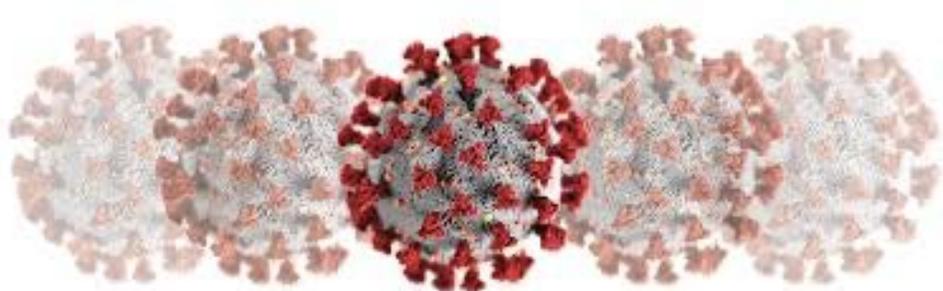


COVID-19 Weekly Roundtable

For Law Enforcement and Correctional Health Care



National Commission on
Correctional Health Care

Roundtable Panelists...



Sheriff Peter Koutoujian
Middlesex Co., Mass.



Dr. Brent Gibson
Chief Health Officer, NCCHC



Sheriff J. Alton Cannon Jr.
Charleston Co., S.C.



Sheriff Bill Brown
Santa Barbara Co., Calif.



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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.



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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.



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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.



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COVID-19 Correctional Pandemic Response Plan

March 19, 2020

What's New since the March 16, 2020 Version?

This COVID-19 Pandemic Response Plan will require regular updates to remain current with the evolving COVID-19 situation. This version of the Response Plan reflects updated CDC guidance and includes the following changes:

- **Element 2. Communication:** Key communication messages for families of incarcerated persons are included.
- **Element 3. General Prevention Measures:**
 - The following additional examples of social distancing are included: minimizing transferring of inmates between units and stopping movement in and/or out of the facility.
 - It is noted that with the discontinuation of group activities, it is vitally important to creatively identify and provide alternative forms of activity to support the mental health of incarcerated individuals during the pandemic.
- **Element 8. Personal Protective Equipment:** CDC (3/17/20) has published [new recommendations](#) on strategies to optimize the PPE supply.
- **Element 10. Isolation/Quarantine:**
 - It is noted that the PPE requirements for COVID-19 do not fall into any one of the usual categories for the CDC transmission-based precautions, i.e., droplet, airborne, or contact. For the purposes of this document we have labeled the precaution sign "Respiratory Infection Isolation Room" since the rooms may house persons with undiagnosed respiratory infection as well as diagnosed COVID-19.
 - Ideally inmates with laboratory confirmed COVID-19 should be housed separately from those with undiagnosed respiratory illness. It is particularly important for those with undiagnosed respiratory illness to wear a mask so persons with respiratory illnesses other than COVID-19 are protected.
 - CDC (3/16/20) has issued new guidance on discontinuation of home isolation that does not rely on obtaining negative COVID-19 test results. It is reasonable to apply this guidance to correctional facilities.

Isolation for COVID-19 can be discontinued: if at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); **and** at least 7 days have passed since symptoms first appeared.
- **Element 11. Care for the Sick:** Acetaminophen is the preferred antipyretic for treating fever in most patients with COVID-19 considering its efficacy and safety profile. Ibuprofen is as an alternative, antipyretic choice; however: it can cause kidney damage and other adverse effects in some patients. Recent reports suggest that ibuprofen may worsen the course of COVID-19; however, this theoretical risk is still under investigation.
- **Element 12. Quarantine:** It is noted that the PPE requirements for quarantine are based on the [CDC guidelines](#) for public health personnel visiting persons in home quarantine.

Courtesy of: VitalCore Health Strategies

Data & Resources for the field...

HARVARD UNIVERSITY

Of the COVID-19 cases and suspected cases, how many were placed in:

	Quarantine	Medical isolation
Inmates	<input type="text"/>	<input type="text"/>
Corrections staff	<input type="text"/>	<input type="text"/>
Health staff	<input type="text"/>	<input type="text"/>

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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.



