

COVID-19 Management Assessment and Response for Detention Facilities

The purpose of this document is to gather initial information from correctional and detention facilities that have been identified as high-risk settings for transmission during the COVID-19 pandemic. Questions about utilizing this tool may be directed to [*health department contact*]. Scripted text to assist you is ***italicized and bolded***. Notes that you can use as needed for follow-up *questions or guidance appear in italicized and non-bolded font with the scripted text*. An electronic version of this form is available at [*redcap or survey monkey address*]. Please transcribe your responses there. Be sure to click “DONE” to ensure transmission.

Notification Date: _____

ICAR Interview Date: _____

Epidemiologist Name: _____

Facility Name: _____

Facility Address: _____

Public Health Region: _____

Good morning/afternoon. My name is ___ and I am calling from the [health department name]. May I speak with _____?

Hi, ___. My name is ___ with the [health department name], thank you for setting up time with me today. I would like to go through the key components of CDC’s guidance for management of COVID-19 in detention facilities with you. My questions are meant to start a conversation about the practices in your facility and give us the opportunity to provide guidance, if needed. This should take around 20 to 30 minutes but may be longer depending on questions you might have along the way.

Great. This call is intended for you to share any challenges you are having with implementing the guidance so we can better understand your needs and learn from your experience. Please feel free to ask questions at any time.

Before we get started, would you provide me with your name and contact information in case we need to follow up on any of your questions after this call?

Respondent Name: _____

Respondent Title: _____

Respondent Phone/email: _____

FACILITY DEMOGRAPHICS

Thank you. Let's start with the demographics on your facility.

Which entity owns and/or operates your facility? What level of security is the facility?

Different entities may own and operate the facility.

Units may have different levels of security (e.g. minimum, medium, maximum).

Could you describe the layout of your facility and your housing units or pods?

This can include number of housing units and how many people are housed per unit/dorm/cell.

Are detained/incarcerated housed in communal spaces or separate cells?

What is their sleeping arrangement?

Are there common areas in the facility and does everyone has access to those areas?

Are there day-rooms, cafeteria, library, or classrooms?

Is access to those areas restricted since COVID-19 management protocols began?

What populations are housed at your facility (e.g. is the facility gender or age-specific)? Which law enforcement agencies house populations at your facility (e.g. local/state corrections, ICE, USMS)?

Discuss if these populations have any interaction with each other (e.g. work assignments) or if staff work with multiple populations.

What is your current census and breakdown by different housing units?

Current total census: _____

Breakdown by housing unit:

Unit name	Current Census as of Today	Capacity	Agency (if housing units separated by law enforcement agency with custody)

Could you describe your medical services at the facility? Are medical services provided free of charge?

How many days per week is there a nurse/physician/PA on site?

What is the usual number of people presenting for sick call pre-COVID-19 and post-COVID-19?

COVID-19 CASES OVERVIEW

Next, we would like to know more about the COVID-19 cases reported at your facility.

How many confirmed cases of COVID-19 among incarcerated/detained persons have you had at your facility so far?

Do you have any other incarcerated/detained persons who have symptoms of COVID-19 (fever, cough, or shortness of breath) who have not been tested yet or are pending testing? _____ If yes, how many? _____ Date of onset of first case:

How many have been hospitalized? _____ Currently hospitalized? _____

Have any of these people passed away from COVID-19? _____

Are any staff at your facility either suspected (persons with fever, cough, or shortness of breath) or confirmed cases?

Number of staff with suspected: _____ confirmed: _____

OUTBREAK MANAGEMENT

Next I'm going to review several of the key components for COVID-19 management included in the CDC guidance for detention facilities. Are you familiar with the guidance? The goal is for us to know what you have been able to implement and any challenges you may be having with implementing these measures.

Let's start with when people enter the facility.

Have you been able to perform temperature and symptom screening on your staff? How is that going?

When did those checks start? _____

Have you been able to incorporate screening of new intakes arriving at the facility? Can you tell me about the protocol for new intakes? Are they able to be quarantined separately from the general population for 14 days?

If a transfer is necessary, perform verbal screening and a temperature check before the individual enters or leaves the facility. New intakes should not be quarantined with other quarantined groups who had close contact with a case.

Have you been able to suspend transfers of incarcerated/detained persons to and from other facilities?

If so, when did you start the suspension? _____

If not, can you talk to me about who is still being transferred in and out and why?

All transfers should be suspended when there is a case at the facility unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.

If you needed to take a person who is ill to the hospital, where would you take them? Have you already spoken to that facility to let them know you have case(s) and discussed procedures with them?

Can you talk me through what you do when someone is showing COVID-19 symptoms? Are you able to medically isolate cases at your facility? Are they medically isolated together or separately?

Confirmed cases should be isolated separately from suspected cases. Ideally, all suspect and confirmed cases should be housed individually.

People at higher risk for severe illness should be prioritized for individual quarantine. Those at high-risk for severe illness include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease, kidney disease, liver disease, diabetes, and those who are immunocompromised.

