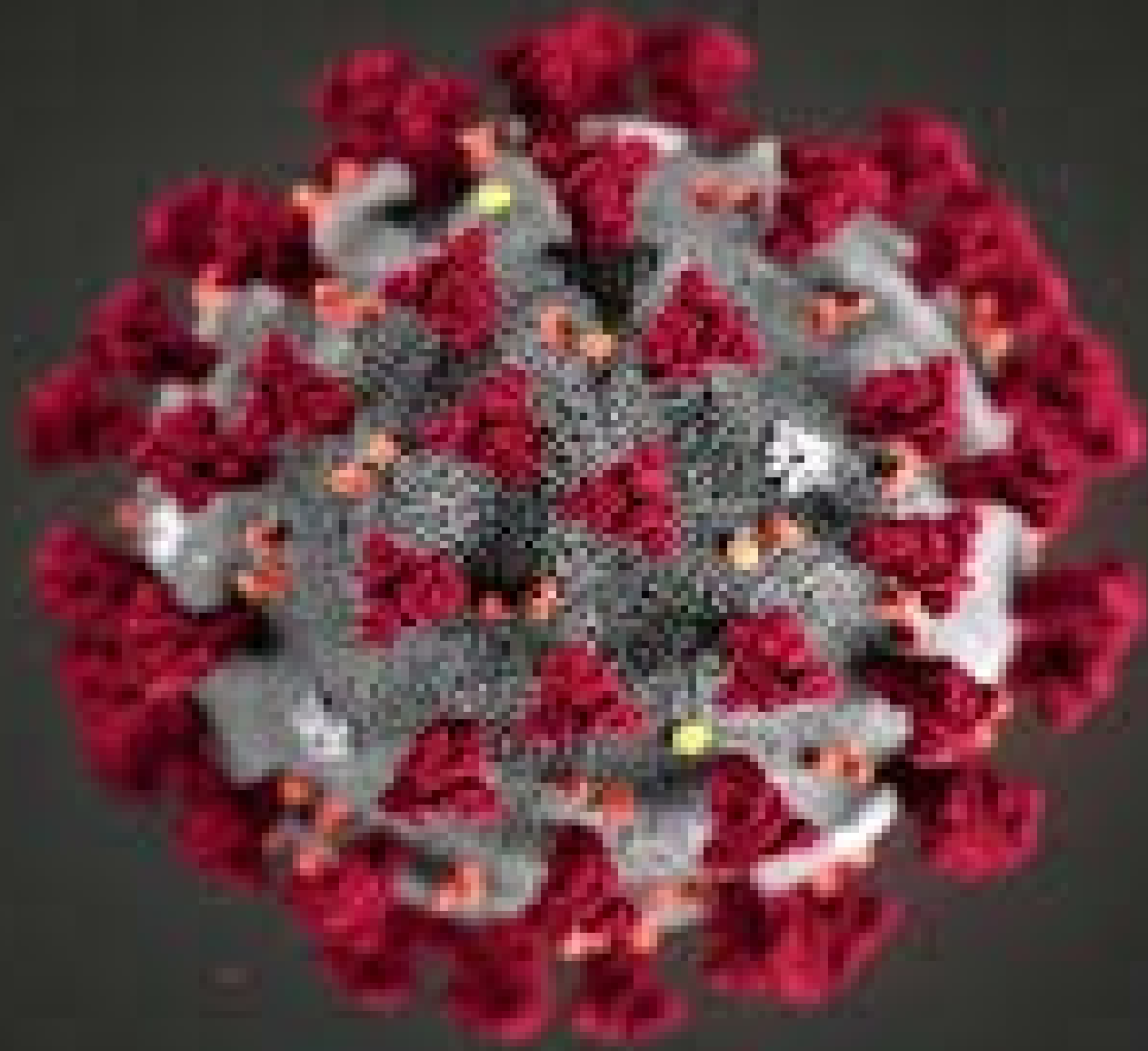


# COVID-19: Steps to an Effective Response



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.

# Brent Gibson, MD, MPH, CCHP-P

Dr. Gibson is a board-certified physician executive serving as Chief Health Officer for NCCHC. He previously served as clinical director for the United States Medical Center for Federal Prisoners where he provided clinical and executive oversight of all non-psychiatric clinical operations.





# Key Considerations for Correctional Healthcare Facilities

- Currently there are no medications to treat or vaccines to prevent COVID-19. Therefore, 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



## WASHING YOUR HANDS IS THE BEST PREVENTION

Regularly wash your hands with soap and water for at least 20 seconds. Hand sanitizer with at least 60% alcohol works if your hands are not visibly dirty, rub hands together for 20 seconds.



## YOU DON'T NEED A FACE MASK\*

The CDC does **not** recommend wearing a face mask to prevent catching the disease  
**\*Unless you work in healthcare.**



## STAY HOME IF YOU FEEL SICK

Contact your primary healthcare provider by phone or email. Do not walk into a clinic without an appointment.





# 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)

COVID-19-A

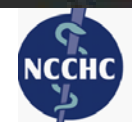
Avoid touching your eyes, nose, and mouth.



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

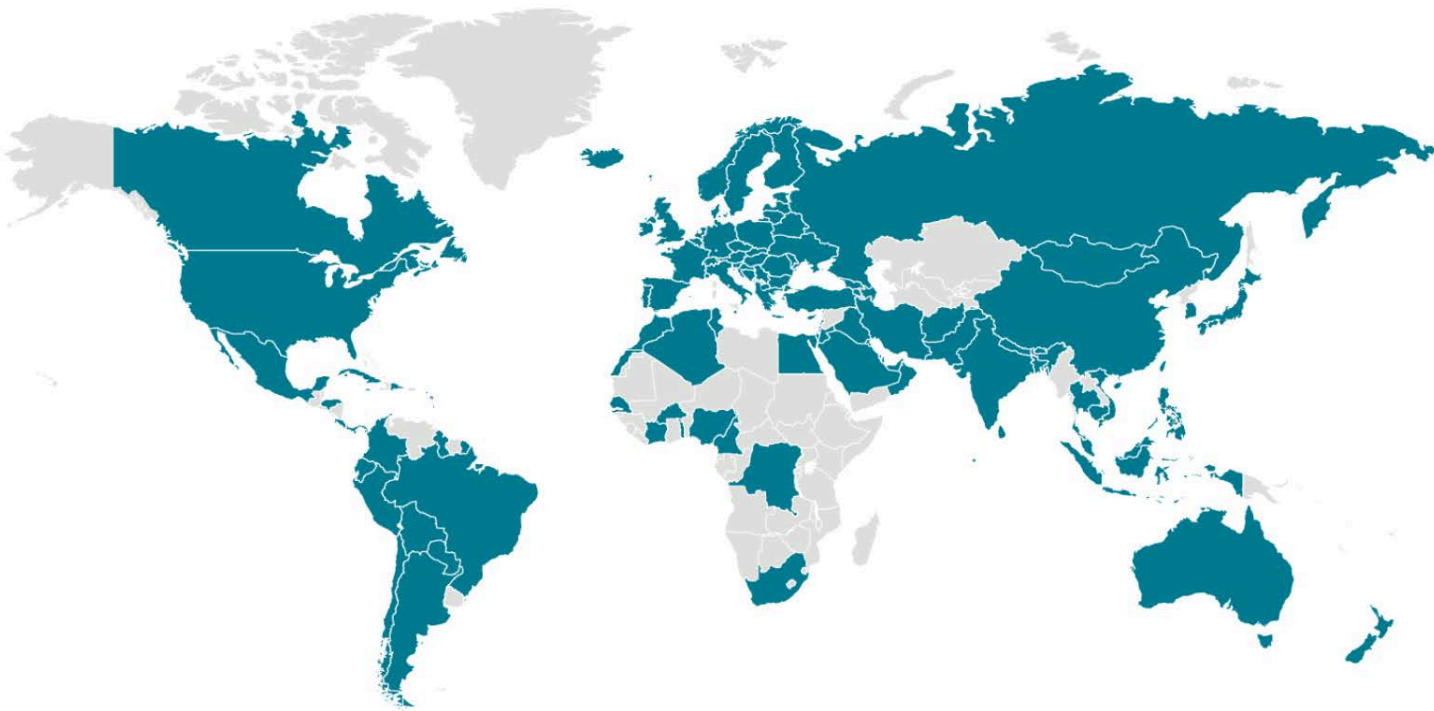
- If possible, maintain a distance of at least 6 feet.
- Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone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

