

Provisional Guidance on Management of COVID-19 in Jails, Prisons and Other Detention Settings (3.20.20)

Early detection, prevention, and control of Coronavirus Disease 2019 (COVID-19) in correctional facilities is important to protect the health of incarcerated persons and to avoid transmission of the virus by justice-involved persons and correctional staff who are suspected of having COVID-19.

When the terms “staff” or “employee” is used in this document, the guidance refers to both public sector employees and those working for a private healthcare or food service contractor.

The latest situation summary updates are available on CDC’s web page [Coronavirus Disease 2019](#). Your local and state health department receive frequent updates about the emerging situation. If your facility has not done so already, those responsible for medical leadership should contact your local health department and exchange contact information, even if no transmission is ongoing in your community.

Purpose

This document provides guidance for jails, prisons and other detention facilities in the United States to help prevent, detect, and medically manage suspected COVID-19 infections. As incarcerated persons may arrive from a wide range of locations, correctional leadership and medical staff need to be aware and respond to a wide range of geographic conditions.

A patient’s movement and exposure history, clinical presentation, and underlying medical conditions are essential in the assessment and decision-making process for patients who may need for further medical evaluation, testing, and treatment.

This document provides guidance for preventing spread of COVID-19 during and after a stay in a correctional facility, including personal protective measures for staff.

DEFINITIONS FOR CORRECTIONAL SETTINGS

(From Alaska Department of Corrections, Health and Rehabilitative Services)

Isolation—the procedure of separating a person who is already sick from others who are not ill in order to prevent the spread of disease. The term isolation is distinct from the term quarantine.

Incubation period—the length of time between an exposure to an ill person and the development of symptoms in another person. The incubation period of the Coronavirus is 2 to 14 days; mean of 5 days.

Non-Pharmacologic Measures— Actions taken to prevent the spread of virus within a facility that include handwashing, environmental cleaning, and social distancing between well and unwell individuals.

Person Under Investigation (PUI)—person with symptoms and epidemiological risk factors for being infected with COVID-19 from whom a sample has been obtained, though the results are pending.

Personal Protective Equipment (PPE). Used upon entry into patient space (< 6 feet) or exam room. Includes impermeable gown and gloves, a N95 mask or Powered Air Purifying Respirator (PAPR), and eye protection.

Quarantine—the procedure of separating and restricting the movement of persons who are not sick yet, but who were exposed. This allows rapid identification of those who will become sick.

When sick individual(s) found, and managed per guidelines below, how to quarantine those exposed:

Level	Description	Scenario	Details
I	Individual level	Exposed individual is booked into a DOC facility	Quarantine of an exposed individual to include single cell housing, in-cell meals, restriction of movement, and separation from congregate activities for duration of incubation period.
II	Module level	An ill individual is identified in a single module	Quarantine of all inmates in a module with restriction of movement to within the module, in-module meals, separation from congregate activities outside the module for the duration of the incubation period.
III	Facility level	Multiple ill individuals are identified in separate modules or areas	Quarantine of all inmates in an exposed facility to include restriction of movement to and from the facility for the duration of the incubation period.
IV	Inter-facility level	An ill individual is identified after movement between facilities during the infectious period	Quarantine of exposed inmates in multiple modules within multiple facilities with restriction of movement to and from the facilities/modules, and separation of exposed inmates from congregate activities.

Reducing the spread

Incarceration involves the movement of large numbers of people in closed and semi-closed settings. Like other close-contact environments, jails and prisons may facilitate transmission of respiratory viruses from person-to-person through exposure to respiratory droplets or contact with contaminated surfaces.

To reduce spread of respiratory infections including COVID-19, it is recommended that staff be encouraged to not come to work when sick.

Both staff and incarcerated persons need to

- Watch their health
- Be isolated and inform a medical provider immediately if they develop a fever (100.4°F / 38°C or higher), begin to feel feverish, or develop other signs or symptoms of sickness
- Use respiratory, cough, and hand hygiene
 - **Correctional facilities should make soap widely available and without charge for all incarcerated persons during this pandemic. For persons with nasal discharge, cough or both, tissue should be supplied.**
 - Instruct persons to practice cough etiquette: Advise incarcerated persons and staff of the importance of covering coughs and sneezes with a tissue. Dispose used tissues immediately in a disposable container (e.g., plastic bag) or a washable trash can.
 - If they do not have tissue at hand when they are about to cough or sneeze, cover their cough or sneeze with their inside elbow, rather than their hand or, worse yet, nothing at all.
 - Remind incarcerated persons to wash their hands often with soap and water, especially after coughing or sneezing.
 - If soap and water are not available in a work station for staff, they can use a hand sanitizer containing 60%-95% alcohol.
 - Depending on correctional regulations and security classification level, a facility may decide to provide hand sanitizer containing 60%-95% alcohol to incarcerated persons. This is a decision that medical services needs to make in conjunction with custody leadership.