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

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

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.



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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



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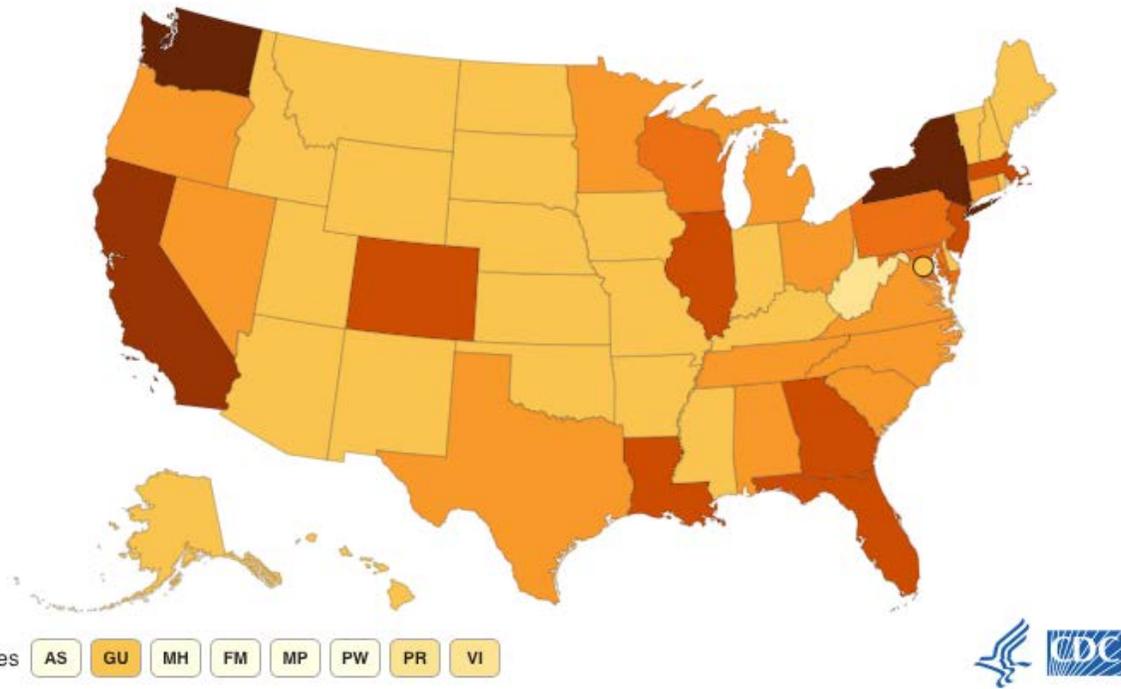
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From Wuhan to Worldwide



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States Reporting Cases of COVID-19 to CDC

