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Coronavirus Disease 2019 (COVID-19)

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and 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 clinical manifestations of coronavirus 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 new information becomes available. Please check the [CDC website](#) periodically for updated information.

This document provides interim guidance specific for correctional facilities and detention facilities to prevent and control an outbreak of COVID-19, to ensure continuation of essential public services and protection of incarcerated and detained persons, staff, and visitors. Recommendations may need to be updated as new information becomes available.

Who is the intended audience for this guidance?

This document is intended to provide guiding principles for healthcare and non-healthcare settings in correctional and detention facilities (including but not limited to federal and state prisons, local jails, and law enforcement agencies that have custodial authority for detained populations (i.e., US Immigration and Customs Enforcement and US Marshals Service), and their respective health departments, to assist in preventing the introduction, spread, and mitigation of COVID-19 in their facilities. In general, the document is intended for 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 use individual agencies' authorities or processes. The guidance may need to be adapted based on physical space, staffing, population, operations, and other resources and conditions. For 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, and workplace components in a single physical setting. The integration of these components and control of COVID-19 transmission among incarcerated/detained persons, staff, and visitors through specific preparation, prevention, and management measures can help reduce the risk of infection from COVID-19.

- Incarcerated/detained persons live, work, eat, study, and recreate within congregate settings, which has the 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 detention facility through staff ingress and egress; transfer of incarcerated/detained persons between facilities; court appearances, and to outside medical visits; and visits from family, legal representatives, and other visitors. Some settings, particularly jails and detention centers, have high turnover of staff and visitors who may have been exposed to COVID-19 in the surrounding community or other regions.
- Persons incarcerated/detained in a particular facility often come from a variety of locations, which can help to introduce COVID-19 from different geographic areas.
- Options for medical isolation of COVID-19 cases are limited and vary depending on the facility, as well as the current level of available capacity, which is partly based on medical isolation capacity.
- Adequate levels of custody and healthcare staffing must be maintained to ensure safe working conditions. Options to practice social distancing through work alternatives such as working from home and flexible schedules are limited for many staff roles.
- Correctional and detention facilities can be complex, multi-employer settings that include multiple employers. Each is organizationally distinct and responsible for its own operational, safety, and health protocols and may be prohibited from issuing guidance or providing services within the same setting. Similarly, correctional and detention facilities may house incarcerated/detained persons from 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 persons, misinformation regarding the potential for COVID-19 spread may be high, potentially presenting challenges.
- The ability of incarcerated/detained persons to exercise disease prevention measures may be limited and is determined by the supplies provided in the facility and by security facilities that restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer.
- Incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to requirements and fear of isolation.

CDC has issued separate COVID-19 guidance addressing [healthcare infection control](#) and [close contacts of cases](#) in community-based settings. Where relevant, community-based settings are referenced in this document and should be monitored regularly for updates, but they do not apply to correctional and detention settings.

This guidance document provides additional recommended best practices specifically for correctional facilities. At this time, different facility types (e.g., prison vs. jail) and sizes are not differentiated. Correctional 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 correctional and 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/detained persons
- Medical isolation of confirmed and suspected cases and quarantine of contacts, including 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 considered to have been in close contact with a COVID-19 case if they have been within approximately 6 feet of a COVID-19 case for a prolonged period of time or b) have been exposed to infectious secretions from a COVID-19 case (e.g., have been coughed on). Close contact can occur through visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact include the duration of exposure (e.g., longer exposure increases risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely indicates exposure to a severely ill patient).

Cohorting – Cohorting refers to the practice of isolating multiple laboratory-confirmed COVID-19 cases in a group, or quarantining close contacts of a particular case together as a group. Ideally, cases should be isolated individually, and close contacts should be quarantined individually. However, some correctional facilities do not have enough individual cells to do so and must consider cohorting as an alternative. See [Medical Isolation](#) sections below for specific details about ways to implement cohorting to reduce spread and adverse health outcomes.

Community transmission of COVID-19 – Community transmission of COVID-19 occurs when the disease is spread through contact with someone in their local community, rather than through travel. When community transmission is identified in a particular area, correctional facilities and detention centers should start seeing cases inside their walls. Facilities should consult with local public health departments in determining how to define “local community” in the context of COVID-19 spread. However, in the absence of 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 result on a diagnostic test, with or without symptoms. A **suspected case** shows symptoms of COVID-19 but either has not yet been tested or is awaiting test results. If test results are positive, a suspected case becomes a confirmed case.

