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Recommended Guidance for Preventing Spread of COVID-19 in Correctional Facilities

I. Background

SARS-CoV-2 is a novel coronavirus that has emerged and caused coronavirus disease (abbreviated as COVID-19). Public health experts continue to learn about SARS-CoV-2, but based on current data and similar coronaviruses, spread from person-to-person happens most frequently among close contacts (those within about six feet) via respiratory droplets. Transmission of SAR-CoV-2 to persons from surfaces contaminated with the virus has not been documented yet, but current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of material. One primary measure discussed in this guidance will be cleaning of visibly dirty surfaces followed by disinfection – a best practice for prevention of COVID-19 and other viral respiratory illnesses in correctional facilities.

II. Purpose

This guidance provides recommendations for correctional facilities.

III. Definitions

Community settings (congregate settings) are mostly non-healthcare settings visited by the general public. Examples include daycares, businesses, and correctional facilities.

Cleaning is the removal of dirt and germs from surfaces. Cleaning alone does not kill germs, but it does decrease the number of germs and spread of infection.

Disinfecting uses chemicals to kill germs on surfaces. Disinfecting after cleaning further reduces any risk of spreading infection.

Vulnerable populations are people at higher risk that includes older adults and people who have serious chronic medical conditions like heart disease, diabetes, and lung disease.

IV. Preventative Actions at Correctional Facilities

- a. Post signs at the entrance instructing visitors not to visit if they have symptoms of respiratory infection.
- b. Emphasize staying home when sick, hand hygiene, and respiratory etiquette by all employees
- c. Perform routine [environmental cleaning](#) of workspaces and public access areas.

- d. On-site healthcare personnel should monitor employees for fever or respiratory symptoms.
- e. Healthcare personnel should monitor their local and state public health sources to understand COVID-19 activity in their community to help inform their evaluation of individuals with unknown respiratory illness. If there is transmission of COVID-19 in the community, facilities should also consult with public health authorities for additional guidance.

V. Preventative Actions for Facility Workers

- a. Practice hand hygiene frequently throughout the day. Wash hands often with soap and water for at least 20 seconds. If soap and water are not readily available, use an alcohol-based hand sanitizer that contains at least 60% alcohol.
- c. Avoid close contact with people who are sick. Avoid touching your eyes, nose and mouth. Cover your cough or sneeze with a tissue or use your elbow.
- c. Monitor yourself for symptoms of respiratory illness. Report symptoms to your facility's Occupational Health.
- c. Stay at home if you have fever, respiratory symptoms (e.g., cough, shortness of breath) or believe you are sick.

VI. Contingency Planning

Many correctional systems have developed pandemic influenza plans. These plans can be readily adapted to COVID-19 and re-adapted as more is understood about this new pathogen, e.g., incubation period, transmission, and morbidity factors.

VII. Resources

IDPH [COVID-19 Long Term Care Facility Guidance](#) provides additional guidance for long term care facilities but may provide useful information for other housed populations

IDPH Coronavirus-2019 (COVID-2019) [Website](#)

CDC Coronavirus-2019 (COVID-2019) [Website](#)

CDC [What to do if you are sick](#)

CDC [When and How to Wash Your Hands](#)

CDC [People At-risk for Serious Illness from COVID-19](#)

CDC [Print Resources](#)