# COVID-19

## Los Angeles County Department of Public Health
## Guidance for Correctional and Detention Facilities

**Recent Updates: (Changes highlighted in yellow):**
**9/8/2021:** Clarified when employers must make respirators available to employees for their voluntary use.
**9/3/2021:** All facilities must verify the vaccine status of all workers. Pursuant to the CDPH Guidance for Vaccine Records Guidelines & Standards.

Correctional and detention facilities pose unique challenges to communicable disease control because pathogens may be more easily spread within an institutional or congregate environment where people live in close proximity to others. 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.

It is essential that all possible steps be taken to prevent and control COVID-19 in correctional and detention facilities. The goal of this document is to provide guidance specific for correctional and detention facilities to ensure the continuation of essential public services and protection of the health and safety of all those who work at, live in, and visit the facilities. This guidance will also help implement processes to:

- Prevent and reduce the spread of COVID-19 within correctional and detention facilities.
- Mitigate the risk of community spread.
- Facilitate a safer reopening and maintaining of institutional programs, services, and activities

To help eliminate facility outbreaks and keep everyone safer, the California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services (CCHCS) continue to strongly encourage as many staff and detainees as possible to get vaccinated against COVID-19.

Los Angeles County Department of Public Health (DPH), in line with the CDCR-CCHCS Roadmap to Reopening, recommends using a multi-phased approach to reopening operations, taking into consideration the recommended guidelines set forth by the Centers for Disease Control and Prevention (CDC) and the California Department of Public Health (CDPH). DPH will adapt this guidance, based on the status of COVID-19 among staff and residents within correctional/detention facilities, community transmission of COVID-19, and updates on what is known about the transmission and severity of COVID-19.

Facilities should maintain several aspects of baseline infection control, monitoring, and capacity to respond to cases, including:

- Maintain COVID-19 testing strategies: maintaining a robust testing program (including both diagnostic and screening testing) can provide critical data for ongoing assessment. See the CDC's *Interim Guidance for SARS-CoV-2 Testing in Correctional and Detention Facilities* for more information about testing strategies, including options for designing a screening testing program based on the unique features of a particular facility and its population.
- Prevent COVID-19 introduction: Promote and ensure adherence to masking requirements and, where possible, physical distancing. Continue to ensure that symptomatic staff are tested and refrain from returning to work until they are not at risk of infecting others and that testing and medical isolation procedures remain in place for incarcerated/detained people who show symptoms of COVID-19.

- Track COVID-19 cases in the community: Facilities should monitor community data to be prepared for an outbreak and should maintain the ability to effectively communicate to staff and incarcerated/detained people about what to expect if an outbreak occurs.
- Continue to have a plan for scalable isolation and quarantine: Facilities should maintain the ability to respond quickly to an increase in the number of positive cases. See the CDC's *Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities* for more information on isolation and quarantine.
- Offer COVID-19 vaccination and routine immunizations: Continue to encourage COVID-19 vaccination for staff and detainees who have not yet received it, as well as routine immunizations as needed.
- Maintain baseline infection control: Facilities should maintain optimized ventilation, handwashing, and cleaning and disinfection for baseline prevention of infectious diseases, including COVID-19.
- All facilities must verify the vaccine status of all workers. Pursuant to the *CDPH Guidance for Vaccine Records Guidelines & Standards*, only the following modes may be used as proof of vaccination:
    - COVID-19 Vaccination Record Card (issued by the Department of Health and Human Services Centers for Disease Control & Prevention or WHO Yellow Card) which includes name of person vaccinated, type of vaccine provided, and date last dose administered); OR
    - a photo of a Vaccination Record Card as a separate document; OR
    - a photo of the client's Vaccination Record Card stored on a phone or electronic device; OR
    - documentation of full vaccination against COVID-19 from a health care provider; OR
    - digital record that includes a QR code that when scanned by a SMART Health Card reader displays to the reader client name, date of birth, vaccine dates and vaccine type. The QR code must also confirm the vaccine record as an official record of the state of California; OR
    - documentation of vaccination from other contracted employers who follow these vaccination records guidelines and standards.
    - NOTE: In the absence of knowledge to the contrary, a facility may accept the documentation presented as valid.
- Facilities must have a plan in place for tracking verified worker vaccination status. Records of vaccination verification must be made available, upon request, to the local health jurisdiction for purposes of case investigation. Workers who are not fully vaccinated or for whom vaccine status is unknown or documentation is not provided, must be considered as not fully vaccinated.
    - **See Screen Staff for Symptoms at Each Shift Before Entering the Facility on pages 9-10 for information about testing unvaccinated workers.**

We encourage you to visit the Department of Public Health (DPH) COVID-19 webpage for resources, including Best Practices for Business and Employers, COVID-19 Vaccine information, and additional information regarding how to help stop the spread of COVID-19: http://publichealth.lacounty.gov/media/Coronavirus/.

