

Recommendations for Responding to Correctional & Detention Facility Outbreaks of Coronavirus Disease 2019 (COVID-19) August 18, 2020

Background

This guidance is intended to assist Correctional and Detention (C&D) Facilities to respond to outbreaks of COVID-19. Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with DPHS to ensure that individuals with suspected COVID-19 will be effectively isolated, evaluated, tested (if indicated), and given care. The New Hampshire Department of Health and Human Services (DHHS), Division of Public Health Services (DPHS) COVID-19 Congregate Setting Investigation Unit will work closely with you if COVID-19 is identified in your facility.

All C&D facilities should adhere to current [CDC infection prevention and control recommendations](#), including universal source control measures; screening of incarcerated/detained persons and staff; and promptly notifying the health department (603-271-4496 or 603-271-5300 after hours) about any suspected/confirmed COVID-19 or cluster of new-onset respiratory symptoms among staff or incarcerated/detained persons.

Immediate Actions

Upon identification of suspect or confirmed COVID-19 in your facility (among incarcerated/detained persons, staff, or visitors who have recently been inside) take the following immediate actions:

1. Place individuals with suspected or confirmed COVID-19 under medical isolation.
2. Quarantine their close contacts.
3. Facilitate necessary medical care.
4. Observe relevant infection control and environmental disinfection protocols and wearing recommended PPE.
5. Work with your investigator at DPHS to coordinate further [testing](#).

Policies & Procedures

- Provide [clear information](#) to incarcerated/detained persons and staff about the presence of COVID-19 within the facility.
- Enforce use of universal [cloth face coverings](#) or facemasks ([if it can be worn safely](#)) and social distancing and encourage hygiene precautions.
- Consider implementing regular symptom screening and temperature checks in housing units that have *not* yet identified infections, until no additional infections have been identified in the facility for 14 days.
 - Because some incarcerated/detained persons are hesitant to report symptoms, it is very important to monitor for symptoms closely even though doing so is resource intensive. See [Screening](#) instructions below for a procedure to safely perform a temperature check.
- Exclude staff who are suspected or confirmed COVID-19 from work until they meet criteria for [ending home isolation](#).
- Staff identified as close contacts of someone with COVID-19 should be tested for SARS-CoV-2 and self-quarantine at home for 14 days, unless a [shortage of critical staff](#) precludes quarantine of those

who are asymptomatic.

- Consider additional options to intensify [social distancing](#) within the facility, such as staggering meal times or limiting group activities. Consult with your DPHS investigator if suspending all group activities is necessary.
- Restrict unnecessary movement within the facility.
 - Staff should maintain consistent duty assignments in the same area across shifts to prevent unnecessary movement between housing units. Especially staff assigned to isolation and quarantine units should restrict movement across the facility.
 - If these staff must serve multiple areas of the facility, ensure that they change PPE when leaving the isolation space. If PPE supplies necessitate reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination. For example, start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in an isolation unit. Ensure that staff are highly trained in [infection control practices](#), including use of [recommended PPE](#).
 - Consider utilizing telemedicine to evaluate persons with COVID-19 symptoms and other health conditions to limit movement of healthcare staff.
 - If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.
 - Minimize interactions between incarcerated/detained persons living in different housing units. For example, stagger mealtimes and recreation times.
 - Consider implementing broad movement restrictions.
- Ensure that work details include only incarcerated/detained persons from a single housing unit, supervised by staff who are normally assigned to the same housing unit.
 - If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries are made with extreme caution. For example, have a staff member from the work detail deliver prepared food to a set location, leave, and have a staff member from the delivery location pick it up. Clean and disinfect all coolers, carts, and other objects involved in the delivery.
- Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.
 - Refer to CDC [guidance for Emergency Medical Services \(EMS\)](#) on safely transporting individuals on isolation or quarantine for COVID-19 if necessary.
 - If the transport vehicle is not equipped with the features described in the EMS guidance, at minimum drive with the windows down and ensure that the fan is set to high, in non-recirculating mode. If the vehicle has a ceiling hatch, keep it open.
- Set up PPE donning/doffing stations as described in the PPE section [below](#).
- Incorporate COVID-19 prevention practices into release planning and re-entry programming as described in [CDC management guidance](#).

