

PUBLIC HEALTH GUIDANCE ON THE MANAGEMENT OF COVID-19 IN CORRECTIONAL AND DETENTION FACILITIES

This guidance based on CDC recommendations describes strategies to ensure continuation of essential public services and protection of the health and safety of incarcerated persons, staff, and visitors.

Congregate settings, including correctional and detention facilities, are characterized by a diverse and varying set of factors that can increase risk and affect exposure to and transmission of COVID-19. Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the [symptoms of COVID-19](#) and the importance of reporting those symptoms if they develop. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with [Ventura County Public Health \(VCPH\)](#) and correctional partners, training staff on proper use of [personal protective equipment \(PPE\)](#) that may be needed in the course of their duties, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they may temporarily alter daily life.

As community transmission levels decline, COVID-19 vaccines become more widely available, and new guidance for the general population is introduced, correctional and detention facilities may consider when to modify facility-level COVID-19 prevention measures. These measures might include quarantine protocols, symptom screening, mask policies, distancing measures, visitation restrictions, or work release, recreational programming limitations, and other procedures. To develop a long-term COVID-19 prevention plan, facilities may need to weigh the logistical and mental health challenges related to intensive mitigation measures against the risks of transmission of SARS-CoV-2 (the virus that causes COVID-19). To help provide considerations for this decision-making, this guidance includes:

- Factors to consider as facilities are weighing the modification of facility-level prevention
- Recommended baseline prevention measures to always keep in place
- A description of the application of CDC guidance for [fully vaccinated](#) people in correctional and detention facilities

Steps to Protect the Health and Safety of Clients and Staff

CONTINUE TO PREVENT AND REDUCE THE SPREAD OF COVID-19 WITHIN YOUR FACILITY

1. Communication and Coordination

- Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.
- Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
- Where possible, put plans in place with other jurisdictions to prevent individuals with [confirmed or suspected COVID-19 and their close contacts](#) from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.

CONTINUE TO PREVENT AND REDUCE THE SPREAD OF COVID-19 WITHIN YOUR FACILITY

1. *Communication and Coordination cont.*

- Train staff on the facility's COVID-19 plan. All personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms of the disease are, and what measures are being implemented and can be taken by individuals to prevent or minimize the transmission of SARS-CoV-2.
- Ensure that **separate** physical locations (dedicated housing areas and bathrooms) have been identified to 1) [medically isolate](#) individuals with confirmed COVID-19 (individually or cohorted), 2) isolate individuals with suspected COVID-19 (individually – do not cohort), and 3) [quarantine](#) close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected individuals and/or close contacts are identified and require medical isolation or quarantine simultaneously.
- Consider options to prevent overcrowding (e.g., diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies where allowable).
- **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signs throughout the facility and communicate this information verbally on a regular basis. [Sample signage and other communications materials](#) are available on the CDC website.** Ensure that materials can be understood by non-English speakers and those with low-literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low-vision.

For all:

- Practice good [cough and sneeze etiquette](#): Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
- Practice good [hand hygiene](#): Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating; before and after preparing food; before taking medication; and after touching garbage.
- Wear masks, unless PPE is indicated.
- Avoid touching your eyes, nose, or mouth without cleaning your hands first.
- Avoid sharing eating utensils, dishes, and cups.
- Avoid non-essential physical contact.

For incarcerated/detained persons:

- The importance of reporting symptoms to staff.
- Social distancing and its importance for preventing COVID-19.
- Purpose of quarantine and medical isolation.

For staff:

- Stay at home when sick.
- If symptoms develop while on duty, leave the facility as soon as possible and follow [CDC recommended steps for persons who are ill with COVID-19 symptoms](#) including self-isolating at home, contacting a healthcare provider as soon as possible to determine whether evaluation or testing is needed, and contacting a supervisor.

