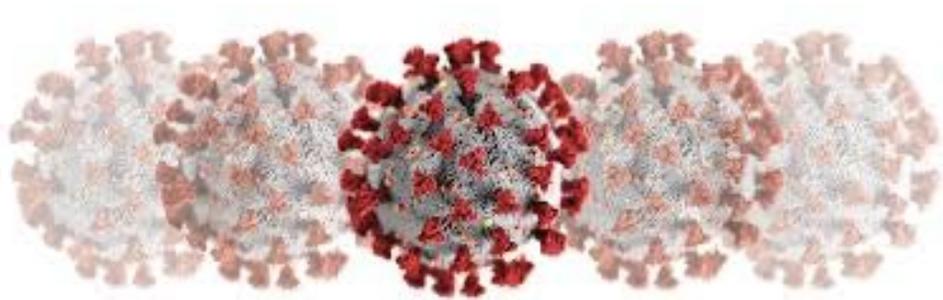


COVID-19 Weekly Roundtable

For Law Enforcement and Correctional Health Care



National Commission on
Correctional Health Care

Roundtable Panelists...



Sheriff Peter Koutoujian
Middlesex Co., Mass.



Ms. Liesl Hagan, MPH
Center for Disease Control
and Prevention



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



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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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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.



Brent Gibson, MD, MPH, CCHP-P



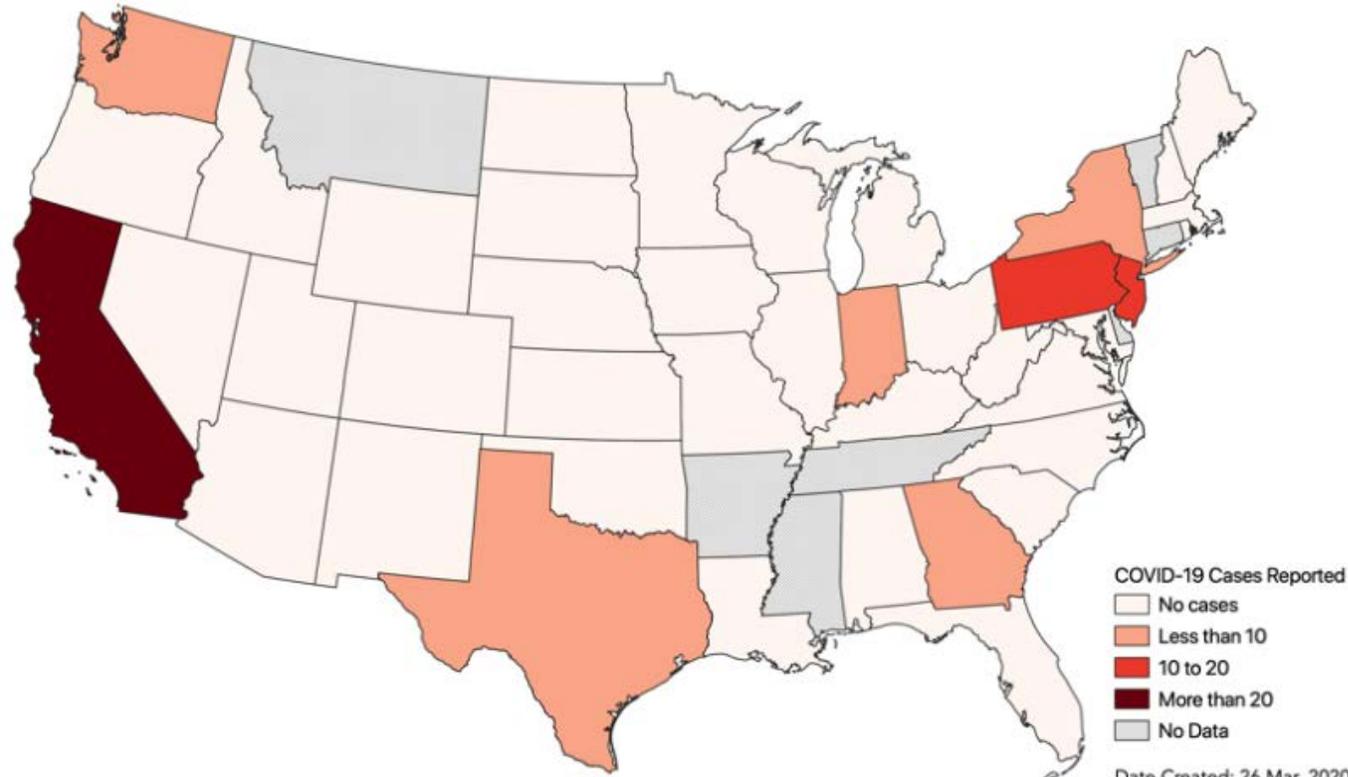
Dr. Gibson is a licensed and board-certified physician with expertise in public health and preventive medicine. He formally served as the Clinical Director for the United States Medical Center for Federal Prisoners and as an occupational medicine specialist for the United States Army.



