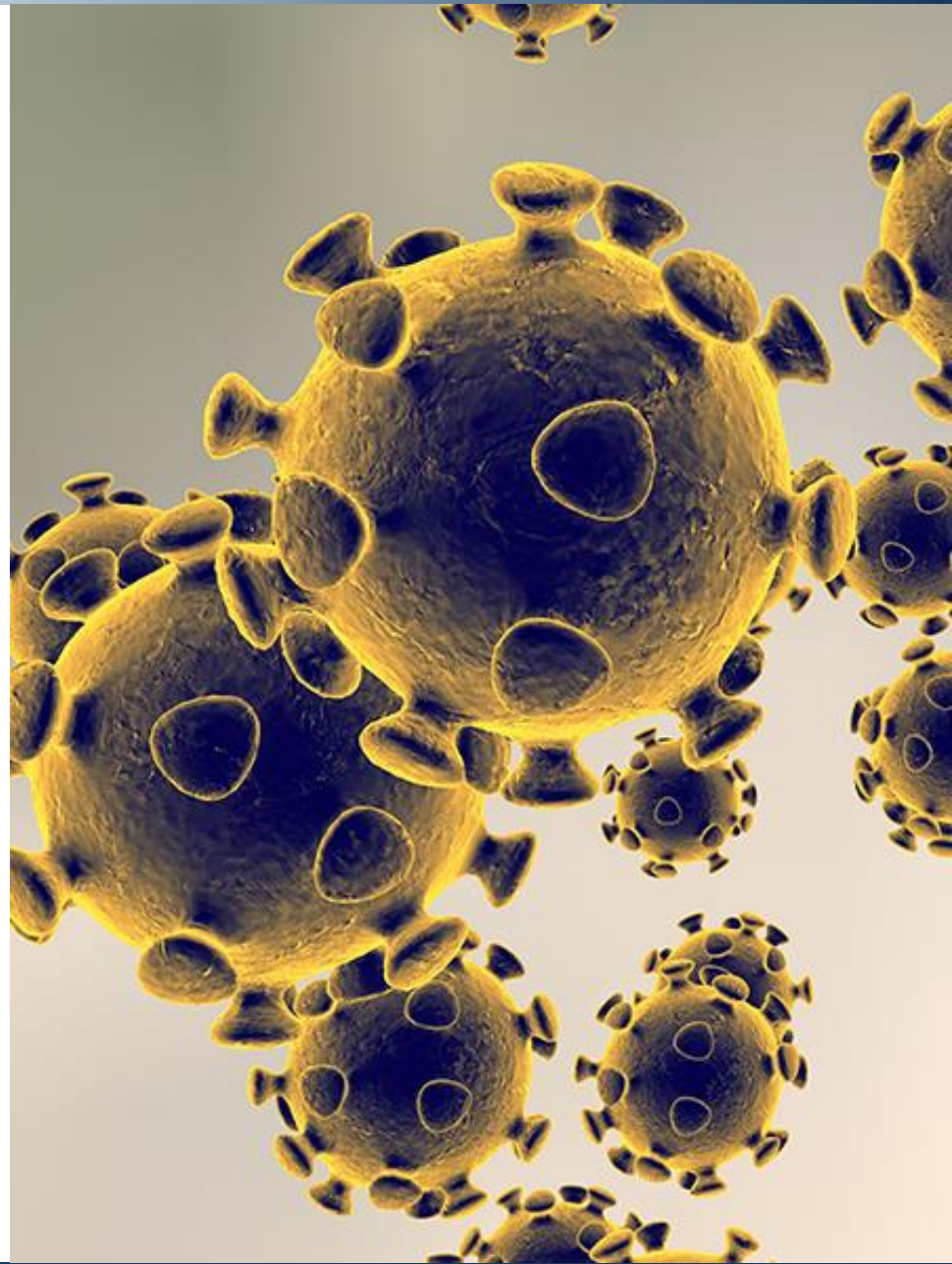NC Department of Health and Human Services

Coronavirus Disease (COVID-19)