CONTINUE TO PREVENT AND REDUCE THE SPREAD OF COVID-19 WITHIN YOUR FACILITY

2. Keeping Staff Safe

- Review sick leave policies to ensure they are flexible, non-punitive, and actively encourage staff not to report to work when sick.
- Determine which officials have the authority to send symptomatic staff home.
- Identify duties that can be performed remotely as allowing staff to work from home can be an effective social distancing strategy to reduce risk of COVID-19 infection.
- Plan for staff absences by identifying critical job functions and having a plan in place for alternative coverage.
- Review [CDC guidance](#) on safety practices for critical infrastructure workers (including correctional officers, law enforcement officers, and healthcare workers) who continue to work after a potential exposure to SARS-CoV-2.
- Consider offering revised duties to staff who are at [increased risk for severe illness from COVID-19](#).
- Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season. [Symptoms of COVID-19](#) are similar to those of influenza. Preventing influenza in a facility can speed the detection of COVID-19 and reduce pressure on the healthcare resources.

3. Operations, Supplies and PPE

- Ensure you have a sufficient supply of hygiene products (tissues, liquid or foam soap, hand drying supplies such as paper towels or hand dryers and alcohol-based sanitizer containing at least 60% alcohol if permissible based on security restrictions).
- Cleaning supplies, including [EPA-registered disinfectants effective against SARS-CoV-2](#), the virus that causes COVID-19 should be on hand and available at all times
- Recommended PPE (surgical masks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns) should be stocked with a plan in place to restock as needed.
- [Cloth face masks](#) for source control (if not contraindicated) should be in sufficient supply and utilized.
- Stay in communication with partners about your facility's current situation.
- Communicate with the public about any changes to facility operations, including visitation programs.
- Limit transfer of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding. If transfer is absolutely necessary:
 - Perform [verbal screening and a temperature check](#) before the individual leaves the facility. If the individual does not clear the [screening](#) process, delay the transfer and follow the [protocol for suspected COVID-19 infection](#) including giving the individual a cloth face mask (unless contraindicated,) if not already wearing one.
 - Ensure the receiving facility has capacity to properly quarantine or isolate the individual.
 - Utilize [transportation precautions](#) with any individual with confirmed or suspected COVID-19.

4. Testing for SARS-CoV-2

As of June 2021, the CDC has updated testing guidance in Correctional and Detention Facilities to streamline and clarify diagnostic and screening testing as well as provide considerations for developing long-term plans based on community transmission and the facility's capacity for testing. The following considerations should be taken with regards to SARS-CoV-2 testing in your facility.

- SARS-CoV-2 testing may be incorporated as part of a [comprehensive approach to reducing transmission](#). [Symptom screening](#), [testing](#), and [contact tracing](#) are strategies to identify people infected with SARS-CoV-2 so that actions can be taken to slow and stop the spread of the virus.

4. Testing for SARS-CoV-2 cont.

- At this time, facility employees and incarcerated/detained persons **with known or suspected exposure** to someone with COVID-19 (including close contacts) should be tested for SARS-CoV-2 **regardless of vaccination status**. Increasing COVID-19 vaccination rates among facility employees and incarcerated/detained persons is an important step to prevent incarcerated and detained persons and correctional staff from getting sick with COVID-19 disease. COVID-19 vaccines protect more than just an individual's health, they also help minimize the spread of SARS-CoV-2. Work with the [VCPH](#), health providers, and community organizations on effective ways to increase vaccination uptake. For guidance on testing of fully vaccinated people, please visit [Interim Public Health Recommendations for Fully Vaccinated People](#).
- People undergoing testing should [receive clear information](#) on:
 - The manufacturer and name of the test, the type of test, the purpose of the test, the performance specifications of the test, any limitations associated with the test, who will pay for the test, how the test will be performed, how and when they will receive test results, and;
 - How to understand what the results mean, actions associated with negative or positive results, the difference between testing for workplace screening versus for medical diagnosis, who will receive the results, how the results may be used, and any consequences for declining to be tested.
- Viral testing of persons **without symptoms or known or suspected exposure** to SARS-CoV-2 is known as **screening testing**. Screening testing among people who are **not fully vaccinated** is a key tool in preventing SARS-CoV-2 transmission among staff and people living in correctional facilities. Screening testing allows early identification and isolation of persons who are [asymptomatic or pre-symptomatic](#), or have only mild symptoms and who may be unknowingly transmitting the virus. Screening testing, in conjunction with [symptom](#) screening, can be valuable in your facility because it can detect COVID-19 early and help stop transmission quickly, particularly in areas with moderate to high community transmission of COVID-19. NAATs, antigen tests, or both can be used. **Vaccinated incarcerated/detained persons and staff, and persons who have recovered from SARS-CoV-2 infection during the 3-month period after their initial positive test can be exempted from screening testing if feasible.**
- **Movement-based screening** is a selective screening approach which involves screening people at intake, before transfer to another facility, and before visits or release into the community. Facilities should implement movement-based screening testing to prevent the introduction of the virus into the facility and to prevent transmission to another facility or into the community. **Vaccinated incarcerated/detained persons and staff, and persons who have recovered from SARS-CoV-2 infection during the 3-month period after their initial positive test can be exempted from movement-based screening testing if feasible.** However, jurisdictions may choose to continue movement-based screening testing even for fully vaccinated incarcerated/detained persons in the event of an outbreak in the facility or a high community transmission level. Screening testing based on movement should include testing for incarcerated/detained persons in the following scenarios:

4. Testing for SARS-CoV-2 cont.

- **At intake.** Test incoming incarcerated/detained persons, including those returning after more than 24 hours away from the facility, and house them individually (when feasible) while waiting for test results. For persons who are **not fully vaccinated**, testing can be combined with a 14-day observation period (sometimes referred to as “routine intake quarantine”) before persons are assigned housing with the rest of the facility’s population. In this case, individuals should be quarantined separately from those with confirmed or suspected COVID-19. If incoming incarcerated/detained persons undergo intake quarantine, consider re-testing every 3-7 days.
- **Before transfer to another facility.** Test all incarcerated/detained persons before transfer to another correctional/detention facility. Wait for a negative test result before transfer. For persons who are **not fully vaccinated**, testing before transfer can be combined with a 14-day observation period (sometimes referred to as “routine transfer quarantine”) before an individual’s projected transfer. In this case, individuals should be quarantined separately from those with confirmed or suspected COVID-19. Ideally, testing and a 14-day quarantine would occur at the originating facility before transfer and again at the destination facility at intake; at a minimum it should occur at one facility or the other. Refer to [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#) for more information about transfer and release recommendations.
- **Before visits or release into the community.** Test all incarcerated/detained persons leaving the facility as close to the day of the visit (e.g., medical trips, court appearances, community programs) or release (whether into the community or to a halfway house or other transitional location) as possible (no more than 3 days prior). This is particularly important if they will be released to other congregate settings (e.g., homeless shelters, group homes, or halfway houses) or to households with persons who are at [higher risk of severe illness from COVID19](#). For persons or to households who are **not fully vaccinated**, testing before release can be combined with a 14-day observation period (sometimes referred to as “routine release quarantine”) ideally in single cells, before a person’s release date. Notify [Ventura County Public Health](#) department authorities for assistance in arranging [medical isolation](#) upon release for people who receive a positive test result. This practice can reduce the risk of transmission from your facility to the community.
- **Routine screening testing** can increase the likelihood of early case identification to prevent widespread transmission. Facilities should consider implementing routine screening testing among all incarcerated/detained persons and staff **who are not fully vaccinated** or among a select group according to criteria it designates. If it is not feasible to test staff at the facility, facilities should investigate options to work with community partners or state/local health departments to implement staff testing. **Vaccinated incarcerated/detained persons and staff, and persons who have recovered from SARS-CoV-2 infection during the 3-month period after their initial positive test can be exempted from routine screening testing if feasible.**

CONTINUE TO PREVENT AND REDUCE THE SPREAD OF COVID-19 WITHIN YOUR FACILITY

4. Testing for SARS-CoV-2 cont.

IF ROUTINE SCREENING TESTING IS CONDUCTED ONLY AMONG A SUBSET OF INDIVIDUALS OR FACILITIES WITHIN A CORRECTIONAL SYSTEM, THE FOLLOWING FACTORS CAN GUIDE THE SELECTION OF THE SUBSET:

Facilities	Individuals
Cases or outbreaks in the facility within the past month	Incarcerated/detained persons and staff who are: <ul style="list-style-type: none"> ▪ Not fully vaccinated* or ▪ At higher risk of severe illness from COVID-19**
Dormitory-based housing units where physical/social distancing is especially difficult	Incarcerated/detained person assigned to critical on-site work details within the facility that require them to leave the housing unit (e.g., food service, laundry)
In-person visiting	Incarcerated/detained persons participating in either: <ul style="list-style-type: none"> ▪ work release programs ▪ off-site medical visits ▪ court appearances
Community movement (e.g., off-site medical visits, work release, or court appearances)	Staff working in: <ul style="list-style-type: none"> ▪ A facility designed for medical care (e.g., medical, long-term care or skilled nursing facility) ▪ Multiple areas of the facility ▪ Multiple congregate facilities (e.g., more than one correction/detention facility, homeless shelters, group homes, or schools)
Frequent admissions of newly incarcerated/detained persons or those transferring in from other facilities	Staff who live or spend time with other staff who work in other areas of the facility (e.g., family, household, carpool)
Units within correctional/detention facilities housing incarcerated/detained populations at higher risk of severe illness from COVID-19	Staff who are newly hired or who are returning from a prolonged absence ***

* Fully vaccinated means 2 wks. after receipt of second dose in a 2-dose series, such as Pfizer or Moderna vaccines, or 2 wks. after a single-dose vaccine, such as Johnson & Johnson’s Janssen vaccine.

** Includes individuals with medical conditions that increase or may increase risk of severe COVID-19. Identifying infections early can help ensure timely medical attention to prevent severe outcomes.

*** If routine screening testing is occurring in the facility, consider testing staff who are newly hired and those returning from a prolonged absence before they begin/resume their duties.

CONSIDERATIONS FOR MODIFYING PREVENTION MEASURES IN YOUR FACILITY

5. *Factors to consider prior to modifying your COVID-19 prevention measures.*

With COVID-19 vaccines widely available, new guidance for the general population were introduced. Correctional and detention facilities may consider modifying their facility-level COVID-19 prevention measures. The COVID-19 prevention measures may include quarantine protocols, symptom screening, face covering policies, physically distancing measures, visitation restrictions, work release, and recreational limitations, etc. When developing a long-term COVID-19 prevention plan, facilities may need to consider the logistical and mental health challenges related to the preventative measures against the risks of transmission of COVID-19. Some of the factors to consider when making this informed decision are listed below. Keep in mind **no single factor should be used alone in the decision-making process**. Any **modifications to procedures should be discussed with VCPH** and be conducted in a step-wise fashion, **one prevention measure at a time**, with **continued screening testing** to carefully monitor for COVID-19 cases in the facility **before making changes to additional prevention measures**. **Communicate clearly with staff and incarcerated/detained people** about any changes that are made to procedures.

Vaccination Coverage:

- *Have people living and working in your facility had access to and uptake of COVID-19 vaccination?*
Vaccination significantly decreases the likelihood of SARS-CoV-2 infection. Although not enough information is available to determine a specific level of vaccination coverage needed to modify facility-level prevention measures, high COVID-19 vaccination coverage is critical to protect staff and people who are incarcerated/detained. Facilities should continue to ensure vaccination is available for staff and people who are incarcerated/detained and encourage them to be vaccinated. Staff vaccination coverage is particularly important given their frequent contact with the outside community, which creates the opportunity for potential introduction of SARS-CoV-2 to the facility. Materials to support vaccine confidence can be found here: [Building Confidence in COVID-19 Vaccines](#).

Transmission Levels:

- *What is the current and historical level of COVID-19 transmission within the facility?*
Facility prevention procedures should not be lifted when any transmission is occurring within the facility. Consider historical levels of transmission within the facility and the ability to swiftly respond to outbreaks, including ready availability of testing supplies, personal protective equipment (PPE), and space for potential quarantine and isolation. If historical transmission levels have been high or outbreak response has been difficult in the facility, consider maintaining COVID-19 prevention measures for a longer duration.
- *What is the level of COVID-19 transmission in the surrounding community?*
In addition to keeping track of the number of COVID-19 cases among people living and working within the facility, it is important to monitor the level of community transmission, both in the community where the facility is located and in the communities from which incarcerated/detained people originate.

CONSIDERATIONS FOR MODIFYING PREVENTION MEASURES IN YOUR FACILITY

5. Factors to consider prior to modifying your COVID-19 prevention measures cont.

Facility demographic and health-related characteristics and facility physical characteristics:

- What proportion of the facility's residents are both [not fully vaccinated](#) and at [increased risk for severe COVID-19 Infection](#)?

