4. Medical Isolation of Detainees with Confirmed or Suspected COVID-19

Medical isolation – Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others and to reduce the risk of transmission.

As soon as a detainee develops symptoms of COVID-19 or tests positive for SARS-CoV-2, they should:

- be provided with a barrier face covering (if they are not already wearing one),
- immediately be placed under medical isolation in a separate environment from other detainees,
- be medically evaluated, and
- be tested for COVID-19 (if not already completed).

These steps must be taken regardless of the individual's vaccination status.

All local confinement facilities should have a plan in place for how detainees with COVID-19 will be managed, including medical isolation logistics.

- Facilities without onsite healthcare capacity or without enough space to implement effective isolation should coordinate with local public health officials to find alternatives.
- If multiple residents have tested positive, they can isolate together in the same area. However, people with confirmed and suspected COVID-19 should not be housed together.

Keep the detainee's movement outside the medical isolation space to a minimum.

- Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.
- If a COVID-19-positive person needs to be transferred to a healthcare facility, please refer to the transfer guidance document for ways to reduce viral transmission.
- Serve meals inside the medical isolation space with disposable utensils where possible.
- Exclude the detainee from all group activities.
- The medical isolation area(s) should have a dedicated bathroom when possible.
- Ensure that the detainee is wearing a barrier face covering if they must leave the medical isolation space and whenever in the presence of non-infected individual. Provide clean masks as needed. Masks should be changed when visibly soiled or wet.

Medical isolation should be made distinct from punitive solitary confinement or disciplinary segregation of incarcerated/detained detainees, both in name and in practice.

If not, incarcerated detainees may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces. Interventions to ensure that medical isolation is *operationally* distinct from disciplinary segregation can include:

- Coordinate with the administrator to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in detainees' regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain connection with others while isolated and support mental health.
- Communicate regularly with isolated detainees about the duration and purpose of their medical isolation period.
- Ensure all detainees are given an opportunity at least once a day to communicate any medical or mental health issues to a medical professional or corrections officer.

People at increased risk for serious illness due to COVID-19 should be carefully monitored while in medical isolation.

- If the facility is not able to provide medical evaluation and treatment, coordinate with the local health officials to see if detainees at increased risk of serious illness can be medically isolated at the local hospital.

In order of least to most transmission risk, multiple medically isolated detainees should be housed:

- Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully. If this ideal choice does not exist in a facility, use the next best alternative as a harm reduction approach.
- Separately, in single cells with solid walls but without solid doors
- As a cohort (group), 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 detainee 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 detainee 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 detainees. (Although detainees 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 maintaining at least 6 feet between detainees.

If detainees with confirmed COVID-19 are medically isolated as a cohort:

- Only detainees with laboratory-confirmed COVID-19 can be cohorted together. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, or with

close contacts of detainees with confirmed or suspected COVID-19 or with undiagnosed respiratory infection (who are not suspected to have COVID-19).
- Use one large space to house a cohort of detainees under medical isolation rather than several smaller spaces when possible. This practice will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.

Staff assignments to isolation spaces should:
- remain as consistent as possible.
- limit staff movement to other parts of the facility as much as possible.
- require recommended PPE as appropriate for their level of contact with the detainee under medical isolation.

If staff must serve multiple areas of the facility:
- ensure that they change PPE when leaving the isolation space.
- move only from areas of low exposure risk 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 have COVID-19, then move to a space used as quarantine for close contacts, and end in an isolation unit.

Instructions for detainees under medical isolation:
- Cover your mouth and nose (with tissue when possible) when you cough or sneeze.
- Dispose of used tissues immediately in whatever trash receptacle is provided.
- 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).

Medical isolation must be maintained until CDC criteria for discontinuing isolation **have been met.**
- Isolate detainees who test positive for COVID-19 for 10 days since symptoms first appeared or from the date of sample collection for the positive test (if asymptomatic).
- After 7 days, if the individual has a negative COVID test, isolation can be shortened as long as
    - symptoms are improving,
    - the individual has been fever-free for 24 hours,
    - the individual was not hospitalized, and
    - the individual does not have a weakened immune system.
- Either a NAAT (molecular) or antigen test may be used to determine if isolation can be shortened to 7 days.

*Note that the isolation period for correctional and detention facilities is longer than the duration recommended for the general public because of the risk of widespread transmission in dense housing environments and the high prevalence of underlying medical conditions associated with severe COVID-19.