Infection Prevention in Jails

Updated April 30, 2020

This is a rapidly evolving situation and recommendations will change

Objectives

List	List basic infection prevention steps for COVID-19
Describe	Describe COVID-19 prevention recommendations for jails
Recognize	Appropriate steps to take if you have a COVID-19 case

Symptoms of COVID-19 include:

- Lower respiratory symptoms:
  – Cough
  – Shortness of breath
- Or at least 2 of the following symptoms:

Fever

Headache

New loss of taste or smell
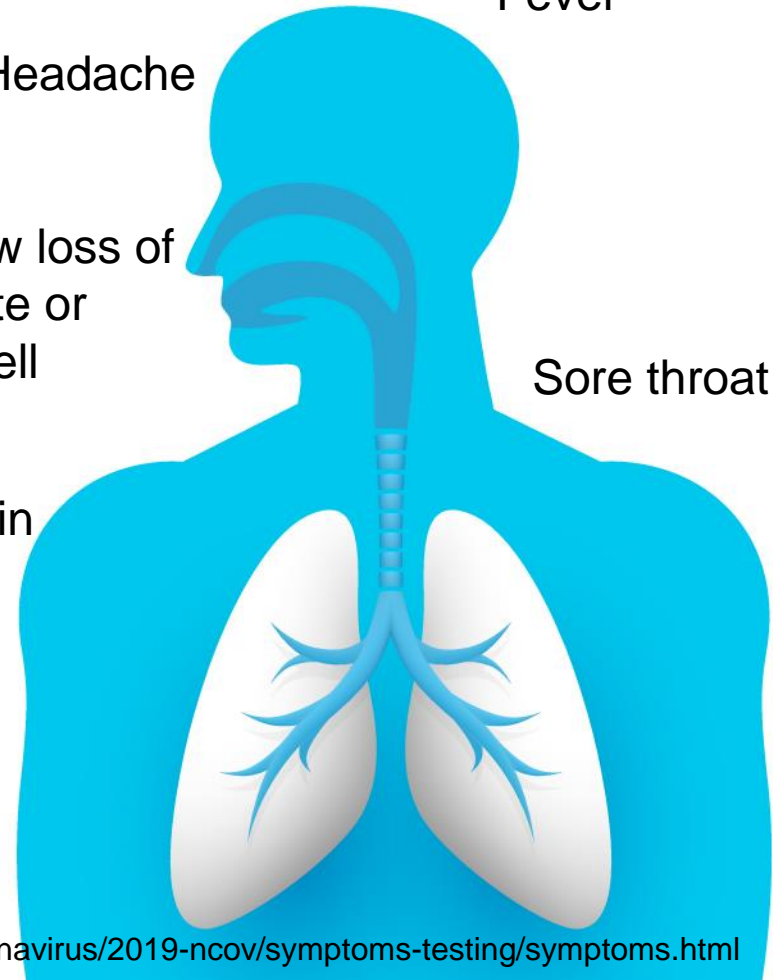
Sore throat

Muscle pain

Chills/ Repeated shaking with chills

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

People at high risk for serious illness from COVID-19 include anyone who:

Is 65 years of age or older

Has a high-risk condition that includes:

- chronic lung disease, moderate-severe asthma
- heart disease with complications
- compromised immune system
- body mass index (BMI) of 40 or higher
- medical conditions such as diabetes, renal failure or liver disease

https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html

COVID-19 Transmission

- Person-to-person transmission primarily via respiratory droplets produced when the infected person coughs, sneezes, or talks
  - People may also get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes

- People who are infected but do not have symptoms likely play a role in the spread

- Airborne transmission from person-to-person over long distances is unlikely

https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

General prevention recommendations for COVID-19 are the same as those to prevent the spread of flu and other respiratory viral infections
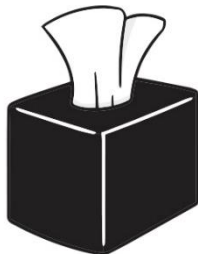
- Wash hands often with soap and water for at least 20 seconds

- If soap and water are unavailable, staff should use alcohol-based hand sanitizer (60-95% alcohol)