**Definitions (consistent with Cal/OSHA ETS):**

**Close contact (staff and incarcerated/detained persons):** means being within six feet of a COVID-19 case for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the "high-risk exposure period".* This definition applies regardless of the use of face coverings. It also includes a person who had unprotected contact with the case's body fluids and/or secretions, for example, they were coughed or sneezed on, shared utensils or saliva, or provided care without wearing appropriate protective equipment.

*A patient with COVID-19 is considered to be infectious from 2 days before their symptoms started until all of the following are true: it has been 10 days since symptoms first appear; 24 hours have passed with no fever, with the use of fever-reducing medications and symptoms have improved. Asymptomatic patients with a positive SARS-CoV-2 diagnostic (viral) test are considered to be infectious from 2 days before their test was taken until 10 days after their first positive test was taken.

EXCEPTION: **Employees** have not had a close contact if they wore a **respirator** (an approved NIOSH device) required by the employer and used in compliance with section 5144, whenever they were within six feet of the COVID-19 case during the high-risk exposure period.

**Exposed group (staff):** means all employees at a work location, working area, or a common area at work, where an employee COVID-19 case was present at any time during the high-risk exposure period. A common area at work includes bathrooms, walkways, hallways, aisles, break or eating areas, and waiting areas. The following exceptions apply:

- For the purpose of determining the exposed group, a place where persons momentarily pass through while everyone is wearing face coverings, without congregating, is not a work location, working area, or a common area at work.
- If the COVID-19 case was part of a distinct group of employees who are not present at the workplace at the same time as other employees, for instance a work crew or shift that does not overlap with another work crew or shift, only employees within that distinct group are part of the exposed group.
- If the COVID-19 case visited a work location, working area, or a common area at work for less than 15 minutes during the high-risk exposure period, and the COVID-19 case was wearing a face covering during the entire visit, other people at the work location, working area, or common area are not part of the exposed group.

**Isolation (staff and incarcerated/detained persons):** is used to separate people who are infectious with COVID-19 away from people who are not infected. Persons in isolation may be symptomatic (presumed or laboratory confirmed) or asymptomatic with a positive viral test for COVID-19. Persons under isolation orders are released when they are no longer considered infectious.

**Quarantine (staff and incarcerated/detained persons):** is used to separate close contacts of individuals with COVID-19 from others because they may be incubating virus and may become infectious at some point during their incubation period. Persons under quarantine orders are released when they are determined to no longer be at risk for spreading the virus.

**Confirmed COVID-19**: A person with a positive SARS-CoV-2 viral (molecular or antigen) test or COVID-19 diagnosis from a licensed health care provider or who has died due to COVID-19, as determined by a post-mortem assessment.

**Presumed COVID-19**: A person with clinically compatible symptoms of COVID-19 and no clear alternate diagnosis with/without exposure history. This presumptive clinical diagnosis is used when the provider has a high index of suspicion that a patient has COVID-19. See COVID-19 Risk Assessment and Presumptive Clinical Diagnosis for guidance.

**Fully vaccinated**: A person documented as having received, at least 14 days prior, either the second dose in a two-dose COVID-19 vaccine series (Pfizer-BioNTech or Moderna) or a single-dose COVID-19 vaccine (Johnson and Johnson/Janssen). Vaccines must be FDA approved; have an emergency use authorization from the FDA; or, for persons fully vaccinated outside the United States, be listed for emergency use by the World Health Organization (WHO). See CDC Clinical Considerations *People vaccinated outside the Unites States* footnote 2 for current WHO list.

**COVID-19 hazard:** means potentially infectious material that may contain SARS-CoV-2, the virus that causes COVID-19. Potentially infectious materials include airborne droplets, small particle aerosols, and airborne droplet

nuclei, which most commonly result from a person or persons exhaling, talking or vocalizing, coughing, or sneezing, or from procedures performed on persons which may aerosolize saliva or respiratory tract fluids. This also includes objects or surfaces that may be contaminated with SARS-CoV-2.