# Anne Spaulding, MD, MPH, CCHP-P

Dr. Spaulding is trained in internal medicine and infectious disease. For the past 23 years, she has focused on correctional health and has authored 100 publications. She served as medical director for the RI Department of Corrections, a combined jail/prison for six years. Since 2005 she has been on faculty at Emory's Rollins School of Public Health, where she is currently an Associate Professor of Epidemiology.

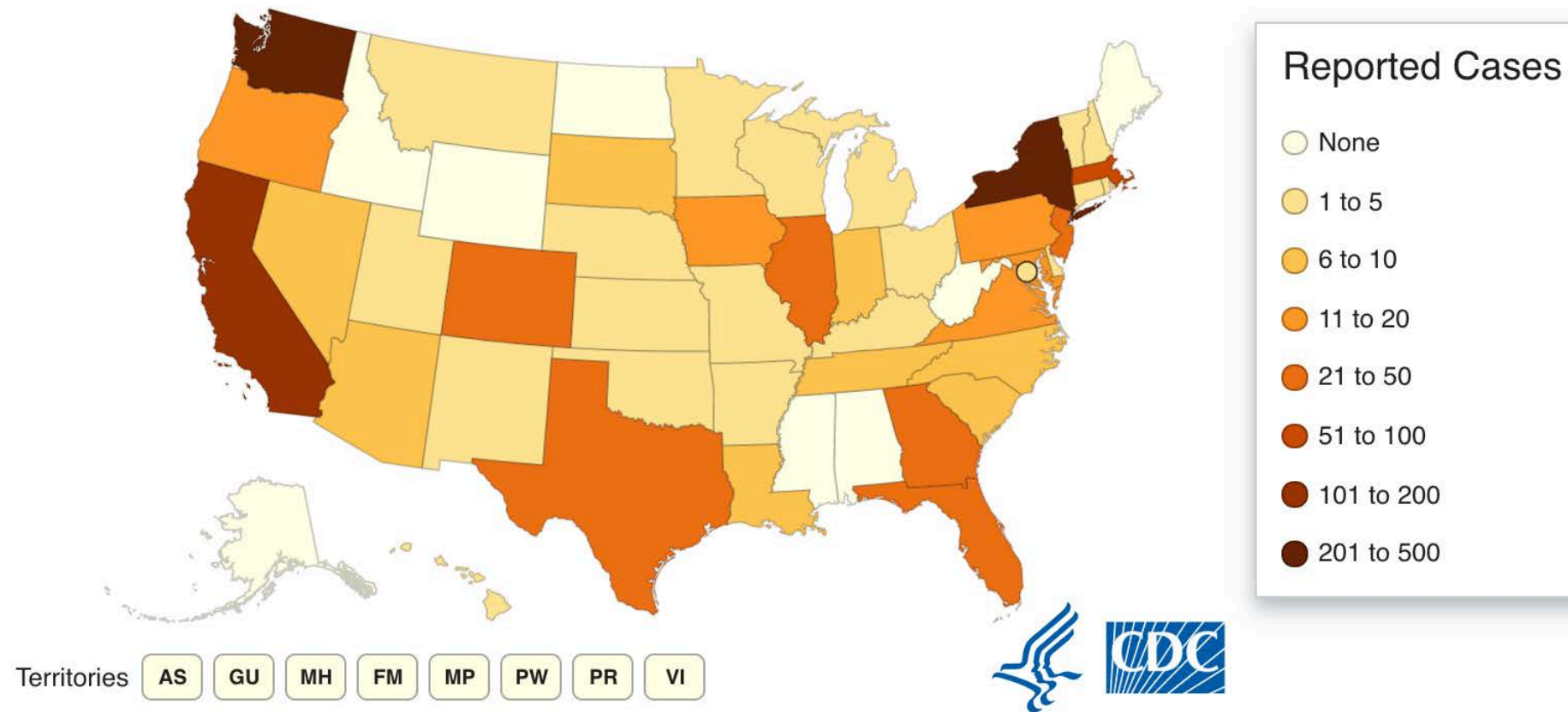


# From Wuhan to Worldwide



- Mid-March 2020, several US hotspots
- Keep up with local situation
  - If it is spreading in your community, it is likely to show up in your jail or prison
- Persons entering your correctional facilities could have been exposed while in a highly prevalent region, near or far, or may have been in close proximity to just one case...

# States Reporting Cases of COVID-19 to CDC







# Health Alert: Coronavirus Disease 2019 (COVID-19)

**You have traveled to a country with an outbreak of COVID-19 and are at higher risk.**  
COVID-19 is a respiratory illness that can spread from person to person.

## Stay Home

Stay home for the next 14 days and monitor your health. Take your temperature with a thermometer two times a day and watch for symptoms.

## If you feel sick and have symptoms:

- Call ahead before you go to a doctor's office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.
- Do not travel while sick.

## Symptoms

Illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure.

## Symptoms can include:



Fever (100.4°F/38°C or higher)



Cough



Shortness of breath

**Visit the website for more information on monitoring your health and how to contact local public health officials. Visit: [www.cdc.gov/COVIDtravel](https://www.cdc.gov/COVIDtravel)**



CS 315649-B February 29, 2020 4:15 PM



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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**

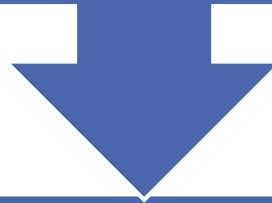
\*SELF-OBSERVATION



National Commission on  
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# 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.



# 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)

# Sheriff Mitzi Johanknecht



Sheriff Mitzi Johanknecht has served her community for 35 years and is an experienced, progressive law enforcement leader. She began her law enforcement career when she joined the King County Sheriff's Office in 1985. She was elected Sheriff on November 7, 2017. Throughout her career, Sheriff Johanknecht has collaborated with other agencies, community groups and residents to build relationships of trust to promote public safety.

