

Coronavirus COVID-19: Guidance for Correctional And Detention Facilities

This guidance provides recommendations for preventing COVID-19 in correctional and detention facilities. The following measures should be taken to reduce the risk of transmitting COVID-19 between residents, staff, visitors, and the community.

LAYERED PREVENTION STRATEGIES TO PREVENT COVID-19

1) Vaccination

- Vaccination is the most important public health intervention for ending the COVID-19 pandemic.
- The COVID-19 vaccine is highly effective at preventing severe illness, hospitalization, and death.
- Correctional and detention facility staff must be vaccinated and boosted unless they were granted a medical or religious exemption.
- Strongly encourage residents to get vaccinated and stay **up to date** on their COVID-19 vaccine.
 - A person is considered **up to date** after they have received all recommended doses of the COVID-19 vaccine, including booster doses as applicable.
 - This includes individuals who:
 - Are fully vaccinated and boosted
 - Received their 2nd dose of an mRNA vaccine (Pfizer or Moderna) less than 5 months ago
 - OR**
 - A single J&J vaccine less than 2 months ago
- Find out more about:
 - *Staying Up to Date with Your Vaccines* at [cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html)
 - *COVID-19 Booster Shots*: [cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/booster-shot.html)
 - *COVID-19 Vaccines*: coronavirus.dc.gov/vaccine

2) Actively encourage staff to stay home if they are sick

- Staff with symptoms of COVID-19 should be encouraged to talk to their healthcare provider and seek testing.
- Staff who develop symptoms of COVID-19 while at the facility must be immediately sent home.

3) Masks

- **Due to the higher risk nature of congregate settings, all staff, residents, and visitors in correctional facilities must continue to wear well-fitting masks or respirators indoors, regardless of vaccination or booster status.**
- There are several types of masks and respirators which provide varying levels of protection to the wearer and to other people in the vicinity.
- More highly protective masks and respirators may be less comfortable to wear for prolonged periods of time.
- People should wear the most protective mask or respirator possible that they are able to wear consistently. Keep in mind, though, that **any mask is better than no mask**.
- Mask exceptions:
 - Masks should not be worn when eating or drinking.
 - Staff may remove their masks when alone in a private office.
- Residents may remove their masks when they are alone in a cell, bathing, or sleeping.
- Facilities should provide masks or respirators at no cost to staff and residents and launder cloth masks routinely.
- For more information, see *Mask and Respirator Guidance* at coronavirus.dc.gov/healthguidance

- Outdoors: Masks are not required outdoors. If masks are not worn outdoors, ensure that social distancing is maintained.

4) Social distancing

- Maintain at least 6 feet between all individuals in the facility as much as possible, regardless of vaccination or booster status.
- Minimize movement between different areas of the facility to limit potential for COVID-19 spread (e.g., maintain consistent staffing duty assignments to the same area of the facility and limit mixing of residents from different housing units).

5) Entry symptom screening and temperature checks

- **Facilities must perform verbal screening (e.g., symptom and exposure questionnaires) and temperature checks of staff, volunteers, visitors, and arriving residents prior to entering the facility.**
 - Screening and temperature checks must be done regardless of individuals' vaccination or booster status.
 - Verbal screening can be done in person or over the phone.
 - For *Screening Tool Guidance*, visit coronavirus.dc.gov/healthguidance.
- **Staff or visitors who report COVID-19 symptoms or testing positive for COVID-19 must not enter the facility.**

6) Screening testing

Screening testing is the routine testing of asymptomatic persons to detect COVID-19 early and prevent spread of COVID-19 in a facility. Screening testing is particularly important when COVID-19 community transmission levels are **MODERATE** to **HIGH**¹. Two types of screening testing may occur in a correctional facility: movement-based screening testing and routine screening testing.