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COVID-19 Cases Reported as of March 25th - Corrections

COVID-19 Cases Reported to Date*



Date Created: 26 Mar, 2020

Source: NCCHC-Harvard Questionnaire

Includes currently infected, recovered and deaths

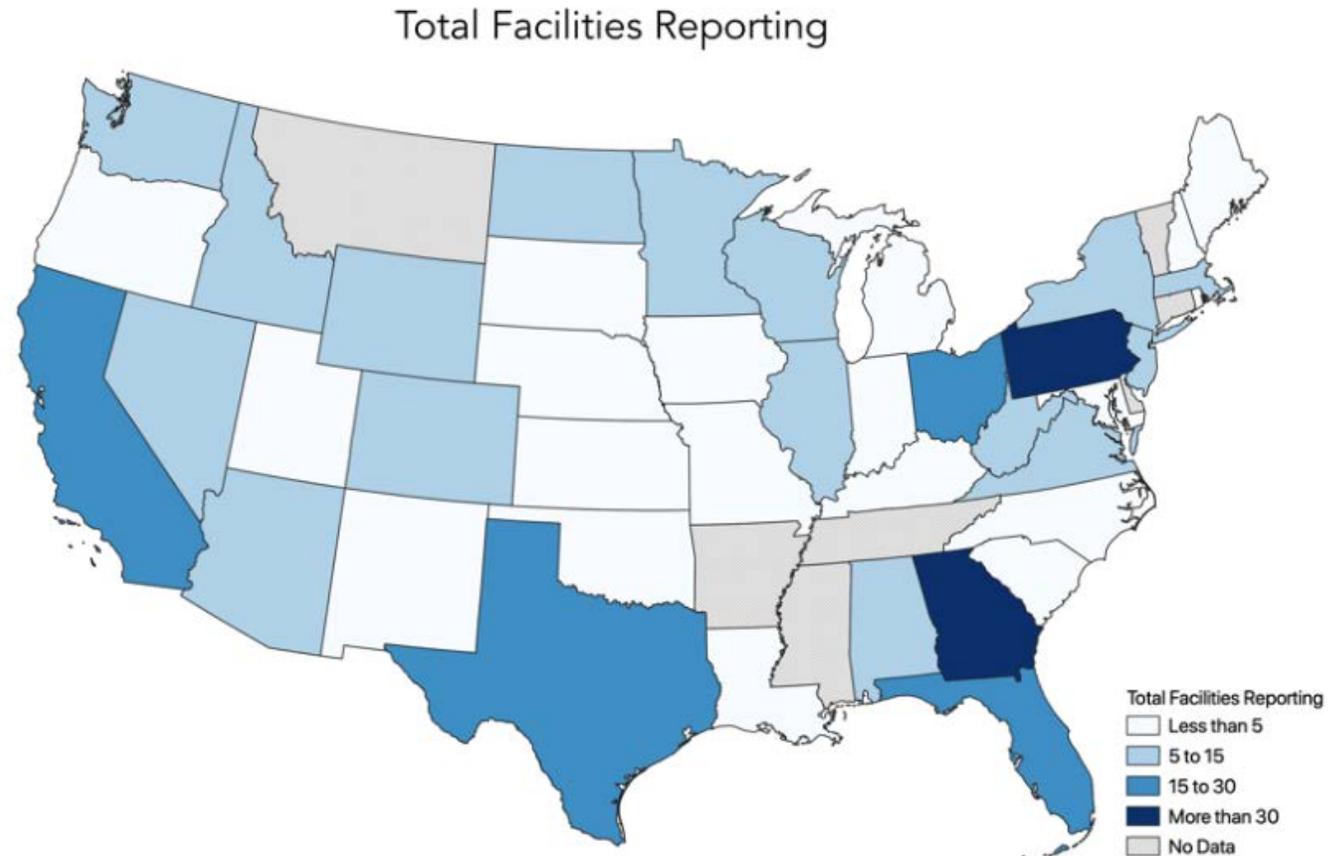
*Reporting started 22 Mar, 2020

- Facilities responding to date include **295 jails and prisons** from **42 states**.
- Among facilities responding to date, there have been **66 reported cases** and **5 reported deaths** due to COVID-19.



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Total Correctional Facilities Reporting



- Among facilities responding to date, 45% are screening current inmates, 93% are screening new intakes, and 78% are screening staff.
- Among facilities responding to date, 97% have specific protocols and procedures for managing COVID-19 and 63% have access to lab testing for COVID-19.

Date Created: 26 Mar, 2020
Source: NCCHC-Harvard Questionnaire



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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>



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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.



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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.