Clinical evaluation of persons entering and staying in custody

Identifying and isolating incarcerated persons and staff with possible symptoms of COVID-19 as soon as possible is needed to minimize transmission of this virus. Correctional health personnel and telemedicine providers should reference CDC's COVID-19 website [Information for](#)

[Healthcare Professionals](#) for the latest information on infection control, clinical management, collecting clinical specimens, and evaluating patients who may be sick with or who have been exposed to COVID-19.

Symptoms may include fever, cough, and shortness of breath. Patients have a fever if they feel warm to the touch, give a history of feeling feverish, or have a measured temperature of 100.4°F (38°C) or higher. COVID-19 infections have ranged from little-to-no symptoms to upper respiratory symptoms and sore throat to severe illness and death.

Persons entering the facility, from the street, court, or another correctional facility **should be asked about typical symptoms and have their temperature taken, ideally with an infrared no-touch thermometer.** Either custody staff or healthcare workers can perform this screening.

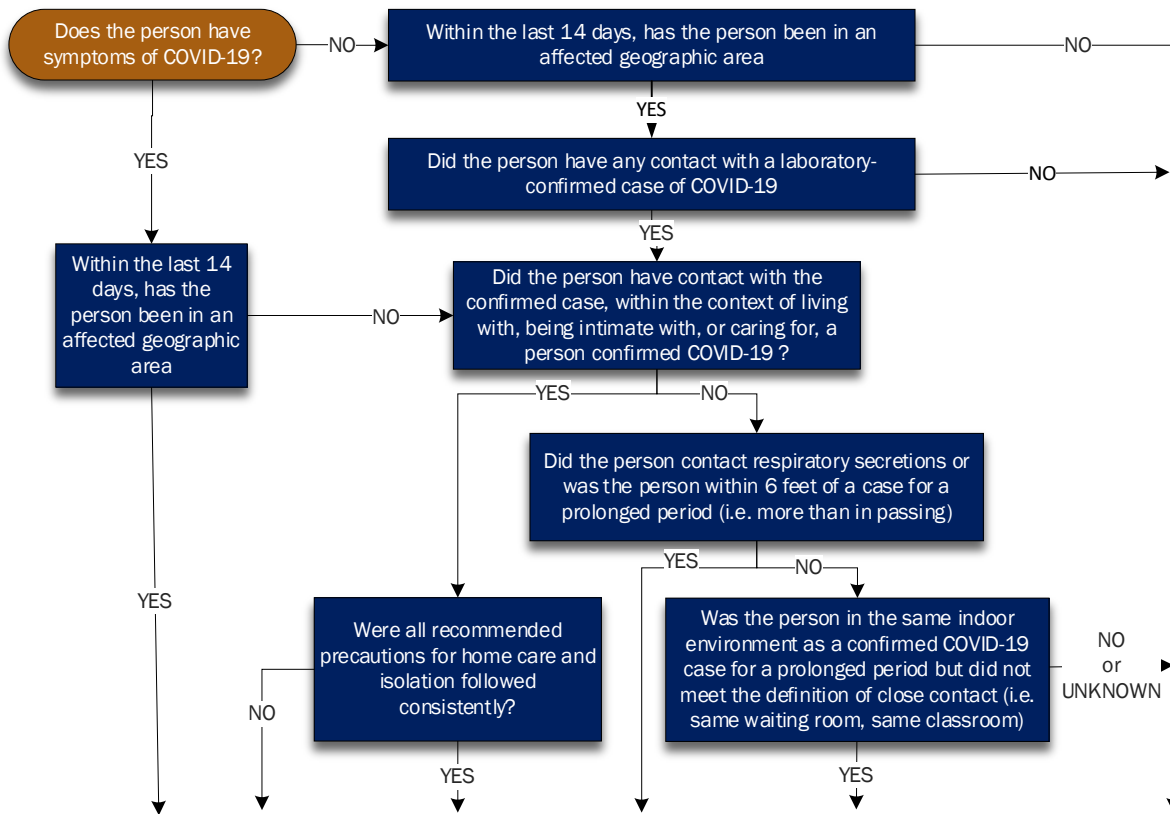
The [incubation period is believed to be 2–14 days](#). Medical staff and telemedicine providers evaluating patients with fever or acute respiratory illness should obtain a detailed movement history and assess for any other potential exposures to a person with confirmed COVID-19 infection.

