

# Novel Coronavirus (COVID-19)

Los Angeles County Department of Public Health

## Guidance for Correctional and Detention Facilities

### Recent Updates:

11/13/20: Updated close contact definition, who needs to be isolated, how COVID-19 spreads and guidance related to new individuals entering the facility.

The Los Angeles County Department of Public Health (Public Health) is asking for your assistance to slow the spread of COVID-19 in Los Angeles County.

Correctional and detention facilities pose unique challenges to communicable disease control. Incarcerated/detained persons commonly live in congregate settings, increasing the risk for COVID-19 to spread once introduced to the facility. Additionally, the high turnover in certain types of correctional environments, such as jails, coupled with the frequent traffic of staff and incarcerated/detained persons between facilities and outside systems (courts, medical appointments), heighten the threat of community spread. These challenges present critical opportunities to strengthen existing infection control measures and implement novel and responsive strategies.

The goal of this document is to help correctional and detention facilities implement processes to:

- Prevent and reduce the spread of COVID-19 within correctional and detention facilities.
- Mitigate the risk of community spread.

We encourage you to visit the Department of Public Health (DPH) Novel Coronavirus webpage for resources, including Guidance for Business and Employers, Frequently Asked Questions, and infographics: <http://publichealth.lacounty.gov/media/Coronavirus/>.

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**General Information**

**What are common symptoms of COVID-19?**

People with COVID-19 have had a wide range of symptoms ranging from mild symptoms to severe illness. Symptoms of COVID-19 may include some combination of the following:

- Fever (100.4 F or higher)
- Cough
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Fatigue
- Runny nose or congestion
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

This list of symptoms is not all inclusive. Clients or staff should consult a medical provider about the need for testing and isolation for these or any other symptoms that are severe or concerning.

**Isolation duration:** at least 10 days from when symptoms first appeared AND at least 1 day (24 hours) after fever has gone without the use of medications AND symptoms (such as cough and shortness of breath) have improved.

For those who are asymptomatic but test positive. Isolation ends when they have completed 10 days from when their test was obtained and have remained symptom free.

If a client or staff member has a positive diagnostic COVID-19 test or a health care provider tells them they are likely to have COVID-19, they should stay isolated until they have met the isolation duration criteria above.



If the person has a condition that severely weakens their immune system, they might need to stay isolated for longer than 10 days. They should talk to their healthcare provider for more information. Seek immediate medical attention by calling 911 for any of these COVID-19 emergency warning signs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

When calling 911, notify the operator that the individual who is sick might have COVID-19. The person should put on a cloth face covering before medical help arrives.

### How are coronaviruses spread?

Like other respiratory sicknesses, human coronaviruses most commonly spread to others from an infected person through:

- Droplets produced when an infected person talks, coughs, or sneezes.
- Close personal contact, such as caring for an infected person.
- Touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands but this is not thought to be the main way that it spreads.

## Emergency Preparedness

### 1) Develop a communication strategy for staff, incarcerated/detained persons, key stakeholders and the public

**Leadership should routinely communicate updates to all staff.** Institutions should provide staff COVID-19 related updates in a timely manner. These communications should respond to the information needs of staff (including contracted staff), and other stakeholders, including courts, and essential service providers. Communications should outline organizational changes that are aligned with DPH guidance. These include updates in:

- Patient screening and evaluation
- Patient and staff isolation protocols
- Patient and staff quarantine protocols
- Relevant personal protective equipment (PPE) updates
- Any modifications to paths of travel within the facility
- Employee COVID-19 testing resources

#### Adopt a mass notification tool for critical reminders.

- This can be used to remind staff to self-monitor for symptoms.
- It can also be used to remind and confirm that the staff have checked for and do not have a fever or symptoms before entering the facility.

#### Staff should routinely communicate updates to incarcerated/detained persons.

- Communicate actions being taken to prevent the spread of COVID-19 within the facility.
- Provide opportunities for incarcerated/detained persons to share insights on the consequences of COVID-19 related policies.



- Effectively communicate important updates that impact incarcerated/detained persons.

**Routinely communicate with key stakeholders and the general public.** The public should be informed about any changes to facility operations. This includes family members, legal representatives, community partners, and outside service providers and vendors.

