



Mississippi State Department of Health COVID-19 Isolation, Quarantine, Cohorting and Outbreak Guidelines for Correctional and Detention Facilities

Definitions

Isolation – Isolation refers to the time period that an infected patient with COVID-19 must spend alone, away from others, to prevent the transmission of disease. The period of isolation is 10 days from the onset of symptoms (or the date of testing for those who are asymptomatic at the time of diagnosis). Ideally, each isolated individual should be isolated in a single cell with solid walls and a solid door that closes. Isolation for an individual can be stopped after 10 days of isolation if they meet the following criteria:

- It has been 10 days past the onset of symptoms (or date of test if they were asymptomatic);
- Have been fever free for at least 24 hours; and
- Have improvement of other symptoms.

Quarantine – Quarantine is a 14-day period that those exposed to an infectious COVID-19 patient must spend alone, away from others, to prevent the transmission of COVID-19 should the person become infectious. This 14-day period is required because exposed individuals can become contagious up to 14 days after exposure and not realize it. A negative test for COVID-19 does not remove the necessity of quarantining. Ideally, each quarantined individual should be quarantined in a single cell with solid walls and a solid door that closes. Essential employees (as determined by the Facility) may continue to work while under quarantine if they meet the following criteria:

- Remain asymptomatic;
- Have their temperature and symptoms monitored;
- Wear a mask or cloth face covering the entire time at work.

Essential employees on quarantine may only attend work. All other activities (dining out, shopping, social events) are not permitted during the quarantine period.

Cohorting—refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed cases is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals. **Cohorting should only be practiced if there are no other available options. Do not add more individuals to an existing quarantine cohort after the 14 day clock has started.**

Exposure – A high risk exposure (or close contact to an infected person) is specified as spending 15 minutes within 6 feet or less of someone infectious with COVID-19, **with or without a mask**. The 15-minute timeframe is not required to be continuous; rather cumulative throughout the day.

Contact – An individual who has had a high-risk exposure.

Infectious Period – The infectious period is 2 days (48 hours) prior to symptom onset (or test positivity if no symptoms at time of diagnosis) and then an additional 10 days from symptom onset or test positivity (12 days altogether).

Outbreak – An outbreak is identified if 3 or more individuals (staff or incarcerated/detained individual) within a group are diagnosed with COVID-19 within a 14-day period.

Group – Collection of individuals in regular contact or proximity when social distancing of 6 feet or greater has not been strictly maintained. Examples might include dining facilities, cells, pods, housing units, groups of staff working in the same setting, shared living environments, and bathrooms. All members of a “group” must be quarantined in the event of an outbreak.

Viral Test- Viral tests are those that directly detect the presence of virus in respiratory samples (such as nasal swabs) to diagnose infection. Examples of viral tests are PCR (nucleic acid) or antigen tests. These may be either point of care rapid tests, or tests that require samples to be submitted to a laboratory for analysis.

General Strategies and Recommendations to Prevent COVID-19:

- Where possible, put plans in place with other facilities to prevent individuals with confirmed and suspected COVID-19 and their close contacts from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.
- Facilities without onsite healthcare capacity should make a plan for how they will ensure that individuals with suspected COVID-19 will be isolated, evaluated, tested, and provided necessary medical care.
- Ensure that separate physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate individuals with confirmed COVID-19 (individually or cohort), 2) isolate individuals with suspected COVID-19 (individually- do not cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected individuals and/or close contacts are identified and require medical isolation or quarantine simultaneously.
- Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Communicate this information throughout the facility frequently:

- Practice good cough and sneeze etiquette: cover your mouth and nose with your elbow (or ideally a tissue) rather than with your hand when you cough and squeeze and throw all tissues in the trash immediately after use.
- Practice good hand hygiene: regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating; before and after preparing food; before taking medication; and after touching garbage.
- Wear face coverings, unless PPE is indicated.
- Avoid touching your eyes, nose, or mouth without cleaning your hands first.
- Avoid sharing eating utensils, dishes and cups.
- Avoid non-essential physical contact.
- Limit the number of operational entrances and exits to the facility. Provide alcohol-based hand sanitizer with at least 60% alcohol in entrances, exits, and waiting areas.

