

Blue Ridge Juvenile Detention Commission Meeting
Thursday, September 9, 2021
Via Zoom @ 10:30 AM

- I. Call to Order
- II. Matters from the Public
- III. Meeting Minutes – July 8, 2021
- IV. Old Business
- V. New Business
 - COVID Policy
- VI. Matters from Director
- VII. Matters from Commission Members
- VIII. Matters from Commission Attorney
- IX. Closed Session
 - Director’s Performance Review
- X. Adjournment

**Blue Ridge Juvenile Detention Commission Meeting
July 8, 2021**

A scheduled meeting of the Blue Ridge Juvenile Detention Commission was held on July 8, 2021 @ 10:30 AM via Zoom. The meeting was held electronically due to the COVID-19 pandemic and the declaration of a local emergency by Albemarle County remains in effect.

Members Attending: Doug Walker (County of Albemarle), Chip Boyles (City of Charlottesville), John Egertson (County of Culpeper), Kelly Belanger Harris (County of Fluvanna), Mark Taylor (County of Greene)

Others Attending: Jay Boland, Jeff Brill, Jodi Dillow, Brendan Hefty

I. Call to Order

The meeting was called to order by Mr. Taylor at 10:40 AM.

II. Matters from the Public

None.

III. Meeting Minutes

A motion was offered by Mr. Walker and seconded by Mr. Boyles to approve the meeting minutes from March 11, 2021. The motion was approved by a 4-0 voice call vote. Ms. Harris abstained as she was not present at the March 11th meeting.

IV. Old Business

None.

V. New Business

May 2021 YTD Financial Report – Mr. Brill presented and discussion followed.

VI. Matters from Director

Mr. Boland reported the following:

- Deputy Director position has been filled
- We have only had one employee positive case of COVID since February; zero residents
- Blue Ridge Health District recently did on site COVID vaccinations for residents & staff
- Considering in-person visitation starting in August
- CPP Case Manager interviews are this week
- BRJD received 100% on the DJJ Monitoring Visit
- We now have honey bees on site and are teaching residents about beekeeping
- BRJD residents received 180 days of in-person instruction last school year, which no other school in VA accomplished. This is significant due to the importance of teaching our population in person and having the proper mitigation strategies in place allowed us to make sure our students didn't fall behind and received the best educational opportunities possible.

VII. Matters from Commission Members

Mr. Walker noted that Albemarle continues to review their fiscal agent relationship with partner agencies.

VIII. Matters from Commission Attorney

Mr. Hefty requested that the minutes reflect that the Commission met electronically due to the ongoing COVID19 pandemic and the declaration of a local emergency by Albemarle County that remains in effect.

IX. Adjournment

The meeting adjourned @ 10:57 AM.

Respectfully submitted,
Jodi L. Dillow, Recording Secretary



Blue Ridge Juvenile Detention

COVID-19

Infectious Disease Preparedness and Response Plan

Effective September 15, 2021

BACKGROUND

The Virginia Department of Labor and Industry (DOLI) at the direction of Virginia Governor Ralph Northam has developed and implemented the standards set forth in Virginia Code 16 VAC 25-220. This Emergency Temporary Standard for preventing the infectious disease SARS-CoV-2 (otherwise known as COVID-19) was designed to prevent the spread of COVID-19 and protect Virginia's workers and will remain BRJD policy beyond the stated expiration date and shall be updated and disseminated as the pandemic evolves and additional measures become known and available to combat the virus.

Blue Ridge Juvenile Detention is dedicated to ensuring that our employees and in-house partners are fully protected and can return to their families at the conclusion of their shifts. This plan sets forth the measures, policies, assessments, and enforcement measures that Blue Ridge Juvenile Detention will utilize to ensure the best possible outcome. Furthermore, this plan was developed with staff input and will rely on staff to implement and maintain. It is incumbent upon all staff to alert supervisors or administration if they are in need of replenishment of supplies as well as information regarding access to testing and vaccination.

It must be well noted that this guide is subject to change as the pandemic continues to evolve. It is impossible to predict each and every scenario that may develop or present itself, therefore each situation will be considered individually and on a case-by-case basis, to include whether leave other than an employee's current leave accruals will be utilized. The measures and protocols that have been put in place thus far will continue to be enforced (and modified if/when necessary) in order to reduce the risk to residents and staff. It is imperative that all staff and teachers comply with BRJD's practices and protocols. Employees failing to abide by the requirements of this plan may receive disciplinary action in conformance with BRJD policies and procedures.

