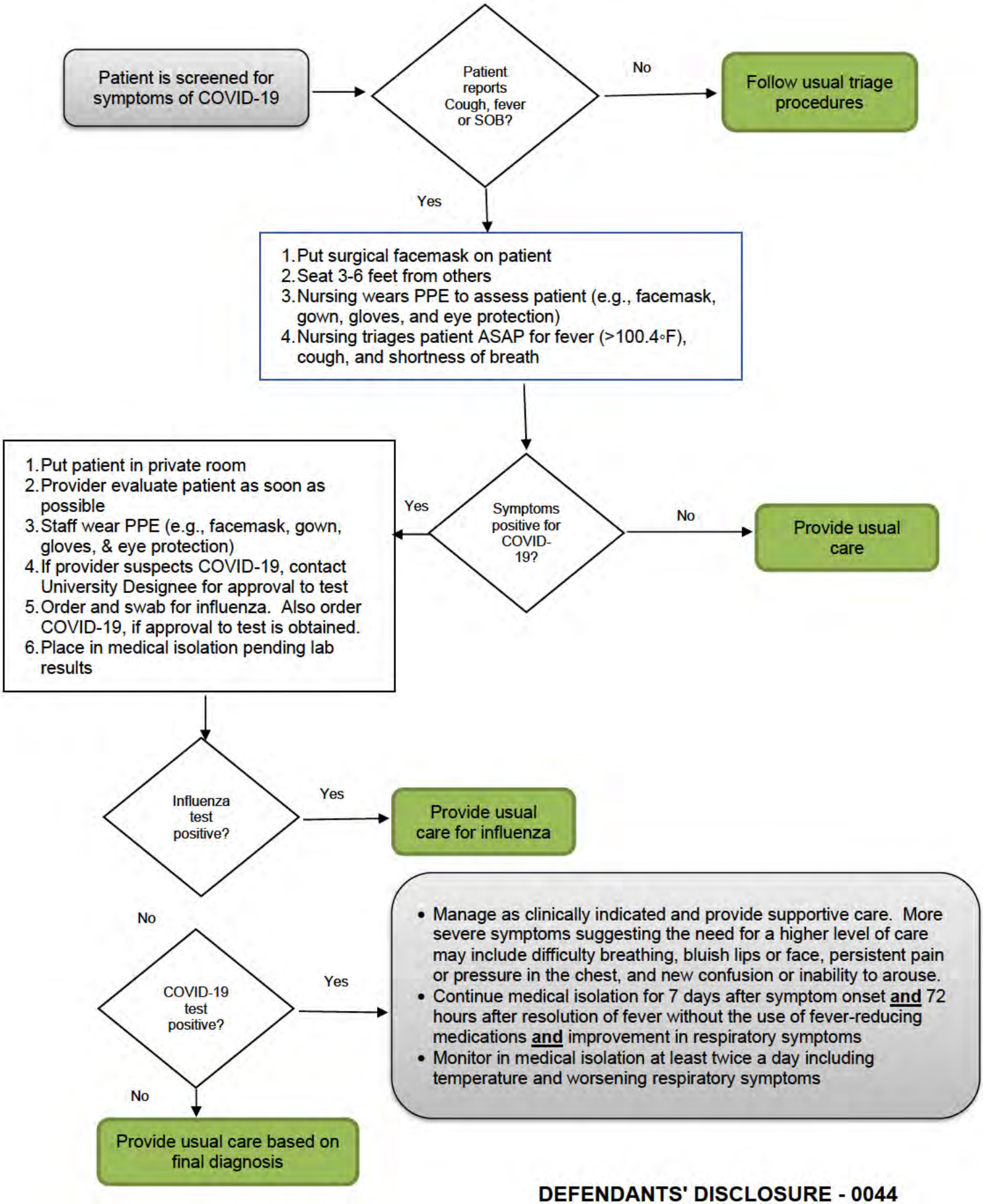
Attachment E

Medical Triage



CORRECTIONAL MANAGED CARE
COVID-19 Health Screening Intake Form

Date: _____

Patient Name: _____

DOB: _____

Facility: _____

1. Temperature: Above 100.4F? ☐ Yes ☐ No
2. Cough? ☐ Yes ☐ No
If YES, date of onset:
3. Shortness of breath? ☐ Yes ☐ No
If YES, date of onset:
4. Had contact with anyone with fever, cough or shortness of breath in the last 14 days? ☐ Yes ☐ No
If YES to any question, place a surgical mask on the patient and separate from the rest of the intake group for additional screening and orders.

_____ _____
Nurse's Signature Date

Attachment G

Texas Department of Criminal Justice

COVID-19 Health Screening Form

Before any individual enters a TDCJ location, they will have their temperature taken and if a fever is present, the screening form must be completed. This health screening form is an important first step to assist staff in maintaining the safety and health of TDCJ employees and offenders.

Clearly **PRINT** information below:

Name: _____ Birthdate (mm / dd): _____

Has the individual:

		Date Range
Traveled internationally in the last 30 days?	☐ Yes ☐ No	If yes when?
***Had contact with anyone who tested positive for COVID-19 in the last 14 days?**	☐ Yes ☐ No	If yes when?

Does the individual have:

		Result
Fever above 100.4F?	☐ Yes ☐ No	If yes, temperature?
Cough?	☐ Yes ☐ No	
Shortness of breath?	☐ Yes ☐ No	

If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.

**If the individual answers yes to being in contact with anyone who tested positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Also, notification will need to be made to the Melissa Kimbrough, Office of Emergency Management and Chris Black Edwards, Deputy Director Health Services.*

Staff completing COVID-19 Health Screening Form:

Name: _____ Date: _____

CONTACT INFORMATION:

Melissa Kimbrough, Emergency Management Coordinator
936-437-6038 (Office)
936-581-9848 (State Cell)
melissa.kimbrough@tdcj.texas.gov

Chris Black-Edwards, Deputy Director Health Services
936-437-4001 (Office)
chris.black-edwards@tdcj.texas.gov

Attachment H

COVID-19 Testing for Units

Note: Requires pre-authorization from the University Designee prior to placing the order.

