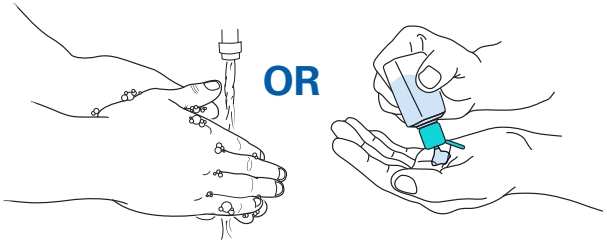


4. MASK OR RESPIRATOR

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



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



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

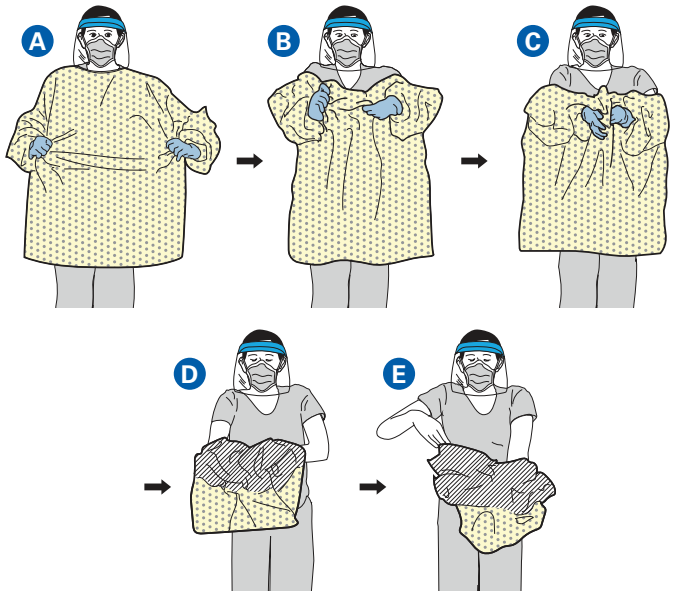
CS250672-E

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

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

1. GOWN AND GLOVES

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

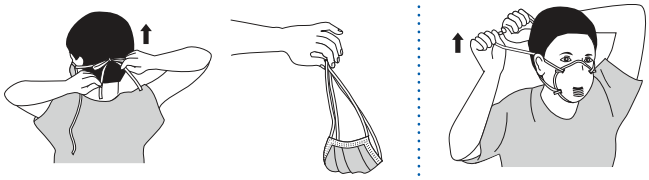


2. GOGGLES OR FACE SHIELD

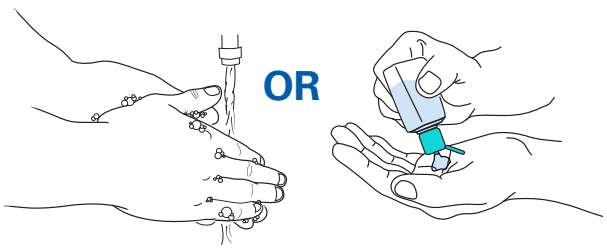
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles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

3. MASK OR RESPIRATOR

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



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



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

CS250672-E

DPSCS TRANSPORT VEHICLE SANITATION GUIDELINES

It is the responsibility of the transporting officers to disinfect all Department cars, vans, and buses before and after every transport. Special attention should be paid to the surface areas of the vehicle; especially, if the vehicle is used for an outside medical/hospital trip. Any of the chemicals below can be utilized to disinfect the vehicles; however, be aware of the dwell time. The dwell time indicates the required time that the surface must remain damp for the chemical to be effective.

Chemical	Dwell Time
Correct Pac	10 minutes
Clorox mixture (10:1)	10 minutes

All vehicles shall be wiped down with the disinfectant and will remain damp during the dwell time. Any vehicle that is used for transport of medical patients with flu or flu like symptoms will be disinfected between trips (once the inmates are unloaded the vehicle will be disinfected and remain empty until after the dwell time). Inmate work details can be utilized to disinfect the vehicles when appropriate. Below are the specific instructions on how to disinfect the vehicles.