# 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.

# 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.

# Actions Taken by King County, WA Sheriff's Office

- Cancellation of most training and travel unless determined to be necessary
- Cancelled roll calls unless required. We are no longer responding to AED calls in adult care facilities
- Cancelled citizen police academy
- Suspended ride a longs
- Directed our office to limit self-initiated activity to only what is necessary for public safety
- Having many detectives and others not assigned to patrol to work from home
- Ordered commissioned personnel to shave facial hair for those who had medical accommodations
- Encouraging our non-commissioned employees to telecommute as much as possible while still supporting our ongoing operations
- Request our community members voluntarily reschedule initial CPL appointments
- 911 call takers are encouraging callers to use either online reporting or telephone reporting rather than dispatch an officer for lower level crimes
- 911 call takers are asking callers if anyone at their location is experiencing flu like symptoms. If so, officers are prompted at dispatch the use PPE precautions.
- Dispatch is using premises warnings for locations suspected or confirmed COVID locations to warn officers to take PPE precautions.
- We have stood up a web page on our intranet and linked our COVID related directives and policies to information can be located easily.

# 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.





# 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.



# NCCHC Standards for Health Services in Jails

- NCCHC standards provide a framework for quality health care and risk management
- The standards are a resource for identifying numerous opportunities for efficiencies and cost savings

# B-01 Healthy Lifestyle Promotion (I)

## **Standard**

Health care policies, procedures, and practices emphasize health promotion, wellness, and recovery

# B-01 Healthy Lifestyle Promotion

## Compliance Indicators

- Health staff document that patients receive individual *health education* and instruction in *self-care* for their health conditions.
- General health education (e.g., pamphlets, news articles, video, classes) is accessible to all inmates.
- The facility provides a *nutritionally adequate* diet to the general population.
- A *registered dietitian nutritionist* (RDN), or other licensed qualified nutrition professional, as authorized by state scope of practice laws, documents a review of the regular diet for nutritional adequacy at least annually.

## B-01 Healthy Lifestyle Promotion

- The facility has a procedure in place to notify the RDN whenever the regular diet menu is changed.
- Health staff promote and provide education on exercise and physical activity options in the facility.
- Smoking is prohibited in all inside areas. If the facility allows smoking outside, specific areas are designated.
- Information on the health hazards of tobacco is available to inmates.

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

## **Standard**

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

# B-02 Infectious Disease Prevention and Control

## 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

## B-02 Infectious Disease Prevention and Control

- *Standard precautions* are always used by health staff to minimize the risk of exposure to blood and body fluids.
- Inmate workers, if used, are trained in appropriate methods for handling and disposing of biohazardous materials and spills.
- Patients requiring respiratory isolation are housed in a functional negative pressure room.
- Inmates who are released with communicable or infectious diseases have documented community referrals, as medically indicated.
- The facility completes and files all reports as required by local, state, and federal laws and regulations.



## B-02 Infectious Disease Prevention and Control

- Effective *ectoparasite* control procedures are used to treat infected inmates and to disinfect bedding and clothing.
  - Inmates, bedding, and clothing infected with ectoparasites are disinfected.
  - Prescribed treatment considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by providers.
  - If the facility routinely delouses inmates, only over-the-counter medications, such as those containing pyrethrins, are used.
- An environmental inspection of health services areas is conducted monthly to verify that:
  - Equipment is inspected and maintained
  - The unit is clean and sanitary
  - Measures are taken to ensure the unit is occupationally and environmentally safe

# C-04 Health Training for Correctional Officers (E)

## **Standard**

Correctional officers are trained to recognize the need to refer an inmate to a qualified health care professional.

# C-04 Health Training for Correctional Officers

## Compliance Indicators

- A training program is established and approved by the responsible health authority in cooperation with the facility administrator.
- An outline of the training, including course content and length, is kept on file.
- Correctional officers who work with inmates receive health-related training at least every 2 years. This training includes, at a minimum:

# C-04 Health Training for Correctional Officers

- Administration of first aid
- Cardiopulmonary resuscitation including the use of an automated external defibrillator
- Acute manifestations of certain chronic illnesses (e.g., asthma, seizures, diabetes)
- Intoxication and withdrawal
- Adverse reactions to medications
- Signs and symptoms of mental illness
- Dental emergencies
- Procedures for suicide prevention
- Procedures for appropriate referral of inmates with medical, dental, and mental health complaints to health staff
- Precautions and procedures with respect to infectious and communicable diseases
- Maintaining patient confidentiality

## C-04 Health Training for Correctional Officers

- A certificate or other evidence of attendance is kept on-site for each employee.
- While it is expected that 100% of the correctional staff who work with inmates are trained in all of these areas, compliance with the standard requires that at least 75% of the staff present on each shift are current in their health-related training.

# 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.

## D-07 Emergency Services and Response Plan

- 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, and include, at a minimum:

## D-07 Emergency Services and Response Plan

- Responsibilities of health staff
- Procedures for triage for multiple casualties
- Predetermination of the site for care
- Emergency transport of the patient(s) from the facility
- Use of an emergency vehicle
- Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances)
- Use of one or more designated hospital emergency departments or other appropriate facilities
- Emergency on-call physician, dental, and mental health services when the emergency health care facility is not nearby
- Security procedures for the immediate transfer of patients for emergency care
- Procedures for evacuating patients in a mass disaster
- Alternate backups for each of the plan's elements
- Time frames for response
- Notification to the person legally responsible for the facility



## D-07 Emergency Services and Response Plan

- *Mass disaster drills* are conducted so that each shift has participated over a 3-year period, including satellites
- A health emergency *man-down drill* is practiced once a year on each shift where health staff are regularly assigned, including satellites.
- The mass disaster and man-down drills are *critiqued*, the results are shared with all health staff, and recommendations for health staff are acted upon.

# Resources for Help

- Standards Manuals
- 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.

# Resources for Help

National Commission on Correctional Health Care

[www.ncchc.org](http://www.ncchc.org)

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

773-880-1460

Jim Martin

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

# Keeping the workplace safe

## Encourage your employees to...

### Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and schedule regular hand washing reminders by email
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

### Be careful with meetings and travel



- Use videoconferencing for meetings when possible
- When not possible, hold meetings in open, well-ventilated spaces
- Consider adjusting or postponing large meetings or gatherings
- Assess the risks of business travel

### Handle food carefully



- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

### Stay home if...



- They are feeling sick
- They have a sick family member in their home

**What every American and community can do now to decrease the spread of the coronavirus**

# Keeping the school safe

Encourage your faculty, staff, and students to...

## Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door and at regular intervals
- Create habits and reminders to avoid touching their faces and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

## Consider rearranging large activities and gatherings



- Consider adjusting or postponing gatherings that mix between classes and grades
- Adjust after-school arrangements to avoid mixing between classes and grades
- When possible, hold classes outdoors or in open, well-ventilated spaces

## Handle food carefully



- Limit food sharing
- Strengthen health screening for cafeteria staff and their close contacts
- Ensure cafeteria staff and their close contacts practice strict hygiene

## Stay home if...



- They are feeling sick
- They have a sick family member in their home

**What every American and community can do now to decrease the spread of the coronavirus**

# Keeping the home safe

Encourage your family members to...