Staff: Strategies and Recommendations to Prevent COVID-19:

- For staff: stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor.
- Perform verbal screening and temperature checks for all staff daily on entry. Staff performing temperature checks should wear recommended PPE. Verbal screening should include the following questions:
 - Today, or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
 - New loss of smell or taste?
 - Staff who have fever (100⁰ F or greater) or who answer yes to the above questions should be excluded from work and evaluated by a health care provider.
- Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available and have a plan in place to restock as needed:
 - Standard medical supplies for daily clinic needs; tissues; liquid or foam soap when possible (bar soap may irritate the skin and discourage hand washing); ensure a sufficient supply of soap for each individual; hand drying supplies; alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions); cleaning supplies, including EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19; recommended PPE (surgical masks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls); cloth face coverings; SARS-CoV-2 specimen collection and testing supplies.
- Implement intensified cleaning and disinfecting procedures according to the recommendations below:
 - Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces

not ordinarily cleaned daily (e.g. doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).

- Staff should clean equipment (e.g. radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.
- Use household cleaners and EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19 as appropriate for the surface.
- Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.
- Encourage all staff to wear a cloth face covering as much as safely possible, to prevent transmission of COVID-19 through respiratory droplets that are created when a person talks, coughs, or sneezes.
- Make every possible effort to modify staff assignments to minimize movement across units and other areas of the facility.

Incarcerated/Detained Persons: Strategies and Recommendations to Prevent COVID-19:

- For incarcerated/detained persons: the importance of reporting symptoms to staff; social distancing and its importance for preventing COVID-19; the purpose of quarantine and medical isolation.
- If possible, consider quarantine for all new intakes for 14 days before they enter the facility's general population (separately from other individuals who are quarantined due to contact with someone who has COVID-19).
- Provide cloth face coverings (unless contraindicated) and perform pre-intake symptom screening and temperature checks for all new entrants in order to identify and immediately place individuals with symptoms under medical isolation. Screening should take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry, before beginning the intake process.
- Encourage all incarcerated/detained persons to wear a cloth face covering as much as safely possible, to prevent transmission of COVID-19 through respiratory droplets that are created when a person talks, coughs, or sneezes.
- Communicate that sharing drugs and drug preparation equipment can spread COVID-19.
- Consider suspending work release and other programs that involve movement of incarcerated/detained individuals in and out of the facility, especially if the work release assignment is in another congregate setting, such as a food processing plant.
- Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of symptoms), and to minimize mixing of individuals from different housing units.

Examples:

- Common areas:
 - Enforce increased space between individuals in holding cells as well as in lines and waiting areas, such as intake.
- Recreation:
 - Choose recreation spaces where individuals can spread out; stagger time in recreation spaces; restrict recreation space usage to a single housing unit per space where feasible.

- Meals:
 - Stagger meals in the dining hall (one housing unit at a time); rearrange seating in the dining hall so that there is more space between individuals (e.g. remove every other chair and only use one side of the table); provide meals inside housing units or cells.
- Group activities:
 - Limit the size of group activities; increase space between individuals during group activities; suspend group programs where participants are likely to be in closer contact than they are in their housing environment; consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.
- Housing:
 - If space allows, reassign bunks to provide more space between individuals. Ensure bunks are thoroughly cleaned if assigned to a new occupant. Arrange bunks so that individuals sleep head to foot to increase the distance between their faces. Minimize the number of individuals housed in the same room as much as possible. Rearrange scheduled movements to minimize mixing of individuals from different housing areas.
- Medical:
 - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit (if one is available). Stagger pill line or stage pill line within individual housing units. Identify opportunities to implement telemedicine to minimize the movement of healthcare staff across multiple housing units and to minimize the movement of individuals throughout the facility. Designate a room near the intake area to evaluate new entrants who are flagged by the intake symptom screening process before they move to other parts of the facility.