Correctional facilities with high proportions of people who are [not fully vaccinated](#) and at increased risk for severe illness should maintain facility-level prevention measures for longer durations.

- How easily does SARS-CoV-2 spread within your facility?

Facilities where the layout, [ventilation](#) or movement patterns inhibit physical distancing or air exchange should maintain COVID-19 prevention measures for longer durations.

6. Baseline prevention measures to always keep in place:

Even if your facility vaccination coverage is high, transmission rates are low, population vulnerability is low, and the facility layout and procedures allow for physical distancing there are some measure that you must continue to keep in place. These several aspects of baseline infection control, monitoring, and capacity to respond to cases include the following:

- Maintain COVID-19 testing strategies for diagnostic and screening testing.
- Prevent COVID-19 introduction by continuing to ensure that staff refrain from returning to work and that testing and medical isolation procedure remain in place for incarcerated/detained people who show [symptoms of COVID-19](#).
- Track COVID-19 case in the community by monitoring data provided by VCPH so you can be prepared for an outbreak while maintaining effective communication to staff and incarcerated/detained people about what to expect is an outbreak occurs.
- Continue to have a plan for scalable isolation and quarantine to ensure your ability to respond quickly to an increase in the number of positive cases.
- Offer COVID-19 vaccination and routine immunizations and continue to encourage vaccination for those who have received a vaccine. Factors such as cautiousness, misinformation and distrust of the healthcare system may contribute to COVID-19 vaccine apprehension or hesitancy. Starting conversations early and engaging in effective conversations, answering questions, addressing misinformation, and getting vaccinated yourself can help increase vaccine proportions in your facility.
- Maintain baseline infection control thru [optimized ventilation](#), handwashing, [cleaning and disinfection](#) for prevention of infectious diseases including COVID-19.

MODIFYING INDIVIDUAL-LEVEL PREVENTION MEASURES FOR PEOPLE WHO ARE FULLY VACCINATED

7. Modifications for fully vaccinated persons

It may be possible to modify individual-level prevention measures based on **vaccination status** using guidance that CDC developed for [fully vaccinated people in the community](#). According to the principles in this guidance, **those who are not fully vaccinated should continue to adhere to all COVID-19 prevention measures**. However, some measures could be modified for [fully vaccinated](#) staff or people who are incarcerated/ detained, for example: resuming in-person visitation, engaging in recreation and/or group programming with other [fully vaccinated](#) people, or participating in work-release programs. Incarcerated/detained people and staff who are [fully vaccinated](#) can also refrain from quarantine (if asymptomatic) and from routine screening testing, if feasible.

Because of the high risk of SARS-CoV-2 transmission in correctional and detention facilities, and the possibility for vaccine breakthrough cases, the following recommendations for [fully vaccinated](#) people differ in correctional settings compared to the general population:

- After a known or suspected exposure to someone with COVID-19, incarcerated/detained people and facility staff who are [fully vaccinated](#) should still be [tested](#) for COVID-19. However, if asymptomatic, they do not need to be quarantined and only need to be tested once. Anyone who tests positive, regardless of vaccination status, should be medically isolated for the [recommended duration](#).
- [Fully vaccinated](#) staff and incarcerated/detained people should **continue to wear masks when indoors**. Masks should fit well and cover the mouth and nose.

RESOURCES FOR CORRECTIONAL AND DETENTION FACILITIES

- [California Department of Public Health COVID-19 website](#)
- [CDC website: Correctional and Detention Facilities Homepage](#)
- [COVID-19 Infection Prevention and Control Training for Correctional and Detention Facility Workers](#)
- [COVID-19 Management Assessment and Response Tool \(CMAR\) for Correctional/Detention Facilities](#)
- [COVID-19 Resources for Correctional and Detention Facilities](#)
- [COVID-19 Vaccination FAQs in Correctional and Detention Centers](#)
- [Interim Guidance for SARS-CoV-2 Testing in Correctional and Detention Facilities](#)
- Print Resources For People Living in Prisons or Jails; [English](#) and [Spanish](#)
- [Recommended PPE and PPE training for Staff and Incarcerated/Detained Persons](#)
- [Updated recommendations for Quarantine Duration in Correctional Facilities after Post-Vaccination](#)
- [Ventura County Public Health website](#)