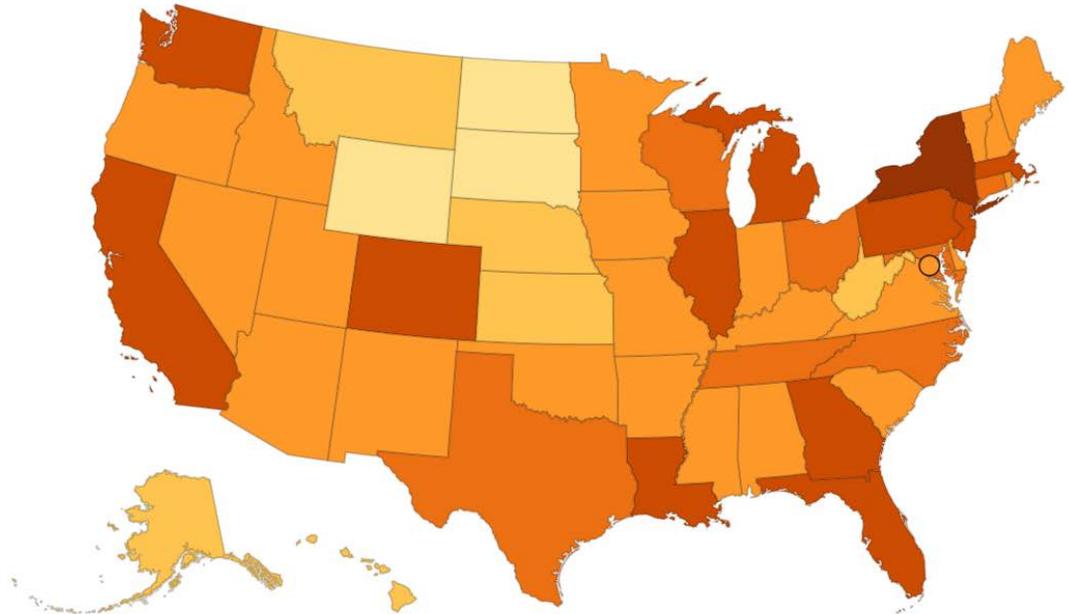
Diagnostic guidelines, best tests are evolving, so check your local and state health department for latest updates. Also: go to CDC.gov

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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States Reporting Cases of COVID-19 to CDC



Territories **AS** **GU** **MH** **FM** **MP** **PW** **PR** **VI**

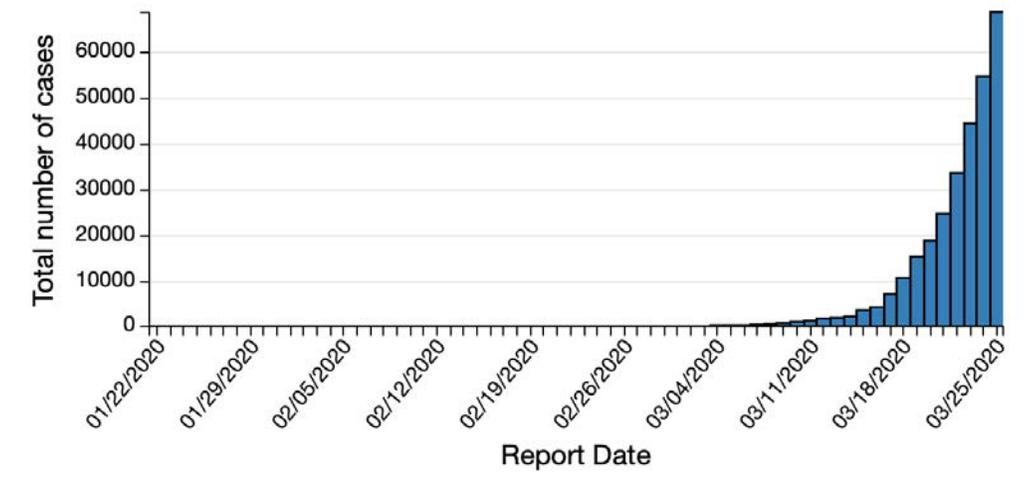


Reported Cases

(last updated March 26, 2020)

○ None ● 6 to 50 ● 51 to 100 ● 101 to 500 ● 501 to 1000 ● 1001 to 5000 ● 5001 or more

Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020, to March 25, 2020, at 4pm ET (n=68,440)*



■ Total number of cases



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Ms. Liesl Hagan, MPH



Liesl Hagan is an Epidemiologist with the Centers for Disease Control and Prevention. She is currently detailed to the CDC's Emergency Operations Center as the POC for corrections, where she led the development of CDC's Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities. She co-chairs the National Center for HIV/AIDS, Hepatitis, STD, and TB Prevention Workgroup on Correctional Health.



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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



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



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



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



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.



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



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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.



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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

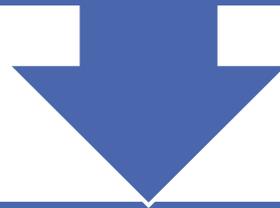
Consider suspending work release programs and other programs that involve movement of inmate population in and out of the facility



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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



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Preventative Practices for Operations

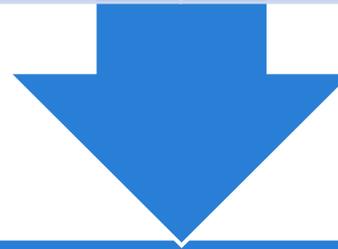
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.

