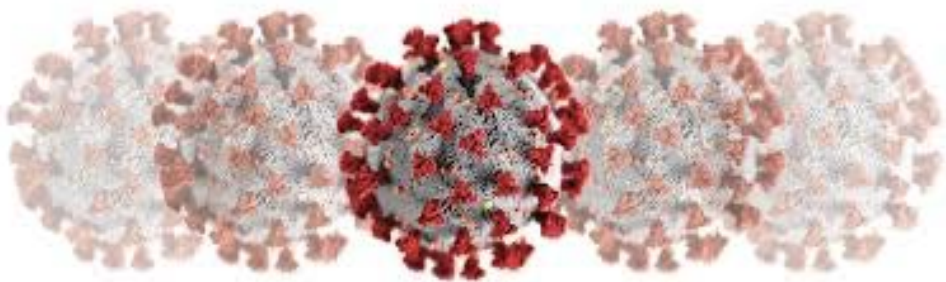


# COVID-19 Weekly Roundtable

For Law Enforcement and Correctional Health Care



National Commission on  
Correctional Health Care

# Roundtable Panelists...



Brent R. Gibson, MD, MPH,  
CCHP-P



Brie Williams, MD, MS  
UCSF



Sheriff Bill Waybourn  
Tarrant Co., Texas



National Commission on  
Correctional Health Care

# Welcome by Sheriff Peter Koutoujian



A career public servant, Sheriff Peter J. Koutoujian has overseen one of the nation's oldest law enforcement agencies - the Middlesex Sheriff's Office - as it has become a premier public safety institution known for innovation and professional excellence. Sheriff Koutoujian is the current president of the Major County Sheriffs of America.



National Commission on  
Correctional Health Care

*REMEMBERING*

# THOSE WE'VE LOST *TO COVID-19*



National Commission on  
Correctional Health Care

# Coronavirus disease 2019 (COVID-19)

- Coronavirus disease is a respiratory illness that can spread from person to person. The outbreak first started in China, but cases have been identified in a growing number of other areas, including the United States.
- Data suggests that symptoms may appear in as few as 2 days or as long as 14 days after exposure to the virus that causes COVID-19.
- Symptoms can include fever, cough, difficulty breathing, and shortness of breath.
- Close contact may include:
  - Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
  - Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.



National Commission on  
Correctional Health Care



# Brent Gibson, MD, MPH, CCHP-P



Dr. Gibson is a licensed and board-certified physician with expertise in public health and preventive medicine. He formally served as the Clinical Director for the United States Medical Center for Federal Prisoners and as an occupational medicine specialist for the United States Army.



National Commission on  
Correctional Health Care

# Relevant NCCHS Standards

- **A-03 Medical Autonomy**
- B-02 Infection Disease Prevention and Control
- B-07 Communication of Patients' Health Needs
- **C-08 Health Care Liaison**
- D-07 Emergency Services and Response Plan
- **E-09 Continuity, Coordination and Quality of Care During Incarceration**
- **E-10 Discharge Planning**
- **F-01 Patients with Chronic Disease and Other Special Needs**



National Commission on  
Correctional Health Care

# Reentry from Jails and Prisons during COVID-19

- The task of re-entry preparation includes precautions and restrictions to reduce the spread of COVID-19
- Programs can integrate a component to educate participants about basics of preventing transmission of COVID-19 while in custody and upon release
  - Explain the how, when and why for handwashing. The action of scrubbing, as well as soap and water is important
  - Explain specifics of social distancing, covering coughs or sneezes, and define terms such as self quarantine



National Commission on  
Correctional Health Care



# Reentry from Jails and Prisons during COVID-19

Many individuals in custody have one or more chronic health conditions in addition to mental health and substance use disorders

They will need to know if they have risk factors that make them more susceptible to the virus, or to becoming seriously ill and more likely to die as a result

## At Risk Inmate Population

- 55 and over are at higher risk
- Chronic health conditions:
  - Chronic lung disease or moderate to severe asthma
  - Heart disease with complications
  - Diabetes, renal failure, or liver disease, particularly if not well controlled
  - People who are immunocompromised including those undergoing cancer treatment
  - People of any age with severe obesity



National Commission on  
Correctional Health Care

# Screening Questions

Today or in the past 24 hours, have you had any of the following symptoms?

Do you have a fever, felt feverish, or had chills?

Do you have a cough or have you recently had a cough?

Are you or have you recently had difficulty breathing?

In the past 14 days, have you had contact with a person known to have COVID-19?



National Commission on  
Correctional Health Care

# Things Inmates need to know going home...

- May need to understand how to report to probation/parole, if required and how to access video conferencing or other telecommunications
- May need to explain local directives including stay-at-home orders
- May need to inform people about closures of public offices and businesses
- May need to know state executive orders for available emergency supports (housing, etc.)
- Provide local contacts for public health, emergency shelter, and medical care



National Commission on  
Correctional Health Care

# A-03 Medical Autonomy (E)

## Standard

Health care decisions are made by qualified health care professionals for clinical purposes.

## Compliance Indicators

- Clinical decisions are determined by *qualified health care professionals* and implemented in an effective and safe manner.
- Administrative decisions are coordinated, if necessary, with clinical needs so that patient care is not jeopardized.
- *Custody staff* support the implementation of clinical decisions.
- *Health staff* recognize and follow security regulations.



National Commission on  
Correctional Health Care

# B-02 Infectious Disease Prevention and Control (E)

## Standard

There is a comprehensive institutional program that includes surveillance, prevention, and control of communicable disease.

## Compliance Indicators

The facility has a written *exposure control plan* that is approved by the responsible physician. The plan is reviewed and updated annually.

- The responsible health authority ensures that:
  - Medical, dental, and laboratory equipment and instruments are appropriately cleaned, decontaminated, and sterilized per applicable recommendations and/or regulations
  - Sharps and biohazardous wastes are disposed of properly
  - Surveillance to detect inmates with infectious and communicable disease is effective
  - Inmates with contagious diseases are identified and, if indicated, *medically isolated* in a timely fashion
  - Infected patients receive medically indicated care



National Commission on  
Correctional Health Care

# B-07 Communication on Patient's Health Needs (E)

## Standard

Communication occurs between the facility administration and treating health staff regarding inmates' significant health needs that must be considered in classification decisions in order to preserve the health and safety of that inmate, other inmates, or staff.



