CDC Guidance on Management of COVID-19 in Correctional and Detention Facilities

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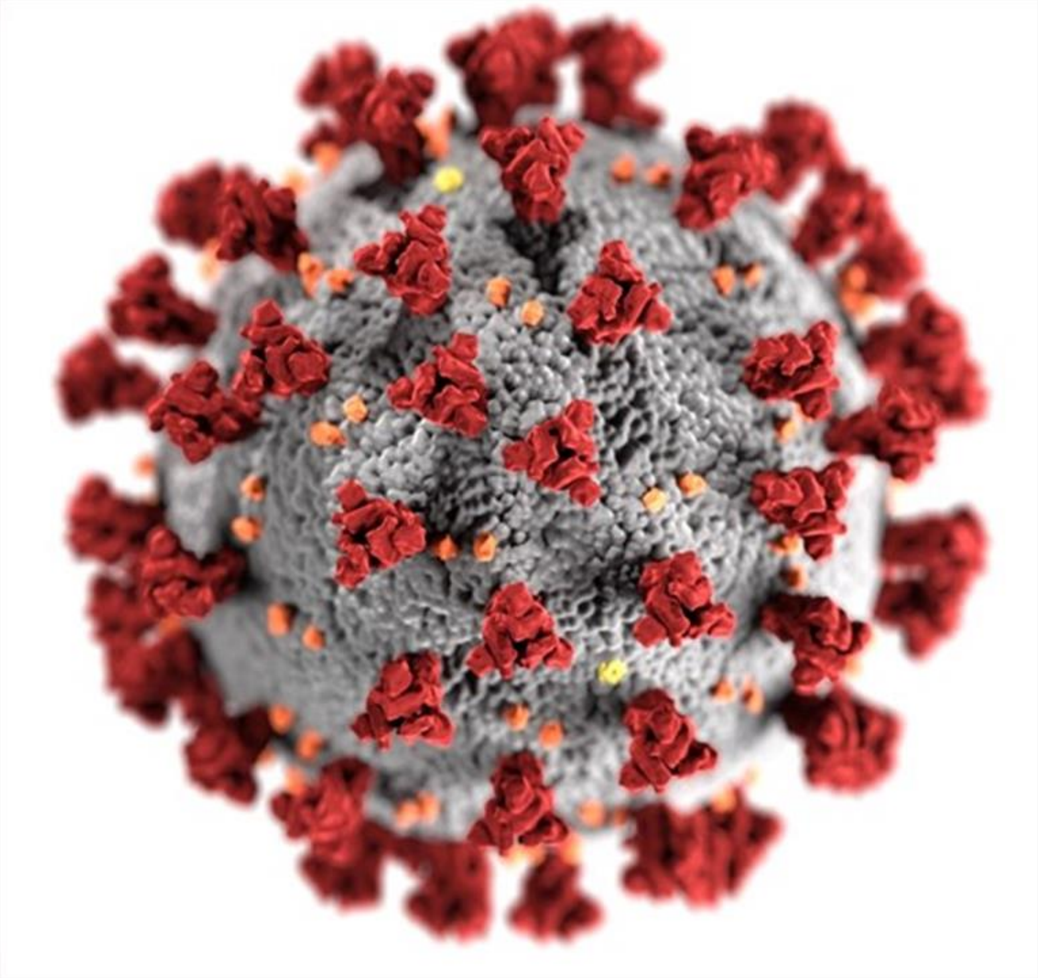
COVID-19 Response

