



3. COVID-19 Infection Prevention Recommendations for Jails and Detention Centers

1. COVID-19 Preparedness

Form relationships with local partners.

- Make sure you have contact information for your [local health department \(LHD\)](#) and [local hospital](#). Always notify your LHD about any COVID-19 cases in your facility. Work with your LHD communicable disease nurse to notify the hospital if you have an outbreak so that the hospital can be prepared in case of an emergency.
- Identify alternatives to in-person court appearances and legal visits, such as virtual court and secure virtual attorney consultations.

Identify medical isolation and quarantine areas.

- Identify where people who need to be in [medical isolation](#) and quarantine will be housed. [Medical isolation](#) and quarantine areas should have their own bathrooms and be separate from each other and the rest of the facility.
- If your facility has limited space, make arrangements for where people who require [medical isolation](#) or quarantine will go (e.g., nearby correctional facility, medical facility if COVID-19-positive).
- For more information about [medical isolation](#) and quarantine, please see the other documents in this toolkit.

Educate incarcerated people and staff about COVID-19 and how they can protect themselves.

- Regularly [communicate](#) information about actions people can take to protect themselves and others from COVID-19, including:
 - Practice good cough and sneeze etiquette
 - Practice good hand hygiene
 - Wear a mask or cloth face covering over your nose and mouth
 - Avoid touching your eyes, nose, or mouth without cleaning your hands first
 - Avoid sharing dishes, utensils, and cups
 - Avoid non-essential physical contact
- Remind incarcerated people to report symptoms right away. Consider removing fees related to seeking non-emergent healthcare so cost is not perceived as a barrier to care.
- Remind staff not to report to work if sick.

Ensure your facility is well-stocked on hygiene supplies, cleaning supplies, and personal protective equipment (PPE).

- Local confinement facilities can request PPE and other medical consumable supplies associated with the COVID-19 response, including hand sanitizer and disinfectants, through the [ReadyOp portal](#).
- Plan to set up donning and doffing areas outside of all spaces where PPE will be used. These areas should include a dedicated trash can for used PPE, a hand washing station or access to alcohol-based hand sanitizer, and [instructions for safe use of PPE](#).
- If there is a shortage of PPE, follow [CDC guidance on optimizing PPE supply](#).
- Everyone in the facility needs to be able to practice hand hygiene frequently throughout the day.
 - [Washing hands with soap and water](#) and drying them with a single use towel physically removes germs. Ensure that both staff and inmates have access to a sink with soap to wash their hands and single use towels to dry their hands.
 - If offering single use paper or cloth towels is not possible, individual multi-use cloth towels may be substituted if they are used by one person only. Consider increasing laundry service for personal items to several times a week.
 - When soap, water, and towels are not available, consider offering alcohol-based hand sanitizer (containing at least 60% alcohol) in dispenser that can be carefully monitored to avoid ingestion. Non-alcohol-based hand sanitizer is not effective against the virus that causes COVID-19.

2. COVID-19 Prevention

Reduce opportunities for COVID-19 to enter your facility.

- Limit transfers to and from other facilities unless necessary for medical care, medical isolation or quarantine, security concerns, release, or to prevent overcrowding.
 - Refer to the [transfer guidance](#) in this toolkit for recommendations on safe transfer practices.
- Consider suspending work release and other programs that involve movement of incarcerated people in and out of the facility. This is especially important if the work release assignment is in another congregate setting, like a food processing plant.
- Implement stringent visitor infection control policies (see below) and consider restricting visitation if COVID-19 is circulating in your community.

Screen new entrants and consider routine intake quarantine.

- Before intake, provide a mask or cloth face covering and [screen](#) the individual for symptoms of COVID-19, including fever. If they have a fever or symptoms, they should be placed in medical isolation and evaluated by a healthcare provider.
- If a new entrant has had [close contact](#) with a COVID-19 case, they should be placed in the quarantine area until 14 days have passed since that contact.
- Consider routine intake quarantine, where all new entrants are housed in an intake quarantine area for 14 days before being moved into the general population. This area should be separate from the quarantine area for close contacts of cases.

Implement safe visitor practices.

- Restrict non-essential vendors, volunteers, clergy, and tours from entering the facility. Consider having staff fill vending machines.
- When restricting visitation, implement alternative methods for incarcerated people to keep in touch with family and friends, such as increased phone privileges or video calls.
- For in-person visitation, consider non-contact visits in a well-ventilated space with plexiglass barriers between the detainee and visitors.
- Visitors must wear a mask or cloth face covering and pass a screening and temperature check before entering the facility.
- Provide alcohol-based hand sanitizer containing at least 60% alcohol in visitor areas.

