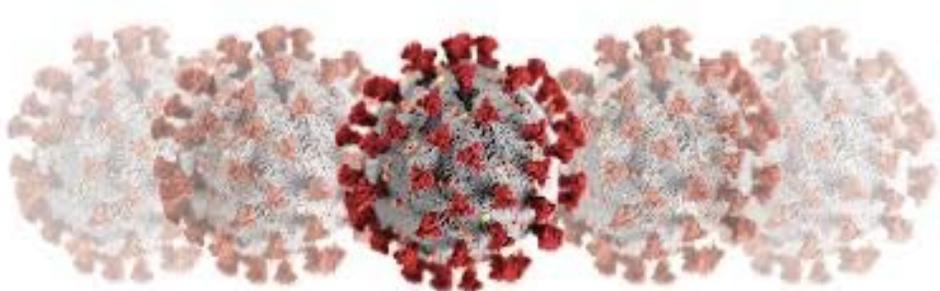


# COVID-19 Weekly Roundtable

For Law Enforcement and Correctional Health Care



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Correctional Health Care

# Roundtable Panelists...



Sheriff Peter Koutoujian  
Middlesex Co., Mass.



Sheriff-Coroner Chad Bianco  
Riverside Co., Calif.



Chief Deputy Geoff Stobart  
Franklin Co., Ohio



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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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# Moment of Silence



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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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# Life support for known and suspected COVID19 patients

- Use Standard and Transmission-based Precautions
  - PPE – eye protection, mask, gloves and gowns.
  - Aerosol-generating procedures in Airborne Infection Isolation Rooms
  - Use of single-person rooms
  - Hand hygiene
  - Consider shorter intubation timelines (sooner)

## CPR & Emergency Cardiovascular Care



[https://professional.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm\\_505872.pdf](https://professional.heart.org/idc/groups/ahamah-public/@wcm/@sop/@smd/documents/downloadable/ucm_505872.pdf)



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# Reentry from Jails and Prisons during COVID-19

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



# Reentry from Jails and Prisons during COVID-19

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

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

## At Risk Inmate Population

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



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# Screening Questions

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

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

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

Are you or have you recently had difficulty breathing?

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



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# Things Inmates need to know going home...

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



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# NCCHC Standard E-10 Discharge Planning (E)

## Standard

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

## Compliance Indicators

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



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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.