National Commission on  
Correctional Health Care



# C-08 Health Care Liaison (I)

## Standard

Health care services continue to be coordinated via a health care liaison when qualified health care professionals are not available for an extended period of time.

## Compliance Indicators

- A designated, trained *health care liaison* coordinates health services delivery in the facility and satellite(s) on days when no qualified health care professionals are on-site for a continuous 24-hour period.
- The health care liaison is instructed in the role and responsibilities by the responsible physician or his or her designee.



National Commission on  
Correctional Health Care

# D-07 Emergency Services and Response Plan (E)

## Standard

Planning for *emergency health care* ensures that all staff are prepared to effectively respond during emergencies.

## Compliance Indicators

- The facility provides 24-hour emergency medical, dental, and mental health services.
- Facility staff provide emergency services until qualified health care professionals arrive.
- The health aspects of the documented emergency response plan are approved by the responsible health authority and facility administrator



National Commission on  
Correctional Health Care

# E-09 Continuity, Coordination, and Quality of Care During Incarceration (E)

## Standard

Patient medical, dental, and mental health care is coordinated and monitored from admission to discharge.

## Compliance Indicators

- Patients receive medical, dental, and mental health services from admission to discharge per providers' recommendations, orders, and evidence-based practices.
- Provider orders are implemented in a timely manner.
- If deviations from evidence-based practices are indicated, clinical justification for the alternative treatment plan while in custody is documented.
- Diagnostic tests are reviewed by the provider in a timely manner.
- Treatment plans are modified as clinically indicated by diagnostic tests and treatment results.



National Commission on  
Correctional Health Care

## E-09 Continuity, Coordination, and Quality of Care During Incarceration

- Treatment plans, including test results, are shared with patients.
- For hospitalization, urgent care, emergency department, or specialty visits:
  - Patients are seen by a qualified health care professional or health care liaison (if appropriate) upon return
  - Recommendations are reviewed for appropriateness of use in the correctional environment
  - A provider is contacted in a timely manner to ensure proper implementation of any orders and to arrange appropriate follow-up



National Commission on  
Correctional Health Care

# E-10 Discharge Planning (E)

## Standard

Discharge planning is provided for inmates with serious health needs whose release is imminent.

## Compliance Indicators

- For planned discharges, health staff arrange for a *reasonable supply* of current medications.
- For patients with serious medical, dental, or mental health needs, arrangements or referrals are made for follow-up services with community providers, including exchange of clinically relevant information.
- All aspects of discharge planning are documented in the health record.



National Commission on  
Correctional Health Care

# F-01 Patients with Chronic Disease and Other Special Needs (E)

## Standard

Patients with chronic disease, other significant health conditions, and disabilities receive ongoing multidisciplinary care aligned with evidence-based standards.

## Compliance Indicators

- Patients with chronic diseases and other *special needs* are identified.
- The responsible physician establishes and annually approves clinical protocols.
- Clinical protocols are consistent with *national clinical practice guidelines*.



National Commission on  
Correctional Health Care



# F-01 Patients with Chronic Disease and Other Special Needs

- Clinical protocols for the identification and management of chronic diseases or other special needs include, but are not limited to, the following:
  - Asthma
  - Diabetes
  - HIV
  - Hyperlipidemia
  - Hypertension
  - Mood disorders
  - Psychotic disorders



National Commission on  
Correctional Health Care

# F-01 Patients with Chronic Disease and Other Special Needs

- Individualized *treatment plans* are developed by a physician or other qualified provider at the time the condition is identified and updated when warranted.
- Documentation in the health record confirms that providers are following chronic disease protocols and special needs treatment plans as clinically indicated by:
  - Determining the frequency of follow-up for medical evaluation based on disease control
  - Monitoring the patient's condition (e.g., poor, fair, good) and status (e.g., stable, improving, deteriorating) and taking appropriate action to improve patient outcome
  - Indicating the type and frequency of diagnostic testing and therapeutic regimens (e.g., diet, exercise, medication)
  - Documenting patient education (e.g. diet, exercise, medication)
  - Clinically justifying any deviation from the protocol



National Commission on  
Correctional Health Care

# F-01 Patients with Chronic Disease and Other Special Needs

- Chronic illnesses and other special needs requiring a treatment plan are listed on the master problem list.
- Medical and dental *orthoses, prostheses*, and other *aids to impairment* are supplied in a timely manner when patient health would otherwise be adversely affected, as determined by the responsible physician or dentist.



National Commission on  
Correctional Health Care



# Assessing the effect of the COVID-19 pandemic on correctional institutions

POLICY TOPICS ▾



National Commission on  
Correctional Health Care

# Measuring COVID-19's Impact...



- Prior to the start of the pandemic, we had partnered with the NCCHC to better understand the unique health care needs of incarcerated populations and the role that health care standards and accreditation can play
- Once the pandemic struck, we were gravely concerned about the impact that COVID-19 would have on inmates, correctional officers, and health care staff
- To address this data deficit, we quickly worked together with our partners at NCCHC to develop high-frequency surveys in order to assess the needs and preparedness of correctional facilities across the United States in dealing with COVID-19

Crystal Yang and Marcella Alsan



National Commission on  
Correctional Health Care



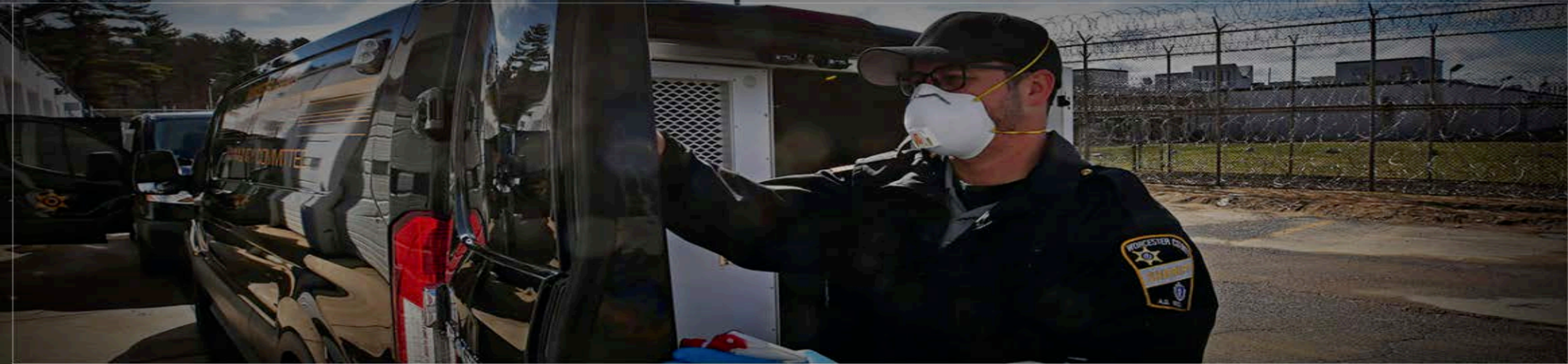
# Among the Key Findings

- Correctional staff, like the general population, are at risk for contracting of COVID-19 infection, with a higher infection rate than inmates
- Many protocols call for screening inmates and staff for COVID-19 on a regular basis, but a significant fraction of facilities still lack access to lab testing
- The nationwide shortage of personal protective equipment (PPE) as well as ancillary supplies (such as cleaning products and thermometer probes) is also a problem for correctional health care operations



