

## Novel Coronavirus (COVID-19) Guidance for Correctional Facilities

The Washington State Department of Health developed guidance to assist correctional facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Correctional facilities have experience managing respiratory infections and outbreaks among residents and staff and should apply the same outbreak management principles to COVID-19.

### Stay up-to-date:

Monitor public health updates from:

- [Local Public Health Department](#)
- [Washington State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

*This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment.*

- Staff, vendors, and volunteers with symptoms of an acute respiratory infection should not come to work and should report their symptoms through their chains of command or designated reporting locations.
- Correctional facilities should take measures to prevent visitors who test positive for COVID-19 from visiting the facility.
- All patient testing for COVID-19 should be arranged in consultation with local public health.
- Correctional facility staff should follow routine precautions as well as contact and droplet precautions when providing health care services to any person under investigation for COVID-19. Facilities that can safely conduct a clinical examination and collect specimens should also follow airborne precautions.

### Introduction to the environment

- Respiratory infection outbreaks occur in correctional facilities throughout the year, but are more common during the winter months. COVID-19 may be introduced to a correctional facility through visitors, vendors, volunteers, or staff.
- The population in correctional facilities is likely to include individuals who have chronic health conditions which weaken their immune systems. Some incarcerated individuals

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may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways.

- Correctional facility populations are also at risk because respiratory pathogens may be more easily transmitted in an institutional environment.
- Proper hand washing, social distancing, and covering your cough are protocols that should be implemented by all.
- Informational handouts and posters should be prominently displayed throughout the correctional facility and addressed through supervisory/operational staff briefings.
  - [DOH Coronavirus Factsheet](#)
  - [Slow the Spread of Germs Poster CDC \(pdf\)](#)
    - [Spanish Version CDC \(pdf\)](#)
  - [CDC Handwashing Posters](#)

## Screening and Triage

- Correctional facilities should conduct passive screening of visitors, staff, and volunteers, and active screening of the incarcerated population (*see below for descriptions of active and passive screening*).
- The facility should also ensure that an employee health policy is in place to send employees home if symptoms begin to develop at work.

### Passive screening of staff, volunteers, and visitors:

- Signs should be posted on entry to the buildings and at reception areas for anyone entering the facility (e.g., visitors, staff, volunteers) to self-identify if they have relevant symptoms and travel history/exposure, including:
  - Fever
  - Acute respiratory illness\*(cough and/or shortness of breath)
  - Travel history to an impacted area OR have had contact with a person who has the above travel history and is ill.

\*If experiencing respiratory symptoms, visitors must not visit the facility until symptoms completely resolve.

- As part of routine measures for the respiratory season, existing signs should be visible that remind staff, visitors, and incarcerated individuals to practice good health habits that include handwashing, sneeze/cough into their elbow, put used tissues in a waste receptacle, and to wash hands immediately after using tissues.
- Correctional facilities must instruct all staff and volunteers to self-screen at home. Staff, vendors, and volunteers with symptoms of an acute respiratory infection must not come

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to work and will report their symptoms to their respective facility. All staff should be aware of early signs and symptoms of acute respiratory infection.

- Facilities should provide further guidance (e.g., over the phone or at the reception desk) to volunteers and visitors who are experiencing symptoms of COVID-19 and have a recent travel history (within 14 days) to an impacted area.

**Active screening of staff and the incarcerated population:**

- Once activated, Staff Infection Control Screening Stations (SICS) will be established at facility entry points.
- Staff and contractors will be directed to single control points (ie: public access) when SICS have been implemented.
- SICS should be staffed with 1 medical staff member and 1 non-medical staff member to act as Finance/Admin Section Time Unit Leader (TUL).
- A table/counter will be set up for staff to fill out a COVID-19 specific screening questionnaire, provided by Headquarters/Health Services Division, while waiting in the evaluation line.
- Screening interview and taking of temperature takes approximately 1 minute.
- If an employee is determined unable to report to work, the TUL will document which employee is unable to work and who authorized the absence.
  - If a custody employee is determined unable to report to work, the TUL will immediately report the absence to the Shift Commander.
  - If a non-custody/contract employee is unable to work, the supervisor will be notified as soon as possible.
  - Staff displaying symptoms of COVID-19 will be sent home at the discretion of the Superintendent/designee or Incident Commander.
- Staff cleared to work will report to a muster location for an operational briefing (if needed).
- Each facility should identify options for telecommuting.
- Emergency staffing plans may be activated if staffing levels are significantly affected.
  - Each facility Superintendent/designee will determine essential posts to be staffed and essential functions to be accomplished.
  - Emergency staffing should be implemented in accordance with local emergency management plans.

**In the event of active or suspected cases of COVID-19 are present at the facility, the following are examples of actions that should occur:**

- Facilities should use predesignated isolation/quarantine areas for affected incarcerated individuals to be housed.

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- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms.
- Restricted/limited movement of incarcerated individuals should be implemented to reduce the possibility of additional exposures.
- Visitation will be closed while on COVID-19 infection control protocols to prevent further potential exposures. Notification to the public should be made.
- All programming will be suspended (such as education, self-help, industries, and work programs).
- Meals will be served in the dining halls, when possible, to the unaffected population. Movement to and from the dining facilities will be operated to provide social distancing from those who are sick and those who are not.
- Meals for infected incarcerated individuals will be served in their assigned cells/medical facilities.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals.

## Social Distancing

- While facilities are on limited/restricted movement, internal program restrictions will be enforced.
- Incarcerated individuals pending transfer to another facility will be moved to the designated isolation unit for 72 hours prior to transfer. Transfer will be cancelled should the individual become symptomatic.
- Incarcerated Individuals being received by the facility will be maintained in the designated isolation unit for 72 hours prior to release into the general population.
- Incarcerated individuals scheduled for release will be placed into the isolation unit for 72 hours prior to release.
- Gatherings of staff and incarcerated individuals will be limited to prevent possible exposure.
- Volunteer managed programs will be cancelled while COVID-19 infection control protocols are in effect.
- Facility tours should be suspended.

## Additional COVID-19 Resources

- [DOH Coronavirus \(COVID-19\) webpage](#) – updated information and resources daily
- [Local Health Jurisdictions](#)

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- [Workplace and Employers](#)
- [Persons Who are at Higher Risk for Serious Illness](#)
- [Communities and Community Organizations](#)
- [Stigma Reduction](#)
- [How Can I Be Prepared for a COVID-19 Outbreak?](#)

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