Vehicles with hard surface or non-porous or with semi-porous (imitation leather) surfaces:

Using the chemical of choice.

1. Using a properly labeled spray bottle, set the nozzle on a fine mist.
2. Lightly mist the rear seat or the seat that was occupied by the inmate.
3. When completed spray all rear surfaces of the front seat or the seat directly in front of the inmate.
4. Lightly mist the post or column and doors of the vehicle.
5. Repeat the same process for the staff member locations in the front of the vehicle.
6. Do not wipe the surfaces, unless using a disinfectant wipe.
7. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
8. Commercial disinfectant wipes can be used on all surfaces.
9. Use hand and eye protection when performing these tasks.

Vehicles with porous seat coverings:

1. All tasks are the same as above with the exception of the cloth seats.
2. Mist the rear seat or the seat that was occupied by the inmate. Do not saturate the seat, the seat must remain damp or moist only for the allotted dwell time.
3. This is a best practice for cloth seats.
4. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.

Buses: Non porous or semi-porous (imitation leather) surfaces

1. Using a garden sprayer containing the chemical of choice, lightly mist all areas from the head area to the floor.
2. Ensure there is adequate ventilation on the bus when administering the solution.
3. Surface must remain damp for the duration of the dwell time; saturation of the areas is not necessary.
4. If ponding or puddling occurs, reduce the amount of product being used.
5. Do not spray electronic equipment. Any equipment of this type must be sanitized by hand using a solution on a disposable cloth or towel.
6. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
7. Allow all surfaces to air dry.

Buses: Cloth Seats

1. All tasks are the same as above with the exception of the cloth seats.
2. Mist the rear seat or the seat that was occupied by the inmate. Do not saturate the seat, the seat must remain damp or moist only for the allotted dwell time.
3. This is a best practice for cloth seats.
4. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.

March 25, 2020

COVID-19 ISOLATION HOUSING STANDARD OPERATING PROCEDURES

I APPLICABLE TO:

This Standard Operating Procedure is applicable to facility management and all Correctional Officers assigned to a correctional facility as a Housing Unit Officer.

II PROCEDURES:

The following guidelines shall be followed when housing an infectious or potentially infectious inmate population:

A. The Housing Unit Officer(s) shall ensure that:

1. The Respiratory Infection Isolation Room/Area (room) has the required signs posted outside of the housing unit area; and proper signage includes the following attachments:
    a. "Respiratory Infection Isolation Room Precautions"
    b. "Personal Protective Equipment (PPE) Donning and Doffing" and
    c. "Droplet Precaution"
2. The isolation room's doors remain closed at all times; and
3. Designated medical equipment (e.g. blood pressure cuffs, thermometers) is kept inside the isolation room. If unable to keep equipment in the room then decontaminate it before allowing staff to exit the room with it, in accordance with the manufacturer's instructions.

B. The Housing Unit Officer(s) shall require all staff:

1. Entering an isolation area/room to don full PPE, if they are directly involved or in contact with inmates;
2. Entering an area designated for acute care and procedures that are likely to generate spray/droplets (e.g. suctioning, administering nebulized medications, testing) to wear an N95 respiration in addition to full PPE; and
3. Exiting an isolation room/area to properly remove and dispose of PPE following appropriate doffing procedures, and perform proper hand hygiene.

