Centers for Disease Control and Prevention

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Coronavirus Disease 2019 (COVID-19)

Interim Guidance on Management of C

Disease 2019 (COVID-19) in Correctiona Detention Facilities

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PowerPoint Presentation: Managing COVID-19 in Correctional and Detention Facilities

This interim guidance is based on what is currently known about the transmission and disease 2019 (COVID-19) as of the date of posting, March 23, 2020.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as n information becomes available. Please check the CDC website periodically for updated

This document provides interim guidance specific for correctional facilities and detentic outbreak of COVID-19, to ensure continuation of essential public services and protectio incarcerated and detained persons, staff, and visitors. Recommendations may need to information becomes available.

Who is the intended audience for this guidar

This document is intended to provide guiding principles for healthcare and non-healthcar and detention facilities (including but not limited to federal and state prisons, local jails, a enforcement agencies that have custodial authority for detained populations (i.e., US Imm Enforcement and US Marshals Service), and their respective health departments, to assist introduction, spread, and mitigation of COVID-19 in their facilities. In general, the docume correctional environments but can also be applied to civil and pre-trial detention settings.

This guidance will not necessarily address every possible custodial setting and may not us individual agencies' authorities or processes. **The guidance may need to be adapted bas physical space, staffing, population, operations, and other resources and conditions.** F their state, local, territorial, and/or tribal public health department if they need assistance addressing topics that are not specifically covered in this guidance.

Why is this guidance being issued?

Correctional and detention facilities can include custody, housing, education, recreation, h
workplace components in a single physical setting. The integration of these components p
control of COVID-19 transmission among incarcerated/detained persons, staff, and visitor
specific preparation, prevention, and management measures can help reduce the risk of t
from COVID-19.

- Incarcerated/detained persons live, work, eat, study, and recreate within congregate
potential for COVID-19 to spread once introduced.
- In most cases, incarcerated/detained persons are not permitted to leave the facility.
- There are many opportunities for COVID-19 to be introduced into a correctional or d
staff ingress and egress; transfer of incarcerated/detained persons between facilities
appearances, and to outside medical visits; and visits from family, legal representativ
members. Some settings, particularly jails and detention centers, have high turnover
who may have been exposed to COVID-19 in the surrounding community or other re
- Persons incarcerated/detained in a particular facility often come from a variety of loc
to introduce COVID-19 from different geographic areas.
- Options for medical isolation of COVID-19 cases are limited and vary depending on t
well as the current level of available capacity, which is partly based on medical isolati
- Adequate levels of custody and healthcare staffing must be maintained to ensure sa
options to practice social distancing through work alternatives such as working from
schedules are limited for many staff roles.
- Correctional and detention facilities can be complex, multi-employer settings that inc
employers. Each is organizationally distinct and responsible for its own operational, p
health protocols and may be prohibited from issuing guidance or providing services
within the same setting. Similarly, correctional and detention facilities may house inc
enforcement agencies or jurisdictions subject to different policies and procedures.
- Incarcerated/detained persons and staff may have medical conditions that increase
COVID-19.
- Because limited outside information is available to many incarcerated/detained pers
misinformation regarding the potential for COVID-19 spread may be high, potentially
challenges.
- The ability of incarcerated/detained persons to exercise disease prevention measure
may be limited and is determined by the supplies provided in the facility and by secu

facilities restrict access to soap and paper towels and prohibit alcohol-based hand sa
- Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical requirements and fear of isolation.

CDC has issued separate COVID-19 guidance addressing healthcare infection control and as well as close contacts of cases in community-based settings. Where relevant, communi are referenced in this document and should be monitored regularly for updates, but they correctional and detention settings.

This guidance document provides additional recommended best practices specifically for facilities. **At this time, different facility types (e.g., prison vs. jail) and sizes are not differ agencies should adapt these guiding principles to the specific needs of their facility.**

What topics does this guidance include?

The guidance below includes detailed recommendations on the following topics related to detention settings:

- Operational and communications preparations for COVID-19
- Enhanced cleaning/disinfecting and hygiene practices
- Social distancing strategies to increase space between individuals in the facility
- How to limit transmission from visitors
- Infection control, including recommended personal protective equipment (PPE) and PPE shortages
- Verbal screening and temperature check protocols for incoming incarcerated/detain
- Medical isolation of confirmed and suspected cases and quarantine of contacts, inclu cohorting when individual spaces are limited
- Healthcare evaluation for suspected cases, including testing for COVID-19
- Clinical care for confirmed and suspected cases
- Considerations for persons at higher risk of severe disease from COVID-19

Definitions of Commonly Used Terms

Close contact of a COVID-19 case – In the context of COVID-19, an individual is considere

been within approximately 6 feet of a COVID-19 case for a prolonged period of time or b) infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact ca with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definit Considerations when assessing close contact include the duration of exposure (e.g., longe exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likel does exposure to a severely ill patient).

Cohorting – Cohorting refers to the practice of isolating multiple laboratory-confirmed CC group, or quarantining close contacts of a particular case together as a group. Ideally, cas individually, and close contacts should be quarantined individually. However, some corre centers do not have enough individual cells to do so and must consider cohorting as an al Medical Isolation sections below for specific details about ways to implement cohorting tc spread and adverse health outcomes.

Community transmission of COVID-19 – Community transmission of COVID-19 occurs wl disease through contact with someone in their local community, rather than through trav community transmission is identified in a particular area, correctional facilities and deten start seeing cases inside their walls. Facilities should consult with local public health depa in determining how to define "local community" in the context of COVID-19 spread. Howe reported cases, all facilities should be vigilant for introduction into their populations.

Confirmed vs. Suspected COVID-19 case – A **confirmed case** has received a positive resu test, with or without symptoms. A **suspected case** shows symptoms of COVID-19 but eith awaiting test results. If test results are positive, a suspected case becomes a confirmed ca

Incarcerated/detained persons – For the purpose of this document, "incarcerated/detain held in a prison, jail, detention center, or other custodial setting where these guidelines a includes those who have been sentenced (i.e., in prisons) as well as those held for pre-tria detention centers). Although this guidance does not specifically reference individuals in e (e.g., juvenile facilities, community confinement facilities), facility administrators can adap specific circumstances as needed.

Medical Isolation – Medical isolation refers to confining a confirmed or suspected COVID- with solid walls and a solid door that closes), to prevent contact with others and to reduce Medical isolation ends when the individual meets pre-established clinical and/or testing c in consultation with clinical providers and public health officials (detailed in guidance belc does NOT refer to punitive isolation for behavioral infractions within the custodial setting

term “medical isolation” to avoid confusion.

