

Respiratory Viruses

Los Angeles County Department of Public Health (DPH) Guidance for Correctional and Detention Facilities

In January 2024, CDPH and Cal/OSHA updated the [State Public Health Officer Order for COVID-19 Disease Control and Prevention](#) and related guidance documents for the general population and the [COVID-19 Prevention Non-Emergency Regulations](#) for workplaces, respectively.

However, our local COVID-19 isolation guidance for correctional and detention facilities remains unchanged and more protective. The infectious period for COVID-19 transmission has not changed. Because of the congregate living arrangements in corrections and detention, the risk of COVID-19 transmission remains higher in these settings compared with the general population. In addition, there is a high prevalence of [certain medical conditions](#) associated with severe COVID-19 among people who are incarcerated, increasing the risk for severe outcomes from COVID-19 in this population.

Per Cal/OSHA, all individuals with COVID-19 need to wear a well-fitting, high-quality mask for a total of 10 days after their symptoms began or, if they do not have symptoms, the date of their initial positive test, whenever they are around others. This includes individuals who test positive and have no symptoms or only mild symptoms.

Some minor updates to our guidance for correctional and detention facilities have been made to incorporate best practices for preventing transmission of RSV and influenza.

COVID-19, flu, and respiratory syncytial virus (RSV) are common respiratory diseases with cough and cold symptoms. Most people recover on their own without complications, but some people are at [higher risk of getting very sick](#), especially in incarcerated populations. This guidance outlines strategies and specific actions to help prevent and reduce the spread of respiratory infections. Special considerations for correctional and detention facilities be found at the end of this guidance.

Correctional and detention facilities must follow [Cal/OSHA's COVID-19 Prevention Non-Emergency Regulations](#) when not covered by the [Cal/OSHA Aerosol Transmissible Diseases \(ATD\) Standard](#). Healthcare facilities within correctional or detention facilities must also follow any local requirements or guidelines around masking highlighted on the [Infection Prevention Guidance for Healthcare Personnel](#).

Visit DPH's [COVID-19](#), [flu](#), [RSV](#), and [respiratory viruses](#) webpages for resources and the latest recommendations. If you have questions and would like to speak with someone, call the LA County Information Line at 2-1-1, which is available 24 hours a day. We appreciate your efforts to keep Los Angeles County healthy.

Screening and Signage

Screening:

Incarcerated/detained persons

Facilities should conduct symptom screening upon intake and at all times to identify detainees with cough, cold, flu, and COVID-19 symptoms. If symptoms are identified, isolate the individual. Routine asymptomatic COVID-19 testing at intake is recommended when the CDC COVID-19 [hospital admission levels are medium or high for Los Angeles County](#). For more information on strategies for screening see the [CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#).

Employees

Actively encourage and support employees to stay home when sick. Communicate that anyone with symptoms of cough, cold, fever, flu, or COVID-19 and/or a positive respiratory virus test must not enter the premises.

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During outbreak periods, complete daily active symptom screening on-site prior to entering the worksite.

- The screening process should include a question regarding recent or current fever; taking an actual measurement of temperature at the entry point is recommended.
- Individuals should not be permitted entry if they report having had COVID-19 symptoms or a positive COVID-19 test within the past 5 days.

Staff with COVID-19 symptoms should contact the supervisor before reporting for work. They should stay home and get tested for COVID-19. If they test positive, they must isolate and be excluded from work for at least 5 days after symptoms began or after testing positive. Isolation may end after Day 5 if they have been fever-free for at least 24 hours without the use of fever-reducing medicine AND other symptoms are mild and improving. If they test negative, they should stay home until they have been fever-free without the help of fever-reducing medicines for at least 24 hours AND other symptoms are not present or are mild and improving. If the negative result is from a rapid antigen test or a self-test, they should stay away from others and test again, at least once more, 48 hours later.

Signage:

- Post entry signs reminding staff and visitors not to enter the facility if they have COVID-19 or flu symptoms or are positive for COVID-19.
- Post [entry signs for clients](#) instructing them to inform staff before entering if they are sick or positive for COVID-19.
- Post signs throughout the facility to communicate best practices, recommending masks, reinforcing the importance of hand hygiene, and encouraging incarcerated/detained persons to report symptoms. For examples of signage see [DPH's COVID-19 Guidance for Businesses and Employers](#).
- Make necessary accommodations for individuals with cognitive or intellectual disabilities and those who are deaf, blind, or have low vision.
- Signage for visitors and incarcerated/detained persons should be in English and Spanish at minimum.

