

# COVID-19 (CORONAVIRUS) SCREENING AND RESPONSE PLAN

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The South Carolina Department of Juvenile Justice is doing all it can to limit the transmission of COVID-19 within the agency's secured facilities, county offices, and alternative placement sites. In accordance with Governor Henry McMaster's Executive Orders, recommendations from federal and state health officials, and the leadership of DJJ Executive Director L. Eden Hendrick, SCDJJ has developed the following Response Plan to take action against this health threat by implementing all possible social distancing practices, health screenings, and sanitization and hygiene habits to strategies to mitigate COVID risk to our youth, staff and community.

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## **1** SCREENING OF JUVENILES AT INTAKE

- a. Per existing Policy, all juveniles will receive a medical/mental health screening upon intake/admission to any SCDJJ secure facility. In addition, facility medical staff will complete the COVID-19 Supplemental Screening Form and COVID-19 test. If medical staff is not present at the time of intake, staff will call the nurse at Willow Lane Infirmary to complete the intake screening.
- b. In addition to screening questions, medical staff will also observe for other COVID-19 symptoms such as cough or shortness of breath.
- c. Any juvenile presenting with COVID symptoms or tests positive for COVID-19 will be given a surgical mask to wear and immediately placed on medical isolation per CDC guidelines for correctional facilities.
- d. No juvenile with fever or other COVID-19 symptoms will be placed in a housing unit until cleared by the medical staff.
- e. Medical staff will conduct a daily assessment on newly arrived juveniles for 7 days following their day of arrival.

## **2 SCREENING OF JUVENILES PRIOR TO TRANSFER/RELEASE**

- a. For all planned juvenile releases and transfers, medical staff will conduct a COVID-19 assessment prior to the juvenile leaving the facility. This assessment will be recorded in the juvenile's Electronic Health Record.
- b. If the juvenile is displaying COVID-19 symptoms at the time of discharge / transfer they will receive further assessment as described in Paragraph 3 below.
- c. Juveniles placed in medical isolation for suspected or confirmed COVID-19 will not be transferred to another SC DJJ facility until medically cleared. Please see Paragraph 7 for further details. Juveniles can be released home with patient/family education teaching or to an outside facility per their organization's protocol.

## **3 PROCEDURES FOR FURTHER ASSESSMENT**

- a. Any juvenile sick call with symptoms consistent with COVID-19 (fever, cough, shortness of breath) will be considered an URGENT sick call, and the juvenile will be brought immediately to the facility dispensary for assessment by the nurse. If a nurse is not present at the time of the complaint, the juvenile will be separated from other juveniles, given a surgical mask to wear, and staff will call Willow Lane Infirmary for additional guidance.
- b. Nursing staff will assess any juvenile with COVID-19 symptoms. This assessment will include at a minimum vital signs, assessment of symptoms, and questions about any potential exposure to other individuals with known or suspected COVID-19 infection.
- c. All juveniles with COVID-19 like symptoms, will be offered COVID-19 testing.

## **4 USE OF MEDICAL ISOLATION**

- a. If a juvenile has been determined by medical staff to have symptoms of COVID-19: they will be issued a surgical face mask (if this has not been done already), and placed in medical isolation apart from other individuals. The facility will make every effort to place the individual in a single room and minimize the juvenile's movement outside of the room.
- b. Facility medical staff will immediately notify the Associate Deputy of Health Services, Facility Administrator/Assistant Facility Administrator and shift supervisor of any juvenile being placed in medical isolation.
- c. If needs for medical isolation exceed the capacity at a given facility, juveniles can be medically isolated by group (cohort). If this is done, it is imperative to separate any confirmed COVID-19 cases from youth that are suspected (not confirmed) COVID-19 cases.
- d. Any staff who is required to enter the room of a juvenile in medical isolation will be required to wear the appropriate PPE per guidelines contained in Appendix B.

- e. While a juvenile is in medical isolation, they are still required to receive essential services, such as medical care, social work services, education and other programming. Staff will plan for activities that can be accomplished without the juvenile leaving their room.
- f. Once in medical isolation, juveniles will remain in medical isolation until cleared by medical staff.