## All households



- Clean hands at the door and at regular intervals
- Create habits and reminders to avoid touching their face and cover coughs and sneezes
- Disinfect surfaces like doorknobs, tables, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

## Households with vulnerable seniors or those with significant underlying conditions



*Significant underlying conditions include heart, lung, kidney disease; diabetes; and conditions that suppress the immune system*

- Have the healthy people in the household conduct themselves as if they were a significant risk to the person with underlying conditions. For example, wash hands frequently before interacting with the person, such as by feeding or caring for the person
- If possible, provide a protected space for vulnerable household members
- Ensure all utensils and surfaces are cleaned regularly

## Households with sick family members



- Give sick members their own room if possible, and keep the door closed
- Have only one family member care for them
- Consider providing additional protections or more intensive care for household members over 65 years old or with underlying conditions

**What every American and community can do now to decrease the spread of the coronavirus**

# Keeping commercial establishments safe

## Encourage your employees and customers to...

### Practice good hygiene



- Stop handshaking – use other noncontact methods of greeting
- Clean hands at the door, and schedule regular hand washing reminders by email
- Promote tap and pay to limit handling of cash
- Disinfect surfaces like doorknobs, tables, desks, and handrails regularly
- Increase ventilation by opening windows or adjusting air conditioning

### Avoid crowding



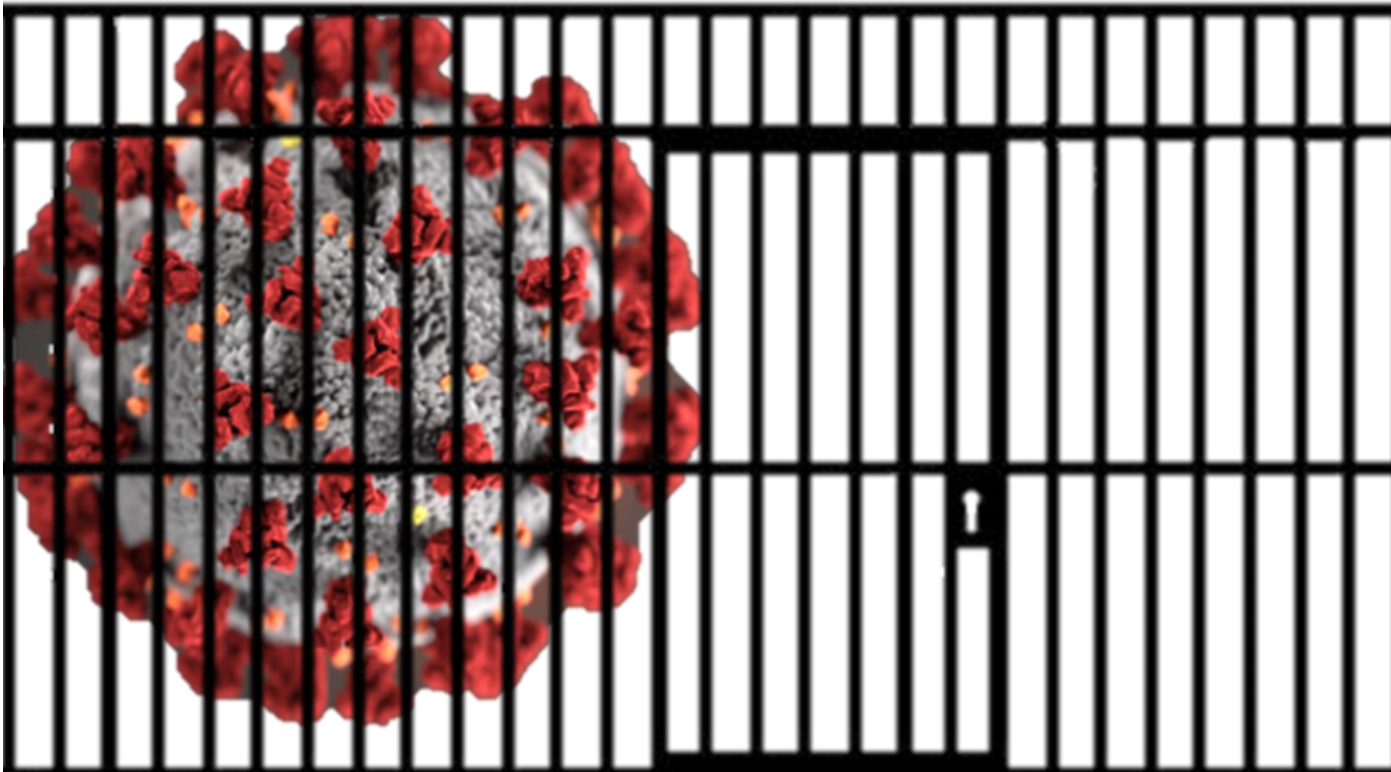
- Use booking and scheduling to stagger customer flow
- Use online transactions where possible
- Consider limiting attendance at larger gatherings

### For transportation businesses, taxis, and ride shares



- Keep windows open when possible
- Increase ventilation
- Regularly disinfect surfaces

# Coronavirus COVID-19 and the Correctional Facility



Updated for NCCHC Webinar, Pandemic Day 3

Anne C. Spaulding MD MPH

March 13, 2020

Emory Center for the

Health of Incarcerated Persons

[Aspauld@emory.edu](mailto:Aspauld@emory.edu)

Please do not alter content without contacting author and collaborators



EMORY

ROLLINS  
SCHOOL OF  
PUBLIC  
HEALTH

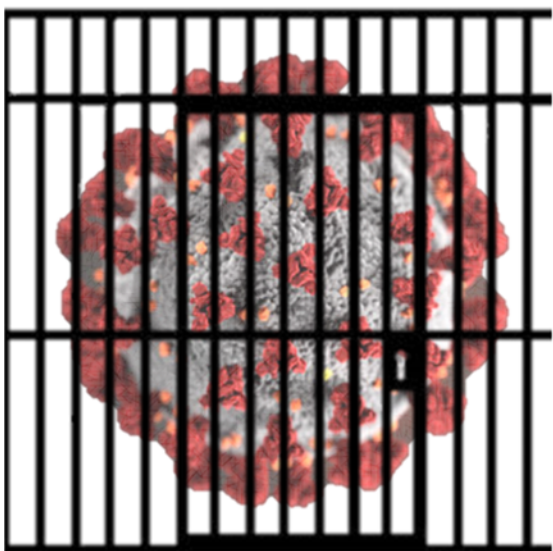


# PRE-TEST

Item	Response	Your Points
1. Exchanged contact information with local/state health department? Established a point of contact?	Yes and Yes: +9 points Will contact them today: +1 point No: subtract 1	
2. Does your facility have plans in place to send ill staff (both public sector, contractors) home/to hospital?	Yes: +1 point No: subtract 1	
3. Screening folks entering your custody for exposure? Cough, OR shortness of breath, OR temp. > 100.4 F?	Yes and Yes: +2 Yes or Yes: +1 No: subtract 1	
4. Are you (or will you be) separating sick (isolation) from exposed (quarantined) from general population?	Yes: +1 points No: subtract 1	


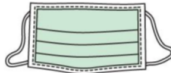

# Outline: COVID-19 Overview for a Congregate Environment

1. Spread
2. **Prevention:** *Actions taken to prevent the spread of virus within a facility that include handwashing, environmental cleaning, and social distancing between well*
3. **Symptoms, Diagnosis and Treatment**
4. **Facility Management**
  - *Isolation—procedure of separating the already sick from those not ill, to prevent the spread of disease. The term isolation is distinct from the term quarantine.*



- *Quarantine—procedure of separating and restricting the movement of persons not sick yet, but were exposed. Allows rapid identification of those who become sick.*
- *Other implications for corrections.*

BOP signage

<b>Health Alert!</b> <b>¡Alerta de salud!</b>	
Coughing spreads germs. Protect yourself and others. <i>Al toser se transmiten microbios. Protéjase Ud. y a los demás.</i>	
	Cover your cough. <i>Tápese la boca al toser.</i>
	If you are coughing, ask about a face mask to wear in Health Services. <i>Si usted esta tosiendo, pida al personal de Servicios Médicos una máscara para cubrirse.</i>
	Clean hands often. <i>Lávese las manos con frecuencia.</i>

# COVID-19 Overview: Spread

- COVID-19 is a viral disease
  - *The virus' official name is "SARS-CoV-2"; COVID-19 is the name of the disease*
- Transmission
  - The virus is thought to spread mainly from person-to-person. Incubation period: 2-14 days.
  - Between people who are in close contact with one another (within about 6 feet)
  - Via respiratory droplets produced when an infected person coughs or sneezes.
  - Droplets can land in mouths/eyes/noses of people nearby or possibly be inhaled into lungs.
- May spread from inanimate objects that have virus on them, but this is not the main way it spreads.
- People are thought to be most contagious when they are the sickest.
- Some spread might be possible before people show symptoms, but this is not the main way it spreads.



