

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

### **DEFINITIONS**

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- **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. The BOP considers the above definition an “exposure” quarantine. Additionally, the BOP utilizes a separation or “quarantine” for new intake inmates as well as inmates prior to leaving a BOP facility for release/transfer.
  - The BOP utilizes three categories of quarantine – exposure, intake, and release/transfer
  - All BOP COVID-19 quarantine categories utilize a test in/test out strategy.
- **CASE** refers to an individual who has a positive test for COVID **OR** who has symptoms consistent with COVID-19, but has not yet been tested or test results are pending.
- **CLOSE CONTACTS:** In the context of COVID-19, an individual is considered a close contact if they have not been wearing appropriate PPE **and**:
  - Been within 6 feet of a COVID-19 case for a prolonged period of time (15 minutes) **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**

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**The following inmates should be placed in quarantine:**

- Close contacts of a suspected or confirmed case of COVID-19 – **Exposure quarantine**
- New admissions to a BOP facility – **Intake quarantine**
- Inmates returning from the community to a BOP facility (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...) – **Intake quarantine**
- Inmates being released back into the community (residential reentry center, home confinement, or full-term release), prior to their release – **Release/transfer quarantine**
- Inmates being transferred to another BOP facility or correctional jurisdiction - **Release/Transfer Quarantine.**

**Exception to quarantine requirements:**

- Inmates previously diagnosed with COVID-19 do not need to be quarantined within 90 days of their initial symptom onset (symptomatic cases) or initial COVID-19 positive test (asymptomatic cases) if they have met the current CDC release from isolation criteria.
- ➔ See [\*Additional Procedures Related to Specific Types of Quarantine\*](#) below for information specific to Routine Intake Quarantine and Inmate Quarantine Prior to Release/Transfer.

## IDENTIFICATION OF QUARANTINE ROOMS

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### 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.
- Different categories of quarantine (Intake, Exposure, and Release/Transfer) should be housed separately. Inmates requiring Intake Quarantine should not be cohorted with inmates in Exposure Quarantine or Release/Transfer Quarantine, etc..
- Inmates housed in a single or double cell who shower in a community bathroom or recreate as a group are considered to be cohorted. To the extent possible, these groups should be limited in number (e.g. 10) and kept consistent with the same inmates throughout the duration of quarantine.
  - ➔ 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 being managed as exposure 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 exposure 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 intake 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, Unitor 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

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- **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 facial covering or surgical mask.
- **ESCORTING STAFF** should wear gloves, surgical mask, and face shield or goggles.
- On admission to all types of quarantine, all inmates should be screened for COVID-19 to include symptoms, signs, temperature, and a COVID-19 PCR test using a swab from the nasopharynx, mid-turbinate, or anterior nares. Either the Abbott ID Now or a commercial lab may be used, but the Abbott ID Now is preferred for symptomatic cases. Symptomatic or febrile cases with a negative Abbott ID Now COVID-19 test need to be retested with a commercial lab PCR test.
- **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. An exception is BOP quarantine cohort groups may be combined into a new quarantine cohort if both groups have remained in quarantine conditions and there have been no positive tests in the groups during the quarantine period.*
  - ➔ *During the quarantine, maintain the integrity of cohort when inmates are released for showers, computer or phone time (i.e., only release the same inmates together each time, do not co-mingle).*
- **TESTING:** Each type of quarantine utilizes a test in/test out strategy.
  - A COVID-19 PCR test is performed on admission to ("test in") and completion of ("test out") quarantine.
  - An Abbott Rapid PCR or commercial PCR can be used to test into quarantine, although the Abbott test is preferred for symptomatic or febrile cases.
  - The "test out" of quarantine test should be performed on or after day 14 of quarantine. Inmates should remain in quarantine until negative results are obtained. The inmate may then be discharged from quarantine and relocated to general population or maintained in quarantine (if they are being released or transferred, or if they are going out for frequent court appearances).
  - The "test out" of quarantine test should be a PCR test performed by a commercial lab. Exceptions include the following: 1) BOP inmates transferring to another BOP facility may have an *Abbott ID Now* COVID-19 test if the commercial lab test turnaround time (TATs) is expected to be greater than 7 days. 2) Immediate releases in which there is insufficient time to obtain commercial lab test results regardless of TATs.

