



6. Medical Isolation of Detainees with Confirmed or Suspected COVID-19

Medical isolation – Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others and to reduce the risk of transmission.

As soon as a detainee develops symptoms of COVID-19 or tests positive for SARS-CoV-2, they should:

- be given a cloth mask unless it is [contraindicated](#),
- immediately be placed under medical isolation in a separate environment from other detainees,
- be medically evaluated, and
- be reported to the local county health department

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

- [Facilities without onsite healthcare capacity](#) or without enough space to implement effective isolation should coordinate with local public health officials to find alternatives.
- **Facilities should make every possible effort to individually isolate detainees with confirmed or suspected COVID-19.** People who have [suspected](#) COVID-19 should not be housed with people who have [laboratory-confirmed](#) COVID-19, as this could transmit COVID-19 from those who have the virus to those who do not have the virus.
- Ensure areas used by people with COVID-19 are cleaned and disinfected frequently on an ongoing basis during medical isolation and that hand washing supplies are continually restocked.

Keep the detainee's movement outside the medical isolation space to an absolute minimum.

- Medically isolated detainees should receive regular visits from medical staff inside the medical isolation space and have access to mental health services.
- If a COVID-19 positive person needs to be transferred to a healthcare facility, please refer to the inmate [transfer guidance document](#) for ways to reduce viral transmission.
- Serve meals inside the medical isolation space.
- Exclude the detainee from all group activities.
- Assign the isolated detainee(s) a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result.
- Ensure that the detainee is wearing a cloth mask if they must leave the medical isolation space for any reason, and whenever another person enters. Provide clean masks as needed. Masks should be washed routinely and changed when visibly soiled or wet.

Medical isolation should be made distinct from punitive solitary confinement or disciplinary segregation of incarcerated/detained detainees, both in name and in practice.

If not, incarcerated detainees may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces. Interventions to ensure that medical isolation is *operationally* distinct from disciplinary segregation can include:

- Coordinate with the sheriff to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in detainees' regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain connection with others while isolated and support mental health.
- Communicate regularly with isolated detainees about the duration and purpose of their medical isolation period.
- All detainees should be given an opportunity at least once a day to communicate any medical or mental health issues to a medical professional or corrections officer, whether under medical isolation, disciplinary segregation, or in the general jail population.

People at increased risk for serious illness due to COVID-19 should be carefully monitored while in medical isolation.

- If the facility is not able to provide medical evaluation and treatment, coordinate with the local health officials to see if inmates at increased risk of serious illness can be medically isolated at the local hospital.

In order of preference, multiple medically isolated 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.
- In smaller cells where 6 feet of distance is difficult to achieve, reduce the number of inmates housed in each cell.

If detainees with confirmed COVID-19 are medically isolated as a cohort:

- Only detainees with laboratory-confirmed COVID-19 can be cohorted together. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, or with close contacts of detainees with confirmed or suspected COVID-19 or with undiagnosed respiratory infection (who do not meet the criteria of suspected COVID-19).
- Ensure that people with confirmed COVID-19 wear cloth masks whenever anyone (including staff) enters the isolation space. (Anyone who has trouble breathing or is unconscious or incapacitated should receive immediate medical attention and should not wear a cloth face covering or mask.)
- Use one large space to house a cohort of detainees under medical isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.

Staff assignments to isolation spaces should:

- assign only those staff that are highly trained in infection control practices, including use of [recommended PPE](#).
- remain as consistent as possible.
- limit staff movement to other parts of the facility as much as possible.
- require recommended PPE as appropriate for their level of contact with the detainee under medical isolation.

If staff must serve multiple areas of the facility:

- ensure that they change PPE when leaving the isolation space.
- move only from areas of low exposure risk to high exposure risk while wearing the same PPE to prevent cross-contamination. For example, start in a housing unit where no one is known to have COVID-19, then move to a space used as quarantine for close contacts, and end in an isolation unit.

Instructions for detainees under medical isolation:

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Dispose of used tissues immediately in whatever trash receptacle is provided.
- Wash hands immediately with soap and water for at least 20 seconds.
- If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit).

Medical isolation must be maintained until [CDC criteria for discontinuing isolation](#) have been met. Do not transfer a COVID-19 positive individual to another prison or jail until the isolation period is complete unless you have received permission from the other facility.

Medical isolation criteria have changed since CDC corrections guidance was originally issued and may continue to change as new data become available.