

## VDH COVID-19 Interim Guidance for Correctional Facilities as of April 17, 2020

Summary of major changes made from the previous version (April 3, 2020):

- Added the recommendations for cloth facemasks for all staff and incarcerated persons, if feasible
- Added the recommendation to consider 14-day quarantine for all new intakes
- Clarified that solitary confinement spaces should not be used for medical isolation if at all possible

The [Centers for Disease Control and Prevention \(CDC\)](#) and the [Virginia Department of Health \(VDH\)](#) recommend that extensive activities be put in place to slow the spread of COVID-19 and other respiratory virus infections, minimize their impact and protect the most vulnerable populations. Individuals, communities, businesses, correctional facilities, and healthcare organizations all have key roles in this strategy. Special consideration and attention should be paid to correctional and detention facilities due to unique challenges for control of COVID-19 transmission among incarcerated persons, staff, and visitors as these facilities can include a range of components (e.g., custody, housing, healthcare, food service, recreation, education) in a single physical setting.

A COVID-19 outbreak in a correctional facility is defined as suspected if one confirmed COVID-19 case and additional related cases with signs or symptoms are identified and as confirmed if two lab-confirmed cases with links outside of a household setting are identified. Outbreaks require interventions to be put in place for the correctional facility.

Implementation of these interventions are essential for protecting incarcerated persons and staff as well as limiting the impact on the healthcare system and slowing the spread within the greater community. If infected, certain incarcerated persons and staff may be at higher risk for morbidity and mortality [due to age or underlying risk factors](#). New or transferred incarcerated persons, ill staff, or visitors are the most likely sources of introduction of COVID-19 to correctional facilities. Visitor restriction and incarcerated person and staff screening for fever and respiratory symptoms are essential to reducing the impact of outbreaks in such settings.

### **Steps to Take Now (Before Identification of Cases or an Outbreak)**

- Review and stay up to date on CDC's recommendations regarding COVID-19 in correctional and detention facilities. As of this writing, there is one primary recommendation document: [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#).
  - CDC has also developed responses for a variety of [frequently asked questions for correctional facility administrators, staff, incarcerated persons and families](#).
  - Additional guidance may be applicable for correctional and detention facilities from: [Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed COVID-19 in Healthcare Settings](#), [Interim Clinical Guidance for Management of Patient with Confirmed COVID-19](#) and [Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States](#).
- Prepare

- Develop a structure for planning and decision making. Include local public health partners, local hospitals or healthcare facilities utilized by the facility, and other correctional facilities.
- Review existing pandemic plans and revise for COVID-19.
- Communicate with ALL staff, incarcerated persons and visitors about COVID-19 and facility response plans
  - Post [signage](#) about COVID-19 symptoms and prevention steps
- Develop contingency plans for reduced workforce due to absences
- Ensure that sufficient stocks of hygiene, cleaning, PPE and medical supplies are available
  - Train staff and incarcerated persons who might come into contact with infectious materials on how to properly don, doff and dispose of PPE
- Offer seasonal flu shots to staff and incarcerated persons
- Provide no-cost access to soap and water and encourage frequent hand washing for all staff and incarcerated persons
- Designate appropriate space for [medical isolation](#) and potential quarantining of close contacts at your facility
  - Solitary confinement or other punitive spaces should not be used
    - If such a space is the only option, the space should be outfitted with anything the incarcerated person would have in their normal cell (communication options, entertainment, toiletries, etc.)
- Obtain testing materials for COVID-19, either from the [local health department](#) or a private lab, and understand testing criteria and process to reduce delay in testing and submission of specimens if suspected cases are identified
  - [VDH testing criteria](#)
  - [VDH online COVID-19 testing request form](#)
  - [Division of Consolidated Laboratory Services \(DCLS\) SARS-CoV2 Testing Instructions](#)
- Consider and plan for the mental health implications of reduced visitation and interaction
  - Develop ways to continue to provide critical services, such as mental health support
- Ensure liberal sick leave policies are in place and that staff know to stay home if ill
- Prevent
  - Restrict unnecessary transfers to and from other jurisdictions and postpone non-urgent medical visits
    - Perform pre-intake/pre-transfer temperature and symptom screening if transfer is necessary
  - If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPERATELY from other individuals who are quarantined because of contact with a COVID-19 case)
  - Utilize alternative strategies to in-person court appearances, when possible
  - Implement staff [temperature and symptom screening](#) prior to entering the facility
    - Require staff to stay home if sick and to leave work if they develop symptoms while on the job
    - Provide sick leave to encourage adherence
    - Encourage telework of appropriate staff

