



3. COVID-19 Testing Guidance for Local Confinement Facilities

Testing Overview

Testing for SARS-CoV-2, the virus that causes COVID-19, is an important part of an infection control toolkit when paired with vaccination, cleaning, disinfection, personal protective equipment (PPE), and social distancing. The goal of testing within Local Confinement Facilities is to identify active cases and guide interventions that reduce viral transmission among the staff, detainee population, and community at large. Local Confinement Facilities should coordinate with their [local health department](#) (LHD) when conducting facility-wide testing. If testing is not performed through the LHD, the jail should report any positive test results of staff or detainees to the LHD.

Testing Methods

- Viral testing for COVID-19 in staff and detainees by [diagnostic methods](#) (commonly called PCR and Rapid Antigen Tests) is used to identify current cases.
- [Antibody \(serologic\) testing](#) determines past COVID-19 infections and should not be used to determine if isolation or quarantine is needed.
- Testing protocols should be aimed at rapid turnaround times paired with immediate response to positives to prevent further spread of the virus in the confined population.

Testing Strategies

- [Diagnostic testing](#) is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19, or is asymptomatic, but has recent known or suspected exposure to someone with suspected or confirmed SARS-CoV-2 infection.
- [Screening testing](#) is intended to identify people with COVID-19 who are asymptomatic or do not have any known, suspected, or reported exposure to SARS-CoV-2. Screening helps to identify unknown cases so that steps can be taken to prevent further transmission.
- [Public health surveillance testing](#) is intended to monitor population-level burden of disease. Surveillance testing is primarily used to gain information at a population level, rather than an individual level, and generally involves testing of de-identified specimens. Surveillance testing results are not reported back to the individual. As such, surveillance testing cannot be used for an individual's healthcare decision-making or individual public health actions, such as isolation. An example of surveillance testing is [wastewater surveillance](#).

Test to inform actions.

Be prepared to engage in testing follow-up activities including:

- Communicate results confidentially with staff and detainees.
- Designate facility isolation and quarantine areas. The medical isolation area should be physically separate from the rest of the facility with clear signage.
- Isolate Covid positive staff and detainees.
- Quarantine staff and detainee close contacts of COVID positive individuals.
- Notify your LHD of all Covid-19 positive outbreaks.
- Maintain separate common areas and bathrooms for positive detainees.
- Limit movement of positive detainees within and out of the facility until medically cleared.
- Manage staff with positive test results, which may include explaining the facility's leave policies related to COVID-19.

COVID-19 Testing of Staff

- Test staff who have been exposed or who are symptomatic, in accordance with [CDC testing guidance](#).
 - If testing staff onsite is not feasible (e.g., due to employment policy or availability of testing supplies), advise staff who have been exposed or who are symptomatic to seek testing offsite.
 - If applicable, consider suspending co-pays for residents seeking medical evaluation and testing for possible COVID-19.
- Test staff who have been exposed at least five full days after exposure (or sooner, if they develop symptoms) and require them to wear a mask while indoors for 10 full days after exposure, regardless of vaccination status.
- Detention facilities should follow guidance from the [Equal Employment Opportunity Commission](#) when instituting and offering testing to staff. Testing should be coordinated with the occupational health provider or LHD with a plan for staff notification of test results.
- Staff testing positive must isolate per [current CDC guidance](#).

COVID-19 Testing of Detainees

- Test detainees who have been exposed or who are symptomatic, in accordance with [current CDC guidance for corrections](#).
- Test all new residents entering the facility at intake.
 - As an alternative to intake testing, facilities can use a routine observation period at intake, during which residents are housed separately from the rest of the facility's population.