C. The Housing Unit Officer(s) shall make certain that inmates:

1. Stay in the group, isolation area, or quarantine area assigned to them by the medical practitioners. Less critical patients stay separated from the designated acute care areas;

2. Determined by medical staff to need a face mask or other PPE are identified and comply with the medical order; and

3. Exiting the isolation room/area complete proper hand hygiene and wear a face mask.

III ATTACHMENTS

A. Isolation Room Precautions Sign

B. PPE Donning and Doffing Sequences

C. Droplet Precautions Sign

IV AUTHORIZED BY: _____

Robert L. Green, Secretary

V DISTRIBUTION

A
D – Housing Officers
L
S – Senior Executive Team
Occupational and Employee Health
Office of Clinical Services

Respiratory Infection
Isolation Room Precautions

PRECAUCIONES de sala de aislamiento de infección respiratoria

TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS ROOM SHOULD USE:

Para prevenir el esparcimiento do infecciones,
todas las peronas que entren e esta habitacion tienen que:

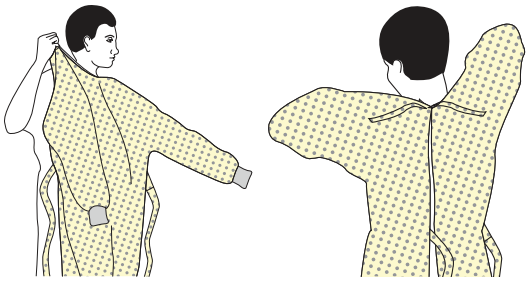
	HAND HYGIENE ***Hygiene De Las Manos***
	Face Mask or N-95 Respirator ***Mascara Facial o Respirador N95***
	Gloves ***Guantes***
	GOWN ***Bata***
	Eye Protection ***Protección para los ojos***
	Ensure that the door to this room remains closed <u>at all times</u>. ***Asegurese de mantener la puerta de esta habitacion carrada <u>todo el tiempo</u>.***

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.