Incarcerated/detained persons – For the purpose of this document, “incarcerated/detained persons” includes those who have been sentenced (i.e., in prisons) as well as those held for pre-trial detention in detention centers. Although this guidance does not specifically reference individuals in other settings (e.g., juvenile facilities, community confinement facilities), facility administrators can adapt these guidelines to their own settings.

specific circumstances as needed.

Medical Isolation – Medical isolation refers to confining a confirmed or suspected COVID-19 individual (e.g., in a room with solid walls and a solid door that closes), to prevent contact with others and to reduce the risk of spreading the disease. Medical isolation ends when the individual meets pre-established clinical and/or testing criteria in consultation with clinical providers and public health officials (detailed in guidance [below](#)). Medical isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. The term “medical isolation” is used to avoid confusion.

Quarantine – Quarantine refers to the practice of confining individuals who have had close contact with a confirmed or suspected COVID-19 individual to determine whether they develop symptoms of the disease. Quarantine for COVID-19 should last for 14 days. Ideally, each quarantined individual would be quarantined in a single cell with solid walls and a door that closes. If symptoms develop during the 14-day period, the individual should be placed under medical isolation and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted and the individual can return to their previous residency status within the facility.

Social Distancing – Social distancing is the practice of increasing the space between individuals to reduce the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet of distance, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals will be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between tables). While it is challenging to practice in correctional and detention environments, it is a cornerstone of public health strategies to reduce the spread of respiratory diseases such as COVID-19. Additional information about social distancing, including how to apply it to 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 who work within a correctional facility (e.g., private healthcare or food service). Except where noted, this guidance applies to staff 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 other coronaviruses, COVID-19 can vary in severity from mild to severe. When severe, pneumonia, respiratory failure, and death may occur. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course, and the individuals and populations most at risk for disease and complications are not yet fully understood. Visit the [CDC website](#) for updates on these topics.

Facilities with Limited Onsite Healthcare Services

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 1 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 fc 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 facility are aware of [COVID-19](#) and how to respond if they develop symptoms. Other essential actions include ensuring adequate staffing for reduced workforces due to absences, coordinating with public health and correctional agencies, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they affect daily life.


Communication & Coordination

- **Develop information-sharing systems with partners.**
 - Identify points of contact in relevant state, local, tribal, and/or territorial public health departments to coordinate if COVID-19 cases develop. Actively engage with the health department to understand in advance the requirements for a jurisdiction to implement public health control measures for COVID-19 in a particular facility.
 - Create and test communications plans to disseminate critical information to incarcerated persons, staff, contractors, vendors, and visitors as the pandemic progresses.
 - Communicate with other correctional facilities in the same geographic area to coordinate disease surveillance and absenteeism patterns among staff.
 - Where possible, put plans in place with other jurisdictions to prevent [confirmed COVID-19 cases and their close contacts](#) from being transferred between jurisdictions and facilities for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.
 - Stay informed about updates to CDC guidance via the [CDC COVID-19 website](#) as they become known.
- **Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19.**
 - Ensure that physical locations (dedicated housing areas and bathrooms) have been identified for isolating confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and their contacts of cases. (Medical isolation and quarantine locations should be separate to accommodate contingencies for multiple locations if numerous cases and/or contacts are identified.) Consider the possibility of medical isolation or quarantine simultaneously. See [Medical Isolation](#) and [Quarantine](#) sections for more information regarding individual medical isolation and quarantine locations (preferred) vs. co-located locations.
 - [Facilities without onsite healthcare capacity](#) should make a plan for how they will manage COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary care.
 - Make a list of possible [social distancing strategies](#) that could be implemented at the facility.

