



## Interim Reference Sheet on 2019-Novel Coronavirus (COVID-19)

ICE Health Service Corps (IHSC)

*Version 6.0, March 6, 2020*

### ***WHAT'S NEW***

#### **Version 6.0**

- Information added to convey that revised CDC guidance expands testing to a wider group of symptomatic patients. Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
- Information added to convey that testing is now available through LabCorp and other commercial laboratories.

#### **Version 5.1**

- Information added to emphasize that medical staff should educate detainees to include hygiene, covering coughs, and requesting sick call if ill.
- Add a link to [Illness Prevention and Patient Education](#) resources in multiple languages on SharePoint, including signage.
- Added a link to [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses.
- Added a link to a [2019 Novel Coronavirus Resource Page](#) on SharePoint.

#### **Version 5.0**

- Updates have been made for screening to identify detainees with revised CDC criteria for epidemiologic risk of COVID-19 exposure and to specify the start of the 14-day monitoring period from the date of initial DHS apprehension.
- Epidemiologic travel risk now includes travel from or through geographic areas with widespread or sustained community transmission.

## Situation Summary

The CDC is closely monitoring an outbreak caused by a novel (new) coronavirus (COVID-19). The situation is evolving and expanding with community transmission occurring in multiple countries. For the most current information, check the CDC information pages at <https://www.cdc.gov/coronavirus/2019-ncov/index.html> frequently for updates.

CDC interim guidance for health care professionals, including clinical criteria, is available at <https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html>.

## ICE Health Service Corps Recommendations

*Note: recommendations will be updated if and as necessary to address the evolving public health situation.*

### 1. *During intake medical screening:*

- a. **Ask all detainees if they have had close contact<sup>1</sup> with a person with laboratory-confirmed COVID-19 in the past 14 days**
- b. **Ask all detainees what countries they have traveled from or through in the past two weeks**
  - i. Check whether these countries include geographic area(s) with widespread or sustained community transmission.\*
  - ii. **\*Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
  - iii. **If the detainee responded yes to 1a and/or the detainee traveled from or through geographic area(s) with widespread or sustained community transmission\* in the past 14 days (1b), assess for fever and symptoms of respiratory illness.**
    - a. If the detainee has a fever and/or symptoms of respiratory illness, refer to #4 ISOLATION below.
    - b. If the detainee does not have fever or respiratory illness, refer to #2 MONITORING, below.
    - c. For IHSC-staffed medical clinics, add a Global Alert / Medical Alert in the electronic health record that states, *“Epidemiologic risk of possible COVID-19 exposure. The last reported date of possible exposure was mm/dd/yyyy.”* Click [here](#) for the eCW guide for adding a Global Alert.
- c. If the detainee has fever and/or symptoms or respiratory illness and has not traveled from or through area(s) with sustained community transmission\* in the past 14 days and if they have not had close contact<sup>1</sup> with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days → refer to a medical provider (see #3 ENCOUNTER below).

- d. Educate all detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
  - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).

**2. MONITORING of detainees with exposure risk who do not present with fever or symptoms:**

- a. See also [IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page](#).
- b. For detainees with travel history from or through geographic area(s) with sustained community transmission\* in the past 14 days and/or detainees who have had close contact<sup>1</sup> with a person with laboratory-confirmed COVID-19 in the past 14 days who do not present with fever or symptoms of respiratory illness → monitor for 14 days after initial DHS apprehension and observe daily for fever and/or symptoms of respiratory illness.
  - i. **\*Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
- c. House detainees under monitoring in a single cell room if available or as a cohort for 14 days after initial DHS apprehension.
- d. Refer also to appendix A, Intake Screening Questions and [Intake Screening and Early Management Algorithm](#) on the [2019 Novel Coronavirus Resource Page](#).
- e. If detainee is housed in a facility without IHSC medical staffing, medical staff should notify their assigned IHSC Field Medical Coordinator.
- f. Request a medical alert in following usual protocols stating that “the detainee is under observation through mm/dd/yyyy due to recent travel from or through geographic area(s) with widespread or sustained community transmission” Release the medical alert at the completion of the 14-day monitoring period.
- g. During the 14-day monitoring period, if an asymptomatic detainee under monitoring must be released in the U.S., notify the local health department and provide information on the detainee including the intended address and telephone number of the detainee’s intended destination.
- h. Document any asymptomatic detainee under monitoring on the [Lower Respiratory Illness Tracking Tool](#).
- i. For monitoring of asymptomatic detainees, it is not necessary to contact the local health department.