Isolation for Confirmed or Suspected COVID-19

- As soon as an individual develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should be immediately placed under isolation in a separate environment from other individuals and [medically evaluated](#).
 - For medical evaluation, refer to CDC guidelines on [evaluation](#) and [testing](#). See CDC's [Infection Control](#) and [Clinical Care](#) sections as well.
 - Incarcerated/detained persons with symptoms are included in the high-priority group for

testing due to the high risk of transmission within congregate settings.

- If the individual's SARS-CoV-2 test is positive, continue isolation.
- If the SARS-CoV-2 [test](#) is negative, the individual can be returned to their prior housing assignment unless they require further medical assessment or care or if they need to be quarantined as a close contact of someone with COVID-19.
- Staff interacting with incarcerated/detained individuals with COVID-19 symptoms should wear [recommended PPE](#).
- Ensure that isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detained individuals, both in name and in practice. Because of limited individual housing spaces within many correctional and detention facilities, infected individuals are often placed in the same housing spaces that are used for solitary confinement. To avoid being placed in these conditions, incarcerated/detained individuals may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is *operationally* distinct from solitary confinement, even if the same housing spaces are used for both. For example:
 - Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
 - Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.
 - Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.
 - Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.
- Keep the individual's movement outside the medical isolation space to an absolute minimum.
 - Provide medical care to isolated individuals inside the medical isolation space, unless they need to be transferred to a healthcare facility. See CDC's [Infection Control](#) and [Clinical Care](#).
 - Serve meals inside the medical isolation space.
 - Exclude the individual from all group activities.
 - Assign the isolated individual(s) a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result. Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.
- Ensure that the individual is wearing a cloth face covering if they must leave the isolation space for any reason, and whenever another individual enters. Provide clean masks as needed. Masks should be washed routinely and changed when visibly soiled or wet.
- Avoid [transferring](#) infected individual(s) to another facility unless necessary for medical care.
- Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to:
 - Cover their mouth and nose with a tissue when they cough or sneeze
 - Dispose of used tissues immediately in the lined trash receptacle
 - [Wash hands](#) immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that [hand washing supplies](#) are stocked.
- Maintain isolation at least until [CDC criteria for discontinuing home-based isolation](#) have been met.
 - See information about the [data](#) informing the symptom-based strategy, and considerations for extended isolation periods for persons in congregate settings including corrections.
 - If persons will require ongoing care by medical providers, discontinuation of transmission-based precautions (PPE) should be based on similar criteria found [here](#).

- **If the facility is housing individuals with confirmed COVID-19 as a cohort:**
 - Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort.
 - Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, or with close contacts of individuals with confirmed or suspected COVID-19.
 - Do not house individuals with undiagnosed respiratory infection (who do not meet the criteria of suspected COVID-19) with individuals with suspected COVID-19.
 - Ensure that cohorted groups of people with confirmed COVID-19 wear cloth face coverings whenever anyone (including staff) enters the isolation space. (Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.)
 - Use one large space for cohorted isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across the facility.
 - If the facility is housing individuals with confirmed COVID-19 as a cohort, use a well-ventilated room with solid walls and a solid door that closes fully.