Testing and Treatment

Incarcerated/detained persons and staff with cough, cold, flu, or COVID-19 symptoms should get tested for COVID-19. COVID-19 treatment is available for those who test positive and can prevent them from getting very sick. The oral medicines must be started within 5 days of when symptoms begin. Most adults and some children qualify for treatment if they have symptoms AND either test positive for COVID-19 OR a doctor recommends treatment.

Free and low-cost treatments are available for eligible patients. Contact a healthcare provider or call the Public Health Call Center at 1-833-540-0473. For more information, visit [Medicine to Treat COVID-19](#).

During the winter virus season (typically fall through early spring), facilities should consider referring individuals with cough/cold symptoms and risk factors for influenza testing, particularly if they test negative for COVID-19. Antiviral medications for influenza are available by prescription for adults and children who get sick with flu, especially individuals at higher risk of serious complications. These medicines work best if started within two days of when symptoms begin. For more information, visit [CDC Flu Treatment](#).

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COVID-19 Cases and Close Contacts

The following applies regardless of vaccination status.

Incarcerated/detained persons:

- With cough, cold, flu, or COVID-19 symptoms should be provided with a well-fitting mask to put on, placed immediately in a separate space, and tested for COVID-19. If they test negative, continue to keep them away from others and retest in 2 days.
- Who test positive for COVID-19 must isolate and follow all isolation instructions:
 - Isolation may end after Day 5 (between Day 6-10) ONLY if all the following criteria are met:
 - No fever for at least 1 day (24hrs) without use of fever-reducing medications.
 - No symptoms or symptoms are mild and improving.
 - A negative test is strongly recommended prior to leaving isolation between Days 6 to 10. If the person is immunocompromised or had severe COVID-19, they may need to isolate longer than 10 days.
 - Please note Day 1 is the first full day after symptoms developed. If no symptoms develop, Day 1 is the first full day after the positive test was taken. If the person has a [condition](#) that severely weakens their immune system they might need to isolate for longer than 10 days.
 - While in isolation, a highly protective mask must be worn if the individual must be around others.
 - **If they meet the criteria to end isolation between Day 6 and Day 10, they must continue to wear a highly protective mask when around others until the end of Day 10.**
- **Who test negative for COVID-19 or who test positive for other respiratory viruses, such as flu or RSV, should isolate for at least 24 hours after resolution of fever without use of fever-reducing medications *AND other symptoms are mild and improving.***
- Close contacts to a COVID-19 case should wear a well-fitting mask around others for 10 days. They should test for COVID-19 as soon as possible after exposure and then again at least 48 hours later (between Days 3 to 5 after exposure).

Healthcare Staff:

Healthcare workers who are a COVID-19 case need to refer to [COVID-19 Infection Prevention Guidance for Healthcare Personnel](#).

Staff that do not work in healthcare areas of the facility / non-healthcare staff:

- With cough, cold, flu, or COVID-19 symptoms should be instructed to go home immediately and should be excluded from work pending COVID-19 test results. If symptoms persist, consider continuing self-isolation and retesting in 2 days. Staff who test negative for COVID-19 should not return to work unless they have been afebrile for 24 hours AND other symptoms are mild and improving.
- Who test positive for COVID-19 must go home immediately, if on site, and must isolate for 5 days after symptoms began or after testing positive if no symptoms. They must be excluded from the workplace and follow all isolation instructions:
 - Isolation may end and staff may return to work after Day 5 ONLY if all the following criteria are met:
 - No fever for at least 1 day (24hrs) without use of fever-reducing medications.
 - No symptoms or symptoms are mild and improving.
 - A negative test is strongly recommended prior to leaving isolation between Days 6 to 10. If the person is immunocompromised or had severe COVID-19, they may need to isolate longer than 10 days.

