



Infection Prevention and Control Resources COVID-19 in Correctional and Detention Facilities

If there has been a suspected COVID-19 case inside the facility (among incarcerated/detained persons, staff or visitors who have recently been inside), begin implementing management strategies while test results are pending. See [Guidance on Management of COVID-19 within Correctional & Detention Facilities](#) for full guidance on the response measures below.

☐ Upon Entry

- Provide face covering (cloth is acceptable unless contraindicated).
- Perform screening for COVID-19 symptoms and temperature checks for all incarcerated/detained persons, staff and visitors daily and on entry.
 - Screening should take place outdoors or at the point of entry into the facility
- Incorporate screening for COVID-19 symptoms and a temperature check into intake procedures.
 - Consider quarantining all new intakes for 14 days before they enter the facility's general population, if feasible.

☐ Medical Isolation/Quarantine

- Immediately place new admissions with symptoms under medical isolation.
- As soon as an individual develops symptoms of COVID-19 and/or tests positive for COVID-19, provide them with a face covering (if not already wearing one) and ensure it can be worn safely.
- Implement medical isolation of confirmed and suspected COVID-19 cases (do not mix confirmed and suspected cases). This should be in a separate environment from other individuals. Maintain isolation until Centers for Disease Control and Prevention (CDC) [criteria for discontinuing medical isolation](#) have been met.
- Implement quarantine of close contacts of suspected and confirmed COVID-19 cases and monitor for symptoms at least once per day for 14 days.
 - Close contacts are persons within 6 feet of a confirmed COVID-19 infection for a cumulative time of 15 minutes or more within a 24-hour period.
 - Where possible, quarantine close contacts separately, prioritizing individual spaces for those who are at [higher risk](#) for severe illness.
 - Quarantine for COVID-19 should last for 14 days after the exposure has ended.

☐ Tracking/Reporting

- Implement a system for tracking information about incarcerated/detained persons and staff with suspected/confirmed COVID-19, as well as those who are under quarantine as close contacts.
- Health care practitioners, facilities and laboratories are subject to mandatory reporting to the Florida Department of Health (FDOH) under section 381.0031, Florida Statutes, and Chapter 64D-3, Florida Administrative Code.
 - All positive, negative and indeterminate COVID-19 laboratory results must be reported to the FDOH via electronic laboratory reporting (ELR) or by fax within 24

hours. This includes all COVID-19 test types: polymerase chain reaction (PCR), other RNA, antigen, and antibody tests.

- Health care providers and facilities must report all COVID-19 cases and negative test results to their county health department ([FloridaHealth.gov/diseases-and-conditions/disease-reporting-and-management/chd-epi-contacts/](https://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/chd-epi-contacts/)) within 24 hours.

□ Transfers/Transportation

- If possible, suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, extenuating security concerns, release or to prevent overcrowding.
- Coordinate with county health department regarding care and monitoring of persons being isolated/quarantined with COVID-19.
- Communicate with community hospitals regarding potential need to transfer severely ill incarcerated/detained persons.
- If transfer is necessary, conduct verbal screening and a temperature check prior to persons leaving the facility. Follow recommendations as outlined in [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities](#) if persons do not clear the screening process.

□ Visitations

- Suspend contact visits and provide additional options for non-contact visits.
- When possible, arrange for lawful alternatives to in-person court appearances for all incarcerated/detained persons in the facility.

□ Release Planning

- Incorporate screening for COVID-19 symptoms and a temperature check into release planning.
- Provide inmates who are under isolation or quarantine, and are releasing, with education about recommended follow-up, and coordinate with public health and community resources.

□ Strategies to consider preventing continued spread of COVID-19

- Consider testing for asymptomatic incarcerated/detained persons without known COVID-19 exposure for early identification in the facility.
- Implement social distancing strategies in common areas to increase space between incarcerated/detained persons.
 - Strategies can be tailored to best fit each facility.
- Recreation and dining areas should be re-arranged (as feasible) to allow for persons to spread out safely.
 - Stagger mealtimes and recreation times (i.e., allow only one unit at a time and have a break between each to clean and disinfect the areas).

□ Personal Protective Equipment

- Assess current personal protective equipment (PPE) stock and determine how to [optimize supply](#). Adhere to CDC approved practices on PPE supply optimization strategies.

- Assess needs and anticipate shortages of all PPE categories (see [PPE burn rate calculator](#)).
- Follow guidance for [Recommended PPE for Incarcerated/Detained Persons and Staff in a Correctional or Detention Facility during the COVID-19 Response found](#).

□ Hygiene

- Ensure that hand hygiene supplies are well-stocked in all areas of the facility.
- Emphasize practicing good hand hygiene and cough etiquette.
- Encourage all staff and incarcerated/detained persons to wear a face covering as much as safely possible. Ensure cloth face coverings are routinely laundered.

□ Environmental Cleaning

- Emphasize cleaning and disinfection, especially frequently touched surfaces. Adhere to [CDC recommendations for cleaning and disinfection during the COVID-19 response](#).
- Reference specific cleaning and disinfection procedures for areas where a COVID-19 case spent time.
- Ensure adequate supplies to support intensified cleaning and disinfection practices.

□ Additional Prevention Strategies

- Implement alternative work arrangements (e.g., telework of administrative staff), as deemed feasible.
- Post signage throughout the facility communicating symptoms of COVID-19, hand hygiene instructions and how staff and incarcerated/detained persons should report symptoms.
- Implement social distancing strategies where possible throughout the facility.

For technical assistance, please visit www.FLhealth.gov/chdepcontact for a list of county health departments and their contact information.

Additional Resources:

Wallace M, Hagan L, Curran KG, et al. COVID-19 in Correctional and Detention Facilities — United States, February–April 2020. MMWR Morb Mortal Wkly Rep 2020;69:587–590. DOI: <http://dx.doi.org/10.15585/mmwr.mm6919e1>

COVID-19 Management Assessment and Response for Detention Facilities Tool. (Attachment) The purpose of this document is to gather initial information from correctional and detention facilities that have been identified as high-risk settings for transmission during the COVID-19 pandemic. <https://stacks.cdc.gov/view/cdc/87561>