Movement-associated screening testing and quarantine of residents

This process can prevent the spread of COVID-19 between facilities **and** between facilities and the community. It includes testing and consideration of routine quarantine of residents;

- **At intake**
- **Before transfer to another facility**
- **Before leaving the facility (for community visits or release from custody)**
- **COVID-19 testing** should be done on all residents arriving to or leaving a facility except those who:
 - Are up to date on their COVID-19 vaccine
 - Have recently tested positive for COVID-19 and are completing their medical isolation
 - Have a personal history of COVID-19 infection (with recovery) within the past 90 days
- **Type of test:**
 - Either type of SARS-CoV-2 **viral test** (NAAT <nucleic-acid amplification test> or antigen test) may be used
 - If antigen tests are used for screening of asymptomatic residents, positive results must be confirmed with a laboratory-based NAAT test. A positive resident must be treated as a presumptive positive and be placed in a private cell in isolation until confirmatory results return.
 - Residents who test positive must enter medical isolation (see *Isolation recommendations for individuals with confirmed or suspected COVID-19* below)

¹ To look up current levels of community transmission in DC, see the *CDC Data Tracker* at covid.cdc.gov/covid-data-tracker/#county-view

Intake testing and quarantine:

- While intake test results are pending, incoming residents should be housed separately from the general resident population (ideally individually, but they can be cohorted²).
- Consider **routine intake quarantine** of incoming residents for **10 days** especially if community transmission is **HIGH**¹.
 - If residents are on intake quarantine are cohorted, consider retesting them every 3 to 7 days, if community transmission levels are **HIGH**¹.
- **Do not house incoming residents who are awaiting intake test results or are on routine intake quarantine with residents quarantining because of close contact exposure to someone with COVID-19** (see **Quarantine of close contacts** section below), due to increased risk of transmission of infection from infected to uninfected residents.

Testing and quarantine for residents leaving a facility

- Perform COVID-19 testing as close to the transfer/release date as possible (no more than 3 days prior).
 - Wait for a negative test result prior to transfer to another facility or community visit.
 - If a resident must be released from custody prior to a test result, ensure there is a process in place to follow up on test results, and notification for positive test results.
- Consider **routine transfer/release quarantine** for residents for the **10 days** preceding the transfer/release date.
 - Routine transfer quarantine is especially recommended when the originating facility is known to have COVID-19 transmission occurring.
- Facilities may cohort residents on transfer or release quarantine, if necessary.

Routine screening testing of residents and staff

- Consider when community levels are **SUBSTANTIAL** or **HIGH**.
- To be effective, testing should occur at least weekly
- Routine screening testing can be broad-based or targeted.
- For more information on routine screening testing in correctional and detention facilities, see [cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html](https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html)

7) Quarantine of close contacts and medical isolation

Quarantine recommendations for close contacts³ of a confirmed case of COVID-19

Close contact quarantine is the process of separating individuals **who have been exposed to COVID-19** in case they develop symptoms of infection or test positive, for the duration of time that covers the incubation period of COVID-19, to prevent further spread.

Residents:

- **Who should quarantine?**
 - All residents who are exposed to a **suspected OR confirmed** case of COVID-19 who do not meet quarantine exemption criteria (see page 4)
 - If the original case tests negative, a resident can be released from quarantine.
- **Testing:**
 - COVID-19 viral testing should be performed immediately⁴ and again 5 days or more after

² **Cohorting** refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells..

³ A **close contact** is someone who was within 6 feet of a person who tested positive for COVID-19 for a cumulative 15 minutes or more over a 24-hour period, while that person was infectious

⁴ CDC defines “immediately” as no sooner than 24 hours after the exposure occurred.

- the last exposure.
- If test is positive, residents should be moved to an Isolation unit and follow the **ISOLATION** protocol (page 4).
- **Duration of quarantine:**
 - 10 days even if testing is negative
- **Process notes:**
 - Quarantined residents should be monitored for symptoms at least once a day.
 - Close contacts may quarantine in individual cells, or if necessary, can be cohorted with other close contacts.
 - **Do not cohort residents who are quarantining because of close contact exposure to COVID-19 with residents on other types of quarantine (e.g., routine intake, transfer, or release quarantine), due to risk of transmission from infected to uninfected residents.**

Staff:

- **Who should quarantine?**
 - Staff who are exposed to a **confirmed** case of COVID-19 who do not meet quarantine exemption criteria.
- **Testing:**
 - COVID-19 viral testing should be performed immediately and again 5 days or more after the last exposure
 - If positive, staff should follow **ISOLATION** instructions (below).
- **Duration of quarantine:**
 - 10 days even if testing is negative
 - Staff may follow quarantine guidance for the public when they are not at work but must wait a full 10 days before coming back to work.
 - For public quarantine guidance, see *Guidance for Close Contacts of a Person Confirmed to have COVID-19: Quarantine and Testing* at coronavirus.dc.gov/healthguidance.

