

**Santa Barbara County Probation Department
Juvenile Detention Facilities COVID-19 Management Plan**

Revised June 29, 2020

Table of Contents

BACKGROUND.....	2
ILLNESS SEVERITY	2
Symptoms of COVID-19.....	2
Mode of Transmission.....	3
Policy	3
DEFINITIONS.....	3
PERSONAL PROTECTIVE EQUIPMENT (PPE)	4
Minimum PPE for Health Care Workers (HCW) by Function	5
GENERAL OPERATIONS AND SUPPLIES	6
PREVENTION PRACTICES FOR DETAINED YOUTH	7
PREVENTION PRACTICES FOR STAFF.....	7
INFECTION CONTROL GENERAL MEASURES	8
For All Persons in the Facility	8
Hand Hygiene	8
Cough Etiquette	8
Universal/Standard Precautions	8
Airborne Precautions	9
Environmental Cleaning.....	9
UPDATES	9

BACKGROUND

The CDC, CDPH and Santa Barbara County PHD are closely monitoring and responding to an outbreak of respiratory illness caused by a novel (new) coronavirus, COVID-19, that was first detected in China and which now has been detected in multiple locations internationally, including California. The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated COVID-19).

Coronaviruses are a large family of viruses that can infect people and many different animal species. Rarely, animal coronavirus can infect people and then spread between people such as with MERs-CoV, SARs-CoV and now with SARS-CoV-2(that causes COVID-19). SARS-CoV-2 initially was thought to be animal-to-person spread. However, over time it is clear that person to person spread (spread where source is known) and community spread (spread where source is not known) is possible with novel coronavirus.

Santa Barbara County PHD Health Officer has declared a public health emergency and has mandated social distancing and cancelling large gatherings. There are reported cases of community transmission in Santa Barbara County and these numbers are expected to rise.

For current updates on this rapidly evolving situation, please visit CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/summary.html>

Santa Barbara Public Health Department Coronavirus information:

<https://publichealthsb.org/>

ILLNESS SEVERITY

The complete picture with regards to COVID-19 is not fully understood. Reported illness have ranged from mild to severe, including illness resulting in death. People over the age of 60 years old and those with chronic medical conditions including but not limited to hypertension, other heart disease, lung disease and diabetes are more severely affected. At this point, it appears children are not as severely affected. This is a rapidly evolving situation and information will be updated as it becomes available from the WHO, CDC, CDPH and Santa Barbara County PHD.

Symptoms of COVID-19

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Children have similar symptoms to adults and generally have mild illness.

This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning to you.

<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

Mode of Transmission

Per CDC, early reports suggest person-to-person transmission most commonly happens during close exposure (within 6 feet) to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes. 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. Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

Policy

It is the policy of Santa Barbara County Juvenile Probation/ Wellpath, Inc. to follow CDC, Santa Barbara Public Health Department and Wellpath, Inc. guidelines in screening for and for the management of suspected or known COVID-19 cases or persons exposed/close contacts to known or suspected COVID-19 case.

Santa Barbara County Juvenile detention has identified areas of high concern for infection including new bookings with exposure to known case, travel history and new booking with symptoms of COVID-19 (fever, cough, shortness of breath or other lower respiratory tract symptoms). Other areas of concern are visitors/volunteers entering the facilities and staff/support staff with community exposure/travel to or symptoms of COVID-19.

It is essential that immediate screening conducted on all persons entering the facilities. Identification and proper management of suspected or known cases or those with close contact to a COVID-19 case is imperative to reduce the transmission of novel coronavirus within the facility.

DEFINITIONS

Close contact of a COVID-19 case: an individual is considered a close contact if they a) have been within 6 feet of a COVID-19 case for a prolonged period of time or b) have had direct contact with infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur while caring for, living with, visiting or sharing a common space with a COVID-19 case. Considerations when assessing close contact include the duration of the exposure (longer time increases risk) and clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk as does exposure to a severely ill person).

Cohorting: the practice of isolating multiple laboratory confirmed COVID-19 cases together as a group, or quarantining close contacts of a particular case together as a group.

Community Transmission of COVID-19: when individuals acquire the disease through contact with someone in the community, not travel related. Once there is community transmission in an area, it is expected that detention facilities will start seeing cases inside the facility. There is community transmission of COVID-19 in Santa Barbara County.

Confirmed vs. Suspected COVID-19 cases: 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 has not been tested or is waiting for test results.

Medical Isolation: confining a suspected or confirmed COVID-19 case to a single cell to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the youth meets pre-established criteria for release from isolation. This will occur in unit 2 at SMJH and the upper dorm at LPBC.