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.



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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



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



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



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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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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



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.



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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



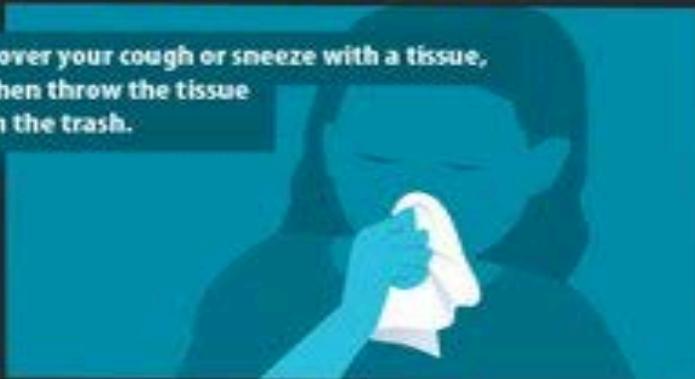
STOP THE SPREAD OF GERMS

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

CS214815-A

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



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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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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)



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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

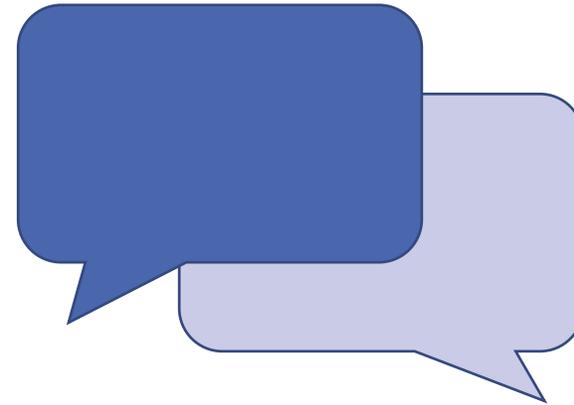
- For all things MCSA go to: www.mcsheriff.com
- For MCSA COVID-19 information, go to: <https://mcsheriffs.com/important-mcsa-announcement-about-covid-19/>



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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

or

kwagner@mcsheriff.com



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CDC Guidance on Management of COVID-19 in Correctional and Detention Facilities

Liesl Hagan, MPH

Epidemiologist

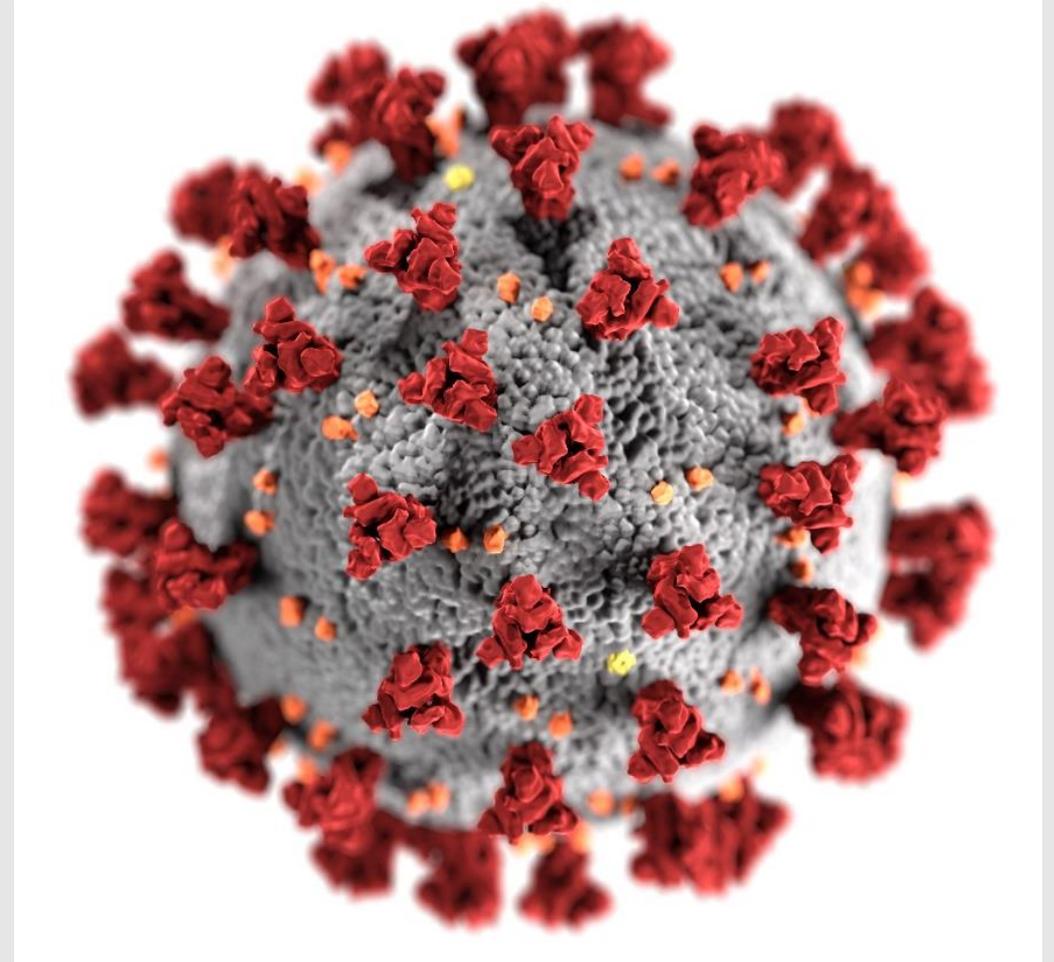
Community Interventions Task Force - Correctional Health

COVID-19 Response

Centers for Disease Control and Prevention

This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of March 30, 2020.