- Providers in the Texas Tech Sector should contact the Northern Region Medical Director for approval.
- Providers in the UTMB Northern Geographical Service Area (GSA) should contact the Chief Medical Officer for approval.
- Providers in the UTMB Northern GSA should contact the Region 4 Medical Director for approval.

1. **Units Designated for Testing by Galveston Laboratory:**

Test should be sent to the Galveston laboratory for processing. The test is available in the EMR under **CORONAVIRUS COVID-19 TESTING (COVID19)**. The viral culture collection kit is available from the CMC Medical Warehouse (stock # 495-38-15427-6).

Test name and code:	COVID-19 (Test code: 8000101424) Note: Order as "Miscellaneous" and add comment: "COVID-19 ARUP"
Collect:	Nasopharyngeal swab. Place in one collection tube (redtop viral transport tube).
Specimen Preparation:	Place in viral transport media (ARUP Supply #12884). Available through **Ms. Judy Mitchell at (409) 772-9247**. Place each specimen in an individually sealed bag. Also, acceptable: Media that is equivalent to viral transport media or universal transport media.
Storage/Transport Temperature:	Acceptable Conditions: Frozen
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable; Refrigerated: 4 days; Frozen: 1 month

2. **Units Designated for Testing by Quest Diagnostics:**

Staff must manually order the test. Each unit should have the paper ordering forms. The test should be ordered on its own dedicated requisition and not combined with any other test. National test code is 39433. It is not a STAT test and a STAT pick-up cannot be ordered. Test results are typically available 3-4 days from the time of specimen pick-up and may be impacted by high demand.

Test name and code:	SARS-CoV-2 RNA, RT PCR
Collect:	Preferred Specimen(s): One (1) nasopharyngeal swab collected in a multi microbe media (M4), V-C-M medium (green-cap) tube or equivalent (UTM).

	Also acceptable: 0.85 mL bronchial lavage/wash, nasopharyngeal aspirate/wash, sputum/tracheal aspirate sample in a plastic sterile leak-proof container
Specimen Preparation:	Place in multi microbe media (M4), V-C-M medium (green-cap) tube, or equivalent (UTM). It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. **Do not combine other specimen sources.** Also, acceptable: Plastic sterile leak-proof container.
Storage/Transport Temperature:	Transport refrigerated (cold packs) to local Quest Diagnostics accessioning laboratory.
Unacceptable Conditions:	Specimens not in viral transport media. Calcium alginate swab • Cotton swabs with wooden shaft • Received refrigerated more than 72 hours after collection • ESwab • Swabs in Amies liquid or gel transpo
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. It is acceptable to place both an NP and an OP swab at the time of collection into a shared media transport tube. **Do not combine other specimen sources.**
Stability:	Ambient: Unacceptable; Refrigerated for up to 72 hours or Frozen at -70^{0}C

3. **<u>Texas Tech Units Designated for Testing by LabCorp</u>**

The test is available in the EMR under "2019 Novel Coronavirus (CoVID-19), NAA". Contact your Facility Health Administrator if you are in need of additional culture collection kits.

Test Name and Code:	COVID-19 – Test Code 139900
Collect:	Nasopharyngeal or Oropharyngeal swab, placed and transported in Universal Transport Medium (UTM).
Specimen Preparation:	Universal Transport Medium (UTM) with included swabs, specimen label and biohazard bag are needed. Follow instructions published by LabCorp regarding OP and NP specimen collection for COVID-19 testing.
Storage/Transport Temperature:	Samples/specimens should be shipped frozen due to limited stability at 2°-8° C. Refrigerated swabs submitted within 72 hours will be accepted.
Unacceptable Conditions:	Swabs with calcium alginate or cotton tips; swabs with wooden shafts; refrigerated samples greater than 72 hours old; room temperature specimen submitted; improperly labeled; grossly contaminated; broken or leaking transport device; collection with substances inhibitory to PCR including heparin, hemoglobin, ethanol, EDTA concentrations >0.01M.

Remarks:	Submit separate frozen specimens for each test requested. Submit COVID-19 test on one requisition with test code 139900.
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours
Turnaround Time:	Current turnaround time for COVID-19 testing is estimated between 3-4 days and may be impacted by high demand.

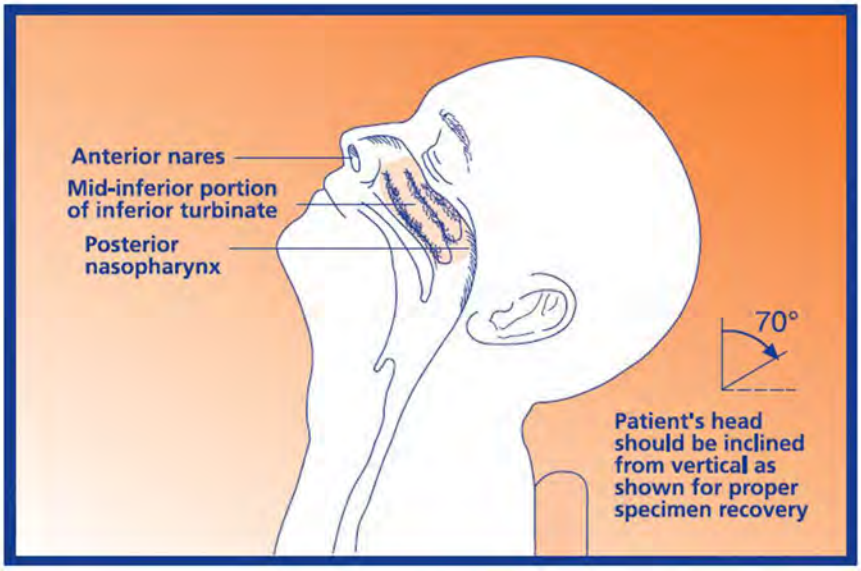
4. **Montford Testing**

******Contact Lisa Wilson, Carrie Culpepper, or Mike Parmer******

Fill out health screening form and await approval from TDCJ Office of Public Health to proceed. This test will be sent to UMC as a reference test. **CORONAVIRUS COVID-19 TESTING (COVID19)**