National Commission on  
Correctional Health Care





# First research findings measure COVID-19 prevalence in U.S. prisons, jails

POLICY TOPICS

**Harvard researchers work with correctional healthcare experts in ongoing study tracing outbreaks among prison inmates, correctional staff**



National Commission on  
Correctional Health Care

# Cumulative Cases Among Staff and Inmates

FIGURE 1:  
CUMULATIVE CASES OF COVID-19 AMONG STAFF  
AND INMATES

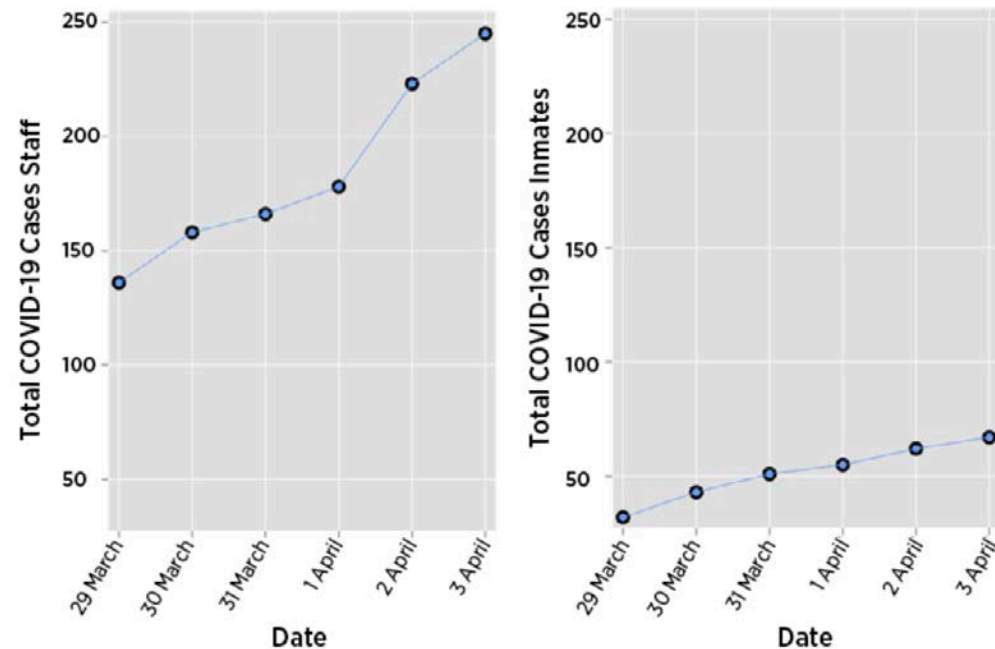
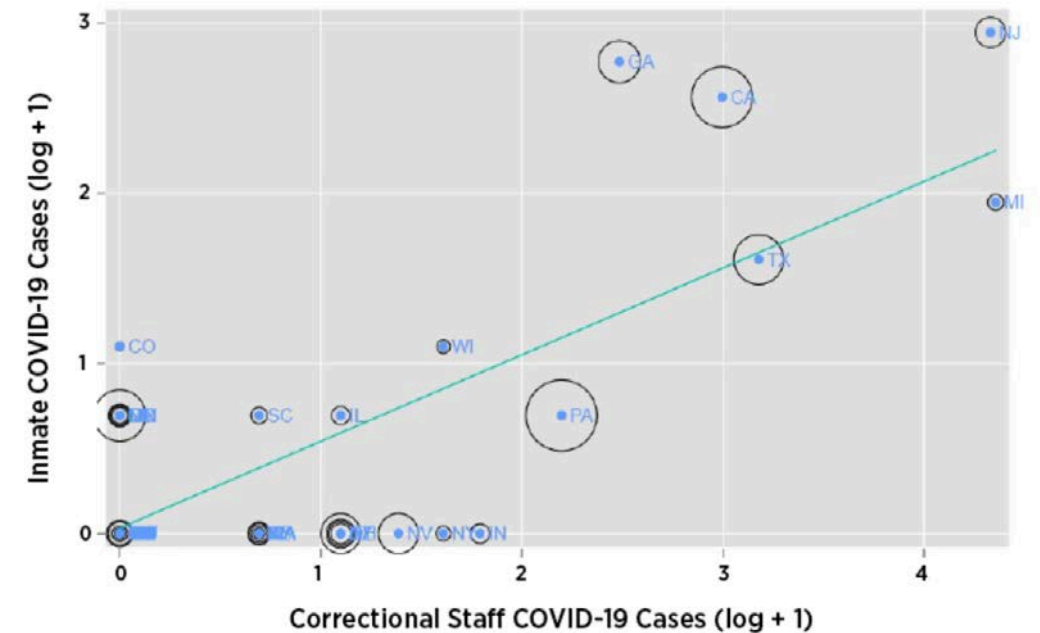