Quarantine – Quarantine refers to the practice of confining individuals who have had clos to determine whether they develop symptoms of the disease. Quarantine for COVID-19 sl days. Ideally, each quarantined individual would be quarantined in a single cell with solid closes. If symptoms develop during the 14-day period, the individual should be placed un evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted to their previous residency status within the facility.

Social Distancing – Social distancing is the practice of increasing the space between indivi frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least even those who are asymptomatic). Social distancing strategies can be applied on an indiv physical contact), a group level (e.g., canceling group activities where individuals will be in operational level (e.g., rearranging chairs in the dining hall to increase distance between t is challenging to practice in correctional and detention environments, it is a cornerstone c respiratory diseases such as COVID-19. Additional information about social distancing, inc reduce the spread of other viral illnesses, is available in this CDC publication .

Staff – In this document, “staff” refers to all public sector employees as well as those work within a correctional facility (e.g., private healthcare or food service). Except where noted, between healthcare, custody, and other types of staff including private facility operators.

Symptoms – Symptoms of COVID-19 include fever, cough, and shortness of breath. Like c COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory f COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical c individuals and populations most at risk for disease and complications are not yet fully ur website for updates on these topics.

Facilities with Limited Onsite Healthcare Ser

Although many large facilities such as prisons and some jails usually employ onsite health to evaluate incarcerated/detained persons for potential illness within a dedicated healthc facilities do not. Some of these facilities have access to on-call healthcare staff or provider days. Others have neither onsite healthcare capacity nor onsite medical isolation/quarant patients to other correctional or detention facilities or local hospitals for evaluation and c

The majority of the guidance below is designed to be applied to any correctional or deten

with modifications based on a facility's individual structure and resources. However, topic evaluation and clinical care of confirmed and suspected COVID-19 cases and their close c facilities with limited or no onsite healthcare services. It will be especially important for th coordinate closely with their state, local, tribal, and/or territorial health department when suspected cases among incarcerated/detained persons or staff, in order to ensure effecti quarantine, necessary medical evaluation and care, and medical transfer if needed. The g strategies tailored to facilities without onsite healthcare where possible.

Note that all staff in any sized facility, regardless of the presence of onsite healthcare serv on recommended PPE in order to ensure their own safety when interacting with confirme cases. Facilities should make contingency plans for the likely event of PPE shortages durir

COVID-19 Guidance for Correctional Facilities

Guidance for correctional and detention facilities is organized into 3 sections: Operationa Management of COVID-19. Recommendations across these sections can be applied simul progress of the outbreak in a particular facility and the surrounding community.

- Operational Preparedness. This guidance is intended to help facilities prepare for p in the facility. Strategies focus on operational and communications planning and per
- Prevention. This guidance is intended to help facilities prevent spread of COVID-19 inside. Strategies focus on reinforcing hygiene practices, intensifying cleaning and di screening (new intakes, visitors, and staff), continued communication with incarcerat and social distancing measures (increasing distance between individuals).
- Management. This guidance is intended to help facilities clinically manage confirme inside the facility and prevent further transmission. Strategies include medical isolati incarcerated/detained persons with symptoms (including considerations for cohortir contacts, restricting movement in and out of the facility, infection control practices f cases and quarantined contacts or contaminated items, intensified social distancing, areas visited by cases.

Operational Preparedness

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the faci COVID-19 and how to respond if they develop symptoms. Other essential actions include for reduced workforces due to absences, coordinating with public health and correctional

clearly with staff and incarcerated/detained persons about these preparations and how th
life.

Communication & Coordination

- **Develop information-sharing systems with partners.**
  - Identify points of contact in relevant state, local, tribal, and/or territorial public l cases develop. Actively engage with the health department to understand in ad jurisdiction to implement public health control measures for COVID-19 in a part facility.
  - Create and test communications plans to disseminate critical information to inc staff, contractors, vendors, and visitors as the pandemic progresses.
  - Communicate with other correctional facilities in the same geographic area to s disease surveillance and absenteeism patterns among staff.
  - Where possible, put plans in place with other jurisdictions to prevent confirmec and their close contacts from being transferred between jurisdictions and facilit medical evaluation, medical isolation/quarantine, clinical care, extenuating secu overcrowding.
  - Stay informed about updates to CDC guidance via the CDC COVID-19 website as known.
- **Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVII**
  - Ensure that physical locations (dedicated housing areas and bathrooms) have b confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and contacts of cases. (Medical isolation and quarantine locations should be separa contingencies for multiple locations if numerous cases and/or contacts are ider isolation or quarantine simultaneously. See Medical Isolation and Quarantine s regarding individual medical isolation and quarantine locations (preferred) vs. c
  - Facilities without onsite healthcare capacity should make a plan for how they w COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided ne
  - Make a list of possible social distancing strategies that could be implemented a transmission intensity.
  - Designate officials who will be authorized to make decisions about escalating o as the epidemiologic context changes.
- **Coordinate with local law enforcement and court officials.**

  - Identify lawful alternatives to in-person court appearances, such as virtual cour to reduce the risk of COVID-19 transmission.
  - Explore strategies to prevent over-crowding of correctional and detention facilit outbreak.
- Post signage throughout the facility communicating the following:
  - **For all:** symptoms of COVID-19 and hand hygiene instructions
  - **For incarcerated/detained persons**: report symptoms to staff
  - **For staff**: stay at home when sick; if symptoms develop while on duty, leave the follow CDC-recommended steps for persons who are ill with COVID-19 symptor home, contacting their healthcare provider as soon as possible to determine wl evaluated and tested, and contacting their supervisor.
  - Ensure that signage is understandable for non-English speaking persons and th necessary accommodations for those with cognitive or intellectual disabilities a low-vision.

Personnel Practices

- **Review the sick leave policies of each employer that operates in the facility.**
  - Review policies to ensure that they actively encourage staff to stay home when
  - If these policies do not encourage staff to stay home when sick, discuss with the
  - Determine which officials will have the authority to send symptomatic staff hon

- **Identify staff whose duties would allow them to work from home.** Where possible, home can be an effective social distancing strategy to reduce the risk of COVID-19 tra
  - Discuss work from home options with these staff and determine whether they l technological equipment required to do so.
  - Put systems in place to implement work from home programs (e.g., time trackir

- **Plan for staff absences.** Staff should stay home when they are sick, or they may nee household member or care for children in the event of school and childcare dismissa
  - Allow staff to work from home when possible, within the scope of their duties.
  - Identify critical job functions and plan for alternative coverage by cross-training
  - Determine minimum levels of staff in all categories required for the facility to fu develop a plan to secure additional staff if absenteeism due to COVID-19 threat

minimum levels.

