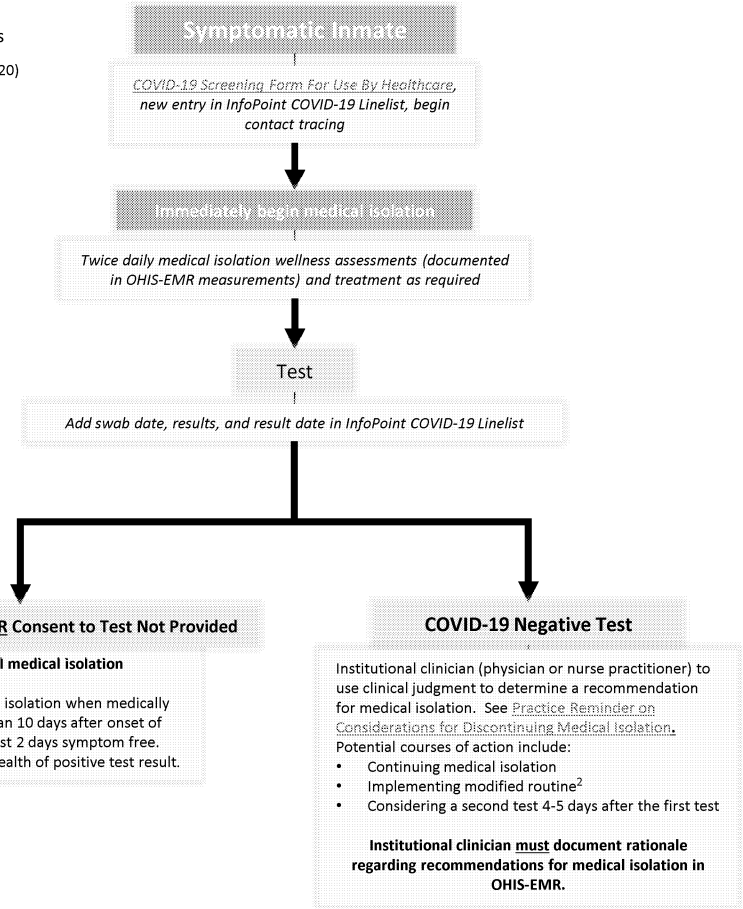


Patient Journey: COVID-19
 Symptomatic Inmates and Close Contacts

August 21, 2020 (previous version June 23, 2020)

Updates

- For symptomatic inmates that test negative, the institutional clinician (physician or NP) can use clinical judgement to determine recommendations for medical isolation and MUST document rationale.
- Clarification of date of discontinuation of medical isolation for range or close contacts
- Added "where possible" for separate physical area for medical isolation
- If clinician does not clear index case earlier, added that range/close contacts should continue medical isolation for 14 days
- Added reminder to complete Form 1620 for medical isolation
- Added those who do not consent to be tested (both symptomatic inmates and close contacts) to follow the same guidance as those who are positive



All medical isolation to include:

- Update medical isolation flag in OMS
- Daily medical isolation wellness assessments documented in OHIS-EMR measurements
- Inmates to clean/disinfect all things they touch when outside cell (phone, tables, etc.), wash hands prior to leaving cell and upon returning, wear mask when out of cell, maintain 2m distance from others when out of cell
- Where possible, in a separate physical area or designated medical isolation cell
- Update InfoPoint Linelist as necessary (for example, addition of new symptoms or date of recovery)
- Staff to follow PPE Guidance
- Complete Form 1620 (Medical Isolation Form)

1. CHS in collaboration with site management may identify additional inmates as close contacts of the symptomatic individual (that do not live on the same range/house). These close contacts will also be medically isolated.
 2. Modified routine in this instance refers to range level movement within the institution.
 3. Identified close contacts from a different range than index case can await index case test results either in medical isolation in own cell, or on modified routine in a cell on index case's range. Inmate should be given the choice between the two options, as long as it is feasible to move close contact to index case range based on operational and security considerations.
 4. In most cases, the date of last exposure will be the date the index case was removed from the range/began medical isolation.
- Note:** Staff should engage with inmates to explain the rationale for medical isolation and provide information about the associated protocols. Inmates should be educated on the importance of other infection prevention and control measures, such as hand hygiene, wearing a mask, and maintaining a distance of 2m from others. If concerns arise about inmates following any of the recommended measures noted in this algorithm, institutional management should discuss to determine appropriate response.

