



7. 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.

Close Contact to COVID-19 case – an individual who has been within 6 feet of a confirmed/suspected case for a prolonged period of time (15 minutes or more) or has had contact with infectious secretions from a confirmed/suspected case. Exposure risk depends on many factors including length of exposure, symptoms (e.g., cough), and case severity.

Contact tracing is a process for identifying and notifying [close contacts](#) of their potential exposure to an infected individual. Contact tracing in correctional facilities is generally straightforward for detainees given their limited movement around the facility, but contact tracing for staff may be more challenging.

- If the COVID-19 case is a staff member or a detainee who has had close contact with detainees from other housing units or with other staff, identifying those close contacts can help prevent spread to other parts of the facility.
- If the COVID-19 case is a staff member or a detainee who has recently visited a community setting, identifying close contacts can help reduce transmission from the facility into the community.
- Contact tracing may be more feasible and effective in settings where detainees have limited contact with others (e.g., celled housing units), compared to settings where close contact is frequent and relatively uncontrolled (e.g. open dormitory housing units).
- If there are many people with COVID-19 in the facility, contact tracing may become difficult to manage. Under such conditions, consider broad-based testing in order to identify infections and prevent further transmission.

Testing is recommended for all close contacts of persons with COVID-19, regardless of whether the close contacts have symptoms. Close contacts should be tested around 6 days after exposure, or sooner if they develop symptoms. Re-testing detainees with initial negative results in a quarantine cohort is recommended every 3-7 days to identify and isolate detainees with COVID-19 and minimize the amount of time they spend with the rest of the cohort. Please see the testing guidance in this toolkit for more information.

Quarantined detainees should:

- wear a mask unless [contraindicated](#).
- **be monitored for COVID-19 symptoms at least once per day (ideally twice per day) including temperature checks.**

- be placed in medical isolation and medically evaluated if symptoms develop during the 14-day period, and/or they have a positive viral test result for SARS-CoV-2.

Quarantine restrictions may be lifted if:

- symptoms do not develop during the 14-day period and/or
- the detainee is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result.

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 and those with limited space to implement effective quarantine should coordinate with local public health, legal, and judicial officials to find alternate sites where incarcerated close contacts of COVID-19 positive detainees can be effectively quarantined and monitored. Some potential alternate sites may include jails in neighboring counties, a local hospital, or a [designated non-congregate housing sites](#) set up for quarantine. Explore whether the detainees are eligible for early release or release on personal recognizance to quarantine at home.

Facilities should make every possible effort to individually quarantine close contacts of detainees with confirmed, or suspected COVID-19.

- Cohorting is not ideal because multiple quarantined close contacts could transmit SARS-CoV-2 from those who have the virus to those who do not.
- If an entire housing unit is under quarantine due to contact with a detainee from the same housing unit who has COVID-19, the entire housing unit may need to be treated as a cohort and quarantine in place.

Some facilities may also choose to conduct “**routine intake quarantine**,” by housing “new intakes” separately from the rest of the inmates (and separately from those quarantined due to exposure to the virus) for 14 days since their exposure status is unknown, to limit new cases.

In order of preference, 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, 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 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.

Single cells should be prioritized for the medical isolation of people who have suspected COVID-19. If there are additional single cells for quarantine, they should be prioritized for people who are at increased risk for severe illness from COVID-19.

If someone in a quarantine cohort develops COVID-19, the 14-day quarantine clock resets for all other detainees in the quarantine cohort.

- Avoid adding people into a quarantine cohort after the 14-day quarantine clock has started. If someone is added to the cohort, that is a new potential exposure and the 14-day quarantine clock must be reset for the entire cohort.

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

- Providing medical evaluation and care inside or near the quarantine space when possible.
- Serving meals inside the quarantine space.
- Excluding the quarantined detainee from all group activities.
- Assigning the quarantined detainee a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers.
- Ensure that the detainee is wearing a cloth face mask if they leave the quarantine 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.

Restrict quarantined detainees from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.

Staff assignments to quarantine spaces should:

- remain as consistent as possible
- limit their movements to other parts of the facility as much as possible.
- wear recommended PPE as appropriate for their level of contact with the detainee under quarantine (see PPE section of Infection Prevention Tool Kit)
- ensure quarantine areas are cleaned and disinfected frequently on an ongoing basis

If staff must serve multiple areas of the facility, they should:

- wear the necessary PPE.
- 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 the isolation area.