  - Consider increasing keep on person (KOP) medication orders to cover 30 days i shortages.

- **Consider offering revised duties to staff who are at** higher risk of severe illness wi risk may include older adults and persons of any age with serious underlying medica disease, heart disease, and diabetes. See CDC's website for a complete list, and chec data become available to inform this issue.
  - Facility administrators should consult with their occupational health providers t be allowable to reassign duties for specific staff members to reduce their likelih
- **Offer the seasonal influenza vaccine to all incarcerated/detained persons (existin and staff throughout the influenza season.** Symptoms of COVID-19 are similar to th influenza cases in a facility can speed the detection of COVID-19 cases and reduce pr resources.

- **Reference the** Occupational Safety and Health Administration website **for rec worker health.**

- **Review CDC's** guidance for businesses and employers to identify any additional str within its role as an employer.

Operations & Supplies

- **Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and med the healthcare capabilities of the facility) are on hand and available, and have a pl needed if COVID-19 transmission occurs within the facility.**
  - Standard medical supplies for daily clinic needs
  - Tissues
  - Liquid soap when possible. If bar soap must be used, ensure that it does not irr discourage frequent hand washing.
  - Hand drying supplies
  - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissibl
  - Cleaning supplies, including EPA-registered disinfectants effective against the vi
  - Recommended PPE (facemasks, N95 respirators, eye protection, disposable me gowns/one-piece coveralls). See PPE section and Table 1 for more detailed infor

recommendations for extending the life of all PPE categories in the event of sho
are acceptable alternatives to N95s. Visit CDC's website for a calculator to help
  - Sterile viral transport media and sterile swabs to collect respiratory specimens i

- **Make contingency plans for the probable event of PPE shortages during the COVI non-healthcare workers.**
  - See CDC guidance optimizing PPE supplies.

- **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the sec concerns allow.** If soap and water are not available, CDC recommends cleaning han sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individua hand hygiene while on duty.
- **Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to a** (See Hygiene section below for additional detail regarding recommended frequency
  - Provide liquid soap where possible. If bar soap must be used, ensure that it doe thereby discourage frequent hand washing.

- **If not already in place, employers operating within the facility should establish a r as appropriate, to ensure that staff and incarcerated/detained persons are fit test protection they will need within the scope of their responsibilities.**
- **Ensure that staff and incarcerated/detained persons are trained to correctly don, they will need to use within the scope of their responsibilities.** See Table 1 for reco incarcerated/detained persons and staff with varying levels of contact with COVID-19

Prevention

Cases of COVID-19 have been documented in all 50 US states. Correctional and detention introduction of COVID-19 from the community and reduce transmission if it is already ins practices among incarcerated/detained persons, staff, and visitors (including increasing a intensifying cleaning/disinfection practices, and implementing social distancing strategies

Because many individuals infected with COVID-19 do not display symptoms, the virus cou cases are identified. Both good hygiene practices and social distancing are critical in preve

Operations

- **Stay in communication with partners about your facility's current situation.**
  - State, local, territorial, and/or tribal health departments
  - Other correctional facilities
- **Communicate with the public about any changes to facility operations, including v**
- **Restrict transfers of incarcerated/detained persons to and from other jurisdiction necessary for medical evaluation, medical isolation/quarantine, clinical care, exte to prevent overcrowding.**
  - Strongly consider postponing non-urgent outside medical visits.
  - If a transfer is absolutely necessary, perform verbal screening and a temperatu Screening section below, before the individual leaves the facility. If an individua process, delay the transfer and follow the protocol for a suspected COVID-19 ca mask on the individual, immediately placing them under medical isolation, and COVID-19 testing. If the transfer must still occur, ensure that the receiving facilit isolate the individual upon arrival. Ensure that staff transporting the individual v Table 1) and that the transport vehicle is cleaned thoroughly after transport.
- **Implement lawful alternatives to in-person court appearances where permissible.**
- **Where relevant, consider suspending co-pays for incarcerated/detained persons s respiratory symptoms.**
- **Limit the number of operational entrances and exits to the facility.**

Cleaning and Disinfecting Practices

- **Even if COVID-19 cases have not yet been identified inside the facility or in the sur implementing intensified cleaning and disinfecting procedures according to the re measures may prevent spread of COVID-19 if introduced.**
- **Adhere to CDC recommendations for cleaning and disinfection during the COVID-** recommendations for updates.
  - Several times per day, clean and disinfect surfaces and objects that are frequen common areas. Such surfaces may include objects/surfaces not ordinarily clear switches, sink handles, countertops, toilets, toilet handles, recreation equipmer
  - Staff should clean shared equipment several times per day and on a conclusion service weapons, keys, handcuffs).
  - Use household cleaners and EPA-registered disinfectants effective against the v as appropriate for the surface, following label instructions. This may require lift

disinfectants.

  - Labels contain instructions for safe and effective use of the cleaning product, in be taken when applying the product, such as wearing gloves and making sure tl use.

- Consider increasing the number of staff and/or incarcerated/detained persons tra cleaning common areas to ensure continual cleaning of these areas throughout tl
- Ensure adequate supplies to support intensified cleaning and disinfection practic restock rapidly if needed.

Hygiene

- Reinforce healthy hygiene practices, and provide and continually restock hygiene facility, including in bathrooms, food preparation and dining areas, intake areas, v visitation rooms and waiting rooms, common areas, medical, and staff-restricted
- Encourage all persons in the facility to take the following actions to protect thems COVID-19. Post signage throughout the facility, and communicate this informatio Sample signage and other communications materials are available on the CDC we be understood by non-English speakers and those with low literacy, and make neces with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.
  - Practice good cough etiquette: Cover your mouth and nose with your elbow (o than with your hand when you cough or sneeze, and throw all tissues in the tra
  - Practice good hand hygiene: Regularly wash your hands with soap and water f after coughing, sneezing, or blowing your nose; after using the bathroom; befor before taking medication; and after touching garbage.
  - Avoid touching your eyes, nose, or mouth without cleaning your hands first.
  - Avoid sharing eating utensils, dishes, and cups.
  - Avoid non-essential physical contact.