Test name and code:	SARS-CoV-2 (Test code: 39433) aka COVID-19 **Order on UMC paper requisitions**
Collect:	Nasopharyngeal swab (Use Xpert® Nasopharngeal Sample Collection Kit---in lab). Ensure swab is broken off and left in liquid media.
Specimen Preparation:	• Refer to Nasopharyngeal Collection Below • Ensure swab is broken off and left in liquid media. • Place each specimen in an individually sealed bag.
Storage/Transport Temperature:	Acceptable Conditions: Refrigerated (2-8° C)
Unacceptable Conditions:	Specimens not in viral transport media.
Remarks:	Specimen source required. Submit only one specimen per patient.
Stability:	Ambient: Unacceptable ; Refrigerated: 3 days
Remarks:	Order SARS-CoV-2 RNA, RT PCR separately from other tests - on a separate requisition and place each transport tube with paperwork into its own sealed bag. The SARS-CoV-2 test will be prioritized if submitted on a shared requisition. One specimen transport tube will be tested per order. **Stat Delivery**

5. **Nasopharyngeal swab method**
   - Insert swab into one nostril
   - Rotate swab over surface of posterior nasopharynx
   - Withdraw swab from collection site; insert into transport tube
   - After collection, wipe own outside of tube with a disinfectant wipe and doff gloves
   - Perform hand hygiene and don new gloves
   - Place in a biohazard bag and close
   - It is not a STAT test and STAT pickup should not be ordered
   - Transport specimen to the laboratory for testing. If transport will be delayed, place specimen in the refrigerator.


Anterior nares
Mid-inferior portion of inferior turbinate
Posterior nasopharynx
70°
Patient's head should be inclined from vertical as shown for proper specimen recovery

Attachment I

COVID-19 LOG

Completed forms should be emailed to the TDCJ Office of Public Health or faxed to 936-437-3572.

Unit Name: _____

Report for new (not cumulative) patients with COVID-19 for 24-hour period beginning 6AM _____/_____/_____ to 6AM _____/_____/_____

Date* sent: _____/_____/_____

Demographics				Lab Information	
Offender Last Name	Offender First Name	TDCJ Number	Unit of Assignment	Name of Laboratory to which Specimen was Submitted (e.g., Quest)	Collection Date

* On Monday morning, send 3 logs (one for each 24-hour period ending at 6AM)

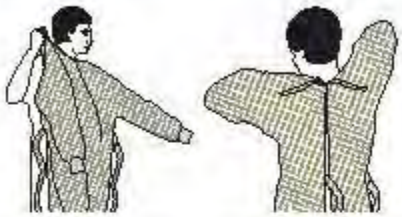
Attachment J

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

Attachment K

Pandemic COVID-19 Alert Stages and Matrix

I. Stage I – Normal conditions, no pandemic COVID-19 anywhere in the world.
- A. Maintain clinical suspicion for COVID-19 like illnesses
- B. Record proper diagnosis in the electronic health record for suspected COVID-19 and/or report number of cases to Preventive Medicine weekly to facilitate surveillance
- C. Practice usual infection control and personal hygiene measures
- D. Consider stockpiling critical supplies

II. Stage II – Pandemic COVID-19 observed outside the United States.
- A. Continue Stage 1 activities
- B. Emphasize handwashing and cough etiquette with offenders and all unit staff
- C. Place posters (handwashing, cough etiquette, COVID-19 symptoms) if not already done

III. Stage III – Pandemic COVID-19 observed in the United States. Because COVID-19 spreads quickly, it is likely that only a few weeks, at most, would elapse between the first observation of COVID-19 in the Unites States and its appearance in the local community.
- A. This stage is subdivided into 3a – no in-state cases reported, 3b – cases reported in Texas.
- B. Continue Stage 2 activities
- C. Work with security to identify areas that can be used to cohort offender cases
- D. Screen for symptoms of COVID-19 at main gate and exclude symptomatic individuals
- E. Screen for symptoms of COVID-19 before allowing offenders on chain buses.
- F. Increase emphasis on cleaning/disinfecting high hand contact areas and offender transportation.
- G. Allow staff to carry waterless hand cleaners.
- H. Additional precautions for Stage 3b
  1. Non-essential offender movement between units must be stopped Elective medical procedures should be postponed
  2. Intake facilities screen arriving offenders by asking about new cough or sore throat and taking temperature
  3. Intake facilities should consider medically restricting new intakes for 14 days before allowing them into general population. The 14-day medical restriction period begins on the day the last offender is added to the medical restriction group.
  4. Consider locking down the unit and stopping visitation.
  5. If the warden deems it necessary to allow a person with symptoms of COVID-19 or household contacts onto the unit, the following precautions are recommended:
     - a. Each person should always be required to wear a surgical mask on the unit and wash hands before entering the unit.
     - b. Employees restricted to jobs that do not entail contact within 6 feet of others (such as picket duty or strictly outdoor work)
     - c. Employee workstation and hand contact areas are disinfected with Double D solution or a 1:10 bleach solution at the end of their shift.

IV. Stage IV – Initial cases of COVID-19 on the prison facility

A. Continue actions from lower stage levels.

B. Unit should be locked down and visitation stopped if this has not been done previously.

C. Cases/suspected cases should be placed in (order of preference): 1) Respiratory isolation, if available on the unit, or in a single cell in cell block designated for cohorting COVID-19 cases. If single celled they should not be allowed access to the day room unless all offenders using the day room are suspected or confirmed COVID-19 cases. Consider using segregation or similar housing for the initial cases.