- Remind staff to maintain distance and limit contact and interactions with others to the extent possible
    - Encourage all staff to wear a [cloth facemask](#) as long as it does not interfere with their job duties
      - Staff caring for a known or suspected COVID-19 patient should wear appropriate PPE (facemask or respirator, gown, gloves, eye protection) per [CDC's guidance](#)
  - Restrict or temporarily cancel in-person visitation in favor of electronic options
    - If visitation continues, implement temperature and symptom screening of all visitors. Require the visitor to wear a mask and perform hand hygiene and escort the visitor directly to and from the visitation area.
  - Implement social distancing strategies to increase the physical space between people
    - Consider staggering meals and recreation time
    - Limit mixing housing units during meals and recreation if possible
    - Limit group activity size or consider cancellation of group activities
    - If space allows, reassign beds to allow for more space between individuals
    - If possible, designate a room near each housing unit to be used for evaluating individuals with COVID-19 symptoms rather than having them walk through the entire facility.
    - If appropriate, permit incarcerated persons to wear [cloth facemasks](#).
  - Clean and disinfect the facility
    - Adhere to the [recommendations for cleaning and disinfection for community facilities](#)
    - Refer to [List N](#) on the EPA website for EPA-registered disinfectants that have qualified under EPA's emerging viral pathogens program for use against SARS-CoV-2
    - Consider increasing the number of staff or incarcerated persons trained and responsible for cleaning common areas to increase cleaning and disinfection intensity and frequency
  - Notify your [local health department](#) if individuals with known or suspected COVID-19 are identified, if severe respiratory infection is identified, or if clusters ( $\geq 2$  incarcerated persons/staff) are identified with respiratory infection
  - Continue to communicate regularly with staff, incarcerated persons, and partners about the disease, prevention measures, and the status of policies at the facility
- Manage
  - As soon as anyone develops symptoms of COVID-19, provide the individual with a facemask and isolate him or her from others. If this is a staff member, send the individual home. For incarcerated persons:
    - Limit movement outside of the medical isolation space
      - Assign a dedicated bathroom, ideally attached to the room
      - Exclude from activities
      - Provide meals and medical care within the isolation space
      - If leaving the space is required or if staff enter the isolation area, the incarcerated person should wear a facemask
    - Designate staff to monitor the incarcerated person
    - If release from custody occurs during medical isolation, arrange for safe transport and continuity of medical isolation

- Following guidance for release from medical isolation:
  - *With testing:*
    - Resolution of fever without medication for three days **and**
    - Improvement in respiratory symptoms **and**
    - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected  $\geq$  24 hours apart.
  - *Without testing:*
    - Resolution of fever without medication for three days **and**
    - Improvement in respiratory symptoms **and**
    - At least 7 days have passed since symptoms first appeared
  - *For those who never showed symptoms:*
    - At least 7 days have passed since first positive test **and**
    - No development of new symptoms
  - *For those who are immunocompromised, see [ending isolation for immunocompromised persons with COVID-19](#)*
- Quarantine close contacts for 14 days from last exposure with twice daily symptom and temperature checks
  - Consider the infectious period to begin 48 hours before symptom onset.
  - Close contact includes spending 10 minutes or more within six feet from a symptomatic case or having direct contact with secretions.
  - Individual quarantine is preferable
    - CDC provides a [hierarchy of preferred options](#) if cohorting is necessary
  - Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply.
- Inform staff of the situation, reinforce the importance of social distancing and hygiene precautions, and institute daily temperature checks of persons detained in the same housing unit as the person with symptoms of COVID-19.

### Steps to Take during an Outbreak

- Immediately notify the [local health department](#)
- Coordinate with the local health department for testing to confirm a COVID-19 outbreak as recommended (testing of 3-5 ill residents/staff)
  - Additional testing of symptomatic healthcare staff, other facility staff, and incarcerated persons with direct contact to a confirmed case will be prioritized by public health as resources allow.
- In addition to continuing with steps taken prior to an outbreak, take the following actions:

#### *Facility Wide:*

- Maintain a line list of affected incarcerated persons and staff
- Continue to provide clear communication to staff, incarcerated persons and family members
- Cancel group activities, visitation and group dining
  - Increase access to mental health care and remote visitation/activity options
- Intensify cleaning and disinfection of frequently touched surfaces

#### *Staff:*

- Implement protocols for cohorting staff

- Assess staff exposures to known cases with guidance from the local health department as needed
- For impacted healthcare personnel (HCP) and essential staff, refer to [CDC’s Criteria for Return to Work for HCP with Confirmed or Suspected COVID-19](#).
  - *Test-based strategy* (if testing is feasible) Exclude from work until:
    - Resolution of fever without the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms **and**
    - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart.
  - *Non-test-based strategy*. Exclude from work until:
    - At least three days have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and**
    - Improvement in respiratory symptoms **and**
    - At least 7 days have passed since symptoms first appeared.
  - If there are staffing shortages, permit asymptomatic, exposed HCP and critical staff may return to work as needed to maintain staffing capacity if they can adhere to:
    - Wearing a mask at all times while in the facility until all symptoms are completely resolved or until 14 days after illness onset or last exposure to a confirmed case
    - Restrict contact with severely immunocompromised patients until 14 days after illness onset
    - Adhere to hand hygiene, respiratory hygiene, and cough etiquette
    - Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.

*Incarcerated persons:*

- Encourage incarcerated persons to report symptoms of COVID-19 to staff
- Restrict incarcerated persons to their housing area except for medically necessary purposes
  - If they leave their housing area, incarcerated persons should wear a cloth facemask, perform hand hygiene, limit their movement in the facility, and perform social distancing
- Implement protocols for cohorting ill incarcerated persons with dedicated staff when it is no longer possible to provide a separate isolation area for each ill person
- Implement daily temperature checks for incarcerated persons in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated persons are not notifying staff of symptoms
- Follow recommendations for medical isolation as described in Steps to Take Now (Before an Outbreak)
- If release from custody occurs during quarantine:
  - Perform temperature and symptom screening immediately prior to release
  - Attempt to arrange for continuity of quarantine after release, especially if release will be to another congregate setting

For more details, see CDC’s [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#) and CDC’s [FAQs for administrators, staff, people who are incarcerated, and families](#).