# COVID-19 Overview: Spread

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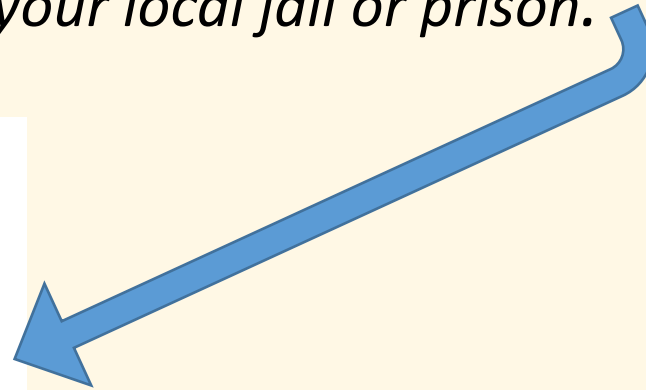
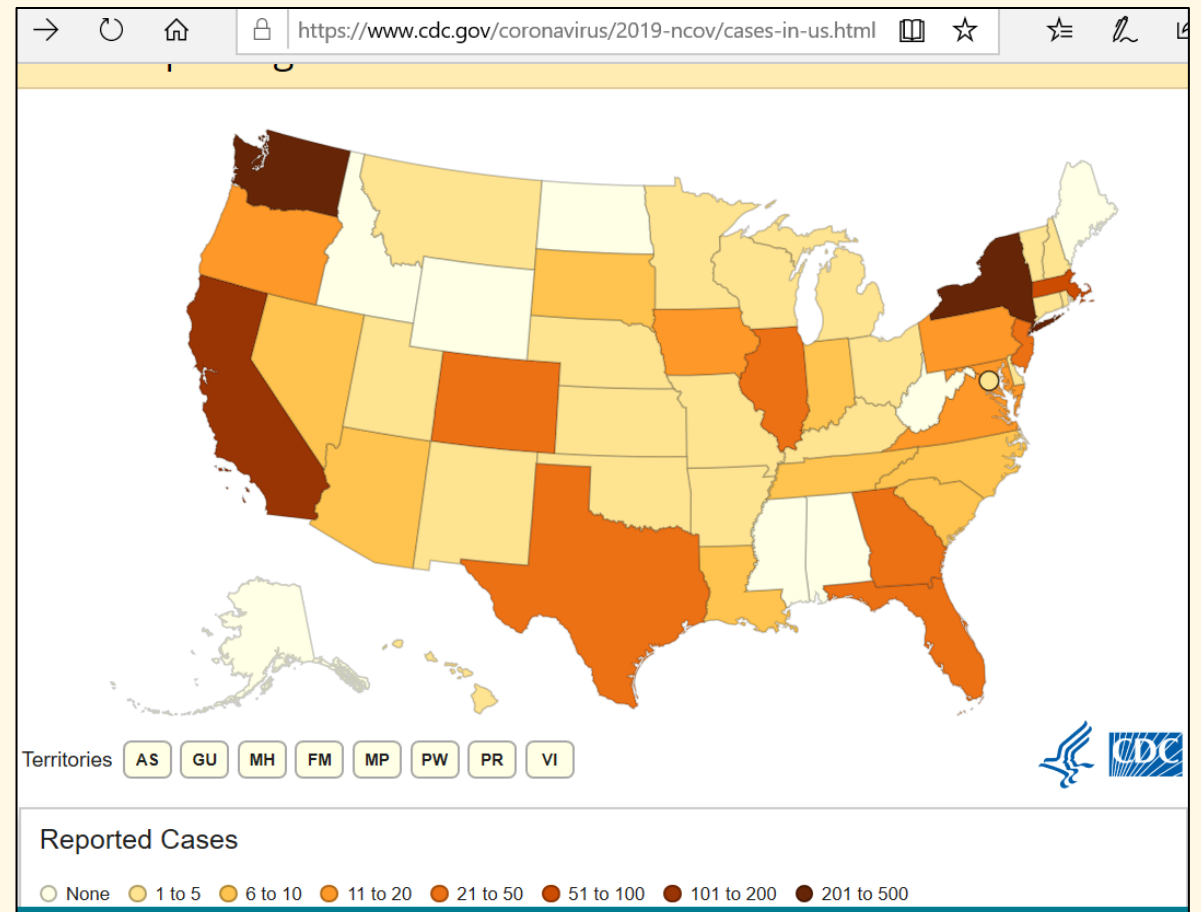


- May spread from inanimate objects that have virus on them, but this is not the main way it spreads.
- Sicker person: more contagious.
- Some spread before people show symptoms, but this is not the main way it spreads.



# COVID-19 Overview: Spread

- From Wuhan to Worldwide.
- Mid-March 2020, several US hotspots.
- Keep up with local situation.
- *If it's spreading in your community, it's likely to show up in your local jail or prison.*



Persons entering your correctional facilities could have been exposed while in a highly prevalent region, near or far, or may have been in close proximity to just one case...



