

BOP Modified Operations

In order to mitigate the spread of COVID-19, the BOP is operating under the following conditions:

Updated: October 8, 2020

SOCIAL VISITING: The BOP recognizes the importance for inmates to maintain relationships with friends and family. During modified operations in response to COVID-19, the BOP suspended social visitation, however, inmates were afforded 500 (vs. 300) telephone minutes per month at no charge to help compensate for the suspension of social visits. As a modification of the BOP's Phase Nine Action Plan, and in accordance with specific guidance designed to mitigate risks, social visits are being reinstated, where possible to maintain the safety of our staff, inmates, visitors, and communities.

Each individual institution has made plans consistent with their institutional resources (including physical space) and will continuously monitor their visiting plan, and make prompt modifications, as necessary, to effectively manage COVID-19. Such modification may include limiting or postponing visitation, providing visitation by appointment, or other adjustments as appropriate.

All visits will be non-contact and social distancing between inmates and visitors will be enforced, either via the use of plexiglass, or similar barriers, or physical distancing (i.e., 6 feet apart). Inmates in quarantine or isolation will not participate in social visiting. The number of visitors allowed in the visiting room will be based on available space when utilizing social distancing. The frequency and length of visits will be established to ensure all inmates have an opportunity to visit at least twice a month. Visitors will be symptom screened and temperature checked; visitors who are sick or symptomatic will not be allowed to visit. Both inmates and visitors must wear appropriate face coverings (e.g. no bandanas) at all times and will perform hand hygiene just before and after the visit. Tables, chairs and other high-touch surfaces will be disinfected between visitation groups; all areas, to include lobbies, will be cleaned following the completion of visiting each day.

In addition to screening and testing inmates, temperature checks and COVID-19 screening is being conducted for staff, contractors, and other visitors to our correctional institutions, with those who register a temperature of 100.4° Fahrenheit or higher denied access to the building. As much as possible, staff are being assigned to the same posts and not rotating, as an additional measure to mitigate the spread of the virus.

It is our highest priority to continue to do everything we can to mitigate the spread of COVID-19 in our facilities; therefore, every CDC recommended precaution will be incorporated into our revised visiting procedures. More information about each institution's revised visiting procedures and schedule will be forthcoming and posted on www.bop.gov.

LEGAL ACCESS: As courts begin to conduct more criminal and civil proceedings, inmates will need increased access to counsel and legal materials.

Legal calls and/or virtual legal visits: Telephone calls and/or video conferencing with outside counsel is accommodated to the extent possible.

In-Person Legal Visits: Consistent with standing guidance, in-person legal visits are accommodated upon request, based on local resources, and will follow preventative protocols (e.g. face coverings required).

MODIFIED OPERATIONS: BOP has implemented modified operations to maximize social distancing in our facilities, as much as practicable. To that end, inmates are limited in their movements to prevent congregate gathering and maximize social distancing. Essential inmate work details, such as Food Service, continue to operate with appropriate screening. Inmate movement in small numbers is authorized for the following purposes:

- A. Commissary
- B. Laundry

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- C. Showers three times each week
- D. Telephone, to include legal calls, and access to TRULINCs

Note that inmate movement is still expected to allow, when necessary, for the provision of required mental health or medical care, including continued Sick Call. Select Unicor operations also continue.

PROGRAMMING: Inmate programming is an essential function in our facilities, and delivery of First Step Act approved Evidence-Based Recidivism Reduction (EBRR) Programs and Productive Activities (PAs) is required by law. Institutions are offering programming to the extent practicable.

Institutions with active COVID-19 cases may make exceptions to these programming requirements for the safety of inmates and staff.

INTAKES: Prior to entering the institution, or in Receiving and Discharge: All new intakes to an institution, including voluntary surrenders, BOP-to-BOP transfers, or transfers from outside the BOP system are screened by medical staff for COVID-19 - including a symptom screen, a temperature check, and an approved viral PCR test (either an Abbott ID NOW point-of-care [POC] test or a commercial PCR test) performed on a sample obtained from a nasopharyngeal, mid-turbinate, or anterior nares swab.

- Inmates who arrive symptomatic AND/OR test positive will be placed in MEDICAL ISOLATION.
- Inmates who arrive asymptomatic AND test negative will be placed in QUARANTINE.