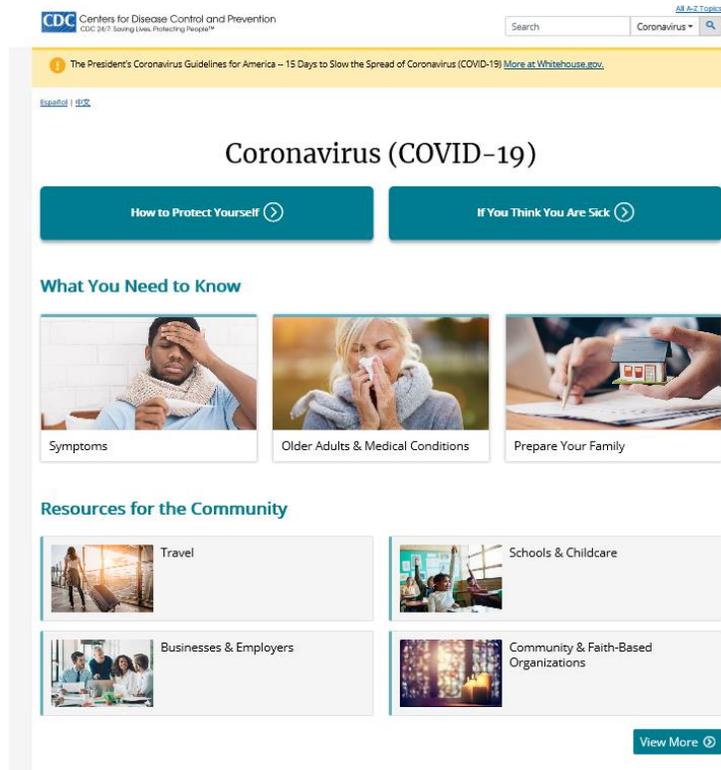
The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the [CDC website](https://www.cdc.gov/coronavirus) periodically for updated interim guidance.



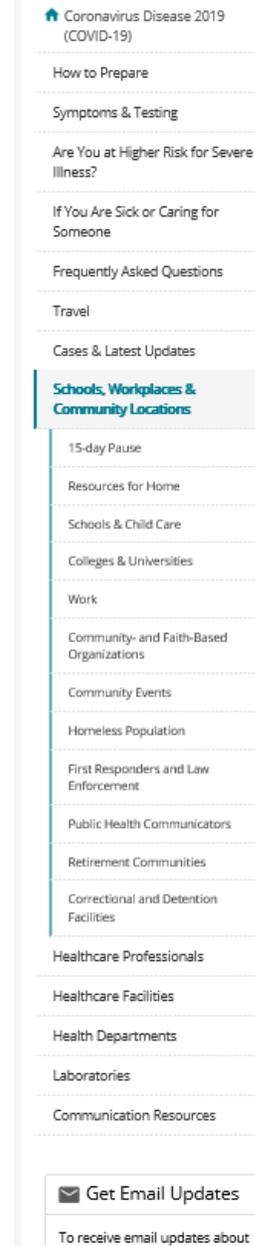
[cdc.gov/coronavirus](https://www.cdc.gov/coronavirus)



Finding the CDC guidance for corrections



<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>



Schools, Workplaces & Community Locations

The President's Coronavirus Guidelines for America -- 15 Days to Slow the Spread of Coronavirus (COVID-19)
More at [Whitehouse.gov](https://www.whitehouse.gov) | [Spanish](#)

Community Mitigation Plans



- [CDC Community Mitigation Framework](#) [10 Pages]
- [Santa Clara, CA](#)
- [Seattle, WA](#)
- [New Rochelle, NY](#)
- [Florida](#)
- [Massachusetts](#)

