

# FAQs for Administrators, Staff, People Who Are Incarcerated, and Families

The information provided in these FAQs do not cover all questions or issues faced by custodial settings (prisons, jails, detention facilities). As with the full [CDC guidance](#) document, this information may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions. Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying actions or concerns not specifically covered in the [CDC guidance](#).

## FAQs for Administrators at Correctional and Detention Facilities

### How to prepare your facility for the possible spread of COVID-19

#### Q. What steps should I take to prepare my facility?

- A.** Because of close contact and the number of people in correctional and detention facilities (including prisons and jails), staff and people who are incarcerated are at greater risk for the spread of germs. To help your facility prepare for the possible spread of COVID-19, update your emergency operations plan. This includes:
- Adding key COVID-19 prevention strategies and posting information in the facility on how to limit the spread of germs.
  - Reminding staff to stay home when sick.
  - Identifying points of contact for local public health agencies.
  - Identifying physical locations (dedicated housing areas and bathrooms) where you can medically isolate incarcerated persons, as well as where to quarantine known close contacts of people with COVID-19.
    - Follow guidance on [medical isolation](#) and [quarantine](#).
    - Medical isolation and quarantine locations should be separate.
  - Offering flu shots to staff and people who are incarcerated, because limiting cases of flu can help speed the identification of people with COVID-19.
  - Developing ways to continue providing critical services, such as mental health support.
  - Ensuring adequate stocks of hygiene, cleaning, and medical supplies.
    - **Hygiene:** Soap (preferably liquid to promote use), tissues, and hand drying supplies, as well as hand sanitizers, when possible. Ensure no-cost access to soap.
    - **Cleaning:** [EPA-registered disinfectants](#) effective against the virus that causes COVID-19.
    - **Medical supplies:** Supplies for daily clinic needs, [personal protective equipment \(PPE\)](#), and testing.
  - Creating and testing communications plans to share critical information.
  - Setting up systems to safely transfer people between facilities and identifying alternative strategies to in-person court appearances, when possible.



[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)

- Prevent [confirmed and suspected COVID-19 cases and their close contacts](#) from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.
- Planning for staff absenteeism.

Follow [CDC guidance on recommended PPE](#) for staff who will have direct contact with an individual with possible COVID-19 infection, or infectious materials. Make contingency plans for the likely event of [PPE shortages](#).

Follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates for staff evaluating and providing care for confirmed or suspected COVID-19 cases. When no on-site healthcare capacity is available, make a plan for how to ensure that people suspected to have COVID-19 will be medically isolated, evaluated, tested (if indicated), and provided medical care. Contact and collaborate with your state, local, tribal and territorial health departments for more specific guidance.

**Q. How can I lower the chance that my staff will get COVID-19?**

**A.** The best way to protect your staff is to prevent exposure. Start by:

- Staying informed about updates to CDC guidance via the [CDC COVID-19 website](#).
- Making sure staff are aware of COVID-19 symptoms and requiring staff with any flu-like symptoms to stay home (or be sent home if they develop symptoms while at the facility).
- Offering telework for staff when feasible, and exploring ways to revise duties that require face-to-face interaction for staff at [high-risk for severe illness](#).
- Ensuring staff use [everyday preventive actions](#) (such as washing hands, avoiding touching their eyes, nose, and mouth, covering their cough).
- Managing and monitoring staff absenteeism.
  - Alert local public health officials about large increases in staff absenteeism, particularly if absences appear due to respiratory illnesses (like the common cold or the flu, which have symptoms similar to COVID-19).
- Offering flu shots to staff, as limiting cases of flu can speed up the identification of people with COVID-19.
- Stocking and providing supplies that help prevent the spread of germs.
- Routinely [cleaning and disinfecting](#) the facility.
- Consult [CDC guidance](#) on recommended PPE for persons in direct contact with COVID-19 cases.

Review the [Occupational Safety and Health Administration website](#) and [guidance for businesses and employers](#) to identify any additional strategies the facility can use within its role as an employer.

Staff evaluating and providing care for people with confirmed or suspected COVID-19 should follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations.

Facilities without on-site health care capacity should make a plan for how they will ensure that suspected COVID-19 cases will be medically isolated, evaluated, tested (if indicated), and provided medical care. Contact and collaborate with your state, local, tribal, and territorial health departments for more specific guidance.