- Provide incarcerated/detained persons and staff no-cost access to:
  - Soap – Provide liquid soap where possible. If bar soap must be used, ensure th this would discourage frequent hand washing.
  - Running water, and hand drying machines or disposable paper towels for ha
  - Tissues and no-touch trash receptacles for disposal
- Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible

Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.

- **Communicate that sharing drugs and drug preparation equipment can spread CC contamination of shared items and close contact between individuals.**

Prevention Practices for Incarcerated/Detained Per

- **Perform pre-intake screening and temperature checks for all new entrants. Scree sallyport, before beginning the intake process**, in order to identify and immediatel symptoms under medical isolation. See Screening section below for the wording of s recommended procedure to safely perform a temperature check. Staff performing t recommended PPE (see PPE section below).
  - **If an individual has symptoms of COVID-19** (fever, cough, shortness of breath)
    - Require the individual to wear a face mask.
    - Ensure that staff who have direct contact with the symptomatic individual
    - Place the individual under medical isolation (ideally in a room near the scr transporting the ill individual through the facility), and refer to healthcare s Infection Control and Clinical Care sections below.)
    - Facilities without onsite healthcare staff should contact their state, local, tr department to coordinate effective medical isolation and necessary medic
  - **If an individual is a close contact of a known COVID-19 case (but has no COVI**
    - Quarantine the individual and monitor for symptoms two times per day fo Quarantine section below.)
    - Facilities without onsite healthcare staff should contact their state, local, tr department to coordinate effective quarantine and necessary medical car
- **Implement social distancing** strategies to increase the physical space between incar (ideally 6 feet between all individuals, regardless of the presence of symptoms). Strat the individual space in the facility and the needs of the population and staff. Not all s facilities. Example strategies with varying levels of intensity include:
  - **Common areas:**
    - Enforce increased space between individuals in holding cells, as well as in intake (e.g., remove every other chair in a waiting area)
  - **Recreation:**
    - Choose recreation spaces where individuals can spread out
    - Stagger time in recreation spaces

        - Restrict recreation space usage to a single housing unit per space (where feasible)
    - Meals:
        - Stagger meals
        - Rearrange seating in the dining hall so that there is more space between ir other chair and use only one side of the table)
        - Provide meals inside housing units or cells
    - Group activities:
        - Limit the size of group activities
        - Increase space between individuals during group activities
        - Suspend group programs where participants are likely to be in closer cont housing environment
        - Consider alternatives to existing group activities, in outdoor areas or other spread out
    - Housing:
        - If space allows, reassign bunks to provide more space between individuals directions. (Ensure that bunks are cleaned thoroughly if assigned to a new
        - Arrange bunks so that individuals sleep head to foot to increase the distan
        - Rearrange scheduled movements to minimize mixing of individuals from c
    - Medical:
        - If possible, designate a room near each housing unit to evaluate individual rather than having them walk through the facility to be evaluated in the m consider staggering sick call.
        - Designate a room near the intake area to evaluate new entrants who are f process for COVID-19 symptoms or case contact, before they move to othe
- Communicate clearly and frequently with incarcerated/detained persons about cl and how they can contribute to risk reduction.
- Note that if group activities are discontinued, it will be important to identify alterr support the mental health of incarcerated/detained persons.
- Consider suspending work release programs and other programs that involve mo incarcerated/detained individuals in and out of the facility.

- **Provide up-to-date information about COVID-19 to incarcerated/detained person**
  - Symptoms of COVID-19 and its health risks
  - Reminders to report COVID-19 symptoms to staff at the first sign of illness
- **Consider having healthcare staff perform rounds on a regular basis to answer qu**

Prevention Practices for Staff

- **Remind staff to stay at home if they are sick.** Ensure that staff are aware that they v facility if they have symptoms of COVID-19, and that they will be expected to leave th they develop symptoms while on duty.
- **Perform verbal screening (for COVID-19 symptoms and close contact with cases) a staff daily on entry.** See Screening section below for wording of screening questions procedure to safely perform temperature checks.
  - In very small facilities with only a few staff, consider self-monitoring or virtual m central authority via phone).
  - Send staff home who do not clear the screening process, and advise them to fo for persons who are ill with COVID-19 symptoms.
- **Provide staff with up-to-date information about COVID-19 and about facility polici including:**
  - Symptoms of COVID-19 and its health risks
  - Employers' sick leave policy
  - **If staff develop a fever, cough, or shortness of breath while at work**: immedia supervisor, leave the facility, and follow CDC-recommended steps for persons w symptoms.
  - **If staff test positive for COVID-19:** inform workplace and personal contacts imr work until a decision to discontinue home medical isolation precautions is mad discontinuing home isolation regularly as circumstances evolve rapidly.
  - **If a staff member is identified as a close contact of a COVID-19 case (either w community):** self-quarantine at home for 14 days and return to work if sympto do develop, follow CDC-recommended steps for persons who are ill with COVID
- **If a staff member has a confirmed COVID-19 infection, the relevant employers sh their possible exposure to COVID-19 in the workplace, but should maintain confid Americans with Disabilities Act.**
  - Employees who are close contacts of the case should then self-monitor for sym

shortness of breath).

- **When feasible and consistent with security priorities, encourage staff to maintain from an individual with respiratory symptoms while interviewing, escorting, or int**
- **Ask staff to keep interactions with individuals with respiratory symptoms as brief**

Prevention Practices for Visitors

- **If possible, communicate with potential visitors to discourage contact visits in the and the health of their family members and friends inside the facility.**
- **Perform verbal screening (for COVID-19 symptoms and close contact with cases) visitors and volunteers on entry.** See Screening section below for wording of screer recommended procedure to safely perform temperature checks.
  - Staff performing temperature checks should wear recommended PPE.
  - Exclude visitors and volunteers who do not clear the screening process or who
- **Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrance**
- **Provide visitors and volunteers with information to prepare them for screening.**
  - Instruct visitors to postpone their visit if they have symptoms of respiratory illn
  - If possible, inform potential visitors and volunteers before they travel to the fac be screened for COVID-19 (including a temperature check), and will be unable t clear the screening process or if they decline screening.
  - Display signage outside visiting areas explaining the COVID-19 screening and te Ensure that materials are understandable for non-English speakers and those v
- **Promote non-contact visits:**
  - Encourage incarcerated/detained persons to limit contact visits in the interest c health of their visitors.
  - Consider reducing or temporarily eliminating the cost of phone calls for incarce
  - Consider increasing incarcerated/detained persons' telephone privileges to pro exposure from direct contact with community visitors.
- **Consider suspending or modifying visitation programs, if legally permissible. For virtual visitation options where available.**
  - If moving to virtual visitation, clean electronic surfaces regularly. (See Cleaning on cleaning electronic surfaces.)
  - Inform potential visitors of changes to, or suspension of, visitation programs.