### 2) Create COVID-19 Response Teams

The facility should identify a single person who is on both the staff and detained person teams and is responsible for two-way communication and coordination with DPH concerning COVID-19 issues at the facility.

**Designate a team to manage COVID-19 related issues among staff.** Team responsibilities include, but are not limited to:

- Receiving daily reports on the status of staff who are at home due to symptoms of COVID-19 but had not had a test result when they were asked to stay home.
- Receiving daily reports of newly reported COVID-19 positive staff.
- Tracking test results of employees tested for COVID-19.
  - Providing twice weekly updates to DPH of staff in the two categories above. Confirm the specific information needed by DPH, unless otherwise specified.
- Providing information on COVID-19 testing resources.

**Designate a team to manage COVID-19 related issues among incarcerated/detained persons.** Ensuring cases, or individuals who were close contacts of persons with symptoms or COVID-19, are appropriately housed in isolation or quarantine housing respectively.

## Prevent and Reduce the Spread of COVID-19 at Entry

### 1) Rapidly Screen, Separate and Clinically Assess Symptomatic Incarcerated/Detained Persons upon Entry to the Facility

**Screen incoming incarcerated/detained persons early in the intake process.** Given that the duration of the intake process can last several hours to days, incoming persons who are symptomatic must be rapidly identified, given a surgical mask to wear (or a cloth face covering if a surgical mask is unavailable) and separated from others as described below. The individual doing the screening should wear a surgical mask and gloves if there is any direct physical contact.

- Designate a room (triage isolation room) near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or recent close contact with a confirmed COVID-19 individual, before they move to other parts of the facility.
  - **Close contact** is defined as:
    - An individual who was within 6 feet of the infected person for a total of 15 minutes or more over a 24-hour period;
    - An individual who had unprotected contact with the infected person's body fluids and/or secretions, for example, being coughed or sneezed on, sharing utensils or saliva, or providing care without wearing appropriate protective equipment;



- The contact may have occurred while the infected person was symptomatic OR up to two days BEFORE the infected person showed symptoms.
- Assess all incarcerated/detained persons for illness, including:
  - Subjective or documented fever or chills
  - Acute respiratory symptoms (cough or difficulty breathing)
  - Muscle pain
  - Loss of taste or smell
  - Nausea, Vomiting or diarrhea
  - Sore throat
  - Headache
  - Fatigue
  - Runny nose or congestion
- Consider adding COVID-19 symptoms to the initial screening form. This initial screening can be performed by non-clinical personnel.
- Record a measured temperature.
- Assess for contact with a confirmed COVID-19 in the last 14 days; or persons who have been ordered to isolate for COVID-19 by other healthcare providers or facilities; or
- Determine whether they may already have a pending COVID-19 test.
- In the absence of a strong alternate diagnosis, presume all persons who have either fever OR acute lower respiratory symptoms (cough or shortness of breath) have COVID-19
  - Fever can be either subjective or documented.
- Classify symptomatic individuals as a Person Under Investigation (PUI).
  - Symptomatic, detained persons should be given a surgical mask and sequestered.
  - Staff escorting symptomatic persons should wear a surgical mask and gloves (see section below titled “Guidelines for PPE”).
  - Persons with symptoms should be separated away from others while COVID-19 testing is pending. All Persons with symptoms should be monitored at least every eight hours for clinical deterioration while waiting for housing. Custody staff should be encouraged to perform symptom checks during “bed checks.”
  - Patients who are considered high-risk for poor outcomes should be monitored more closely such as individuals in the following categories:
    - Age of 50 or above
    - Significant chronic medical condition
    - Serious mental illness (SMI)
    - Intellectual/developmental disability
    - Pregnant
    - Immunocompromised
- If medically unstable, transfer the individual to an acute care facility.
- Acute viral illnesses can intensify concurrent drug and alcohol withdrawal symptoms. Closely monitor individuals who are symptomatic of COVID-19 and report recent drug/alcohol use.
- **Consider separating or cohorting all non-symptomatic persons entering the facility for 14-days from the population currently in the facility. If the persons entering the facility remain asymptomatic after 14 days and has not had any new exposures, they can integrate into the facility.**



## 2) Screen Staff for Symptoms at Each Shift Before Entering the Facility

Strategies include:

- Screen for fever (100.4°F or 38°C) using a no-touch or single-use thermometer and the following symptoms:
  - Chills
  - Cough
  - Shortness of breath or difficulty breathing
- Staff should maintain physical distancing during screening of symptoms of COVID-19 on entry to the facility. Staff performing screening should wear a surgical mask, and gloves if physical contact is made.