Quarantine: the practice of confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Youth will be in a single cell and monitored for 14 days. If symptoms do not develop within the 14 days, the youth is released from quarantine. This will occur in unit 1 at SMJH and to be determined at LPBC.

Social Distancing: the practice of increasing space between individuals and decreasing the frequency of contact to reduce the risk of spreading the disease. Ideally, maintaining a space of at least 6 feet between individuals. Though this is difficult in a custody setting, it is a cornerstone of reducing transmission of COVID-19.

Symptoms of COVID-19: include fever, cough and shortness of breath. Like other infections, COVID-19 can be mild or severe with severe disease and death possible. Other symptoms such as vomiting and diarrhea have been associated with COVID-19 and some people with COVID-19 have no or minimal symptoms.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE is to be worn by any person dealing with suspected or known COVID-19 case.

- Recommended PPE for staff and detained individuals will vary based on the type of contact they have with COVID-19 cases and their contacts.
- Cloth masks are not considered PPE for the purpose of protection when dealing with a suspected or known COVID 19 case.
- *** Note: PPE shortages are anticipated in every category during the COVID-19 response.
 - **N95 respirators** – N95 should be prioritized for medical staff when staff anticipate contact with infectious aerosols.
 - **Face Mask**
 - **Eye Protection** – goggles or disposable face shield that fully covers the front and sides of the face.
 - **Disposable Gloves** – should be changed if become torn or heavily contaminated.
 - **Disposable isolation gowns** or single use coveralls, when feasible.
 - If shortage, they should be prioritized for aerosol generating procedures, care activities where splashes are anticipated and high contact patient care.

Classification of Individual Wearing PPE	N95 Respirator	Face Mask	Eye Protection	Gloves	Gown/Coveralls
YOUTH					
Asymptomatic youth: <ul style="list-style-type: none"> - at intake, - while outside single room in intake unit, - youth under quarantine as close contacts of a COVID-19 case - youth from unit 4, 5, and 6 when out of unit for any reason 	Apply face masks for source control as feasible based on local supply, especially in housed as a cohort. Youth to wear facemask or clothe mask.				
Youth in court if unable to present for court in no contact room		X		X	
Youth who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X			
Youth workers handling laundry or used food service items from a COVID-19 case or case contact				X	X
Youth workers who are cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

Classification of Individual Wearing PPE	N95 Respirator	Face Mask	Eye Protection	Gloves	Gown/Coveralls
PROBATION / MEDICAL STAFF					
Staff entering the facility	KN95	X			
Staff performing temp checks on any group of people (staff, visitors, or youth, or providing medical care to asymptomatic quarantined persons)	X	X *	X	X	X

Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases	X	X *	X	X	X
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols	X		X	X	X
Staff handling laundry or used food service items from a COVID-19 case or case contact				X	X
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Classification of Individual Wearing PPE	N95 Respirator	Face Mask	Eye Protection	Gloves	Gown/Coveralls
ALL PERSONS ENTERING JUVENILE FACILITIES		X (clothe mask ok)			

- * A NIOSH-approved N95 should be worn in these circumstances when available. Facemasks can be used over the N95 to extend the life of the N95. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative to N95 when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate aerosols, which would pose the highest exposure risk to staff.

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

- SEE ALSO: *WELLPATH PPE USE AND REUSE POLICY* – describes situations where supply of PPE is low.

Minimum PPE for Health Care Workers (HCW) by Function

Setting	Target Personnel	Activity	Type of PPE or Procedure
Intake	Healthcare personnel	Intake/Receiving Screening	Maintain spatial distance of >3 ft. Gowns, gloves, facemask(surgical), eye protection (goggles or face shield)
	Patient with respiratory symptoms	Intake/receiving screening	Place surgical mask on patient. Minimize time in sally port
Sick Call	Healthcare personnel	Direct Patient care	Gowns, gloves, facemask, eye protection (goggles or face shield)
		Specimen collection ¹	Gown, gloves, eye protection (goggles or face shield) *Depending on PPE supply, consider use of N-95 respirator if there is concern about aerosol generation during specimen collection (no AIIR required)
	Aerosol-generating procedures ²	Gown, gloves, N-95 respirator, eye protection (goggles or face shield)	
	Patient with respiratory symptoms	Routine clinical care	To the degree possible, patients with respiratory symptoms should wear a surgical mask during encounters with the healthcare team