D. Cases or suspected cases must not be allowed to attend work, school, dining hall or group recreation.

E. Isolation should continue until 7 days after symptoms started **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).

F. If the offender requires transfer to a hospital, he should go by ambulance or van. Multiple offenders with COVID-19 may be transported in the same vehicle if necessary. Attendants and other staff in the vehicle must wear facemask. The offender should wear a surgical mask if his condition allows it. The transport vehicle should be disinfected after use. The receiving facility must be notified that the patient has COVID-19 before arrival at the facility.

G. Offenders in the cellblock or dormitory of the index case must be medically restricted (no housing reassignments, no work or school; dining and recreation as a cohort only) until 14 days have elapsed without another case of COVID-19 in the living group. If their work is deemed critical, they must be screened for symptoms of COVID-19 before their shift before being allowed to work.

V. Stage V – Multiple cases of COVID-19in the facility, when the number of cases is too large to isolate individually.

A. Continue previous stage level activities

B. At this point individual case isolation is not practical and cases should be cohorted in living areas (dormitories or cellblocks). Cases need to remain in the cohort living area for 7 days after onset of their symptoms **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath), but may be transferred to other living areas after their isolation period has passed.

			Offender Management					
Alert Stage	**Medical Department**	**Security**	**Housing**	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
Stage 3b – pandemic COVID-19 in Texas	• Work with security to identify housing areas that can be used to cohort cases • Train staff on identification of COVID-19 cases and early isolation of cases • Reinforce personal hygiene	• Continue Stage 2 activities • Train staff in recognition of COVID-19 symptoms and how the medical triage/cohorting system will work	• Cohort essential workers by shift • Stop housing reassignment except for disciplinary or medical reasons, or within same housing area	• Consider unit lockdown procedures • Feed and shower offender in cohorts by housing area. Disinfect showers/dining facilities between cohorts	• Consider unit lockdown procedures • Recreation in cohorts by housing area. Disinfect equipment between cohorts	• Screen for symptoms of COVID-19 before allowing offenders on chain bus • Disinfect seats, handrails and other contact areas before loading	• Consider suspending classes • Consider suspending non-essential work • Screen workers for symptoms at turnout	• Screen for symptoms of COVID-19 and exclude symptomatic individuals, whether staff or visitors • Stop contact visitation

			Offender Management					
Alert Stage	**Medical Department**	**Security**	**Housing**	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	and cough etiquette with offenders • Limit use of medical staff on multiple units • Cancel/reschedule elective medical procedures • Begin COVID-19 triage and early isolation process • Allow staff to carry and use alcohol-based hand antiseptic rub • Intake units screen offenders arriving on the unit by asking about new onset of cough or shortness of breath and taking their temperature	• Increase emphasis on cleaning and disinfecting high hand contact areas and offender transportation • Stockpile food and other essential supplies for at least a 2-4 week period • Medically restrict new intakes and offenders returning from bench warrant, etc., for 14 days • Allow staff to carry and use alcohol-based hand antiseptic rub • Limit use of staff on multiple units • Consider unit lockdown	(dorm or cell block) • Prepare one or more cell blocks to be designated as medical wards, if feasible			offenders and at end of trip • Stop non-essential offender movement between units		• Consider stopping all visitation
Stage 4 – initial cases of COVID-19 on unit	• Continue Stage 3b activities • Place suspected cases in droplet and contact isolation in a single cell for 7 days after symptom onset **and** 72 hours after resolution of fever	• Continue Stage 3b activities • Security staff assigned to medical and isolation areas wear facemasks • • Staff on affected units	• Create one or more isolation wards, and medical wards if needed • No transfer of exposed offenders into areas	• Unit lockdown.	• Unit lockdown.	• Continue Stage 3b actions • Transfer of symptomatic cases by ambulance or van only. Multiple cases can be in same vehicle.	• Continue Stage 3b actions • Medically restricted and isolated offenders cannot work • If a medically restricted offender must	• Continue Stage 3b actions

			Offender Management					
Alert Stage	**Medical Department**	**Security**	**Housing**	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). • Cases wear surgical mask whenever moved out of their isolation room • Medically restrict contacts of the case until 14 days after the last case appears in the medically restricted group • If a medically restricted offender develops signs and symptoms of COVID-19, place him in droplet and contact isolation and extend the medical restriction on the remaining offenders for 14 more days • Make rounds of isolated offenders in the isolation housing area at least twice per shift • Make daily rounds on medically restricted housing areas • Medical staff wear PPE when entering a room with an ill offender	not to work on unaffected units if possible	housing unexposed offenders			• Notify receiving facility of COVID-19 case before arrival • Attendants with transported cases must use facemasks	work because of a critical need, he must be screened to rule out symptoms of COVID-19 before each shift he works.	

			Offender Management					
Alert Stage	**Medical Department**	**Security**	**Housing**	Feeding/Showering	Recreation	Transportation	Work/School	Visitation
	• Staff on affected units not to work on unaffected units if possible							
Stage 5 – multiple COVID-19 cases on unit	• Continue Stage 4 actions • Cohort cases and suspected cases • Cases may be moved to any living area 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). They can be considered immune for the remainder of the pandemic	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions	• Continue Stage 4 actions • Cases who have completed their 7 day isolation and 72 hours after resolution of fever and improvement in respiratory may work without restriction if their symptoms have resolved	• Continue Stage 4 actions
Termination of COVID-19 alert: May return to Stage 4 when there are no new cases on the unit in 7 days, or to stage 3b when there have been no new cases on the unit for an additional 7 days								

CMHC INFECTION CONTROL MANUAL	Effective Date: 4/2/2020 Replaces: 3/27/20 Formulated: 3/20/2020	NUMBER: B-14.52 Page 1 of 31
Coronavirus Disease 2019 (COVID-19)		

POLICY:

To outline management and control measures for facilities to follow in response to the spread of COVID-19.