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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) or chills
- Cough
- Shortness of breath or difficulty breathing
- Diarrhea
- Nausea or vomiting
- Fatigue
- Runny nose or congestion
- Muscle or body aches
- Headache
- Sore throat
- New loss of taste or smell

This list of symptoms is not all inclusive, and some people with COVID-19 never get symptoms. Detainees and staff should consult a medical provider about the need for testing and isolation for these or any other symptoms that are severe or concerning. If a detainee 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 below:

> **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 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 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

If seeking emergency medical care, notify the operator that the individual who is sick might have COVID-19. The person should put on a face covering, as tolerated, before medical help arrives.

**How is COVID-19 spread?**

**The virus spreads when a person infected with COVID-19 breathes out droplets and very small particles that contain the virus into the air**—for example, when speaking, singing, coughing, shouting, or exercising. These droplets are then breathed in by other people or land on their nose, mouth, or eyes. The virus also spreads by touching a surface with droplets on it and then touching your eyes, nose, or mouth, but this is less common. People who are closer than 6 feet from the infected person are most likely to get infected. The small particles can remain suspended in the air for minutes to hours and can travel more than 6 feet away.

**There are certain places where COVID-19 spreads more easily:**

- Closed spaces with poor airflow
- Crowded places with many people nearby
- Close contact settings especially where people are talking (or breathing heavily) close together

## *Operational Preparedness*

Facility administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the symptoms of COVID-19 and the importance of reporting those symptoms if they develop. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, training staff on proper use of personal protective equipment (PPE) that may be needed in the course of their duties, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they may temporarily alter daily life within the facility.

1) **Develop a communication strategy for those who work at, live in, and visit the facility.**

**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:

- Detainee screening and evaluation
- Detainee and staff isolation protocols
- Detainee 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 impacts of COVID-19-related policies and practices.
- Effectively communicate important updates that impact incarcerated/detained persons.

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

**Review the sick leave policies of each employer that operates within the facility**

- Review policies to ensure that they are flexible, non-punitive, and actively encourage staff not to report to work when sick.
- Determine which facility officials have the authority to send symptomatic staff home.

**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.

Ensure that **separate** physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate individuals with confirmed COVID-19 (individually or cohorted), 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. See the CDC's Medical Isolation and Quarantine sections for more detailed cohorting considerations.

## *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 and separated from others as described below.

- 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.
- Assess all incarcerated/detained persons for illness, including:
    - Subjective or documented fever or chills
    - Acute respiratory symptoms (cough/difficulty breathing/shortness of breath)
    - Muscle pain
    - New loss of taste or smell
    - Nausea, Vomiting or diarrhea
    - Sore throat
    - Headache
    - Fatigue

  - Runny nose or congestion
- Add COVID-19 symptoms to the initial screening form.
- Record a measured temperature.
- Assess for any COVID-19 symptoms within the last 10 days, if had contact with a person known to be infected with COVID-19 within the last 10 days, if currently subject to a quarantine or isolation order, or if fully vaccinated against COVID-19.
- In the absence of a strong alternate diagnosis, presume all persons who have fever and/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.
  - All Persons with symptoms should be monitored at least every eight hours, more frequently if warranted, for clinical deterioration while waiting for housing. Custody staff should be encouraged to perform symptom checks during "bed checks."

    Persons who are considered high-risk for poor outcomes should be monitored more closely, such as those in the following categories:
    - ✓ Age of 50 or above
    - ✓ Significant chronic medical condition
    - ✓ Serious mental illness (SMI)
    - ✓ Intellectual/developmental disability
    - ✓ Pregnant
    - ✓ Immunocompromised
    - ✓ Not fully vaccinated
- 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.

**Testing should be used in conjunction with screening protocols for incarcerated/detained persons.** Procedures should be in place for rapid notification of test results and establish appropriate measures such as medical isolation, quarantine, cohorting, and facility access restrictions.

- Facilities should have protocols for actions associated with negative or positive test results, diagnostic versus screening testing, and if individual declines to be tested.
- Only individuals with laboratory confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, with close contacts of individuals with confirmed or suspected COVID-19, or with those with undiagnosed respiratory infections who do not meet the criteria for suspected COVID-19.

