



Interim Guidance on SARS-CoV-2 for Correctional Officers and Staff in Secured Facilities March 19, 2020

SARS-CoV-2 (the virus that causes COVID-19 disease) poses a significant risk to correctional officers and staff working in secured facilities (jails, prisons and detention centers) throughout the country. The disease has already spread extensively throughout the country and thousands have been sickened. Correctional and other staff have tested positive for the virus in Georgia, New York, Pennsylvania, New Hampshire and Michigan. Exposure risk may be elevated for correctional officers and staff who interact with infected arrestees, inmates and the general public.

The Centers for Disease Control (CDC) has not yet released coronavirus-specific guidance aimed at correctional officers or staff in secured facilities.

How SARS-CoV-2 Spreads

Infected people can spread COVID-19 through their respiratory secretions. According to the CDC, spread from person-to-person is most likely among close contacts (about 6 feet).

Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, like how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It is currently unknown if 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.

It may be possible for a person to get COVID-19 by touching a surface or object that has SARS-CoV-2 on it and then touching their own mouth, nose or possibly their eyes, but this is not thought to be the primary way the virus spreads.

People are thought to be most contagious when they are most symptomatic (i.e., experiencing fever, cough or shortness of breath). Some spread might be possible before people show symptoms. There have been reports of this type of asymptomatic transmission, but this is also not thought to be the main way the virus spreads.

Symptoms of COVID-19

COVID-19 can cause illness ranging from mild to severe, and in some cases, it can be fatal. Symptoms typically include fever, cough and shortness of breath. Some people infected with the virus have reported experiencing other non-respiratory symptoms. Other people, referred to as asymptomatic cases, have experienced no symptoms at all.

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According to the CDC, symptoms of COVID-19 may appear in as few as two days or as long as 14 days after exposure.

Basic Infection Prevention Measures

A whole workplace approach emphasizing basic infection prevention measures could be easily promoted. These include promoting hand-washing; encouraging workers to stay home when sick; respiratory etiquette; providing inmates, staff and the public with tissues and trash receptacles; implementing or expanding telecommuting or staggered work hours; discouraging workers from sharing equipment and telephones; and maintaining regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment and other elements of the work environment.

Develop Policies and Procedures for Prompt Identification and Isolation of Sick People

Prompt identification and isolation of potentially infectious individuals is a critical step in protecting correctional staff, visitors, inmates and others at a secured facility or during transportation. Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure. Employers also should create pre-screening questions for new inmates entering the facility and for use with incumbent inmates on a periodic basis.¹ Employers should develop policies and procedures (also known as administrative controls as described below) for employees to report when they are sick or experiencing symptoms of COVID-19.

- Where appropriate, employers should develop policies and procedures for immediately identifying and isolating people who have signs or symptoms of COVID-19, and train correctional staff to implement them. It is recommended that potentially infectious people be moved to a location away from staff, inmates and visitors. Although most secured facilities do not have specific isolation rooms (medical isolation), designated areas with closable doors may serve as isolation rooms until potentially sick people can be removed from the facility.
- Take steps to limit spread of the respiratory secretions of a person who may have COVID-19. Provide a face mask, if available, and ask the person to wear it.²
- If possible, isolate people suspected of having COVID-19 separately from those with confirmed cases of the virus to prevent further transmission—particularly in facilities where medical screening, triage or healthcare activities occur, using either permanent (e.g., wall or different room) or temporary barrier (e.g., plastic sheeting).
- Restrict the number of personnel entering isolation areas.
- Protect correctional staff in close contact with (within 6 feet of) a sick person or who have prolonged or repeated contact with such persons by using additional engineering and administrative controls, and personal protective equipment (PPE) as described below.

¹ AFSCME Health & Safety, COVID-19 & Social Assistance Workers: Preparing for Visits with Your Clients, Pre-Screening Questions, Page 2. (March 17, 2020). <https://bit.ly/2UosF3V>

² Note: A face mask (also called a surgical mask, procedure mask or other similar terms) on a patient-inmate or other sick person should not be confused with PPE for a worker; the mask acts to contain potentially infectious respiratory secretions at the source (i.e., the person's nose and mouth).

