



## 2. COVID-19 Infection Prevention and Management Recommendations for Local Confinement Facilities

### COVID-19 Prevention Strategies

#### Offer COVID-19 vaccines in your facility.

Encourage and enable staff and detainees to stay up to date on [COVID-19 vaccination](#). Where possible, offer the vaccine onsite and support peer outreach to promote vaccination.

- Consider incorporating COVID vaccine offerings with routine vaccinations through your facility healthcare provider or with your LHD. (i.e flu, hepatitis, etc.)
- Getting the COVID-19 vaccine is the best way to protect everyone in your facility and your community.

#### Screen new detainees and consider routine intake quarantine.

- Provide a mask or [barrier face covering](#) and screen the individual for symptoms of COVID-19 during intake. If they have a fever or symptoms, they should be placed in medical isolation and evaluated by a healthcare provider.
- During time of high transmission risk or outbreak, test new detainees or use a routine observation period at intake. During routine observation:
  - Detainees are housed separately from the rest of the facility's population.
  - Duration should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested.

#### Implement safe visitor practices.

- For in-person visitation, consider non-contact visits in a well-ventilated space with plexiglass barriers between the detainee and visitors.
- Visitors should wear [barrier face coverings](#) and undergo temperature screening before entering the facility.
- Provide alcohol-based hand sanitizer containing at least 60% alcohol in visitor areas.

#### Promote infection control and facility cleaning.

- Conduct standard infection control with [cleaning and disinfection](#) daily.
- Conduct enhanced [cleaning and disinfection](#) during outbreaks.
- Dishware and utensils should be cleaned and sanitized following the [NC Food Code Manual](#) requirements for hot water temperature and detergent.

#### Maintain adequate ventilation in the facility.

- Ensure heating, ventilation, and air conditioning (HVAC) systems operate properly and provide acceptable indoor [ventilation](#) and air quality.

- Review your (HVAC) maintenance schedule to ensure that your HVAC system is being properly maintained.

Click [here](#) to view additional guidance on ventilation strategies during the COVID-19 pandemic from the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE).

#### **Consider social distancing strategies.**

- Stagger use of common spaces for detainees such as recreation areas and showers and common spaces for staff such as breakrooms and control rooms to limit the number of people in those spaces at a time.
- Create physical distance in congregate areas where possible.
- Encourage bunk mates to sleep head-to-foot to increase the distance between their heads.
- Reduce movement and contact between different parts of the facility and between the facility and the community where appropriate.

#### **Encourage detainees, staff, and visitors to wear a mask.**

- [High-quality masks or respirators](#) should be provided to residents and staff at no cost and replaced as needed – both when universal indoor masking is required and when residents or staff choose to wear a mask based on their personal preference.
- Consider universal indoor masking, regardless of vaccination status during high levels of transmission or during an outbreak.

#### **Consider facility and community risk indicators when establishing the level of precautions implemented.**

- Everyday strategies are those that should be in place at all times, even if [COVID-19 Hospital Admission Levels](#) are low or medium. Everyday strategies include:
  - Vaccination
  - Basic Infection control
  - Testing symptomatic & contacts
  - Access to COVID treatment
  - Medical Isolation and Quarantine
  - Masks availability
  - Intake Screening
- Enhanced strategies should be added to supplement the prevention strategies for everyday operations when [COVID-19 Hospital Admission Levels](#) are high, any time there has been transmission within the facility itself, or based on the assessment of other facility-specific factors that increase risk. Enhanced strategies include:
  - Increased social distancing including outdoor group activities
  - Ventilation modifications
  - Screening testing including prior to transfers
  - Universal Masking

- Enhanced cleaning and disinfection
- Increased physical distance in congregate areas
- Reduced movement within facility

## COVID-19 Management

### Provide Testing

- Test residents and staff who have been exposed or who are symptomatic, in accordance with [current CDC guidance](#) for Correctional Facilities.
- Notify your [local health department](#) of all Covid-19 outbreaks.

### Anyone with suspected or confirmed COVID-19 needs to be placed in medical isolation.

- Medical isolation refers to physically separating someone with confirmed or suspected COVID-19 infection from those not infected to prevent contact with others and reduce the risk of transmission.
  - Medical isolation should be distinct from punitive isolation. Ensure detainees understand this difference so they do not hide symptoms to avoid isolation.
  - Designate a separate area of the facility for medical isolation.

### Consider quarantine of anyone who was a [close contact](#) of a confirmed COVID-19 case.

- Quarantine refers to separating individuals who had [close contact](#) with someone with COVID-19 to see if they develop symptoms or test positive.
- 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.

### Identify Exposures with Contact Tracing

- Location-based contact tracing may be preferable in correctional and detention facilities where traditional person-based contact tracing is ineffective because of crowding, mixing of residents and staff, difficulty ascertaining close contacts, and residents' movements in and out of the facility.
- Location-based contact tracing identifies people with recent known or potential exposure based on whether they spent time in the same areas as a person with COVID-19 during the time the infected person was considered infectious.
- The infectious period is considered to be two days prior to onset of any symptoms, or two days prior to the positive test if they do not have symptoms, through the end of isolation.
- Identify areas where someone who has tested positive for COVID-19 spent time while they were infectious. For detainees, this could include their housing unit, work detail, transport bus, dining area, and any programmatic activities; for staff and volunteers, this could include their duty station, break room, and carpool.