- Clearly communicate any visitation program changes to incarcerated/detained for them (including protecting their health and their family and community mer
- If suspending contact visits, provide alternate means (e.g., phone or video visita individuals to engage with legal representatives, clergy, and other individuals w to consult.

NOTE: Suspending visitation would be done in the interest of incarcerated/detained persc health of the general public. However, visitation is important to maintain mental health. If facilities should explore alternative ways for incarcerated/detained persons to communic and other visitors in a way that is not financially burdensome for them. See above sugges visits.

- **Restrict non-essential vendors, volunteers, and tours from entering the facility.**

Management

If there has been a suspected COVID-19 case inside the facility (among incarcerated/detai who have recently been inside), begin implementing Management strategies while test re Management strategies include placing cases and individuals with symptoms under medi close contacts, and facilitating necessary medical care, while observing relevant infection disinfection protocols and wearing recommended PPE.

Operations

- **Implement alternate work arrangements deemed feasible in the** Operational Prep
- **Suspend all transfers of incarcerated/detained persons to and from other jurisdic work release where relevant), unless necessary for medical evaluation, medical is extenuating security concerns, or to prevent overcrowding.**
  - If a transfer is absolutely necessary, perform verbal screening and a temperatu Screening section below, before the individual leaves the facility. If an individua process, delay the transfer and follow the protocol for a suspected COVID-19 ca mask on the individual, immediately placing them under medical isolation, and COVID-19 testing. If the transfer must still occur, ensure that the receiving facilit isolate the individual upon arrival. Ensure that staff transporting the individual Table 1) and that the transport vehicle is cleaned thoroughly after transport.
- **If possible, consider quarantining all new intakes for 14 days before they enter th**

(SEPARATELY from other individuals who are quarantined due to contact with a C
this document, this practice is referred to as **routine intake quarantine.**

- **When possible, arrange lawful alternatives to in-person court appearances.**
- **Incorporate screening for COVID-19 symptoms and a temperature check into rele**
  - Screen all releasing individuals for COVID-19 symptoms and perform a tempera Screening section below.)
    - If an individual does not clear the screening process, follow the protocol fc including putting a face mask on the individual, immediately placing them evaluating them for possible COVID-19 testing.
    - If the individual is released before the recommended medical isolation pe of the individual with state, local, tribal, and/or territorial health departme transport and continued shelter and medical care, as part of release plann community resources to ensure proper medical isolation and access to me
    - Before releasing an incarcerated/detained individual with COVID-19 sympt facility, such as a homeless shelter, contact the facility's staff to ensure ade to continue medical isolation, or contact local public health to explore alte
- Coordinate with state, local, tribal, and/or territorial health departments.
  - When a COVID-19 case is suspected, work with public health to determine actio below.
  - When a COVID-19 case is suspected or confirmed, work with public health to id be placed under quarantine. See Quarantine section below.
  - Facilities with limited onsite medical isolation, quarantine, and/or healthcare se with state, local, tribal, and/or territorial health departments when they encoun case, in order to ensure effective medical isolation or quarantine, necessary me medical transfer if needed. See Facilities with Limited Onsite Healthcare Service

Hygiene

- **Continue to ensure that hand hygiene supplies are well-stocked in all areas of the**
- **Continue to emphasize practicing good hand hygiene and cough etiquette.** (See al

Cleaning and Disinfecting Practices

- **Continue adhering to recommended cleaning and disinfection procedures for the**

- Reference specific cleaning and disinfection procedures for areas where a COVID- (below).

Medical Isolation of Confirmed or Suspected COVID

NOTE: Some recommendations below apply primarily to facilities with onsite healthcar onsite healthcare capacity, or without sufficient space to implement effective medical i with local public health officials to ensure that COVID-19 cases will be appropriately isc indicated), and given care.

- As soon as an individual develops symptoms of COVID-19, they should wear a fac breathing) and should be immediately placed under medical isolation in a separa individuals.
- Keep the individual's movement outside the medical isolation space to an absolut
  - Provide medical care to cases inside the medical isolation space. See Infection C Care sections for additional details.
  - Serve meals to cases inside the medical isolation space.
  - Exclude the individual from all group activities.
  - Assign the isolated individual a dedicated bathroom when possible.
- Ensure that the individual is wearing a face mask at all times when outside of the whenever another individual enters. Provide clean masks as needed. Masks should when visibly soiled or wet.
- Facilities should make every possible effort to place suspected and confirmed CO isolation individually. Each isolated individual should be assigned their own housi possible. Cohorting should only be practiced if there are no other available options.
  - If cohorting is necessary:
    - Only individuals who are laboratory confirmed COVID-19 cases should b isolation as a cohort. Do not cohort confirmed cases with suspected cas
    - Unless no other options exist, do not house COVID-19 cases with individua respiratory infection.
    - Ensure that cohorted cases wear face masks at all times.
  - In order of preference, individuals under medical isolation should be housed
    - Separately, in single cells with solid walls (i.e., not bars) and solid doors tha
    - Separately, in single cells with solid walls but without solid doors

- As a cohort, in a large, well-ventilated cell with solid walls and a solid door distancing strategies related to housing in the Prevention section above.
- As a cohort, in a large, well-ventilated cell with solid walls but without a sol distancing strategies related to housing in the Prevention section above.
- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclc preferably with an empty cell between occupied cells. (Although individual scenario, the airflow between cells essentially makes it a cohort arrangem
- As a cohort, in multi-person cells without solid walls or solid doors (i.e., cel preferably with an empty cell between occupied cells. Employ social distan housing in the Prevention section above.
- Safely transfer individual(s) to another facility with available medical isolati arrangements
  (NOTE – Transfer should be avoided due to the potential to introduce infec only if no other options are available.)

If the ideal choice does not exist in a facility, use the next best alternative.