Quarantining Close Contacts of Individuals with COVID-19

- Staff should wear [recommended PPE](#) as appropriate for their level of contact with the individuals under quarantine.
 - Staff supervising asymptomatic incarcerated/detained persons under [routine intake quarantine](#) (with no known exposure to someone with COVID-19) do not need to wear PPE but should still wear a cloth face covering as source control.
- Avoid mixing individuals quarantined due to exposure someone with COVID-19 with individuals undergoing routine intake quarantine.
- Work with your DPHS investigator in [contact tracing](#) to determine close contacts.
 - NH DPHS defines a close contact as *someone who was within 6 feet of an infected person for at least 10* minutes starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to specimen collection) until the time the patient is isolated.* *CDC uses 15 min.
 - Consider broad-based [testing](#) in order to identify infections and prevent further transmission if there is a large number of individuals with COVID-19 in the facility, because contact tracing may become difficult to manage.
- Quarantine close contacts of someone with confirmed or suspected COVID-19 (whether the infected individual is another incarcerated/detained person, staff member, or visitor) for 14 days:
 - If the close contact is tested for SARS-CoV-2 and [tests positive](#) for SARS-CoV-2, the individual should move to isolation rather than quarantined.
 - If quarantined individual is tested during quarantine and they [test negative](#), they should continue to quarantine for a full 14 days after last exposure.
 - If an individual is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result, they can be released from quarantine and [retesting](#) should be considered.
- Test [all close contacts](#) of persons with SARS-CoV-2 infection, regardless of whether the close contacts have symptoms.
 - Isolate those who test positive to prevent further transmission.
 - Asymptomatic close contacts testing negative should still quarantine for 14 days from their last exposure.
- Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.
 - Provide medical evaluation and care inside or near the quarantine space when possible.
 - Serve meals inside the quarantine space.
 - Exclude the quarantined individual from all group activities.

- Assign the quarantined individual a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result.
- Facilities should make every possible effort to individually quarantine close contacts of individuals with confirmed or suspected COVID-19.
- [Cohorting](#) multiple quarantined close contacts could transmit SARS-CoV-2 from those who are infected to those who are uninfected. **Cohorting should only be practiced if there are no other available options.**
 - If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 or who test positive for SARS-CoV-2 should be placed under [isolation](#) immediately. If an individual is removed from the cohort due to COVID-19 symptoms and tests positive (or is not tested), the 14-day quarantine clock should restart for the remainder of the quarantined cohort.
 - If an entire housing unit is under quarantine due to contact with an individual from the same housing unit who has COVID-19, the entire housing unit may need to be treated as a cohort and quarantine in place.
 - Do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.
 - If cohorting close contacts is absolutely necessary, be especially mindful of those who are at increased risk for severe illness from COVID-19. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the increased-risk individuals. (For example, intensify [social distancing strategies](#) for increased-risk individuals.)
- If single cells for isolation (of those with suspected COVID-19) and quarantine (of close contacts) are limited, prioritize them in rank order:
 - Individuals with suspected COVID-19 who are at [increased risk for severe illness](#)
 - Others with suspected COVID-19
 - Quarantined close contacts of someone with COVID-19 who are themselves at increased risk for severe illness from COVID-19
 - Other quarantined close contacts
- In order of preference, multiple quarantined individuals should be housed:
 - IDEAL: Separately, in single cells with solid walls (not bars) and solid doors that close fully
 - Separately, in single cells with solid walls but without solid doors
 - As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
 - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
 - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ [social distancing strategies related to housing in the Prevention section](#) to maintain at least 6 feet of space between individuals housed in the same cell.
 - As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ [social distancing strategies related to housing](#) to maintain at least 6 feet of space between individuals.