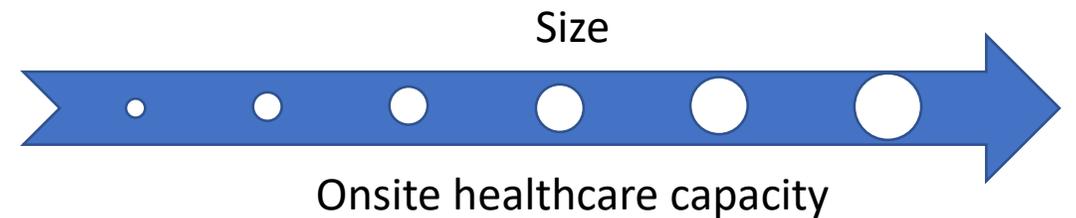
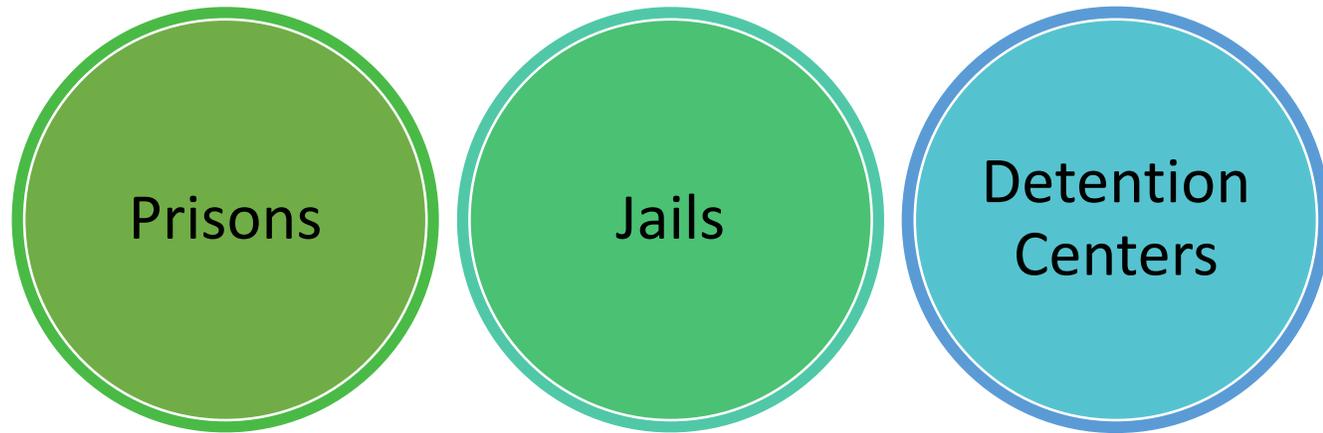
Steps to Stay Safe

- [Keeping Workplaces, Schools, Homes and Commercial Establishments Safe](#) [4 Pages]
- [Community Leaders: Take Advantage of the 15-day Pause](#)

How to prepare and take action for COVID-19

-  At Home
-  At K-12 Schools and Child Care Programs
-  At Colleges and Universities
-  At Work
-  Community- and Faith-Based Organizations
-  Large Community Events/Mass Gatherings
-  Healthcare settings
-  First Responders
-  Homeless Shelters
-  Retirement Communities
-  Correctional and Detention Facilities

What types of facilities does the guidance cover?



Navigating the CDC Guidance Document

1

PREPARE

Communications
Personnel Practices
Operations
Supplies

2

PREVENT

Hygiene
Cleaning
Screening for Symptoms
Social Distancing

3

MANAGE

Medical Isolation
Quarantine
Infection Control
Clinical Care

Make sure to look at recommendations from all phases, regardless of whether you have cases

PREPARE



COMMUNICATE with local public health



IDENTIFY medical isolation and quarantine spaces ahead of time



PLAN for staff absences and encourage sick employees to stay home



POST information around the facility on COVID-19 symptoms and hygiene



CHECK supply stocks (cleaning supplies, hand washing supplies, medical supplies, PPE)

STOP **Feeling Sick?**
Stay home when you are sick!

If you feel unwell or have the following symptoms please leave the building and contact your health care provider. Then follow-up with your supervisor.

DO NOT ENTER if you have:

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

 [cdc.gov/CORONAVIRUS](https://www.cdc.gov/CORONAVIRUS)

SYMPTOMS OF CORONAVIRUS DISEASE 2019

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

Symptoms* can include **FEVER**

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

SHORTNESS OF BREATH

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

GERMS are all around you.



Stay healthy. Wash your hands.

 www.cdc.gov/handwashing

Wash YOUR HANDS!

Hands that look clean can still have tiny germs!

Washing steps: Wet, Get Soap, Scrub, Rinse, Dry



Communications Resources

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

A quick note on...SOAP

Make sure it is:

- Free
- Accessible
- Restocked continually
- Not irritating to skin



Alcohol-based hand sanitizer (at least 60% alcohol) is a good alternative when soap & water aren't available – consider loosening restrictions where feasible

PREVENT



RAMP UP cleaning schedule & hand hygiene reminders



LIMIT transfers between facilities



SCREEN everyone coming in for symptoms
(new intakes, staff, visitors)



IMPLEMENT social distancing



MAKE SURE everyone knows what to do if they have symptoms



ENCOURAGE non-contact visits or consider suspending visitation



Screening

- **New intakes – AT SALLYPORT**
- **Incarcerated people leaving the facility**
- **Staff – daily on entry**
- **Visitors**

