

# ETHICAL MEDICAL ISOLATION (MI) & QUARANTINE (Q)



# SOLITARY CONFINEMENT

MI: Separating people with a confirmed or suspected contagious disease until no longer contagious  
Q: Separating asymptomatic people who have been exposed to a contagious disease until it is known if they will become infected



DEFINITION

Isolating people from the rest of correctional population while imposing major restrictions on visitors, phone calls, recreation, and property

Reduce the spread of disease



PURPOSE

Punishment

MI: Ends when medical evidence shows person is no longer contagious  
Q: Ends when person is found to have infection (moves to MI) or found to be free from infection (back to gen pop)



LENGTH

Determined by security staff, often indeterminate

Medical Staff



SUPERVISING STAFF

Security Staff

Sanitary (functional toilet, sink, soap), adequate light and ventilation, comfortable temperature



CONDITIONS

Often little to no natural light, unsanitary, poor temperature regulation, frequent use of force or chemical agents

Free and enhanced access to TV, tablets, radio, reading materials, and canteen; access to nutritious meals; opportunities for going outdoors



AMENITIES

Major restrictions or complete bans on most recreation, personal property, TV, tablets, radio, reading materials, canteen

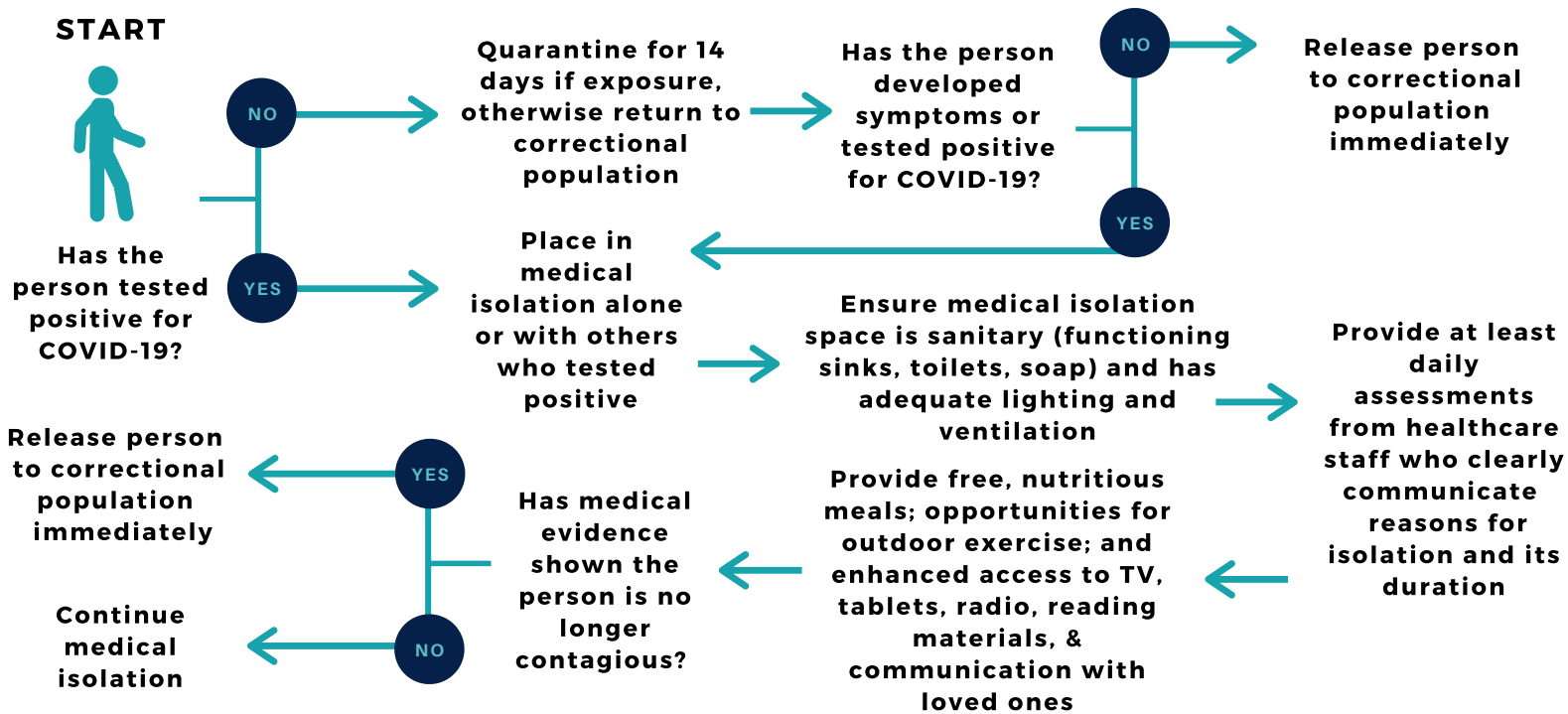
Free and enhanced access to phone calls, video calls, or email with loved ones



HUMAN CONTACT

Major restrictions or complete bans on family contact, visitors, phone calls, email

# PROCESS OF MEDICAL ISOLATION AND QUARANTINE AFTER TESTING IN PRISONS AND JAILS



## WHAT SHOULD BE DONE?

- 1 Clearly communicate with residents and staff about use of medical isolation and quarantine, how they are different from solitary confinement, and when they will end.
- 2 Ensure medical isolation and quarantine housing units are sanitary and optimize available amenities.
- 3 Public health agencies should provide Departments of Corrections with testing kits if needed; DOCs should track and report cases and use of medical isolation and quarantine to assist communities with surge planning.
- 4 If adequate facilities are not available, DOCs should partner with hospitals and other community settings to house patients from jails/prisons in need of medical isolation or quarantine.
- 5 To mitigate spread of COVID-19, DOCs, health agencies, policy makers, and advocates should work together to achieve depopulation and ethical use of medical isolation and quarantine.

## RELEASING AS MANY PEOPLE AS POSSIBLE IS THE BEST WAY TO COMBAT COVID-19

-  Mitigates coronavirus transmission to prevent illness and save lives of incarcerated people and correctional workforce
-  Necessary to optimize physical distancing in prisons/jails
-  Enables empty housing units to be converted to medical isolation and quarantine spaces
-  Relieves strains on over-stretched correctional healthcare systems