- STAFF WILL ENSURE THEY KNOW THE PROPER WAY TO DON (PUT ON) AND DOFF (REMOVE) PPE
 - Instructions for proper placement and removal of PPE: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>
 - Staff will not wear contaminated PPE in the PPE donning area.
- PPE storage
 - SMJH: PPE for Probation staff will be controlled by the intake SrDPO and be inventoried before shift.
 - LPBC: PPE will be controlled by the Sr. SPO on duty and inventoried before each shift.
 - Medical will maintain their own PPE and inventory daily.
- PPE donning (Putting ON) area/ **CLEAN** area – will be clearly labeled.
 - Donning Area: This is a clean area outside the quarantined area or isolation cell where staff can put on (don) PPE before entering the contaminated area (isolation cell or quarantined unit).
 - SMJH
 - The counseling room on each unit (4, 5 and 6).
 - Outside Unit 1 or 2 doors.
 - In intake storage room.
 - LPBC: SrJIO office in Upper dorm
- PPE Doffing Area (Taking Off PPE)/ **CONTAMINATED** area- will be clearly labeled.
 - A designated area near the quarantined unit or isolation cell where employees leaving quarantined areas/isolation rooms can remove and discard their PPE. This area will have supplies to perform hand hygiene and space to remove PPE. There will be leak-proof infectious waste containers for discarding used PPE. This area will be cleaned frequently by person wearing PPE.
 - SMJH:
 - This will be done in an unused room in the unit 4, 5, and 6 if needed.
 - In a single room in Unit 1 or 2.
 - LPBC:
 - This will be done outside the double doors of the upper dorm near the bench.
 - If available, staff should have a trained observer who helps staff ensure proper sequence/procedures for removing PPE. If an observer is not available, staff will refer to the “ How to Safely Remove PPE” handout that is posted in the area.
 - Staff will perform hand hygiene between steps if hands become contaminated and immediately after removing all PPE.
- Staff may use the staff showers after their shift.

GENERAL OPERATIONS AND SUPPLIES

- **Probation will ensure that there is sufficient stock of the following items**
 - Tissue
 - Waste receptacles and bags
 - Biohazard bins and red bags
 - Single use disinfection wipes
 - Alcohol -based hand cleaner (at least 60% alcohol)
 - Liquid soap when possible or bar soap
 - Yellow contaminated laundry bags
 - Disintegrating bags for contaminated laundry
 - EPA registered disinfectants labeled effective against human COVID-19
 - Gloves
 - Surgical masks
 - Respirators (disposable N95s or higher respirators or reusable respirators)

- Eye protection
- Protective cover wear (gowns, tyvex suits)
- Medications: medical will have a 6-8-week supply of all essential medications.
- Youth should be provided with a steady supply of soap and encourage hand washing.

PREVENTION PRACTICES FOR DETAINED YOUTH

- A pre-intake screening and temperature check on all arrestees will be completed. See RECEIVING SCREENING SECTION OF COVID 19 PLAN.
 - All youth will be required to wear a mask at intake regardless of screening. This may be a cloth mask.
 - All youth will be required to wear anytime they leave the unit (SMJH) or leave the grounds (LPBC). This may be a cloth mask.
 - All youth attending court will use the no-contact room within court holding. If the youth is ordered into the court room, the youth will be required to wear a mask and gloves.
 - Youth with positive screen/symptoms will be required to wear a surgical face mask and placed on medical isolation.
 - Youth with close contact of known COVID-19 case without symptoms will be placed on quarantine status.
 - All youth entering the facility who screen negative on the COVID19 prescreening will be housed in unit 6 for 14 monitoring. These youth will be required to wear a mask when out of their room. If the youth remain asymptomatic for the 14 days, they will be transferred to units 4 or 5 after written medical clearance. Youth may be required to have COVID testing at intake and/or before being transferred out of intake unit depending on availability of testing.
- Social Distancing shall be implemented at both facilities. Maintain space of at least 6 feet and minimize contacts
 - Common areas – Enforce increased space between individuals in day room.
 - Recreation – have youth spread out, consider staggering time for recreation.
 - Meals- if unable to have youth maintain 6 feet space, meals shall be staggered.
 - Group activities: limit size and increase space between youth. Consider alternate locations such as outside. Youth on quarantine or medical isolation may not participate in group activities.
 - Housing – place youth in single bunks when possible. If facility population dictates that youth must be bunked, this must be approved by medical. Youth identified as high risk for severe disease will not be bunked under any circumstance. AT LPBC – bunks must be 6 feet apart and arranged so that individuals sleep head to food to increase distances. Bunks and rooms will be cleaned and disinfected thoroughly if assigned to new occupant.
- Youth will be educated frequently on COVID-19 policies, procedures and symptoms and how to reduce their risk.
- Medical will be available daily when staffing allows to answer questions regarding COVID-19.