If inmates become symptomatic during quarantine, they are re-tested (Abbott or commercial) and placed in MEDICAL ISOLATION immediately.

If inmates remain asymptomatic, they remain in QUARANTINE for at least 14 days. They are then tested out of quarantine with a COMMERCIAL PCR TEST at 14 days or after; if the test is negative, the inmate can be released to the general population. If the test is positive, they are placed in MEDICAL ISOLATION immediately.

MOVEMENT: Movement of inmates can be a simple, short-distance transfer or a complex, multi-day, multi-institution process. The risk of COVID-19 exposure and transmission increases as the complexity of the move increases. Transportation of inmates occurs with these considerations in mind:

- **Anyone with a known positive COVID-19 test, or who has fever or symptoms, will not be admitted on the transport.**

All inmates who are transferring between facilities, to other correctional jurisdictions, or releasing from BOP custody, are managed in one of the following three categories briefly described below:

1. Inmates with no prior history of COVID-19: Prior to transfer, these inmates are tested with an approved test (either an Abbott ID Now POC test or commercial send out lab test) and, if negative, placed in RELEASE/TRANSFER QUARANTINE and housed separately from inmates in EXPOSURE OR INTAKE QUARANTINE. Inmates remain in quarantine for a minimum of 14 days. They may be tested out of quarantine on Day 14 with a commercial PCR lab test (or an Abbott ID NOW test).
2. Inmates previously diagnosed with COVID-19 who have since recovered, and have met the current criteria for release from isolation: Inmates who are more than 90 days since initial symptom-onset or positive test and have met criteria for release from medical isolation and are more than 90 days from their initial symptom onset (for symptomatic cases) or initial positive COVID-19 test (for asymptomatic cases) are managed like inmates who have not had COVID-19 (see #1 above). [Note: Inmates with active COVID-19 who continue to require isolation are not released or transferred unless absolutely necessary (e.g., immediate release, completion of sentence).]
3. Immediate releases: An inmate being released who cannot be managed as described above under #1 and #2 because of statutory or judicial requirements is provided a symptom screen, temperature check, and rapid POC test (Abbott ID Now) on the day of departure. The local health authorities in the receiving locality are notified, and the travel arrangements coordinated with them, if necessary (e.g., if quarantine or isolation conditions are required during transportation or upon their arrival). The inmate is required to wear a face covering when departing the facility and while in route to their destination.

SCREENING: In addition to screening and testing inmates, temperature checks and COVID-19 screening is being conducted for staff, contractors, and other visitors to our correctional institutions, with those who register a temperature of 100.4° Fahrenheit or higher denied access to the building. As much as possible, staff are being assigned to the same posts and not rotating, as an additional measure to mitigate the spread of the virus.

VOLUNTEERS AND CONTRACTORS: Volunteer visits, with the exception of visitation volunteers, are suspended unless approved by the Deputy Director of the BOP. Visitation volunteers provide mentoring services through one-on-one visits with inmates in the visiting room during normal visiting hours. Alternate means of communication will be considered for inmates who request to speak with a religious advisor. Volunteers who are approved for access will be

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screened using the same procedures as staff prior to entry. Contractors performing essential services or necessary maintenance on essential systems continue to be allowed to enter the facility, but must undergo a COVID-19 screening and temperature check to be allowed entry. When performing screening activities, staff or contractors wear PPE in accordance with guidance from the BOP and CDC.

TOURS: Tours are suspended. Any exceptions must be approved by the Deputy Director. If approved, participants will be screened using the same procedures as staff prior to entry.

STAFF TRAINING: All in-person training is suspended through October 31, 2020. Exceptions to in-person training includes: ICT I, ICT II, completion of mandatory requirements for Annual Training, OSHA mandated certifications, and any training that can be conducted remotely to fulfill ongoing mandatory credentialing requirements that cannot be waived.

STAFF TRAVEL: All non-essential official staff travel is suspended through October 31, 2020.

PRIVATE DETENTION CONTRACTORS: This COVID-19 guidance is being shared with private prisons and RRCs for dissemination to staff and inmates in these facilities, so that similar protocols can be implemented.

The BOP is committed to protecting the health and welfare of those individuals entrusted to our care, as well as our staff, their families, and the communities where we live and work.

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