- Avoid touching your eyes, nose, or mouth with unwashed hands

- Avoid contact with others who are sick

- Cover your mouth and nose with a tissue or sleeve, not your hands, when coughing or sneezing

PREVENT

RAMP UP cleaning schedule & hand hygiene reminders

LIMIT transfers between facilities

SCREEN everyone coming in for symptoms (new intakes, staff, visitors)

IMPLEMENT social distancing

MAKE SURE everyone knows what to do if they have symptoms

ENCOURAGE non-contact visits or consider suspending visitation

Screening on Entry

- **Ask about close contact with a COVID-19 patient or symptoms of COVID-19 (https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#verbal-screening for more info)**

- **Check for fever and other symptoms**

Screening on Entry Cont.

- ## Newly arrived inmates
  - Place all in quarantine until 14 days have passed since their arrival.
  - If have a fever or other symptoms of COVID-19, place them in medical isolation and arrange for medical evaluation.

- ## Staff members arriving for work
  - If close contact with a COVID-19 patient in the past 14 days, have them self-quarantine at home until 14 days have passed since their exposure.
  - If have a fever or other symptoms of COVID-19, send them home and encourage them to obtain medical evaluation including a COVID-19 test.

Be Flexible

- **If possible, suspend copays for people seeking medical care for symptoms of COVID-19.**

- **Have a flexible, non-punitive sick leave policy. Actively encourage staff to stay home when they are feeling sick.**

- **Consider implementing alternatives to in-person visits, such as increased access to phone calls or video calls.**

Social Distancing

- **Stagger times for recreation and meals.**
  - If possible, limit these activities to one housing unit at a time

- **Rearrange housing to increase space between people.**
  - Move bunks further apart
  - Arranging bunks so people sleep head-to-foot

- **For group activities, make sure that people can maintain 6 ft of distance apart.**

More Social Distancing

Medical

- Designate a room near each housing unit to evaluate people with COVID-19 symptoms
- Stagger sick call
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process

Common areas

- Enforce increased space between people in
  - holding cells
  - lines
  - waiting areas such as intake (e.g., remove every other chair in a waiting area)

Reminders for Staff and Inmates

- Post signs around the facility with information about hand hygiene, cough etiquette, and social distancing

https://www.cdc.gov/handwashing/campaign.html
https://www.cdc.gov/coronavirus/2019-ncov/communication/index.html

A quick note on...SOAP

Make sure it is:

- Free
- Accessible
- Restocked continually
- Not irritating to skin

Alcohol-based hand sanitizer (at least 60% alcohol) is a good alternative when soap & water aren't available – consider loosening restrictions where feasible

- Supply paper towels, tissues, and lined trash cans in all areas of the facility

https://www.cdc.gov/coronavirus/2019-ncov/downloads/managing-COVID19-in-correctional-detention.pdf

Cleaning and Disinfecting

- **Clean and disinfect objects and surfaces that are frequently touched several times a day.**
  - **Use a disinfectant that is EPA-registered as active against coronaviruses.**
  - **https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2**

  - **Use adequate ventilation**

Laundry

For clothing, towels, linens and other items

- Launder items according to the manufacturer's instructions. **Use the warmest appropriate water setting** and dry items completely.
- **Wear disposable gloves** when handling dirty laundry from a person who is sick.
- Dirty laundry from a person who is sick **can be washed with other people's items.**
- **Do not shake** dirty laundry.
- Clean and **disinfect clothes hampers** according to guidance above for surfaces.
- Remove gloves, and **wash hands right away**.

https://www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

Limiting Inmate Transfers

- Limit inmate transfers between facilities unless absolutely necessary
  - For medical care, quarantine/isolation, urgent security concerns, or overcrowding
  - Contact your local health department before moving inmates in isolation or quarantine
  - Consult with DPH before moving large groups of people (ex. Closing a facility)
  - Keep detailed records on inmate transfers to facilitate contact tracing

- Every transfer has a risk of spreading COVID-19 to a new facility

Screen before Release

- **If the inmate has symptoms of COVID-19, place the person in medical isolation and contact your local health department (LHD).**