Centers for Disease Control and Prevention

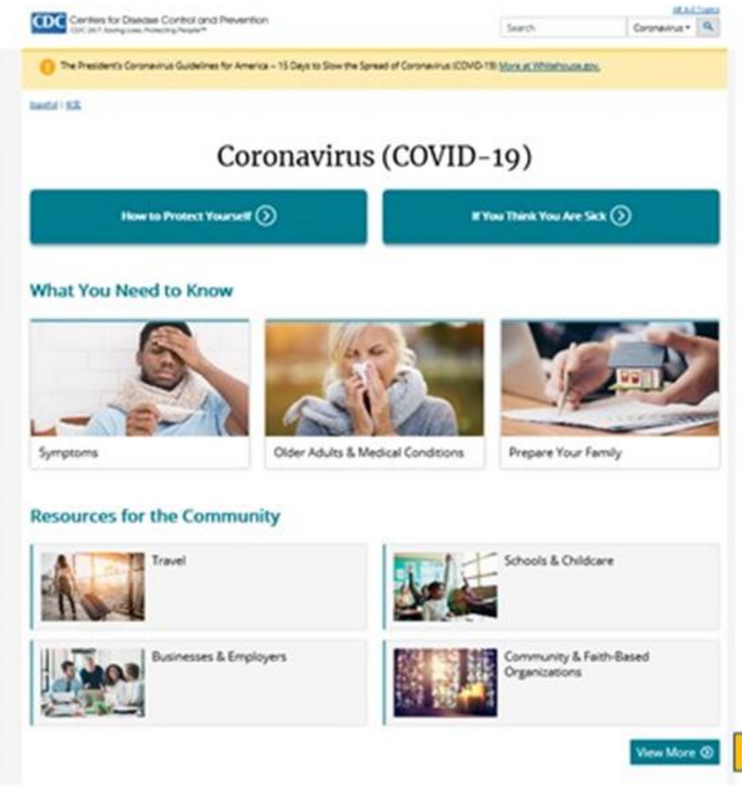
This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of March 30, 2020.

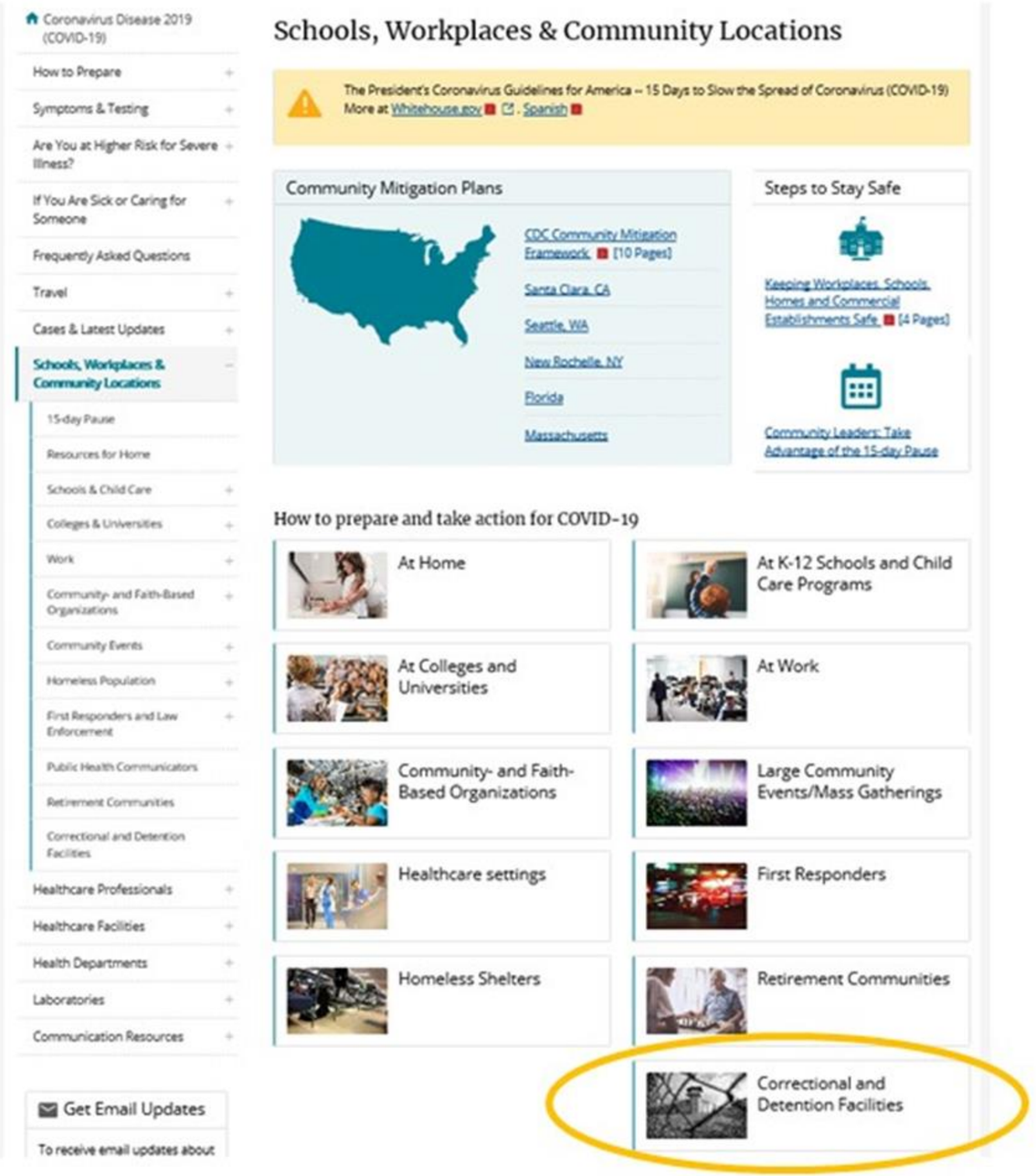
The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.