This plan will be administered by BRJD's Director, with guidance from the facility's medical personnel, the local health department, and the CDC. Thank you for your cooperation and for all the steps you take each day to keep our residents and staff safe and healthy.

Jay Boland

Jay Boland
BRJD Director

DEFINITIONS

Condensed – for a complete list please reference §16VAC25-220-30

Administrative Control: Any procedures which significantly limits daily exposure to COVID-19 related to workplace hazards and job tasks by control or manipulation of the work schedule or manner in which the work is performed. Personal Protective Equipment (PPE) is not considered an administrative control.

Asymptomatic: A person who does not have symptoms.

Cleaning: The removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection.

Close Contact: Any individual within six (6) feet of an infected person for at least fifteen (15) minutes starting from two (2) days before the person became sick until the person was isolated.

Congregate Setting: Correctional and Detention facilities, which are characterized by a diverse and varying set of factors that can increase risk and affect exposure to and transmission of COVID-19.

Disinfecting: Using chemicals approved for use against SARS-CoV-2, for example EPA-registered disinfectants, to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

Engineering Control: The use of substitution, isolation, ventilation, and equipment modification to reduce exposure to COVID-19 related workplace hazards and job tasks.

Face Covering: Item normally made of cloth or various other materials with elastic bands or cloth ties to secure over the wearer's nose and mouth in an effort to contain or reduce the spread of potentially infectious respiratory secretions at the source. A face covering is not subject to testing and approval by a state government agency, so it is not considered a form of personal protective equipment or respiratory protection equipment under VOSH laws, rules, regulations, and standards.

Face shield: A form of personal protective equipment made of transparent, impermeable materials intended to protect the entire face or portions of it from droplets or splashes.

Feasible: As used in this standard includes both technical and economic feasibility.

Hand sanitizer: An alcohol-based hand rub containing at least 60% alcohol, unless otherwise provided for in this standard.

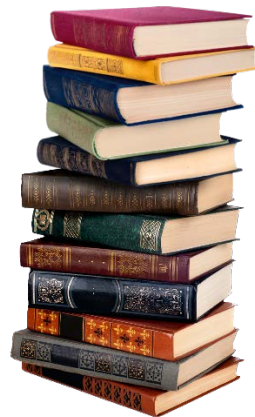
Personal Protective Equipment: equipment worn to minimize exposure to hazards that cause serious workplace injuries and illnesses. These injuries and illnesses may result from contact with chemical, radiological, physical, electrical, mechanical, biological or other workplace hazards. Personal protective equipment may include, but is not limited to, items such as

gloves, safety glasses, shoes, earplugs or muffs, hard hats, respirators, surgical/medical procedure masks, gowns, face shields, coveralls, vests, and full body suits.

Physical Distancing: Keeping space between yourself and other persons while conducting work-related activities inside and outside of the physical establishment by staying at least six (6) feet from other persons.

Screening Tests: Intended to identify infected people who are asymptomatic and do not have known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that measures can be taken to prevent further transmission. Screening testing among people who are not fully vaccinated is a key tool in preventing SARS-CoV-2 transmission among staff and people living in correctional/detention facilities. Screening testing allows early identification and isolation of persons who are asymptomatic or pre-symptomatic or have only mild symptoms and who may be unknowingly transmitting the virus. Screening testing, in conjunction with symptom screening, can be valuable in correctional and detention facilities because it can detect COVID-19 early and help stop transmission quickly, particularly in areas with moderate to high community transmission of COVID-19.

Symptomatic: Employee is experiencing symptoms similar to those attributed to COVID-19 including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Symptoms may appear in two (2) to fourteen (14) days after exposure to the virus.



PRECAUTIONS / PREVENTION / MITIGATION OF RISK

ENSURING A SAFE WORKPLACE

As we respond to the dramatic increase in cases, transmission prevention measures must be increased for the significant proportion of unvaccinated congregate care workers remaining to reduce the chance of transmission to vulnerable populations.

Increasing COVID-19 vaccination rates among facility employees and incarcerated/detained persons is an important step to prevent incarcerated and detained persons and detention staff from getting sick with COVID-19. COVID-19 vaccines protect more than just an individual's health, they also help minimize the spread of SARS-CoV-2.