OVERVIEW:

What is Coronavirus disease 2019 (COVID-19)?
COVID-19 is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

What are the symptoms of COVID-19?
Symptoms commonly associated with COVID-19 include fever, cough, and shortness of breath. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse. People 65 years or older, and/or people with medical issues, like heart disease, diabetes, high blood pressure, cancer, or a weakened immune system, are at a higher risk for getting very sick from COVID-19. Complications include pneumonia, acute respiratory distress syndrome (i.e. ARDS) and even death.

How is COVID-19 transmitted?
The virus is known to spread person to person when there is close contact (approximately 6 feet) through respiratory droplets that are produced when an infected person coughs or sneezes. It is also believed that a person can become infected with COVID-19 by touching a contaminated surface or object that has the virus on it and then touching their own nose, eyes or mouth.

What is the difference between confirmed COVID-19 case 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. If test results are positive, a suspected case becomes a confirmed case.

DEFINITIONS:

Close Contact of COVID-19 Case – An individual is considered a close contact if they (1) have been within 6 feet of a COVID-19 case for a prolonged period of time, or (2) have had direct contact with respiratory droplets from a COVID-19 case such as a cough or sneeze.

Attachment 3

CMHC INFECTION CONTROL MANUAL	Effective Date: 4/2/2020 Replaces: 3/27/20 Formulated: 3/20/2020	NUMBER: B-14.52 Page 1 of 31
Coronavirus Disease 2019 (COVID-19)		

POLICY:

To outline management and control measures for facilities to follow in response to the spread of COVID-19.

OVERVIEW:

What is Coronavirus disease 2019 (COVID-19)?
COVID-19 is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

What are the symptoms of COVID-19?
Symptoms commonly associated with COVID-19 include fever, cough, and shortness of breath. More severe symptoms suggesting the need for a higher level of care may include difficulty breathing, bluish lips or face, persistent pain or pressure in the chest, and new confusion or inability to arouse. People 65 years or older, and/or people with medical issues, like heart disease, diabetes, high blood pressure, cancer, or a weakened immune system, are at a higher risk for getting very sick from COVID-19. Complications include pneumonia, acute respiratory distress syndrome (i.e. ARDS) and even death.

How is COVID-19 transmitted?
The virus is known to spread person to person when there is close contact (approximately 6 feet) through respiratory droplets that are produced when an infected person coughs or sneezes. It is also believed that a person can become infected with COVID-19 by touching a contaminated surface or object that has the virus on it and then touching their own nose, eyes or mouth.

What is the difference between confirmed COVID-19 case 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. If test results are positive, a suspected case becomes a confirmed case.

DEFINITIONS:

Close Contact of COVID-19 Case – An individual is considered a close contact if they (1) have been within 6 feet of a COVID-19 case for a prolonged period of time, or (2) have had direct contact with respiratory droplets from a COVID-19 case such as a cough or sneeze.

Cohorting – Cohorting refers to the practice of housing multiple COVID-19 cases together as a group under medical isolation or housing close contacts of a particular case together as a group under medical restriction. Cohorting is used when there is inadequate space to place individuals in single cells for medical restriction or medical isolation.

Medical Isolation – Isolation is for persons who are **sick and contagious**. Isolation is used to separate ill persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of disease.

Medical Restriction – Medical restriction is used to separate and restrict the movement of **well** persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Medical restriction can help limit the spread of disease.

An **N95 respirator** is a respiratory protective device designed to achieve a very close facial fit and very efficient filtration of airborne particles. The 'N95' designation means that when subjected to careful testing, the respirator blocks at least 95 percent of very small (0.3 micron) test particles.

Social Distancing – Social distancing is the practice of increasing the space between individuals (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic) and decreasing the frequency of contact to reduce the risk of spreading a disease. Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact and maintaining 6 feet), a group level (e.g., canceling group activities), and an operational level (e.g., rearranging chairs in clinics to increase distance between them).

PROCEDURES:

I. INFECTION CONTROL

A. In preparation, staff should ensure there is sufficient stock on hand of hygiene supplies, cleaning supplies, PPE, medication, and medical supplies. This includes, but is not limited to, liquid soap, hand sanitizer, viral test kits and nasal swabs, facemasks, N95 respirators, eye protection (goggles or face shields), gloves, and gowns.

B. During the COVID-19 outbreak, **all** units should:
   1. Medical staff should educate offenders and staff on how COVID-19 is transmitted, signs and symptoms of COVID-19, treatment, and prevention of transmission (Attachment A).
   2. Remind staff and offenders on the methods used to prevent the spread of any respiratory virus.

a. Encourage handwashing with soap and water for at least 20 seconds (Attachment B). If soap and water is unavailable, hand sanitizer (at least 60% alcohol) may be used to cleanse hands.
b. Encourage cough etiquette. Cover coughs or sneezes with a tissue, then throw the tissue in the trash. Otherwise, cough inside of your elbow (Attachment C).
c. Avoid touching eyes, nose, and mouth with unwashed hands.
d. Avoid close contact (< 6 feet) with people who are sick or suspected of being sick.
e. Stop handshakes.

3. Practice social distancing and avoid gatherings and meetings.
4. Meet by teleconference or videoconference when feasible.
5. Disinfect common areas and surfaces that are often touched with a 10% bleach solution. The bleach solution should be sprayed on and allowed to air dry for at least 10 minutes. Cleaning recommendations can be found in Infection Control Policy B-14.26 (Attachment D, Housekeeping/Cleaning). The formula for the 10% bleach solution is:
   a. 8 oz. of powdered bleach to 1 gallon of water
   b. 12.8 oz. of liquid bleach to 1 gallon of water
6. Cancel all group healthcare activities (e.g., group therapy), and coordinate with unit warden and recommend temporarily canceling other group activities such as church and school.
7. Post visual alerts (signs and posters) at entrances, in the medical department, and other strategic places providing instruction on hand hygiene, cough etiquette, and symptoms of COVID-19.
8. Post a sign at the entrance, so that high risk visitors can elect not to enter the unit if COVID-19 occurs (Attachment D).