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- All individuals with COVID-19 need to wear a well-fitting, high-quality mask for a total of 10 days after their symptoms began or, if they do not have symptoms, the date of their initial positive test, whenever they are around others. This includes individuals who test positive and have no symptoms or only mild symptoms.
- Who are close contacts may continue to work as long as they wear a well-fitted mask around others and remain asymptomatic. They should test for COVID-19 as soon as possible after exposure and then again at least 48 hours later (between Days 3 to 5 after exposure).
- Sick staff must notify their manager of COVID-19 results.

Immunizations

Immunizations are the best way to protect against serious illness and death caused by COVID-19, flu, and RSV. Continue to offer COVID-19 vaccinations and strongly encourage individuals to stay up to date with their vaccinations as recommended.

Everyone 6 months and older should get a [2023-2024 updated COVID-19 vaccine](#) to protect themselves and reduce the spread of the virus. The updated vaccine can increase prior protection (from previous vaccination or infection) that may have decreased over time.

Everyone 6 months and older should get a [flu vaccine](#) every season. Vaccination is especially important for those at [higher risk of getting very sick with the flu](#). Getting vaccinated may also reduce the risk of ending up in the hospital.

[RSV immunizations](#) protect people at highest risk of getting very sick with RSV, including infants, toddlers, and adults 60 years and older. Babies can be protected either through maternal vaccination during pregnancy at 32-36 weeks, or by giving an RSV antibody immunization to infants younger than 8 months. Adults 60 years and older should talk to their healthcare provider about RSV vaccination.

When possible, assist all incarcerated/detained persons and staff with staying up to date with their immunizations.

Air Filtration, Ventilation, and Physical Distancing

Air filtration and ventilation:

Increasing ventilation is one of the most effective ways to reduce transmission of viruses that are spread through the air. Maximizing ventilation is particularly important in areas that are designated for isolating incarcerated/detained persons with COVID-19 and other respiratory viruses, see [CDPH Best Practices for Ventilation of Isolation Areas](#).

- Maximize air flow and filtration within the facility's HVAC system to improve air quality.
- Make sure your building's HVAC system is in good working order, and frequently inspected. HVAC systems can be optimized by installing a MERV 13 filter and ensuring a minimum of five air changes per hour (ACH).
- Create directional airflow from clean areas (i.e., the corridor) to less clean areas (i.e., sick client rooms) so that infectious particles do not spread within the facility and are, if possible, exhausted directly to the outdoors.
- When mechanical filtration cannot be improved enough to meet targets or in rooms with more crowding, portable air cleaners ("HEPA air filters") should be considered. Portable air cleaners must be appropriately sized for the area where they are deployed and need to be oriented so that air is exhausted upwards, without blowing air from one person to another.
- Improve natural ventilation (i.e., open windows when weather permits) and properly use fans.
- Decrease indoor occupancy in areas where outdoor ventilation cannot be increased.

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For more information, refer to the following resources:

- CDPH [Interim Guidance for Ventilation, Filtration, and Air Quality in Indoor Environments; Best Practices for Ventilation of Isolation Areas](#)
- Cal/OSHA [COVID-19 Prevention Non-Emergency Regulation FAQs-Ventilation](#)
- CDC [Ventilation in Buildings; Ventilation in Homes](#)

Physical distancing:

To support physical distancing, when possible:

- Beds should be placed 6 feet apart, when possible, and positioned head-to-toe, with heads positioned as far apart as possible.
- Consider minimizing movement inside facilities (e.g., restricting movement of incarcerated/detained persons between housing modules, maintaining physical distancing when groups of incarcerated/detained persons are being escorted through areas).
- Reconfigure common areas to enable physical distancing (e.g., stagger mealtimes, restrict recreation space usage to a single housing unit or subdivision).
- Modify or cancel certain group activities.

Masks and Personal Protective Equipment (PPE)

[Masks](#) help prevent the spread of COVID-19, flu, and other respiratory viruses. For a mask to work well, it needs to have both a [good fit and good filtration](#). While all masks provide some level of protection, well-fitting respirators (such as N95, KN95, and KF94) provide the best protection. County indoor mask wearing rules and recommendations change based on local metrics. COVID-19 metrics are updated regularly and published on the [LA County COVID-19 Response Plan website](#). Ensure staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.

Note that during an outbreak, masking may be required for incarcerated/detained persons and staff.

