

COVID 19 PANDEMIC

EMERGENCY RESPONSE PLAN FACILITIES AND OFFICES

MARCH 18

GEORGIA DEPARTMENT OF JUVENILE JUSTICE
Tyrone Oliver, Commissioner



FACILITIES AND OFFICES

- I. **POLICY:** To establish procedures for communication, education, prevention, monitoring, training and response for staff, youth, and visitors within the Georgia Department of Juvenile Justice facilities who may be impacted in the event of the Covid-19 pandemic. This plan also addresses emergency response actions that might be required.

- II. **APPLICABILITY:** This plan applies to facilities and offices. Since the new Covid-19 respiratory illness includes person to person spread, illness in a large number of people may dramatically impact facility operations. This plan describes policies to be implemented to effectively maintain continuity of operations in the event of a 30-40% loss of workforce. A copy of the plan shall be maintained in the main control room.

- III. **PROCEDURE:**
 - A. **PERSONNEL:**
 1. All employees will receive updates through briefings, posted material, etc. concerning Covid-19 expected impacts and preventative measures.
 2. Employees will develop a family care plan which will address care of dependent minors, elderly, or primary family members in the event of illness or when DJJ staff are involved in a lockdown situation at the facility.
 3. Employees must be reminded to cover their nose/mouth when coughing or sneezing with their elbows. Employees must wash their hands often and for at least 20 seconds with soap and water, drying them with a paper towel and disposing of it in a lined trash can. If soap and water are unavailable, residents and staff must use an alcohol-based hand sanitizer that contains at least 60% alcohol, wetting all surfaces of the hands and rubbing thoroughly until dry. Avoid touching eyes, nose, mouth, handshaking, and close contact with others who are sick whenever possible.
 4. Staff who are sick with virus-like symptoms will not come to work until fever-free for at least 24 hours without taking fever-reducing medications (e.g., ibuprofen, acetaminophen, aspirin, etc.). Temperatures of staff and visitors will be checked prior to entry to the facility. Those with fever will be excluded from entry. If a staff member has had close contact with someone who is confirmed Covid-19 positive, or who has recently traveled from one of the affected regions, he or she should immediately notify his or her medical provider and chain of command for further instruction. Notification will then be forwarded up to the facility Director. Additional notification to the Statewide Medical Director and Emergency Manager and DJJ Office of Human Resources will follow.

B. INFECTION CONTROL:

1. Follow Infection Control Policy 11.30, including Attachment M: Pandemic Plan. Enhanced infection Control: Soap and water must be readily available for handwashing. Trash liners are to be used and carefully emptied routinely. Eating utensils/dishes must be washed with hot water (>100 degrees) by hand or dishwasher in accordance with policy. Disposable products may be used if dishwashing requirements cannot be met. Bed linens must be washed with hot water and dried on 'hot' in accordance with policy. Surfaces (kitchen, bathroom, doorknobs, telephones, cell phones and radios, work areas, commonly touched areas) and vehicles must be cleaned often, with a disinfectant.
2. Upon intake, youth should be screened for the Pandemic risk of infection. If displaying respiratory symptoms and/or fever, a mask should be provided for youth to wear. Medical staff should be immediately contacted for direction if any screening question elicits a positive response. Youth should remain in isolation until cleared by medical personnel. Services should be brought to youth as appropriate. Face masks are recommended for all staff providing direct care to any patient with a known or suspected virus-like illness requiring isolation to include medical care and any supportive activities.
3. Distancing 6 feet or further apart whenever feasible should occur in all staff and youth interactions. Youth services such as education, food services, etc. should be provided on the unit, in efforts to reduce contagion. Outdoor activities should be encouraged that limit interpersonal contact.

IV. EMERGENCY STAFFING:

1. Facilities and offices will identify which personnel are on-site essential to operations and monitor these staff for levels of attendance and health. The facility/site will also determine which personnel can function by telework, or who are not on-site essential, or unable to telework during a pandemic virus outbreak.
2. If staffing reaches a critical level, the Regional Administrator and Facility Director should be notified to request assistance. Facility leadership will determine where it is most appropriate to reallocate staff.

V. QUARANTINE:

1. Quarantine is the process of isolating youth who display the symptoms or have been diagnosed with a pandemic virus to provide proper care and mitigate transmission.
2. A need for quarantine must be approved by the Commissioner in conjunction with the Medical Director.

3. Quarantine is established in phased approaches contingent upon the infrastructure and number of youth with symptoms and/or diagnosed.
4. Fewer than 10 (ten) youth who have symptoms and/or diagnosed will be housed in segregation on one unit on the bottom floor with a buffer of vacant cells on both sides.
5. Ten or more youth who have symptoms and/or diagnosed with Covid-19 will be housed in a designated quarantine facility.
6. A facility quarantine is enacted to minimize the movement and interaction of the youth to other youth and staff which may impact visitation, visitation, group education/programs, outside activities such as court or residential placement, and group meal service will be discontinued. No youth will be transported for placement, transfer, or outside non-essential care until they are no longer symptomatic and cleared by medical staff.

VI. FACILITY INTAKE, TRANSFER, AND SCREENING PROCEDURES:

1. Enhanced intake procedures include questioning arrivals whether they have been exposed to novel Coronavirus or are known to be ill. In addition to security questions, visitors will be asked: “have you traveled commercially in the past 14 days or been exposed to a known case of Covid-19.?” Do you have fever, cough, or shortness of breath? If a positive response occurs to any of these questions, the youth’s oral temperature will be checked. If greater than 100 degrees, youth will receive a mask, and security staff will contact the medical team immediately for direction. Medical staff may or may not direct youth to be taken to a medical facility for clearance into the facility based on their clinical decision. If the youth is admitted, they are to be placed in room isolation until a medical evaluation is completed. Medical staff will determine the continuation of segregation.
2. Depending on the type and level of a pandemic virus outbreak, the Commissioner will provide a Directive for all new intakes to be automatically isolated (for a virus incubation period) and monitored to ensure no positives prior to interaction with other youth.
3. Visitors/Vendors/Volunteers may be denied or limited entry during a period that a facility is quarantined. They may also be subject to discussion of medical issues related to the pandemic virus and some non-invasive medical screenings such as temperature taking, etc.

VII. Transfer:

1. During a pandemic virus event, transfers will be limited to only those necessary for operations such as medical reasons or intake.
2. Leadership will determine the type of transports authorized on the main transport day and any supplemental direct transfers as needed based on the current situation.

3. All precautionary steps should be made for staff and other youth when transporting youth who have symptoms and/or diagnosed with a pandemic virus. The medical facility should receive notification of this type of transport prior to arrival so they may take precautionary measures.

VIII. LEAVE OF STAFF:

1. If an employee becomes ill while at the facility, this person will be immediately quarantined; and medical assistance provided if required. The employee will be removed from the area as swiftly as possible and referred to outside medical treatment.
2. If a staff member is diagnosed or displays symptoms of being affected with the pandemic virus, additional screening will be needed of other staff and youth with whom they may have been in contact.
3. All Human Resources (HR) policies on leave usage and absenteeism will remain in effect unless the HR Director gives other guidance.
4. An employee who has been out on sick leave will not be allowed to return to work without a return to work form or an affidavit/certification from their Doctor stating that it is safe for the employee to return.

VII. ATTACHMENTS:

1. Central Office Continuity Plan
2. Departmental Policies:
 - a. Infectious Disease Policy 11.30
 - b. Emergency Management Policy 8.40
 - c. Telework Policy 3.32
3. References:
 - a. DJJ Pandemic Preparedness Plan:
 - b. Department of Public Health Prevention Tips (ongoing)