- The duration of the observation period should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested.
- Individual housing is preferred under this strategy; if cohorting is necessary, do not add residents to an existing cohort during their observation period.
- During times of high transmission risk or outbreak, test residents during transfer and release protocols.
- If a detention center has limited or no onsite healthcare, then these centers should coordinate closely with their [LHD](#) to test, report, and manage confirmed or suspected cases among detainees.
- Detainees should be notified of their own test results. Staff should work with the [LHD](#) or their medical personnel to perform [contact tracing](#) for close contacts of detainees diagnosed with COVID-19.
- Detainees with suspected or confirmed COVID-19 should be provided with a [barrier face covering](#) (if they are not already wearing one), be connected to appropriate medical care as soon as possible, and placed in medical isolation.
- If a detainee refuses testing, the jail health provider should use clinical judgement to determine if the detainee shows signs of infection with COVID-19 and should be isolated or had exposure to COVID-19 and should be quarantined.
- Notify the Transportation Manager (Darren Hinson, darren.hinson@dac.nc.gov) at Department of Adult Correction (DAC) if a detainee due for transfer to prison has tested positive for COVID-19.

Testing of COVID-19 during an Outbreak in Local Confinement Facility

Testing at the Start of an Outbreak of COVID-19

COVID-19 in the jail population is a serious public health concern. Jails with two or more cases of COVID-19 in the facility within 14 days are considered to have an outbreak. This definition is applied regardless of whether the positive individuals are all detainees, all staff, or both staff and detainees. Testing during an outbreak should include both staff and detainees regardless of their vaccination status.

- If an outbreak is suspected, test all symptomatic individuals and their [close contacts](#). Other individuals could be infected with COVID-19 and continue to spread the virus, even if they appear asymptomatic.
 - The infectious period is considered to be two days prior to onset of any symptoms, or two days prior to the positive test if they do not have symptoms, through the end of isolation.
- Perform viral testing on any staff or detainees who develop [symptoms of COVID-19](#).
 - While awaiting test results, symptomatic detainees must be placed in individual medical isolation and cannot be housed with confirmed COVID-19 cases.

- If your facility is not able to purchase needed specimen collection supplies, go to the [ReadyOp portal](#) to submit a request for specimen collection supplies including test kits.

Repeat Testing During an Outbreak of COVID-19 in Local Confinement Facilities

CDC continues to recommend repeat testing of negative close contacts within quarantine cohorts every 3-7 days. Serial testing can be used for all residents in a cohort, or prioritized for people who are more likely to get very sick from COVID-19 to identify infections early and assess them for treatment promptly.

The jail administrator should coordinate with their county's communicable disease nurse or with the LHD to determine when the outbreak is considered closed and repeat testing is no longer necessary.

Tips for Testing Events

Testing can be conducted in individual cells, or in one centralized area. This section contains recommendations for testing in a centralized area.

- For 80-100 people, it is recommended to have a team of 3-5 testers and at least 3 other staff directing traffic. Plan for extra staff to assist if necessary.
- Have a central location for the testing. Bring the staff and detainees to the testers in groups or cohorts by housing unit to prevent cross-exposure between groups.
- Hold the testing event where there is space for social distancing, outside or inside in a large, well-ventilated area where you can space out testing stations.
- Keep the flow of testing going in one door and out another, which makes the process go quickly and avoids crowding. Pilot the sample collection procedures before the detainee testing event, possibly while testing staff.
- Create a barrier between testing stations using curtains or plexiglass. Keep others more than 6 feet away from testing stations since people being tested may cough or sneeze during testing. Have people being tested face away from others.
- Have paperwork and labels filled out for everyone and supplies ready ahead of time. If testing detainees and staff at the same event, clearly delineate paperwork and labels for staff vs. detainees (using different colored paper or labels, etc.) to simplify notification and reporting of results.
- Consider whether you want to track refusals and how to do so (i.e. form, list).

- Keep testing materials and other supplies out of the specimen collection area to prevent contamination. If possible, have the person being tested bring up their own testing supplies from a registration table to the testing station.

Figure. Example of layout and flow of individuals being screened (CDC 2021)

[See CDC's broad-based testing for SARS-CoV-2 in congregate settings](#)

