



Interim Coronavirus Disease 2019 (COVID-19) Guidance for Correctional Facilities

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COVID-19 can spread easily in settings with many people living in close proximity, including correctional facilities. Correctional facilities should implement plans to prevent introduction of the virus that causes COVID-19, care for incarcerated individuals with COVID-19, and prevent the spread of the disease.

Individuals above the age of 65 and people with pre-existing medical conditions such as diabetes, chronic lung disease and chronic heart disease, or a compromised immune system (e.g., cancer, cancer treatment, or other immunosuppressant treatments) have a greater risk of severe illness from COVID-19. Special precautions should be taken with these populations to ensure that they are not exposed to the virus. Correctional facilities have experience managing respiratory infections and outbreaks (such as influenza) and should apply the same infection prevention and outbreak management principles to COVID-19.

Preventing transmission of respiratory pathogens in correctional facilities requires adherence to, and application of, strong infection prevention practices and policies including environmental and engineering controls, administrative controls, safer work practices, and personal protective equipment (PPE). Measures that enhance early detection and prompt isolation of incarcerated individuals who should be evaluated for COVID-19 are critical to ensuring effective implementation of infection control measures. Successful implementation of many, if not all, of these strategies is dependent on the presence of clear communication, administrative policies, and organizational leadership that promote and facilitate adherence to these recommendations among the various people within the correction facility, including incarcerated individuals, corrections officers, and healthcare providers (HCP).

1. Plan Ahead

Review existing infection prevention plans and update if necessary.

- Pandemic influenza plans can be applied to the COVID-19 pandemic. Ensure that this plan is up-to-date and the facility has all necessary materials (e.g., PPE) to implement the plan.
- Review and update infection control policies and procedures.

Designate someone at each facility who is responsible for managing COVID-19 prevention and response.

- Identify at least one person (ideally one person from the custody side and one person from the medical side) to be the point of contact for all COVID-19 related matters.
- Have this person meet with the individual responsible for infection control in the facility to review the infection prevention plan.

Identify isolation and quarantine areas.

- Isolation and quarantine areas should be as separated as possible from the general population. People with COVID-19 infection should be in isolation until public health officials determine that they do not pose a risk of transmission to others. People who have been exposed to COVID-19, but do not have symptoms, should be in quarantine until they develop symptoms of COVID-19 or 14 days have passed. Areas to be used for isolation and quarantine should not allow contacts between these two groups. Only people under isolation/quarantine and essential personnel should enter these areas when they are in use. See also below in Section 4 –Prevent the Spread of COVID-19.
- Isolation and quarantine areas should have a bathroom that is only used by incarcerated people in those areas.
- Designate a nearby storage location for PPE and supplies.

2. Minimize Opportunity for Introduction and Exposures

Screen incarcerated individuals entering correctional facilities.

- On admission, screen people for symptoms of lower respiratory illness (e.g., cough, shortness of breath) or fever > 100.4F.
- Consult with local public health officials to determine if symptomatic individuals need COVID-19 testing.
- Keep symptomatic individuals in isolation until their symptoms have resolved and public health officials have approved ending isolation (e.g., after negative test results are received, or when meeting criteria for ending isolation).

Ensure that employees do not come to work when sick.

- Screen employees upon arrival to work each day for symptoms of lower respiratory illness (e.g., cough, shortness of breath) or fever > 100.0F.
- Symptomatic employees should be sent home and should not return to work until they are no longer sick. If necessary, they should see their medical providers for COVID-19 testing.
- Allow employees to telework if their job duties allow it.
- Ensure that flexible sick leave policies are in place that do not punish individuals for missing work while ill.
- Facilities should have a plan for widespread employee absences, including cross-training for essential functions.

3. Promote Healthy Habits

Educate incarcerated individuals and staff on infection prevention principles.

- Place signs around the facility with information on basic prevention and control measures for all respiratory infections including influenza and COVID-19, including information about hand hygiene and cough etiquette (e.g., sneeze/cough into elbow, put used tissues in waste can, wash hands immediately after using tissues).
 - o The CDC has [resources for coronavirus prevention](#) you can use in your facility.
- Keep staff and incarcerated individuals informed of the actions the facility is taking to protect them from COVID-19.

Promote good hand hygiene and respiratory etiquette.

- Ensure that incarcerated individuals and staff know how to practice hand hygiene and have the opportunity and access to supplies to do so.

- Ensure access to hand hygiene agents including soap and water or alcohol-based hand sanitizer. (Note that alcohol-based hand sanitizer must contain >60% alcohol.)
- Place hand sanitizer, tissues, and lined trash cans in all common areas of the facility and in cells.

4. Prevent the Spread of COVID-19

Encourage patients to receive treatment for respiratory symptoms.