FIGURE 3:  
CORRELATION BETWEEN COVID-19 INFECTIONS  
IN INMATES AND STAFF



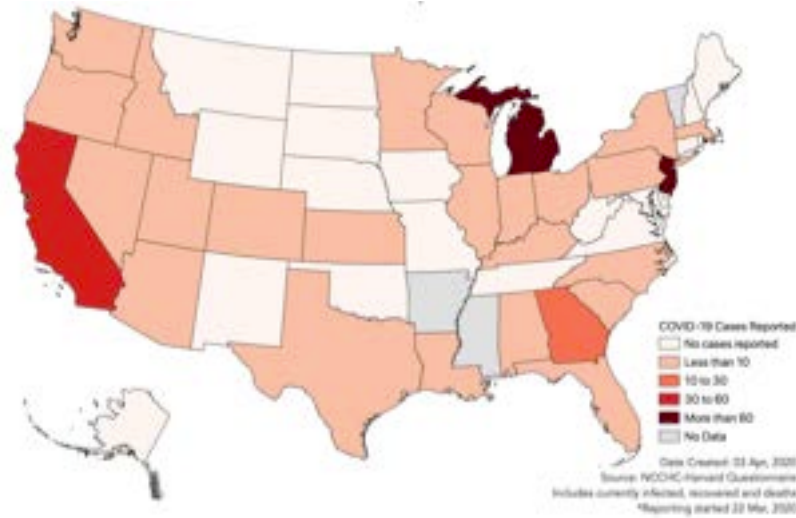
Note: COVID-19 State Case Data from the *New York Times*, Facility Data from the NCCHC-HU Survey



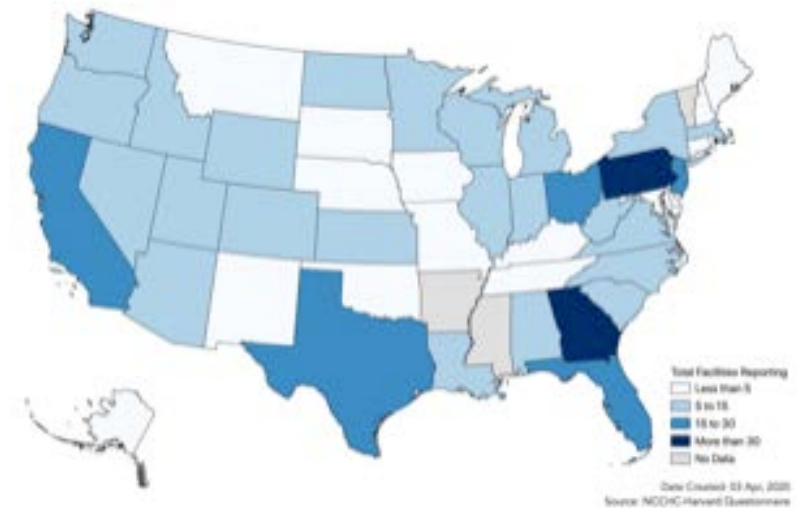
National Commission on  
Correctional Health Care

# NCCHC-HU COVID-19 Survey in Correctional Facilities

## COVID-19 Cases Reported to Date








## Total Facilities Reporting



Update: April 6, 2020



















Classification of Individual Wearing PPE	N95 Respirator	Face Mask	Eye Protection	Gloves	Gown/ Coveralls
Incarcerated or Detained Persons					
Persons (under quarantine as close contacts of a COVID-19 case*)	Apply face masks for source control as feasible based on local supply, especially if housed as a cohort				
Persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19					
Persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact					
Persons in a work placement cleaning areas where a COVID-19 case has spent time	Additional PPE may be needed based on the product label.				
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care)		Face mask, eye protection, and gloves as local supply and scope of duties allow.			

Source: Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. (2020, March 23). Retrieved from <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#recommended-ppe>



National Commission on  
Correctional Health Care

Classification of Individual Wearing PPE	N95 Respirator	Face Mask	Eye Protection	Gloves	Gown/Coveralls
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons					
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines)	 **				
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols					
Staff handling laundry or used food service items from a COVID-19 case or case contact					
Staff cleaning an area where a COVID-19 case has spent time	Additional PPE may be needed based on the product label.				

\*If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.

\*\*A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.



National Commission on  
Correctional Health Care

**COVID 19**  
CORONAVIRUS DISEASE

## SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

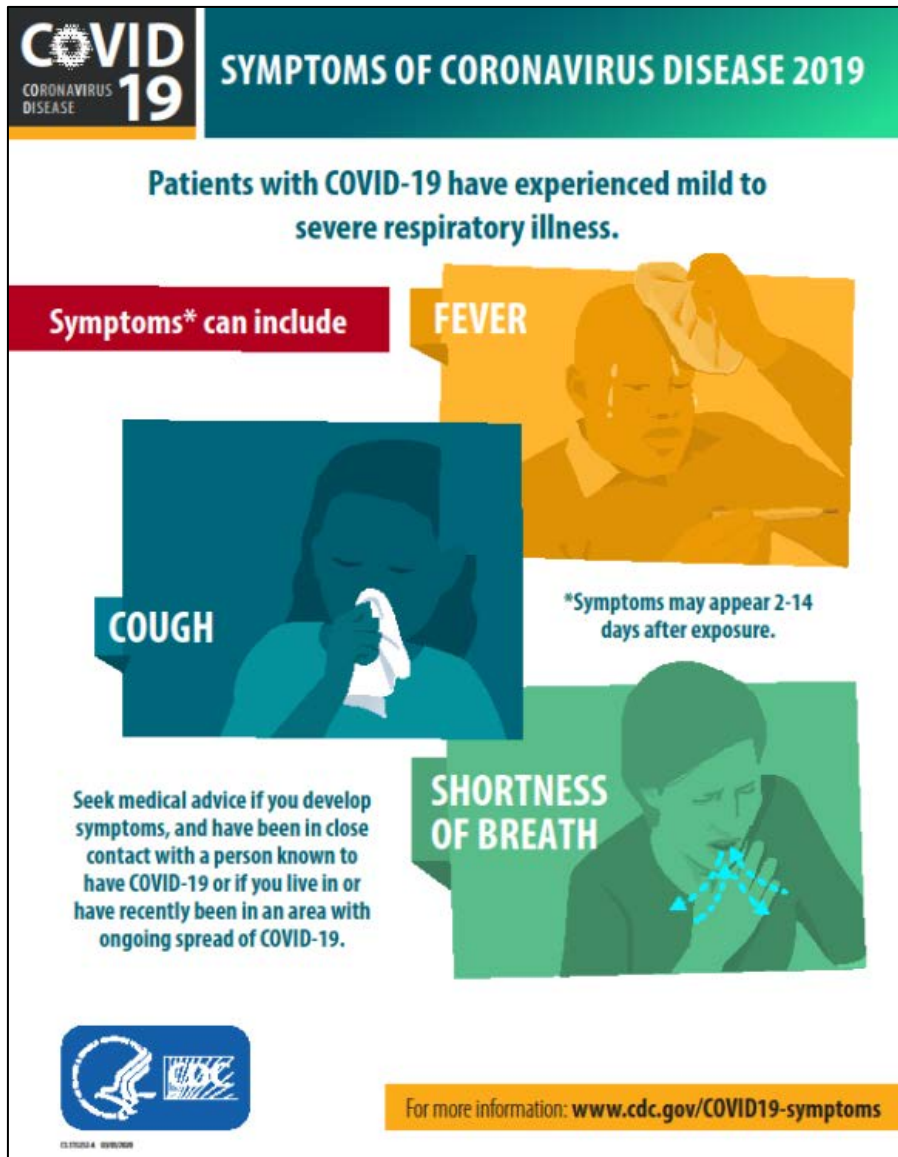
Symptoms\* can include

- FEVER**
- COUGH**
- SHORTNESS OF BREATH**

\*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

For more information: [www.cdc.gov/COVID19-symptoms](https://www.cdc.gov/COVID19-symptoms)