1. *Today or in the past 24 hours, have you had any of the following symptoms?*
 - *Fever, felt feverish, or had chills?*
 - *Cough?*
 - *Difficulty breathing?*
2. *In the past 14 days, have you had contact with a person known to be infected with coronavirus (COVID-19)?*
3. *Take the person's temperature*



Social Distancing

- Ideally 6 feet between people (sick or not)
- Decrease frequency of contact



Reduces risk of spreading disease

Social Distancing Examples for Corrections

NOT one-size-fits-all...each facility will need to choose what works for them

Common areas

- Enforce increased space between people in
 - holding cells
 - lines
 - waiting areas such as intake (e.g., remove every other chair in a waiting area)

Recreation

- Choose spaces where people can spread out
- Stagger time in recreation spaces
- Assign each housing unit a dedicated recreation space to avoid mixing and cross-contamination

Meals

- Stagger meals
- Rearrange seating in the dining hall (e.g., remove every other chair and use only one side of the table)
- Provide meals inside housing units or cells

Group activities

- Limit their size
- Increase space between people
- Suspend group programs where people will be in closer contact than in their housing environment
- Choose outdoor areas or other areas where people can spread out

Housing

- Reassign bunks to provide more space between people
- Sleep head to foot
- Minimize mixing of people from different housing areas

Medical

- Designate a room near each housing unit to evaluate people with COVID-19 symptoms
- Stagger sick call
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process

COMMUNICATE the reasons for social distancing

MANAGE



SUSPEND all non-medical transfers



INTEGRATE screening into release planning



COORDINATE with public health



MASK & MEDICALLY ISOLATE symptomatic people



IDENTIFY & QUARANTINE close contacts



WEAR recommended PPE



PROVIDE clinical care or transfer for care



COMMUNICATE clearly & often



MEDICAL ISOLATION

Who: Symptomatic people

What: MASK & separate from others

When: Immediately once symptoms appear

Where: Ideally, an individual cell

Why: Prevent exposing others
Evaluate, test if needed
Give care

How long: It's complicated
(More on next slide)



QUARANTINE

Who: Close contacts of a known or suspected case (staff or incarcerated)

What: Separate from others
Monitor for symptoms

When: Once identified as a close contact

Where: Ideally, an individual cell
(if incarcerated)
At home (if staff)

Why: Prevent exposing others if infected

How long: 14 days

Medical Isolation

Isolate anyone with symptoms of COVID-19

MASK for source control

Separate from others (individually if possible) & restrict movement

Provide with tissues, trash can, and hand hygiene supplies

Notify public health

Clean & disinfect thoroughly

Evaluate and test, if indicated

Give care (or transfer for care)

Options for Medical Isolation

when multiple people need to be isolated due to COVID-19

IDEAL: SEPARATELY

- Single cells with solid walls & solid door
- Single cells with solid walls

NEXT BEST: AS A COHORT – *use social distancing*

- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)

LAST RESORT: TRANSFER

- Transfer to a facility with isolation space

(LAST RESORT due to possibility of introducing COVID-19 to another facility)

CAUTIONS for Cohorting COVID-19 Cases



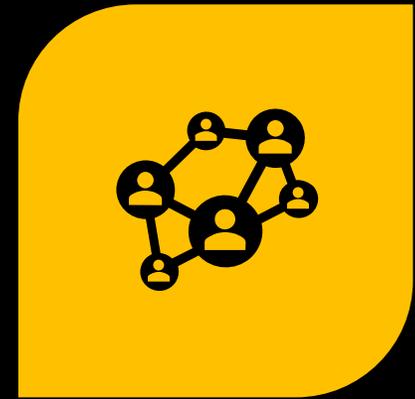
DO NOT COHORT CONFIRMED CASES WITH SUSPECTED CASES

DO NOT COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIONS



PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions



USE SOCIAL DISTANCING AS MUCH AS POSSIBLE

When Does Medical Isolation End?

If the person will be tested to determine if they are still contagious

- No fever for ≥ 72 hours (without fever reducing medications)
- Other symptoms have improved
- Tested negative in ≥ 2 consecutive respiratory specimens collected ≥ 24 hours apart

If the person will NOT be tested to determine if they are still contagious

- No fever for ≥ 72 hours (without fever reducing medications)
- Other symptoms have improved
- At least 7 days have passed since the first symptoms appeared

If the person had a positive test but never had symptoms

- At least 7 days have passed since the first positive COVID-19 test
- The person has had no subsequent illness

Quarantine

A close contact is anyone who:

- Has been within 6 feet of a confirmed/suspected case for a prolonged period of time

OR

- Has had contact with infectious secretions from a confirmed/suspected case (e.g., coughed on)

Identify close contacts

Mask as source control, if PPE stocks allow

Separate from others (ideally individually) & restrict movement

Monitor symptoms 2x per day

If symptoms develop, immediately mask and medically isolate

If cohorting and another case develops, 14-day clock restarts

Return to previous housing and lift movement restrictions after 14 days if no symptoms develop