Evaluation Procedure

See Flow Chart, next page.

- Screen all new entrants or transfers for symptoms or risk of COVID-19
 - Clinical factors: fever and/or symptoms of respiratory illness (i.e. cough, sore throat, difficulty breathing) [AND]
 - Epidemiologic factors: within the last 14 days, or 14 days before developing symptoms, the patient has had a history of:
 - 1) Close contact with a lab-confirmed COVID-19 patient [OR]
 - 2) Living in, or history of travel from, geographic areas with community transmission [OR]
 - 3) Age \geq 60 with chronic medical conditions (COPD, CVD, Autoimmune Disease, etc.) [OR]
 - 4) Unexplained presence of the clinical factors above.
- If a person without symptoms reports contact with a person known to have COVID-19 or contact with a person with flu-like symptoms quarantine that person: place them in a single cell with twice a day monitoring for symptoms x 14 days and schedule for medical provider review.
- If both clinical and epidemiologic risk (with symptoms), transfer patient to single cell and alert medical provider immediately

Coronavirus Disease 2019 (COVID-19) Risk Assessment and Management of Suspected Cases in a Correctional Facility



	HIGH RISK	MEDIUM RISK	LOW RISK	NO IDENTIFIED RISK
Actions for people without COVID-19 symptoms	Place in quarantine, single cell. Remain under quarantine authority. No activities in public settings.	House in single cell. Monitoring to include vital signs with temperature twice daily (~ every 12 hours). No congregate activities. Mask for transport movement outside of cell.	House in single cell. Monitoring to include vital signs with temperature twice daily (~ every 12 hours). Wear mask in congregate settings or when moving within the facility.	None
Actions for people with COVID-19 symptoms	Immediate isolation; medical evaluation according to PUI instructions. Pre-notify hospital/ER of any transfers. Mask for all movement outside isolation cell.	_____	_____	_____

Although routes of transmission have yet to be definitively determined, CDC recommends a cautious approach to interacting with patients under investigation.

- Ask such patients to wear a facemask (a surgical mask, **not** N-95) as soon as they are identified.
- Evaluate patients in a private room with the door closed, ideally an airborne infection isolation room, if available.
- [Staff entering the room should use Standard Precautions, Contact Precautions, and Airborne Precautions, and use eye protection \(such as goggles or a face shield\).](#)
 - If N95 masks are unavailable, a standard surgical facemask is preferable for the staff member, over no mask.
- Because the signs and symptoms of COVID-19 are non-specific, people living or working in a correctional facility who have fever or acute respiratory illness should be tested for influenza. CDC's [influenza website](#) also includes recommendations for the clinical use of influenza diagnostic tests, information on available tests, specimen collection, and guidance on interpreting influenza testing results.

Managing sick entrants to a facility or staff reporting to work

Deny entrance of a staff member who is suspected to have COVID-19 infection based on signs and symptoms plus history of being in an affected geographic area, or other known exposure at the time of entering the facility. Send staff with a symptoms and signs of a respiratory infection home until they recover normal health. The facility may require staff to have a note from their usual provider (not correctional health staff) clearing them to return to work.

Isolate incarcerated persons who are suspected of having COVID-19 infection in a single-occupancy room with the door closed until symptoms are improved. Use an Airborne Infection Isolation Room (AIIR) if available. Discontinuing isolation precautions should be made on a case-by-case basis, using clinical judgment of the correctional system's medical providers, in consultation with the community's health department.

Ideally, medical follow-up should occur in the isolated person's room. Correctional officers should coordinate visits to the facility's medical department in advance, if needed, with medical staff—call or page before showing up with an ill person. Have the sick person [wear a facemask](#) before leaving their room.

Managing persons after exposure

Refer to your local or state health department for information about assessing exposure risk and recommended public health management.

Incarcerated persons who have had high-risk exposures to a person suspected of having COVID-19 should be quarantined in a single room. Ideally, quarantine should occur in a room with a closed door, such as in the facility's infirmary. All potentially exposed patients should be

monitored by the medical staff or telemedicine providers until 14 days after the last possible exposure.