C. Evaluate the need to expand the number of medications allowed to be distributed keep on person.

D. Consider suspending co-pays for medical evaluations so offenders will not be hesitant to report symptoms of COVID-19 or seek medical care due to co-pay requirements.

E. Evaluate the need to minimize offender movement:
1. Offenders stay in housing areas.
2. Offenders may use dayrooms in housing areas.
3. Offenders may go to the dining hall, work, commissary, recreation, etc., if they do not mingle with offenders from other housing areas during the process. They must be escorted when leaving the housing area.
4. Contact visitation is suspended.
5. Minimize transfer of offenders between units.

6. Advise unit food captains to eliminate self-serve foods in chow halls.

F. Influenza vaccination: During influenza season, vaccination against influenza is an important measure to prevent an illness that presents similarly to COVID-19. If there is influenza vaccine available; offer it to unvaccinated staff and offenders.

G. Evaluate the need to limit entrance to essential staff only. If possible, staff should be assigned to a single facility, with limited assignments to other facilities only when necessary to provide essential safety, security and services.

H. Incorporate questions about new onset of COVID-19 symptoms into assessments of all patients seen by medical staff.

I. Offenders complaining of symptoms consistent with COVID-19 should be triaged as soon as possible. (Attachment E)
1. Ensure facemasks are available at triage for patients presenting with COVID-19 symptoms.
2. If possible, symptomatic patients should be kept > 6 feet apart from asymptomatic patients.

J. Offenders with suspected or confirmed COVID-19 as determined by medical should be placed in medical isolation.

K. Thoroughly clean and disinfect all areas where suspected or confirmed COVID-19 cases spent time. Staff and offenders performing cleaning should wear gloves and a gown.

L. Medical isolation
1. Isolation is for offenders with suspected or confirmed COVID-19 and are considered infectious.
2. Isolated offenders must be under droplet and contact isolation precautions.
3. Offenders should be single-celled (isolated) or may be cohorted (i.e., co-housed) with other offenders with COVID-19 if they cannot be single celled. If possible, suspected and confirmed COVID-19 cases should be kept separate.
4. If cohorted, each offender's isolation period is independent, so an offender may be released from the isolation area even if other offenders in the area are still under isolation.
5. Use of PPE
   a. Offenders under isolation must wear a surgical mask if they are required to leave the isolation area.
   b. Staff (correctional and medical) entering an isolation housing

area must wear a facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.

6. Isolated offenders must be observed by medical personnel as often as clinically indicated to detect worsening illness or complications, but in any case, must be observed at least twice per day. Monitoring consists of a temperature check and verbal questioning of symptoms (e.g., cough and shortness of breath).
7. Offenders should be isolated for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
8. Offenders in isolation must be fed with disposable trays and utensils. No items will be returned to the kitchen for cleaning or re-use.
9. Laundry items from isolation areas must be handled as contaminated laundry.
10. Offenders should **NOT** be transported on a chain bus or MPV except for medical emergencies.

M. All newly arriving offenders including extraditions and those returning from bench warrant or reprieve into TDCJ, including private facilities or intermediate sanction facilities, must be screened by medical staff for symptoms consistent with COVID-19 infection (Attachment F).

1. Offenders who are medically cleared upon provider evaluation will be released to continue the intake process.
2. Offenders who have been exposed to COVID-19 but who are not yet ill (i.e., close contacts), will be placed under medical restriction for a minimum of 14 days.
3. Offenders with positive screening findings will be referred to a provider for further evaluation.
4. Offenders with confirmed or suspected COVID-19 shall immediately have a face mask placed. The offender should be instructed to wash his or her hands. The offender will be isolated under droplet and contact isolation precautions for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath).
5. Medical staff will notify the TDCJ intake security supervisor of all offenders placed under medical restriction or isolation, who will then notify the facility Warden and Classification Department.
6. TDCJ leadership, in coordination with the medical department, will identify an appropriate housing area to assign/cohort all offenders placed

on medical restriction and/or isolation.

N. Assess risk level of exposure during contact investigations to determine if asymptomatic close contacts need to be placed under medical restriction. All exposures apply to the 14 days prior to assessment.

Risk Level	Exposure	Management if Asymptomatic Patients	Management of Symptomatic Patients
High Risk	Close Contact that has been within 6 feet of a case for a prolonged period of time, or (2) has had direct contact with respiratory droplets E.g., living with someone, intimate partner, traveling on same bus, or working in healthcare setting (e.g., clinic or infirmary)	• Place in medical restriction for 14 days from the date of exposure • Monitor for development of symptoms twice daily including temperature check • Patient must wear a surgical facemask during transfer/movement outside housing area • Do NOT transport on a chain bus or MPV except for medical emergencies	• Immediately place in medical isolation • Must remain in isolation for 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath) • Monitor at least twice a day to detect worsening illness including temperature and symptom checks • Patient must wear a surgical facemask during transfer/movement outside housing area • Do NOT transport on a chain bus or MPV except for medical emergencies
Medium Risk	Travel from an area of sustained transmission without any known exposure to COVID-19 case	• Screen prior to entering the facility • Encourage self-monitoring & social distancing • If exposed to COVID-19 but is not yet ill, place under medical restriction • If the facility has the capacity & resources, consider placing all new intakes under medical restriction for 14 days before entering the facility's general population	• Medical staff evaluation if becomes symptomatic • See management for high risk if suspected or confirmed COVID-19 per medical evaluation
Low Risk	Being in the same indoor environment (e.g., classroom, waiting room) but not meeting the definition of close contact	None required. Provide education and encourage self-monitoring & social distancing	• Medical staff evaluation if becomes symptomatic • See management for high risk if suspected or confirmed COVID-19 per medical evaluation

