



Staff Positive Case Form

Be advised, all staff positive cases should be reported through your EOC. A copy/screenshot of the laboratory results or healthcare provider statement indicating the results should be sent to Dr. (b)(6), (b)(7)(C) (@bop.gov) and (b)(6), (b)(7)(C) (@bop.gov) for confirmation into the Bureau's database. The subject line for the email should include: "COVID-19 Staff + Results - Name of Institution"

Include the following information when reporting:

Emp name, initial or numerical indicator	(b)(6), (b)(7)(C)
Institution:	FCI (b)(6), (b)(7)(C)
Employee Department:	(b)(6), (b)(7)(C)
Last Day of Work:	July 8, 2020 until 10:30 ish.
First Day of Symptoms:	July 8, 2020 that evening (b)(6), (b)(7)(C)
Test Date:	July 8, 2020
Test Confirmed Date:	July 11, 2020
Test Report Date:	July 11, 2020
*Unit(s)/Facility worked 48 hrs prior to symptoms or testing:	(b)(6), (b)(7)(C)
*Number of known staff contacts:	? "Alot, SCU. I made rounds on north side, SHU"
*Staff notified and given the priority testing memo?	(b)(6), (b)(7)(C)
*Number of known inmate contacts:	? Alot
*Are any inmates quarantined and being tested as result of exposure? (#, unit)	NO
*Were staff wearing facial covering or PPE during potential exposure window?	Wore mask while speaking with inmates, but not with staff in SHU: SCU.

*Needed for CI

CONTACT INVESTIGATION Questions for COVID-19 Illness Staff or Inmate

Purpose: This is a tool to help guide contact investigations at the institution level. The goal of interviewing the index case in a contact investigation is to gain the information needed for:

- (1) establishing the infectious period; and
- (2) Identifying potential contacts.
- (3) When utilizing for staff investigation, if question is not applicable, note N/A.

Overview:

- It is critically important that time be spent establishing trust with persons before conducting the interview, and making sure that the person understands the purpose of the contact investigation. Use an interpreter, if needed.
- The following questions should be used to guide the contact investigation interview. Depending on the person's responses, additional questions may be asked as follow-up on their answers.
- Inmates: If inmate is unavailable for interview (i.e., hospital), information can be obtained from cellmates, job supervisors, unit officer or team, etc.
- Staff: If staff is unavailable for interview, may need to obtain information from department head or Admin LT, etc.
- Do NOT file interview documentation in the inmate's medical record or *staff record*.
- Refer to CDC: <https://www.cdc.gov/coronavirus/2019-ncov/php/principles-contact-tracing.html>

Definitions:

- **Main symptoms of COVID-19:** Fever and cough, shortness of breath and may include-headache, sore throat, general feeling of being unwell (myalgia or fatigue), diarrhea or nausea
- **Infectious period:** Person is contagious at onset of symptoms and possibly shortly before (~48 hours).
- **Asymptomatic infections occur** – which means a person may be contagious without symptoms
- **Incubation** of illness or the time from exposure to illness onset is unknown. The average incubation period may be 3-5 days (range 2-14 days).
- **Treatment:** There is no specific treatment for COVID-19 at this time and no vaccine is currently available.
- **Exposed to COVID-19:** In general, you need to be in close contact with a sick person to get infected. Close contact includes:
 - Living in the same household or room and sharing close space (bathroom) with a sick person with COVID-19
 - Caring for a sick person with COVID-19
 - Being within 6 feet of a sick person with COVID-19 for about 10 minutes, OR
 - Being in direct contact with secretions from a sick person with COVID-19 (e.g., being coughed on, sharing cups or utensils, sharing personal items, kissing, etc.)

Inmate Name: (b)(6), (b)(7)(C) Registration #: _____ Facility Intake Date: NA

STAFF MEMBER: (b)(6), (b)(7)(C) DEPT Custody FACILITY ECP

Interviewer Name: (b)(6), (b)(7)(C) Interview Date: 7/11/20

1. Review the COVID diagnosis with the person:

(b)(6), (b)(7)(C)

- Assess person's knowledge of the condition.
- Describe COVID, how it is diagnosed and treated, and the treatment plan.
- Describe how COVID is transmitted (droplet).
- Discuss the need to identify potentially exposed contacts.

2. Ask about the history:

a. Have you had any known contact with a confirmed or probable diagnosis of COVID? Yes No.

IF YES, where and when?

(b)(6), (b)(7)(C)

Tested on 7/16 Results (+) 7/8/20

b. Have you had a positive COVID test? YES NO.

IF YES, where and when?

Went Wednesday 7/8 / Results positive on 7/11/20

c. Have you been diagnosed with COVID-19? YES NO.

IF YES, where and when?

Resulted positive 7/11/20

(b)(6), (b)(7)(C)

3. Ask about medical history: (NA for staff)

What other medical conditions do you have?

Ø

4. Ask about history of COVID symptoms:

(b)(6), (b)(7)(C)

Have you had any of the following symptoms?