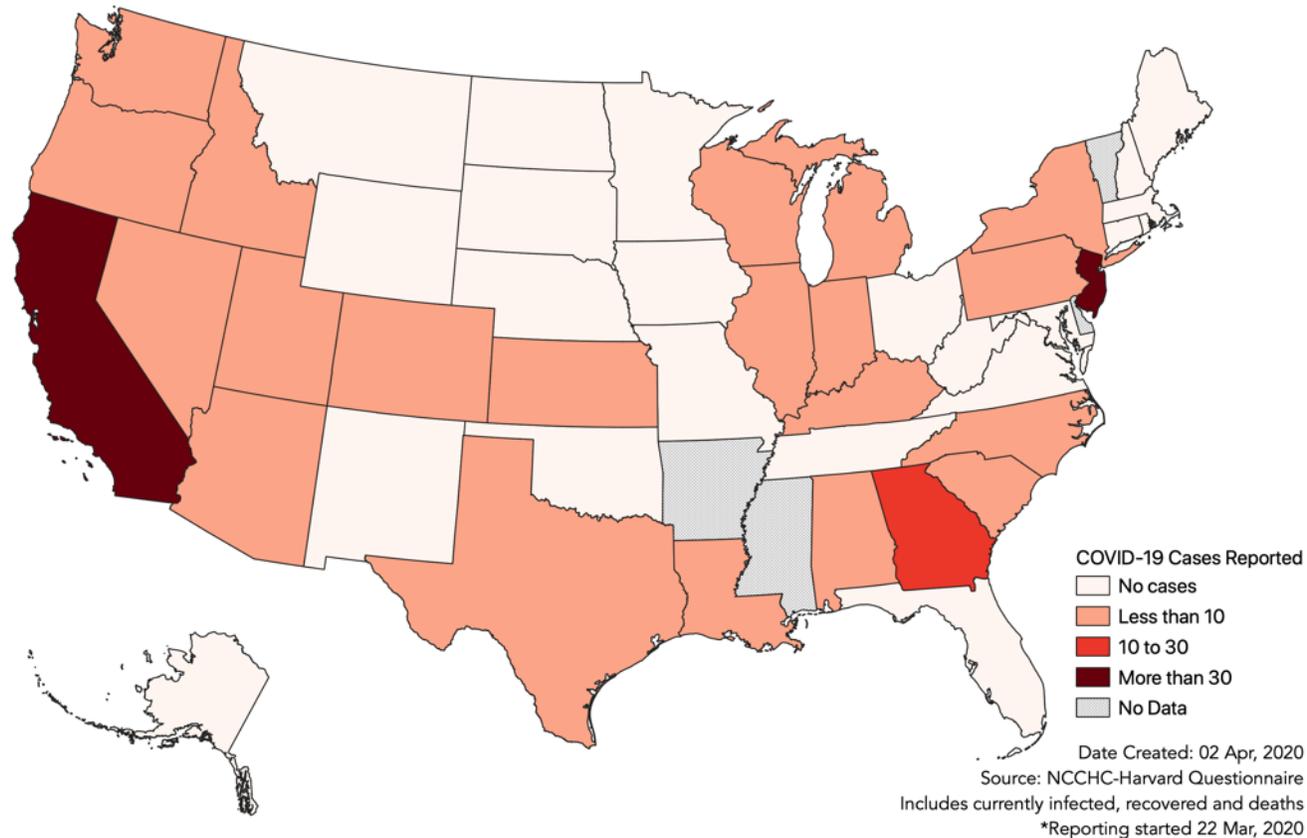
**Isolation and quarantine are used to protect the public by preventing exposure to infected persons or to persons who may be infected.**



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# COVID-19 Cases Reported on April 1<sup>st</sup> - Corrections

COVID-19 Cases Reported to Date\*



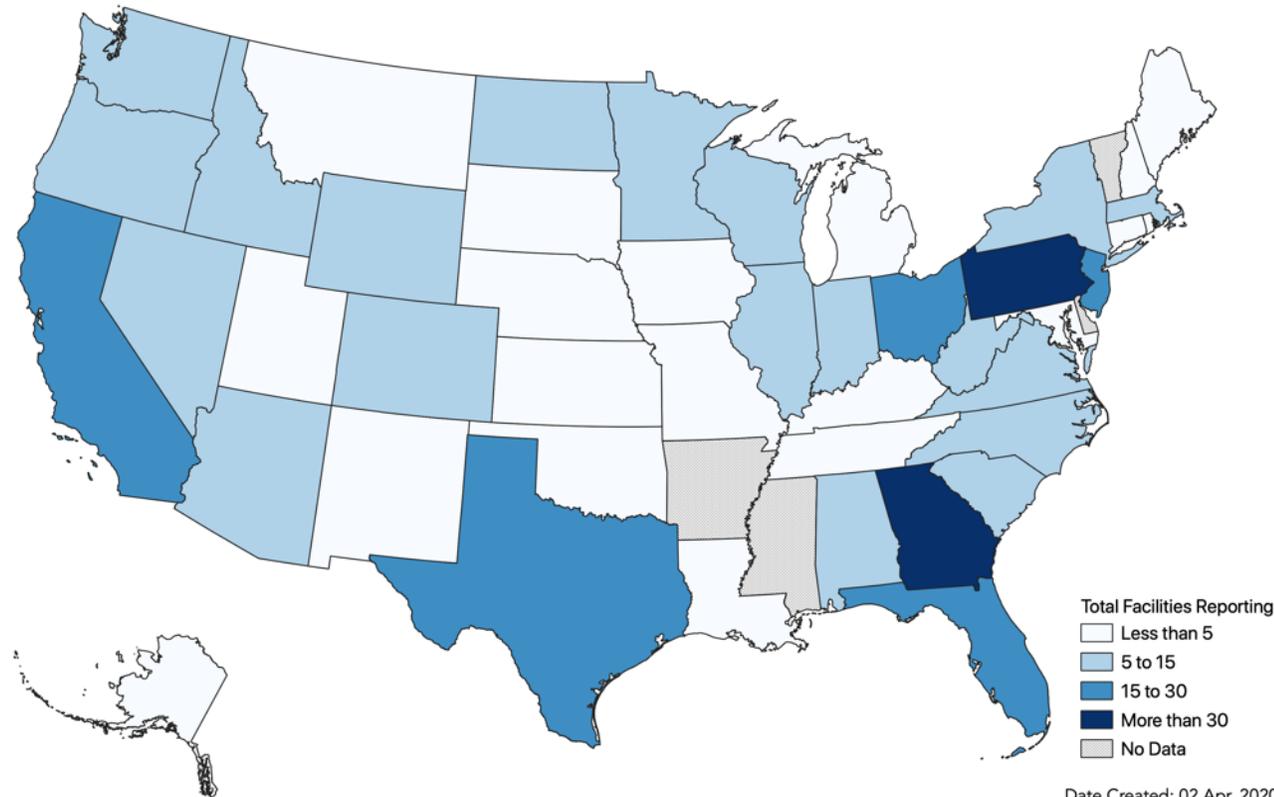
- Facilities responding to date include **254 jails and prisons** from **46 states** and **21 juvenile** detention.
- Among facilities responding to date, there have been **168 reported cases** and **0 reported deaths** due to COVID-19.
- **113 staff** and **55 inmates**



