



## Novel Coronavirus (COVID-19) Guidance for Correctional Facilities

The Hawaii Department of Public Safety developed guidance to assist correctional facilities in response to the 2019 novel coronavirus disease (COVID-19) outbreak. While the situation is evolving, at this time we believe that those over 60, immune-compromised or those with chronic medical conditions may be at higher risk for severe illness from COVID-19. Correctional facilities have experience managing respiratory infections and outbreaks among inmate and staff and should apply the same outbreak management principles to COVID-19.

### Stay up-to-date:

Monitor public health updates from:

- [Local Public Health Department](#)
- [Hawaii State Department of Health](#)
- [Centers for Disease Control and Prevention Situation Summary](#)

*This fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis, or treatment. It is also subject to change due to the fluidity of the COVID-19 situation.*

- Staff, vendors, and volunteers with symptoms of an acute respiratory infection should not come to work and should report their symptoms through their chains of command or designated reporting locations.
- Correctional facilities should take measures to prevent visitors who meet clinical and/or epidemiologic criteria for COVID-19 from visiting the facility.
- All patient testing for COVID-19 should be arranged in consultation with the Department of Health.
- Correctional facility staff should follow standard, contact, and droplet precautions when providing health care services to any person under investigation for COVID-19. Facilities that can safely conduct a clinical examination and collect specimens should also follow airborne precautions.

### Introduction to the environment

- Respiratory infection outbreaks occur in correctional facilities throughout the year, but are more common during the winter months. COVID-19 may be introduced to a correctional facility through visitors, vendors, volunteers, inmates, or staff.
- The population in correctional facilities is likely to include individuals who have chronic health conditions which weaken their immune systems. Some incarcerated individuals

may have chronic lung or neurological diseases which impair their ability to clear secretions from their lungs and airways.

- Correctional facility populations are also at risk because respiratory pathogens may be more easily transmitted in an institutional environment.
- Proper hand washing, social distancing, and respiratory hygiene/cough etiquette are protocols that should be implemented by all.
- Informational posters and handouts should be prominently displayed throughout the correctional facility and addressed through supervisory/operational staff briefings.
  - [CDC Coronavirus Information Sheet](#)
  - [CDC Coronavirus Factsheet](#)
  - [Slow the Spread of Germs Poster CDC](#)
  - [CDC Handwashing Poster](#)

## Screening and Triage

- Correctional facilities should conduct passive screening of visitors, staff, and volunteers, and active screening of the incarcerated population (*see below for descriptions of active and passive screening*).
- The facility should also ensure adherence to the employee health policy (i.e., as required and guided by the Department of Human Resources Development), for sending employees home if symptoms begin to develop at work.

### Passive screening of staff, volunteers, and visitors:

- Signs should be posted on entry to the buildings and at reception areas for anyone entering the facility to self-identify if they have relevant symptoms or travel history/exposure, including:
  - Fever
  - Acute respiratory illness\*(cough and/or shortness of breath)
  - Travel history to an impacted area OR have had close contact (< 6 feet) with a person who has the above travel history and is ill.

\*If experiencing respiratory symptoms, visitors must not visit the facility until symptoms completely resolve.

- As part of routine measures for the respiratory season, existing signs should be visible that remind staff, visitors, and incarcerated individuals to practice good health habits that include handwashing, sneeze/cough into their elbow, place used tissues in a waste receptacle, and wash hands immediately after using tissues.
- Correctional facilities must instruct all staff and volunteers to self-screen at home. Staff, vendors and volunteers with symptoms of an acute respiratory infection must not come to work and will report their symptoms to their respective facility. All staff should be aware of early signs and symptoms of acute respiratory infection.

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- Facilities should provide further guidance (e.g., over the phone or at the security screening post) to volunteers and visitors who are experiencing clinical symptoms of an acute respiratory illness or have a recent travel history (within 14 days) to an impacted area.

**Active screening of staff, visitors, vendors, volunteers, and the incarcerated population:**

- Once activated, facility designated Security Screening posts will implement Active Screening for all staff, as well as visitors, vendors, and volunteers, at facility entry points.
- At facility designated Security Screening posts, a table/counter will be set up for staff to fill out a COVID-19 employee screening tool. Visitors, vendors, and volunteers complete the COVID-19 visitor/vendor/volunteer screening tool.
- The screening questions and taking of temperature take approximately 1 minute.
- If an employee is determined unable to report to work upon active screening, the Adult Corrections Officer (ACO) assigned to the screening post will immediately notify: a) the Watch Commander or designee for security staff or b) the immediate supervisor or designee for civilian staff.
- Staff displaying fever and/or symptoms of lower respiratory illness will be sent home at the discretion of the Facility Warden or designee.
- If a visitor, vendor, or volunteer meets clinical and/or epidemiologic criteria for COVID-19 upon active screening, the Adult Corrections Officer (ACO) assigned to the screening post will deny the individual entrance into the facility, request that the individual return for the purpose of the visit when clinical symptoms completely resolve and/or 14 days have passed since potential COVID-19 exposure.
- Emergency staffing plans may be activated if staffing levels are significantly affected.
  - The Facility Warden or designee will determine essential posts to be staffed and essential functions to be accomplished.
  - Emergency staffing should be implemented in accordance with facility emergency response plans.

**In the event active or suspected cases of COVID-19 are present at the facility, the following are examples of actions that should occur:**

- Facilities should use predesignated medical isolation/quarantine areas for affected incarcerated individuals to be housed.
- Cellmates of sick individuals will be isolated until it is determined that those individuals are free of COVID-19 symptoms.
- Restricted/limited movement of incarcerated individuals should be implemented to reduce the possibility of additional exposures.
- Visitation will be closed while on COVID-19 infection control protocols to prevent further potential exposures. Notification to the public should be made.

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- All programming will be suspended (such as education, self-help, industries, and work programs).
- Meals will be served in the dining halls, when possible, to the unaffected population. Movement to and from the dining facilities will be operated to provide social distancing between those who are sick and those who are not.
- Meals for infected incarcerated individuals will be served in their assigned cells.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals, as appropriate.

## Social Distancing

- While facilities are on limited/restricted movement, internal program restrictions will be enforced.
- Incarcerated individuals pending transfer to another facility will be screened for clinical symptoms of fever and lower respiratory illness (i.e., cough, difficulty breathing) prior to transfer. The transfer will be postponed should the individual display positive clinical symptoms of fever or lower respiratory illness.
- Incarcerated individuals scheduled for outside appointment (e.g., court hearing, specialty medical visit), will be screened for clinical symptoms of fever and lower respiratory illness (i.e., cough, difficulty breathing) prior to the scheduled transport. The transport will be postponed should the individual display positive clinical symptoms of fever or lower respiratory illness.
- Gatherings of staff and incarcerated individuals will be limited to prevent possible exposure.
- Volunteer managed programs will be cancelled while COVID-19 infection control protocols are in effect.
- Facility tours should be suspended.

## Additional COVID-19 Resources

- [DOH Coronavirus Disease 2019 \(COVID-19\)](#)
- [CDC Coronavirus Disease 2019 \(COVID-19\)](#)