

BOP QUARANTINE GUIDANCE: NEW ADMITS, CONTACTS OF COVID-19, AND PENDING RELEASE

DEFINITIONS

- **QUARANTINE** in the context of COVID-19 refers to separating (in an individual room or unit) asymptomatic persons who may have been exposed to the virus to **(1)** observe them for symptoms and signs of the illness during the **INCUBATION PERIOD** and **(2)** keep them apart from other incarcerated individuals.
- **CASE** refers an individual who has a positive test for COVID **OR** who has symptoms consistent with COVID-19, but has not yet been tested.
- **CLOSE CONTACTS:** In the context of COVID-19, an individual is considered a close contact if they have:
 - Been within 6 feet of a COVID-19 case for a prolonged period of time **OR**
 - Had direct contact with infectious secretions of a COVID-19 case.Considerations when assessing close contacts include the duration of exposure and the clinical symptoms of the person with COVID-19 (i.e., coughing likely increases exposure risk as does an exposure to severely ill persons).
- **COHORTING** refers to housing inmates together rather than in single cells.

INDICATIONS FOR COVID-19 QUARANTINE

The following inmates should be placed in quarantine:

- Close contacts of a suspected or confirmed case of COVID-19
- New admissions to a BOP facility
- Inmates returning from the community to a BOP facility after a potential exposure (e.g. an extended time in an emergency department or crowded waiting area, residing overnight in the community or alternative setting including hospitalization, furlough, writ return, etc...).
- Inmates being released back into the community (residential reentry center, home confinement, or full-term release), prior to their release.

➔ See (b)(7)(E); (b)(7)(F) below for information specific to Routine Intake Quarantine and Inmate Quarantine Prior to Release/Transfer.

IDENTIFICATION OF QUARANTINE ROOMS

GENERAL GUIDANCE ON QUARANTINE HOUSING

- ➔ ***To reduce the risk of transmission while in quarantine, facilities should make every effort to quarantine inmates INDIVIDUALLY in cells with solid walls and doors.***
- Cohorting should **ONLY** be practiced if there are no viable options to house them individually.
- Ideally, do **NOT** cohort individuals who are at higher risk of severe illness and mortality from COVID-19, including persons 65 and older or with certain co-occurring conditions.

➔ See the CDC's guidance "People Who Are at Higher Risk for Severe Illness" at:
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

- If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
- At Medical Referral Centers (MRCs), the facility's quarantine area for COVID-19 should be in a separate area from the medical units (Nursing Care Center [NCC] units, ambulatory care units, etc.), whenever possible.
 - MRC transfers that need to be quarantined on a medical unit due to care level for other medical conditions should be quarantined in a single room with solid walls and door, placed on droplet and standard transmission precautions with full COVID-19 PPE worn by staff when entering the room. Donning and doffing PPE appropriately and practicing hand hygiene is critical. To the extent possible, staff interventions with the inmate in quarantine should be limited.
- Consider low-census housing units, old SHU areas, or areas such as the visiting room, gym, chapel, education, Unicor areas for potential quarantine space, or climate-controlled tents.

CDC GUIDANCE ON QUARANTINE HOUSING

CDC guidance lists options for housing inmates in quarantine—in order of preference from top to bottom:

- Separately, in single cells with solid walls 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, preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals.
- As a cohort, in multi-person cells without solid walls or solid doors, preferably with an empty cell between occupied cells. Employ social distancing strategies.
- As a cohort, in the individuals' regularly assigned housing unit, but with no movement outside the unit. Employ social distancing strategies to maintain at least 6 feet of space between individuals. Place beds head-to-foot instead of head-to-head to create more space.
- Safely transfer to another facility with capacity to quarantine.
 - ➔ *Transfer should be avoided due to the potential to introduce infection to another facility; proceed ONLY if no other options are available.*

QUARANTINE PROCEDURES

- **ADMISSION TO QUARANTINE:**

➔ *When an inmate is identified as requiring quarantine, the Health Services Administrator, or designee, will contact the Chief Psychologist to request consultation. Refer to:*

(b)(7)(E); (b)(7)(F)

- An INMATE being moved to quarantine should wear a surgical mask.

- **ESCORTING STAFF** should wear gloves, surgical mask, and face shield or goggles.
- **DURATION OF QUARANTINE** is 14 days.
 - ➔ *If quarantined as a **COHORT**, the 14-day quarantine period must be reset to zero if an inmate in the cohort becomes symptomatic or new inmates are added to the quarantine.*
- **DOOR SIGNAGE:**
 - The door to the quarantine room should remain closed.
 - A sign indicating “**Quarantine Precautions**,” listing the recommended PPE, should be placed on the door.
 - ➔ *See **Attachment** for a printable sign. See the **Quarantine Checklist** for specific guidance about what to post.*
- **RECOMMENDED PPE FOR STAFF** interacting with asymptomatic inmates in quarantine:
 - **DIRECT, CLOSE CONTACT (LESS THAN 6 FEET APART):** Wear surgical mask, eye protection, and gloves. In addition, a gown should be worn when taking temperatures, performing assessments, or providing medical care (i.e., whenever direct contact is anticipated with the inmate).
 - ➔ *These recommendations apply to staff entering individual or double-bunked cells or cohorted living areas, **AND** when interacting through non-solid doors (i.e., bars) whenever the staff person is within 6 feet of the inmate.*
 - **IN THE SAME ROOM, BUT NOT IN CLOSE CONTACT (6 FEET OR MORE APART):** Wear surgical mask, eye protection, and gloves.
 - ➔ *This includes activities such as dropping off food trays and performing inmate counts in open bay situations, and opening doors to quarantine rooms or units.*
 - **NOT IN DIRECT CONTACT (INTERACTION THROUGH THE SLOT OF A SOLID DOOR):** Gloves only.
 - ➔ *This includes passing medication and food trays through the slot in a solid door.*
 - ➔ *When there are critical shortages of PPE, refer to the CDC’s recommendations for alternative PPE strategies at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>.*
- **FACE MASKS OR COVERINGS FOR INMATES:**
 - **Cohorted quarantine:** To minimize the likelihood of disease transmission, inmates quarantined as a cohort for close contact with a COVID-19 case should be required to wear a surgical mask covering routinely. Surgical masks should be replaced as needed.
 - **Staff protection:** When housed in a single cell, inmates should apply a surgical mask covering whenever staff enter the room.
- **PLACEMENT OF BEDS IN COHORTED QUARANTINE:** As feasible, the beds/cots of inmates quarantined as a cohort should be placed at least 6 feet apart. Consider alternating head-to-foot sleeping position, if feasible.
 - ➔ *See [CDC Guidance on Quarantine Housing](#) above.*
- **MONITORING:** Inmates in quarantine should be screened twice daily for COVID-19 symptoms, including subjective fever and taking a temperature reading.
 - **Inmates who become symptomatic need to be isolated.**
 - **Inmates who are quarantined for 14 days prior to community release** may have a symptom screen and temperature check once daily—if there are no COVID cases at the institution.

