

VDH COVID-19 Interim Guidance for Correctional Facilities
as of July 20, 2020

Updates as of July 20, 2020:

- Updated recommendations for discontinuing isolation:
 - Except for rare situations, a test-based strategy is no longer recommended to determine when to discontinue Transmission-Based Precautions or release from medical isolation
 - Symptom-based criteria changed from “at least 72 hours” to “at least 24 hours” have passed *since last* fever without the use of fever-reducing medications
- Added testing considerations per CDC’s [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](#).
- Added release and re-entry considerations.
- Added recommended PPE table.
- Updated the time component of the close contact definition from 10 minutes to 15 minutes.
- Clarified that any duration should be considered prolonged if exposure occurred during performance of an aerosol-generating procedure.
- Updated the start of the infectious period for someone without symptoms who has confirmed COVID-19 to two days prior to collection of the positive specimen.

Updates as of May 3, 2020:

- Updated guidance for when to release confirmed cases from medical isolation and when to allow staff to return to work after illness with COVID-19. The minimum amount of time is now 10 days from symptom onset or first positive test.
- Updated symptoms to consider when screening staff and incarcerated persons

Updates as of April 17, 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. Additional challenges in these settings include potential high turnover of occupants and staff, newly incarcerated persons coming from different geographic areas, limited access to health care, challenges with limited space, implementation of disease prevention measures, social distancing and hesitancy of incarcerated persons to disclose symptoms.

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.

Preparedness and Prevention

- Review and stay up to date on CDC’s recommendations regarding COVID-19 in correctional and detention facilities. As of this writing, there are two primary recommendation documents: [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#) and [Interim Considerations for SARS-CoV-2 Testing 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
 - Encourage all persons in the facility to practice good cough and sneeze etiquette and good hand hygiene, to wear face coverings unless PPE is indicated, to avoid touching the eyes, nose, or mouth without first performing hand hygiene, to avoid sharing eating utensils, and to avoid non-essential physical contact.
 - Develop contingency plans for reduced workforce due to absences
 - Ensure liberal sick leave policies are in place and that staff know to stay home if ill
 - Plan for how to change staff duty assignments to prevent unnecessary movement between housing units during a COVID-19 outbreak
 - 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

- People with these symptoms or combinations of these symptoms may have COVID-19:
 - Fever or chills
 - Cough
 - Shortness of breath or difficulty breathing
 - Fatigue
 - Muscle or body aches
 - Headache
 - New loss of taste or smell
 - Sore throat
 - Congestion or runny nose
 - Nausea or vomiting
 - Diarrhea
- Require staff to stay home if sick and to leave work immediately 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](#)
- Provide cloth face coverings and perform pre-intake [screening and temperature checks](#) for all newly incarcerated persons to identify and immediately place individuals with symptoms under medical isolation. Screening should take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry, before beginning the intake process. Staff performing temperature checks should wear recommended PPE (surgical mask, eye protection and gloves).
 - If possible, consider testing and 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)
- 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 face covering and perform hand hygiene and escort the visitor directly to and from the visitation area. Consider using outdoor areas for visitation if possible. Encourage social distancing if visitation occurs.
- 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 to reduce the size of cohorts impacted if a case is identified
 - Limit group activity size or consider cancellation of group activities that do not allow for distancing of at least 6 feet

- If space allows, reassign beds to allow for more space between individuals, arrange bunks so that individuals sleep head to foot to increase distance between their faces, and minimize the number of individuals housed in the same room as much as possible.
 - 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 and frequently touched surfaces 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 (≥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

Management of Cases or Outbreaks

- Identify and Isolate Cases:
 - Encourage incarcerated persons and staff to report symptoms of COVID-19 between screenings.
 - 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 and ensure they follow [CDC-recommended steps](#) for persons who are ill with COVID-19 symptoms including self-isolation at home, contacting their healthcare provider as soon as possible to determine if evaluation and testing are needed, and contacting their supervisor. 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.
 - Notify and coordinate with the local health department regarding release of an individual under isolation.
 - If the facility is housing individuals with confirmed COVID-19 as a cohort, only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation together.

Do NOT cohort those with confirmed COVID-19 with those with suspected COVID-19, or with close contacts of individuals with confirmed COVID-19.