## **Q. How can I lower the chance that people who are incarcerated will get COVID-19?**

**A.** The best way to prevent illness among people who are incarcerated is to prevent exposure to the virus that causes COVID-19. Start by:

- Staying informed about updates to CDC guidance via the [CDC COVID-19 website](#).
- Making sure people who are incarcerated are aware of COVID-19 symptoms and remind them to notify staff right away if they might be sick.
- Posting information about and ensuring they use [everyday preventive actions](#) (such as washing hands, avoiding touching their eyes, nose, and mouth, covering their cough).
- Stocking up and providing free access to soap (preferably liquid soap to promote use), tissues, and hand drying supplies, as well as hand sanitizer (where permitted based on security restrictions).
- Conducting temperature checks and screening all new entrants, staff, and visitors for flu-like symptoms during the last 24 hours, and any contact they may have had with someone infected with COVID-19 in the last 14 days.
- Offering flu shots to people who are incarcerated, as limiting cases of flu can help speed the identification of people with COVID-19.
- Routinely [cleaning and disinfecting](#) surfaces and objects that are frequently touched.

## **How to prevent the spread of COVID-19 within my facility or from the local community into my facility**

### **Q. How can I find out if the virus has spread to the local community close to my facility?**

**A.** You can get up-to-date information about local COVID-19 activity by keeping in touch with your local and state [public health officials](#), and keeping up-to-date with the CDC website.

### **Q. What steps should I take to protect my staff and people who are incarcerated if there is spread of COVID-19 in the local community close to my facility?**

**A.** If COVID-19 is known to be spreading in the local community close to your facility, but there are no confirmed cases among people who are incarcerated, staff, or visitors who have been inside the facility within the past 14 days:

- Implement operational actions:
  - Restrict non-essential transfers of people between facilities and systems.
  - Use alternative strategies to limit in-person court appearances where possible.
  - Consider suspending co-pays for incarcerated persons seeking medical evaluation for COVID-19 symptoms.
  - Require staff to stay home if they are sick.
  - Consider suspending visitation or offering non-contact visits only.
  - Do not allow non-essential vendors, volunteers, or tours into the facility.
  - Consider suspending work release programs.
- Clean and disinfect the facility:
  - Use [CDC recommendations for cleaning and disinfection during the COVID-19 response](#) to routinely clean and disinfect surfaces and objects that are frequently touched, especially in common areas.
  - Use household cleaners and [EPA-registered disinfectants effective against the virus that causes COVID-19](#).

- Focus on good hygiene:
  - Remind staff, visitors, and people who are incarcerated to use [everyday preventive actions](#) (such as washing hands, avoiding touching their eyes, nose, and mouth, covering their cough).
  - Provide free access to soap (preferably liquid soap) and access to running water, hand dryers, tissues, and no-touch trash cans, when possible.
  - Continually restock hygiene supplies throughout the facility.
  - Consider increasing the number of staff and/or other people who are trained to clean common areas to ensure they are cleaned on a continual basis.
- Conduct [screenings](#) for symptoms and fever on all new entrants, staff, and visitors prior to entering the facility and [follow guidance](#).
- Use options to increase social distancing (increasing the physical space between people in the facility, ideally at least 6 feet between people, regardless of whether or not they have symptoms):
  - Increase space between people who are incarcerated in holding cells and when in line.
  - Stagger mealtimes and time in recreation spaces.
  - Limit interactions in large group settings and group programs.
  - When possible, place beds at least 6 feet apart and have people sleep head-to-foot.
  - Find a separate space to check people for COVID-19 that is close to each housing unit instead of having people who are sick walk through the facility to be medically evaluated.
  - Remind staff to keep 6 feet apart from an individual with respiratory symptoms when possible.
- Communicate regularly:
  - Provide up-to-date information and remind and encourage people who are incarcerated and staff to report COVID-19 symptoms to staff right away.

**Q. What should be included in my screening procedures for new entrants to the facility?**

**A.** New entrants should undergo temperature screening in addition to the following verbal screening questions:

- “Today or in the past 24 hours, have you had any of the following symptoms? Fever, felt feverish, or had chills? Cough? Difficulty breathing?”
  - If yes, give them a clean, [disposable facemask](#), separate them from others, and notify medical staff. Ensure only trained personnel wearing recommended [PPE](#) have contact with individuals who have or may have COVID-19.
  - Facilities without on-site healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.
- “In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?”
  - If yes (but no COVID-19 symptoms): Quarantine the individual and monitor for symptoms two times per day for 14 days. During quarantine, facility staff should follow guidance on quarantine, and monitor the person for symptoms two times per day for 14 days.
  - Facilities without on-site health care staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.