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# Total Correctional Facilities Reporting

Total Facilities Reporting



Date Created: 02 Apr, 2020  
Source: NCCHC-Harvard Questionnaire

- Among facilities responding 58% report adequate PPE
- Inmate totals: **277,096**
- Staff totals: **49,464**



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# Information Gathered from the Survey

- Areas of concern
  - Lack of test kits (only 69% report access to lab testing)
    - Prioritize (next slide)
  - Lack of PPE
    - <https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/burn-calculator.html>
  - Risk communication



# Evaluation and Testing Priority

- Priority 1
  - Hospitalized patients, symptomatic health care workers
- Priority 2
  - Patients with symptoms and risk factors: 65 or older, long term care, underlying conditions, first responders
- Priority 3
  - Other patients with symptoms
  - Other occupations without symptoms: health care workers, first responders, patients from areas with high hospitalizations
- Priority 4
  - Everyone else



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# Evaluation and Testing Priority

<https://www.cdc.gov/coronavirus/2019-ncov/downloads/priority-testing-patients.pdf>

Coronavirus COVID-19		PRIORITIES FOR TESTING PATIENTS WITH SUSPECTED COVID-19 INFECTION		
<b>COVID-19 Symptoms: Fever, Cough, and Shortness of Breath</b>				
<b>PRIORITY 1</b>		Ensures optimal care options for all hospitalized patients, lessen the risk of healthcare-associated infections, and maintain the integrity of the U.S. healthcare system		<b>1</b>
		<ul style="list-style-type: none"><li>• Hospitalized patients</li><li>• Healthcare facility workers with symptoms</li></ul>		
<b>2</b>	<b>PRIORITY 2</b>		Ensures those at highest risk of complication of infection are rapidly identified and appropriately triaged	
			<ul style="list-style-type: none"><li>• Patients in long-term care facilities with symptoms</li><li>• Patients 65 years of age and older with symptoms</li><li>• Patients with underlying conditions with symptoms</li><li>• First responders with symptoms</li></ul>	
<b>PRIORITY 3</b>		As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers		<b>3</b>
		<ul style="list-style-type: none"><li>• Critical infrastructure workers with symptoms</li><li>• Individuals who do not meet any of the above categories with symptoms</li><li>• Healthcare facility workers and first responders</li><li>• Individuals with mild symptoms in communities experiencing high numbers of COVID-19 hospitalizations</li></ul>		
<b>NON-PRIORITY</b>	<b>NON-PRIORITY</b>		<ul style="list-style-type: none"><li>• Individuals without symptoms</li></ul>	
For more information visit: <a href="https://coronavirus.gov">coronavirus.gov</a>				