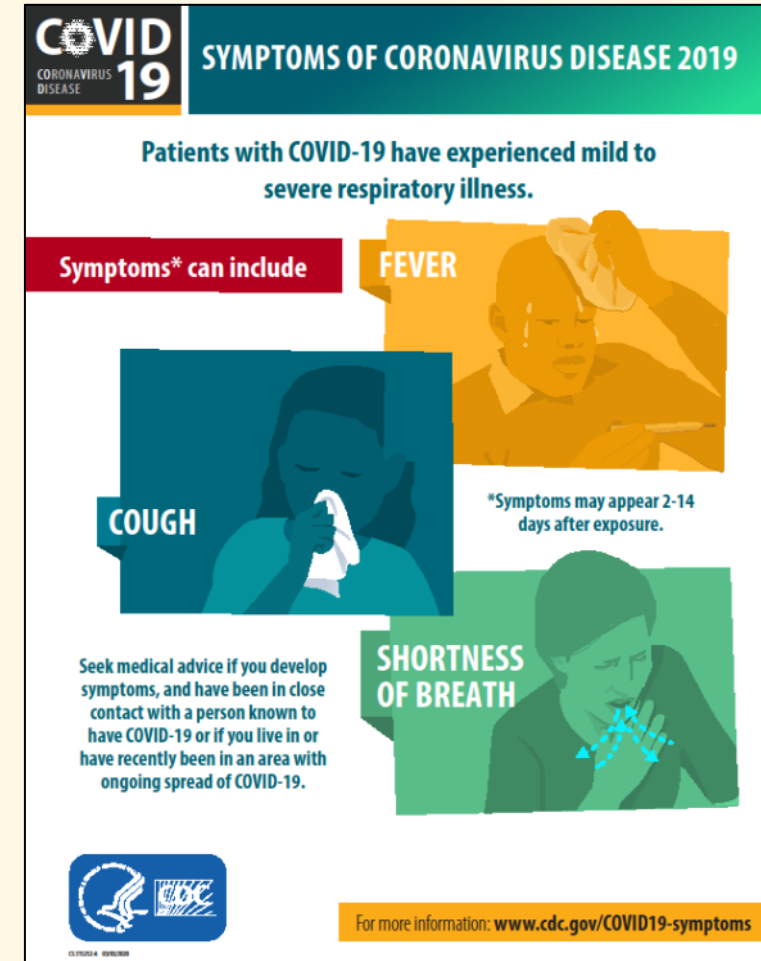
# COVID-19 Overview: Prevention

- Avoid close contact with people who are sick. No hugs, no handshakes.
  - Avoid touching your eyes, nose, and mouth.
  - Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
  - Wash your hands with soap and water frequently, esp. after cough.
    - Wash for 20 seconds—as long as it takes to sing the Happy Birthday song.
  - Clean/disinfect frequently touched objects/ surfaces: hospital-grade disinfectant.
  - Follow CDC's recommendations for using facemask, isolation of infected persons.
- Correctional staff should stay off from work if they feel sick.  
*Have a cough, fever and/or shortness of breath? Stay home.  
If illness becomes worse, seek medical care; call ahead before you go!*



# Overview: Symptoms & Diagnosis

- Many people are asymptomatic or only have mild symptoms.
- Can appear soon (~ 2 days) or long (~2 weeks) after exposure.  
Average: 5 days.
- Some common symptoms: fever, cough, shortness of breath.  
Which sounds an awful lot like the flu...



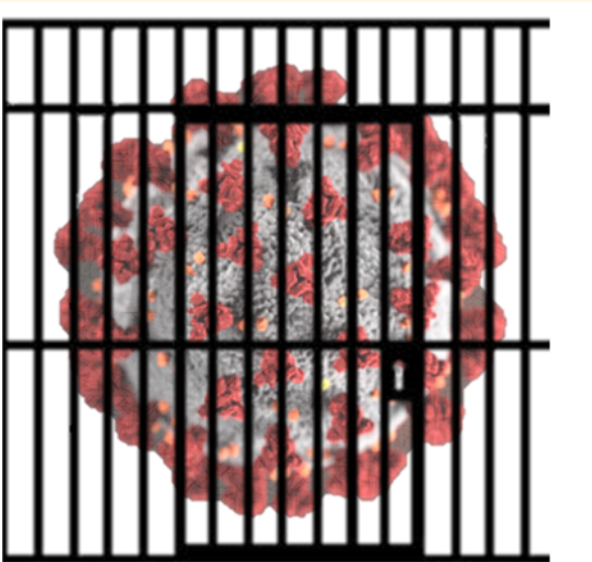
*Tip: finish up your flu vaccine stock now!*

# Overview: 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.



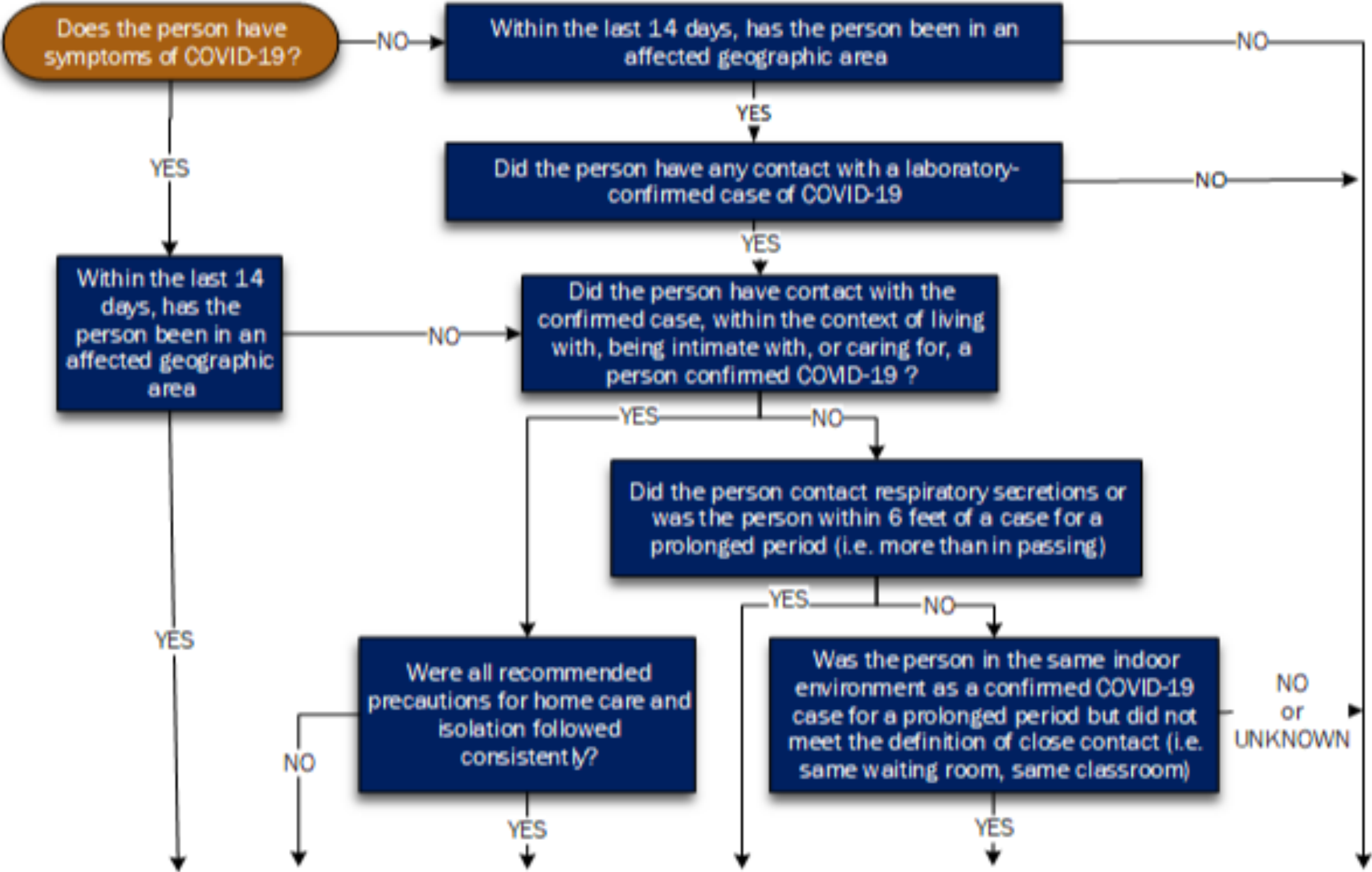


Alaska  
DOC  
Flow  
Chart:

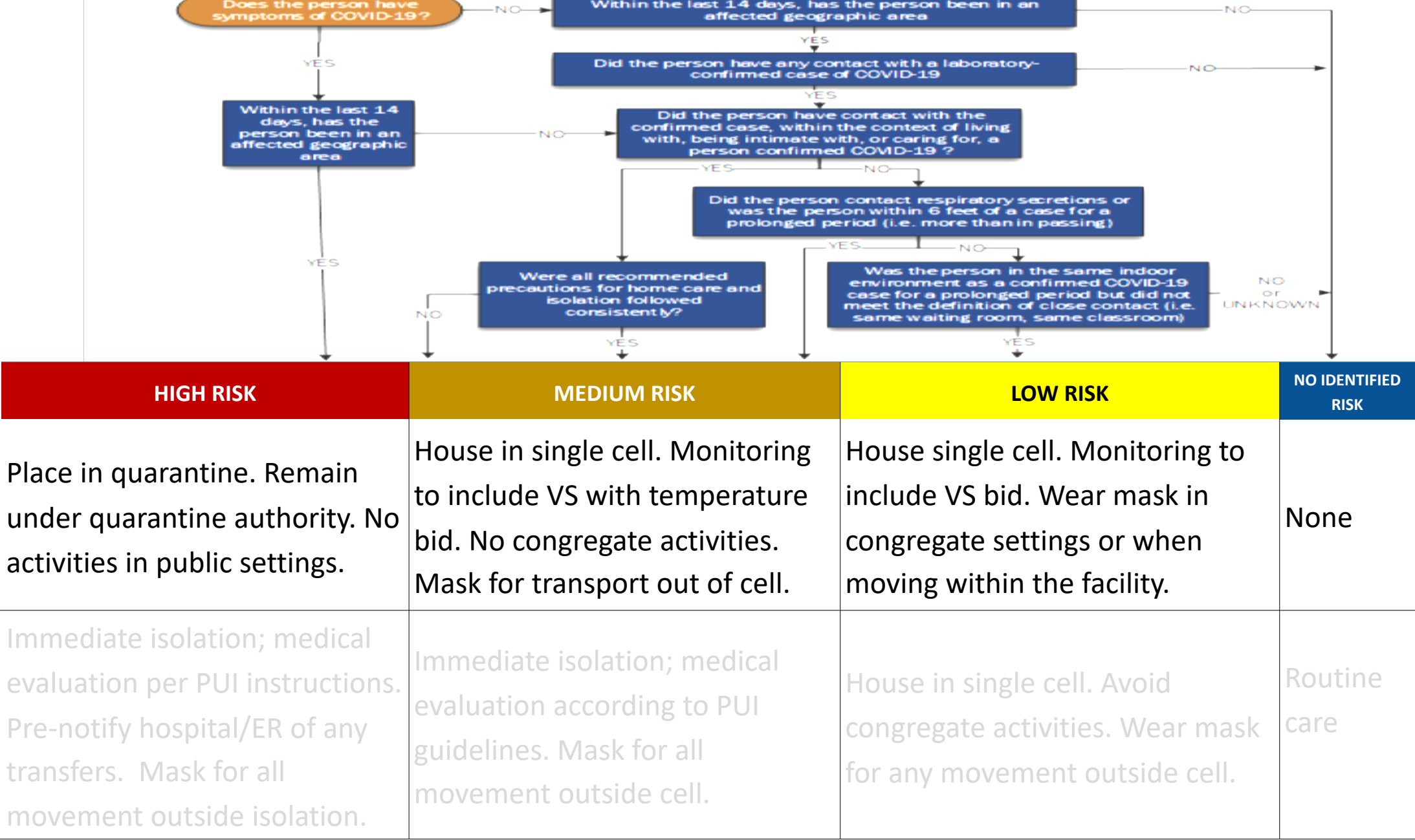
Cohort as  
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Only cohort  
symptomatic  
patients with  
\*lab diagnosed\*  
COVID  
together.

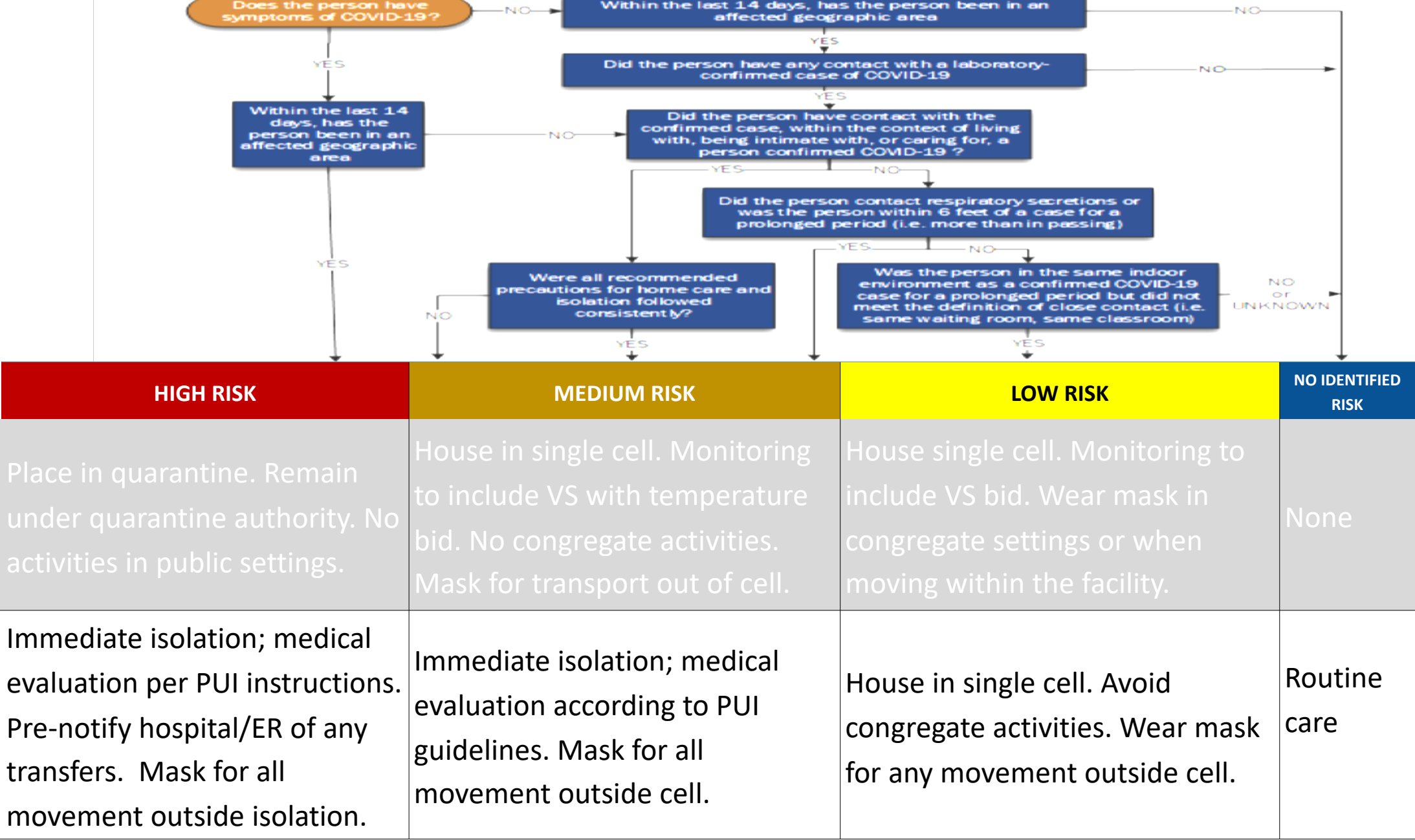
courtesy: R.  
Lawrence



# Alaska DOC Flow Chart



Alaska  
DOC  
Flow  
Chart



# COVID-19, the new type of coronavirus

For those not needing hospital transfer:

- **Treatment**

- Rest; Drink fluids to prevent dehydration
- Take medicine to reduce fever (for example, acetaminophen)
- Research is ongoing on the use of already-developed medications
- Health care staff should be made aware if patient worse symptoms develop, e.g., SOB

- **Vaccination**

- None yet for COVID-19 as of mid-2020; trials starting soon, results in > 1+ year

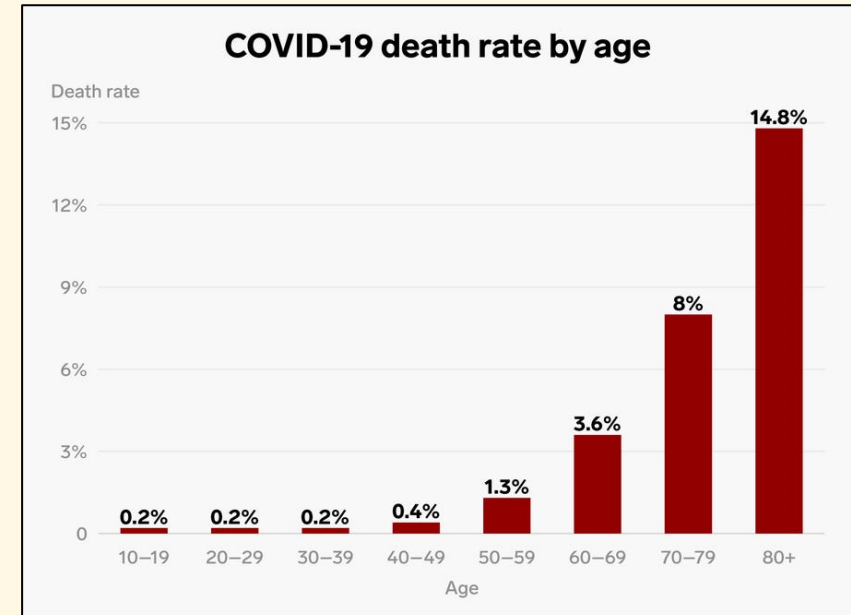


# COVID-19 Risks: Make a List of Most Vulnerable

1. In anyone, COVID-19 can become serious or be fatal.
2. Serious disease, death: most common in older persons and/or those with underlying medical conditions
3. Medical should make custody aware of most vulnerable patients; no need to disclose the nature of their diagnoses and violate HIPAA.

If downsizing of population needed,  
then persons at high priority from  
health point of view targeted.

*Think of your patients in chronic  
care clinics, your pregnant patients  
and how you will keep them safe  
from disease.*



Source: China CDC



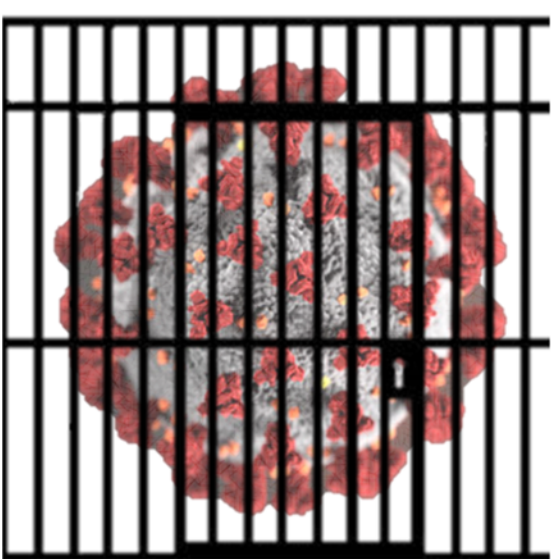


# Implications for Correctional Health Staff

1. Healthcare staff should be aware of ongoing updates to clinical guidelines.
2. Have your pandemic plan in place
3. Share with your local health department: role of your facility in prevention, identification, and management of infectious disease.
  - Remind them that you are in their territory. Swap contact information.
  - Just b/c you have a healthcare staff... (which may be hired via a private vendor)

...doesn't mean that HD shouldn't consider how the presence of a jail and prison, and movement of folks in/out of the facility, impacts public health.

And: Work with your facility on planning now: where to cohort persons (placing persons diagnosed with coronavirus together, but at a distance from folks who are well) if many people are getting sick at the same time.



Health Services: Check for updates local health department and <https://www.cdc.gov/coronavirus/> and regional/corporate infection control coordinators, if any) as needed for latest guidelines on:

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1. How to isolate persons—when is negative pressure room indicated?
2. How long to quarantine those exposed, isolate those infected?
3. What personal protective equipment needed, for whom: eye shield,  
N95/surgical mask,  
gloves, gowns?
4. How to handle those exposed to case of COVID-19, especially after 1<sup>st</sup>  
test is negative: when to repeat before infection can be ruled out?
5. When can isolation be lifted?

*no boot covers*



# Alaska DOC Levels of Quarantine:

courtesy R. Lawrence

Level	Description	Scenario	Details
I	Individual level	Exposed individual is booked into a DOC facility	Quarantine of an exposed individual to include single cell housing, in-cell meals, restriction of movement, and separation from congregate activities for duration of incubation period.
II	Module level	An ill individual is identified in a single module	Quarantine of all inmates in a module with restriction of movement to within the module, in-module meals, separation from congregate activities outside the module for the duration of the incubation period.
III	Facility level	Multiple ill individuals are identified in separate modules or areas	Quarantine of all inmates in an exposed facility to include restriction of movement to and from the facility for the duration of the incubation period.
IV	Inter-facility level	An ill individual is identified after movement between facilities during the infectious period	Quarantine of exposed inmates in multiple modules within multiple facilities with restriction of movement to and from the facilities/modules, and separation of exposed inmates from congregate activities.



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# Implications for Correctional Custody Staff

- Jurisdictions need to understand that incarceration of persons defying quarantine orders could lead to exponential increases in jail cases and cases in the community.
  - Measures other than detention should be considered, such as at-home electronic monitoring.
  - Custody should plan on future absenteeism of ill correctional officers.
  - Supply chains (medicines, food, etc.) may become disrupted.
  - Consider alternatives to incarceration, in order to keep stock population down (diversionary courts, community corrections) .
  - If COVID-19 is in your jurisdiction, consider restriction of movement in and out (visitors, non-essential vendors, tours).



# Other Issues for Correctional Healthcare



- Make sure persons confined in your facility have access to soap for hand washing; tissue for nasal discharge, etc.
- Consider suspending co-pay for medical visits to evaluate sore throat, cough, fever, shortness of breath.
- Consider what will happen if health care workers sick and need to stay home, or home caring for others.



- Prepare for absenteeism/discourage “presentism”

# Post-test for Corrections

Question: where do individuals dwell in close proximity, sleep in close quarters, eat together, recreate in small spaces, with staff close by?

- A. Jails
- B. Cruise Ships
- C. Prisons
- D. A & C
- E. All of the above



## Resources:

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Many correctional systems have developed pandemic flu plans. These plans can be readily adapted to COVID-19 and readapted as we learn more. The BOP plan is available online:

- [https://www.bop.gov/resources/pdfs/seasonal\\_influenza\\_guidance.pdf](https://www.bop.gov/resources/pdfs/seasonal_influenza_guidance.pdf)
    - Questions? [Aspauld@emory.edu](mailto:Aspauld@emory.edu)
    - Emory Center for the Health of Incarcerated Persons, Atlanta GA
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To check the CDC websites for areas of current activity:

Int'l: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

US: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>