CDC recommends everyone get vaccinated against COVID-19, including staff at correctional and detention facilities who are at higher risk of exposure to COVID-19 in the workplace for various reasons, including close proximity (less than 6 feet)/difficulty to physically distance, limited space for isolation or quarantine, and limited space in general requiring multiple groups and individuals to use the same common areas and meeting spaces.

BRJD has implemented numerous policies and procedures since the start of the pandemic to protect our employees and residents. While these measures have proven effective, vaccination is the best method of protection against contracting COVID-19. Vaccines have proven to be safe and effective and unvaccinated Virginians account for nearly everyone who is requiring hospitalization or dying from COVID-19.

The urgency to expand vaccinations further is growing, as the highly contagious Delta variant spreads, case numbers rise again, and hospitalizations increase. In order to protect the safety of BRJD's personnel and the residents we serve, it is necessary to require BRJD employees to be vaccinated, or start the vaccination process, effective October 1, 2021. This target date represents the urgency needed to break transmission of COVID-19 (and its variants) in the workplace and to minimize further illness. All BRJD employees and contractors shall review this policy and take necessary action as directed by the measures stated herein:

A. Disclosure of Vaccine Status

All BRJD Employees and contractors who enter the workplace must disclose their vaccine status to the designated agency personnel/facility nurse.

B. Weekly Testing

BRJD Employees who are not fully vaccinated or who refuse to disclose their current vaccine status, according to paragraph A, must undergo weekly COVID-19 testing and disclose weekly the results of those tests to the designated agency personnel/facility nurse. The senior supervisor (SS) on each shift and in each department is responsible for confirming their staff's adherence to the specified timelines and submitting timely documentation of weekly test results.

C. Record Keeping

Records of the employee’s testing results will not be maintained in the employee’s personnel file but kept confidentially and secured in a separate file. Storage, access, and retention procedures and schedules should follow those for medical records.

D. Testing Time/Costs

Weekly COVID-19 testing for employees is considered an alternative option to vaccination, a **condition of employment**. Accordingly, if the employee chooses the alternative, it is their responsibility to coordinate weekly testing outside of their required work hours. ~~The cost of testing should be covered by the employee’s insurance (Anthem Blue Cross/Blue Shield). Employees will not be reimbursed if they choose to utilizing take-home test kits purchased.~~

E. Frequency of Testing

To optimize employees’ safety in the workplace, testing must be done weekly. Testing must be done in 7- day intervals, whenever possible. For example, testing on a Friday and the following Monday would not be acceptable. Employees on leave during their normal testing date(s) should be scheduled to be tested immediately (24 hours) prior to returning to the worksite.

F. Disciplinary Actions

Employees who do not comply with agency testing and reporting requirements will be subject to appropriate disciplinary actions (DOP 1133 - Standards of Conduct and Employee Discipline).

REQUIREMENT TO BE TESTED FOR COVID-19 WEEKLY:

Vaccination Status	Definition for Testing Requirement
Fully Vaccinated	Employee received the final dose of a COVID-19 vaccination two or more weeks earlier and presented related documentation to the agency.
Not Fully Vaccinated	Employee received the final dose of a COVID-19 vaccination less than two weeks ago.
	Partially vaccinated – Employee received one dose of a two-dose COVID-19 vaccination series.
	Employee has not been vaccinated.
	Employee has not presented proof of being fully vaccinated.
	Employee has not been vaccinated due to accommodations for a medical condition/disability or sincerely-held religious belief.

1. Employees who show proof of being fully vaccinated are not required to be tested for COVID-19 weekly or regularly.
2. Employees who are not fully vaccinated (regardless of the reason) are subject to weekly testing until they become fully vaccinated as defined above.
3. Employees who are not fully vaccinated and who have documented a medical condition/disability or asserted a sincerely-held religious belief which precludes testing

must request an accommodation to be reviewed by the Director. See sample accommodation request forms and guidance.

4. Depending upon the tests administered, employees will be required to report their test results in accordance with agency procedures or provide for a release of such results by their test provider to the agency. Test results should be reported only as negative or positive.
5. BRJD will inform new employees prior to on-boarding of the “conditions of employment” specific to vaccination and testing requirements if unvaccinated.

