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.