- Place signs around the facility encouraging people with respiratory symptoms or fever to seek medical care.
- Do not charge a co-pay for medical visits related to respiratory symptoms or fever.

Implement isolation and quarantine areas.

- Isolate patients with COVID-19 until local public health authorities have determined that the patient can be returned to the general population.
- Quarantine cellmates of patients with COVID-19 for 14 days after their last exposure to the patient. Monitor patients under quarantine for symptoms of COVID-19 twice a day (template available [here](#)).
- Prevent other incarcerated individuals and non-essential personnel from entering the isolation and quarantine areas.
- Individuals incarcerated for violating isolation or quarantine orders should be held in the appropriate isolation or quarantine area and are subject to the same precautions as other individuals in those units.

Limit contact with COVID-19 patients.

- If possible, patients with COVID-19 should be housed in a private room. If this is not available, they should only be housed with other patients who also have lab-confirmed COVID-19.
- Patients with COVID-19 should have access to a bathroom that is only used by other individuals with COVID-19.
- Limit the number of healthcare providers and other staff who have contact with the patient.
- Keep a log of everyone who enters the room (template available [here](#)). These individuals should wear appropriate Personal Protective Equipment (PPE) while in the room and should self-monitor for symptoms of COVID-19 for 14 days.

Use appropriate Personal Protective Equipment (PPE) when in close contact with COVID-19 patients.

- Anyone entering the room of a COVID-19 patient, including healthcare workers and corrections officers, should wear gloves, a gown, a facemask or N95 respirator, and eye protection (i.e., goggles or a face shield).
- Patients with COVID-19 should wear a facemask while outside of their room or when others are in the room. If this is not possible (e.g., would further compromise respiratory status, difficult for patient to wear), have the patient cover their nose and mouth with a tissue when coughing.

Thoroughly clean all surfaces COVID-19 patients have come into contact with.

- Use [EPA-registered disinfectant](#) that is approved for use against coronavirus.
- Clean all touchable surfaces, such as counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables daily, or as needed. Also, clean any surfaces that may have blood, body fluids, and/or secretions or excretions on them.
- Launder linens (e.g. clothing, bedding) contaminated with blood, body fluids and/or secretions or excretions at the warmest temperatures recommended on the item's label.

5. Institute Control Measures

In the event that there are COVID-19 cases in the correctional facility or there is widespread COVID-19 transmission in the local community, the following temporary control measures can be considered:

- Restrict all non-essential personnel (e.g., volunteers, non-essential vendors).
- Limit movement of incarcerated individuals within the facility to reduce likelihood of exposure.
- Suspend all group activities.
- Close communal dining halls and deliver meals to residents.
- Restrict staff who are caring for COVID-19 patients from interacting with the general population.

6. Prevent the Spread to Other Facilities

- If a COVID-19 patient is scheduled to be transferred to another correctional facility, delay this transfer until public health authorities have determined that the patient can be returned to the general population.
- If a patient under quarantine is scheduled to be transferred to another correctional facility, delay this transfer until their 14-day quarantine period is over.
- If a COVID-19 patient needs to be transferred to a hospital by ambulance, alert the 911 operator that the patient has COVID-19 so EMS workers and hospital staff can take appropriate precautions.

7. Monitor Staff and Healthcare Providers

All staff who come into contact with a COVID-19 patient should:

- Sign in and out on a log to track who has entered the patient's room (template available [here](#)).
- Self-monitor for symptoms of COVID-19 while caring for the patient and for 14 days after last contact with patient (template available [here](#)).

Staff who develop any respiratory symptoms after exposure to a COVID-19 patient should:

- Notify their supervisor immediately.
- Call ahead if they need to consult a health provider.
- Remain home from work until they are approved to return by their employer and local health department officials.

For more information, please refer the following sources:

- [NC DHHS Coronavirus Website](#)
- [CDC Coronavirus Website](#)
- [NC Congregate Living Guidance](#)
- [NC Environmental Cleaning Guidance](#)

Donning and Doffing of Personal Protective Equipment (PPE)

Donning (Putting on):

- Perform hand hygiene** before putting on any PPE
- General approach to putting on this PPE combination for respiratory pathogens:
 - gown
 - respirator or facemask
 - goggles or face shield
 - gloves

Doffing (Taking off):

- Consider performing hand hygiene** using an alcohol based hand rub with gloves on prior to removing any PPE
- General approach to removing PPE for respiratory pathogens:
 - Gloves
 - goggles or face shield
 - gown
 - respirator or facemask
- Remove all PPE except respirator or facemask** at doorway or in anteroom
- Perform hand hygiene**
- Exit room
- Remove respirator or facemask **after leaving patient room and closing door**. Careful attention should be given to prevent contamination of clothing and skin during the process of removing PPE.
- Perform hand hygiene** after removing all PPE