- **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 Sallyport for a [printable sign](#) as well as the [Quarantine Checklist](#) for quick reference..
- **RECOMMENDED PPE FOR STAFF** interacting with asymptomatic inmates in quarantine:
  - ➔ *Set up separate donning and doffing areas outside the entry and exit to the quarantine areas with appropriate supplies, signage, hand sanitizer or sink with soap and water and disposal. The doffing area can be created with assistance from facilities department, or an area can be taped off for a visual indication of where to doff PPE.*
  - **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, OR 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.*
      - ➔ *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 COVERINGS or MASKS FOR INMATES:**
  - **Face coverings (cloth or surgical mask) must cover the nose and mouth and are worn to limit the spread of respiratory droplets by the person wearing them (source control).**
  - **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 facial covering or surgical mask routinely. Surgical masks should be replaced as needed and facial coverings laundered.
  - **Staff protection:** When housed in a single cell, inmates should apply a facial covering or surgical mask 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:** On admission to and discharge from quarantine, inmates in quarantine should have COVID-19 symptoms temperature screenings and testing results documented in BEMR.
  - Both the symptom screening and temperature check are to be documented on the release paperwork on the day of release from the facility
- In addition, inmates in Exposure Quarantine should be screened at least once daily for COVID-19 symptoms and signs to include a temperature reading. Twice daily screening is preferred when feasible.



- ➔ *This daily / twice daily interval screening between admission to / discharge from quarantine is not required for Intake Quarantine or for Release/Transfer Quarantine. However, inmates who are housed in SHU for these types of quarantine still need the daily checks required by policy.*
- ➔ *Non-healthcare staff trained to obtain temperatures and record yes or no answers to a symptom screen, documenting on a roster, can assist health services staff to complete daily screenings. Any positive screening is reported promptly to healthcare staff for further assessment, planning and intervention.*
- Inmates who become symptomatic or have a temperature (Mouth)  $\geq 100.4^{\circ}\text{F}$ , (Ear)  $\geq 101^{\circ}\text{F}$ , or (Forehead)  $\geq 100^{\circ}\text{F}$  need to be isolated promptly.
- **MEALS:** Meals should be provided to quarantined individuals in their quarantine spaces.
  - Cohorted inmates may be allowed to go as a group to meals, if necessary, but only when they can eat separately as a group and should maintain social distancing when doing so. They should wear facial coverings or 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 gowns and disposable gloves, discard gloves 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 is suspended while on quarantine. The institution will provide other means for inmates to occupy their time such as reading materials, educational materials, etc. If recreation is allowed and occurs as a group, it should be limited to established cohorts whenever possible and the recreation area cleaned and disinfected between and after use.
  - **Telephone privileges** may be afforded to inmates in quarantine only when the CDC/BOP sanitation procedures can be adhered to. Social distancing, facial coverings, and established cohorts need 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 Situations**