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

It is required by Cal/OSHA for all employees prior to reporting to work or entering the worksite. Cal/OSHA COVID-19 Prevention Emergency Temporary Standards (ETS) require employers to develop and implement a process for screening employees for COVID-19 symptoms prior to entering the worksite. Options include:

- Having employees evaluate their own symptoms at home before reporting to work (for example with an on-line check in system)
- Using signage at the entrance of the workplace stating that employees with symptoms or under isolation/quarantine orders must not enter the premises

- Completing daily on-site, in-person screening prior to entering the worksite.

Taking an actual measurement of temperature at the entry point is recommended but optional as long as the screening process includes recent or current fever.

Individuals should not be permitted entry if they:

- Report having had COVID-19 symptoms within the past 10 days, or
- Have an elevated body temp (greater than or equal to 100.4F or 38C), or
- Are currently subject to a Health Officer Isolation or Quarantine Order, or
- Had had contact with a person known to have COVID-19 in the previous 10 days, unless they have documentation that they have been fully vaccinated against COVID-19 and tested negative post-exposure.

Staff with symptoms of possible COVID-19 should contact the supervisor before reporting for work. It is recommended that symptomatic staff be assessed by a clinician. The clinician should determine if further medical evaluation and COVID-19 testing is needed prior to allowing the staff to work.

If staff develop symptoms of possible COVID-19 while at work, they notify their supervisor to arrange leaving the correction or detention facility and obtaining medical evaluation and/or COVID-19 testing as appropriate.

Afebrile staff who develop typical vaccine-associated symptoms within 2 days of receiving a COVID-19 vaccination (e.g., headache, chills, myalgias, arthralgias) may be permitted to continue to work as long as they meet specific criteria as outlined in Post Vaccination Assessment of Symptomatic Healthcare Personnel. Note: cough, shortness of breath, rhinorrhea, sore throat, or loss of taste or smell ARE NOT consistent with COVID-19 vaccination.

Asymptomatic **unvaccinated or incompletely vaccinated workers** at state and local correctional facilities and detention centers are **required to undergo routine diagnostic screening testing**, as per the July 26, 2021 State Public Health Order, titled *Health Care Worker Protections in High-Risk Settings*.

They may choose either antigen or molecular tests to satisfy this requirement, but unvaccinated or incompletely vaccinated workers must be tested **at least once weekly** with either PCR testing or antigen testing. More frequent testing improves outbreak prevention and control and is encouraged, especially with antigen testing. Any PCR (molecular) or antigen test used must either have Emergency Use Authorization by the U.S. Food and Drug Administration or be operating per the Laboratory Developed Test requirements by the U.S. Centers for Medicare and Medicaid Services.

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

**Prevention and mitigation. Facilities should work closely with DPH to develop guidelines specific to each facility to reduce the spread of COVID-19.**

Facilities must continue to:

- Abide by Cal/OSHA COVID-19 Guidance and Resources and Los Angeles County Health Officer Orders and guidance. Where a conflict exists, please contact LAC DPH for clarification. In general, the most protective or restrictive requirement prevails.
- Report all confirmed or suspected COVID-19 cases or deaths to LAC DPH immediately. Under Title 17, Section 2500, *California Code of Regulations* all suspected outbreaks are reportable immediately. Facilities must report confirmed or suspected COVID-19 cases and deaths and suspected outbreaks to LAC DPH immediately (reporting guidance listed below), work closely with LAC DPH on outbreak

management, and follow outbreak procedural guidance specific to the facility setting to implement necessary infection prevention and control measures to mitigate transmission within the facility.

- Maintain regular entry screening for all incarcerated/detained persons and staff.
- Continue to offer vaccination
- Create written facility specific protocols following DPH guidance for testing, isolation, and quarantine incarcerated/detained persons.
    - Fully vaccinated asymptomatic incarcerated/detained persons do not need to quarantine following close contact with a person with laboratory-confirmed COVID-19. Fully vaccinated incarcerated/detained persons who are severely immunocompromised should quarantine and test after exposure.
    - Post-exposure testing is recommended for fully vaccinated asymptomatic incarcerated/detained persons.
- Remind staff to remain at home if displaying any symptoms of COVID-19.
    - Fully vaccinated asymptomatic staff do not need to be restricted from work if they are close contacts to a confirmed COVID-19 case. They must continue to follow all facility setting specific protocols, monitor for symptoms of COVID-19 for 14 days. Post-exposure testing is required for fully vaccinated asymptomatic staff.
- The facility must comply with state and local guidelines for interfacility transfers.
- The Cal/OSHA COVID-19 Emergency Temporary Standard currently requires employers to offer testing during an outbreak at no cost to employees during paid time and requires employers to implement more protective requirement (§3205.1(e)) if an outbreak or major outbreak occurs.
    - In the case of 20 or more employee COVID-19 cases in an exposed group within a 30-day period, employer shall apply the following actions until there are fewer than three COVID-19 cases detected in the exposed group for a 14-day period.
        - Testing shall be made available to all employees in the exposed group, regardless of vaccination status, twice a week or more frequently if recommended by the DPH.
        - Employer shall provide a respirator for voluntary use to employees in the exposed group.