- transmission intensity.
- Designate officials who will be authorized to make decisions about escalating or as the epidemiologic context changes.
- **Coordinate with local law enforcement and court officials.**
 - Identify lawful alternatives to in-person court appearances, such as virtual court to reduce the risk of COVID-19 transmission.
 - Explore strategies to prevent over-crowding of correctional and detention facilities to prevent 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 facility, follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#) at home, contacting their healthcare provider as soon as possible to determine when they should be evaluated and tested, and contacting their supervisor.
 - Ensure that signage is understandable for non-English speaking persons and that necessary accommodations for those with cognitive or intellectual disabilities and 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 sick.
 - If these policies do not encourage staff to stay home when sick, discuss with the employer to change them.
 - Determine which officials will have the authority to send symptomatic staff home.
- **Identify staff whose duties would allow them to work from home.** Where possible, working from home can be an effective social distancing strategy to reduce the risk of COVID-19 transmission.
 - Discuss work from home options with these staff and determine whether they have the technological equipment required to do so.
 - Put systems in place to implement work from home programs (e.g., time tracking software).
- **Plan for staff absences.** Staff should stay home when they are sick, or they may need a household member or care for children in the event of school and childcare dismissals.

- 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 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 if shortages.
- Consider offering revised duties to staff who are at **higher risk of severe illness** with risk may include older adults and persons of any age with serious underlying medical disease, heart disease, and diabetes. See [CDC's website](#) for a complete list, and check data become available to inform this issue.
 - Facility administrators should consult with their occupational health providers to be allowable to reassign duties for specific staff members to reduce their likelihood
 - Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing and staff throughout the influenza season. Symptoms of COVID-19 are similar to those of influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on resources.
 - Reference the [Occupational Safety and Health Administration website](#)  for recommendations for worker health.
 - Review CDC's [guidance for businesses and employers](#) to identify any additional strategies within its role as an employer.

Operations & Supplies

- Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (and the healthcare capabilities of the facility) are on hand and available, and have a plan 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 irritate skin and discourage frequent hand washing.
 - Hand drying supplies

- Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible)
 - Cleaning supplies, including [EPA-registered disinfectants effective against the virus](#)
 - 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 c
 - Sterile viral transport media and sterile swabs [to collect respiratory specimens i](#)
- **Make contingency plans for the probable event of PPE shortages during the COVID 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 hand 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 cases are identified. Both good hygiene practices and social distancing are critical in preventing

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 visitor access.
- Restrict transfers of incarcerated/detained persons to and from other jurisdiction necessary for medical evaluation, medical isolation/quarantine, clinical care, extended medical treatment, or other purposes to prevent overcrowding.
 - Strongly consider postponing non-urgent outside medical visits.
 - If a transfer is absolutely necessary, perform verbal screening and a temperature check. See the [Screening](#) section below, before the individual leaves the facility. If an individual is suspected of having COVID-19, delay the transfer and follow the [protocol for a suspected COVID-19 case](#). Place a mask on the individual, immediately placing them under medical isolation, and conduct COVID-19 testing. If the transfer must still occur, ensure that the receiving facility isolates the individual upon arrival. Ensure that staff transporting the individual use appropriate PPE (see [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 with 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 surrounding community, implementing intensified cleaning and disinfecting procedures according to the recommended measures may prevent spread of COVID-19 if introduced.
- Adhere to [CDC recommendations for cleaning and disinfection during the COVID-19 outbreak](#) and follow any local health department recommendations for updates.
 - Several times per day, clean and disinfect surfaces and objects that are frequently touched in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned.

- switches, sink handles, countertops, toilets, toilet handles, recreation equipment
- 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 virus](#) 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, instructions should be taken when applying the product, such as wearing gloves and making sure to use.
- Consider increasing the number of staff and/or incarcerated/detained persons trained to perform cleaning common areas to ensure continual cleaning of these areas throughout the facility.
- Ensure adequate supplies to support intensified cleaning and disinfection practices. Restock 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, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas.
- Encourage all persons in the facility to take the following actions to protect themselves from COVID-19. Post signage throughout the facility, and communicate this information. [Sample signage and other communications materials](#) are available on the CDC website. Materials should be understood by non-English speakers and those with low literacy, and make necessary accommodations for those 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 (or a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash.
 - Practice good [hand hygiene](#): Regularly wash your hands with soap and water for at least 20 seconds after coughing, sneezing, or blowing your nose; after using the bathroom; before and after 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 that this would discourage frequent hand washing.
- Running water, and hand drying machines or disposable paper towels for hands
- 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 COVID-19 contamination of shared items and close contact between individuals.