Implement Workplace Controls

The best way to control a hazard is to systematically remove it from the facility, rather than relying on workers to reduce their exposure. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls and PPE.

Engineering Controls

Engineering controls involve isolating correctional staff from work related hazards. In facilities where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behavior and can be the most cost-effective solution to implement. Engineering controls include:

- Installing high-efficiency air filters.
- Increasing ventilation rates in the facility.
- Installing physical barriers, such as clear plastic sneeze guards.
- Installing a drive-through window or exterior tent for visitors to limit outside visitor entry to the facility (e.g., for monetary deposits to inmate accounts or other business).

Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls include:

- Encouraging sick workers to stay at home.
- Minimizing contact among staff, inmates and visitors by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of staff in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks. Regularly check CDC travel warning levels at www.cdc.gov/coronavirus/2019-ncov/travelers.
- Developing emergency communications plans, including a forum for answering staff concerns and internet-based communications.
- Providing staff with up-to-date education and training on COVID-19 risk factors and protective behaviors (cough etiquette and handwashing).
- Training staff who need to use protective clothing and equipment on how to put it on; use or wear it; and take it off correctly, including in the context of their current and potential duties.

Personal Protective Equipment

Employers must select PPE that will protect correctional staff against SARS-CoV-2 and other hazards associated with chemicals to which they may be exposed during cleaning and decontamination of surfaces and objects that may be contaminated with SARS-CoV-2 (see below). Staff must wear PPE to help minimize exposure to the virus and chemicals through inhalation, contact or ingestion.

Examples of PPE that may be needed during cleaning and decontamination include:

- Nitrile gloves.
- Goggles or face shields.
- Fluid-resistant or fluid-impermeable gowns, coveralls and aprons.
- Dedicated work clothing and washable shoes with shoe or boot covers.
- Facemasks (e.g., surgical masks) that cover the nose and mouth. In some cases, additional respiratory protection (e.g., N95, powered air-purifying respirators or better) may be necessary to protect workers from exposure to SARS-CoV-2 or disinfectants.

Workers must receive training on and demonstrate an understanding of:

- When to use PPE.
- Which PPE is necessary.
- How to properly don, use and doff PPE in a manner to prevent self-contamination.
- How to properly dispose of or disinfect and maintain PPE.
- The limitations of PPE.

Any reusable PPE must be properly cleaned, decontaminated and maintained after and between uses. Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE.

Depending on the hazards posed by the size of a spill, degree of contamination or other factors, required PPE may be different than what is described in this fact sheet.

Cleaning and Disinfection

Based on what is currently known about SARS-CoV-2, transmission of coronavirus occurs much more commonly through respiratory droplets than through contact with surfaces and objects. However, current evidence suggests that SARS-CoV-2 may remain viable for hours to days on surfaces made from a variety of materials (plastics, glass, metal, wood, cardboard, linen, etc.).

Employers are responsible for protecting correctional staff tasked with cleaning surfaces that may be contaminated with SARS-CoV-2. Employers are also required to make sure workers are protected from exposure to harmful levels of chemicals used for cleaning and disinfection.³

³ See AFSCME Health & Safety Factsheet, Cleaning and Decontamination of SARS-CoV-2 on Surfaces Interim Guidance for Workers in Non-Healthcare Settings (March 18, 2020). <https://bit.ly/3d6Ov4y>.

Follow Applicable OSHA Standards

- Employers must ensure that they comply with OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) to protect workers who may be exposed to blood or other potentially infectious materials.
- OSHA's PPE standard (29 CFR 1910.132) provides additional information about selection and use of appropriate PPE, training and other requirements. Respirators are covered by OSHA's Respiratory Protection standard (29 CFR 1910.134).
- Employers must comply with OSHA's Hazard Communication standard (29 CFR 1910.1200) when their workers use certain chemicals for cleaning and decontamination.