- If cohorting for medical isolation:
 - Use one large space rather than several smaller spaces to conserve PPE and reduce the chance of cross-contamination.
 - Use a well-ventilated room with solid walls and a door that closes fully.
 - Keep staff assignments to isolation spaces as consistent as possible.
- Individuals with COVID-19 signs or symptoms should be referred to a healthcare provider for evaluation and testing (including staff and incarcerated persons)
- Individual cases and suspected outbreaks should be reported to the [local health department](#) within 24 hours.
- Maintain medical isolation until all the following criteria have been met from the selected strategy. A test-based strategy is no longer recommended due to reports of prolonged detection of RNA, but can still be used in some circumstances.

For those who showed symptoms:

- *Symptom-based strategy (Recommended):*
 - At least 10 days have passed *since symptoms first appeared* **and**
 - At least 24 hours have passed *since last fever* without the use of fever-reducing medications **and**
 - Symptoms (e.g., cough, shortness of breath) have improved
- *Test-based strategy (Not Recommended):*
 - Resolution of fever **without** the use of fever-reducing medications **and**
 - Improvement in symptoms (e.g., cough, shortness of breath) **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive respiratory specimens collected ≥ 24 hours apart. Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

For those who never showed symptoms:

- *Time-based strategy (Recommended):*
 - At least 10 days have passed since the date of their first positive COVID-19 diagnostic test **and**
 - No development of new symptoms
 - Note: because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- *Test-based strategy (Not Recommended)* as described above.

For those who are immunocompromised, see [discontinuation of isolation for persons with COVID-19 not in healthcare settings](#). For severely immunocompromised and

severely ill patients who have been hospitalized, Transmission-Based precautions are recommended for a longer duration. See CDC’s [Discontinuation of Transmission-Based Precautions and Disposition of Patients with COVID-19 in Healthcare Settings \(Interim Guidance\)](#).

- Thoroughly clean and disinfect all areas where individuals with confirmed or suspected COVID-19 spent time.
 - Close off impacted areas and wait as long as possible, up to 24 hours under the poorest air exchange conditions, before beginning to clean and disinfect the area.
- Identify Close Contacts:
 - Identify all close contacts of the person with COVID-19 during the infectious period and maintain a line list of affected incarcerated persons and staff
 - Consider the infectious period to be two days before symptom onset until the time the person is medically isolated. For asymptomatic cases, consider the infectious period to begin two days before positive specimen collection.
 - [Close contact](#) includes spending 15 minutes or more within six feet from a person with confirmed COVID-19 or having direct contact with infectious secretions from someone with COVID-19 (e.g., have been coughed on) when not wearing recommended PPE at the time of contact. A cloth face covering is NOT considered PPE. Any duration should be considered prolonged during performance of an [aerosol-generating procedure](#) (e.g., sputum induction, cardiopulmonary resuscitation).
- Test and Quarantine Close Contacts:
 - Test **all** close contacts of persons with COVID-19
 - Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that contacts of cases be quickly identified and tested
 - Close contacts with a positive test for infection will need to be isolated
 - Quarantine close contacts for 14 days from last exposure with twice daily symptom and temperature checks. Even if a close contact has a negative test for infection, they should still be quarantined for 14 days.
 - Individual quarantine is preferable
 - CDC provides a [hierarchy of preferred options](#) if cohorting is necessary
 - Meals should be provided to quarantined individuals in their quarantine spaces.
 - If quarantined individuals leave the quarantine space for any reason, they should wear a cloth face covering as source control, if not already wearing one. If individuals are quarantined as a cohort, they should wear a cloth face covering at all times.
 - If an individual who is part of a cohort becomes symptomatic and tests positive or becomes symptomatic and is never tested, the quarantine clock for the remainder of the cohort must be reset to zero.
 - Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply.
 - Staff assignments to quarantine spaces should remain as consistent as possible, and these staff should limit their movement to other parts of the facility.
 - If release from custody occurs during quarantine:
 - Consider testing before release