Incarcerated/detained persons:

- All incarcerated/detained persons must be provided a clean mask on request.
- Anyone with cough, cold, flu, or other respiratory virus symptoms should wear a well-fitting surgical mask or respirator around others.
- COVID-19 cases must wear a well-fitting surgical mask or respirator if they must be around others through Day 10.
- Close contacts should wear a well-fitting surgical mask or respirator indoors around others through Day 10.

Staff:

- It is strongly recommended that staff wear masks when working with clients at low hospital admission levels, however masking requirements may change depending on local metrics. See the [LA County COVID-19 Response Plan](#).
- Staff are required per [Cal/OSHA ATD Standard](#) to wear fit-tested N95 respirators when caring for confirmed or suspected COVID-19 cases. Please ensure you are complying with the regulations that apply to your facility, including the use of any other appropriate PPE for COVID-19 care (see [CDC Use of PPE](#) poster).
- Staff with COVID-19 infection who are permitted to return to work must wear a well-fitting mask at all times around others through at least Day 10. Surgical masks or respirators are strongly recommended.

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- Staff who are close contacts should wear a well-fitting mask at all times while they are at work around others through Day 10. Surgical masks or respirators are strongly recommended.
- Facilities should consider sharing this DPH masking resource with staff: [Know which Masks Provide the Best Protection](#) (available in multiple languages at ph.lacounty.gov/masks).

PPE in healthcare settings:

For healthcare settings within correctional facilities, it is strongly recommended that workers wear a well-fitting mask while taking care of and interacting with patients/clients and when in patient or direct care settings where patients/clients are present. In some instances, masking may be required in healthcare settings. See the following links for additional information:

- <http://publichealth.lacounty.gov/media/Coronavirus/data/response-plan.htm>
- <http://publichealth.lacounty.gov/acd/ncorona2019/healthfacilities/HCPMonitoring/#scontrol>

Healthcare facilities must follow the [Cal/OSHA ATD Standards](#) that require N95 for use during care of suspect or confirmed COVID-19 cases. Please also refer to CDC [Interim Infection Prevention & Control Recommendations](#).

When masks are not required, all individuals may choose to wear a mask without fear of discrimination or retaliation.

For additional masks resources see:

- CDPH [When and Why to Wear a Mask](#)
- LA County [Mask Rules and Recommendations](#)

COVID-19 Isolation Onsite

Regardless of outbreak status, facilities should accept and be prepared to isolate residents onsite who have, or are suspected of having, COVID-19 or another respiratory virus. When an incarcerated/detained person has symptoms or tests positive for COVID-19, either at intake or during their stay, they need to be isolated from others within the facility for the duration of their isolation period.

Ideally, the client would be placed in a private room or cohorted (see [Isolation of Cohorts](#) below) in a room with other COVID-19 positive cases to avoid spread of the virus within the facility.

- Provide a separate bathroom or ensure that a shared restroom can be effectively cleaned after they use it.
- COVID-19 cases should be given well-fitting surgical masks or respirators and instructed to wash their hands before moving to the isolation area, or when needing to use shared restrooms.

If a designated space for isolation is not available, do your best to reduce transmission within the facility by optimizing ventilation in the infected patient's area and maximizing the physical distance between infected patients and others. See the Ventilation and Physical Distancing section above for more details.

Isolation of Cohorts:

Cohorts (isolate as a group) should be developed based on where residents currently reside, when possible. This will minimize exposure and other disruptions that stem from population movements.

- Isolate individuals within their current housing module or floor provided that they can be separated from uninfected individuals and receive indicated medical monitoring.
- High-risk persons with symptoms or exposed persons should be housed where they can get close medical monitoring even if this is not within their current housing module or floor.

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Housing:

- Separate individuals in single cells with solid walls (i.e., not bars) when possible.
- If unable to separate in single cells, cohort with others who need to be isolated in large, well-ventilated cells with solid walls and a solid door that closes fully. Arrange beds to allow for at least six feet between individuals.
- Intersperse empty single cells between PUI/positive occupied cells when possible.
- Ensure patients who transfer from medical isolation – within or outside of the facility – move into another medical isolation area until their isolation period is complete.

Staffing:

- Restrict or minimize the entry of any new staff who work in a newly isolated area.
- Keep medical and custody staff in this area consistent when possible.

For guidance on improving indoor air quality in isolation areas, including creating directional air flow to limit transmission, see [CDPH's best practices](#).