**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.
        - 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 consistently be

assigned to a housing unit or area.

- **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.
  - Cancel 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 facilities must strictly adhere to current CDPH Masking Guidance. To the extent they are already applicable, facilities must also continue to adhere to Cal/OSHA's standards for Aerosol Transmissible Diseases (ATD), which requires respirator use in areas where suspected and confirmed COVID-19 cases may be present, and the Emergency Temporary Standards (ETS) that requires all unvaccinated workers be provided a respirator upon request. Facilities shall provide all unvaccinated or incompletely vaccinated workers with FDA-cleared surgical masks. Workers are required to wear FDA-cleared surgical masks in indoor settings anywhere they are working with another person.

**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.

**Hygiene**

Support and reinforce proper hygiene practices among staff and incarcerated/detained persons. Avoid touching your eyes, nose, or mouth without cleaning your hands first, sharing eating utensils, dishes, and cups, and non-essential physical contact.

**For incarcerated/detained persons, provide no-cost access to:**

- Soap. Make liquid soap available where possible.
- Paper towels.

- Tissues and (where possible) no-touch trash receptacles for disposal.
- Running water. Ensure that it is available throughout all housing areas.
- Face masks. "My mask protects you. Your mask protects me."

**Risk reduction**

- Share information and resources with staff and incarcerated/detained persons about how to reduce their risk and slow the spread of COVID-19. Visit http://publichealth.lacounty.gov/reducerisk/.
- 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 shared items and close contact between individuals.

**3) Guidelines for PPE**

**Personal Protective Equipment (PPE)**

- Ensure staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.
- All individuals regardless of vaccination status must wear a face covering (surgical masks should be used during outbreaks).
- Healthcare personnel should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).
- Employer shall provide a respirator for voluntary use to employees in the exposed group.
- Per Cal/OSHA, upon request, employers shall provide respirators for voluntary use in compliance with subsection 5144(c)(2) to all employees who are not fully vaccinated and who are working indoors or in vehicles with more than one person. Whenever an employer makes respirators for voluntary use available, under this section or sections 3205.1 through 3205.4, the employer shall encourage their use and shall ensure that employees are provided with a respirator of the correct size.

**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.

- Fully vaccinated 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. NOTE: Do not house quarantined and isolated individuals together.
- 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 regardless of vaccination status, classify as PUI.
- Provide surgical face mask and have them put it on immediately.
- Move to medical isolation immediately.
    - Medical isolation is an environment separate from other individuals where medical monitoring can occur.
    - Test individual for SARS-CoV-2

- 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 by their provider to not have COVID-19 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**

- Quarantine. Persons who have come in close contact with a suspected or confirmed COVID-19 case must be placed in quarantine for 14 days.
  - Not fully vaccinated residents should remain in quarantine for 14 days or for 10 days with a negative molecular test (specimen collected after Day 7).
- Contact tracing. As contact tracing to identify each individual close contact can be difficult, persons considered to be close contacts should include all persons defined by a particular setting (such as all incarcerated/detained persons and staff assigned to a dormitory or unit).
- Testing. Regardless of symptoms or vaccine status, persons should be tested for SARS-CoV-2 following exposure to suspected or confirmed COVID-19 case or if they develop any symptoms of COVID-19.
- 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-19 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).
- If close contact is asymptomatic and fully vaccinated:
  - Persons who are fully vaccinated and do not have symptoms of COVID-19 do not need to quarantine following exposure to suspected or confirmed COVID-19 but they should be tested for SARS-CoV-2 following exposure, be monitored for symptoms for 14 days, and continue to follow all preventive measures.