## **5 USE OF QUARANTINE**

- a. If a youth has had close contact with a known or suspected COVID-19 case, he/she will be placed on quarantine status. This can be done on an individual basis, or as a cohort (group) based on the number of youth under quarantine, and the capabilities of the facility. Youth can only be placed in quarantine as a group if all of the youth were potentially exposed to the same confirmed COVID-19 case(s). Quarantine groups cannot be mixed or consolidated, since this could result in additional exposures.
- b. When an area is quarantined, there will be minimum of people entering and exiting the quarantined area. Those staff who must enter the quarantined area will wear appropriate PPE (surgical mask and gloves), and all individuals will practice social distancing within the quarantined unit.
- c. While under quarantine, juveniles are still required to receive essential services such as education, feeding, recreation, etc. If the quarantined group needs to be moved to another area of the facility, every effort will be made to limit any exposure to other juveniles and staff, and any area used by the quarantined area must be sanitized before use by any other individuals.
- d. Once under quarantine status, juveniles will remain under quarantine until:
  - i. They become symptomatic, and are placed in medical isolation
  - ii. They are medically cleared from quarantine by medical staff

## **6 LIMITATIONS IN JUVENILE MOVEMENT**

- a. Transfers of juveniles between facilities will be limited only to those that are deemed essential.
- b. Non-essential medical appointments (dental, physical therapy, etc.) will be postponed until movement restrictions are lifted or if approved by the medical provider providing the service.
- c. Juveniles will move and conduct activities only with their assigned living unit. Daily activity schedules will minimize any interaction between juveniles in different living units.
- d. Weather permitting, recreational activities will be conducted outdoors, in order to allow proper social distancing.
- e. The use of remote delivery of services (by video) will occur whenever it is feasible.

## 7 RELEASE OR TRANSFER OF JUVENILES

- a. Juveniles placed on medical isolation will not be released or transferred to another DJJ facility until medically cleared. There are some legal exceptions to this guidance, to include:
  - i. Juveniles who have completed their sentence, paroled, or otherwise released from DJJ commitment are legally required to be released from custody. In these cases, medical staff would notify all staff involved in the release, as well as the parent guardian, of the juvenile's medical condition, so that medical isolation / self-quarantine can continue. Medical staff will also provide the juvenile and parent / guardian information about local resources for COVID-19 testing and medical care.
  - ii. Juveniles scheduled for transfer to SCDC will be evaluated on a case-by-case basis, depending on their age and specific situation. In these cases, facility staff should consult with Classifications and DJJ legal Counsel in order to determine the appropriate course of action.
- b. Juveniles currently on quarantine status (but not symptomatic) will be released as scheduled. Juveniles will be told to continue their self-quarantine at their new location, for the remainder of the specified period. In addition, juveniles and parents/guardians will be provided information on how to self-monitor for symptoms, as well as information on how to access local resources for testing and treatment.

## 8 PERSONAL PROTECTIVE EQUIPMENT (PPE) GUIDELINES

- a. All staff are required to wear a face mask (surgical mask or KN95) while in a secured DJJ facility, whenever they are in the presence of others.
- b. Staff will refer to Appendix B of this plan to determine the appropriate level of PPE for a given task.
- c. N95 masks (or acceptable substitute products such as KN95 masks) will be centrally controlled at a facility level, and issued only to staff that that need one per Appendix B.
- d. Each facility will use a N95 / KN95 issue log (Appendix C) to keep track of KN95 mask issue. When the facility needs a resupply of masks, they will email this request to [Warehouse@djj.sc.gov](mailto:Warehouse@djj.sc.gov), and attach a completed copy of Appendix C to account for the usage of masks.
- e. Once issued, staff will follow guidelines in Appendix C regarding the disposal and potential reuse of PPE.
- f. Staff will limit direct contact with any known or suspected COVID-19 patients to essential activities and support.

## 9 SCREENING OF PERSONNEL WORKING AT SECURED FACILITIES

- a. All Employees and volunteers will have access to obtain COVID-19 testing kits. Tests can be requested by contacting Employee Health at 803-896-6921 or [EmployeeHealth@djj.sc.gov](mailto:EmployeeHealth@djj.sc.gov).
- b. Employees who have had close contact with a confirmed case of COVID-19 will be required to wear a

surgical mask when on duty and monitor themselves for 10 days following the date of exposure.