No Identifiable Risk	Interaction that does not meet exposure of high, medium, or low risk such as walking by a person or being briefly in the same room	None required. Provide education and encourage self-monitoring & social distancing	• Medical staff evaluation if becomes symptomatic • See management for high risk if suspected or confirmed COVID-19 per medical evaluation

1. Adapted from CDC guidance for persons with COVID-19 exposure

O. Medical restriction

1. All staff working in medically restricted areas and offenders who are placed in medical restriction, will be educated about early recognition of warning signs and rapid triage of symptomatic patients.
2. Contacts of suspected or confirmed cases should be kept under medical restriction (i.e., quarantine) as a cohort until 14 days after the last exposure to a case for everybody in the cohort. If this is not possible, contacts should have their temperature taken and be questioned about symptoms daily. Every effort should be taken to use medical restriction.
3. If a group is cohorted due to a suspected case who is subsequently tested for COVID-19 and receives a negative result, the group may be released from medical restriction if they weren't housed with another cohorted group.
4. Use of PPE
   a. Staff (correctional and medical) entering medically restricted housing areas must wear a surgical facemask and gloves. Gowns and/or face protection should also be worn if they anticipate direct or very close contact with ill offenders. Personal protective equipment must be removed when leaving the area and hands washed after removal.
   b. Offenders on medical restriction do not have to wear a mask unless they must leave their housing area for some reason. They should be questioned about symptoms of COVID-19 before being taken from the housing area and be kept at least 6 feet from offenders from other housing areas as much as possible.
5. Medically restricted offenders may attend outdoor recreation and shower **as a group**. **They may attend chow hall as a group** if the facility determines it is necessary, but high hand contact areas, benches and tables in the chow hall should be disinfected afterward.
6. Medically restricted offenders may work only if their job is essential and they will not mingle with non-medically restricted offenders while working or getting to or from the job location and must be screened for symptoms of COVID-19 at each turnout.
7. Medically restricted offenders should not be transferred from the facility during the 14-day restriction period, unless released from custody or a transfer is necessary for health care (e.g., medical or behavioral health), infection control, lack of quarantine space, or extenuating security

concerns.

8. Offenders under medical restriction must be observed at least twice per day for the presence of fever or symptoms of COVID-19 (cough or shortness of breath).
   a. If an offender becomes ill, they must be evaluated by medical staff as soon as practical.
   b. If the offender is coughing, they should be made to wear a surgical mask and be kept at least 6 feet from other offenders and staff until they are evaluated by medical.
   c. If medical determines the ill offender has COVID-19, the offender must be placed in isolation and the other offenders must remain under medical restriction for another 14 days.

P. Units with offenders with COVID-19 should
   1. Institute droplet and contact precautions for offenders with COVID-19.
   2. Ensure that sick offenders do not expose other offenders without COVID-19 while in waiting rooms (consider setting up a separate waiting area for offenders with COVID-19). At a minimum, ensure that offenders with COVID-19 wear surgical masks or sit at least 6 feet from other offenders while waiting to be seen by medical.
   3. Implement daily active surveillance for symptoms of COVID-19 among all offenders and health care personnel until at least 2 weeks after the last confirmed case occurred.

Q. Ill staff
   1. Employees who are sick should stay home and should not report to work.
   2. If employees become sick at work, they should promptly report this to their supervisor and go home.
   3. In general, the timetable for returning to work is 7 days after symptom onset **and** 72 hours after resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g. cough, shortness of breath). Staff should refer to their respective employer's specific procedure for obtaining clearance to return to work.

R. Security staff will screen all individuals entering the unit.
   1. Before individuals enter a TDCJ location, they will have their temperature taken and if a fever is present, the screening form will be completed (Attachment G).
   2. If the individual answers yes to fever question, they will be sent home and will be required to submit a physician's note stating they are clear of any symptoms of COVID-19 before being allowed to return to work.
   3. If no fever is present but answered yes to cough or shortness of breath, the individual should be aware of potentially developing a fever.
   4. If the individual answers yes to being in contact with anyone who tested

positive for COVID-19, they will be sent home and not allowed to return to work without providing a physician's note stating they are clear of any COVID-19 symptoms. Notification must also be made to the TDCJ Office of Emergency Management and the TDCJ Deputy Director of Health Services.

S. Transportation

1. In general, offender transportation must be curtailed, except for movement that is absolutely required, such as for release, bench warrant, medical emergencies, etc.
2. When offenders are transported during these conditions, they must be seated at least 3 feet apart.
3. An offender who is coughing or who is in isolation for COVID-19 must wear a surgical mask during movement from isolation to transport and from the transport to his destination at the receiving facility. These offenders must be transported by ambulance or van.
4. Multiple offenders who are under COVID-19 isolation may be transported in the same vehicle, but no non-isolated offenders (including offenders under medical restriction) may travel with them. Staff must wear facemasks during transport, unless the offender area has separate ventilation from the staff area.
5. After all offenders have disembarked from the transport vehicle, the seats and hand contact areas such as handrails must be cleaned and disinfected.

II. USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. An alcohol-based waterless antiseptic hand rub should be carried by staff and used whenever there is concern that hands have become contaminated. The waterless hand rub may be used when handwashing is unavailable.

B. Offenders who are required to perform duties for which staff would wear PPE should be provided the same PPE for the job, except they must not have access to the waterless hand rub but must wash hands with soap and water instead.

C. Goggles or protective face shields should be worn when there is a likelihood of respiratory droplet spray hitting the eyes. Since these items are re-usable, they should be cleaned and disinfected between uses. Hands should be washed before donning or doffing goggles, to prevent inadvertent contamination of the eyes.

D. Medical and Security Staff should wear surgical masks if their responsibilities require them to remain less than 6 feet from a symptomatic individual or patient suspected with suspected COVID-19.

E. Mask, gloves, gowns, and eye protection (face shield or goggles) should be worn

when examining or providing direct care to offenders with suspected or confirmed COVID-19.

F. Unless contact offender searches on general population would clearly involve contact with body fluids, gloves are unnecessary and handwashing between each search is adequate.

