



Health

Coronavirus Disease 2019 (COVID-19) Guidance For Correctional Facilities

NOTE: The situation regarding COVID-19 is rapidly changing as is our knowledge of this new disease. The guidance in this document is based on the best information currently available. Visit the [NYC Health Department website](#) and [Centers for Disease Control and Prevention \(CDC\) website](#) for more information.

Introduction

This guidance supersedes previous versions of **Coronavirus Disease 2019 (COVID-19) Guidance For Correctional Facilities**. It is meant to assist New York City (NYC) correctional facilities to devise strategies to prevent the introduction of 2019 Novel Coronavirus (COVID-19) and to manage instances when disease transmission is identified, so that impacts on the facility, inmates, and employees can be minimized. The COVID-19 outbreak still is in an early phase, even though it has spread from China, through Asia, and into Europe and North America. The impacts in NYC from COVID-19 are yet to be determined. However, as sustained community transmission already has been found in NYC, widespread COVID-19 transmission is predictable. When that takes place, correctional facilities will be hard-pressed to keep COVID-19 from being introduced into them.

Pandemic Planning with All Partners and Stakeholders

Planning for a COVID-19 epidemic response requires participation and investment by all parties involved in day-to-day operation of the facilities and the flow of inmates into and out of the correctional facility. Correctional facilities are advised to engage with their local, state, and federal partners to develop specific protocols and procedures that would be employed to control impacts from COVID-19 during two phases – when there is sustained community transmission of COVID-19 and when there is widespread transmission in NYC.

Community transmission: Multiple chains of COVID-19 transmission identified that demonstrate at least four generations of person-to-person transmission; AND multiple people with confirmed COVID-19 who do NOT have epidemiologic risk factors for infection (e.g., travel); AND other public health surveillance information that detects an increase in people with influenza-like illness either localized or citywide.

Widespread transmission: In addition to the community transmission conditions, multiple instances of transmission occurring in congregate settings (e.g., schools, workplaces, health care facilities); AND evidence of impacts on health care staffing and in other settings.

Goals

- Describe strategies to prevent introduction of COVID-19 into the facility and, thereby, prevent exposures and transmission throughout the facility.
- Describe strategies to prevent introduction of COVID-19 from NYC correctional facilities to other interconnected locations where inmates are transported routinely, such as the court system, other NYC or NY State facilities, or H+H facilities.
- Describe management of inmates, visitors and staff with possible COVID-19 exposure or illness.

1. COVID-19 Background Information

Human coronaviruses are a group of viruses that commonly cause either mild-to-moderate illness – such as a cold with runny nose, headache, cough, sore throat, or fever or sometimes pneumonia. These include coronaviruses 229E, NL63, OC43, and HKU1.

COVID-19 is caused by the SARS-CoV-2 virus. The recently discovered SARS-CoV-2 is a "novel coronavirus", which means it is a new strain of coronavirus that has not been previously identified in humans. The newly identified SARS-CoV-2 virus is thought to have originated in animals and is related to the coronaviruses SARS-CoV and MERS-CoV, which also originated from animals. Our current understanding of SARS-CoV-2 suggests it is like other respiratory viruses with regard to transmission. In general, these viruses are spread when a sick person coughs or sneezes. It is also possible to become sick by touching surfaces contaminated with a virus, and then touching one's own eyes, nose, or mouth. Covering coughs and sneezes with a tissue or an upper sleeve and washing hands with soap and water or with an alcohol-based hand rub are essential in stopping the spread of respiratory viruses. During the influenza season, individuals should consider getting a flu vaccine.

The first cases of COVID-19 were reported in Wuhan, Hubei Province, China, in December 2019. Thousands of new cases have been reported since that time. Described clinical findings in hospitalized patients with severe illness have included fever, cough, muscle aches or fatigue, and bilateral pneumonia. Persons who develop more severe disease have often been the elderly or persons with underlying medical conditions. Mild illness with cough, shortness of breath, and sore throat also have been described. Deaths have been reported, primarily among persons with underlying health conditions and the elderly. Confirmed infections have been reported in more than 100 countries and on all continents save Antarctica. On March 2, 2020, the first confirmed COVID-19 infection in a NYC resident was announced. On March 8, 2020, the NYC Health Department announced that there was evidence of sustained community transmission of COVID-19 in NYC. Widespread transmission in NYC can be anticipated.

2. Anticipatory Planning for Epidemic COVID-19 in New York City

On February 25, 2020, the Centers for Disease Control and Prevention (CDC) announced that it was likely for COVID-19 to spread to the US and cause outbreaks here. The same week, there were reports that hundreds of inmates had been infected with COVID-19 in Chinese prisons. This public health guidance was written to frame interagency planning that will be needed in this sector.