- **If the inmate has had close contact with a COVID-19 patient in the past 14 days, contact your LHD.**

- **Include the inmate's COVID-19 status and contact information for the LHD in the inmate's release papers.**

Isolation and Quarantine

Isolation vs. quarantine

- **Isolation**: separating people who are sick (i.e., have symptoms of COVID-19 or have tested positive for COVID-19)

- **Quarantine**: separating people who have been exposed to a disease but have not yet become sick

- Staff should either work in isolation area or quarantine area, not both

Who needs to be quarantined?

- Routine intake quarantine: all incoming inmates should be quarantined for 14 days

- Close contacts of a COVID-19 case: should be quarantined for 14 days after last exposure

- These quarantine areas must be separate from each other and from non-quarantine areas as much as possible!

Close Contact

- Close contact = being within 6 feet of a COVID-19 case for a prolonged period of time (~10 minutes or more)

- Risk depends on many factors, including:
  - Exposure time
  - PPE
  - If COVID-19 case was coughing or sneezing
  - If COVID-19 case was wearing a facemask

Quarantine

A <u>close contact</u> is anyone who:

- Has been within 6 feet of a confirmed/suspected case for a prolonged period of time

OR

- Has had contact with infectious secretions from a confirmed/suspected case (e.g., coughed on)

Identify close contacts

Mask as source control, if PPE stocks allow

Separate from others (ideally individually) & restrict movement

Monitor symptoms 2x per day

If symptoms develop, immediately mask and medically isolate

If cohorting and another case develops, 14-day clock restarts

Return to previous housing and lift movement restrictions after 14 days if no symptoms develop

Options for Quarantine

when multiple close contacts of a COVID-19 case need to be quarantined

IDEAL: SEPARATELY

- Single cells with solid walls & solid door
- Single cells with solid walls

NEXT BEST: AS A COHORT – *use social distancing*

- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)
- If a whole housing unit has been exposed: quarantine in place, with no movement outside the unit

LAST RESORT: TRANSFER

- Transfer to a facility with quarantine space

  (LAST RESORT due to possibility of introducing COVID-19 to another facility)

CAUTIONS for Cohorting Close Contacts of COVID-19 Cases

MONITOR SYMPTOMS CLOSELY, AND IMMEDIATELY PLACE SYMPTOMATIC PEOPLE UNDER MEDICAL ISOLATION TO PREVENT FURTHER SPREAD

(14-DAY CLOCK RESTARTS)

PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions

DO NOT ADD PEOPLE TO AN EXISTING QUARANTINE COHORT

DO NOT MIX PEOPLE QUARANTINED DUE TO EXPOSURE WITH PEOPLE UNDER ROUTINE INTAKE QUARANTINE

Medical Isolation

Isolate anyone with symptoms of COVID-19

MASK for source control

Separate from others (individually if possible) & restrict movement

Provide with tissues, trash can, and hand hygiene supplies

Notify public health

Clean & disinfect thoroughly

Evaluate and test, if indicated

Give care (or transfer for care)

Options for Medical Isolation

when multiple people need to be isolated due to COVID-19

IDEAL: SEPARATELY

- Single cells with solid walls & solid door
- Single cells with solid walls

NEXT BEST: AS A COHORT – *use social distancing*

- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)

LAST RESORT: TRANSFER

- Transfer to a facility with isolation space

  (LAST RESORT due to possibility of introducing COVID-19 to another facility)

Monitoring Cases

Sick people should be closely monitored.