3. ***ENCOUNTER. During sick call, health assessment, or other clinical encounter in which a detainee presents with or complains of fever and/or respiratory illness, or is observed with signs of fever and/or respiratory illness:***
  - a. Ask all detainees what countries they have traveled from or through in the past two weeks.
    - i. Check whether these countries include international area(s) with sustained transmission.\*
    - ii. **\*Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>.**
  - b. **If the detainee has traveled from or through area(s) with sustained community transmission\*in the past 14 days, or if they have had close contact<sup>1</sup> with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days**
    - i. → refer to #4 ISOLATION below.
  - c. If the detainee has not traveled from or through area(s) with sustained community transmission\* in the past 14 days and if they have not had close contact<sup>1</sup> with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days then
    - i. → Providers should use their judgment to determine if a patient has signs and symptoms compatible with COVID-19 and whether the patient should be tested. Decisions on which patients receive testing should be based on the epidemiology of COVID-19, as well as the clinical course of illness. Providers are strongly encouraged to test for other causes of respiratory illness, including infections such as influenza.
    - ii. See #5 SPECIMEN COLLECTION AND LABORATORY TESTING below.
  - d. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
    - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).
4. ***ISOLATION and management of detainees with fever and/or symptoms of respiratory illness and who have traveled from or through geographic area(s) with widespread or sustained community transmission at in the past 14 days or have had close contact<sup>1</sup> with a person with laboratory-confirmed COVID-19 or their respiratory secretions in the past 14 days:***
  - a. See [IHSC Interim COVID-19 Risk Assessment on the 2019 Novel Coronavirus Resource Page](#).
  - b. Place a tight-fitting surgical mask on the detainee.
  - c. Promptly consult with a medical provider, preferably the Clinical Director or designee.

- d. Place the detainee in a private medical housing room, ideally in an airborne infection isolation room if available. If no single occupancy medical housing unit room is available, placement in other areas of the facility may be utilized to house the ill detainee separately from the general detention population.
- e. **Implement strict hand hygiene and standard, airborne and contact precautions, including use of eye protection.**
  - i. **Increase hand hygiene and routine cleaning of surfaces.**
  - ii. **Appropriate personal protective equipment includes gloves, gowns, N95 respirators, and goggles or face shields.**
- f. Call the local and/or state health department for notification and guidance.
- g. Laboratory testing for COVID-19 is now available through commercial laboratories including LabCorp and through local and/or state health departments.
  - i. See #5 SPECIMEN COLLECTION AND LABORATORY TESTING below.
- h. If the detainee has underlying illness or is acutely ill, or symptoms do not resolve, consult with the Regional Clinical Director, and/or Infectious Disease program.
- i. If the detainee is referred to a local hospital, call the hospital in advance to notify of the recent relevant travel history and respiratory symptoms and to coordinate how manage the detainee safely.
- j. Promptly notify the facility's staff responsible for infection prevention and control (e.g., in IHSC facilities, notify the Infection Prevention Officer, or the Facility Healthcare Program Manager (if the facility does not have an Infection Prevention Officer position); if the Infection Prevention Officer or Facility Healthcare Program Manager is not available, IHSC staff should notify the Infection Prevention Group at [#IHSC PHSP IPO@ice.dhs.gov](mailto:IHSC_PHSP_IPO@ice.dhs.gov).
- k. Facilities without IHSC medical staffing should notify their assigned Field Medical Coordinator.
- l. IHSC Infection Prevention Officers, Facility Healthcare Program Managers, Field Medical Coordinators, or designees should notify the Regional Infection Prevention Supervisory Nurse immediately.
- m. Detainees isolated for respiratory illness and who have epidemiologic risk for COVID-19 exposure should wear a tight-fitting surgical mask when outside of the room under airborne and contact precautions.
- n. Document any ill detainee who is suspected of having COVID-19 on the [Lower Respiratory Illness Tracking Tool](#).
- o. The contagious period for COVID-19 is still undetermined.
  - i. If the detainee tests positive for COVID-19 and fever and symptoms have resolved, consult with the Infectious Disease Program and/or local health department regarding appropriate release from isolation.
  - ii. If the detainee tests negative for COVID-19, had high or medium exposure risk, and fever and symptoms have resolved, release from isolation after completion of the 14-day monitoring period after initial DHS apprehension.