Correctional facilities are advised to engage with local, state, and federal partners in law enforcement, the judicial system, correctional systems, health care, and public health to rapidly develop plans that can be implemented when needed. Given the multiple potential points of access of COVID-19-infected people into the system, it is advisable for correctional facilities, their partners, and other stakeholders to plan for the eventuality that this is likely to take place in NYC.

DOHMH recommends for correctional facilities to take planning steps immediately:

- Form a pandemic planning committee that includes representatives of all internal partners, including the Department of Correction, Correctional Health Services, and Health + Hospitals, and that is authorized by facility leadership to finalize a COVID-19 response plan promptly and in coordination with all city, state, and federal partners.

- Identify and implement mechanisms for access to public health and other critical information needed for situational awareness, including CDC and NYC Health Department webpages.
- Participate in NYC citywide COVID-19 planning activities.

3. Facility Readiness Activities

For COVID-19 planning and response purposes, NYC will use the following definition for COVID-19-like illness (“CLI”):

- Feeling feverish or having a measured fever (greater than or equal to 100.4° Fahrenheit); **OR**
- A new (within the last 7 days) cough; **OR**
- New shortness of breath; **OR**
- New sore throat

If the facility or organization has an existing emergency management response plan, it can be leveraged to address the following facility readiness and response components.

Designate a planning team with staff who are familiar with strategies used to limit exposure to and spread of influenza and other winter respiratory viruses. Ensure appropriate operational, healthcare and administrative representatives are involved. Assign staff members to address the following activities as they relate to COVID-19 risks in the facility:

a) Assessing Risk to Employees and Measures to Maintain Their Health

- Assess the potential exposure risks to COVID-19 for all facility employees. Consider those who provide healthcare, sanitation or services that require prolonged close contact. Identify strategies that could be considered to mitigate risks
- Provide employees with information about preventing the spread of respiratory illnesses.
- Review the facility’s sick-leave policy and encourage staff to stay home while ill.
- Consider offering influenza vaccinations at the worksite to prevent the flu.

b) Education and Training

- Educate staff and inmates about how respiratory illness spreads to inform and improve adoption of best practices to prevent the spread of respiratory illness.
- Hold educational sessions for staff and inmates to review information on facility policies for respiratory illnesses.
- Educational sessions should include information on CLI, how respiratory illnesses spread, basic cough and sneeze etiquette, hand washing, personal protective equipment, and housekeeping procedures.
- All staff, including administrators, health care personnel, custodians and food handlers should attend training sessions.
- Information can also be provided through signs, written materials and video presentations.

- As more is learned about the current COVID-19 outbreak, regular announcements should be made to keep all informed, especially regarding changes in prevention measures and medical treatment protocols.

c) Signage and Supplies

- Prominently display posters, such as [“Cover Your Cough”](#) signs, at all entrances, bathrooms, and common areas. Multi-lingual versions are available on the [NYC Health Department website](#). Handwashing posters are available from the [CDC website](#).
- Display signs instructing inmates, visitors, and staff to notify the medical staff if they have CLI.
- Consider showing a streaming video in common areas that have a television that demonstrates proper methods for hand-washing and respiratory etiquette.
- Make the means for appropriate hand cleansing readily available within the facility, including intake areas where inmates are booked and processed, visitor entries and exits, visitation rooms, common areas, and staff-restricted areas, in addition to lavatories and food preparation and dining areas. The means for hand cleansing are ideally running water, soap, and hand drying machines or paper towels and waste baskets; alternatively, except in lavatories and food preparation areas, alcohol-based hand sanitizers may be used.
- Maintain sufficient supplies of hand soap and paper towels, hand sanitizers, tissues, general cleaners, disinfectants and personal protective equipment.
- Placement of a face mask on a patient with a respiratory illness is sometimes medically indicated to prevent a sick person from spreading their illness to others. In health care settings, a face mask is worn by a health care provider to protect them from a patient’s respiratory disease. The NYC Health Department and the CDC do not currently recommend the use of face masks among the general population. There may be instances when face mask use by correctional facility employees may be indicated, such as when interacting closely (within 6 feet) with an inmate with COVID-19 or who is discovered to have CLI.

d) Housekeeping

- Clean facilities routinely and effectively.
- Clean frequently touched surfaces, such as doorknobs, door handles, handrails and telephones, as well as non-porous surfaces in bathrooms, sleeping areas, cafeterias and offices (e.g., floors), using an EPA-registered hospital disinfectant that is active against viral pathogens.
- Place waste baskets in visible locations and empty regularly.
- If feasible, enhance ventilation in common areas such as waiting areas, TV rooms and reading rooms.
- Linens, eating utensils and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to

avoid “hugging” laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

4. Preventing Introduction of COVID-19 into Facilities

With widespread community transmission of COVID-19 in NYC, it is incumbent on correctional facilities to take steps to prevent introduction of the virus into those environments by visitors, volunteers, employees, or new inmates. This is the time period when more and more NYC residents will be infected and sporadic introductions will become more frequent. With widespread transmission, there are unambiguous impacts on the entire correctional system, which are reflected by increasing employee absenteeism. This is the period when it may become increasingly difficult to contain transmission.