Prevention Practices for Incarcerated/Detained Persons

- Perform pre-intake screening and temperature checks for all new entrants. Screen all individuals at the intake point, before beginning the intake process, in order to identify and immediately isolate individuals with symptoms under medical isolation. See [Screening section](#) below for the wording of the recommended procedure to safely perform a temperature check. Staff performing the check should wear the 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 wear PPE.
 - Place the individual under [medical isolation](#) (ideally in a room near the screening area, and not transporting the ill individual through the facility), and refer to healthcare staff for care (see [Infection Control](#) and [Clinical Care](#) sections below.)
 - Facilities without onsite healthcare staff should contact their state, local, or tribal health department to coordinate effective medical isolation and necessary medical care.
 - If an individual is a [close contact](#) of a known COVID-19 case (but has no COVID-19 symptoms)
 - Quarantine the individual and monitor for symptoms two times per day for 14 days (see [Quarantine](#) section below.)
 - Facilities without onsite healthcare staff should contact their state, local, or tribal health department to coordinate effective quarantine and necessary medical care.
- Implement social distancing strategies to increase the physical space between incarcerated individuals (ideally 6 feet between all individuals, regardless of the presence of symptoms). Strategies should be based on the individual space in the facility and the needs of the population and staff. Not all facilities have the same space. 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 individuals (e.g., remove every 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 contact in a housing environment
 - Consider alternatives to existing group activities, in outdoor areas or other spaces where individuals can spread out
- **Housing:**
 - If space allows, reassign bunks to provide more space between individuals in different directions. (Ensure that bunks are **cleaned** thoroughly if assigned to a new individual)
 - Arrange bunks so that individuals sleep head to foot to increase the distance between individuals
 - Rearrange scheduled movements to minimize mixing of individuals from different housing units
- **Medical:**
 - If possible, designate a room near each housing unit to evaluate individuals with symptoms rather than having them walk through the facility to be evaluated in the main area. Consider staggering sick call.
 - Designate a room near the intake area to evaluate new entrants who are being screened for COVID-19 symptoms or case contact, before they move to other areas of the facility.
- **Communicate clearly and frequently with incarcerated/detained persons about COVID-19 and how they can contribute to risk reduction.**

- Note that if group activities are discontinued, it will be important to identify alternative support the mental health of incarcerated/detained persons.
- Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.
- Provide [up-to-date information about COVID-19](#) to incarcerated/detained persons:
 - [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 questions.

Prevention Practices for Staff

- Remind staff to stay at home if they are sick. Ensure that staff are aware that they cannot return to the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility if they develop symptoms while on duty.
- Perform verbal screening (for COVID-19 symptoms and close contact with cases) on all staff daily on entry. See [Screening](#) section below for wording of screening questions and the procedure to safely perform temperature checks.
 - In very small facilities with only a few staff, consider self-monitoring or virtual monitoring by a central authority via phone).
 - Send staff home who do not clear the screening process, and advise them to follow [guidance for persons who are ill with COVID-19 symptoms](#).
- Provide staff with [up-to-date information about COVID-19](#) and about facility policies 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: immediately notify their supervisor, leave the facility, and follow [CDC-recommended steps for persons with COVID-19 symptoms](#).
 - If staff test positive for COVID-19: inform workplace and personal contacts immediately and remain at home until a decision to discontinue home medical isolation precautions is made. Follow [guidance on discontinuing home isolation](#) regularly as circumstances evolve rapidly.
 - If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community): self-quarantine at home for 14 days and return to work if asymptomatic.

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 should assess their possible exposure to COVID-19 in the workplace, but should maintain confidentiality under the Americans with Disabilities Act.
 - Employees who are [close contacts](#) of the case should then self-monitor for [symptoms](#) (e.g., shortness of breath).
- When feasible and consistent with security priorities, encourage staff to maintain distance from an individual with respiratory symptoms while interviewing, escorting, or interacting.
- Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.

Prevention Practices for Visitors

- If possible, communicate with potential visitors to discourage contact visits in the interest of the safety and the health of their family members and friends inside the facility.
- Perform verbal screening (for COVID-19 symptoms and close contact with cases) of all visitors and volunteers on entry. See [Screening](#) section below for wording of screening questions and the 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 are symptomatic.
- Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances.
- Provide visitors and volunteers with information to prepare them for screening.
 - Instruct visitors to postpone their visit if they have symptoms of respiratory illness.
 - If possible, inform potential visitors and volunteers before they travel to the facility that they will be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.
 - Display [signage](#) outside visiting areas explaining the COVID-19 screening and testing process. Ensure that materials are understandable for non-English speakers and those with limited literacy skills.
- Promote non-contact visits:
 - Encourage incarcerated/detained persons to limit contact visits in the interest of the health of their visitors.
 - Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.
 - Consider increasing incarcerated/detained persons' telephone privileges to provide an alternative to 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 members).
 - If suspending contact visits, provide alternate means (e.g., phone or video visits) for individuals to engage with legal representatives, clergy, and other individuals with whom they wish to consult.

