



5. Quarantine Guidance for Detainees

Quarantine refers to the practice of separating detainees who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. This reduces the risk of transmission if a detainee is later found to have COVID-19.

Quarantine is no longer recommended for the general public. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in congregate settings, some facilities in outbreak status may prefer to continue implementing quarantine protocols for detainees, staff, and/or volunteers who have been exposed to someone with COVID-19. This reference document is meant to provide guidance for facilities experiencing an outbreak which is described as two or more positive cases including staff and detainees within the facility.

Close Contact – Someone who was less than 6 feet away from an infected person (laboratory-confirmed or a [clinical diagnosis](#)) for a total of 15 minutes or more over a 24-hour period. Exposure risk depends on many factors including length of exposure, symptoms (e.g., cough), and case severity.

Identifying Exposures

Contact tracing is a process for identifying and notifying close contacts of their potential exposure to an infected individual. People who have been exposed can be identified in two ways:

- **Case Investigation and Person-Based Contact Tracing:** Case investigations can [prioritize](#) identification of close contacts who are [more likely to get very sick from COVID-19](#), so that they can be referred to a healthcare provider to determine eligibility for [treatment](#) if they test positive for COVID-19. Investigations should focus on cases with symptom onset or positive test in the preceding 5 days.
- **Location-Based Contact Tracing:** Location-based contact tracing may be preferable in correctional and detention facilities where traditional person-based contact tracing can be ineffective because of crowding, mixing of detainees and staff, difficulty ascertaining close contacts, and detainees' 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.

All local confinement facilities should have a plan in place for how close contacts of detainees with COVID-19 will be managed, including quarantine logistics.

- Facilities without onsite healthcare capacity or without enough space to implement effective quarantine should coordinate with local public health officials to find alternatives.

- Detainees who have been exposed can be quarantined individually or cohorted with others who have been exposed (cohorted quarantine).
- Facilities using cohorted quarantine should be aware that transmission can occur within the cohort if someone is infected. Using smaller cohort sizes can help minimize continued transmission.
- If quarantining close contacts as a cohort, additional persons exposed at different times should not be added.

In order of least to most transmission risk, multiple quarantined detainees should be housed:

- Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully. If this ideal choice does not exist in a facility, use the next best alternative as a harm reduction approach.
- Separately, in single cells with solid walls but without solid doors
- As a cohort (group), in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each detainee in all directions
- As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each detainee in all directions, but without a solid door
- As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between detainees. (Although detainees are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
- As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ [social distancing strategies](#) maintaining at least 6 feet between detainees.

Keep a quarantined detainee’s movement outside the quarantine space to a minimum to prevent potential infection being introduced to another area or facility.

- To maintain access to programming during quarantine, facilities may choose to allow detainees quarantined as a cohort to move outside of their housing space and continue daily activities as a group.
- Detainees in quarantine should not mix with detainees or staff not assigned to their cohort and should wear a mask indoors.

Testing is recommended for close contacts of persons with COVID-19, regardless of whether the close contacts have symptoms.

- Serial testing every 3 – 7 days is recommended for detainees within a quarantine cohort as a method of identifying new cases early.
- If new cases are identified in the cohort, the quarantine period should restart.
- Serial testing can be used for all detainees in a cohort, or prioritized for people who are more likely to get very sick from COVID-19 to identify infections early and assess them for treatment promptly.

Monitoring is recommended for quarantined detainees.

- Healthcare staff should evaluate all quarantined detainees with [COVID-19 symptoms](#)
- Facilities can prioritize symptom checks for detainees more likely to get very sick from COVID-19 to identify infections early and assess treatment eligibility.

10-day Quarantine period provides the greatest protection from COVID-19 transmission.

- Although a 10-day quarantine period provides the greatest protection from potential COVID-19 transmission, the logistics can be disruptive to facility operations.
- An alternative option to shorten the quarantine period during times of staffing crisis is to test the exposed person after 5 days and if negative the person can mask indoors through day 10.