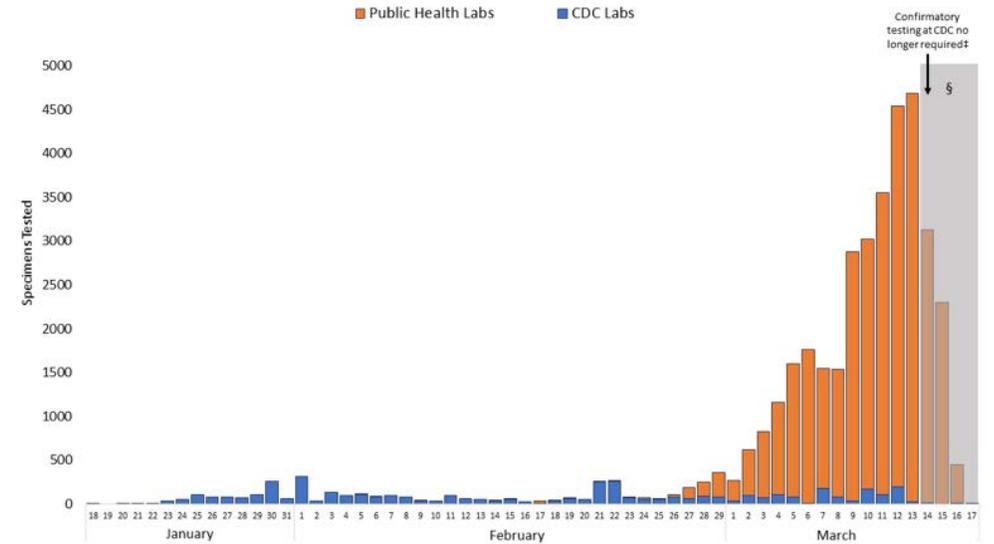


Reported Cases
(last updated March 19, 2020)

Legend for Reported Cases:

- None
- 1 to 5
- 6 to 50
- 51 to 100
- 101 to 200
- 201 to 500
- 501 to 1000
- 1001 to 5000

Number of specimens tested for SARS CoV-2 by CDC labs (N=4,484) and U.S. public health laboratories* (N=33,340)†



Note: As of March 12, the dates associated with the specimens tested by CDC Labs have been updated to reflect the date the specimen was received by CDC, instead of when they were collected from the patient. Use of the specimen received date better reflects when specimens became available for testing by the CDC Labs.



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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



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Sheriff J. Alton Cannon Jr.



James Alton Cannon, Jr., was first elected sheriff in 1988 and is serving in his sixth term. The Charleston County Sheriff's Office is one of the largest law enforcement agencies in the state, employing over 900 people. Sheriff Cannon is responsible for the oversight of an annual budget of over 55 million dollars. The sheriff is a member of the South Carolina and United States Supreme Court Bars.



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Charleston County, SC Sheriff's Office Checklist

- Recognition, Reporting, and Data Collection
- Infection, Prevention, and Control Measures
- Caring for the Sick
- Possible Administrative Controls During Outbreaks
- Outbreak Response



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Sheriff Bill Brown



Bill Brown has served as Santa Barbara County's Sheriff-Coroner since 2006. Sheriff Brown began his law enforcement career in 1977. In 1992, he became chief of police for the City of Moscow, Idaho. In that position, he was responsible for overseeing police operations for both the City of Moscow and the University of Idaho. He then moved to and led the Lompoc Police Department from 1995-2006 until being elected to his present office.



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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





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.



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COVID
CORONAVIRUS
DISEASE **19**

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.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



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



For more information: www.cdc.gov/COVID19

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



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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.



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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



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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.



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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)



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.



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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.



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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.



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Resources for Help

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- For all things NCCHC go to: www.ncchc.org
- For NCCHC COVID-19 blog go to: www.ncchc.org/blog
- For NCCHC COVID-19 Q&A go to: <https://www.ncchc.org/blog/covid-19-qa>
- To submit a question to NCCHC, email: info@ncchc.org

Major County Sheriff's of America

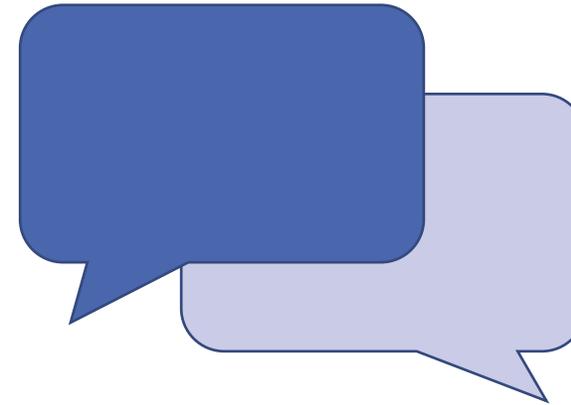
- For all things MCSA go to: www.mcsheriff.com
- For MCSA COVID-19 information, go to: <https://mcsheriffs.com/important-mcsa-announcement-about-covid-19/>



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COVID-19 Hotline for Correctional Health Care

NCCHC-COVID@ncchc.org



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Topics for Future COVID-19 Roundtables

Email:

jamesmartin@ncchc.org

or

brendan.a.kennedy@state.ma.us



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