## **Q. What is a safe way to perform temperature checks?**

**A.** Staff performing temperature checks should follow these steps:

1. Wash hands thoroughly.
2. Put on a clean, [disposable facemask](#), eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves.
3. Check the person's temperature.
  - If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
  - If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be [cleaned routinely as recommended by CDC for infection control](#).
4. [Remove and discard PPE](#).
5. Wash hands thoroughly.

## **Q. Should I allow visitors into the facility if there is spread of COVID-19 in the community close to my facility?**

**A.** If there is spread of COVID-19 in the community close to your facility, consider suspending contact visits. If contact visits continue, all potential visitors should be asked:

- “Today or in the past 24 hours, have you had any of the following symptoms? Fever, felt feverish, or had chills? Cough? Difficulty breathing?”
- “In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?”

Staff should also perform temperature checks for all visitors and volunteers. Any visitor who answers yes to one of these questions or who declines screening should not be allowed into the facility. When possible, facilities should let potential visitors know about these rules before they travel to the facility. Facilities can place posters in visiting areas and ask people who are incarcerated to inform their family members and visitors about these rules.

## **Q. How should the facility be cleaned to limit spread of the virus?**

**A.** To limit the spread of the virus that causes COVID-19, routinely clean and disinfect surfaces and objects that are touched often. Read [CDC guidance on cleaning and disinfecting](#) to learn more. This may include cleaning objects and surfaces not ordinarily cleaned daily, such as doorknobs, light switches, and countertops. Clean with the cleaners typically used. Use all cleaning products according to the directions on the label. For disinfection, most common EPA-registered household disinfectants should be effective. A list of products that are EPA-approved for use against the virus that causes COVID-19 is available [here](#).

## **How to manage a confirmed COVID-19 case in the facility**

### **Q. What should I do if a person who is incarcerated in my facility may have COVID-19?**

**A.** If you think someone who is incarcerated in the facility is sick with [COVID-19](#) (see [COVID-19](#) symptoms), activate your emergency plan and notify local public health officials. Ensure that the sick person is wearing a clean, [disposable facemask](#), and separate the sick person from others, ideally within an individual housing space and bathroom. Provide them with tissues for when they cough or sneeze, and a lined trash receptacle when possible.

Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations. Facilities without on-site healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective isolation and necessary medical care. Ensure only trained personnel wearing recommended [personal protective equipment \(PPE\)](#) have contact with or transport individuals who have or may have COVID-19.

People who are incarcerated and have COVID-19 should be placed under medical isolation in a separate room, ideally with solid walls and a solid door that closes fully. If not available, refer to the [full guidance document](#) for other options for medical isolation. If multiple people become ill with COVID-19:

- Make every effort to house each ill person individually, with their own bathroom. Refer to the [full guidance document](#) for additional options if individual spaces are not available.
- Prioritize those at [high risk for complications](#) of COVID-19 (older adults, people with severe underlying chronic medical conditions) for individual spaces that are available.

To prevent further spread:

- Use options for virtual court appearances, if possible.
- Suspend group gatherings.
- Limit non-medical transfers of people within and between facilities. Ensure that anyone transferred out is screened for symptoms and contact with a COVID-19 case before leaving the facility.
- Ensure that release planning includes screening for COVID-19 symptoms and contact with a case. Coordinate with local public health officials if releasing a symptomatic person to the community.
- Use multiple social distancing strategies.
- Handle laundry and food items of possible or confirmed cases of COVID-19 with recommended [PPE](#).
- Suspend visitation or offer non-contact visitation only.
- Consider quarantining all new entrants for 14 days before they enter the facility. (Make sure that new entrants under quarantine are housed separately from other incarcerated people already under quarantine due to contact with a COVID-19 case.)
- If releasing someone to a community facility (e.g., a homeless shelter), contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, and coordinate with local public health officials.

Provide clear information to staff and people who are incarcerated about the presence of COVID-19 cases within the facility. Close contacts of the sick person (who have been within 6 feet of the sick person or had direct contact with infectious droplets, such as from a cough or squeeze) should be placed under quarantine for at least 14 days. Follow CDC [guidance](#) on quarantining close contacts of people with COVID-19.