**If it is not feasible to perform symptom and fever screening on entry:**

- Adopt an electronic mass notification tool to send symptom check reminders to staff.
  - Alert staff to check their temperature and report any COVID-19 symptoms before they leave their home for work as well as 12 hours after their shift begins.
- Require staff to complete attestations stating that they do not have a recorded or subjective fever and do not have COVID-19 symptoms if the facility is unable to perform admission temperature checks.

## Prevent and Reduce the Spread of COVID-19 Within the Facility

### 1) Physical Distancing

Physical Distancing Guidance Applies to Staff and Incarcerated/Detained Persons - **Physical distancing means maintaining a distance of 6 feet between any two people at all times.** The following measures can support physical distancing requirements:

- **Minimize movement inside facilities.**
  - For incarcerated/detained persons:
    - Restrict movement of incarcerated/detained person between housing modules.
    - Separate the movements of groups of persons in different housing units, preferably down to the subdivisions within each housing unit.
    - Reinforce physical distancing when people are in lines by using tape or other markings to define the appropriate gap between individuals.
    - Maintain physical distancing when groups of incarcerated/detained persons are being escorted through areas.
      - Consider limiting groups of escorted incarcerated/detained persons to no more than 10 at a time if able to facilitate physical distancing.
  - For staff:
    - When possible, custody and healthcare worker (HCW) staff should be assigned to a consistent unit.
- **Re-configure common areas to enable physical distancing.**
  - Set up common areas such as intake/reception areas, dining areas, and clinic waiting rooms, so chairs are separated by 6 or more feet and facing away from one another when possible.
  - Stagger mealtimes to decrease group sizes, maintaining groups of persons already in close



- contact due to their housing locations or subdivision, and deliver meals to incarcerated/detained persons if they are in isolation.
- Restrict recreation space usage to a single housing unit or housing subdivision per space (where feasible).
- **Modify or cancel certain group activities.**
  - Cancel all group activities where participants will be in closer contact than in their housing environment.
  - Consider moving group activities to outdoor areas or other areas where individuals can spread out.
  - Prohibit contact sports including baseball, football, soccer and basketball. Individual athletic activities are permissible, but equipment should be disinfected after each use.
  - Modify recreation spaces to limit the size of groups to less than 10 when possible. Stagger recreation times to enable this.
  - **Do not eliminate outdoor time and privileges for non-symptomatic persons. In addition to supporting mental health, such activities pose significantly less risk than indoor group activities.**
- **Beds should be placed at least 6 feet apart, when possible.**
  - Request that all persons sleep head-to-toe, including when sleeping in bunk beds, so heads are positioned as far apart as possible.

## 2) Practice and Promote Standard Precautions Among Staff and Incarcerated/Detained Persons

### All staff should wear surgical masks at all times.

- Make surgical masks at entry points for all staff.
- If surgical mask supply is limited, non-HCW staff can wear cloth face coverings provided they are not interacting with persons in medical isolation or quarantine.
- Instruct staff on precautions when wearing a surgical mask, including the importance of handwashing/hand-sanitizing before putting one on and after taking one-off.
- Ensure easy access to a sink for handwashing and hand sanitizers at entry points and throughout the facility.
- Frequently restock clinical settings with indicated personal protective equipment (PPE, see section “Guidelines for PPE”).

### Post signage throughout the facility to communicate best practices.

Make necessary accommodations for individuals with cognitive or intellectual disabilities and those who are deaf, blind, or have low vision. Signage for visitors and incarcerated/detained persons should be in English and Spanish at minimum. Signage should include:

- [Symptoms](#) of COVID-19
  - **For incarcerated/detained persons:** post signage to [alert staff immediately](#) if exhibiting symptoms of COVID-19.
  - **For staff:** Stay at home when sick. If COVID-19 symptoms develop while on duty, leave the facility as soon as possible and notify a supervisor.
  - **For visitors:** Do not enter if you have COVID-19 symptoms.