Preventing infection in staff (both government employees and contracted workers)

Ensure your staff is aware of the

- Global and local risk of COVID-19
- Signs and symptoms that may indicate a person in custody, or a fellow worker, may have COVID-19
- Good practice for the medical unit to report an incarcerated person with suspected or known COVID-19 to the local health department, especially if the person's expected length of stay is shorter than the likely duration of illness
- Importance of not reporting to work while sick with fever or acute respiratory symptoms

The correctional system, and its vendors, should also review their sick leave policies and communicate them to employees. The correctional system should ensure that contract companies have policies that bar sick employees from reporting to work.

Staff who self-report or appear to have fever or acute respiratory symptoms (such as cough or shortness of breath) should be encouraged to seek medical attention promptly from their usual providers and health care facility.

In addition to annual influenza vaccination, have staff follow these recommendations when their work activities involve contact with incarcerated persons and other staff members who have fever or acute respiratory illness.

- Ask the sick patient to wear a facemask if tolerated, [any time they leave their room or interact with staff or other people](#). While alone in the room, a facemask is not necessary.
- Maintain a distance of 6 feet from the sick person while interviewing, escorting, or providing other assistance.
- Keep interactions with sick people as brief as possible.
- Limit the number of people who interact with sick people. To the extent possible, have a single staff person or trustee give care and meals to the sick person.
- Avoid touching eyes, nose, and mouth.
- [Wash hands often with soap and water](#). If soap and water are not available and if hands are not visibly soiled, use a hand sanitizer containing 60%-95% alcohol.
- Provide tissues and access to soap and water and ask the sick persons to:
 - Cover their mouth and nose with a tissue (or facemask) when coughing or sneezing.
 - Throw away used tissues immediately in a disposable container (e.g., plastic bag) or a washable trash can.
 - Wash their hands often with soap and water for 20 seconds.

Personal protective equipment and instructions for staff

- Instruct staff who may have contact with people with symptoms of COVID-19 in the proper use, storage, and disposal of personal protective equipment (PPE). Wrong use or handling of PPE can increase the spread of disease.
- Wear impermeable, disposable gloves if staff need to have direct contact with sick people or potentially contaminated surfaces, rooms, or lavatories used by sick people. Instruct staff to wash their hands with soap and water or use an alcohol-based hand sanitizer after removing gloves. Discard used gloves in the trash and don't wash or save for reuse. Avoid touching their faces with gloved or unwashed hands.
- Wearing N-95 respirators or face masks is not generally recommended for custody staff for general work activities, but is recommended for healthcare or custody staff entering the room of a person diagnosed with or suspected to have COVID-19. Staff need annual fit testing to wear N-95 respirators.

Court Appearances

For persons under observation after COVID-19 exposure, and especially those with symptoms, the jurisdiction should make every attempt for arraignment and other court appearances to be held via teleconferencing. Place mask on asymptomatic patients in quarantine who go to court.

Clergy Visits, Lawyer Visits

Even when regular contact visitation ceases, other visits may continue. Attempt to conduct visits remotely; however, this may not always be possible. For example, persons in legal proceedings need access to counsel, which may necessitate a face-to-face visit. If a visit in person occurs, attempt to have in the room of an isolated or quarantined individual. If the person in custody has symptoms, they should wear a face mask during the visit. The visitor should be masked—with an N95 mask if plentiful, otherwise a standard facemask. Distance of 6 feet should be maintained.

Coordination with your jurisdiction's law enforcement (judges, prosecutors, etc.)

- Consider alternatives to incarceration, in order to keep stock population down (pre-arrest programs; diversionary courts pre-adjudication, community corrections/early parole).
- Consider measures other than housing persons in locked facilities (such as at-home electronic monitoring).
- Plan who could be released on their own recognizance if staffing shortages necessitate reduction in population size. Custody should consider prioritizing among those who could safely be released those who are older and those whom medical services identifies as vulnerable. Medical services can provide a list of names of individuals whose underlying medical conditions (e.g., diabetes, heart disease, etc.) increase their risk of poor outcomes. They can alert custody of these individuals, without disclosing protected health information--the nature of their underlying conditions.

Discharge Planning

Before discharging incarcerated or detained persons suspected of having COVID-19, medical staff and telemedicine providers should discuss the release of the patients with the state and local health departments to ensure safe transport and continued shelter and care of the patient and medical transportation of the patient upon arrival. Do not release persons to homeless shelters without notifying the shelter's staff so they can make preparation to continue isolation.

Additional recommendations

Personal protective equipment--

Instruct staff who may have contact with persons suspected of having COVID-19 in the proper storage, use, and disposal of PPE. Wrong use or handling of PPE can increase spread of disease.

Facility supplies--

Correctional facilities should ensure availability of conveniently located dispensers of alcohol-based hand sanitizer. Where sinks are available, ensure handwashing supplies (such as soap, disposable towels) are consistently available.