- Safely [transfer](#) to another facility with capacity to quarantine in one of the above arrangements. (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)
- If quarantined individuals leave the quarantine space for any reason, they should wear cloth face coverings as source control, if not already wearing them.
 - Quarantined individuals housed as a cohort should wear cloth face coverings at all times.
 - Quarantined individuals housed alone should wear cloth face coverings whenever another individual enters the quarantine space.
 - Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.
- Quarantined individuals should be [screened](#) for COVID-19 symptoms at least once per day (ideally twice per day) including temperature checks.
 - If an individual develops symptoms or tests positive for SARS-CoV-2, they should be moved to isolation (individually, and separately from those with confirmed COVID-19 and others with suspected COVID-19) immediately and further evaluated. (See [Isolation](#) section).
- If an individual who is part of a quarantined cohort becomes symptomatic:
 - If the individual is tested for SARS-CoV-2 and tests [positive](#): the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
 - If the individual is tested for SARS-CoV-2 and tests [negative](#): the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period as their symptoms and diagnosis allow.
 - If the individual is [not tested](#) for SARS-CoV-2: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
- Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.
- Quarantined individuals can be released from quarantine restrictions if they have not developed COVID-19 symptoms during the 14-day quarantine period.
 - Place any individuals testing positive under medical isolation, and if the individual testing positive was part of a quarantine cohort, restart the 14-day quarantine clock for the remainder of the cohort.
 - Consider [re-testing](#) individuals in quarantine cohort every 3-7 days to identify and isolate infected individuals and to minimize the amount of time infected individuals spend with the rest of the cohort.

Verbal Screening and Temperature Check Protocols

Below, verbal screening questions for COVID-19 [symptoms](#) and contact with known cases, and a safe temperature check procedure are detailed.

- **Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:**
 - *Today or in the past 24 hours, have you had any of the following symptoms?*
 - *Fever, or feeling feverish;*
 - *Respiratory symptoms such as runny nose, nasal congestion, sore throat, cough, or shortness of breath;*
 - *General body symptoms such as muscle aches, chills, and severe fatigue;*
 - *Gastrointestinal symptoms such as nausea, vomiting, or diarrhea, and*
 - *Changes in a person's sense of taste or smell.*

- *In the past 14 days, have you had [close contact](#) with a person known to be infected with the novel coronavirus (COVID-19)?*
- The following is a protocol to safely check an individual's temperature:
 - Perform [hand hygiene](#)
 - Put on a surgical mask, eye protection, gown/coveralls, and a single pair of disposable gloves
 - Check individual's temperature
 - If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
 - Remove and discard PPE

Hand Hygiene, Cleaning & Disinfecting

- Continue to ensure that [hand hygiene supplies are well-stocked](#) in all areas of the facility.
- Continue to emphasize practicing good hand hygiene and cough etiquette.
- Continue adhering to recommended cleaning and disinfection procedures [for the facility at large](#).
- Adhere to [specific cleaning and disinfection procedures](#) for areas where individuals with COVID-19 spend time.
 - Ensure that staff and incarcerated/detained persons performing cleaning wear [recommended PPE](#).
 - Thoroughly and frequently [clean and disinfect](#) all areas where individuals with confirmed or suspected COVID-19 spend time.
 - After an individual has been medically isolated for COVID-19 close off areas that they have used prior to isolation. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest [air exchange conditions](#) before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
 - Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces with disinfectant that is [EPA-approved for use against COVID-19](#).
 - Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.
 - See [CDC Management Guidance, Cleaning](#) for detailed information on cleaning hard vs. soft surfaces, as well as electronics.
- Food service items:
 - Individuals under isolation or quarantine should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.
- [Laundry from individuals on isolation or quarantine](#) can be washed with other's laundry.
 - Individuals handling this laundry should wear disposable gloves and gown, discard after each use, and clean their hands immediately after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus.
 - Launder items as appropriate according to manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to [guidance for surfaces](#). If permissible, consider using a bag liner that is either disposable or can be laundered.