# Correctional Survey Limitations

- Facilities not comfortable submitting data
- Lack of testing capability provides spurious denominators
- Attrition
- Staff workload



Classification of Individual Wearing PPE	N95 Respirator	Face Mask	Eye Protection	Gloves	Gown/Coveralls
<b>Incarcerated or Detained Persons</b>					
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.				
<b>Staff</b>					
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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## 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](http://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](http://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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# Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to April 1, 2020, at 4pm ET (n=213,144)\*†



## COVID-19: U.S. at a Glance\*†

- Total cases: 213,144
- Total deaths: 4,513
- Jurisdictions reporting cases: 55 (50 states, District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands)

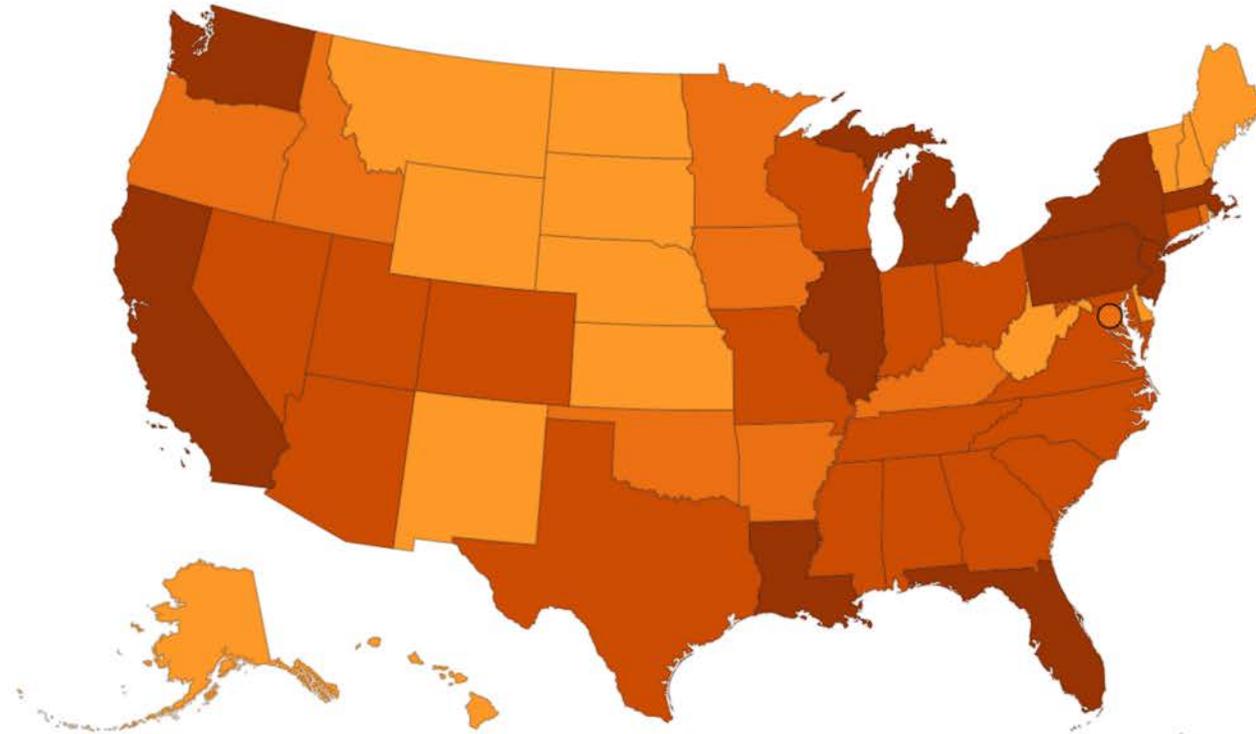
\* Data include both confirmed and presumptive positive cases of COVID-19 reported to CDC or tested at CDC since January 21, 2020, with the exception of testing results for persons repatriated to the United States from Wuhan, China and Japan. State and local public health departments are now testing and publicly reporting their cases. In the event of a discrepancy between CDC cases and cases reported by state and local public health officials, data reported by states should be considered the most up to date.