VACCINE STATUS VERIFICATION

The following modes may be used as proof of vaccination:

1. COVID-19 Vaccination Record Card (issued by the Centers for Disease Control) which includes name of person vaccinated, type of vaccine provided, and date last dose administered.
2. A photo of a Vaccination Record Card as a separate document.
3. A photo of the client's Vaccination Record Card stored on a phone or electronic device.
4. Documentation of COVID-19 vaccination from a health care provider.

Self-attestation of vaccine status will not be sufficient evidence of vaccination for exemption from testing.

TESTING REQUIREMENTS

1. Asymptomatic unvaccinated or incompletely vaccinated workers are required to undergo weekly diagnostic screening testing.
2. Employees may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested at least once weekly with either PCR testing or antigen testing. More frequent testing improves outbreak prevention and control and is encouraged, especially with antigen testing.
3. Employees must report test results to the facility nurse as soon as possible and by way of the reporting procedures specified below.
 - a. Printed record from a health care provider which includes name of person tested, type of test provided, test date, results date, and outcome (negative or positive).
 - b. A photo as a separate document (must include all info specified in paragraph a.).
 - c. An electronic photo on a phone or electronic device (must include all info specified in paragraph a.).
 - d. Other documentation from a health care provider reviewed and approved by the Director.
4. The testing protocol will be phased in over a period of weeks. Supervisors will provide notice to employees once the testing protocol and start date is established.

Congregate settings are particularly high-risk settings where COVID-19 outbreaks can have severe consequences for vulnerable populations including hospitalization, severe illness, and death. The residents have little ability to control the persons with whom they interact. Therefore, it is our responsibility, and BRJD’s mission, to provide residents with a safe, clean, and secure environment minimizing COVID-19 exposure by any means available.

SELF-MONITORING

Employees are encouraged to self-monitor for signs and symptoms of suspected COVID-19 infection. These signs and symptoms may include the following: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. Symptoms may appear in 2 to 14 days after exposure to the virus. Anyone entering the facility will be screened which includes a temperature check and symptom questionnaire.

Employees who are experiencing any of the symptoms listed above are encouraged to stay home and notify a supervisor of your absence, in accordance with established policies and procedures. Employees who are concerned that they may have been exposed to someone who is positive for COVID-19 or that they themselves may be positive for COVID-19 should notify the Director or his designee (Deputy Director and in his absence, the Chief of Security) who will then notify the Director. The Director will discuss the circumstances with the employee in order to determine the level of risk to other employees and residents and in what manner to proceed.

Should the need arise to remain away from work for an extended period of time due to a COVID-19 diagnosis, BRJD's pre-pandemic leave policies will apply. This may or may not include the use of FMLA, sick leave bank, or VRS short-term disability. Any exceptions, such as the application of Administrative (COVID) Leave, will require the approval of the Director and will be considered on a case-by-case basis and will only apply to those who are vaccinated.

DAILY SCREENING

All staff and teachers are required to participate in daily screening prior to the start of their workday or prior to entering any part of the facility beyond the lobby. Screening consists of a temperature screening with the use of the thermal imaging equipment placed in the lobby, and an electronic questionnaire which has been shared with all staff and teachers. The questionnaire instructs staff on how to proceed according to their answers.

Contractors/vendors are subject to screening before entering the facility beyond the lobby or the back loading dock. Known or suspected COVID-19 contractors shall not report to work or be allowed to remain on site until cleared to return to work.

VISITATION

The facility has limited the public's access to the building and residents. Currently, any necessary visits may be conducted by using telephones, video conferencing, or non-contact visitation. Parents and guardians may visit with their children via non-contact visitation by appointment. To decrease person to person contact, pat-downs are waived for persons participating in a non-contact visit and, along with verbal questioning to inquire about whether the person has any prohibited items on their person, the metal detector wand will be used instead. Professional visitors may be approved to enter the facility on a case-by-case basis, at the discretion of the Director.

PHYSICAL DISTANCING AND FACE COVERINGS

To reduce the spread of COVID-19, employees and contractors, unless infeasible, will be required to practice physical distancing of 6 feet or more at all times. Staff shall use non-contact methods of greeting such as waving and verbal greetings. All staff and contractors are required to wear face coverings at all times when in the presence of residents and may only remove their face covering when no residents are present AND only when they are able to maintain 6 feet or more of physical distance from one another. Employees are allowed to wear their own cloth or paper mask and the facility will also provide cloth and/or paper face masks as necessary. If a face covering is contrary to an employee's safety or health, a face covering is not required; however, based on physical distancing, the employee may be required to utilize a face shield or other PPE device to ensure protection.