G. Gloves may be worn for contact offender searches of medically restricted offenders. Gloves must be worn and changed between each search for contact searches on isolated offenders.

H. Security and Medical Staff should be educated on the appropriate sequence of putting on PPE (Attachment J).

PPE to Use While Caring for Patients with Suspected or Confirmed COVID-19			
Setting	**Rooming Procedure in Medical**	**Staff PPE**	**Symptomatic Offender Requirement**
Clinic	Normal	• Gloves • Gown • Eye protection (face shield or goggles) • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable)	Surgical facemask
Infirmary	Normal	• Gloves • Gown • Eye protection (face shield or goggles) • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable)	Surgical facemask during transfer
Medical Restriction Area	Normal	• Gloves • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) • Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders (e.g., temperature check)	Surgical facemask outside of medical restriction area
Medical Isolation Area	Normal	• Gloves • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) • Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct	Surgical facemask outside of medical isolation area

PPE to Use While Caring for Patients with Suspected or Confirmed COVID-19			
Setting	**Rooming Procedure in Medical**	**Staff PPE**	**Symptomatic Offender Requirement**
		or very close contact with ill offenders	
Handling laundry or cleaning area of COVID-19 case or individuals in medical isolation or restriction	Not applicable	• Gloves • Gown	• Not applicable
Transport Van	Normal	• Gloves • Surgical facemask or fit-tested N-95 respirator (only if surgical facemask is unavailable) • Gowns and/or eye protection (face shield or goggles) should be worn only if anticipate direct or very close contact with ill offenders	• Surgical facemask during transfer • Not transported on a chain bus or MPV except for medical emergencies
Procedural Setting (e.g., nebulizer high-flow oxygen, ventilation, intubation)*	Negative Pressure Room	• Gloves • Gown • Eye protection (face shield or goggles) • Fit-tested N-95 respirator	Surgical facemask during transfer

* when performing procedure that may generate respiratory aerosols

III. DIAGNOSTIC TESTING

A. Diagnostic testing should be prioritized based on clinical features and epidemiologic risk.

B. Health care providers must contact their university designee if they feel testing should be considered **before** an order is placed in the electronic medical record. The University Designee will determine if patients meet the criteria for testing.

Clinical Features	&	Epidemiologic Risk
Fever[1] **or** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset
Fever[1] **and** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of symptom onset **OR**

		An individual(s) with risk factors that put them at higher risk of poor outcomes
Fever[1] **and** signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization	AND	No source of exposure has been identified

1. Fever may be subjective or confirmed
2. Adapted Texas DSHS guide to testing

C. Instructions for ordering and specimen collection must be followed (Attachment H).

IV. REPORTING

A. Daily reporting of COVID-19 to the TDCJ Office of Public Health by email or fax (936-437-3572) is required.

B. Each unit must complete a report (Attachment I).
1. The daily COVID-19 log should be sent by 9:00 AM. The list is only for the 24-hour period ending at 6AM that morning. Units may submit logs over the weekend or may submit three logs on Monday morning.
2. Reporting should continue until 2 weeks has lapsed since the last case.
3. The subject line of the email should include, "[Unit] Name, COVID-19 Log, and the Date Sent (MM /DD /YYYY)."

V. CLINICAL MANAGEMENT

A. Record proper diagnosis in the electronic health record for suspected COVID-19.

B. There is no approved vaccine for COVID-19.

C. There are currently no antiviral drugs licensed by the FDA to treat COVID-19.

D. There is currently no FDA-approved post-exposure prophylaxis for people who may have been exposed to COVID-19.

E. Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). Diagnostic testing should include an influenza test.

F. Most cases of COVID-19 only require usual supportive care with fluids, analgesics and rest. Acetaminophen (i.e. Tylenol) is the preferred antipyretic for treating fever in non-allergic COVID-19 patients considering its efficacy and safety. Ibuprofen may be considered. However, remember its potential for renal (i.e. kidney) adverse effects. Recent reports suggest Ibuprofen may worsen the

course of COVID-19. However, this is still theoretical and under investigation. Corticosteroids are not recommended unless they are indicated for another reason (e.g., COPD exacerbation).

G. Signs suggesting the need for a higher level of care include, but are not limited to, difficulty breathing, bluish lips or face, persistent pair or pressure in the chest, and new confusion or inability to arouse.

H. Clinical management for more severe cases is focused on supportive care of complications, including advanced organ support for respiratory failure.

I. Offenders who are suspected of having COVID-19 must be placed in medical isolation. Laboratory proof is not required for isolation. The diagnosis of COVID-19 should be made on a clinical basis and testing performed only as outlined above.

J. Adherence to strict infection control measures must always be observed. Cases in an inpatient setting must be under droplet and contact isolation (see Infection Control Policy B-14.21).

REFERENCES

1. Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Available at https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fhcp%2Finfection-control.html
2. Centers for Disease Control and Prevention. Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19). Available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html
3. Texas Department of State Health Services. Interim Criteria to Guide Testing of Persons Under Investigation (PUIs) for Coronavirus Disease 2019 (COVID-19). Available at https://www.dshs.state.tx.us/coronavirus/healthprof.aspx
4. Centers for Disease Control and Prevention. Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. Available at https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html
5. Centers for Disease Control and Prevention. Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases. Available at https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html

Attachment A

COVID 19 CORONAVIRUS DISEASE

What you need to know about coronavirus disease 2019 (COVID-19)

What is coronavirus disease 2019 (COVID-19)?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can people in the U.S. get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the United States. Risk of infection with COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19. Learn more about places with ongoing spread at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic.

Have there been cases of COVID-19 in the U.S.?

Yes. The first case of COVID-19 in the United States was reported on January 21, 2020. The current count of cases of COVID-19 in the United States is available on CDC's webpage at https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of

- fever
- cough
- shortness of breath

What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

How can I help protect myself?

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

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

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

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: **www.cdc.gov/COVID19**