If Yes, how long have you had them? When did they start?

- Cough
- Fever
- Shortness of breath
- Chills
- Muscle pain
- Lethargy or fatigue
- Headache
- GI symptoms-Nausea or Diarrhea (3+ stools in 24 hours)
- Chest pain or tightness
- Sore throat
- Loss of taste or smell
- Other:

(b)(6), (b)(7)(C)

Date of symptom onset: 7/8/20

5. Ask about the risk factors:

YES	NO	Please answer the following questions:	When and Where?
(b)(6), (b)(7)(C)		Are you living with someone diagnosed with COVID-19?	(b)(6), (b)(7)(C)
		Have you had contact with someone diagnosed with COVID-19 (> 10 minutes, < 6 feet)?	
		Are you part of a carpool to work or use public transit?	

6. If symptoms began prior to arrival at facility: (not applicable to staff)

a. Where were you living?

b. Who were you living with?

7. Please describe your previous day-to-day activities at this facility:

Time of Day	Daily Activities
Morning	(b)(6), (b)(7)(C)
Mid-Day	Depends. M - went to Sit mask on
Afternoon	Office computer work (b)(6), (b)(7)(C) Lunch 3 out mask (b)(6), (b)(7)(C)
Evening	used 4/8/20 (b)(6), (b)(7)(C) meeting NO mask, NO staff 2 mask (b)(6), (b)(7)(C)

8. Ask: Has this been your pattern during the period since 7/16/20 (2 days before symptom onset), or has the way you spend your time changed in any way?

Same	Changed	How and when did your daily pattern change?
		Pretty much the same everyday.

9. Staff only: Did you spend time with anyone outside of your assigned duty post (i.e., lunch, visits, socializing, and institution gym) in the 2 days prior to illness?

Lunch 2 staff. (b)(6), (b)(7)(C)

9. Ask: Please tell me if you have been involved in any of the following activities ...(Inmates only)

YES	NO	Activity	Where?	When?	With whom?
		Watching TV	X		
		Playing cards or games			
		Religious services			
		Recreation or sports			
		Work			
		Education			
		Library			
		Other:			
		Other:			

Tues 7/17 Evening

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

Not wearing mask

7/16/20 Made Rounds

(b)(6), (b)(7)(C)

2 mask on

7/17/20

(b)(6), (b)(7)(C)
No masks

Tues evening!

(b)(6), (b)(7)(C)

Not sure who staff. Can't remember.

Not sure about any masks. Was inside. No direct with I/m just walked w/.

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

(b)(6), (b)(7)(C)

11. Ask: In the last 2 days.....Who are your close friends that you spend time with? Are there any others whom you've spent time with that you would be concerned about getting exposed to COVID-19? (>15 minutes of close contact)

(For Staff: Only close contacts that work at institution)

(b)(6), (b)(7)(C)

No

12. Inmates - Ask: Did you have any visitors 2 days before symptom onset? YES NO

Visitor Name	When Visited	Locating Information
 		

13. Inmates - Ask: Since / / (2 days before symptom onset), have you had lawyer visits?
 YES NO

Lawyer Name/Info	When Visited
 	

14. Ask: Are there any staff members that you have had close contact with? Yes NO

Staff Name		

*See
prior
page*

15. Ask: Is there any other information that might help identify anyone else you've been in contact with?
 Is there anyone else who you're concerned could have become infected with COVID-19 by being near you?

Not that I know of.

16. Ask: Do you have any questions about the COVID-19 illness?

None.

(b)(6), (b)(7)(C) Fwd: Previous Staff Positive

From: THA/Command Center~
To: (b)(6), (b)(7)(C)
Date: 7/31/2020 11:33 AM
Subject: Fwd: Previous Staff Positive
Attachments: (b)(6), Covid Results

>>> THA/Command Center~ 7/31/2020 8:14 AM >>>

Name: (b)(6), (b)(7)(C)
Department: Correctional Services
Last day at Work: 07/08/2020
First Symptoms: 07/08/2020
Test Date: 07/11/2020 POSITIVE 07/22/2020 NEGATIVE 07/23/2020 NEGATIVE
Test Confirmed Date: 07/11/2020
On/Returning from TDY in past 14 days: No
If Yes, Name of Institution where TDYed: No

(b)(6), (b)(7)(C) 5/23/2020 10:20 AM >>>

Confirmed positive and now recovered.

We did not have this individual in our database as positive.

Please provide the following information:

Name:
Department:
Last day at Work:
First Symptoms:
Test Date:
Test Confirmed Date:
On/Returning from TDY in past 14 days:
If Yes, Name of Institution where TDYed:

(b)(6), (b)(7)(C)

Health Services Division
Federal Bureau of Prison

(b)(6), @bop.gov
202-305-(b)(6)

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>>> THA/Command Center~ 6/23/2020 10:15 AM >>>

Please see the attached results for the positive staff member at FCC Terre Haute. He is now considered recovered.