## **10** REPORTING OF KNOWN OR SUSPECTED COVID-19 CASES FOR EMPLOYEES

- a. Employees who experience COVID-19 symptoms are required to contact Employee Health at 803-896-6921 or [EmployeeHealth@djj.sc.gov](mailto:EmployeeHealth@djj.sc.gov) for further guidance.
- b. Supervisors are required to report employee absences related to COVID-19 symptoms to the DJJ Employee Health Office at 803-896-6921 or [EmployeeHealth@djj.sc.gov](mailto:EmployeeHealth@djj.sc.gov).
- c. While reporting, requested information will include:
  - i. Employee's name
  - ii. Employee's work location
  - iii. Date of Onset of COVID-19 symptoms
  - iv. Last day at work
  - v. Whether or not the employee was tested for COVID-19
  - vi. Results of COVID-19 test (if taken)
- d. DJJ Employee Health will keep track of cases, in order to provide Senior/Executive management information about known / potential employee cases by facility. Employee Health Staff will also contact employees and supervisors as needed to obtain updates on testing status.

## **11** GUIDELINES FOR EMPLOYEES

- a. Employees should follow CDC guidelines for cleaning and disinfecting all areas within their facilities, especially those where known or suspected COVID-19 cases have spent time. These guidelines can be found in Attachment A of this document, and also on the CDC website at: <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>
- b. On BRRC, entry to facilities where juveniles are housed or where services are provided (such as the Infirmary or School) should also be limited to those staff with a need to be there. Other employees on BRRC should be limited to performing duties within their specific work location.
- c. Employees who are displaying any symptoms (fever, cough, difficulty breathing) are recommended to stay home and contact DJJ Employee Health (803-896-6921) for guidance regarding COVID-19 testing and return to work guidelines.
- d. Employees who have had close contact with a person with confirmed COVID-19 infection are not required to quarantine. Report to work wearing a mask and monitor yourself for systems. Contact DJJ Employee Health at 803-896-6921 (or [Employeehealth@djj.sc.gov](mailto:Employeehealth@djj.sc.gov)) for additional guidance.
  - i. Close contact is defined as being in the close proximity (within 6 feet) of the infected individual for an extended period of time (greater than 15 minutes), OR having direct contact with the infectious secretions of a COVID-19 case (such as being coughed or sneezed upon).
  - ii. All employees, regardless of vaccination status, are required to come to work following a close

contact, provided they remain free of COVID-19 symptoms, and do not receive a positive COVID-19 result.

- e. Employees are encouraged to practice social distancing at both home and work, avoid large gatherings, wash hands frequently and get vaccinated to protect yourself from serious COVID-19 illness.

## APPENDIX A TO SCDJJ COVID-19 RESPONSE PLAN

GUIDANCE FOR CLEANING AND DISINFECTING FACILITIES, UPDATED 4/1/2020

Reference: “Cleaning and Disinfecting your Facility” Centers for Disease Control and Prevention, updated 11/15/2021, <https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html>

### 1. Cleaning Spaces where COVID-19 Cases Spent Time

- **Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note – these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection if the suspected case does, in fact, have COVID-19. Refer to the [Definitions](#) section for the distinction between confirmed and suspected cases.**
  - o Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions, before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
  - o Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces
- **Hard (non-porous) surface cleaning and disinfection**
  - o If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
  - o For disinfection, most common EPA-registered household disinfectants should be effective. Choose cleaning products based on security requirements within the facility.
    - Follow the manufacturer’s instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
    - Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer’s instructions for application and proper ventilation and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:
      - 5 tablespoons (1/3rd cup) bleach per gallon of water or
      - 4 teaspoons bleach per quart of water

- **Soft (porous) surface cleaning and disinfection**

- o For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.  
After cleaning:

- If the items can be laundered, launder items in accordance with the manufacturer’s instructions using the warmest appropriate water setting for the items and then dry items completely.
- Otherwise, use products that are suitable for porous surfaces.