PREVENTION PRACTICES FOR STAFF

- Pre-screening before shift will occur with verbal screen and temperature check prior to entering facility. Staff will be sent home if they do not clear the screening process. See Probation procedure on Temperature Reading and Questionnaire protocols.
- All staff will submit to a COVID 19 test as directed by Administration.
- All staff will wear a mask when onsite for their entire shift and especially when interacting directly with asymptomatic youth. Masks should be KN95 preferably followed by surgical mask and then cloth masks and will

depend on inventory of masks. Full PPE will be donned when dealing with suspected or known COVID19 cases as per PPE section above.

- Staff shall stay home if they are sick with symptoms of COVID-19.
- Staff who develop fever, cough or shortness of breath while at work shall:
 - Move away from staff and youth.
 - SMJH: go outside door of staff parking lot.
 - LPBC: go outside the dorm.
 - Inform their supervisor.
- Staff who test positive for COVID-19 shall inform their supervisor.
- Staff who are a close contact of a known COVID-19 case (either within facility or in the community) shall self-quarantine at home for 14 days and return to work if symptoms don't develop. With PHD and Probation administration approval, first responders who are exposed to known COVID-19 cases may self-monitor at work. Staff shall maintain a distance of 6 feet or more from an individual with respiratory symptoms if feasible (this includes interviewing, escorting or interacting in other ways). Keep interactions with youth or persons with respiratory symptoms as short as possible.

INFECTION CONTROL GENERAL MEASURES

For All Persons in the Facility

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>

Hand Hygiene

- Staff will follow hand hygiene protocols.
- Wash hands with soap and water or use alcohol-based hand cleaner frequently:
 - before and after every contact with every patient/youth,
 - after contact with contaminated surfaces or equipment, and
 - after removing PPE
 - after eating or using the restroom
- Avoid touching eyes, nose or mouth before you have washed your hands.
- Alcohol based hand sanitizer should be available to all staff.
- Hand washing and hand sanitizer fact sheet:
 - <https://www.cdc.gov/handwashing/pdf/hand-sanitizer-factsheet.pdf>
 - <https://www.cdc.gov/handwashing/pdf/wash-your-hands-fact-sheet-508.pdf>
- Youth will be instructed on hand hygiene precautions and will have access to soap and water for hand washing as needed.

Cough Etiquette

- Wear a mask or cover your mouth, nose when you cough.
- Provide coughing youth with face mask or tissue while out of room/moving youth.
- Wash hands after coughing, sneezing or blowing nose or touching face.

Universal/Standard Precautions

- Staff will continue to use standard precautions when dealing with all youth.
- Standard Precautions assume that every person is potentially infected with an infection that could be transmitted in a healthcare/correctional setting.

- Standard precautions apply to 1) blood; 2) all body fluids, secretions, and excretions, *except sweat*, regardless of whether or not they contain visible blood; 3) non-intact skin; and 4) mucous membranes. Standard precautions are designed to reduce the risk of transmission of microorganisms from both recognized and unrecognized sources of infection in hospitals.

Airborne Precautions

- Though it is unlikely that COVID-19 is transmitted by small respiratory droplets (Airborne transmission), the CDC recommends using airborne precautions including using an N95 (depending on supply and type of encounter) when interacting with a suspected or known COVID19 patient and when doing temperature screenings.

Environmental Cleaning

- Probation shall clean and disinfect surfaces and objects that are frequently touched, especially in common areas. The surfaces to be cleaned includes doorknobs, light switches, sink handles, countertops, toilet, toilet handles, recreation equipment, telephones and benches.
- Staff shall clean shared equipment several times daily and on conclusion of shift including radios, handcuffs, computer keyboards, computer mouse, etc.
- Medical should use dedicated medical equipment for patient care.
- All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.
- Ensure that environmental cleaning and disinfection procedures follow manufacturer guidelines.
- Routine cleaning and disinfecting procedures in the healthcare setting should be maintained. Products with EPA-approved emerging viral pathogens claims will be used to clean and disinfect surfaces as per cleaning protocols.
- Management of laundry and medical waste will be performed in accordance with routine procedures including wearing gloves and gown, if available. Do not shake laundry.
- Detailed information on environmental infection control in healthcare setting can be found in CDC's websites;
 - <https://www.cdc.gov/infectioncontrol/pdf/guidelines/environmental-guidelines-P.pdf>
 - <https://www.cdc.gov/infectioncontrol/pdf/guidelines/isolation-guidelines-H.pdf>

UPDATES

Due to the rapidly changing recommendations from the CDC, staff will need to review all communications regarding coronavirus to keep updated with new policies and guidelines.

It is also recommended that staff stay up to date with coronavirus information by visiting the CDC website:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

<https://publichealthsb.org/>