- [Handwashing instructions](#): Wash your hands with warm water for at least 20 seconds.
- [Cough and sneeze etiquette](#)

### Hygiene

Support and reinforce proper hygiene practices among staff and incarcerated/detained persons.

- **For incarcerated/detained persons:**
  - Provide soap at no cost. Make liquid soap available where possible.
  - Provide paper towels.
  - Provide tissues at no cost.
  - Provide no-touch trash receptacles.
  - Ensure there is running water throughout all housing areas.

### Risk reduction

- HCW should talk to incarcerated/detained persons openly that getting tattoos and sharing utensils, drugs and drug preparation equipment can spread COVID-19 due to contamination of used objects and close contact with potentially infected persons.

## 3) Guidelines for PPE

### Personal Protective Equipment (PPE)

- HCWs should wear either an N95 respirator or a surgical mask when they are providing clinical care.
- Surgical masks are preferred, but non-medical face coverings can be used for non-clinical care activities.
- Surgical masks and N95 respirators are not required for staff working alone in closed areas unless they are moving through common spaces where they may interact with other staff or incarcerated/detained persons.
- Symptomatic individuals (incarcerated/detained) should be given surgical face masks to wear whenever they are around other people.
- Use gloves, in addition to surgical face masks, whenever you have any direct physical contact with an incarcerated/detained person.
- When removing gloves and mask, first remove and dispose of gloves. Then, immediately wash your hands with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer. Next, remove and dispose of the mask and immediately wash your hands again with soap and water or use an alcohol-based hand sanitizer.
- Necessary PPE should be available in clinical care areas for staff performing clinical duties.
- Handwashing stations should be situated in all clinical or patient care areas.
- Ensure that all staff clean their hands, including before and after contact with incarcerated/detained persons, after contact with contaminated surfaces or equipment, and after removing PPE items.

## 4) Identify and isolate symptomatic incarcerated/detained persons and staff

Routinely remind all incarcerated/detained persons to **alert staff immediately** if exhibiting symptoms of COVID-19.

- Screen all persons for fever and COVID-19 symptoms at every medical appointment.



**Cohorts (isolate or quarantine as a group) should be developed based on where residents currently reside, when possible.** This will minimize exposure and other disruptions that stem from population movements.

- Low-risk persons with symptoms or exposed persons can isolate/quarantine within their current housing module or floor provided that they can be separated from uninfected individuals and receive indicated medical monitoring.
- High-risk persons with symptoms or exposed persons should be housed where they can get close medical monitoring even if this is not within their current housing module of floor.

### Symptomatic Incarcerated/Detained Persons

- If a patient has symptoms concerning for COVID-19, classify as PUI.
- Provide surgical face mask immediately.
- Move to medical isolation immediately.
  - Medical isolation is an environment separate from other individuals where medical monitoring can occur.
  - Medical monitoring Includes regular temperature and symptom checks (either every 4-hours or every 12-hours). Custody staff should monitor for symptoms at bed checks and notify nursing/clinical staff if the patient reports new or worsening symptoms.
    - If PUI is medically stable AND high-risk house in isolation unit that allows every 4-hour medical monitoring.
    - If medically stable and not high-risk house Persons with symptoms in units where every 12-hour temperature and symptom monitoring can occur.
    - If medically unstable, transfer to an acute care facility.
- Housing:
  - Separate individuals in single cells with solid walls (i.e., not bars) when possible.
  - If unable to separate in single cells, cohort with others who need to be isolated in large, well-ventilated cells with solid walls and a solid door that closes fully. Arrange beds to allow for at least six feet between individuals.
  - Intersperse empty single cells between PUI/positive occupied cells when possible.
  - Ensure patients who transfer from medical isolation – within or outside of the facility – move into another medical isolation area until their isolation period is complete.
- Staffing: Restrict or minimize the entry of any new staff who work in a newly isolated area.
  - Keep medical and custody staff in this area consistent when possible.
- Duration:
  - Symptomatic patients who are determined to not have COVID-19 by their provider can be released 24 hours after being fever free and symptoms improve. Symptomatic patients with confirmed COVID-19 can be released from isolation when they have completed their isolation duration as defined earlier in this document.