Exemption criteria for quarantine:

- **Staff and residents who:**
 - Are up to date on their COVID-19 vaccine
 - OR**
 - Have a personal history of COVID-19 infection (with recovery) within the past 90 days

Medical isolation for individuals with confirmed or suspected COVID-19:

Isolation is the process of separating individuals with symptoms of an infection or confirmed diagnosis of an infection (like COVID-19) away from others, to prevent spread of a pathogen.

Duration of medical isolation for residents and staff:

- **Residents and staff** must complete at least a **10-day** isolation period counting from symptom onset date or positive test date (if it was an asymptomatic infection) before returning to (respectively) the general resident population or work. Before leaving isolation, an individual must be fever-free for at least 24 hours without the use of fever-lowering medications like Tylenol or ibuprofen and other symptoms must be improving⁵.
 - Staff may follow isolation guidance for the public when they are not at work, but must wait a full 10 days before coming back to work. See *Guidance for Isolation: People who Test Positive for COVID-19 and Their Household* at coronavirus.dc.gov/healthguidance.

⁵ **NOTE:** Symptoms of altered taste and smell may continue for weeks to months after recovery from COVID-19 and these symptoms do not need to keep people in isolation.

Resident notes:

- Ensure that isolation for possible or confirmed COVID-19 is operationally distinct from punitive solitary confinement. Staff should be instructed to refer to this as “medical isolation” to avoid confusion.
- Residents with **suspected or confirmed COVID-19** must be medically isolated and undergo medical evaluation.
 - If a resident with suspected COVID-19 tests negative, they may be released from medical isolation (as long as they are otherwise well enough to go back into the general population).
 - If a resident tests positive, they should be re-classified as **confirmed COVID-19** and moved to a confirmed COVID-19 medical isolation unit.
- Cohorting:
 - If necessary, facilities may house residents with confirmed COVID-19 as a cohort.
 - When cohorting residents with confirmed COVID-19, it is best to use a single, large, well-ventilated room with solid walls and a solid door that closes fully. This will conserve PPE use and decrease the risk of cross-contamination across different parts of the facility.
 - **Do not** cohort residents with suspected COVID-19. They should be prioritized for individual cells. If they subsequently test positive, they may then be moved to a confirmed COVID-19 cohort medical isolation area, as needed.
 - **Do not** mix residents with confirmed COVID-19 and residents with suspected COVID-19 or with residents who are on quarantine.
 - **Mixing cohorts is not acceptable due to high risk of transmission from infected to uninfected residents.**

Release or transfer of residents who have not yet completed medical isolation for COVID-19 or quarantine for exposure to a confirmed case of COVID-19

- Except when necessary to provide medical attention, **transfers** to other facilities should be delayed until a resident has completed their medical isolation or close contact quarantine. If transfer is required, receiving facility must be notified prior to departure.
- Residents who are being **released** from custody who have a positive COVID-19 test result or had an exposure to a known individual with COVID-19, and who have not yet completed their medical isolation or quarantine period, should be provided educational materials in a format that is easy to understand (e.g., plain language, primary language).

8) Hand hygiene

- Encourage frequent hand hygiene with soap and water. If soap and water are not available, use hand sanitizer with at least 60% alcohol.

9) Cleaning and disinfection

- For comprehensive information on cleaning and disinfection, including if someone with COVID-19 was or is at the facility, see [cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html](https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html).

ADDITIONAL OPERATIONAL CONSIDERATIONS

Staff Considerations

- Consider offering revised duties to staff who notify their supervisor that they are at increased risk for severe illness from COVID-19.

Considerations for Visitation

- Consider modifying visitation policies when community transmission levels are **HIGH¹**.

- Provide alternatives to in-person visits (e.g., phone or video visits).

Communication:

- Clearly communicate COVID-19 policies and screening process with staff, residents, and visitors.
- Communicate with the public about any changes to visitation programs.