- Perform temperature and symptom screening immediately before release
 - Attempt to arrange for continuity of quarantine after release, especially if release will be to another congregate setting.
 - Notify and coordinate with the local health department regarding release of an individual under quarantine.
 - 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.
- Consider Testing Broadly:
 - Congregate living or working conditions, such as correctional and detention facilities, have potential for rapid and widespread transmission of SARS-CoV-2. Performing contact investigations may be resource intensive and challenging. If contact tracing is not practicable, or if there is a concern for widespread transmission in the facility following identification of new-onset SARS-CoV-2 infection among incarcerated person or staff, facility management should consider a broader retesting strategy, beyond testing only close contacts within the facility to reduce the chances of a large outbreak.
 - Expanded testing should only be implemented if the facility has the resources and ability to act on the results of testing (i.e., placing newly identified cases under medical isolation). Before implementing expanded testing strategies, the facility should consider how operations will need to be modified based on test results, such as the identification of additional isolation spaces, cleaning and disinfection of housing areas, plans for moving large numbers of people into different housing arrangements, selection of a strategy for release from medical isolation, management of staff testing, the management of testing refusal by staff or incarcerated persons, the availability of testing, and testing turnaround times.
 - Expanded testing of asymptomatic incarcerated persons with known/suspected close contact:
 - Testing may be considered for cohorts of asymptomatic people identified as potential contacts of a case who are quarantining together.
 - After baseline testing, to prevent continued transmission of the virus within a quarantined cohort of people, re-testing of incarcerated persons who tested negative at baseline could be considered every 3 to 7 days. Turnaround time for lab results should be considered when implementing this strategy as should the availability of supplies and staff, financial resources to fund repeat testing, and the capacity of partnering laboratories performing the testing.
 - Expanded testing of asymptomatic incarcerated persons without known or suspected close contact:
 - Baseline testing of all currently incarcerated persons and all newly incarcerated persons at intake may be considered to identify asymptomatic cases and to limit introduction from the community into the general population. Intake testing should be coupled with a 14 day routine intake quarantine, if possible, even if intake testing results are negative.
- Staff Considerations
 - Implement protocols for cohorting and testing staff

- If there are staffing shortages, permit asymptomatic, [exposed critical staff to return to work as needed to maintain staffing capacity](#) if they can adhere to:
 - Wearing a facemask or cloth face covering at all times while in the facility until 14 days after last exposure to a confirmed case
 - Restricting contact with severely immunocompromised patients until 14 days after illness onset
 - Adhering to hand hygiene, respiratory, and cough etiquette
 - Self-monitoring for symptoms and seeking re-evaluation from occupational health if respiratory or other symptoms develop
- Several testing strategies are available if critical staff must return to work before the end of the 14 day quarantine period after close contact with someone with COVID-19.
 - See CDC’s [Testing Strategy for COVID-19 in High-Density Critical Infrastructure Workplaces After a COVID-19 Case is Identified](#).
- Release and Re-Entry Considerations
 - Consider implementing release quarantine (ideally in a single cell) for 14 days before an individual’s projected release date.
 - Consider testing individuals before release, particularly if they will be released to a congregate setting or to a household with persons at increased risk for severe illness from COVID-19.
 - Screen all releasing individuals for symptoms and perform a temperature check.
 - If isolation or quarantine is indicated after release, coordinate with the local health department and make direct linkages to community resources to ensure proper access to medical care.
 - Ensure that facility re-entry programs include information on accessing housing, social services, mental health services, and medical care within the context of social distancing restrictions and limited community business operations related to COVID-19.

For more details, see CDC’s [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#), CDC’s [FAQs for administrators, staff, people who are incarcerated, and families](#) and CDC’s [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](#).

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated Persons and Staff in a Correctional or Detention Facility during the COVID-19 Response ([from CDC](#))

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of someone with COVID-19*)	Use surgical masks or cloth face coverings as source control (NOTE: cloth face coverings are NOT PPE and may not protect the wearer. Prioritize cloth face coverings for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE.)				
Incarcerated/detained persons who have confirmed or suspected COVID-19, or showing symptoms of COVID-19					
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Incarcerated/detained persons cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of someone with COVID-19* (but not performing temperature checks or providing medical care)		Surgical mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	
Staff having direct contact with (including transport) or offering medical care to individuals with confirmed or suspected COVID-19 (See CDC infection control guidelines). For recommended PPE for staff performing collection of specimens for SARS-CoV-2 testing see the Standardized procedure for SARS-CoV-2 testing in congregate settings .	X**		X	X	X
Staff present during a procedure on someone with confirmed or suspected COVID-19 that may generate infectious aerosols (See CDC infection control guidelines)	X		X	X	X
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Staff cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Classification of Individual Wearing PPE					
* If a facility chooses to routinely quarantine all newly incarcerated/detained intakes (without symptoms or known exposure to someone with COVID-19) before integrating into the general population, surgical masks are not necessary. Cloth face coverings are recommended.					
**A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable 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.					