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FAQ: Management of COVID-19 in Correctional/Detention Facilities

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*Adapted from CDC's detailed guidance for correctional facilities:

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

Management of Cases

What are the first steps I should take when a COVID-19 case is confirmed in a jail, prison or detention center?

Immediately recommend the individual be isolated in a separate space and wear a face mask at all times, if available. Facilities should make every possible effort to place confirmed COVID-19 cases under medical isolation individually. Each isolated individual should be assigned their own housing space and bathroom where possible.

Who do I report a confirmed case of COVID-19 to?

If any inmate/detainee, employee or staff shows clinical signs and symptoms of COVID-19, report it to your district public health office IMMEDIATELY. If you have not already done so, determine what health district the facility is located in. You can find list of districts (including a list of each county in the district) and contacts here: <https://dph.georgia.gov/district-office-directory>

How do I report a confirmed case of COVID-19?

Call your district public health office. You can find list of districts (including a list of each county in the district) and contacts here: <https://dph.georgia.gov/district-office-directory> When you call the district, ask to speak to an Epidemiologist to report a COVID-19 suspect case or outbreak. The Epidemiologist will help facilitate COVID-19 testing if warranted and help your facility perform a risk assessment to determine how to best mitigate any spread.

Should I report suspect cases who do not have a positive test?

Report anyone, including staff, with signs and symptoms of COVID-19 to your district public health office IMMEDIATELY. Do not await test results before reporting.

How long should a case remain isolated?

The individual can be removed from isolation once they have been free from fever for at least 72 hours without the use of fever-reducing medications **AND** the individual's other symptoms have improved (e.g., cough, shortness of breath) **AND** at least 7 days have passed since the first symptoms appeared.

Should an individual that is not a confirmed case, but has clinical signs and symptoms, be isolated?

Immediately recommend the individual be isolated in a separate space and the person wear a face mask at all times, if available. Facilities should make every possible effort to place individuals with COVID-19 signs and symptoms under medical isolation individually. Testing should be performed to confirm the case.

How long should a symptomatic individual who is not tested OR who has a negative test result remain isolated?

An individual who tests negative OR is not tested but has clinical signs and symptoms should be isolated until they have been afebrile for at least 72 hours AND at least 7 days have passed since the first symptoms appeared. **Do not cohort confirmed cases with suspect cases.**

Can the inmate/detainee utilize common spaces (i.e. dining hall, recreation area, etc.)?

The person's movement outside of the isolation area should be kept at an absolute minimum. Medical services should be provided in the isolation space (See Infection Control and Clinical Care sections for additional details); meals should be served within the isolation space

and individuals should be excluded from ALL group activities. The individual should be assigned an individual bathroom, when possible.

The person should wear a mask when moving outside of the isolation space. Any staff entering the isolation space should wear a mask before interacting with the case.

What if confirmed cases and suspect cases cannot be isolated individually?

Cohorting should only be practiced if there are no other available options. Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. **Do not cohort confirmed cases with suspected cases or case contacts.**

What if there are no more available areas to quarantine or isolate inmates/detainees?

If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals.

If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)

Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes.

Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.

What if a confirmed case or a person with COVID-19 signs and symptoms needs to be transferred or released?

Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.

If an incarcerated/detained individual who is a COVID-19 case or a symptomatic individual is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning. **Screen for COVID-19 as part of release planning.**

Minimize transfers in and out of the prison to the extent possible. Restrict inmate transportation to only those outside appointments that are medically urgent or legally required. Cancel any elective appointments that are not urgent.

Can cases meet with their legal team or attend court appointments?

Every effort should be made to restrict and isolate cases. If it is necessary for a case to meet with their legal team, every attempt should be made to conduct the meeting via phone or teleconferencing capabilities.

What recommendations should I make regarding cleaning and disinfecting common areas?

Please refer to CDC's [guidance on cleaning and disinfecting your facility](#).

Should employees and staff exposed to a confirmed case be excluded from work and isolated at home for 14 days?

Yes, if possible. If not possible, they can remain at work, but should monitor their symptoms for 14 days, always wear a mask, and avoid working with immunocompromised inmates. If they develop any symptoms, they should be sent home immediately.

Management of Contacts

Should contacts to a confirmed case be quarantined?

Close contacts of COVID-19 cases should be quarantined through 14 days after their last exposure to a case. To reduce transmission risk of COVID-19, make every possible effort to quarantine close contacts of COVID-19 cases individually. Cohorting should only be done if there are no other available options. **Contacts should not be cohorted with confirmed cases.**

Contacts and staff interacting with contacts should wear face masks at all times, if available.

What if a quarantined contact becomes symptomatic?

In the event a quarantined contact becomes symptomatic, you should treat the contact as a suspect or confirmed case and follow the guidance for [Management of Cases](#).

Note: If a contact becomes a case while in quarantine, the 14-day quarantine period for the entire cohort starts over.

What if a quarantined contact needs to be transferred or released?

Restrict quarantined individuals 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.

If a quarantined contact to a case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning. **Screen for COVID-19 as part of release planning.**

Can quarantined contacts meet with their legal team or attend court appointments?

Every effort should be made to restrict and quarantine contacts. If it is necessary for a contact to meet with their legal team, every attempt should be made to conduct the meeting via phone or teleconferencing capabilities.

Personal Protective Equipment (PPE)

What PPE is required for staff and inmates/detainees?

Please refer to CDC's [guidance](#) for the use of PPE in the Correction/Detention Facility.

How do we anticipate how much PPE we will need in the future?

Please refer to CDC's [guidance](#) for strategies to optimize the use of PPE.

What if we do not have enough PPE or run out?

Shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>