# Symptoms & Diagnosis

To review, the **common symptoms** are: 1) fever, 2) cough, and 3) shortness of breath.

Diagnostic guidelines, best tests are evolving, so check your local and state health department for latest updates. Also: go to [CDC.gov](https://www.cdc.gov)

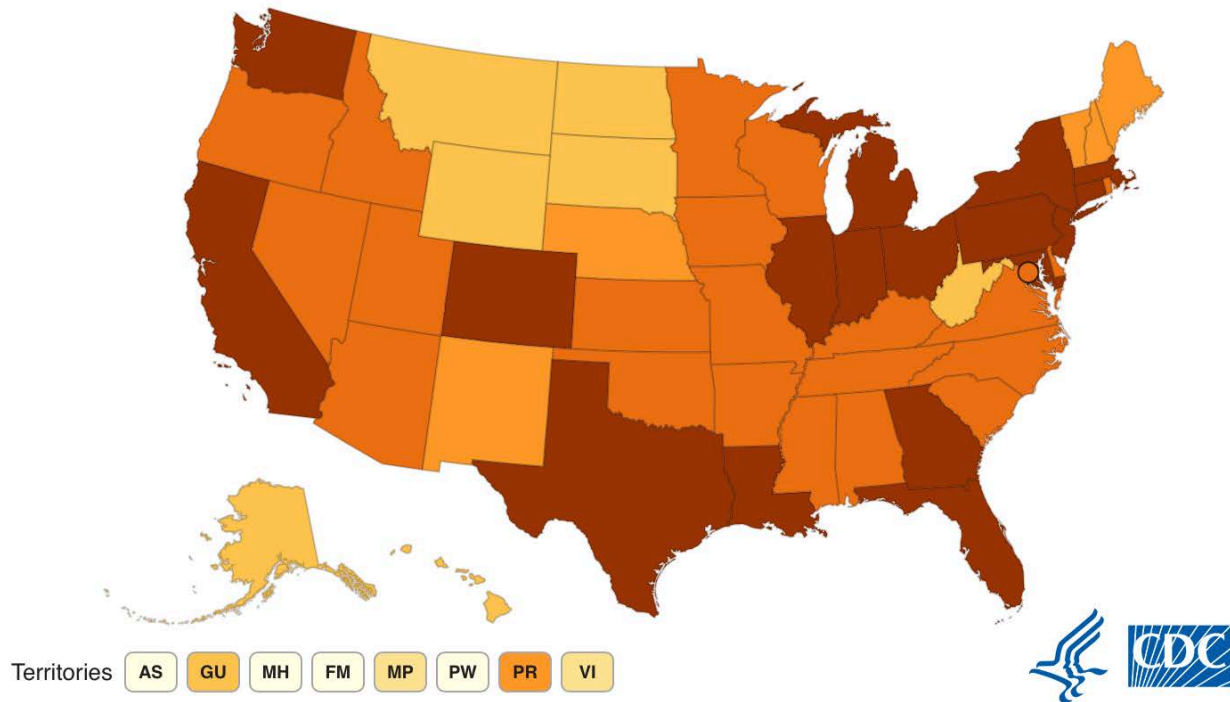
1. CHECK where patient has been within 14 days of the onset of symptoms
  - Any place on current list of areas where there is local transmission??
2. ASK about contact with an infected person.
3. ASSESS Symptoms—note fever may not be evident if taking fever suppressing medications.



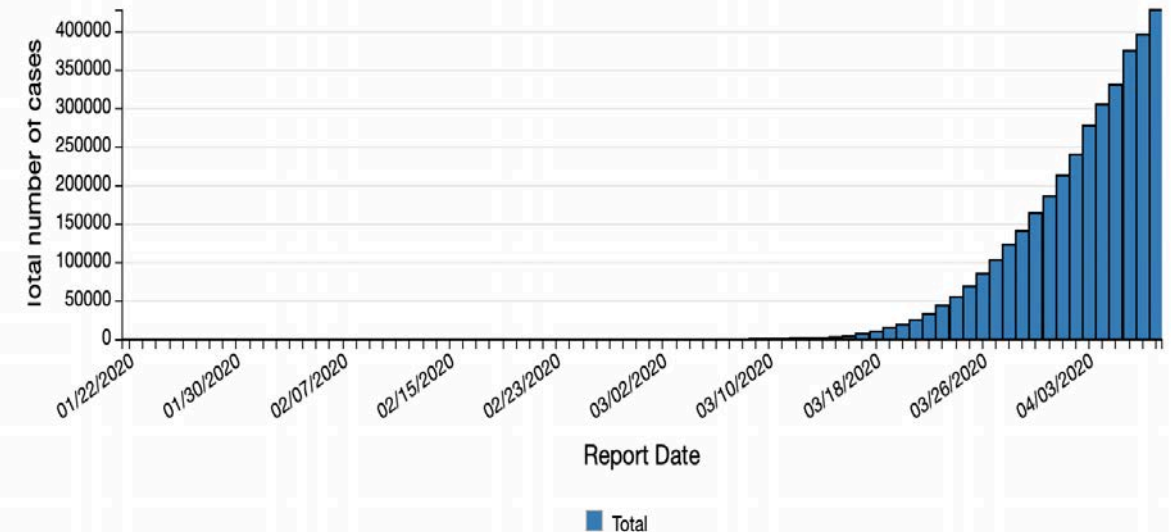
National Commission on  
Correctional Health Care



# States Reporting Cases of COVID-19 to CDC



Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to April 8, 2020, at 4pm ET (n=427,460)\*†



National Commission on  
Correctional Health Care

# Brie Williams, MD, MS



Brie Williams is a professor of medicine in the UCSF division of geriatrics where she focuses on understanding and improving the health of incarcerated older adults, she is also Founder and Director of Amend at UCSF which uses a public health lens to transform culture in correctional facilities.



