This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of March 30, 2020.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.
Finding the CDC guidance for corrections

What types of facilities does the guidance cover?

- Prisons
- Jails
- Detention Centers

Size

Onsite healthcare capacity
Navigating the CDC Guidance Document

PREPARE
Communications
Personnel Practices
Operations
Supplies

PREVENT
Hygiene
Cleaning
Screening for Symptoms
Social Distancing

MANAGE
Medical Isolation
Quarantine
Infection Control
Clinical Care

Make sure to look at recommendations from all phases, regardless of whether you have cases
PREPARE

COMMUNICATE with local public health

IDENTIFY medical isolation and quarantine spaces ahead of time

PLAN for staff absences and encourage sick employees to stay home

POST information around the facility on COVID-19 symptoms and hygiene

CHECK supply stocks (cleaning supplies, hand washing supplies, medical supplies, PPE)
Communications Resources

A quick note on...SOAP

Make sure it is:
• Free
• Accessible
• Restocked continually
• Not irritating to skin

Alcohol-based hand sanitizer (at least 60% alcohol) is a good alternative when soap & water aren’t available – consider loosening restrictions where feasible
PREVENT

- **RAMP UP** cleaning schedule & hand hygiene reminders
- **LIMIT** transfers between facilities
- **SCREEN** everyone coming in for symptoms (new intakes, staff, visitors)
- **IMPLEMENT** social distancing
- **MAKE SURE** everyone knows what to do if they have symptoms
- **ENCOURAGE** non-contact visits or consider suspending visitation
Screening

1. Today or in the past 24 hours, have you had any of the following symptoms?
   - Fever, felt feverish, or had chills?
   - Cough?
   - Difficulty breathing?

2. In the past 14 days, have you had contact with a person known to be infected with coronavirus (COVID-19)?

3. Take the person’s temperature

- **New intakes** – AT SALLYPORT
- **Incarcerated people leaving the facility**
- **Staff** – daily on entry
- **Visitors**
Social Distancing

• Ideally 6 feet between people (sick or not)
• Decrease frequency of contact

Reduces risk of spreading disease
**Common areas**
- Enforce increased space between people in holding cells, lines, or waiting areas such as intake (e.g., remove every other chair in a waiting area).

**Recreation**
- Choose spaces where people can spread out.
- Stagger time in recreation spaces.
- Assign each housing unit a dedicated recreation space to avoid mixing and cross-contamination.

**Meals**
- Stagger meals.
- Rearrange seating in the dining hall (e.g., remove every other chair and use only one side of the table).
- Provide meals inside housing units or cells.

**Group activities**
- Limit their size.
- Increase space between people.
- Suspend group programs where people will be in closer contact than in their housing environment.
- Choose outdoor areas or other areas where people can spread out.

**Housing**
- Reassign bunks to provide more space between people.
- Sleep head to foot.
- Minimize mixing of people from different housing areas.

**Medical**
- Designate a room near each housing unit to evaluate people with COVID-19 symptoms.
- Stagger sick call.
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process.

**NOT one-size-fits-all**...each facility will need to choose what works for them.

COMMUNICATE the reasons for social distancing.
MANAGE

- SUSPEND all non-medical transfers
- INTEGRATE screening into release planning
- COORDINATE with public health
- MASK & MEDICALLY ISOLATE symptomatic people
- IDENTIFY & QUARANTINE close contacts
- WEAR recommended PPE
- PROVIDE clinical care or transfer for care
- COMMUNICATE clearly & often
**MEDICAL ISOLATION**

**Who:** Symptomatic people

**What:** MASK & separate from others

**When:** Immediately once symptoms appear

**Where:** Ideally, an individual cell

**Why:** Prevent exposing others
Evaluate, test if needed
Give care

**How long:** It’s complicated
(More on next slide)

**QUARANTINE**

**Who:** Close contacts of a known or suspected case (staff or incarcerated)

**What:** Separate from others
Monitor for symptoms

**When:** Once identified as a close contact

**Where:** Ideally, an individual cell
(if incarcerated)
At home (if staff)

**Why:** Prevent exposing others if infected

**How long:** 14 days
Medical Isolation

Isolate anyone with symptoms of COVID-19

- MASK for source control
- Separate from others (individually if possible) & restrict movement
- Provide with tissues, trash can, and hand hygiene supplies
- Notify public health
- Clean & disinfect thoroughly
- Evaluate and test, if indicated
- Give care (or transfer for care)
Options for Medical Isolation
when multiple people need to be isolated due to COVID-19

**IDEAL: SEPARATELY**
- Single cells with solid walls & solid door
- Single cells with solid walls

**NEXT BEST: AS A COHORT – use social distancing**
- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)

**LAST RESORT: TRANSFER**
- Transfer to a facility with isolation space

(LAST RESORT due to possibility of introducing COVID-19 to another facility)
CAUTIONS for Cohorting COVID-19 Cases

**DO NOT** COHORT CONFIRMED CASES WITH SUSPECTED CASES

**DO NOT** COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIONS

PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions

USE SOCIAL DISTANCING AS MUCH AS POSSIBLE
When Does Medical Isolation End?