- **MEALS:** Meals should be provided to quarantined individuals in their quarantine spaces.
 - Cohorted inmates may be allowed to go as a group to meals, but only when they can eat separately as a group and should maintain social distancing when doing so. They should wear surgical masks while they are out of the quarantine area. The area must then be cleaned and disinfected prior to others eating in the same area.
 - Disposable food service items can be disposed of in regular trash. Individuals handling used food service items should wear gloves and wash their hands after their removing gloves. Dishes should be washed in hot water.
- **LAUNDRY:** Laundry from quarantined persons can be washed with other inmate laundry.
 - Individuals handling laundry from quarantined persons should wear disposable gloves, discard them after each use, and then clean their hands after.
 - Dirty laundry should not be shaken, so as to minimize the possibility of dispersing virus through the air.
 - Launder items using the hottest appropriate water setting and dry items completely.
 - Clean and disinfect clothes hampers according to guidance for cleaning surfaces posted on Sallyport. If permissible, consider using a bag liner that is either disposable or can be laundered.
- **RESTRICTIONS ON MOVEMENT:** To the extent possible, quarantined inmates should be restricted from being transferred, having visits, or mixing with the general population.
 - **Recreation:** Inmate recreation will be suspended while on quarantine. The institution will provide other means for inmates to occupy their time such as reading materials, educational materials, etc.
 - **Telephone privileges** may be afforded to inmates in quarantine only when the CDC/BOP sanitation procedures can be adhered to. Social distancing needs to be maintained during phone use and phones need to be cleaned and disinfected after each use.
 - **Staff should be assigned to one post only**, to the extent possible, to limit staff movement among different inmate populations / units at the institution.
- **For inmates quarantined in a SPECIAL HOUSING UNIT (SHU):**
 - Special Housing Units are a modified form of **ADMINISTRATIVE DETENTION**. Refer to *Program Statement 5270.11, Special Housing Units*, for specific procedures to follow.
 - Staff will complete electronic or paper form-292 according to policy for each inmate for the duration of the quarantine

ADDITIONAL PROCEDURES RELATED TO SPECIFIC TYPES OF QUARANTINE

- **ROUTINE INTAKE QUARANTINE:** With community spread of COVID-19 throughout the U.S., the BOP requires a 14-day quarantine of all new admissions and all returns to a BOP facility (new commitments, inmates returning from writ, voluntary surrenders, U.S. Marshals Service, Justice Prisoner and Alien Transportation Service, Customs and Border Patrol, and Immigration and Customs Enforcement). Some same-day returns to a facility may not require quarantine.
 - ➔ *Routine intake quarantine applies so long as these individuals are asymptomatic and have no known exposure to a COVID-19 case.*
 - **To prevent possible transmission, these inmates should be housed separately from individuals who are quarantined due to contact with a COVID-19 case.**

- If not housed in a single cell, individuals under routine intake quarantine should wear surgical masks.
- If at all possible, do not add more individuals to an existing routine intake quarantine cohort after the 14-day quarantine has started, so as to avoid resetting the quarantine period back to day 1.
- Institutions should attempt to coordinate movement with other agencies and correctional systems on a 14-day cycle, when possible, as a way to simplify routine intake quarantine procedures.
- **INMATE QUARANTINE PRIOR TO RELEASE/TRANSFER:**
 - **All inmates releasing or transferring from BOP facilities to the community will be placed in quarantine or be required to “shelter in place” for the 14 days immediately prior to their release/transfer.** This includes but is not limited to Full Term Releases, Good Conduct Time Releases, Detainer Releases, Furloughs, and Transfers to Residential Re-entry Centers/Home Confinement.
 - In institutions where there are active cases of COVID-19, releasing inmates should be placed in **quarantine** for the 14 days prior to release; ideally, they will be housed individually or cohorted separately from other quarantine groups.
 - In institutions where there are no active COVID-19 cases, releasing inmates may “**shelter in place**” for the 14 days prior to release.
 - **Inmates pending release or transfer, as described above, should have a temperature check and symptom screening daily,** assuming no known or suspected COVID-19 exposure for the 14 days prior to release or transfer. A screening and temperature check should be noted in the release paperwork on the day of release from the facility.
 - Asymptomatic inmates should undergo COVID-19 testing resulting with negative findings prior to being released from quarantine.
 - ➔ *Refer to:*

(b)(7)(E); (b)(7)(F)

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