- Advise Fire Department and Police Department of need for heightened surveillance for CLI in pre-arraignment areas
- Consider housing new admissions in designated housing areas or facilities to identify CLI prior to moving them into general population
- Screen visitors upon entry to the facility for CLI and exclude visitors and volunteers who report or demonstrate CLI. Determine circumstances (e.g., demonstration of significant community transmission in NYC) that will trigger suspension of visitations to the island. (Note: Now that transmission of COVID-19 has intensified in NYC, continue the suspension of visitations until the NYC Health Department determines that there is no longer widespread or community transmission of COVID-19 in NYC.)
- Inform prospective visitors that they will not be allowed to enter the facility if they have CLI. When possible, facilities should use their usual communication channels to inform prospective visitors of these rules before they travel to the facility.
- Now that transmission of COVID-19 has intensified in NYC, it is incumbent on the Department of Correction (DOC) and Correctional Health Services (CHS) to implement fever and symptom screening for CLI in all employees before each work shift and to have procedures to exclude employees with CLI until completion of recommended home isolation.
- Now that transmission of COVID-19 has intensified in NYC, screen all inmates prior to their entry into the facility (e.g., pre-arraignment), before court appearances, and before transfer to other facilities. Implement procedures to isolate inmates with CLI detected at screening. Isolate new admissions identified at pre-arraignment as described in Section 5.
- In common areas, including locations through which employees transit every day, post signage reminding people NOT to work if they have CLI and to inform their supervisor if they begin to feel feverish or have a new cough, new shortness of breath, or new sore throat.
- Inform employees, volunteers, and other staff working in facility to stay home if they have CLI or have been diagnosed with COVID-19 for at least 7 days after their symptoms started AND at least 3 days after their symptoms have improved and fever has ended without fever-reducing medicines, whichever is longer.

5. Rapid Detection of Possible COVID-19

Once there is sustained community transmission of COVID-19 in NYC, it will become more and more likely that a visitor, volunteer, employee, or prisoner will introduce the COVID-19 virus into the correctional system. As the outbreak accelerates into widespread transmission, these instances will occur more and more frequently. It may occur that the correctional system will need to increase vigilance for COVID-19 introduction while it also is involved with containment of CLI clusters and confirmed COVID-19 in the facility. As there is community transmission of COVID-19 in NYC, all persons with CLI should be considered to have COVID-19 infection unless proven otherwise.

- Ensure that all CHS and DOC employees are educated and trained to identify CLI.
- Ensure that inmates and all CHS and DOC employees report CLI to health care personnel at the first signs of illness.
- Ensure that all new admissions are effectively screened for CLI before they enter the correctional system.
- New admissions who are screened and found to have CLI should be placed in alternative health care settings until COVID-19 has been ruled out (e.g., other diagnosis). Individuals with CLI who have negative test results must still be dealt with as if they have COVID-19 disease. Inmates can re-enter the admitting process with any of the following:
 - Alternative diagnosis has been identified and the inmates' health care providers determine that they may re-enter the correctional environment without being a public health risk to others; OR
 - At least 7 days have passed since their symptoms started AND at least 3 days have passed since their symptoms have improved and fever has ended without fever-reducing medicines.
- If feasible, institute at least daily subjective fever and symptom checks of all inmates.
- Conduct active surveillance for CLI by holding daily clinics in housing areas, where ill inmates can be invited for medical evaluation ("sick call rounds"), thereby facilitating the identification and isolation of inmates with CLI.
- Place a face mask on inmates with CLI before they are transferred to a room for medical evaluation.

There is a severe shortage of personal protective equipment (PPE) in NYC. The NYC Health Department urges CHS to implement measures to conserve PPE, such as using social distancing whenever practical and feasible. For example, if CLI screening questions can be asked from a distance of 6 feet, a face mask might not be needed for that encounter.