- **If the number of confirmed cases exceeds the number of individual medical isolat facility, be especially mindful of** cases who are at higher risk of severe illness from not be cohorted with other infected individuals. If cohorting is unavoidable, make all prevent transmission of other infectious diseases to the higher-risk individual. (For e a higher-risk individual within a shared medical isolation space.)
  - Persons at higher risk may include older adults and persons of any age with ser conditions such as lung disease, heart disease, and diabetes. See CDC's website regularly for updates as more data become available to inform this issue.
  - Note that incarcerated/detained populations have higher prevalence of infectio in poorer health than the general population, even at younger ages.
- **Custody staff should be designated to monitor these individuals exclusively wher** wear recommended PPE as appropriate for their level of contact with the individual PPE section below) and should limit their own movement between different parts of possible.
- **Minimize transfer of COVID-19 cases between spaces within the healthcare unit.**
- **Provide individuals under medical isolation with tissues and, if permissible, a line** Instruct them to:
  - **Cover** their mouth and nose with a tissue when they cough or sneeze

- **Dispose** of used tissues immediately in the lined trash receptacle
- **Wash hands** immediately with soap and water for at least 20 seconds. If soap a clean hands with an alcohol-based hand sanitizer that contains at least 60% alc permit). Ensure that hand washing supplies are continually restocked.

- **Maintain medical isolation until all the following criteria have been met. Monitor t these criteria.**
  - **For individuals who will be tested to determine if they are still contagious:**
    - The individual has been free from fever for at least 72 hours without the u medications **AND**
    - The individual's other symptoms have improved (e.g., cough, shortness of
    - The individual has tested negative in at least two consecutive respiratory s hours apart
  - **For individuals who will NOT be tested to determine if they are still contagiou**
    - The individual has been free from fever for at least 72 hours without the u medications **AND**
    - The individual's other symptoms have improved (e.g., cough, shortness of
    - At least 10 days have passed since the first symptoms appeared
  - **For individuals who had a confirmed positive COVID-19 test but never showe**
    - At least 10 days have passed since the date of the individual's first positive
    - The individual has had no subsequent illness
- **Restrict cases from leaving the facility while under medical isolation precautions, or if a transfer is necessary for medical care, infection control, lack of medical isol security concerns.**
  - If an incarcerated/detained individual who is a COVID-19 case is released from isolation period, contact public health to arrange for safe transport and continu and medical isolation as part of release planning.

Cleaning Spaces where COVID-19 Cases Spent Time

- **Thoroughly clean and disinfect all areas where the confirmed or suspected COVID these protocols apply to suspected cases as well as confirmed cases, to ensure ac event that the suspected case does, in fact, have COVID-19. Refer to the Definitior between confirmed and suspected cases.**
  - Close off areas used by the infected individual. If possible, open outside doors a

circulation in the area. Wait as long as practical, up to 24 hours under the poore (consult CDC Guidelines for Environmental Infection Control in Health-Care Faci different ventilation conditions), before beginning to clean and disinfect, to min respiratory droplets.

- Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used b focusing especially on frequently touched surfaces (see list above in Prevention

- **Hard (non-porous) surface cleaning and disinfection**
  - If surfaces are dirty, they should be cleaned using a detergent or soap and wate
  - For disinfection, most common EPA-registered household disinfectants should products based on security requirements within the facility.
    - Consult a list of products that are EPA-approved for use against the virus t the manufacturer's instructions for all cleaning and disinfection products (method and contact time, etc.).
    - Diluted household bleach solutions can be used if appropriate for the surf instructions for application and proper ventilation, and check to ensure th expiration date. Never mix household bleach with ammonia or any other c bleach will be effective against coronaviruses when properly diluted. Bleac disinfection up to 24 hours.
    - Prepare a bleach solution by mixing:
      - 5 tablespoons (1/3rd cup) bleach per gallon of water or
      - 4 teaspoons bleach per quart of water
- **Soft (porous) surface cleaning and disinfection**
  - For soft (porous) surfaces such as carpeted floors and rugs, remove visible cont with appropriate cleaners indicated for use on these surfaces. After cleaning:
    - If the items can be laundered, launder items in accordance with the manu warmest appropriate water setting for the items and then dry items comp
    - Otherwise, use products that are EPA-approved for use against the virus th suitable for porous surfaces.
- **Electronics cleaning and disinfection**
  - For electronics such as tablets, touch screens, keyboards, and remote controls, present.
    - Follow the manufacturer's instructions for all cleaning and disinfection pro
    - Consider use of wipeable covers for electronics.
    - If no manufacturer guidance is available, consider the use of alcohol-base

least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to av

Additional information on cleaning and disinfection of communal facilities such can be fo

- **Ensure that staff and incarcerated/detained persons performing cleaning wear re** PPE section below.)
- **Food service items.** Cases under medical isolation should throw disposable food se medical isolation room. Non-disposable food service items should be handled with g water or in a dishwasher. Individuals handling used food service items should clean gloves.
- Laundry from a COVID-19 cases **can be washed with other individuals' laundry.**
  - Individuals handling laundry from COVID-19 cases should wear disposable glov clean their hands after.
  - Do not shake dirty laundry. This will minimize the possibility of dispersing virus
  - Launder items as appropriate in accordance with the manufacturer's instructio using the warmest appropriate water setting for the items and dry items compl
  - Clean and disinfect clothes hampers according to guidance above for surfaces. bag liner that is either disposable or can be laundered.
- **Consult** cleaning recommendations above **to ensure that transport vehicles are t carrying a confirmed or suspected COVID-19 case.**

Quarantining Close Contacts of COVID-19 Cases

NOTE: Some recommendations below apply primarily to facilities with onsite healthca onsite healthcare capacity**, or without sufficient space to implement effective quaranti local public health officials to ensure that close contacts of COVID-19 cases will be effe medically monitored.**

- **Incarcerated/detained persons who are close contacts of a** confirmed or suspecte **case is another incarcerated/detained person, staff member, or visitor) should be 14 days (see** CDC guidelines**).**
  - If an individual is quarantined due to contact with a suspected case who is subs and receives a negative result, the quarantined individual should be released fr
- **In the context of COVID-19, an individual (incarcerated/detained person or staff) i they:**

  - Have been within approximately 6 feet of a COVID-19 case for a prolonged peri
  - Have had direct contact with infectious secretions of a COVID-19 case (e.g., have

Close contact can occur while caring for, living with, visiting, or sharing a common space w
inform the definition of close contact are limited. Considerations when assessing close co
exposure (e.g., longer exposure time likely increases exposure risk) and the clinical sympt
COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill p