NOTE: Suspending visitation would be done in the interest of incarcerated/detained persons and the health of the general public. However, visitation is important to maintain mental health. If facilities should explore alternative ways for incarcerated/detained persons to communicate with family and other visitors in a way that is not financially burdensome for them. See above suggestions for virtual 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/detained persons who have recently been inside), begin implementing Management strategies while test results are pending. Management strategies include placing cases and individuals with symptoms under medical observation, isolating close contacts, and facilitating necessary medical care, while observing relevant infection control, disinfection protocols and wearing recommended PPE.

Operations

- Implement alternate work arrangements deemed feasible in the [Operational Preparedness](#) section.
- Suspend all transfers of incarcerated/detained persons to and from other jurisdictions (including 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 temperature check. See the [Screening](#) section below, before the individual leaves the facility. If an individual

process, delay the transfer and follow the [protocol for a suspected COVID-19 case](#) mask on the individual, immediately placing them under medical isolation, and COVID-19 testing. If the transfer must still occur, ensure that the receiving facility isolate the individual upon arrival. Ensure that staff transporting the individual (see [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 the facility (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case). In 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 release planning (see [Screening](#) section below.)
 - If an individual does not clear the screening process, follow the [protocol for a suspected COVID-19 case](#) including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing.
 - If the individual is released before the recommended medical isolation period, coordinate with state, local, tribal, and/or territorial health departments to ensure proper medical isolation and access to medical care, as part of release planning. Coordinate with community resources to ensure proper medical isolation and access to medical care.
 - Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community facility, such as a homeless shelter, contact the facility's staff to ensure adequate medical isolation, or contact local public health to explore alternatives.
- [Coordinate with state, local, tribal, and/or territorial health departments.](#) [↗](#)
 - When a COVID-19 case is suspected, work with public health to determine actions to be taken (see [Screening](#) section below).
 - When a COVID-19 case is suspected or confirmed, work with public health to identify and isolate individuals who may be placed under quarantine. See [Quarantine](#) section below.
 - Facilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate with state, local, tribal, and/or territorial health departments when they encounter a case, in order to ensure effective medical isolation or quarantine, necessary medical care, and safe medical transfer if needed. See [Facilities with Limited Onsite Healthcare Services](#) section below.

Hygiene

- Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.

- 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-19 case is present (see [below](#)).

Medical Isolation of Confirmed or Suspected COVID-19

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

- As soon as an individual develops symptoms of COVID-19, they should wear a face mask (and use eye protection if available) and should be immediately placed under medical isolation in a separate room from other individuals.
- Keep the individual's movement outside the medical isolation space to an absolute minimum.
 - Provide medical care to cases inside the medical isolation space. See [Infection Control](#) and [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 isolation space, and that the mask is changed whenever another individual enters. Provide clean masks as needed. Masks should be discarded when visibly soiled or wet.
- Facilities should make every possible effort to place suspected and confirmed COVID-19 cases in individual isolation. Each isolated individual should be assigned their own housing space if 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 be housed in cohort isolation as a cohort. Do not cohort confirmed cases with suspected cases.
 - Unless no other options exist, do not house COVID-19 cases with individuals who have not been ruled out for 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 that
 - 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 solid door
 - [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 enclosed preferably with an empty cell between occupied cells. (Although individual scenario, the airflow between cells essentially makes it a cohort arrangement.)
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed preferably with an empty cell between occupied cells. Employ [social distancing strategies related to housing in the Prevention section above.](#)
 - Safely transfer individual(s) to another facility with available medical isolation arrangements
(NOTE – Transfer should be avoided due to the potential to introduce infection 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 isolation facility, be especially mindful of [cases who are at higher risk of severe illness from COVID-19](#) not be cohorted with other infected individuals. If cohorting is unavoidable, make all efforts to prevent transmission of other infectious diseases to the higher-risk individual. (For example, a higher-risk individual within a shared medical isolation space.)
 - Persons at higher risk may include older adults and persons of any age with serious 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 infectious diseases in poorer health than the general population, even at younger ages.
- Custody staff should be designated to monitor these individuals exclusively when they wear recommended PPE as appropriate for their level of contact with the individual (see [PPE section below](#)) and should limit their own movement between different parts of the facility as possible.