6. Evaluating and Reporting Persons with CLI and Possible COVID-19

With widespread community transmission of COVID-19 in NYC, health care providers are advised to consider this diagnosis in patients with new onset (within last 7 days) of fever (whether subjective or documented), cough, shortness of breath, or sore throat. The ideal PPE when evaluating patients with CLI (can be adjusted depending on nature of the encounter):

- Gloves; AND
- Face mask (procedure or surgical); AND
- Gown that is impervious to fluid; AND
- Face shield or goggles

Health care providers are advised to use a fit-tested N95 respirator or Powered Air Purifying Respirator (PAPR) for critically ill patients and during procedures that can generate aerosols (e.g., intubation, suctioning, high-flow oxygen, nebulizer)

7. Management of COVID-19 Infections in Your Facility

- If COVID-19 infection is confirmed in a facility, the primary goal will be to prevent further transmission and to contain illness to as limited an area in the building as feasible and to prevent transmission to settings outside the correctional facility. On-site health care providers, correctional officers, and facility administrators are advised to collaborate closely and coordinate operational decisions and activities to prevent COVID-19 from spreading further. Strategies to consider include:
 - Limiting or suspending transports to court hearings and to other institutions. (If necessary, ill inmates to be masked)
 - Isolating ill inmates or cohorting them in designated location(s)
 - Transferring to off-site medical facilities.
- Conduct CLI surveillance to identify additional potential COVID-19 infections in inmates, correctional officers, and CHS personnel, and ensure that all those with known or suspected COVID-19 are isolated at home (employees and CHS) or in designated housing as per CHS (inmates). At this time, the NYC Health Department is available for consultation regarding management of a COVID-19 cluster or outbreak. Providers should discuss with their medical director who should then call the Provider Access Line (PAL) at 866-692-3641 if they have questions about applying the guidance to specific situations.

Recommendations for how to approach employee, inmate, and health care exposures are likely to evolve as the COVID-19 outbreak intensifies.

8. Infection Control and Environmental Cleaning



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COVID-19 is transmitted primarily by respiratory droplets and when contaminated fingers transfer the virus to one's eyes, nose, and mouth. The NYC Health Department advises use of Standard, Contact, and Droplet Precautions, including eye protection, when evaluating patients with known or suspected COVID-19. These measures also are recommended:

- As feasible, use dedicated medical equipment for evaluation and care of patients with known COVID-19 or CLI. Clean and disinfect all non-dedicated, non-disposable medical equipment used for evaluation and care of patients with known COVID-19 or CLI.
- Frequent environmental cleaning and disinfection of all common areas, high-touch surfaces, toilet and personal hygiene facilities, medical clinics, patient care locations, and other areas where the COVID-19 virus is likely to have been deposited.
- Pre-clean, as feasible, with cleaners and water. Disinfect with an EPA-registered, hospital-grade disinfectant that is effective against viruses, including coronaviruses. Follow manufacturer directions on the product's label, including allowing for appropriate contact time.
- Detailed information on environmental infection control in healthcare settings can be found in CDC's [Guidelines for Environmental Infection Control in Health-Care Facilities](#) and [Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings](#) [section IV.F. Care of the environment].

9. Risk Communication

Careful consideration should be given to who would be most effective to relay information regarding risk, policies and procedures and prevention messaging to inmates and staff. It is recommended to address these populations separately and to carefully select the representative best suited to address the appropriate populations. The following recommendations should be made in conjunction with related partner agencies. It will be important for all parties to understand the seriousness of what all will be facing, to expect that some introductions of COVID-19 are likely to occur, and to underscore that cooperation and collaboration will be needed to prevent significant transmission in correctional facilities.

Inmates: Select a trusted representative to communicate risk to the inmates. This person should be devoid of any disciplinary or administrative power over them, such as a medical professional. Address the state of COVID-19 in the facility, general prevention recommendations, implications for visitor restrictions and the evaluation and isolation procedures for inmates who are suspected or confirmed to have COVID-19.

Facility Staff: Select a representative from the facility's administration to address facility staff (correctional officers, custodians, food handlers, etc.). Address the state of COVID-19 in the facility, general prevention recommendations and the facility's sick leave policy and recommendations to stay home if ill or to immediately report illness when at work to one's supervisor.

10. Other Considerations for Non-English-Speaking Detainees



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Educational materials and information are needed for inmates and visitors who are non-English speakers. When evaluating and treating CLI, provide a translator, as needed. Visit the www.nyc.gov/coronavirus for materials and resources in multiple languages.

11. Mental Health Response

Have plans in place for patients who regularly receive mental health services. If a patient needs to be isolated, consider alternative arrangements (e.g., via phone or tablet) for the patient to receive their regular services.

12. Continuity of Operations

- Anticipate and plan for staffing challenges
 - Especially during periods of widespread COVID-19 transmission, expect that many employees will be ill and furloughed until no longer a risk to others (i.e., for at least one week).
 - Implement emergency minimum staffing levels based on census, bed capacity, and acuity of inmates needing clinical services; identify staff who can backfill positions as needed
 - Telecommuting may be an option for some.
- Anticipate and plan for shortages as supply chains are affected; pre-order essentials to maintain adequate reserves.
- Partners during routine operations – law enforcement, the courts, state facilities – will be affected similarly. Facility operations should be capable of adjusting to challenges felt in other related systems.
- Consider limiting services to pre-determined essential functions (e.g., new admissions, emergency and routine sick call, pharmacy services, emergency psychiatric care, detoxification protocols)