- **Patients with COVID-19 can rapidly develop serious respiratory problems without much warning.**
  - **Be prepared to transport patients to a nearby hospital via EMS.**
  - **Let the hospital know in advance that you have COVID-19 patients that may require care at their facility**
  - **Tell the 911 dispatcher that the patient has COVID-19.**

Release from Medical Isolation

- **Consult with your local health department to determine if an inmate is ready to be released from isolation.**
  - **Must meet certain criteria defined by the CDC.**

CAUTIONS for Cohorting COVID-19 Cases

DO NOT COHORT CONFIRMED CASES WITH SUSPECTED CASES

DO NOT COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIONS

PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions

USE SOCIAL DISTANCING AS MUCH AS POSSIBLE

Returning to Work

- When can an exposed staff member return to work?
  - Staff should self-quarantine for 14 days after exposure
  - If necessary for staffing purposes, exposed staff may return to work as long as they:
    - Self-monitor for symptoms
    - Wear a facemask
    - Practice social distancing
    - Clean and disinfect all shared objects and surfaces frequently

https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html

Returning to Work

- When can a staff member who had COVID-19 return to work?
  - When they meet the criteria for discontinuing isolation precautions:

Test-based strategy
- Fever-free for ≥72 hours (without fever reducing medications) **AND**
- Respiratory symptoms have improved **AND**
- Tested negative in ≥2 consecutive respiratory specimens collected ≥24 hours apart

Symptom-based strategy
- Fever-free for ≥72 hours (without fever reducing medications) **AND**
- Respiratory symptoms have improved **AND**
- At least 7 days have passed since the first symptoms appeared

If the person had a positive test but never had symptoms
- At least 7 days have passed since the first positive COVID-19 test **AND**
- The person has had no subsequent illness

*10 days for healthcare workers!

Personal Protective Equipment (PPE)

PPE Use for Inmates

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X			
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact				X	X
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.
** A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

PPE Use for Staff

Classification of individual wearing PPE	N95 respirator	Face mask	Eye protection	Gloves	Gown
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)		Face mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	X
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	X**		X	X	X
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines)	X		X	X	X
Staff handling laundry or used food service items from a COVID-19 case or case contact				X	X
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

** A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff

Personal Protective Equipment (PPE)

- All people who will be using PPE, including incarcerated people, need to be trained on how to appropriately don and doff it

  - Improper use of PPE can lead to infection

- Masks
  - Must cover both mouth and nose
  - Should be close-fitting
  - Change/discard when soiled or moist

How to put on a face mask

- **Place over nose, mouth and chin**

- **Fit flexible nose piece over nose bridge**

- **Secure on head with ties or elastic**

- **Adjust to fit; needs to conform to face**

Wear facemask before going near people

How to remove a face mask

- **Untie bottom strings**

- **Untie top strings**

- **Hold by strings**

- **Discard mask**

- **Perform hand hygiene**

Extended Use of Facemasks

- Discard mask when it becomes soiled, moist, damaged, or hard to breathe through
  - If cloth masks are being used, switch to a new cloth mask when it becomes soiled or moist

- Do not touch mask unless necessary

- Perform hand hygiene immediately after removing masks

- Consider using a face shield over the mask to reduce contamination

Re-use of face masks

- Leave patient care area if you need to remove facemask

- Carefully fold so that outer surface is held inward and against itself to reduce contact with outer surface during storage

- Folded mask can be stored between uses in clean sealable paper bag or breathable container

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/face-masks.html

Isolation Gowns

- Extended use can be considered when working with people **who have all been diagnosed with the same infectious disease** (e.g., an isolated cohort of COVID-19 positive patients) and **who do not have any other infectious diseases** that can be transmitted by contact

- Gowns should be discarded when visibly soiled

- Use cloth isolation gowns that can be laundered and reused when possible

Eye Protection

- You can still get infected with COVID-19 if not wearing appropriate eye protection

- Wear goggles or a face shield when
  - Interacting with suspected or confirmed COVID-19 patients
  - Conducting temperature checks

- Do not touch your eye protection unless absolutely necessary

- Remove and disinfect according to manufacturer guidelines when it becomes soiled or difficult to see through