### Symptomatic staff

- Staff with symptoms of COVID-19 should instructed to go home immediately .
  - Sick staff should notify their healthcare provider and get tested.
  - Sick staff must notify their manager of COVID-19 test results.



## 5) Identify close contacts of symptomatic persons and quarantine

### Quarantine Exposed Incarcerated/Detained Persons

- Persons who have come in [close contact](#) with a symptomatic person must be placed in quarantine for 14 days.
- Monitoring: monitor for temperature and symptoms every 12 hours.
  - Custody staff should monitor quarantined individuals for symptoms at bed checks and notify nursing/clinical staff if the patient reports new or worsening symptoms.
  - If a quarantined person begins to show symptoms during the quarantine period, the guidelines for symptomatic individuals described above apply. If the individual is confirmed to have COVID the person's isolation period must be counted from the start of symptoms, not the start of their quarantine period.
- Housing:
  - Quarantine [high-risk](#) persons separately from [low-risk](#) persons when possible. House these groups on separate floors when possible.
- Staffing: Restrict or minimize the entry of any new staff who work in a newly quarantined area.
  - Keep medical and custody staff in this area consistent when possible.
- Duration: Quarantine must be for 14 days from the time of last contact with the case (unless the person develops symptoms, in which case they would be moved to medical isolation until it can be discontinued).

### Quarantine Exposed Staff

- Exposed staff should stay at home and quarantine for 14 days if they were exposed to a person with COVID-19 on the job and were not wearing a facemask. They should speak to their provider about getting tested for COVID-19.
- If there is a **staffing critical shortage**, custody staff and HCW staff who are close contacts to a patient with COVID-19 may be permitted to work by their employer as long as they remain asymptomatic and wear a surgical facemask for the full 14 days after the exposure event. **A cloth face covering is not adequate protection in this setting.**
- Exposed staff should self-monitor for fever and symptoms of COVID-19 two times a day – once before going to work, and 12 hours later. When they are not at work they must observe full home quarantine.

## 6) Returning to Work

### Returning to Work after Isolation

- A staff person who tested positive may return to the site after they have completed their period of [isolation](#).
- A physician's note or test results are not required to return to work.

## 7) Visitations

Correctional facilities are encouraged to develop a tiered system to prioritize different groups of visitors.

- During periods of high community transmission, or during large institutional outbreaks,

visitations should be restricted to essential visitors and legal representatives only.

- During periods of low community and facility transmission rates, correctional facilities in consultation with Public Health, may develop protocols tailored to their specific institutions to allow visitations beyond essential visitors and legal representatives.
- Correctional facilities should ensure that all visitation guidelines are reviewed by Public Health and the parameters that are outlined are fully and consistently adhered to.
- COVID-19 disease transmission trends will be closely monitored, and visitation guidelines are subject to change by Public Health if a facility outbreak occurs or there is increased community transmission.

### 8) Reporting Requirements

#### Reporting of Persons with symptoms and Positive Cases

- To report a confirmed case of COVID-19 call the Los Angeles County Department of Public Health Acute Communicable Disease Program at 213-240-7941 during daytime hours or 213-974-1234 (After Hours Emergency Operator).
- Contact Los Angeles County Department of Public Health for PUI testing through Public Health Lab at [covidcorrections@ph.lacounty.gov](mailto:covidcorrections@ph.lacounty.gov).

#### Releases of Persons with symptoms and Positive Cases

- If exiting to another correctional/detention facility, notify the receiving facility that the person is a PUI or has tested positive for COVID-19.
- If exiting to the community, notify DPH of all PUI and positive case releases into congregate settings (e.g., correctional/detention facility, residential treatment facility, hospitals, shelters, dormitories, group homes).