National Commission on  
Correctional Health Care

# AMEND at the University of California at SF

- Is a correctional culture change program that reduces the debilitating health effects of prisons and jails on residents and staff alike
- Provide a multi-year partnership program to departments of corrections throughout the U.S. drawing on public health-oriented correctional practices
- Inspire changes in correctional cultures and create environments that can improve the health of people living and working in American correctional facilities



National Commission on  
Correctional Health Care

# Public Health Rationale for Population Reduction

1. Medical vulnerability
2. Prisons are not isolate from local communities
3. Jails and Prisons have far less medical treatment capacity than community hospitals

As population reduction results in increased bed space, medical isolation and quarantine units should be developed using as little population movement within the facility as possible since every new contact carries with it the potential to transmit the infection.



National Commission on  
Correctional Health Care

# Documenting the Medical/Public Health Rationale

1. A list of the patient's medical conditions using lay terminology as much as possible.
2. A comment on the patient's general health and prognosis
3. A comment on relevant critical care capacity
4. A comment on how exposure to COVID-19 for this patient is likely to be reduced outside prison and/or how their treatment for COVID-19 will differ in the community.
5. A short example describing how the patient's health condition affects their ability to perform basic tasks in prison, increases their medical or social vulnerability inside, or how their ongoing incarceration increases their health risk and/or health-related suffering



National Commission on  
Correctional Health Care

# Template: COVID-19 Accelerated Release Letter



**Template: COVID-19 Accelerated Release Letter** [fill-in / check box where indicated]

The following letter documents the medical rationale for recommending this patient's immediate release in response to the risks posed by the ongoing COVID-19 pandemic. A copy has been forwarded to the appropriate authority and is included in the patient's medical record.

Based on current knowledge, AGE is the greatest risk factor for ICU need and mortality from COVID-19.

(Patient name) is a (age)-year-old who falls into the following high-risk category (choose one):

- ☐ Age 60 – 69
- ☐ Age 70-79
- ☐ Age 80 years or older\*\*

**\*\*As currently understood, age 80 years or older confers the greatest risk of ICU need or death among all known risk factors. Being age 60 - 79 also substantially increases risks (risk increasing as age increases). Risks may also be elevated for those age 50-59.**

Based on current knowledge, the following comorbid conditions substantially increase risks for ICU need and mortality. This patient has the following high-risk comorbid conditions:

- ☐ Cardiovascular disease\*\*
- ☐ COPD\*\*
- ☐ Diabetes
- ☐ Hypertension
- ☐ Cerebrovascular disease
- ☐ Other major medical conditions that likely increase risk of serious illness, hospitalization, and/or mortality in the event of COVID-19 infection: (list other major medical conditions such as asthma, chronic kidney disease, cancer, HIV/AIDS, etc.)

**\*\*As currently understood, cardiovascular disease and COPD confer the greatest risk among comorbid conditions. Many other comorbid conditions, particularly those listed here, also increase risk of hospitalization, ICU need, and/or death.**

This patient has / has not (circle one) been hospitalized in the past year for:

---



Due to his/her poor health, this patient requires the following:

- ☐ wheelchair
- ☐ walker
- ☐ supplemental oxygen
- ☐ assistance with basic functions, such as bathing, dressing, feeding, transferring, and/or toileting
- ☐ other: list any other special needs the patient may have

---

In his/her current health status, this patient requires significant medical resources, including:

- ☐ medical appointments weekly / monthly / every 2 months (circle one)
- ☐ frequent adjustment of medications and/or laboratory evaluation (e.g. at least once a month)
- ☐ frequent specialty care (e.g. at least every two months)

Given the above health factors, this patient poses a high risk of critical care need and mortality if s/he contracts COVID-19. Our facility has \_\_\_\_\_ (enter brief description of number of medical beds at your facility, if any). If s/he were living in the community, this patient would be able to shelter-in-place and practice appropriate social distancing, which would significantly decrease his/her risk of contracting COVID-19. Such social distancing is not feasible in our institution.

Of note, the nearest community hospital has \_\_\_\_\_ (fill in number if known; can also write "<5" or "<10" if only an approximate number is known) ICU beds.

(If patient has changed his/her behavior in any way out of fear of COVID-19, enter a narrative description here.)

Managing this patient's health requires significant medical resources from correctional and community healthcare staff. Upon this patient's release from custody, these critical resources could be reallocated to care for the expected surge in patients affected by COVID-19.

For these reasons, the healthcare team strongly recommends this patient's immediate release, pending an appropriate housing and medical discharge plan.





# Sheriff Bill Waybourn



Sheriff Waybourn took office in 2017, bringing with him 30 years of law enforcement experience. Sheriff Waybourn strongly believes in servant leadership and always aims to put others before self. His career in service began when he joined the U.S. Air Force in 1978. He began his law enforcement career with the Dalworthington Gardens Police Department, where he became Chief of Police in 1984. Sheriff Waybourn has a bachelor's degree in criminal justice and a master's degree in conflict resolution. He is a graduate of the FBI Academy and is the current President of the Peace Officer's Angels Foundation.



National Commission on  
Correctional Health Care



# Strategies to increase the physical space between incarcerated and detained persons

- Common areas:
  - Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)
- Recreation:
  - Choose recreation spaces where individuals can spread out
  - Stagger time in recreation spaces
  - Restrict recreation space usage to a single housing unit per space



National Commission on  
Correctional Health Care

# Strategies to increase the physical space between incarcerated and detained persons

- Meals:
  - Stagger meals
  - Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)
  - Provide meals inside housing units or cells



National Commission on  
Correctional Health Care

# Strategies to increase the physical space between incarcerated and detained persons

- Group activities:
  - Limit the size of group activities
  - Increase space between individuals during group activities
  - Suspend group programs where participants are likely to be in closer contact than they are in their housing environment
  - Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out



National Commission on  
Correctional Health Care

# Strategies to increase the physical space between incarcerated and detained persons

- Housing:
  - If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.)
  - Arrange bunks so that individuals sleep head to foot to increase the distance between them
  - Rearrange scheduled movements to minimize mixing of individuals from different housing areas



National Commission on  
Correctional Health Care

# Strategies to increase the physical space between incarcerated and detained persons

- Medical:
  - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call.
  - Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.