- Minimize transfer of COVID-19 cases between spaces within the healthcare unit.
- Provide individuals under medical isolation with tissues and, if permissible, a lined trash receptacle. 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 is not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (per permit). Ensure that [hand washing supplies](#) are continually restocked.
- Maintain medical isolation until all the following criteria have been met. Monitor 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 use of antipyretic medications AND
 - The individual's other symptoms have improved (e.g., cough, shortness of breath)
 - The individual has tested negative in at least two consecutive respiratory specimens, 24 hours apart
 - For individuals who will NOT be tested to determine if they are still contagious:
 - The individual has been free from fever for at least 72 hours without the use of antipyretic medications AND
 - The individual's other symptoms have improved (e.g., cough, shortness of breath)
 - At least 10 days have passed since the first symptoms appeared
 - For individuals who had a confirmed positive COVID-19 test but never showed symptoms:
 - At least 10 days have passed since the date of the individual's first positive test AND
 - 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 isolation, or security concerns.
 - If an incarcerated/detained individual who is a COVID-19 case is released from medical isolation period, contact public health to arrange for safe transport and continued 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-19 cases spent time.

these protocols apply to suspected cases as well as confirmed cases, to ensure an event that the suspected case does, in fact, have COVID-19. Refer to the [Definition between confirmed and suspected cases](#).

- Close off areas used by the infected individual. If possible, open outside doors to allow for circulation in the area. Wait as long as practical, up to 24 hours under the poorest conditions (consult [CDC Guidelines for Environmental Infection Control in Health-Care Facilities under different ventilation conditions](#)), before beginning to clean and disinfect, to minimize respiratory droplets.
- Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the individual, 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 water.
 - For disinfection, most common EPA-registered household disinfectants should be used based on security requirements within the facility.
 - Consult [a list of products that are EPA-approved for use against the virus](#) and follow the manufacturer's instructions for all cleaning and disinfection products (including method and contact time, etc.).
 - Diluted household bleach solutions can be used if appropriate for the surface. Follow instructions for application and proper ventilation, and check to ensure the expiration date. Never mix household bleach with ammonia or any other cleanser. Bleach will be effective against coronaviruses when properly diluted. Bleach 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 contamination with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products [that are EPA-approved for use against the virus](#) that are suitable for porous surfaces.
- **Electronics cleaning and disinfection**
 - For electronics such as tablets, touch screens, keyboards, and remote controls, use appropriate cleaning and disinfection products.

- Follow the manufacturer's instructions for all cleaning and disinfection products.
- Consider use of wipeable covers for electronics.
- If no manufacturer guidance is available, consider the use of alcohol-based hand sanitizer or a disinfectant with at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid moisture.

Additional information on cleaning and disinfection of communal facilities such as can be found in the [PPE](#) section below.)

- Ensure that staff and incarcerated/detained persons performing cleaning wear [PPE](#) (see [PPE](#) section below.)
- **Food service items.** Cases under medical isolation should throw disposable food service items in a designated disposal container in the medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot soapy water or in a dishwasher. Individuals handling used food service items should clean their hands and wear gloves.
- **Laundry from a COVID-19 case** can be washed with other individuals' laundry.
 - Individuals handling laundry from COVID-19 cases should wear disposable gloves and clean their hands after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus particles.
 - Launder items as appropriate in accordance with the manufacturer's instructions, using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. Use a plastic bag liner that is either disposable or can be laundered.
- Consult [cleaning recommendations above](#) to ensure that transport vehicles are thoroughly cleaned and disinfected if 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 healthcare capacity, or without sufficient space to implement effective quarantine. Consult with local public health officials to ensure that close contacts of COVID-19 cases will be effectively monitored and medically monitored.

- Incarcerated/detained persons who are close contacts of a [confirmed or suspected case](#) (another incarcerated/detained person, staff member, or visitor) should be quarantined for 14 days (see [CDC guidelines](#)).
 - If an individual is quarantined due to contact with a suspected case who is subsequently confirmed to have COVID-19, the individual should be medically monitored.