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- **Inmates previously diagnosed with COVID-19**
  - Current evidence indicates that people who have recovered from COVID-19 are unlikely to be contagious or to become reinfectd for at least 90 days after the start of their illness.
  - BOP inmates with a diagnosis of COVID-19 who have met current CDC release from isolation criteria do not need to be quarantined prior to release or transfer or if they are exposed to a new case of COVID-19 during the 90 days following the initial onset of their symptoms (for symptomatic cases) or the initial positive COVID-19 test (for asymptomatic cases).
  - Inmates being released or transferred need a symptom screen, temperature check, and a brief history of their COVID-19 illness (e.g. date of onset/diagnosis, date of initial positive test, date and criteria used for release from isolation, and any complications or sequelae from the illness) accomplished within 24 hours of departure from the institution and document in the comments section of the exit summary (or the in-transit form). Documentation of a negative COVID-19 test is not required.
  - Inmates beyond this 90-day period should be managed like an inmate with no prior COVID-19 diagnosis to include full quarantine procedures.
- **Court appearances**
  - A number of variables affect the risk of COVID-19 transmission during in-person court appearances and will determine some of the specific management strategies that are needed at each location. The USMS takes responsibility for the inmate from the time they leave the BOP institution until their return. Each USMS district may have their own procedures. Individual courts may also have different COVID prevention/mitigation procedures and requirements. The risk or likelihood of mixing with non-quarantined, non-BOP inmates while BOP inmates are with the USMS and the courts is essential to determine their risk of COVID-19 exposure. The frequency of an inmate's court appearance and the number of inmates going to a court at any one time are also important factors to consider. It is recommended that each BOP detention center contact the USMS and the court to ascertain their COVID-19 mitigation procedures and consult with Regional Health Services staff on developing an individualized strategy. The following are general principles to follow.
  - Inmates in COVID quarantine should delay in-person court appearances until they are COVID tested at the end of quarantine. VTC or telephone appearances are recommended as alternatives.
  - Inmates should wear face coverings and perform hand hygiene just before departure from and upon return to the institution.
  - BOP officials will request that BOP inmates be cohorted only with their own housing or quarantine cohort and not be mixed with inmates from other housing units or other institutions, or transported with inmates from other institutions to the extent possible while at court.
  - Upon return to the detention center, inmates should be quarantined if they were outside of the institution and were exposed to other inmates from other housing units or locations (e.g., county jails). The 14-day quarantine period must be restarted for any inmate who is in close contact with other inmates not from their housing unit or location.
  - Periodic COVID-19 testing of inmates with frequent court appearances should be considered. Inmates who were not previously in quarantine prior to their court appearance, were outside of the institution for less than 24 hours, and were not exposed to other inmates between departure and return to the facility may return to their housing unit upon return to their institution after being screened. In general, testing an inmate immediately after a legal visit would have little utility and is not recommended. However, an Abbott ID NOW test can be used on a case-by-case basis, especially if it is required by the court.

## QUARANTINE PROCEDURE MATRIX<sup>1</sup>

Type of Quarantine	Admission	Interval between admission and discharge	Discharge	Documentation
Intake	<ul style="list-style-type: none"> <li>SS/TC<sup>2</sup></li> <li>Testing (Abbott or commercial)<sup>3</sup></li> </ul>	No interval medical rounds if no known contacts and no exposures / positives at intake. Daily checks if in SHU, per SHU policy.	<ul style="list-style-type: none"> <li>SS/TC within 24 hours of discharge from quarantine</li> <li>Testing (commercial)</li> </ul>	BEMR documentation of admission and discharge SS/TC by health services staff; ordering of test; test results.
Exposure		SS/TC Twice Daily (preferred); Once Daily (acceptable; consider when large numbers in quarantine or substantial staffing shortages, per CDC guidance).	<ul style="list-style-type: none"> <li>SS/TC within 24 hours of discharge from quarantine</li> <li>Testing (commercial lab)</li> </ul>	BEMR documentation of admission and discharge SS/TC by health services staff; ordering of test; test results. Interval SS/TCs are documented on a separate flow sheet.
Release / Transfer		No interval medical rounds required unless inmate is in SHU.	<ul style="list-style-type: none"> <li>SS/TC within 24 hours of discharge from quarantine</li> <li>Testing (commercial lab for most)<sup>4</sup></li> </ul>	BEMR documentation of admission and discharge SS/TC by health svcs staff; ordering of test; test results.

<sup>1</sup> 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. The BOP considers the above definition an “exposure” quarantine. Additionally, the BOP utilizes intake quarantine for new admissions as well as those returning from the community, and release/transfer quarantine for those being released or transferred.. Symptom screens and temperature checks have little value / yield in detecting new cases of COVID-19 for those in quarantine compared to the amount of time required to perform those interventions, whereas testing potentially at-risk populations does provide a substantial yield and can help detect infection early and potentially limit spread of the disease. CDC does not appear to require SS/TC for release quarantine.

<sup>2</sup> SS/TC = Symptom screen and temperature check; may be performed by Health Services (HS) staff or trained non-Health Services staff

<sup>3</sup> Abbott rapid tests are preferred when an inmate is symptomatic or when the expected turnaround time (TAT) for a commercial test is prolonged (e.g. > 7days).

<sup>4</sup> A commercial PCR lab test is preferred for most discharges from quarantine. Exceptions include: 1) BOP inmates transferring to another BOP facility may have an Abbott ID Now COVID-19 test if the commercial lab test TATs is expected to be greater than 7 days and who will be quarantined upon arrival at their gaining facility. 2) Immediate releases in which there is insufficient time to obtain commercial lab test results regardless of TATs.