cdc.gov/coronavirus

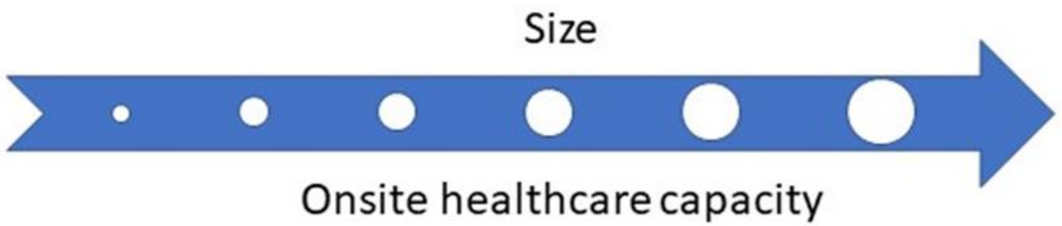
Finding the CDC guidance for corrections





https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

What types of facilities does the guidance cover?



Navigating the CDC Guidance Document

1

PREPARE

Communications

Personnel Practices

Operations

Supplies

2

PREVENT

Hygiene

Cleaning

Screening for Symptoms

Social Distancing

3

MANAGE

Medical Isolation

Quarantine

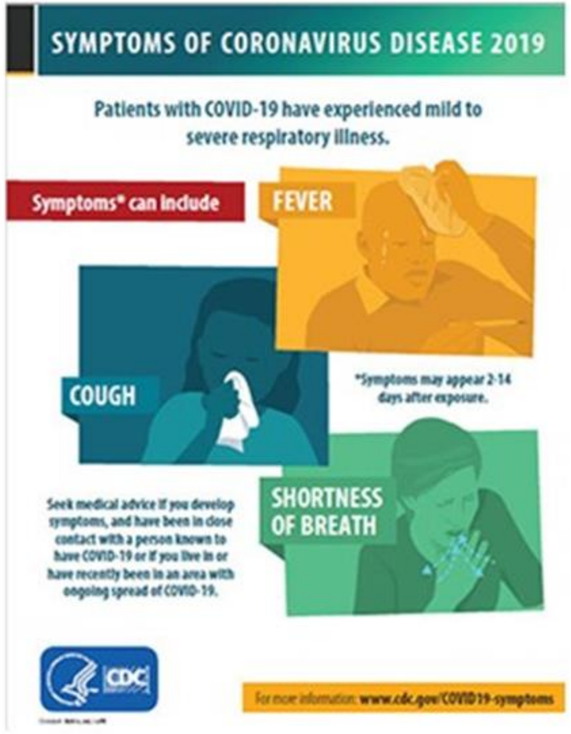
Infection Control

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

https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html

A quick note on…SOAP

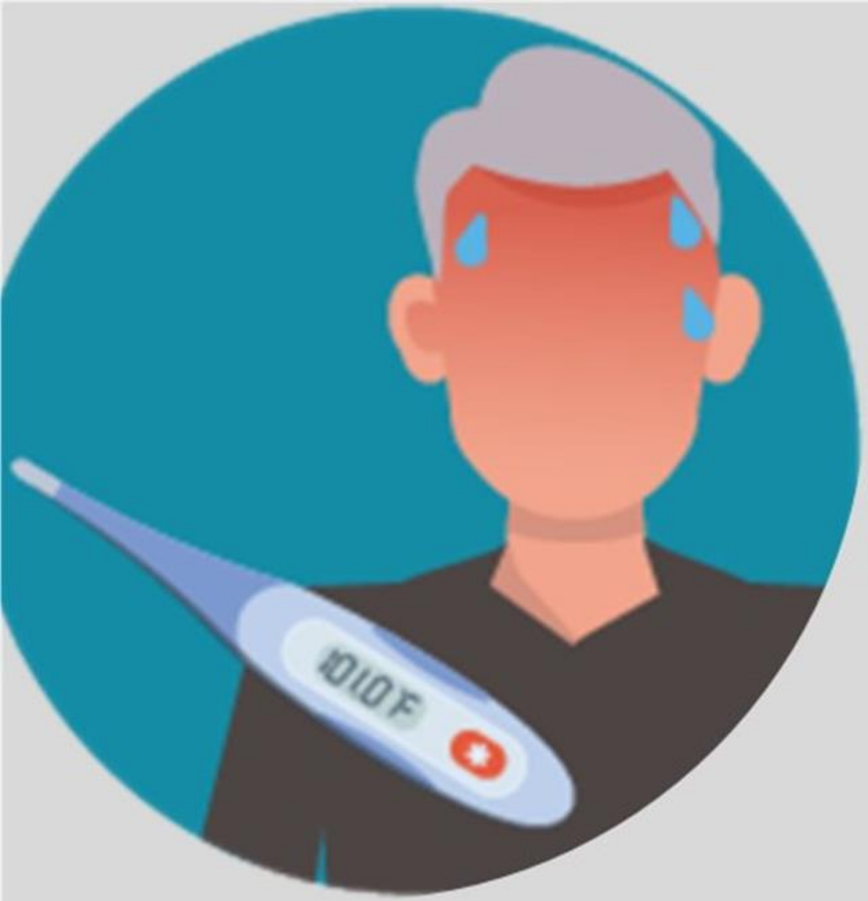
Make sure it is:

- 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

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

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*

Social Distancing

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

Reduces risk of spreading disease

Social Distancing Examples for Corrections

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

Common areas

- Enforce increased space between people in
  - holding cells
  - lines
  - 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

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 ≥72 hours (without fever reducing medications) **AND**
- Respiratory symptoms have improved **AND**
- Tested negative in ≥2 consecutive respiratory specimens collected ≥24 hours apart

Symptom-based strategy

- Fever-free for ≥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:**

- **Refer to CDC's guidance on optimizing PPE supplies:** https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html

  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.

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19	–	✓	–	–	–
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			✓	✓
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)	–	Face 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	–	✓	✓	✓	✗
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	✓**		✓	✓	✓
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	✓	–	✓	✓	✓
Staff handling laundry or used food service items from a COVID-19 case or case contact	–	–	–	✓	✓
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			✓	✓

* 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