- Perform hand hygiene immediately after touching eye protection

https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/eye-protection.html

Donning and Doffing PPE

Proper PPE and Handwashing Videos
https://vimeo.com/showcase/6122546

Proper Glove Removal Videos

https://www.globus.co.uk/how-to-safely-remove-disposable-gloves

HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container
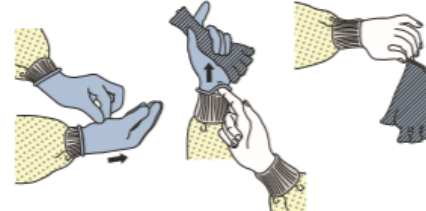
2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated — DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE
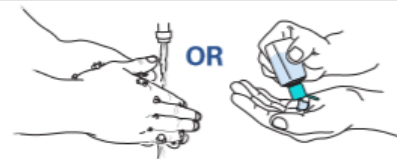
PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE

CDC

Hand Hygiene

Perform hand hygiene immediately after removing PPE

Wash hands with soap and water or use an alcohol-based hand rub

COVID-19 Outbreaks

When is it an outbreak?

- Two or more laboratory-confirmed COVID-19 cases identified within two incubation periods (28 days) in the same facility

Response Steps for a Suspected Case of COVID-19 in Jails

- **If symptoms of COVID-19 in an inmate, contact your jail health provider and arrange for medical evaluation.**
  - The healthcare provider should test for COVID-19.
  - The inmate should be placed in medical isolation pending the COVID-19 test result.
  - The provider may also test for other possible causes of these symptoms, such as influenza, however, this should not delay COVID-19 testing.

- **If symptoms of COVID-19 in a staff member, send them home and ask them to see their medical provider for evaluation.**
  - They should call ahead to tell their provider they will be coming for COVID-19 testing.

Response Steps for Confirmed Case of COVID-19 in Jails

If a COVID-19 test comes back positive

- **Immediately contact**
  - Your local health department and coordinate possible visit or televisit
  - Your local hospital so they can begin surge planning for the possibility of widespread transmission

- **Isolate cases**

- **Quarantine all people who had close contact with the COVID-19 patient until 14 days have passed since exposure.**

- **Implement additional control measures**
  - Increased frequency of environmental cleaning
  - Wear appropriate PPE
  - Group inmates and staff into cohorts

Response Steps for Confirmed Case of COVID-19 in Jails

- **Test close contacts (who should be in quarantine) and anyone with symptoms of COVID-19.**
  - **If a close contact tests negative for COVID-19, they can be released from quarantine.**
  - **Immediately notify the LHD of any positive test results.**

- **If your facility is experiencing a large volume of cases, consider screening all staff and incarcerated people for COVID-19.**
  - **Decisions about mass testing in county jails are made on a case-by-case basis.**
  - **Please email ncresponse@dhhs.nc.gov if you are considering conducting mass testing.**
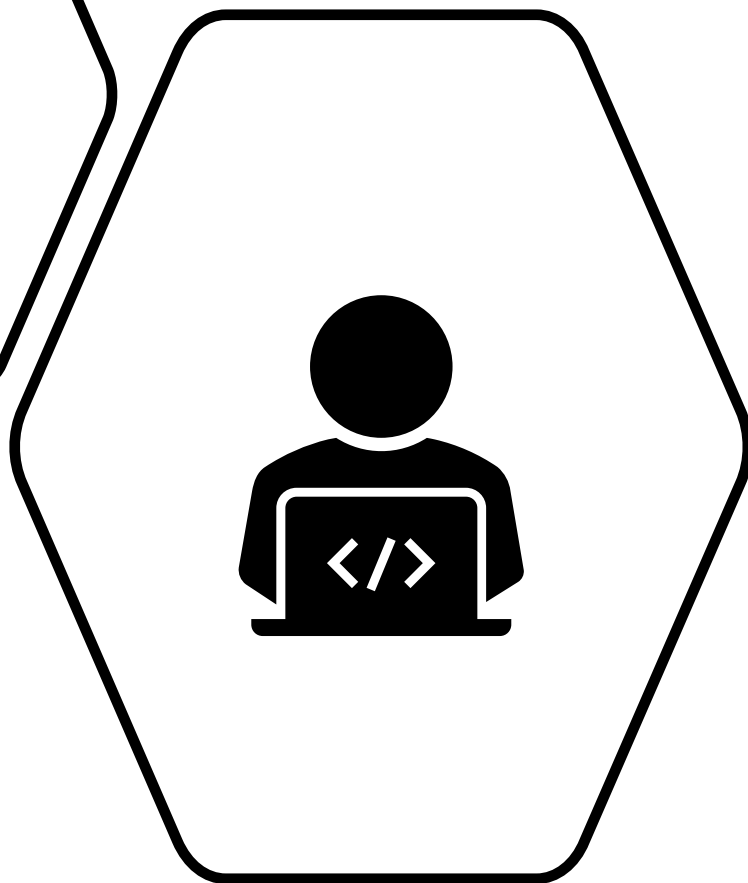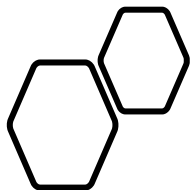
Reporting to
Your
Local Health Department