SIGNAGE

BRJD will use signage or visual cues to promote physical distancing and appropriate hygiene practices. Worksite density will be limited by decreasing non-employee access where feasible, reminding visitors to wear a face covering, and asking visitors and staff to not enter if they are experiencing any symptoms of COVID-19. Access to common areas, breakrooms or lunchrooms will be controlled in a manner to promote social distancing. Encartele monitors will share relevant information for residents, staff and visitors.

CLEANING / SANITIZING / HANDWASHING

Employees who are required to interact with residents, contractors, or the general public will be provided with and must use supplies to clean and disinfect areas where there is potential for exposure to COVID-19. All common areas (bathrooms and other frequently touched surfaces) must be cleaned at least at the end of each shift or as determined by enhanced cleaning procedures. Handwashing sinks, sanitizing wipes, sanitizing solution and hand sanitizer are all supplied and distributed throughout the facility. UV Light wands have been placed throughout the facility for staff use and air purifiers have been placed in the conference room, control room, and Shift Supervisor's office.

RESIDENT ROOMS / HOLDING CELLS / OBSERVATION CELL

When a resident vacates one of the above rooms, staff shall clean and sanitize the room prior to allowing the room to be used for anyone else. The Clorox 360 sprayer shall be used in addition to normal cleaning supplies/equipment.

DINING HALL

Resident meals shall be staggered by living unit in order to reduce co-mingling amongst living units and to assure the ability to seat residents at least 6 feet apart.

GYM / REC

Staff and teachers may not play any sports/games with residents that require using the same equipment that the residents are using.

SCHOOL / EDUCATION

Classes will take place on the living units with the exception of Art, which will take place in the dining hall, and Physical Education, which will take place in the gym. Student supplies will be stored individually on the living units, to be accessed only by those individual students, in order to avoid cross contamination. Classes will be shortened in order to allow for adequate time for teachers to disinfect/sanitize materials/supplies/spaces prior to the next class period.

INTAKE OF NEW RESIDENTS

Staff shall immediately take the temperature of all new residents, provide a mask to the resident. In addition to utilizing common universal precautions, staff shall wear a mask and medical eye coverings while conducting the intake process. Should a resident be identified as possibly being positive for COVID-19, or positive for COVID-19, additional supplies are on hand to be utilized (gowns, booties, hair coverings, N-95 masks). N-95 masks are in very short supply however should the need arise, BRJD will reach out to community supports in order to access additional masks.

QUARANTINING OF NEW RESIDENTS

All residents who are being admitted to BRJD, including those who are transferring directly from another detention/correctional facility or residential placement, shall be quarantined for fourteen (14) days prior to being placed in the general population. Mental health personnel will make face to face contact with quarantined residents at least once daily when on-site. Recreational items (television, PlayStation, books, movies, radio, puzzles, etc.) shall be provided liberally to residents on quarantine and will not be dependent upon program levels. Items that are in short supply and must be shared between residents must be sanitized/disinfected before and after (for example, if one resident has used the PlayStation cart and it is then being brought to a different resident, all components must first be wiped down with sanitizing wipes). Residents shall be provided with a mask and shall be required to wear it whenever speaking face-to-face with a staff person and whenever leaving their room.

COURT / MEDICAL TRANSPORTS

Residents who must leave the facility for court or a medical transport must wear a mask. Upon return, residents shall shower and be provided with a clean set of clothing and a new mask.

WORK VEHICLES

Whenever possible, multiple employees should not occupy the same vehicle. . If more than one employee must occupy a work vehicle, they must each wear a face covering. Once finished with the vehicle, any surfaces touched must be cleaned and disinfected. Vehicles used by multiple people at different times (such as the vehicle used to transport resident meals) should be sanitized after each use (steering wheel, door handles, tailgate handles, and any other high-touch areas/surfaces).