Clean and disinfect surfaces that are frequently touched throughout the day.

- Surfaces that are frequently touched (e.g., doorknobs, light switches, toilet handles) should be cleaned and disinfected throughout the day. Cleaning physically removes dirt, oil, and germs from surfaces or objects. Disinfecting kills germs on surfaces or objects. Clean surfaces and objects before disinfecting them to minimize viral load on surfaces.
- Use an [EPA-registered disinfectant](#) that is active against the virus that causes COVID-19. Follow manufacturer's recommendations for use.
 - Pay attention to contact time, the amount of time a disinfectant needs to stay wet on a surface for disinfection to occur. Many disinfectants have contact times of up to 10 minutes.
- Surfaces that are not frequently touched should be routinely cleaned, but do not need to be disinfected unless someone with COVID-19 has come in contact with them.
- For more information about cleaning and disinfection, please refer to the [CDC guidance for cleaning and disinfection](#).
- Dishware and utensils should be cleaned and sanitized following the [NC Food Code Manual](#) requirements for hot water temperature and detergent.

Maintain adequate ventilation in the facility.

- Review your heating, ventilation, and air conditioning (HVAC) maintenance schedule to ensure that your HVAC system is being properly maintained.
- Suggest looking into whether it is possible to increase the filter rating on the HVAC system while still maintaining proper air exchange rates.

Click [here to view guidance](#) on ventilation strategies during the COVID-19 pandemic from the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE).

Group staff and incarcerated people into “cohorts” to reduce the risk of spread between different areas of the facility.

- Schedule staff to work in the same area of the facility during each shift, if possible.
- Keep individuals from the same housing unit together when scheduling meal times, recreation, etc.

- Schedule work assignments so each work detail only includes individuals from a single housing unit, supervised by a staff member assigned to the same housing unit.

Implement social distancing strategies.

- Avoid overcrowding and explore alternatives to incarceration for misdemeanors and pretrial bond to reduce the number of people per cell, when possible.
- Stagger use of common spaces for detainees such as recreation areas and showers and common spaces for staff such as breakrooms and control rooms to limit the number of people in those spaces at a time.
- Encourage social distancing as much as possible. For example, encourage people to sit on every other stool in the dayroom by marking off neighboring stools, to achieve at least 6 feet of distance between detainees. Encourage bunk mates to sleep head-to-foot to increase the distance between their heads.
- Limit the size of group activities and avoid activities that involve close contact.

Encourage all incarcerated people, staff, and visitors to wear a mask as much as safely possible.

- To prevent the spread of the virus, everyone who enters or is housed in the jail or detention center should wear masks or cloth face coverings that cover their mouths and noses. Only visitors [under 2 years old and people who are having trouble breathing should not wear a mask](#).
- Because the virus that causes COVID-19 is spread by respiratory droplets and many people with COVID-19 do not have symptoms, [masks are a helpful tool to prevent the spread of COVID-19](#) in places where social distancing is difficult.
- Provide reusable masks to incarcerated people at no cost and launder them regularly. Each detainee needs at least two masks so they can wear one while the other is laundered. Replace the masks if the fabric layers get torn or worn through.
- Masks can be washed with the rest of the person's laundry but should not be shared between people. Label masks with a permanent marker outside of the breathing area or place masks in a labeled mesh bag to be washed with personal items that will be returned to the inmate. [Wash reusable masks](#) on the warmest setting possible with regular detergent.
- Clearly explain the importance of masks to staff and inmates, as well as [how to properly wear and remove them](#).

Click [here](#) to view a diagram from Cornell University of the hierarchy of controls for other ideas on minimizing a person's exposure to SARS-CoV-2, the virus that causes COVID-19.

3. COVID-19 Management

Anyone with suspected or confirmed COVID-19 needs to be placed in [medical isolation](#).

- Medical isolation refers to physically separating someone with confirmed or suspected COVID-19 infection to prevent contact with others and reduce the risk of transmission.

- Medical isolation should be [distinct](#) from punitive isolation. Ensure incarcerated people understand this difference so they do not hide symptoms to avoid isolation.
- Designate a separate area of the facility for medical isolation.

Anyone who was a [close contact](#) of a confirmed COVID-19 case needs to be placed in [quarantine](#).

- Quarantine refers to separating individuals who had [close contact](#) with someone with COVID-19 to see if they develop symptoms or test positive.
- Please see the isolation and quarantine documents in this toolkit for more information.