† Numbers updated Saturday and Sunday are not confirmed by state and territorial health departments. These numbers will be modified when numbers are updated on Monday.



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## States Reporting Cases of COVID-19 to CDC\*



### Reported Cases

(last updated April 2, 2020)

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

Territories AS GU MH FM MP PW PR VI



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# Chief Deputy Geoff Stobart



Chief Deputy Geoff Stobart is the Chief Deputy of Research, Development, and Major Projects for the Franklin County Sheriff's Office, Columbus, Ohio. A 29 year veteran of the Sheriff's Office, prior to his taking his current position, he managed the Office's largest division and was responsible for the custody and care of more than 2,000 inmates in Franklin County's two jails and for the security of all individuals working and visiting in Franklin County government buildings.



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# Sheriff-Coroner Chad Bianco



Chad Bianco was elected Sheriff, Coroner, and Public Administrator of Riverside County in the November 6, 2018, general election. He is a twenty-five-year veteran of the Riverside County Sheriff's Department. As Sheriff, he serves as the Chief Law Enforcement Officer of Riverside County. Sheriff Bianco commands California's second largest Sheriff's Department in the state, and one of the largest and most progressive law enforcement agencies in the nation, supervising more than 3,600 personnel.



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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

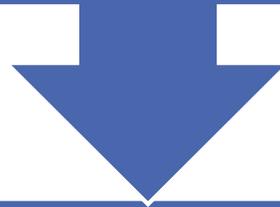
Consider suspending work release programs and other programs that involve movement of inmate population in and out of the facility



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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

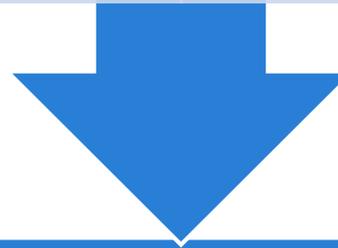
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.

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



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# 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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# 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



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**COVID 19**  
CORONAVIRUS  
DISEASE

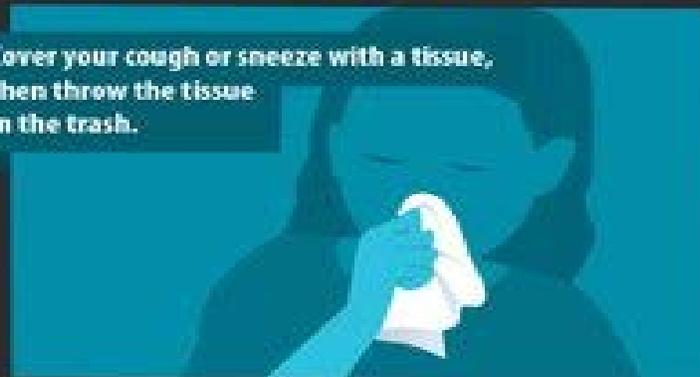
# STOP THE SPREAD OF GERMS

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.



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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**

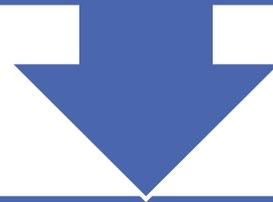
\*SELF-OBSERVATION



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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)



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# 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](http://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

## National Commission on Correctional Health Care

- For all things NCCHC go to: [www.ncchc.org](http://www.ncchc.org)
- For NCCHC COVID-19 blog go to: <https://www.ncchc.org/COVID-Resources>
- For NCCHC COVID-19 Q&A go to: <https://www.ncchc.org/covid-19-faqs>
- To submit a question to NCCHC, email: [info@ncchc.org](mailto:info@ncchc.org)