National Commission on  
Correctional Health Care

# Prevention Practices for Inmate Population

## If an individual has symptoms of COVID-19

- Require the individual to wear a face mask.
- Ensure that staff who have direct contact with the symptomatic individual wear PPE
- Place the individual under medical isolation (ideally in a room near the screening location, rather than transporting the ill individual through the facility)
- Refer to healthcare staff for further evaluation.
- Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.

## Inmate Pre-screening

Perform pre-intake screening and temperature checks for all new entrants

Screening should take place in the sally port, before beginning the intake process, in order to identify and immediately place individuals with symptoms under medical isolation

Staff performing temperature checks should wear recommended PPE



National Commission on  
Correctional Health Care

# If an Individual has had Close Contact with COVID-19

- Quarantine the individual and monitor for symptoms two times per day for 14 days
- Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.



National Commission on  
Correctional Health Care



# Prevention Practices for Incarcerated to Consider

1

Communicate clearly and frequently with inmate population about changes to their daily routine and how they can contribute to risk reduction

2

Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of inmates

3

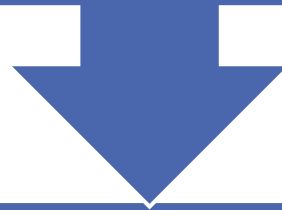
Consider suspending work release programs and other programs that involve movement of inmate population in and out of the facility



National Commission on  
Correctional Health Care

# Prevention Practices for Staff

Remind staff to stay at home if they are sick. Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty



Perform verbal screening and temperature checks for all staff daily on entry

In very small facilities with only a few staff, consider self-monitoring or virtual monitoring

Send staff home who do not clear the screening process, and advise them to follow community health practices



National Commission on  
Correctional Health Care

# Preventative Practices for Operations

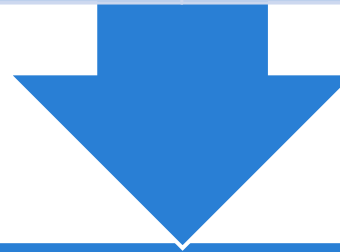
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.

If a transfer is absolutely necessary, perform verbal screening and a temperature checks before the individual leaves the facility

If an individual does not clear the screening process, delay the transfer and follow protocol for a suspected COVID-19 case

If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population

When possible, arrange lawful alternatives to in-person court appearances.



Incorporate screening for COVID-19 symptoms and a temperature check into release planning.



National Commission on  
Correctional Health Care

# Medical Isolation of COVID-19 Cases

- As soon as an individual develops symptoms of COVID-19, they should wear a face mask and should be immediately placed under medical isolation in a separate environment from other individuals
- Keep the individual's movement outside the medical isolation space to an absolute minimum
  - Provide medical care to cases inside the medical isolation space
  - Serve meals to cases inside the medical isolation space
  - Exclude the individual from all group activities
  - Assign the isolated individual a dedicated bathroom when possible



National Commission on  
Correctional Health Care

# Medical Isolation of COVID-19 Cases

Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters

Provide clean masks as needed

Masks should be changed at least daily, and when visibly soiled or wet



National Commission on  
Correctional Health Care

# Medical Isolation of COVID-19 Cases

**In order of preference, individuals under medical isolation should be housed:**

1. Separately, in single cells with solid walls and solid doors that close fully
2. Separately, in single cells with solid walls but without solid doors
3. As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully
4. As a cohort, in a large, well-ventilated cell with solid walls but without a solid door
5. As a cohort, in single cells without solid walls or solid doors preferably with an empty cell between occupied cells
6. As a cohort, in multi-person cells without solid walls or solid doors and safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements



National Commission on  
Correctional Health Care

# Differences between *isolation* and *quarantine*...

## Isolation...

- **Isolation** is used to separate **ill** persons who have a communicable disease from those who are healthy. Isolation restricts the movement of ill persons to help stop the spread of certain diseases. For example, hospitals use isolation for patients with infectious tuberculosis.

## Quarantine...

- **Quarantine** is used to separate and restrict the movement of **well** persons who may have been exposed to a communicable disease to see if they become ill. These people may have been exposed to a disease and do not know it, or they may have the disease but do not show symptoms. Quarantine can also help limit the spread of communicable disease.

**Isolation and quarantine are used to protect the public by preventing exposure to infected persons or to persons who may be infected.**



National Commission on  
Correctional Health Care



# Emergency Services and Response Plan

- The **emergency plan** includes:
  - All possible emergencies, consequences, required actions, written procedures, and the resources available
  - Detailed lists of emergency response personnel including their cell phone numbers, alternate contact details, and their duties and responsibilities
  - Include your health care staff
  - Include drills that are practiced, critiqued, and shared with staff



National Commission on  
Correctional Health Care

# 15 DAYS TO SLOW THE SPREAD

Listen to and follow the directions of your **STATE AND LOCAL AUTHORITIES**.

**IF YOU FEEL SICK**, stay home. Do not go to work. Contact your medical provider.

**IF YOUR CHILDREN ARE SICK**, keep them at home. Do not send them to school. Contact your medical provider.

**IF SOMEONE IN YOUR HOUSEHOLD HAS TESTED POSITIVE** for the coronavirus, keep the entire household at home. Do not go to work. Do not go to school. Contact your medical provider.

**IF YOU ARE AN OLDER PERSON**, stay home and away from other people.

**IF YOU ARE A PERSON WITH A SERIOUS UNDERLYING HEALTH CONDITION** that can put you at increased risk (for example, a condition that impairs your lung or heart function or weakens your immune system), stay home and away from other people.



National Commission on  
Correctional Health Care

# Key Considerations for Correctional Healthcare Facilities

- Community approaches to slowing transmission including appropriate hand hygiene, cough etiquette, social distancing, and reducing face-to-face contact with potential COVID-19 cases are needed to slow disease transmission and reduce the number of people who get sick. In each correctional healthcare facility, the primary goals include:
  - Provision of the appropriate level of medical care
  - Protecting healthcare personnel and non-COVID-19 patients accessing healthcare from infection
  - Preparing for a potential surge in patients with respiratory infection
  - Preparing for potential personal protective equipment supply and staff shortages



National Commission on  
Correctional Health Care





# STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.

Avoid close contact with people who are sick.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Wash your hands often with soap and water for at least 20 seconds.



For more information: [www.cdc.gov/COVID19](http://www.cdc.gov/COVID19)

CS214815-A

Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Stay home when you are sick, except to get medical care.