Reporting Cases

- Contact your LHD as soon as you learn about any COVID-19 positive lab results among staff or inmates

- To report to LHD:
  - Fill out Part 1 and Part 2 of the disease reporting form
  - Send to your LHD through your normal disease reporting method
  - Please note your facility and whether the patient is an inmate or staff

Notify the LHD

- If an inmate under isolation/quarantine is going to be released, please contact your LHD at least 2 days before their release

- If the inmate will be going to a congregate living setting (ex. homeless shelter), please also notify us at ncresponse@dhhs.nc.gov

- Please notify your LHD about large transfers or transfers of inmates under isolation/quarantine before they occur

Coronavirus Emergency Supplemental Funding (CESF) Program

- **Local and tribal governments are eligible to apply**

- **Application deadline:** **May 29, 2020**

- **Allowable projects and purchases include: overtime, equipment (including law enforcement and medical personal protective equipment), hiring, supplies (such as gloves, masks, sanitizer), training, travel expenses (particularly related to the distribution of resources to the most impacted areas), and addressing the medical needs of inmates in state, local, and tribal prisons, jails, and detention centers.**

- **https://bja.ojp.gov/program/cesf/overview**

Housing for Inmates with COVID-19 Symptoms Being Released

- **Work with your LHD to set up processes for non-congregate sheltering for symptomatic inmates being released who are homeless.**

- **Eligible under this waiver:**
  - Test positive for COVID-19 who do not require hospitalization but need isolation (including those exiting from hospitals)
  - Have been exposed to COVID-19 who do not require hospitalization but require quarantine
  - Persons needing social distancing as a precaution, particularly for high-risk groups such as people over 65 or with certain underlying health conditions (respiratory, compromised immunities, chronic disease), this may include those whose living situation makes them unable to adhere to social distancing guidance.

- **https://www.ncdhhs.gov/divisions/public-health/covid19/assistance/non-congregate-sheltering**

CDC Resources

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

- **Provides guidance on how to**
    - **Limit germs entering your facility**
    - **Isolate symptomatic inmates quickly**
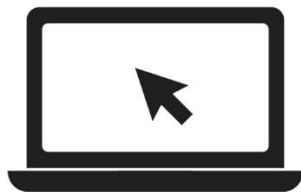   - **Protect staff, inmates, and visitors**

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

- **Resources for Correctional Facilities before and during an Outbreak (including FAQs)**
    - https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html

NCDHHS Communication

COVID-19 Website:
https://www.ncdhhs.gov/divisions/public-health/covid19

Questions about COVID-19 in Jails:
Email NCResponse@dhhs.nc.gov

Clinical or Urgent Questions:
Call 24/7 Epidemiologist on Call at 919-733-3419

General COVID-19 Questions:
Call NC Poison Control COVID-19 hotline at 866-462-3821

211 for COVID-19 Non-medical Assistance

Sponsors

- **Evelyn Foust, Communicable Disease Branch Head, DPH**

- **Beth Lovette, Deputy Director, DPH**

- **Ben Money, Deputy Secretary for Health Services, DHHS**

- **Steven Lewis, Construction Section Chief, DHSR**

- **Emery Milliken, Deputy Director, DHSR**

- **Mark Payne, Director, DHSR**