How many people can be medically isolated at the same time? What would be your plan if you were to have surge in cases that was more than the number of cases that you can currently isolate?

Have you had any challenges with the quarantining of close contacts? Are they housed together or quarantined in individual cells? Can you describe the units or cells where they are quarantined?

Are the incarcerated/detained persons at your facility screened regularly for signs/symptoms of COVID-19? If so, what type of screening are you doing? How often is that screening conducted (e.g. once per shift, every day at the same time)? Who conducts the screening?

Ideally, the facility should be screening detained/incarcerated persons at least once a day, but preferably 2+ times daily. This should include either measuring temperatures or report of subjective fever and any symptoms like difficulty breathing, shortness of breath, and cough.

If they have a fever (temperature of 100.0F or higher) or symptoms, they should be evaluated by Health Services and can consider testing for coronavirus.

Are you restricting visitors at your facility? _____

If so, when did that start? _____

Visitations should be suspended.

How are things like court appearances and meetings with attorneys happening?

Would it be possible to put up signs in your facility describing COVID-19 symptoms or the importance of hand hygiene?

Assess how many non-English speakers and non-literate persons are in the facility to ensure signage is widely understandable.

Have you been able to incorporate any social distancing practices at the facility for detained/incarcerated persons and staff? What have you been able to implement to improve social distancing? What are your challenges?

Are you able to assign staff to specific units or populations?

Ideally, staff should be assigned to specific units or populations.

If possible, staff assigned to the isolation unit should only be assigned to that area/unit.

Has anyone under medical isolation or quarantine been released or is pending release from the facility before the end of isolation/quarantine? Are people in your facility typically released to family or are there shelters or half-way houses that often take them? What has your coordination been like with them?

Local public health should be notified of any persons under medical isolation or quarantined who are released to the community.

Encourage the facility to partner with organizations that provide services to recently released detained/incarcerated persons in the community.

Those released should be screened and provided with information on how to continue their isolation and how to seek medical care if needed.

Can you tell me about your screening and education plan for people being released right now?

Those released should be screened and provided with information on how to continue their isolation and how to seek medical care if needed.

Next, I'd like to hear more about personal protective equipment, or PPE, you are using and have available at the facility.

Updated guidance, particularly for the use of cloth mask or face covering, is on the CDC correctional facility page: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>

Can you tell me about where or when staff in your facility are wearing PPE and what PPE they are wearing?

Staff having direct contact with (including during transport) or offering medical care to confirmed or suspected COVID-19 cases (including staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols) should wear an N95 respirator, eye protection, gloves, and gown.

Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons should wear a mask, eye protection, and gloves.

Face mask, eye protection, and gloves may be used by staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case as local supply and scope of duties allow.

Are incarcerated detained persons provided masks? What kind of masks?

Face masks are recommended for incarcerated/detained persons who are confirmed or suspected COVID-19 cases or showing symptoms of COVID-19.

Face masks may also be used for source control in asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case, especially if housed as a cohort.

Cloth face coverings can be provided to all detained/incarcerated persons at the facility, to aid in PPE preservation. Note, this should be considered in context of potential PPE shortage.

Do you have signs indicating what type of PPE is needed to enter a room with a person under medical isolation? Under quarantine?

Rooms with persons under medical isolation and quarantine should have signage indicating what PPE should be used to enter the room or area.

How is your supply of PPE? About how much are you using per day? Do you think you have a large enough supply? Do you have plans for PPE conservation or acquiring additional PPE?

For assistance to plan and optimize the use of PPE, visit CDC's PPE burn rate calculator: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>

Surgical masks: _____

Respirators: _____

HAND HYGIENE

Can you tell me about your hand hygiene policy at your facility for staff?

Consider allowing staff to carry individual-sized bottles of hand sanitizer to maintain hand hygiene.

Can you tell me about your hand hygiene policy at your facility for detained/incarcerated persons? Do they have access to no-cost liquid or bar soap or alcohol-based hand sanitizer?

Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing. Also, provide access to running water and hand drying machines or disposable paper towels for hand washing, tissues, and no-touch trash receptacles for disposal.

Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.

How is your supply of soap/alcohol-based hand sanitizer?

Can you tell me about how you have been cleaning the facility, particularly the places where a case spent time?

Those are all of my questions. Thank you! Are there any questions that you have for me?

Next we can recap the recommendations for your facility:

To better monitor these outbreaks, we would like to be able to receive routine updates on these case counts and deaths

Use this section to enroll facilities in your jurisdiction's reporting system

Do you have any last questions or thoughts? Are there any types of guidance or education resources you would find helpful? Any feedback for me?

You can reach us at [\[email address\]](#) if you have further questions or to follow-up on some of this information. We will also be sending you an e-mail; could you provide me with a good e-mail address to send this to?

Please remember that the health department should be notified about anyone with severe respiratory infection, or a cluster (e.g., >3 people with new-onset respiratory symptoms over 72 hours) of people with symptoms of respiratory infections. Thank you!

The most up-to-date information may be found on the CDC's COVID-19 website and guidance specific to correctional and detention facilities may be found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>