National Commission on  
Correctional Health Care

# To Protect Yourself from Exposure

- If possible, maintain a distance of at least 6 feet.
- Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.



National Commission on  
Correctional Health Care

# COVID-19

## KNOW YOUR RISK

If you have no symptoms...

HAD PROLONGED CLOSE CONTACT WITH  
SOMEONE POSITIVE FOR COVID-19

**HIGH**

\*SELF-QUARANTINE & MONITOR

TRAVELED INTERNATIONALLY TO A  
COUNTRY UNDER CDC LEVEL 3

**MEDIUM**

\*SELF-QUARANTINE & MONITOR

TRAVELED DOMESTICALLY TO AN AREA  
WITH KNOWN COMMUNITY-SPREAD

**MEDIUM**

\*SELF-OBSERVATION

SPENT TIME INDOORS (NO CLOSE CONTACT)  
WITH SOMEONE POSITIVE FOR COVID-19

**LOW**

\*SELF-OBSERVATION

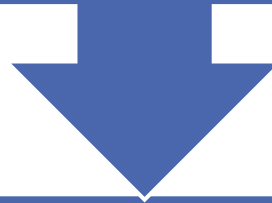


National Commission on  
Correctional Health Care



# Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow [CDC's Interim Guidance for EMS](#). Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e. coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended.



If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.



National Commission on  
Correctional Health Care

# The Minimum PPE Recommended is:

- A single pair of disposable examination gloves,
- Disposable isolation gown or single-use/disposable coveralls\*,
- Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)



National Commission on  
Correctional Health Care

# Actions to Take for Preparation of Outbreak



Designate a time to meet with your staff to educate them on COVID-19 and what they may need to do to prepare.



Explore alternatives to face-to-face triage and visits.



Plan to optimize your facility's supply of personal protective equipment in the event of shortages.



Prepare your facility to safely triage and manage patients with respiratory illness, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.



National Commission on  
Correctional Health Care

# If Close Contact Occurred During Apprehension



Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.



Follow standard operating procedures for the containment and disposal of used PPE.



Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.



National Commission on  
Correctional Health Care

# Steps to an Effective Response



Limit visitors to the facility



Post visual alerts (signs, posters) at entrances and in strategic places providing instruction on hand hygiene, respiratory hygiene, and cough etiquette



Ensure supplies are available (tissues, waste receptacles, alcohol-based hand sanitizer)



Take steps to prevent known or suspected COVID-19 patients from exposing other patients



Limit the movement of COVID-19 patients (e.g., have them remain in their cell)



Identify dedicated staff to care for COVID-19 patients.



Observe newly arriving arrestees for development of respiratory symptoms.



National Commission on Correctional Health Care

# COVID-19 Resources

- NCCHC Standard on Infectious Disease Prevention and Control
- WHO: Preparedness, prevention and control of COVID-19 in prisons and other place of detention
- Coronavirus for Justice-Involved Persons – Dr. Anne Spaulding
- Coronavirus for Correctional Facility Administrators – Dr. Anne Spaulding
- Guidance for Coronavirus Clinical Care in Corrections
- Washington Assoc. of Sheriffs & Police Chiefs Management Suggestions
- COVID-19 Pandemic Response (Word Doc)



National Commission on  
Correctional Health Care



# Resources for Help

- Standards Manuals
- [ncchc.org](https://ncchc.org):
  - Position Statements
  - CorrectCare
  - Standards Q&A and Spotlight on the Standards
- NCCHC Accreditation Staff
- Suggested Preparation and Planning for Accreditation Site Visits
- NCCHC Resources, Inc.



National Commission on  
Correctional Health Care

# Resources for Help

University of California at San Francisco - AMEND

Editable versions of the effective letters documenting decision-making

<https://amend.us/covid>

HARVARD Kennedy School

First research findings measuring COVID-19 prevalence in Jails and Prisons

<https://www.hks.harvard.edu/faculty-research/policy-topics/fairness-justice/first-research-findings-measure-covid-19-prevalence>

Assessing the effect of the COVID-19 pandemic on correctional institutions

<https://www.hks.harvard.edu/faculty-research/policy-topics/fairness-justice/assessing-effect-covid-19-pandemic-correctional>



National Commission on  
Correctional Health Care

# Resources for Help

## National Commission on Correctional Health Care

- For all things NCCHC go to: [www.ncchc.org](http://www.ncchc.org)
- For NCCHC COVID-19 go to: [www.ncchc.org/covid-resources](http://www.ncchc.org/covid-resources)
- To participate in the study go to: <https://www.ncchc.org/study-of-covid-19-in-correctional-facilities>
- To submit a question to NCCHC, email: [NCCHC-COVID@ncchc.org](mailto:NCCHC-COVID@ncchc.org)

## Major County Sheriff's of America

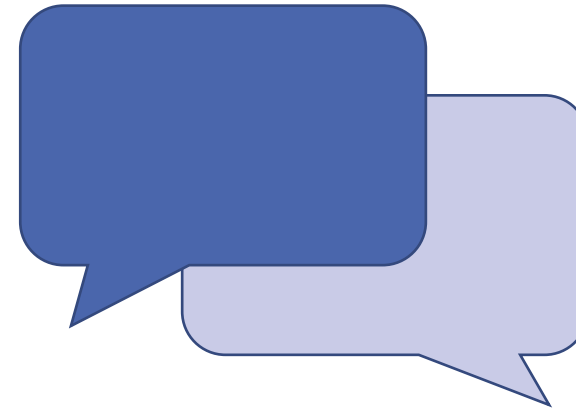
- For all things MCSA go to: [www.mcsheriff.com](http://www.mcsheriff.com)
- For MCSA COVID-19 information, go to: <https://mcsheriffs.com/important-mcsa-announcement-about-covid-19/>



National Commission on  
Correctional Health Care

# COVID-19 Hotline for Correctional Health Care

[NCCHC-COVID@ncchc.org](mailto:NCCHC-COVID@ncchc.org)



National Commission on  
Correctional Health Care

# Topics for Future COVID-19 Roundtables

Email:

[jamesmartin@ncchc.org](mailto:jamesmartin@ncchc.org)

or

[brendan.a.kennedy@state.ma.us](mailto:brendan.a.kennedy@state.ma.us)

or

[kwagner@mcsheriff.com](mailto:kwagner@mcsheriff.com)



National Commission on  
Correctional Health Care