PPE:

Recommended PPE and PPE Training

- Routinely train all staff (healthcare and non-healthcare) and residents to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with individuals with confirmed and suspected COVID-19.
 - Ensure strict adherence to OSHA PPE requirements.
 - Ensure that staff and residents who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer’s respiratory protection program. For more information about respiratory protection programs, visit [cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3respirator.html](https://www.cdc.gov/niosh/npptl/topics/respirators/disp_part/respsource3respirator.html).
 - Ensure that all staff are trained to perform hand hygiene after removing PPE.
 - Ensure that PPE is readily available where and when needed, and that PPE donning/doffing/disposal stations have been set up outside all spaces where PPE will be used.
- Types of PPE that may be required (see **Table 1** on pages 7-8 for more information):
 - **N95 respirator**
 - **International Respirator or Disposable procedure mask**
 - **Eye protection**
 - **A single pair of disposable patient examination gloves**
 - **Disposable medical isolation gown**
- Staff providing **medical care** to residents must follow guidance for *Required Personal Protective Equipment (PPE) for Healthcare Facilities* at [coronavirus.dc.gov/healthguidance](https://www.coronavirus.dc.gov/healthguidance).
 - If PPE shortages are anticipated during the COVID-19 pandemic, email coronavirus@dc.gov.

REPORTING

- ALL positive COVID-19 test results in staff or residents must be reported immediately to DC Health.
 - Facilities must report all positive **staff** cases.
 - Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dchealth.dc.gov/page/covid-19-reporting-requirements
 - Submit a **Non-Healthcare Facility COVID-19 Consult Form**
 - Healthcare providers reporting positive **resident** cases must follow reporting guidelines outlined in the DC Health Notice *Updated Priorities for COVID-19 Testing, Guidelines for Reporting, and Discontinuation of Home Isolation (8/3/20)* at dchealth.dc.gov/node/1490616.
 - Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dchealth.dc.gov/page/covid-19-reporting-requirements
 - Complete the **COVID-19 Reporting Form** in the **Healthcare providers or clinical laboratories** section
- **All residents being released from custody while still on medical isolation or quarantine to any setting where there will not be Department of Corrections follow up, must be reported to DC Health.**

- Notify DC Health by submitting an online form on the DC Health COVID-19 Reporting Requirements website dchealth.dc.gov/page/covid-19-reporting-requirements.
 - Submit a **Non-Healthcare Facility COVID-19 Consult Form**.
- An investigator from DC Health will follow up within 24 hours to all appropriately submitted inquiries.

These guidelines will continue to be updated as the situation evolves. Please visit coronavirus.dc.gov regularly for the most current information.

Table 1. Recommended Personal Protective Equipment (PPE) for Residents and Staff in a Correctional or Detention Facility during the COVID-19 Response

	NIOSH-approved Respirator (e.g., N95)	International Respirator (e.g., KN95) or Disposable Procedure Mask	Eye Protection	Gown	Gloves
Residents					
Living or working in areas of facility not designated for quarantine or medical isolation		X*			
On quarantine due to close-contact exposure to someone suspected or confirmed to have COVID-19.		X*			
With confirmed or suspected COVID-19, or showing symptoms of COVID-19.		X*			
Handling laundry or used food service items from someone with COVID-19 or their close contacts.		X*	X^	X^	X
Working in quarantine or isolation areas (<i>without</i> close contact with persons under quarantine or isolation)	X				
Working in quarantine or isolation areas (<i>with</i> close contact with persons under quarantine or isolation)	X			X	X
Staff					
Working in quarantine or isolation areas (<i>without</i> close contact with persons under quarantine or isolation)		X			
Performing temperature checks on persons not under quarantine or isolation (staff, visitors, or residents)		X	X		X
Having direct contact with (including transport) or offering medical care to	X		X	X	X

persons under quarantine or isolation					
Present during procedures that may generate infectious aerosols on persons under quarantine or isolation	X		X	X	X
Handling laundry or used food service items from persons under quarantine or isolation.		X	X [^]	X [^]	X

* Cloth face coverings are also acceptable in these scenarios

[^] Eye protection and gowns should be added if there is a risk of splashes or sprays, if clothing will come in contact with laundry or used food service items, or if required based on selected cleaning product.