- **Keep a quarantined individual's movement outside the quarantine space to an ab**
  - Provide medical evaluation and care inside or near the quarantine space when
  - Serve meals inside the quarantine space.
  - Exclude the quarantined individual from all group activities.
  - Assign the quarantined individual a dedicated bathroom when possible.
- **Facilities should make every possible effort to quarantine close contacts of COVID**
  Cohorting multiple quarantined close contacts of a COVID-19 case could transmit CC
  infected to those who are uninfected. Cohorting should only be practiced if there are
  - If cohorting of close contacts under quarantine is absolutely necessary, sympto
    monitored closely, and individuals with symptoms of COVID-19 should be place
  - If an entire housing unit is under quarantine due to contact with a case from th
    housing unit may need to be treated as a cohort and quarantine in place.
  - Some facilities may choose to quarantine all new intakes for 14 days before mo
    general population as a general rule (not because they were exposed to a COVI
    avoid mixing individuals quarantined due to exposure to a COVID-19 case with
    intake quarantine.
  - If at all possible, do not add more individuals to an existing quarantine cohort a
    has started.
- **If the number of quarantined individuals exceeds the number of individual quara**
  facility, be especially mindful of those who are at higher risk of severe illness from
  not be cohorted with other quarantined individuals. If cohorting is unavoidable, mak
  to reduce exposure risk for the higher-risk individuals. (For example, intensify social
  risk individuals.)
- **In order of preference, multiple quarantined individuals should be housed:**
  - Separately, in single cells with solid walls (i.e., not bars) and solid doors that clos
  - Separately, in single cells with solid walls but without solid doors

  - As a cohort, in a large, well-ventilated cell with solid walls, a solid door that clos personal space assigned to each individual in all directions
  - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of p individual in all directions, but without a solid door
  - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed e with an empty cell between occupied cells creating at least 6 feet of space betw individuals are in single cells in this scenario, the airflow between cells essential arrangement in the context of COVID-19.)
  - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells en preferably with an empty cell between occupied cells. Employ social distancing the Prevention section to maintain at least 6 feet of space between individuals l
  - As a cohort, in individuals' regularly assigned housing unit but with no moveme housing unit has been exposed). Employ social distancing strategies related to l section above to maintain at least 6 feet of space between individuals.
  - Safely transfer to another facility with capacity to quarantine in one of the abov (NOTE – Transfer should be avoided due to the potential to introduce infection if no other options are available.)
- **Quarantined individuals should wear face masks if feasible based on local supply, following circumstances** (see PPE section and Table 1)**:**
  - If cohorted, quarantined individuals should wear face masks at all times (to pre to uninfected individuals).
  - If quarantined separately, individuals should wear face masks whenever a non- the quarantine space.
  - All quarantined individuals should wear a face mask if they must leave the quar
  - Asymptomatic individuals under routine intake quarantine (with no known exp not need to wear face masks.
- **Staff who have close contact with quarantined individuals should wear recommer local supply, feasibility, and safety within the scope of their duties** (see PPE sectior
  - Staff supervising asymptomatic incarcerated/detained persons under routine ir exposure to a COVID-19 case) do not need to wear PPE.
- **Quarantined individuals should be monitored for COVID-19 symptoms twice per c checks.**
  - If an individual develops symptoms, they should be moved to medical isolation evaluated. (See Medical Isolation section above.)

  - See Screening section for a procedure to perform temperature checks safely or COVID-19 cases.
- **If an individual who is part of a quarantined cohort becomes symptomatic:**
  - **If the individual is tested for COVID-19 and tests positive:** the 14-day quaranti the cohort must be reset to 0.
  - **If the individual is tested for COVID-19 and tests negative:** the 14-day quarant the remainder of the cohort does not need to be reset. This individual can retur quarantined cohort for the remainder of the quarantine period.
  - **If the individual is not tested for COVID-19:** the 14-day quarantine clock for the be reset to 0.
- **Restrict quarantined individuals from leaving the facility (including transfers to ot quarantine period, unless released from custody or a transfer is necessary for me lack of quarantine space, or extenuating security concerns.**
- **Quarantined individuals can be released from quarantine restrictions if they have during the 14-day quarantine period.**
- **Meals should be provided to quarantined individuals in their quarantine spaces.** I should throw disposable food service items in the trash. Non-disposable food servic gloves and washed with hot water or in a dishwasher. Individuals handling used foo their hands after removing gloves.
- **Laundry from quarantined individuals can be washed with other individuals' laun**
  - Individuals handling laundry from quarantined persons should wear disposable and clean their hands after.
  - Do not shake dirty laundry. This will minimize the possibility of dispersing virus
  - Launder items as appropriate in accordance with the manufacturer's instructio using the warmest appropriate water setting for the items and dry items compl
  - Clean and disinfect clothes hampers according to guidance above for surfaces. bag liner that is either disposable or can be laundered.

Management of Incarcerated/Detained Persons wit Symptoms

NOTE: Some recommendations below apply primarily to facilities with onsite healthca onsite healthcare capacity or without sufficient space for medical isolation should coo officials to ensure that suspected COVID-19 cases will be effectively isolated, evaluated

given care.

- If possible, designate a room near each housing unit for healthcare staff to evalua symptoms, rather than having them walk through the facility to be evaluated in th
- Incarcerated/detained individuals with COVID-19 symptoms should wear a face m under medical isolation immediately. Discontinue the use of a face mask if it inhib Isolation section above.
- Medical staff should evaluate symptomatic individuals to determine whether COV to CDC guidelines for information on evaluation and testing. See Infection Control ar as well.
- If testing is indicated (or if medical staff need clarification on when testing is indic tribal, and/or territorial health department. Work with public health or private lab supplies or services.
  - If the COVID-19 test is positive, continue medical isolation. (See Medical Isolatio
  - If the COVID-19 test is negative, return the individual to their prior housing assig further medical assessment or care.

Management Strategies for Incarcerated/Detained I COVID-19 Symptoms

- Provide clear information to incarcerated/detained persons about the presence o facility, and the need to increase social distancing and maintain hygiene precautic
  - Consider having healthcare staff perform regular rounds to answer questions a
  - Ensure that information is provided in a manner that can be understood by nor and those with low literacy, and make necessary accommodations for those wit disabilities and those who are deaf, blind, or low-vision.
- Implement daily temperature checks in housing units where COVID-19 cases have there is concern that incarcerated/detained individuals are not notifying staff of s for a procedure to safely perform a temperature check.
- Consider additional options to intensify social distancing within the facility.