If separate spaces for individual quarantined people are not available, refer to the full guidance document for other [options](#). Monitor symptoms twice per day and move anyone developing symptoms to medical isolation right away (after ensuring they are wearing a clean, [disposable facemask](#)). Quarantined people at high risk for complications of COVID-19 (older adults, people with severe underlying chronic medical conditions) should not be housed with other quarantined people if at all possible.

**Q. What should I do if one of my staff might have COVID-19?**

**A.** If you think someone on your staff is sick with COVID-19 (see [COVID-19 symptoms](#)), activate your emergency plan and notify public health officials. Give them a clean, [disposable facemask](#) and send them home right away. Close contacts of the sick person (who have been within 6 feet of the sick person or have had direct contact with infectious droplets, such as from a cough or squeeze) should self-quarantine at for 14 days home and follow [CDC recommended steps for people who are sick with COVID-19 symptoms](#).

**Q. What is the best way to clean and disinfect my facility after a confirmed case of COVID-19?**

**A.** Follow guidance for [cleaning and disinfecting](#) rooms and areas where a person with suspected or confirmed COVID-19 have visited, including transport vehicles.

- Ensure staff or people who are incarcerated wear appropriate PPE when cleaning the facility and handling food service items of people with possible or confirmed COVID-19. Laundry of a person with COVID-19 may be washed with the laundry of other individuals. Individuals handling laundry should wear recommended [PPE](#), should not shake the laundry, and should clean their hands often to prevent spread of COVID .

**Q. Should I allow visitors into the facility?**

**A.** If there is a case of COVID-19 in your facility, suspend contact visitation programs. Instead, use virtual visitation when possible.

**Q. What do medical staff need to know about caring for a person with COVID-19 in my facility?**

**A.** Facilities should ensure that incarcerated individuals receive medical evaluation and treatment at the first sign of COVID-19 symptoms. Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations. Facilities without on-site healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care. Facilities should have a plan in place to safely transfer persons with complications from COVID-19 to a local hospital if they require care beyond what the facility is able to provide. When evaluating and treating persons with symptoms of COVID-19 who do not speak English, provide a translator when possible. Spanish and Simplified Chinese [materials](#) are available for those who need them

**Q. What steps do I need to take to implement quarantine in my facility?**

**A.** Close contacts of a sick person (who have been within about 6 feet of the sick person or have had direct contact with infectious droplets, such as from a cough or squeeze) should be placed under quarantine for 14 days to determine if they develop symptoms. CDC has developed [guidance](#) on quarantining close contacts of people with COVID-19. Be sure to monitor symptoms twice a day and move anyone developing symptoms to medical isolation right away, after ensuring that they are wearing a clean, [disposable facemask](#). Individuals under quarantine should stay within the quarantine space, including when eating their meals, using the bathroom, and receiving medical evaluation. Laundry of people in quarantine can be washed with the laundry of others. Individuals handling laundry should wear recommended [PPE](#), should not shake the laundry, and should clean their hands often.

- Ideally, people under quarantine due to contact with a COVID-19 case should be housed individually. If separate spaces in a facility are not available, refer to CDC's full guidance document for correctional and detention centers for other [options](#). [People at high risk for complications of](#)

[COVID-19](#) (older adults, people with severe underlying chronic medical conditions) should not be housed with other quarantined people if at all possible. Facilities without enough space or without onsite healthcare capacity should coordinate with local public health officials.

- Individuals in quarantine can be released from quarantine back to their previous housing arrangement in the facility if they have not developed symptoms during the 14-day time period.

## FAQs for Staff at Correctional and Detention Facilities

### Q. How can I lower the chance that I will get COVID-19?

- A.** The best way to prevent illness is to take steps to avoid being exposed to this virus. Start by ensuring you and others around you use [everyday preventive actions](#) (such as washing hands often, avoiding touching your eyes, nose, and mouth, and covering your cough). Read [How to Protect Yourself](#) to learn more.
- If there is spread of COVID-19 in the community close to the facility, you will be asked daily about symptoms over the last 24 hours and any contact you had with someone infected with COVID-19 in the last 14 days. Your temperature will also be checked daily.