Cross-sector Partnerships to Mitigate Community Spread

1) Modify healthcare delivery in facilities to mitigate facility and community spread.

- Modify medical appointments and clinical care to mitigate risk. When possible and without compromising patient safety.
- At every medical encounter, including medical, dental, and mental health clinics, screen patients for symptoms of flu, COVID-19, or other respiratory infections.
- Designate a time or separate waiting area for appointments or walk-ins for patients with COVID-19 symptoms. Symptomatic patients should wear surgical masks.
- Work with re-entry partners to ensure patients have sufficient medications, indicated medical follow up, transportation, and housing to decrease vulnerability after release and the need to utilize acute care settings for follow up (i.e., hospitals, emergency departments).

2) Collaborate with legal and judicial systems to adopt policies to reduce the overall prison population while prioritizing high-risk persons.

- To the extent feasible, implement options to prevent overcrowding (e.g., diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies where allowable).
- Prioritize early release of individuals who are medically vulnerable, as appropriate.
- Identify and implement legally acceptable alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of SARS-CoV-2
- Consider acceptable alternatives to in-person classes and counseling, in-person drug testing; collection of court debt and modify all reporting conditions to phone-reporting.
- Hold arraignment hearings within 48 hours of arrest.

3) Coordinate with re-entry and diversion agencies to facilitate rapid re-entry for eligible persons, particularly high-risk individuals.

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Reporting Suspected Outbreaks

COVID-19:

- Report to LAC DPH online using the [Shared Portal for Outbreak Tracking \(SPOT\)](#).
 - Per the [LA County Health Officer Order](#), sites are required to notify DPH within 1 business day of any clusters of at least 3 **linked** COVID-19 cases among residents or staff within 7 days of each other.
 - For large sites with more than 100 people on-site at any given time, sites must also report when 5% of the people are COVID-19 cases within a 7-day period, even if they are unlinked.
- Reporting guidance and more information available on the [COVID-19 Prevention and Response Toolkit for Correctional and Detention Facilities](#).

Other respiratory illnesses (non-COVID-19):

- Report suspected outbreaks of respiratory illnesses by calling 888-397-3993 or 213-240-7821.
- For more information about reporting:
 - <http://www.publichealth.lacounty.gov/acd/cdrs.htm>
 - <http://www.publichealth.lacounty.gov/acd/docs/ReportableDiseaseList.pdf>

For assistance, contact communityoutbreak@ph.lacounty.gov or call 1-888-397-3993.

Cleaning & Disinfecting Practices

In non-healthcare settings within correctional and detention facilities:

- Facilities should regularly clean frequently touched surfaces and objects such as door handles, stair rails, elevator buttons, touchpads, restroom fixtures. They should also clean other surfaces when they are visibly dirty.
- In addition to cleaning, the CDC recommends disinfecting areas where people have been obviously ill (for instance, vomiting on facility surfaces).

See [CDC When and How to Clean and Disinfect a Facility](#) and [EPA COVID-19 Disinfectants](#) for more detailed information.

Additional Resources

LA County Department of Public Health

- [COVID-19 Quick Links](#) and [COVID-19 Sitemap](#)
- COVID-19 testing and laboratory reporting: [Provider and Laboratory Reporting Guidelines for COVID-19](#)
- [Influenza \(Flu\)](#) and [Flu Vaccine](#)
- [Respiratory Syncytial Virus \(RSV\)](#)
- [Respiratory Viruses](#)
- [RESP WATCH](#): viral respiratory surveillance for LA County
- [Los Angeles Health Alert Network](#): communications to health care professionals regarding local or national disease outbreaks and emerging health risks

California Department of Public Health

- [State Public Health Officer Order for COVID-19 Disease Control and Prevention](#)
- [COVID-19 Isolation Guidance for the General Public](#)



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- [COVID-19 Testing Guidance](#)
- [Respiratory Virus Prevention](#)

California Occupational Safety and Health

- [COVID-19 Prevention Non-Emergency Regulations](#)

Centers for Disease Control and Prevention

- [Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities](#)
- [COVID-19 Prevention](#)
- [Influenza \(Flu\)](#)
- [Respiratory Syncytial Virus \(RSV\) Infection](#)

U.S. Department of Housing and Urban Development (HUD)

- [Approach to Winter Planning](#)