COMMON AREAS

All common areas shall, at a minimum, be cleaned and disinfected at the end of each shift. All shared tools, equipment and workspaces shall be cleaned and disinfected prior to transfer from one employee to another. Antibacterial wipes and sprays are located throughout the building, along with UV light wands, for this purpose. Clear dividers may be used during necessary meetings/interviews/conferences. The following guidelines apply at all times and any exceptions due to operational needs must be made by the Director.

Staff Break Room

- No more than one (1) person; and
- Clean/disinfect shared surface(s) when finished, before next user.

Conference Room

- No more than two (2) people;
- Maintain 6 feet of separation; and
- Clean/disinfect shared surface(s) when finished, before next user.

Lobby

- No more than four (4) people;
- Maintain 6 feet of separation; and
- Clean/disinfect shared surface(s) when finished, before next user.

Offices

- Occupancy is posted outside each individual's singular office.

Shift Supervisor's Office

- No more than two (2) people;
- Maintain 6 feet of separation; and
- Clean/disinfect shared surface(s) when finished, before next user.

Control Room

- No more than two (2) people;
- Maintain 6 feet of separation; and
- Clean/disinfect shared surface(s) when finished, before next user.

Admin Kitchen

- Staff and teachers shall self-monitor and assure 6-feet of distance
- Single use items will be utilized for the foreseeable future
 - Cutlery
 - Plates, bowls, cups
 - Coffee stirrers
 - Coffee creamers

- The admin refrigerator, coffee maker, and water cooler continue to be available for use – all staff are responsible for cleaning spills, wiping down handles/nozzles/cabinetry/countertops/etc., and washing hands after use of these items.

Other Common Areas Not Listed

Other work areas that require multiple staff to be present have been assessed, modified, rearranged and/or properly staffed to ensure social distancing can be achieved. A couple of examples of this are staggering meals in the dining hall, and holding classes on the living unit.



NOTIFICATION

If BRJD learns that an employee or contractor has tested positive for COVID-19, the Director will, within twenty-four (24) hours of discovery, notify:

- Its own employees at the same place of employment who may have been exposed, while keeping confidential the identity of the COVID-19 positive person in accordance with the Americans with Disabilities Act (ADA) and other applicable laws and regulations;
- Other employers whose employees were present at the work site during the same time period; and the building/facility owner (if different from the employer);
- The Virginia Department of Health; and
- The Virginia Department of Labor and Industry if three (3) or more employees present at the work site have tested positive.

Notification may take place by phone, email, or face-to-face,

RETURN TO WORK

Employees may return to work based on the time-based strategy. Employees who are suspected of being positive or known to be positive for COVID-19 may return to work when seventy-two (72) hours have passed since recovery (resolution of fever without the use of fever-reducing medications, and improvement in respiratory symptoms); AND at least ten (10) days have passed since the symptoms first appeared.

OR

Employees may return to work based on the test-based strategy. Employees who are suspected of being positive or known to be positive for COVID-19 may return to work when there is resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms, AND two (2) consecutive negative test results from a U.S. Food and Drug Administration Emergency Use COVID-19 test taken at least twenty-four (24) hours apart. An employee has the right to refuse a COVID-19 test, however BRJD will then be required to follow the symptom-based strategy.

OR

At the direction of and/or in consultation with the facility's medical provider and/or the employee's medical provider, and in consideration of CDC guidelines.

SPECIAL CONSIDERATIONS WHEN TRAVELING

COVID-19 is spreading within communities across Virginia and across the United States. Because travel increases your chances of getting infected and spreading COVID-19, staying home is the best way to protect yourself and others from getting sick. VDH advises all Virginians to stay home as much as possible, especially if your trip is not essential or if you are at higher risk of serious illness. Do not travel if you are sick and do not travel with someone else who is sick. Do your part to stop the spread by taking everyday steps to keep yourself and others safe and healthy. Keep at least 6 feet apart between yourself and others. Wear a cloth face covering in public places. Wash your hands often, stay home if you are sick, and disinfect high-touch surfaces. These all are especially important ways to help prevent the spread of COVID-19.