- **Electronics cleaning and disinfection**

- o For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
  - Follow the manufacturer’s instructions for all cleaning and disinfection products.
  - Consider use of wipeable covers for electronics.
  - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on [CDC’s website](#).

2. Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.

- **Food service items.** Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.

3. **Laundry from COVID-19 cases can be washed with other individuals’ laundry.**

- Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.
- Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
- Launder items as appropriate in accordance with the manufacturer’s instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

4. **The transport vehicles should be thoroughly cleaned after carrying a confirmed or suspected COVID-19 case using the above cleaning guidelines.**



# APPENDIX B TO SCDJJ COVID-19 RESPONSE PLAN

PERSONAL PROTECTIVE EQUIPMENT (PPE) GUIDELINES, CREATED 4/14/20

## References:

1. CDC Information for Law Enforcement Personnel, published 3/14/20, <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>
2. Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, updated 5/3/22, <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html>

**Applicability of PPE by task:** Facility Administrators and other Supervisors will ensure that PPE is issued out as deemed appropriate, using the guidelines listed below:

	NIOSH-approved Respirator* (when available)	International Respirator* or Disposable Procedure Mask	Cloth Mask	Eye Protection	Gloves	Gown/Coveralls
<b>Residents</b>						
With confirmed or suspected COVID-19, or showing symptoms of COVID-19	X	X	X			
Quarantined (individually or in a cohort) as a <u>close contact</u> of someone with COVID-19	X	X	X			
Working in an area designated for quarantine or medical isolation ( <i>without</i> having close contact with persons under quarantine or isolation precautions)	X	X				
Working in an area designated for quarantine or medical isolation ( <i>with</i> close contact with persons under quarantine or isolation precautions)	X	X		X	X	X
Living or working in areas of the facility not designated for quarantine or medical isolation	X	X	X			
<b>Staff</b>						
Working in medical isolation or quarantine areas ( <i>without</i> close contact with persons under quarantine or isolation precautions)	X	X				
Having close contact with (including transport) or providing medical care to persons under quarantine or isolation precautions	X	X		X	X	X
Working in areas of the facility not designated for quarantine or medical isolation	X	X	X			

\*NIOSH-approved respirators include N95s and International respirators include KN95s.

Masks and respirators provide different levels of protection depending on the type and how they are used. Choose the most protective mask or respirator that fits well and can be worn consistently. Loosely woven cloth products provide the least protection; layered finely woven products offer more protection; well-fitting disposable procedure masks and KN95s offer even more protection, and well-fitting NIOSH-approved respirators (including N95s) offer the highest level of protection.

\* Pending availability of additional gowns

\*\* Surgical mask may be worn as a cover over N95 / KN95 mask

\*\*\* Face Shield may be removed for safe operation of vehicle.

Additional Guidance: if a specified task is not listed above, supervisors will use their judgement in determine the task above that most closely resembles the task in question and utilize the level of PPE for that task.

Use / Reuse of PPE: staff will use the following guidelines for the use (and potential reuse) of PPE:

1. **Surgical masks (disposable):** once used by an employee, the employee can re-use for the remainder of their workday, unless it becomes wet or soiled. Disposable surgical masks should not be used for multiple days.
2. **Gloves:** gloves must be discarded after removed. Employees are required to change gloves between tasks if they are directly interacting with another juvenile / employee / visitor.
3. **Face Shields:** once issued, can be either retained by the employee, or sanitized and returned. Face shields must be sanitized between patients while in a medical setting, and at least once per shift for non-medical settings.
4. **Gowns / Coveralls:** Gowns / coveralls worn at the front gate for temperature screenings can be worn for an entire shift but must be discarded when removed. Gown / coveralls used when working with a suspected or confirmed COVID-19 case must be removed and discarded upon completion of the task.
5. **N95 / KN95 masks:** Once issued to an employee, N95 and KN95 masks can be removed and reused by the same employee, until the mask becomes wet, soiled, or otherwise unserviceable. When storing N-95 masks, it is best to store them in a small paper bag with the employee's name written on the bag. It is also recommended that employees wearing N95 masks also wear a cloth face mask over the N95 mask. This helps to protect the N95 mask from getting wet or soiled.