Management Strategies for Staff

- Provide clear information to staff about the presence of COVID-19 cases within th

enforce social distancing and encourage hygiene precautions.
  - Consider having healthcare staff perform regular rounds to answer questions a
- Staff identified as close contacts of a COVID-19 case should self-quarantine at hor to work if symptoms do not develop.
  - See above for definition of a close contact.
  - Refer to CDC guidelines for further recommendations regarding home quaranti

Infection Control

Infection control guidance below is applicable to all types of correctional facilities. Indi their unique needs based on the types of exposure staff and incarcerated/detained pe confirmed or suspected COVID-19 cases.

- All individuals who have the potential for direct or indirect exposure to COVID-19 (including body substances; contaminated medical supplies, devices, and equipm environmental surfaces; or contaminated air) should follow infection control prac Interim Infection Prevention and Control Recommendations for Patients with Sus Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Monitor these guide
  - Implement the above guidance as fully as possible within the correctional/deter specific language may not apply directly to healthcare settings within correctior centers, or to facilities without onsite healthcare capacity, and may need to be a operations and custody needs.
  - Note that these recommendations apply to staff as well as to incarcerated/deta in contact with contaminated materials during the course of their work placeme
- Staff should exercise caution when in contact with individuals showing symptoms Contact should be minimized to the extent possible until the infected individual is we is suspected, staff should wear recommended PPE (see PPE section).
- Refer to PPE section to determine recommended PPE for individuals persons in co COVID-19 cases, contacts, and potentially contaminated items.

Clinical Care of COVID-19 Cases

- Facilities should ensure that incarcerated/detained individuals receive medical ev first signs of COVID-19 symptoms.
  - If a facility is not able to provide such evaluation and treatment, a plan should b

individual to another facility or local hospital.

  - The initial medical evaluation should determine whether a symptomatic individ illness from COVID-19. Persons at higher risk may include older adults and pers underlying medical conditions such as lung disease, heart disease, and diabetes complete list, and check regularly for updates as more data become available to

- Staff evaluating and providing care for confirmed or suspected COVID-19 cases sh Clinical Guidance for Management of Patients with Confirmed Coronavirus Diseas guidance website regularly for updates to these recommendations.
- Healthcare staff should evaluate persons with respiratory symptoms or contact w separate room, with the door closed if possible, while wearing recommended PPE suspected case is wearing a face mask.
  - If possible, designate a room near each housing unit to evaluate individuals wit than having them walk through the facility to be evaluated in the medical unit.
- Clinicians are strongly encouraged to test for other causes of respiratory illness (e
- The facility should have a plan in place to safely transfer persons with severe illne hospital if they require care beyond what the facility is able to provide.
- When evaluating and treating persons with symptoms of COVID-19 who do not sp line or provide a trained interpreter when possible.

Recommended PPE and PPE Training for Sta Incarcerated/Detained Persons

- Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained p with infectious materials in their work placements have been trained to correctly relevant to the level of contact they will have with confirmed and suspected COVI
  - Ensure that staff and incarcerated/detained persons who require respiratory pr work responsibilities have been medically cleared, trained, and fit-tested in the respiratory protection program.
  - For PPE training materials and posters, please visit the CDC website on Protecti
- Ensure that all staff are trained to perform hand hygiene after removing PPE.
- If administrators anticipate that incarcerated/detained persons will request unne providing training on the different types of PPE that are needed for differing degr cases and contacts, and the reasons for those differences (see Table 1). Monitor li for updates to recommended PPE.

- **Keep recommended PPE near the spaces in the facility where it could be needed, emergency.**
- **Recommended PPE for incarcerated/detained individuals and staff in a correction** type of contact they have with COVID-19 cases and their contacts (see Table 1). Each defined below. **As above, note that PPE shortages are anticipated in every categor response.**
  - **N95 respirator**
    See below for guidance on when face masks are acceptable alternatives for N9 prioritized when staff anticipate contact with infectious aerosols from a COVID-
  - **Face mask**
  - **Eye protection** – goggles or disposable face shield that fully covers the front an
  - **A single pair of disposable patient examination gloves**
    Gloves should be changed if they become torn or heavily contaminated.
  - **Disposable medical isolation gown or single-use/disposable coveralls, when**
    - If custody staff are unable to wear a disposable gown or coveralls because and gear, ensure that duty belt and gear are disinfected after close contac disinfect duty belt and gear prior to reuse using a household cleaning spra product label.
    - If there are shortages of gowns, they should be prioritized for aerosol-gen activities where splashes and sprays are anticipated, and high-contact pati opportunities for transfer of pathogens to the hands and clothing of staff.
- **Note that shortages of all PPE categories are anticipated during the COVID-19 res healthcare workers. Guidance for optimizing the supply of each category can be f**
  - Guidance in the event of a shortage of N95 respirators
    - Based on local and regional situational analysis of PPE supplies, **face mask when the supply chain of respirators cannot meet the demand**. During t should be prioritized for staff engaging in activities that would expose ther pose the highest exposure risk.
  - Guidance in the event of a shortage of face masks
  - Guidance in the event of a shortage of eye protection
  - Guidance in the event of a shortage of gowns/coveralls

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protectior
Incarcerated/Detained Persons			
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control a based on local supply, especially if hou		
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X	
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact			
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based the product label. See CDC guidelines more details.		
Staff			
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)		Face mask, eye prote gloves as local supply duties allow.	
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X

Verbal Screening and Temperature Check Pr Incarcerated/Detained Persons, Staff, and Vi

The guidance above recommends verbal screening and temperature checks for incarcera volunteers, and visitors who enter correctional and detention facilities, as well as incarcer transferred to another facility or released from custody. Below, verbal screening question contact with known cases, and a safe temperature check procedure are detailed.

- **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases sho questions:**
  - *Today or in the past 24 hours, have you had any of the following symptoms?*
    - *Fever, felt feverish, or had chills?*
    - *Cough?*
    - *Difficulty breathing?*
  - *In the past 14 days, have you had contact with a person known to be infected w (COVID-19)?*
- **The following is a protocol to safely check an individual's temperature:**
  - Perform hand hygiene
  - Put on a face mask, eye protection (goggles or disposable face shield that fully c face), gown/coveralls, and a single pair of disposable gloves
  - Check individual's temperature
  - **If performing a temperature check on multiple individuals, ensure that a clea each individual and that the thermometer has been thoroughly cleaned in be** disposable or non-contact thermometers are used and the screener did not hav individual, gloves do not need to be changed before the next check. If non-cont they should be cleaned routinely as recommended by CDC for infection control
  - Remove and discard PPE
  - Perform hand hygiene