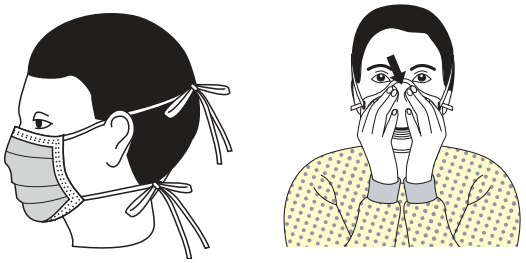
1. GOWN

- 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

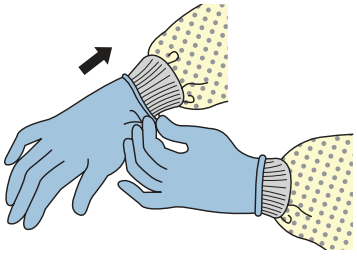


3. GOGGLES OR FACE SHIELD

- 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

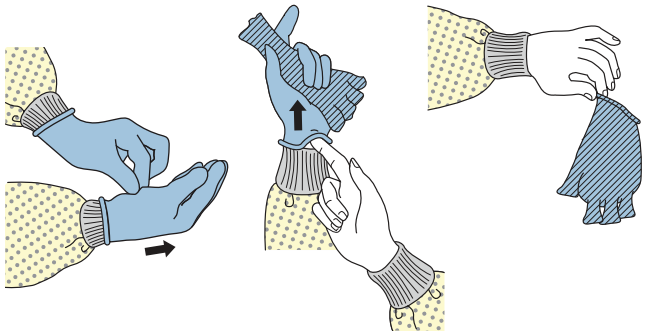
CS250672-E

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

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

1. GLOVES

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

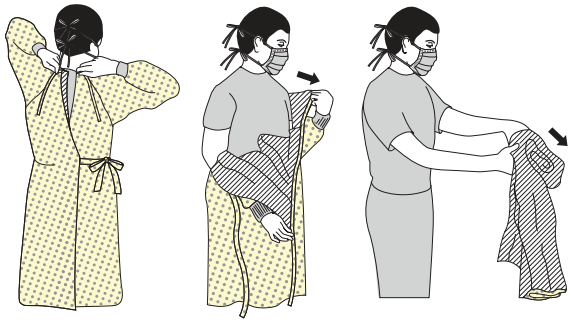


2. GOGGLES OR FACE SHIELD

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

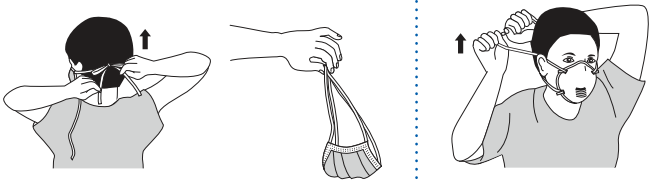
3. GOWN

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

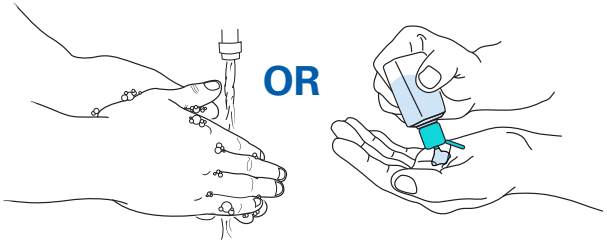


4. MASK OR RESPIRATOR

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



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



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

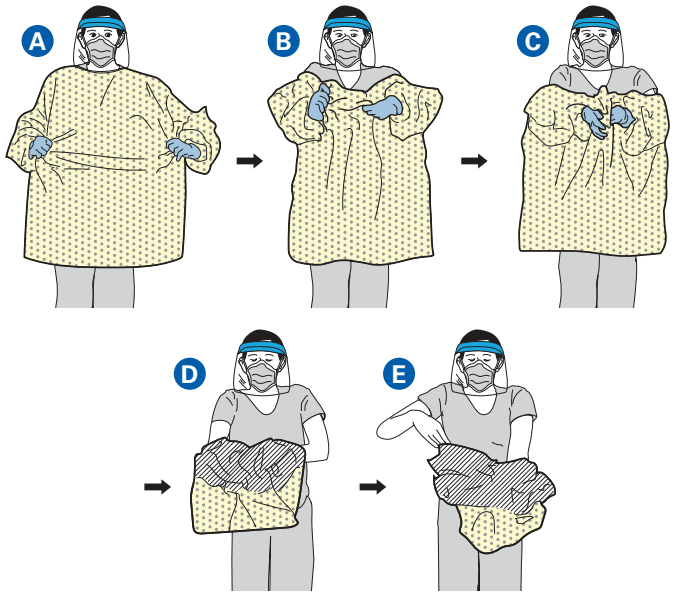
CS250672-E

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

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

1. GOWN AND GLOVES

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

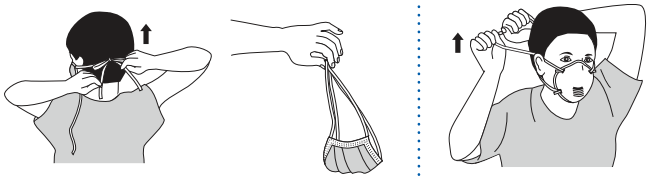


2. GOGGLES OR FACE SHIELD

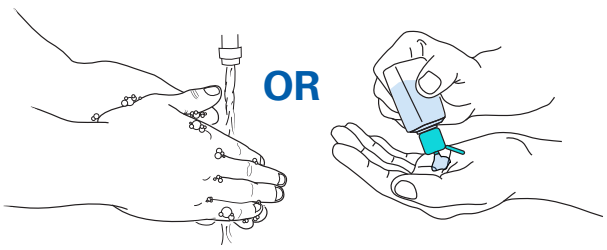
- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles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

3. MASK OR RESPIRATOR

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



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



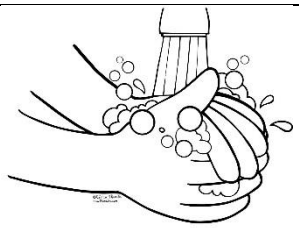
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CS250672-E

Droplet PRECAUTIONS

TO PREVENT THE SPREAD OF INFECTION,

ANYONE ENTERING THIS AREA SHOULD USE:

	**HAND HYGIENE**
	MASK and GOGGLES/FACE SHIELD
	GLOVES
	GOWN