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 v 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 close
 - 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 closes, and sufficient 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 personal space assigned to each 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 by glass or mesh) with an empty cell between occupied cells creating at least 6 feet of space between individuals (NOTE: If individuals are in single cells in this scenario, the airflow between cells essential for ventilation is a consideration in the arrangement in the context of COVID-19.)
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed by glass or mesh) preferably with an empty cell between occupied cells. Employ [social distancing strategies related to the Prevention section](#) to maintain at least 6 feet of space between individuals.
 - As a cohort, in individuals' regularly assigned housing unit but with no movement between units (i.e., if the housing unit has been exposed). Employ [social distancing strategies related to the Prevention 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 above options (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 prevent exposure to uninfected individuals).
 - If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space.
 - All quarantined individuals should wear a face mask if they must leave the quarantine space.
 - Asymptomatic individuals under [routine intake quarantine](#) (with no known exposure to a COVID-19 case) do not need to wear face masks.
- **Staff who have close contact with quarantined individuals should wear recommended PPE based on local supply, feasibility, and safety within the scope of their duties (see [PPE section](#)):**
 - Staff supervising asymptomatic incarcerated/detained persons under [routine intake quarantine](#) (with no known exposure to a COVID-19 case) do not need to wear PPE.
- **Quarantined individuals should be monitored for COVID-19 symptoms twice per day**

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 quarantine of the cohort must be reset to 0.
 - If the individual is tested for COVID-19 and tests negative: the 14-day quarantine of the remainder of the cohort does not need to be reset. This individual can return to the 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 cohort must be reset to 0.
- **Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the quarantine period, unless released from custody or a transfer is necessary for medical or lack of quarantine space, or extenuating security concerns.**
- **Quarantined individuals can be released from quarantine restrictions if they have completed the 14-day quarantine period.**
- **Meals should be provided to quarantined individuals in their quarantine spaces. Individuals should throw disposable food service items in the trash. Non-disposable food service items should be washed with hot water or in a dishwasher. Individuals handling used food service items should wash their hands after removing gloves.**
- **Laundry from quarantined individuals can be washed with other individuals' laundry.**
 - Individuals handling laundry from quarantined persons should wear disposable gloves 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 instructions using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. Use a bag liner that is either disposable or can be laundered.

Management of Incarcerated/Detained Persons with COVID-19 Symptoms

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity or without sufficient space for medical isolation should cool 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 evaluate symptoms, rather than having them walk through the facility to be evaluated in the
- Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask under medical isolation immediately. Discontinue the use of a face mask if it inhibits [Isolation](#) section above.
- Medical staff should evaluate symptomatic individuals to determine whether COVID-19 to CDC guidelines for information on [evaluation](#) and [testing](#). See [Infection Control](#) as well.
- If testing is indicated (or if medical staff need clarification on when testing is indicated), tribal, and/or territorial health department. Work with public health or private lab for supplies or services.
 - If the COVID-19 test is positive, continue medical isolation. (See [Medical Isolation](#))
 - If the COVID-19 test is negative, return the individual to their prior housing assignment for further medical assessment or care.

Management Strategies for Incarcerated/Detained Individuals with COVID-19 Symptoms

- Provide [clear information](#) to incarcerated/detained persons about the presence of COVID-19 in the facility, and the need to increase social distancing and maintain hygiene precautions.
 - Consider having healthcare staff perform regular rounds to answer questions and provide information.
 - Ensure that information is provided in a manner that can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with disabilities and those who are deaf, blind, or low-vision.
- Implement daily temperature checks in housing units where COVID-19 cases have been identified. There is concern that incarcerated/detained individuals are not notifying staff of symptoms 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 the facility to enforce social distancing and encourage hygiene precautions.
 - Consider having healthcare staff perform regular rounds to answer questions and provide education.
- Staff identified as close contacts of a COVID-19 case should self-quarantine at home before returning to work if symptoms do not develop.
 - See [above](#) for definition of a close contact.
 - Refer to [CDC guidelines](#) for further recommendations regarding home quarantine.