**Test-based strategy**

- Fever-free for $\geq 72$ hours (without fever reducing medications) AND
- Respiratory symptoms have improved AND
- Tested negative in $\geq 2$ consecutive respiratory specimens collected $\geq 24$ hours apart

**Symptom-based strategy**

- Fever-free for $\geq 72$ hours (without fever reducing medications) AND
- Respiratory symptoms have improved AND
- At least 7 days have passed since the first symptoms appeared

**If the person had a positive test but never had symptoms**

- At least 7 days have passed since the first positive COVID-19 test AND
- The person has had no subsequent illness
Quarantine

A close contact is anyone who:

• Has been within 6 feet of a confirmed/suspected case for a prolonged period of time

OR

• Has had contact with infectious secretions from a confirmed/suspected case (e.g., coughed on)

Identify close contacts

Mask as source control, if PPE stocks allow

Separate from others (ideally individually) & restrict movement

Monitor symptoms 2x per day

If symptoms develop, immediately mask and medically isolate

If cohorting and another case develops, 14-day clock restarts

Return to previous housing and lift movement restrictions after 14 days if no symptoms develop
Options for Quarantine

when multiple close contacts of a COVID-19 case need to be quarantined

**IDEAL: SEPARATELY**
- Single cells with solid walls & solid door
- Single cells with solid walls

**NEXT BEST: AS A COHORT – use social distancing**
- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)
- If a whole housing unit has been exposed: quarantine in place, with no movement outside the unit

**LAST RESORT: TRANSFER**
- Transfer to a facility with quarantine space

(LAST RESORT due to possibility of introducing COVID-19 to another facility)
CAUTIONS for Cohorting Close Contacts of COVID-19 Cases

- Monitor symptoms closely, and immediately place symptomatic people under medical isolation to prevent further spread. (14-day clock restarts)

- Prioritize single cells for people at higher risk of severe illness from COVID-19:
  - Older adults
  - People with serious underlying medical conditions

- Do not add people to an existing quarantine cohort.

- Do not mix people quarantined due to exposure with people under routine intake quarantine.
Clinical Care for Patients with COVID-19

• Refer to full CDC guidance at https://www.cdc.gov/coronavirus/2019-ncov/index.html:
  • Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
  • CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)

• Evaluate people for COVID-19 at the first sign of symptoms
  • Include assessment of high risk status
  • Test for other causes of respiratory illness (e.g., influenza)

• Have a plan in place to safely transport cases to a local hospital if they need care beyond what the facility can provide
Infection Control & PPE

- Refer to full CDC guidance at https://www.cdc.gov/coronavirus/2019-ncov/index.html:
  - CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
  - NOTE: language is not specific for correctional settings – implement as fully as able, may need to adapt

- Assess PPE needs based on the type of contact a person has with a confirmed/suspected COVID-19 case (see full guidance document and accompanying PPE table – details on next 2 slides)

- Minimize contact with a symptomatic person until that person is wearing a mask (6 feet if possible)

- Clean duty belt, gear, clothing that comes into contact with a symptomatic person

- Wash hands thoroughly after any contact
Infection Control & PPE

• Nationwide shortages are expected for all PPE categories:


Some strategies include:

• **N95 respirators**: Face masks are an acceptable alternative to N95 respirators when supplies are limited. N95s should be prioritized for procedures expected to generate infectious aerosols.

• **Face masks**: Extended use for multiple patients; use beyond shelf life; reuse; prioritize for splashes/sprays; increase ventilation; homemade masks

• **Eye protection**: Choose reusable options if available; use beyond shelf life; extended use for multiple patients; clean disposable units; prioritize for splashes/sprays

• **Gowns**: Cloth/reusable options; use beyond shelf life; use gowns meeting international standards; prioritize for splashes/sprays/high-contact; other garments
Recommended PPE

PPE recommended for staff and incarcerated people depends on the level of contact they have with COVID-19 cases and/or contaminated materials.

2nd to last page of guidance document

NOTE: Change to table forthcoming – staff performing temperature checks do NOT need to wear gowns/coveralls.

* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility’s general population, face masks are not necessary.

**A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks can be used as an alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.
Q & A