### 9) Best Practices for Sanitation and Housekeeping

#### Cleaning Practices

- Routinely and effectively clean and disinfect all frequently touched surfaces and objects, such as doorknobs, railings, countertops, faucet handles, phones, and especially areas visited by cases.
- **Consider increasing the number of staff and incarcerated/detained persons responsible for cleaning and disinfecting common areas to ensure continual cleaning of these areas throughout the day.**
- Ensure shared or non-dedicated equipment is cleaned and disinfected after use according to the manufacturer's recommendations.
- Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for COVID-19 in healthcare settings.
  - For a list of EPA-registered disinfectants that have qualified for us against SARS-CoV-2 (the COVID-19 pathogen) go to: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>
- If an EPA-registered disinfectant is not available, use a chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water).



Prepare the bleach solution daily or as needed. Alcohol-based disinfectants may be used if > 70% alcohol with contact time per label instructions.

- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid “hugging” or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

**NOTE:** DPH Environmental Health Specialists can provide technical assistance to your site on sanitation and cleaning practices if needed. An Environmental Health Specialist can be requested by calling the Environmental Health Program at (626) 430-5201.

### Cross-sector Partnerships to Mitigate Community Spread

#### 1) Modify Healthcare Delivery in Facilities to Mitigate Facility and Community Spread

**Medical Care** - Modify medical appointments and clinical care to mitigate risk. When possible and without compromising patient safety:

- **Appointments:**
  - Eliminate appointment co-pays.
  - Cancel/postpone in-facility and outside, non-essential medical appointments.
  - Cancel elective procedures.
  - Address acute patient complaints without in-person visits.
  - Utilize telehealth.
- **Clinical Care:**
  - At every medical encounter, including medical, dental, and mental health clinics, screen patients for symptoms of COVID-19 infection.
  - Designate a time or separate waiting area for appointments or walk-ins for patients with COVID-19 symptoms. Symptomatic patients should wear surgical masks.
- **Treatment**
  - Increase “keep on person” medications.
  - Modify the frequency of medication dosages to reduce refill requests.
  - Substitute nebulizers with dose equivalent multi-dose inhalers.
  - Carefully weigh the risks and benefits of continuing CPAP use for people with COVID-19 symptoms.
  - Provide sufficient discharge medications and follow up to avoid reliance on acute care facilities post-release.
- **Release**
  - Work with re-entry partners to ensure patients have sufficient medications, indicated medical follow up, transportation, and housing to decrease vulnerability after release and the need to utilize acute care settings for follow up (i.e., hospitals, emergency departments).



### 2) Collaborate with Legal and Judicial Systems to Adopt Policies to Reduce the Overall Prison Population While Prioritizing High-Risk Persons

- Survey facility capacity and reduce the overall population as necessary to maximally abide by physical distancing guidelines.
- Prioritize early release of individuals who are medically vulnerable when appropriate.
- Ensure that physical distancing procedures are used in any transport and courthouse holding cells.
- Consider canceling/postponing court-ordered in-person classes and counseling, in-person drug testing; collection of court debt and modify all reporting conditions to phone-reporting.
- Hold arraignment hearings within 48 hours of arrest.
- Coordinate with re-entry and diversion agencies to facilitate rapid re-entry for eligible persons, particularly high-risk individuals.

### Additional Resources

- LAC DPH coronavirus website: <http://publichealth.lacounty.gov/media/coronavirus/>
- Los Angeles Health Alert Network: The Department of Public Health (DPH) emails priority communications to health care professionals through LAHAN. Topics include local or national disease outbreaks and emerging health risks. <http://publichealth.lacounty.gov/lahan/>
- [FAQ](#)
- [Employee Entry Screening Form](#)
- [What You Should Know \(Infographic\)](#)
- [Staying At Home If You Are Sick - Poster](#)
- [Handwashing](#)
- [Bed Positioning Infographic](#)
- [What To Do If I Am Exposed](#)
- [CDC Interim Guidance for Correctional/Detention Facilities](#)

If you have questions and would like to speak to someone, call the Los Angeles County Information line 2-1-1, which is available 24 hours a day or email [covidcorrections@ph.lacounty.gov](mailto:covidcorrections@ph.lacounty.gov).

We appreciate your commitment and dedication to keeping Los Angeles County healthy.