Transmission Based Precautions & Personal Protective Equipment (PPE)

- Set up PPE donning/doffing/disposal stations that include:
 - A dedicated trash can for disposal of used PPE
 - A hand washing station or access to alcohol-based hand sanitizer
 - A poster demonstrating correct PPE donning and doffing procedures
- Staff should exercise caution and wear [recommended PPE](#) when in contact with individuals showing COVID-19 symptoms. Contact should be minimized to the extent possible until the infected individual is wearing a cloth face covering and staff are wearing PPE.
- Ensure that staff and incarcerated/detained persons are trained to doff PPE after they leave a space where PPE is required, as needed within the scope of their duties and work details. Ideally, staff should don clean PPE before entering a different space within the facility that also requires PPE.
 - If PPE shortages make it impossible for staff to change PPE when they move between different spaces within the facility, ensure that they are trained to move from areas of low exposure risk (“clean”) to areas of higher exposure risk (“dirty”) while wearing the same PPE, to minimize the risk of contamination across different parts of the facility.
- Ensure strict adherence to OSHA PPE requirements.
 - Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer’s [respiratory protection program](#). If individuals wearing N95s have facial hair, it should not protrude under the respirator seal, or extend far enough to interfere with the device’s valve function (see [OSHA regulations](#)).
 - See [CDC website](#) for PPE training materials and posters.
- Ensure that all staff are trained to perform hand hygiene after removing PPE.
- Ensure that PPE is readily available where and when needed.
- Recommended [PPE](#) for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with someone with COVID-19 and their close contacts.
- Reference [CDC’s PPE Optimization Strategies](#) to mitigate PPE shortages.

Coordinate with the Congregate Setting Investigation Unit

Please prepare the following for the COVID-19 Congregate Setting Investigation Unit:

1. A current list of all COVID-19 positive incarcerated/detained persons and staff using the attached COVID-19 case line list. (Include the total number of staff and incarcerated/detained persons at your facility).
2. A daily update of all newly ill incarcerated/detained persons and staff using the line list form. Separate list for staff vs. incarcerated persons. The line list should reflect new symptoms, resolution of symptoms, hospitalizations, or deaths.
3. A facility floor plan that includes all units/wings/floors. Please mark off where COVID-19 positives are located.

This data should be sent using encryption to protect privacy and confidentiality. In order to ensure encryption, DHHS will provide you with instructions via email.

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional or Detention Facility during the COVID-19 Response

| Classification of Individual Wearing PPE | N95 respirator | Surgical mask | Eye Protection | Gloves | Gown/Coveralls |
|---|--|---------------|----------------|--------|----------------|
| Incarcerated/Detained Persons | | | | | |
| Asymptomatic incarcerated/detained persons (under quarantine as close contacts of someone with COVID-19*) | Use surgical masks or cloth face coverings as source control (NOTE: cloth face coverings are NOT PPE and may not protect the wearer. Prioritize cloth face coverings for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE.) | | | | |
| Incarcerated/detained persons who have confirmed or suspected COVID-19, or showing symptoms of COVID-19 | | | | | |
| Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts | | | | X | X |
| Incarcerated/detained persons cleaning an area where someone with COVID-19 spends time | Additional PPE may be needed based on the product label. See CDC guidelines for more details. | | | X | X |
| Staff | | | | | |
| Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of someone with COVID-19* (but not performing temperature checks or providing medical care) | Surgical mask, eye protection, and gloves as local supply and scope of duties allow. | | | | |
| Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons | | X | X | X | |
| Staff having direct contact with (including transport) or offering medical care to individuals with confirmed or suspected COVID-19 (See CDC infection control guidelines). For recommended PPE for staff performing collection of specimens for SARS-CoV-2 testing see the Standardized procedure for SARS-CoV-2 testing in congregate settings . | X** | | X | X | X |
| Staff present during a procedure on someone with confirmed or suspected COVID-19 that may generate infectious aerosols (See CDC infection control guidelines) | X | | X | X | X |
| Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts | | | | X | X |
| Staff cleaning an area where someone with COVID-19 spends time | Additional PPE may be needed based on the product label. See CDC guidelines for more details. | | | X | X |

* If a facility chooses to routinely quarantine all newly incarcerated/detained intakes (without symptoms or known exposure to someone with COVID-19) before integrating into the general population, surgical masks are not necessary. Cloth face coverings are recommended.

**A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.