



1. Overview of COVID-19 Outbreak Response in Local Confinement Facilities

Purpose: This document is intended to provide a brief overview for local confinement facility administration and jail health staff of what to expect when a case or outbreak of COVID-19 is identified in their facility. For purposes of this document, a local confinement facility includes county, city, or regional jails, detention centers, or lockups.

Preparation: The North Carolina Department of Health and Human Services (NC DHHS) follows guidance available from the Centers for Disease Control and Prevention (CDC). It is strongly recommended that staff monitor for guidance updates and implement changes to their facility infection prevention plan as needed. Maintain relationships with your [local health department](#) to assure communication and up-to-date exchange of information.

Background: Facility layout in many jails and detention centers limit adequate social distancing. In addition, congregate setting, complexity of jail staff assignments, and frequent turnover of detainees may facilitate transmission of COVID-19 in jails and detention centers. Because of the possibility for rapid spread of COVID-19 in local confinement facilities, immediate investigation and control measures should be taken when a detainee or staff member first begins to exhibit symptoms of respiratory illness and prior to confirmation of COVID-19.

Outbreak Defined: Two laboratory-confirmed COVID-19 cases identified (staff or detainee) within a 14-day period in the same local confinement facility are considered a COVID-19 outbreak. Beginning June 13, 2022, NCDHHS implemented changes to reporting of ongoing outbreaks in congregate living facilities. In accordance with the updated outbreak definition, an outbreak is considered over if there have been no new cases in the setting for 14 days (previously 28 days).

COVID Preparedness

1. Form relationships with local partners.
 - Maintain contact information for your [local health department \(LHD\)](#) and [local hospital](#). Always notify your LHD about any COVID-19 outbreaks in your facility.
 - Identify alternatives to in-person court appearances and legal visits, such as virtual court and secure virtual attorney consultations.
2. Assess your facility's risk using a combination of [COVID-19 Hospital Admission Levels](#) and facility-specific risks. Facility specific risk have four key indicators: facility structure and operational characteristics, population risk profile, transmission in the facility & community transmission level, and vaccination coverage.
 - Assess whether facility characteristics or operations [contribute to COVID-19 spread](#). Consider physical distancing, level of ventilation, style of housing (i.e., dormitory-style or

single cells), occupancy level, and degree of movement when determining your facility's risk level.

- Assess what portion of people in the facility are [more likely to get very sick from COVID-19](#). Consider the percentage of those with underlying health conditions, older age, pregnancy, or poor access to medical care.
 - Assess the extent to which transmission is occurring within the facility. Transmission can be assessed through tracking the number of positive individuals found with [diagnostic testing](#) of people with COVID-19 symptoms and their close contacts.
3. Identify medical isolation and quarantine areas.
 - Identify where people who require medical isolation or quarantine will be housed. Medical isolation and quarantine areas should have their own bathrooms and be separate from each other and the rest of the facility.
 - If your facility has limited space, predetermine where people who require medical isolation or quarantine will go (e.g., nearby correctional facility, medical facility if COVID-19-positive).
 - For more information about [medical isolation](#) and [quarantine](#), please see the corresponding sections of this toolkit.
 4. Educate detainees and staff about COVID-19 and how they can protect themselves.
 - Regularly [communicate](#) information about actions people can take to protect themselves and others from COVID-19.
 - Remind detainees to report symptoms right away.
 - Remind staff to get tested when sick.
 5. Ensure your facility is well-stocked on hygiene supplies, cleaning supplies, and personal protective equipment (PPE).
 - Local confinement facilities can request PPE and other medical consumable supplies associated with the COVID-19 response, including hand sanitizer and disinfectants, through the [ReadyOp portal](#).

Outbreak Response Steps:

1. *Notify your [local health department](#):*
 - a. Two or more cases of COVID-19 in a detainee or staff of a local confinement facility should be reported to your [local health department](#) for the county in which your facility is located.
2. *Offer high-quality [masks/respirators](#) to all detainees and staff to reduce viral transmission:*
 - a. Follow [current CDC guidance](#) on use of masks in correctional facilities. Provide appropriate masks to staff and detainees depending on their work duties and potential exposure to COVID-19 cases.
 - b. Staff and detainees who will have close contact with those who are under quarantine or isolation precautions, including during transport, should use NIOSH-approved respirators, eye protection, gowns/coveralls, and gloves.

3. *Follow NC DHHS and CDC guidance:*
 - a. Check [CDC guidance](#) for the most up-to-date infection prevention recommendations for correctional facilities and detention centers.
 - b. **Medically isolate** COVID-19-positive individuals and individuals with symptoms of COVID-19. Medical isolation is used to separate people infected with SARS-CoV-2, the virus that causes COVID-19, from people who are not infected.
 - c. **Quarantine** is used to separate people who were exposed (close contacts) to someone with COVID-19 from others. Facilities can base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.
 - d. Reduce movement (around the facility, transfers, in-person court appearances, and work assignments).
 - e. Monitor high-risk individuals for severe symptoms needing emergency medical care (trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake up or stay awake, bluish lips or face).
 - f. Be prepared and plan for potential staffing shortages.
4. *Test detainees and staff who have been exposed or who are symptomatic, in accordance with [CDC testing guidance](#):*
 - a. To be effective at controlling the spread of COVID-19 in this setting, testing must be paired with other infection control measures such as masking, social distancing, cleaning and disinfection of high touch surfaces, and separation of positive individuals.
 - b. While awaiting test results, place symptomatic individuals in medical isolation separate from individuals with confirmed COVID-19 cases.
5. *Guidance after testing:*
 - a. **Detainees testing positive for COVID-19:**
 - i. Notify detainees of the results.
 - ii. Detainees with known or suspected COVID-19 should be medically isolated in a private cell or as a group (“pod” or “cohort”) in a designated location with separate bathroom for a minimum of 10 days (7 days with negative test per [current CDC guidance](#) .
 - b. **Staff testing positive for COVID-19:**
 - i. Notify positive staff of the results.
 - ii. Implement isolation guidance per [current CDC guidance](#).