Plan ahead to stay safe on your trip by:

- Packing plenty of hand sanitizer and keep it within reach in case you do not always have a chance to wash your hands.
- Bringing disposable or extra cloth face coverings in case yours become dirty and you will not have a chance to do laundry.
- Bringing enough of your medicine to last you for the entire trip.
- Preparing food and water for your trip.
- Packing non-perishable food in case restaurants and stores are closed

Currently, BRJD is not instituting a specific protocol disallowing staff travel however all travel will be considered on a case-by-case basis, taking into account the following:

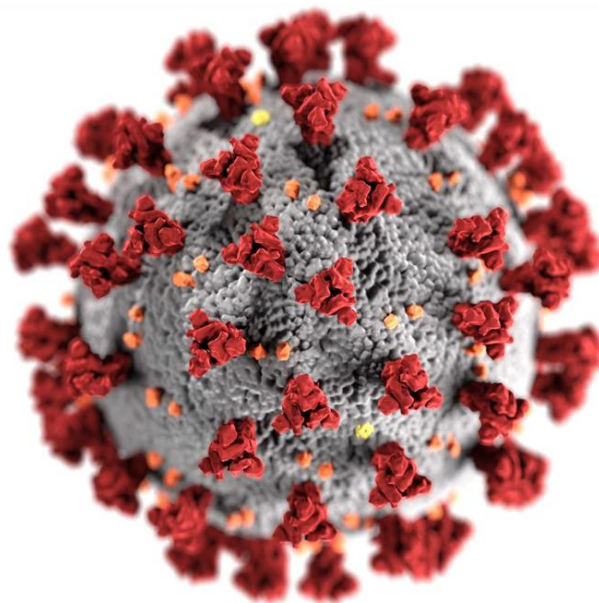
- Type of travel
- Destination
- Status of destination (is the destination a recognized "hot spot"?)



CONTINGENCY PLAN FOR OUTBREAKS

In the case of a sudden increase of cases within the facility or among staff, the Director will assess the proximate and/or specific location and cause of the outbreak, with the guidance and assistance of the facility's medical personnel and the local health department. During the recovery process of the outbreak, it may become necessary to temporarily alter operations. Outbreaks can also occur in the community that can cause ripple effects to the facility's operation as well. To help mitigate the effects of these situations, BRJD has and/or will consider:

- Cross trained staff to ensure continued operations in the case of increased absenteeism;
- Taken active steps to stockpile essential supplies in case supply chains become sluggish;
- Utilized the option of working from home for non-essential staff;
- Offering the option for staff to choose between banking time or being paid for hours worked to cover other shifts; and
- Maintained a flexible case-by-case commitment to make changes if/when necessary.



TRAINING

Blue Ridge Juvenile Detention is dedicated to ensuring employee protection so employees can return home to their families safely at the conclusion of their shifts. To do that, employees must be effectively trained. Training will be accomplished as prescribed below:

- To all employees initially
- To all employees who lack understanding of the policy
- To all newly hired employees

Training will cover the information as prescribed below:

- Vaccines and Testing Requirements
- COVID-19 signs and symptoms
- Self-monitoring for signs and symptoms
- Employer responsibilities and return to work policy
- Cleaning and disinfecting
- Specific COVID-19 analysis for BRJD
- Enforcement policy



Job Safety COVID-19 Analysis

(from Virginia Risk Sharing Association)

Exposure	Potential Risks	Infection Protection Measures	Department/Work Class Groups
<p>Lower Exposure Risk (Caution)</p>	<p>Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being, infected with COVID-19 nor frequent close contact with (within six (6) feet of) the general public. Workers in this category have minimal occupational contact with the public and other coworkers.</p>	<ul style="list-style-type: none"> • Promote frequent and thorough hand washing • provide alcohol-based hand rubs containing at least 60% alcohol • Encourage employees to stay home if they are sick • Encourage respiratory etiquette, including covering coughs and sneezes. • Take advantage of policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees. • Discourage employees from using other's phones, desks, offices, or other work tools and equipment, when possible. • Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment. 	<p>Zero staff.</p>