Correctional Facilities should carry a sufficient quantity of

- PPE, including facemasks, NIOSH-certified disposable N95 filtering facepiece respirators, eye protection such as goggles or disposable face shields that cover the front and sides of the face, and disposable medical gloves and gowns.
- medical supplies to meet day-to-day needs. Have contingency plans for rapid resupply during outbreaks.
- sterile viral transport media and sterile swabs to collect nasopharyngeal and nasal specimens if COVID-19 infection is suspected.

These optimal recommendations can be modified to reflect individual facility capabilities and characteristics.

Cleaning and Disinfection

At this time, in addition to routine cleaning and disinfection strategies, correctional facilities may consider more frequent cleaning of commonly touched surfaces such as handrails, countertops, and doorknobs. The primary mode of COVID-19 virus transmission is believed to be through respiratory droplets that are spread from an infected person through coughing or sneezing to a susceptible close contact within about 6 feet. Therefore, widespread disinfection is unlikely to be effective.

Cleaning when COVID-19 is suspected

Cleaning recommendations are based on existing [CDC infection control guidance](#) for preventing COVID-19 from spreading to others in homes.

Standard practice for pathogens spread by air (such as measles, tuberculosis) is to restrict people unprotected (for example, no respiratory protection) from entering a vacated room until sufficient time has elapsed for enough air changes to remove potentially infectious particles (more information on [clearance rates under differing ventilation conditions](#) is available).

We don't yet know how long COVID-19 remains infectious in the air.

In the interim, it is reasonable to apply a similar time period before entering the sick person's room without respiratory protection as used for other pathogens spread by air (for example, measles, tuberculosis). [Using measles as the example](#), restrict access for two hours after the sick person has left the room.

Clean surfaces infected by the respiratory secretions of a sick person suspected with COVID-19 (for example, in the sick person's living quarters or work area, and in isolation rooms).

Use disinfectant products against COVID-19 with Environmental Protection Agency (EPA)-approved emerging viral pathogens claims. These products can be identified by the following claim:

- [Product name] has demonstrated effectiveness against viruses similar to COVID-19 on hard non-porous surfaces. Therefore, this product can be used against COVID-19 when used in accordance with the directions for use against [name of supporting virus] on hard, non-porous surfaces.

More information about EPA-approved emerging viral pathogens claims can be found <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

If there are no available EPA-registered products with an approved emerging viral pathogen claim for COVID-19, use products with label claims against human coronaviruses according to label instructions.

This claim or a similar claim, will be made only through the following communications outlets: technical literature distributed exclusively to healthcare facilities, physicians, nurses, and public health officials, "1-800" consumer information services, social media sites and company websites (non-label related).

- Diluted household bleach solutions can be used if appropriate for the surface. Follow manufacturer's instructions for application and proper ventilation. 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

In addition to wearing disposable gloves during routine cleaning, wear disposable gowns when cleaning areas suspected to be contaminated by COVID-19. Wear PPE compatible with the disinfectant products being used and approved for use. [Remove carefully](#) gloves and gowns to avoid cross-contamination and the surrounding area.

Perform [hand hygiene](#) upon removing and disposing gloves by washing hands often with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains 60 to 95% alcohol.

Clean all “high-touch” surfaces in the sick person’s room (for example, counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, tablets, and bedside tables) according to instructions described for the above EPA-registered product. Wear disposable gloves and gowns during cleaning activities.

If visible contamination (for example, blood, respiratory secretions, or other body fluids) is present, the basic principles for blood or body substance spill management are outlined in the United States Occupational Safety and Health Administration (OSHA). CDC guidelines recommend removing bulk spill matter, cleaning the site, and then disinfecting the site with the above EPA-registered disinfectant. For soft (porous) surfaces, remove visible contamination if present, and wash according to the manufacturer’s instructions. Clean and disinfect unmovable materials with products mentioned above and allow to air dry.

When cleaning is completed, collect soiled textiles and linens in sturdy leak-proof containers; these can be laundered using conventional processes following your standard operating procedures. Laundering of items exposed to the novel coronavirus should be separate from general facility laundry. PPE should be removed and placed with other disposable items in sturdy, leak-proof (plastic) bags that are tied shut and not reopened. The bags of used PPE and disposable items can then be placed into the solid waste stream according to routine procedures. Follow your standard operating procedures for waste removal and treatment.

No additional cleaning is needed for the facilities supply-and-return ventilation registers or filtration systems.

No additional treatment of wastewater is needed.