### Q. Do I have a greater chance of getting COVID-19?

- A.** Staff and people incarcerated in correctional and detention facilities are at greater risk for some illnesses, such as COVID-19, because of the close living arrangements inside the facility. The virus is thought to spread mainly from person-to-person, through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. This is why washing your hands regularly and avoid close contact with other people when possible prevents illness.

### Q. What should I do if I think I may be sick with [COVID-19](#)?

- A.** If you think you have been exposed to COVID-19 and develop a fever or symptoms of respiratory illness, such as cough or difficulty breathing, stay home. If you are at work, alert your supervisor right away and go home. Read [What To Do if You Are Sick](#) to learn more.

### Q. What does it mean to be in quarantine?

- A.** Anyone who has close contact with a person with COVID-19 will need to stay away from other people for at least 14 days to see whether symptoms develop. If you are a close contact of a person with COVID-19, you should self-quarantine at home by staying in a separate room away from others. Read [Caring for Yourself at Home](#) and [What To Do if You Are Sick](#) to learn more.

## FAQs for People Who Are Incarcerated at Correctional and Detention Facilities

### Q. How can I lower the chance that I will get COVID-19?

- A.** The best way to prevent illness is to take steps to avoid being exposed to this virus. Start by ensuring you and others around you use [everyday preventive actions](#) (such as washing hands often, avoiding touching your eyes, nose, and mouth, and covering your cough). Read [How to Protect Yourself](#) to learn more.

### Q. Do I have a greater chance of getting COVID-19?

- A.** People in correctional and detention facilities are at greater risk for some illnesses, such as COVID-19, because of close living arrangements with other people. The virus is thought to spread mainly from person-to-person, through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or be launched into the air and inhaled into someone's lungs. It is possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes; however, this is not the most likely way the virus spreads.

**Q. What should I do if I think I may be sick with COVID-19?**

**A.** If you think you have been exposed to [COVID-19](#) and develop a fever or symptoms of respiratory illness, such as cough or difficulty breathing, alert facility staff right away to make sure you receive medical care and protect the people around you from being exposed to the virus.

**Q. What does it mean to be in quarantine?**

**A.** Anyone who has close contact with a person with COVID-19 will need to stay away from other people for at least 14 days to make sure they aren't sick as well. This means that they will be placed in a room separate from others, or just with other people who have also been exposed to the same sick person. During this time, they will be checked for COVID-19 symptoms. If testing is available, a person in quarantine may be tested several times until medical staff are sure they do not have the virus.

**Q. Is it ok for people to visit me?**

**A.** Anyone who has had flu-like symptoms in the last 24 hours or has been in contact with someone who has or is suspected to have COVID-19 in last 14 days should not visit a correctional or detention facility. All visitors will be screened for symptoms and contact with someone with COVID-19. Staff will also perform temperature checks on all visitors. Visitors should contact the facility about their rules on visits before they travel. If a person in the facility has COVID-19, visitors may not be allowed to enter the facility. Instead, non-contact visits can be used, when possible.

**FAQs for Family Members of People Who Are Incarcerated at Correctional and Detention Facilities**

**Q. Do people who are incarcerated have a greater chance of getting COVID-19?**

**A.** People in correctional and detention facilities are at greater risk for illnesses, such as COVID-19 because of their close living arrangements with other people. The virus is thought to spread mainly from person-to-person, through respiratory droplets produced when an infected person coughs or sneezes. These droplets can land in the mouths or noses of people who are nearby or be launched into the air and inhaled into someone's lungs. It is possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or eyes; however, this is not the most likely way the virus spreads.

**Q. What does it mean if someone I know is in quarantine?**

**A.** Anyone who has close contact with a person with COVID-19 will need to put into quarantine for at least 14 days. This means that they will be placed in a room separate from others, until staff are sure that they don't have symptoms. During this time, they will be checked for COVID-19 symptoms twice a day. If testing is available, a person in quarantine may be tested several times until medical staff are sure they do not have the virus.

**Q. Is it ok for me to visit?**

**A.** Anyone who has had flu-like symptoms in the last 24 hours or has been in contact with someone who has or is suspected to have COVID-19 in last 14 days should not visit a correctional or detention facility. Staff may screen and perform temperature checks on all visitors. Visitors should contact the facility about their rules on visits before they travel to a facility. If there is a person in the facility who has COVID-19, visitors may not be allowed to enter the facility. Some facilities may arrange for non-contact visits when possible.