Infection Control

Infection control guidance below is applicable to all types of correctional facilities. Individualize infection control measures based on the unique needs based on the types of exposure staff and incarcerated/detained persons have to 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 equipment; environmental surfaces; or contaminated air) should follow infection control practices outlined in the [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). Monitor these guidelines for updates.
 - Implement the above guidance as fully as possible within the correctional/detention facility. Specific language may not apply directly to healthcare settings within correctional facilities, or to facilities without onsite healthcare capacity, and may need to be adapted to fit the operations and custody needs.
 - Note that these recommendations apply to staff as well as to incarcerated/detained persons in contact with contaminated materials during the course of their work placement.
- Staff should exercise caution when in contact with individuals showing symptoms of COVID-19. Contact should be minimized to the extent possible until the infected individual is well. If contact is necessary, staff should wear recommended PPE (see [PPE](#) section).
- Refer to [PPE](#) section to determine recommended PPE for individuals, persons in contact with COVID-19 cases, contacts, and potentially contaminated items.

Clinical Care of COVID-19 Cases

- Facilities should ensure that incarcerated/detained individuals receive medical evaluation at the first signs of COVID-19 symptoms.
 - If a facility is not able to provide such evaluation and treatment, a plan should be in place to transfer the individual to another facility or local hospital.
 - The initial medical evaluation should determine whether a symptomatic individual has COVID-19 [illness from COVID-19](#). Persons at higher risk may include older adults and persons with underlying medical conditions such as lung disease, heart disease, and diabetes. Facilities should maintain a complete list, and check regularly for updates as more data become available to inform risk stratification.
- Staff evaluating and providing care for confirmed or suspected COVID-19 cases should refer to the [Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease 2019](#) on the [CDC guidance website](#) regularly for updates to these recommendations.
- Healthcare staff should evaluate persons with respiratory symptoms or contact with a suspected case in a separate room, with the door closed if possible, while wearing [recommended PPE](#). If a suspected case is wearing a face mask.
 - If possible, designate a room near each housing unit to evaluate individuals with respiratory symptoms rather 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.g., influenza, pertussis, and bacterial pneumonia).
- The facility should have a plan in place to safely transfer persons with severe illness to a 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 speak English, use a language assistance line or provide a trained interpreter when possible.

Recommended PPE and PPE Training for Staff Evaluating and Treating Incarcerated/Detained Persons

- Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who work with infectious materials in their work placements have been trained to correctly use PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.
 - Ensure that staff and incarcerated/detained persons who require respiratory protection for their 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 Protective Equipment](#).
- Ensure that all staff are trained to perform hand hygiene after removing PPE.
- If administrators anticipate that incarcerated/detained persons will request unnecessary PPE, facilities should have a plan in place to address this request.

providing training on the different types of PPE that are needed for differing degree cases and contacts, and the reasons for those differences (see [Table 1](#)). Monitor 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 category response.
 - **N95 respirator**
See below for guidance on when face masks are acceptable alternatives for N95 prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case.
 - **Face mask**
 - **Eye protection** – goggles or disposable face shield that fully covers the front and sides of the face.
 - **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 available**
 - If custody staff are unable to wear a disposable gown or coveralls because of shortages, ensure that duty belt and gear are disinfected after close contact with a COVID-19 case. Disinfect duty belt and gear prior to reuse using a household cleaning spray product label.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating activities where splashes and sprays are anticipated, and high-contact patient care activities where there are 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 response for healthcare workers. Guidance for optimizing the supply of each category can be found in the following sections:
 - [Guidance in the event of a shortage of N95 respirators](#)
 - Based on local and regional situational analysis of PPE supplies, face masks should be prioritized when the supply chain of respirators cannot meet the demand. During shortages, face masks should be prioritized for staff engaging in activities that would expose them to 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 Protection
Incarcerated/Detained Persons			
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as based on local supply, especially if ho		
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 protection, 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 Procedures for Incarcerated/Detained Persons, Staff, and Visitors

The guidance above recommends verbal screening and temperature checks for incarcerated persons, staff, and visitors who enter correctional and detention facilities, as well as incarcerated persons transferred to another facility or released from custody. Below, verbal screening questions, 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 should include the following 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 with 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 covers the 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 clean thermometer is used for each individual and that the thermometer has been thoroughly cleaned in between individuals. Disposable or non-contact thermometers are used and the screener did not have contact with the individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be [cleaned routinely as recommended by CDC for infection control](#).**
 - Remove and discard PPE
 - Perform hand hygiene