**Quarantine Exposed Staff**

- Staff that are not fully vaccinated must be excluded from work and follow quarantine instructions. Staff who are fully vaccinated and do not have symptoms of COVID-19 do not need to quarantine following exposure to suspected or confirmed COVID-19 but they should be tested for SARS-CoV-2 following exposure, monitor themselves for symptoms of COVID-19 for 14 days, and follow all preventive measures.
- During **critical staffing shortages**, when there are not enough staff to provide safe patient care, asymptomatic essential critical infrastructure workers may return to work after Day 7 from the date of last exposure if they have received a negative PCR COVID-19 test result from a specimen collected after Day 5.
  - Exposed staff that return to work during critical staffing shortages must 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**

- COVID-19 cases can return to work after the required isolation period ends.
- For return to work guidance, see Return to Work Guidelines.

**7) Visitations**

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

- Behavioral health services – including mental health, substance use disorder treatment and behavioral therapy are essential clinical care for detainees. The Los Angeles County Department of Public Health (Public Health) strongly encourages facilities to continue to provide these critical services either in-person or virtually if appropriate and feasible following required screening, isolation, quarantine, and physical distancing guidance.

- 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.

For more information see Guidance for Visitation at Adult Correctional and Detention Center: http://publichealth.lacounty.gov/media/Coronavirus/docs/facilities/Guidance_AdultCFVisitation.pdf.

**8) Reporting Requirements**

**Reporting of Persons with Symptoms and Positive Cases**

The employer shall take the following actions when there has been a COVID-19 case at the place of employment:

- Determine the day and time the COVID-19 case was last present and, to the extent possible, the date of the positive COVID-19 test(s) and/or diagnosis, and the date the COVID-19 case first had one or more COVID-19 symptoms, if any were experienced.
- Determine who may have had a close contact. This requires an evaluation of the activities of the COVID-19 case and all locations at the workplace which may have been visited by the COVID-19 case during the high-risk exposure period.
- To report a confirmed case of COVID-19, use the Los Angeles County Department of Public Health COVID-19 Cases and Suspected Outbreak Reporting Form for facilities, or 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.

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

- If exiting to another correctional/detention facility, notify the receiving facility that the person is suspected or has tested positive for COVID-19.
- If exiting to the community, notify DPH of all suspected or confirmed COVID-19 cases released into congregate settings (e.g., correctional/detention facility, residential treatment facility, hospitals, shelters, dormitories, group homes).If exiting to the community, individual who are fully vaccinated should be notified to self-monitor for COVID-19 symptoms; isolate and get tested if they develop symptoms.
    - If not fully vaccinated, recommend getting tested 3-5 days after exit and self-quarantine for a full 7 days after exit. If test positive, must isolate; or
    - If not tested at 3-5 days, then self-quarantine for 10 days after release.

**9) Best Practices for Sanitation and Housekeeping**

- Cleaning with products containing soap or detergent reduces germs on surfaces by removing contaminants and may also weaken or damage some of the virus particles, which decreases risk of infection from surfaces.
- When no people with confirmed or suspected COVID-19 are known to have been in a space, cleaning once a day is usually enough to sufficiently remove virus that may be on surfaces and help maintain a healthy facility.
    - If there has been a sick person or someone who tested positive for COVID-19 in your facility

within the last 24 hours, you should clean AND disinfect the space.

- Disinfecting (using U.S. Environmental Protection Agency (EPA)'s List N) kills any remaining germs on surfaces, which further reduces any risk of spreading infection.
- Recommend facilities develop a written plan for routinely cleaning and disinfecting facilities including required safety precautions and instructions for intended use of cleaning and disinfectant products. See cleaning matrix for recommendation on the cleaning and disinfection of rooms or areas occupied by those with suspected or with confirmed COVID-19.

**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.
  - 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.
- To the extent feasible, implement options to prevent overcrowding (e.g., diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies where allowable).
- Prioritize early release of individuals who are medically vulnerable, as appropriate.

- Ensure that physical distancing procedures are used in any transport and courthouse holding cells.
- Identify and implement legally acceptable alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of SARS-CoV-2
- Consider acceptable alternatives to 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/
- Cal/OSHA COVID-19 Prevention Emergency Temporary Standards - Fact Sheets, Model Written Program and Other Resources: https://www.dir.ca.gov/dosh/coronavirus/ETS.html
- Employee Entry Screening Form
- What is COVID-19
- Signage (including Stay Away if You are Sick and Masking at Entry required)
- COVID-19 Prevention Resources: Vaccination; Masks; Reducing Risk; 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.

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