- iii. See also [IHSC Interim COVID-19 Risk Assessment](#) on the [2019 Novel Coronavirus Resource Page](#).
- iv. If the detainee tests negative for COVID-19 and fever and/or symptoms persist, consult with the Regional Clinical Director and/or Infectious Disease Program
- p. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
  - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on the [2019 Novel Coronavirus Resource Page](#).

**5. SPECIMEN COLLECTION AND LABORATORY TESTING for COVID-19**

- a. Laboratory testing for COVID-19 is available through commercial laboratories including LabCorp and through local and/or state health departments.
- b. See **Specimen Collection instructions on the [2019 Novel Coronavirus Resource Page](#)**.
  - i. LabCorp ordering codes are 2019 Novel Coronavirus (COVID-19), NAA; TEST: 139900.

**6. Infectious disease public health actions:**

- a. Educate detainees to include the importance of hand washing and hand hygiene, covering coughs with the elbow instead of with hands, and requesting sick call if they feel ill.
  - i. [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- b. See also [05-06-G-02 Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms](#).
- c. **Known exposure to a person with confirmed COVID-19**
  - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact<sup>1</sup> with the ill detainee for the duration of the most recent incubation period (14 days after most recent exposure to an ill detainee).
  - ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness.
  - iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation.
  - iv. Discontinue cohorting when 14-day incubation period completes with no new cases.
- d. **Exposure to a person with fever or symptoms being evaluated or under investigation for COVID-19 but not confirmed to have COVID-19**
  - i. Implement cohorting with restricted movement for detainees housed with the ill detainee or who have been in close contact<sup>1</sup> with the ill detainee for the duration of the most recent incubation period.

- ii. Monitor cohorted detainees daily to observe for fever and symptoms of respiratory illness.
- iii. Refer exposed detainees with new onset fever and/or respiratory illness to a medical provider for evaluation.
- iv. If the index patient is subsequently confirmed to have COVID-19, see section 5.b above.
- v. Discontinue cohorting if the index patient receives an alternate diagnosis that excludes COVID-19.
- vi. Any of the cohorted detainees with exposure risk should complete their initial 14-day monitoring period (i.e., for asymptomatic monitoring).
- e. Report cohorting through routine IHSC cohort reporting protocols.
- f. Document any asymptomatic and afebrile detainees under monitoring for COVID-19 on the [Lower Respiratory Illness Tracking Tool](#).
- g. Recommend to Field Office Director or designee that detainees cohorted due to high or medium exposure risk or known exposure to an ill person not be transferred or transported.
  - i. See [IHSC Interim COVID-19 Risk Assessment](#) on the [2019 Novel Coronavirus Resource Page](#).
- h. If a cohorted detainee must be released in the U.S., notify the local health department including the intended address and telephone numbers of the detainee's intended destination.

<sup>1</sup>**Close contact** is defined as:

a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)



## Resources and references

- [2019 Novel Coronavirus Resource Page](#) on SharePoint
- [Illness Prevention and Patient Education](#) resources in multiple languages are available on SharePoint.
- [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses

## IHSC Official Guidance

Guidance number	Guidance name	Type
05-02	<a href="#">Occupational Health Directive</a>	Policy
05-02 G-04	<a href="#">Occupational Health Guide: Workforce Health</a>	Guide
05-02 G-1	<a href="#">Occupational Health Guide: Bloodborne Pathogens and Other Potentially Infectious Materials</a>	Guide
05-02 G-2	<a href="#">Occupational Health Guide: Personal Protective Equipment Program</a>	Guide
05-02-G-03	<a href="#">Occupational Health Guide: Respiratory Protection Program</a>	Guide
05-04	<a href="#">Environmental Health Directive</a>	Policy
05-04 G-01	<a href="#">IHSC Environmental Health Guide</a>	Guide
05-06	<a href="#">Infectious Disease Public Health Actions Directive</a>	Policy
05-06 G-01	<a href="#">Infectious Disease Public Health Actions Guide: Contact and Outbreak Investigation Guide</a>	Guide
05-06 G-02	<a href="#">Infectious Disease Public Health Actions Guide: Isolation and Management of Detainees Exposed to Infectious Organisms</a>	Guide
05-06 G-03	<a href="#">Infectious Disease Public Health Actions Guide: Surveillance and Reporting</a>	Guide

- [Infection Control: Novel Coronavirus 2019 \(COVID-19\) | CDC](#)
- [Interim Guidance: Healthcare Professionals 2019-nCoV | CDC](#) (including CDC website listing of geographic area(s) with widespread or sustained community transmission)
- [CDC | Coronavirus Disease 2019 \(COVID-19\)](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | TDSHS](#)
- [nCOV2019 | CDPH](#)
- [Novel Coronavirus Outbreak 2020 | Washington State Department of Health](#)



- [ADHS - Highlighted Infectious Diseases for Arizona - Coronavirus Disease 2019 \(COVID-19\)](#)
- [Coronavirus | NYC Health](#)
- [2019 Novel \(New\) Coronavirus | NYDOH](#)
- [2019 Novel Coronavirus \(2019-nCoV\) | Florida Department of Health](#)
- [NJ Department of Health | Communicable Disease Service | COVID-2019 \(Novel Coronavirus\)](#)
- [Pennsylvania Department of Health | Coronavirus](#)
- [2019 Novel Coronavirus \(2019 nCoV\) | Frequently Asked Questions | IDPH](#)

**Points of contact for questions**

- IHSC Staff: [COVID-19 Questions and Responses](#) on SharePoint for submitting questions, receiving responses from IHSC subject matter experts, and viewing all questions and responses
  - Regional Infection Prevention Supervisory Nurses, PHSP Unit Senior Public Health Analyst, PHSP Unit Chief
- Facilities without IHSC Medical Staffing: Assigned Field Medical Coordinators
- Public health agencies: [IHSC\\_InfectionPrevention@ice.dhs.gov](mailto:IHSC_InfectionPrevention@ice.dhs.gov)

## Appendix A: Intake Screening Questions

Updated February 28, 2020

1. **Have you been in close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?**
  - Last date you had contact with that person: mm/dd/yyyy**OR**
2. **What countries have you traveled from or through in the past two weeks?**
  - Check whether the detainee traveled from or through geographic area(s) with widespread or sustained community transmission\*in the past 14 days?
    - **\*Please see CDC website listing of geographic area(s) with widespread or sustained community transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
3. If yes to #1 **or** the detainee traveled from or through geographic area(s) with widespread or sustained community transmission\*in the past 14 days? (#2):
  - **Have you had fever and/or respiratory illness with onset in the past 14 days?**
    - **If yes, what date did you first notice symptoms?: mm/dd/yyyy**
    - **If yes, implement standard, airborne, and contact precautions including eye protection**, isolate and refer to a medical provider, add Medical Hold, notify FHPM, IPO, or designee.
    - **If no, implement MONITORING**; house in single room (preferred) if available, implement daily checks for 14 days after initial DHS apprehension, add Medical Hold, notify FHPM, IPO, or designee.
4. If no travel from or through geographic area(s) with widespread or sustained community transmission\* in the past 14 days AND no close contact with a person with laboratory-confirmed 2019 novel coronavirus or their respiratory secretions in the past 14 days?
  - **\*Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**
  - Routine intake
    - If the initial DHS apprehension date (i.e., initial CBP or ICE encounter) documented in ENFORCE is  $\geq$  14 days prior, the detainee is outside the 14 day window and does not require monitoring for the epidemiologic risk of COVID-19 exposure
    - Facility Infection Prevention Officers and/or PHSP Unit staff can help confirm the date of initial DHS apprehension in ENFORCE

**\*Please see CDC website listing of international area(s) with sustained transmission at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-criteria.html>**