Exposure	Potential Risks	Infection Protection Measures	Department/Work Class Groups
<p>Medium Exposure Risk</p>	<p>Medium exposure risk jobs include those that require frequent and/or close contact with (within six (6) feet of) people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. (Schools, juvenile detention centers, jails, sports, venues, entertainment, airports, bus and transit stations, high-population-density work environments, and some high-volume service settings).</p>	<ul style="list-style-type: none"> • Include recommended safe job procedures from lower exposure risk above. • Install physical barriers, such as clear plastic sneeze guards, where feasible. • Consider offering face masks to ill employees and customers to contain respiratory secretions until they are able leave the workplace (i.e., for medical evaluation/care or to return home). • Keep customers informed about symptoms of COVID-19 and ask sick customers to minimize contact with workers until healthy again, such as by posting signs about COVID-19 in areas where sick customers may visit. • Where appropriate, limit customers' and the public's access to the worksite, or restrict access to only certain workplace areas. • Consider strategies to minimize face-to-face contact (e.g., curbside delivery, phone-based communication, telework). • Communicate the availability of medical screening or other employee health resources (e.g., on-site nurse; telemedicine services). • Workers with medium exposure risk may need to wear some combination of gloves, a gown, a face mask, and/or a face shield or goggles. PPE for employees in the medium exposure risk category will vary by work task, the results of the employer's hazard assessment, and the types of exposures workers have on the job. 	<p>All staff.</p>

<p>High Exposure Risk</p>	<p>High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:</p> <ul style="list-style-type: none"> Healthcare delivery and Emergency staff (e.g., doctors, nurses, emergency response staff who must enter patients' rooms/homes) exposed to known or suspected COVID-19 patients. (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.) Medical transport workers (e.g., ambulance vehicle operators) or Law Enforcement moving known or suspected COVID-19 patients in enclosed vehicles. 	<ul style="list-style-type: none"> Include recommend safe job procedures from Lower and Medium exposure risks above. Post signs requesting patients and family members to immediately report symptoms of respiratory illness on arrival at any healthcare facility and use disposable face masks. Prompt identification and isolation of potentially infectious individuals is a critical step in protecting workers, customers, visitors, and others at a worksite. Encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Communicate procedures for employees to report when they are sick or experiencing symptoms of COVID-19. Where appropriate, develop procedures for immediately isolating people who have signs and/or symptoms of COVID-19, and train workers to implement them. Move potentially infectious people to a location away from workers, customers, and other visitors. Although most worksites do not have specific isolation rooms, designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the worksite. Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if feasible and available, and ask the person to wear it, if tolerated. Note: A face mask (also called a surgical mask, procedure mask, or other similar terms) on a patient or other sick person should not be confused with PPE for a 	<p>Zero staff.</p>
<p>High Exposure Risk (cont.)</p>			

		<p>worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth)</p> <ul style="list-style-type: none"> • Restrict the number of personnel entering isolation areas. • Consider offering enhanced medical monitoring of workers during COVID-19 outbreaks. • Provide personnel who may be exposed while working away from fixed facilities with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field. 	
<p>Very High Exposure Risk</p>	<p>Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, postmortem, or laboratory procedures. Workers in this category include:</p> <ul style="list-style-type: none"> • Healthcare workers (doctors, nurses, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, or invasive specimen collection) on known or suspected COVID-19 patients. • Healthcare or laboratory 	<ul style="list-style-type: none"> • Include recommend safe job procedures from Lower, Medium and High exposure risks above. • Most workers at high or very high exposure risk likely need to wear gloves, a gown, a face shield or goggles, and either a face mask or a respirator, depending on their job tasks and exposure risks. • Those who work closely with (either in contact with or within 6 feet of) patients known to be, or suspected of being, infected with SARS-CoV-2, the virus that causes COVID-19, should wear respirators. For the most up-to-date information, visit OSHA's COVID-19 webpage: www.osha.gov/covid-19 • PPE ensembles may vary, especially for workers who may need additional protection against blood, body fluids, chemicals, and other materials to which they may be exposed. Additional PPE may include medical/surgical gowns, fluid-resistant coveralls, aprons, or other disposable or reusable protective clothing. Gowns should be large enough to 	<p>Zero staff.</p>

	personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g., manipulating cultures from known or suspected COVID-19 patients).	cover the areas requiring protection. OSHA may also provide updated guidance for PPE use on its website: www.osha.gov/covid-19 .	
--	---	---	--

RESPONSIBLE PARTY

Blue Ridge Juvenile Detention has developed this policy based on the temporary 16VAC 25-220 Emergency Temporary Standard developed by the Virginia DOLI. This policy is designed to be in place through January 15, 2021; however, this policy may be continued by Blue Ridge Juvenile Detention based on Federal, State, or local guidelines. Blue Ridge Juvenile Detention is responsible to ensure the adoption, dissemination, and enforcement of this policy for the safety and health of its employees.