Visitors/Volunteers: Strategies and Recommendations to Prevent COVID-19:

- Perform verbal screening and temperature checks for all visitors and volunteers on entry. Restrict non-essential vendors, volunteers, and tours from entering the facility. Verbal screening should include the following questions:
 - Today, or in the past 24 hours, have you had any of the following symptoms?
 - Fever, felt feverish, or had chills?
 - Cough?
 - Difficulty breathing?
 - New loss of smell or taste?
 - Individuals who have fever (100⁰ F or greater), or who answer yes to the above questions, should not enter the facility and should be evaluated by a health care provider.

General Recommendations for Facilities with Known Covid-19 Cases:

- If feasible, 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, health care, extenuating security concerns, release, or to prevent overcrowding.
- If not already in place, quarantine all new intakes for 14 days before they enter the facility's general population (separately from other individuals who are quarantined due to contact with someone who has COVID-19).
- Modify staff assignments to minimize movement across housing units across shifts to prevent cross contamination from units where infected individuals have been identified to units with no infections. Staff assignments to isolation spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible.
- Set up PPE (personal protective equipment) donning/doffing stations for staff. These stations need to include a dedicated trash can for disposal of PPE, a hand washing station or access to alcohol-based hand sanitizer, and a sign/poster demonstrating correct PPE donning and doffing procedures. Recommended PPE includes surgical masks (if N95 respirators are unavailable), N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls.
- Implement social distancing strategies (if not already in place), where feasible, to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of symptoms), and to minimize mixing of individuals from different housing units.
- As soon as an individual develops symptoms of COVID-19 or tests positive they should be given a cloth face covering (if not already wearing one), immediately placed under medical isolation in a separate environment from other individuals, and medically evaluated. Ensure that the individual is wearing a cloth face covering if they must leave the medical isolation space for any reason, and whenever another individual enters.
- Keep the individual's movement outside of medical isolation space to an absolute minimum. Serve meals inside the medical isolation space. Exclude the individual from all group activities. Assign the isolated individual(s) bathrooms when possible.
- Identify contacts with high risk exposure; quarantine those with high risk exposure.
- If the facility is housing individuals with confirmed COVID-19 as a cohort, only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Cohorting should only be practiced if there are no other available options.
- MSDH recommends testing all persons with high risk exposure for COVID-19 with a viral test to diagnose infection. MSDH may be able to assist with testing with an outbreak.
- Isolation for an individual can be stopped after 10 days if they meet all the following criteria:
 - It has been 10 days past the onset of symptoms (or date of test if they were asymptomatic);
 - Have been fever free for at least 24 hours; and
 - Have improvement of other symptoms.

What to do in the event of COVID-19 outbreak (3 or more cases within a 14 day period)

Outbreaks (3 or more cases within a 14 day period) represent serious risk to the identified group and the entire facility. When the threshold of 3 or more cases in a defined group is reached, the risk of exposure is significantly raised for the rest of the group; there may be as many as 5-6 as of yet unidentified cases already present in the group setting. The best way to prevent further transmission is to isolate all known cases and quarantine individuals within that group setting to reduce the risk of additional spread from potentially infectious persons not yet identified. Congregate settings such as cells or pods with shared spaces dramatically increase the risk of transmission. Transmission is more likely between people who live together or share spaces (including bathroom). **Make all efforts to isolate and quarantine as soon as cases or contacts are identified.**

Defining the affected group: **All members of a “group” must be quarantined in the event of an outbreak.** If there is **absolute certainty** that a subset of the group has had no contact with a case OR exposure to any of the identified contacts to that case, that subset may be excluded from quarantine precautions. Quarantine is a 14-day period that those exposed to an infectious COVID patient must spend alone, away from others, to prevent the transmission of COVID should the person become infectious. This 14-day period is required because exposed individuals can become contagious up to 14 days after exposure and not realize it. A negative test for COVID-19 does not remove the necessity of quarantining. **Ideally, each quarantined individual should be quarantined in a single cell with solid walls and a solid door that closes.** However, cohorting may be necessary. Cohorting refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed cases is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals. **Cohorting should only be practiced if there are no other available options. Do not add more individuals to an existing quarantine cohort after the 14 day clock has started.**

Testing: MSDH is able to provide limited initial testing support in outbreak settings to rapidly identify cases within the impacted group to determine extent of transmission and identify additional individuals for isolation.

Additional resources and references:

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

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