Options for Quarantine

when multiple close contacts of a COVID-19 case need to be quarantined

IDEAL: SEPARATELY

- Single cells with solid walls & solid door
- Single cells with solid walls

NEXT BEST: AS A COHORT – *use social distancing*

- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)
- If a whole housing unit has been exposed: quarantine in place, with no movement outside the unit

LAST RESORT: TRANSFER

- Transfer to a facility with quarantine space

(LAST RESORT due to possibility of introducing COVID-19 to another facility)

CAUTIONS for Cohorting Close Contacts of COVID-19 Cases



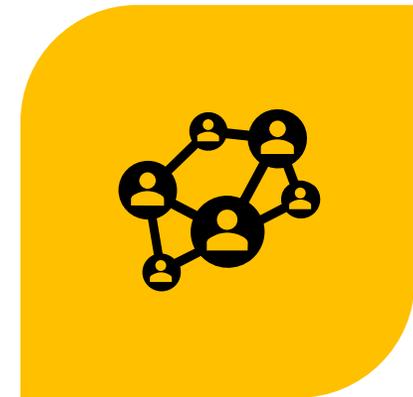
MONITOR SYMPTOMS CLOSELY, AND IMMEDIATELY PLACE SYMPTOMATIC PEOPLE UNDER MEDICAL ISOLATION TO PREVENT FURTHER SPREAD

(14-DAY CLOCK RESTARTS)



PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

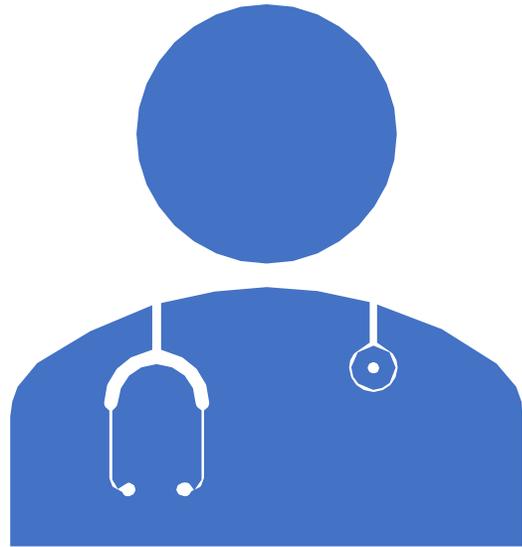
- Older adults
- People with serious underlying medical conditions



DO NOT ADD PEOPLE TO AN EXISTING QUARANTINE COHORT

DO NOT MIX PEOPLE QUARANTINED DUE TO EXPOSURE WITH PEOPLE UNDER ROUTINE INTAKE QUARANTINE

Clinical Care for Patients with COVID-19



- **Refer to full CDC guidance at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>:**
 - Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
 - CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)
- **Evaluate people for COVID-19 at the first sign of symptoms**
 - Include assessment of high risk status
 - Test for other causes of respiratory illness (e.g., influenza)
- **Have a plan in place to safely transport cases to a local hospital if they need care beyond what the facility can provide**

Infection Control & PPE



- Refer to full CDC guidance at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>:
 - CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
 - NOTE: language is not specific for correctional settings – implement as fully as able, may need to adapt
- **Assess PPE needs based on the type of contact a person has with a confirmed/suspected COVID-19 case** (see full guidance document and accompanying PPE table – details on next 2 slides)
- **Minimize contact with a symptomatic person until that person is wearing a mask** (6 feet if possible)
- **Clean duty belt, gear, clothing that comes into contact with a symptomatic person**
- **Wash hands thoroughly after any contact**

Infection Control & PPE



- **Nationwide shortages are expected for all PPE categories:**
- **Refer to CDC's guidance on optimizing PPE supplies:**
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

Some strategies include:

- **N95 respirators:** Face masks are an acceptable alternative to N95 respirators when supplies are limited. N95s should be prioritized for procedures expected to generate infectious aerosols.
- **Face masks:** Extended use for multiple patients; use beyond shelf life; reuse; prioritize for splashes/sprays; increase ventilation; homemade masks
- **Eye protection:** Choose reusable options if available; use beyond shelf life; extended use for multiple patients; clean disposable units; prioritize for splashes/sprays
- **Gowns:** Cloth/reusable options; use beyond shelf life; use gowns meeting international standards; prioritize for splashes/sprays/high-contact; other garments

Recommended PPE

PPE recommended for staff and incarcerated people depends on the level of contact they have with COVID-19 cases and/or contaminated materials

2nd to last page of guidance document

NOTE: **Change** to table forthcoming – staff performing temperature checks do NOT need to wear gowns/coveralls.

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response

Classification of Individual Wearing PPE	N95 respirator	Face mask	Eye Protection	Gloves	Gown/Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained 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				
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19	-	✓	-	-	-
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact	-	-	-	✓	✓
Incarcerated/detained 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. See CDC guidelines for more details.			✓	✓
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.			-
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 (see CDC Infection control guidelines)	✓	-	✓	✓	✓
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. See CDC guidelines for more details.			✓	✓

* 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 can be used as an 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.



Q & A