## Major County Sheriffs of America

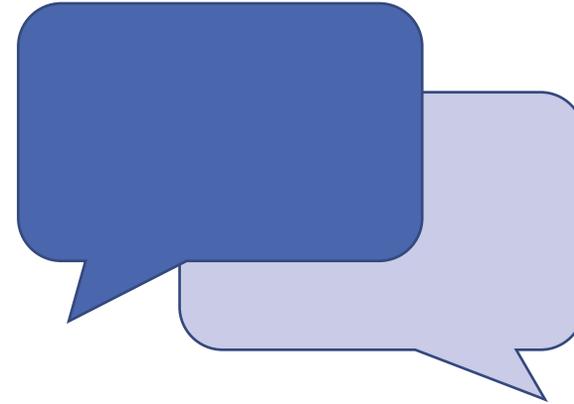
- For all things MCSA go to: [www.mcsheriff.com](http://www.mcsheriff.com)
- For MCSA COVID-19 information, go to: <https://mcsheriffs.com/important-mcsa-announcement-about-covid-19/>



National Commission on  
Correctional Health Care

# COVID-19 Hotline for Correctional Health Care

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



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# Topics for Future COVID-19 Roundtables

Email:

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

or

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

or

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



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## CPR & Emergency Cardiovascular Care

### Purpose:

This information is intended to help healthcare providers reduce the risk for SARS-CoV-2 (the virus that causes COVID-19) transmission, especially with regards to resuscitation care. The information here is drawn primarily from [U.S. Centers for Disease Control \(CDC\)](#) recommendations. Please note that guidance may vary based on location. Outside of the U.S., consult the [World Health Organization \(WHO\)](#) and local health resources for the most up-to-date information about risk control in your area.

*Please note that the following guidance is intended specifically for when patients have known or suspected COVID-19. In all other cases, follow your standard protocols.*

### When caring for patients with known or suspected COVID-19:

1. Use Standard and Transmission-Based Precautions during the care of patients with suspected or confirmed COVID-19 (Source: [CDC](#), accessed 3/11/2020)
  - a. Aerosol-generating procedures (e.g., CPR, endotracheal intubation, non-invasive ventilation) expose providers to a greater risk of disease transmission. These procedures should be performed in Airborne Infection Isolation Rooms (AIIRs) and personnel should use respiratory protection. Limit the number of providers present during the procedure to only those essential for patient care and procedural support. The room should be cleaned and disinfected following the procedure (Source: [CDC](#), accessed 3/11/2020)
  - b. Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. **AIIRs should be reserved for patients undergoing aerosol-generating procedures.** (Source: [CDC](#), accessed 3/11/2020)
  - c. Hand hygiene
  - d. Personal Protective Equipment (PPE)
    - Respiratory protection: Put on a respirator or facemask (if a respirator is not available) before entry into the patient room or care area. **N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.** When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. (Source: [CDC](#), accessed 3/11/2020)
    - Eye protection
    - Gloves
    - Gowns: **If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of providers.**

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2. Additional considerations for aerosol-generating procedures (Sources: [Anesthesia Patient Safety Foundation](#) and [World Federation of Societies of Anesthesiologists](#), accessed 3/13/2020)
  - a. If intubation is needed, use rapid sequence intubation with appropriate PPE.
  - b. If possible, avoid procedures which generate aerosols (e.g. bag-valve mask, nebulizers, non-invasive positive pressure ventilation).
3. Consider proceeding directly to endotracheal intubation in patients with acute respiratory failure. The use of high-flow nasal oxygenation and mask CPAP or BiPAP should be avoided due to greater risk of aerosol generation.

### Guidance for EMS and other first responders (Source: [CDC](#), accessed 3/11/2020)

1. Emergency medical dispatchers should question callers and determine the possibility that this call concerns a person who may have signs or symptoms and risk factors for COVID-19. The query process should never supersede the provision of pre-arrival instructions to the caller when immediate lifesaving interventions (e.g., CPR or the Heimlich maneuver) are indicated.
2. When COVID-19 is suspected in a patient needing emergency transport, prehospital care providers and healthcare facilities should be notified in advance that they may be caring for, transporting, or receiving a patient who may have COVID-19 infection.
3. EMS clinician practices should be based on the most up to date COVID-19 clinical recommendations and information from appropriate public health authorities and EMS medical direction. Modifications may include:
  - a. If dispatchers advise that the patient is suspected of having COVID-19, EMS clinicians should follow Standard Precautions, including the use of eye protection, and should put on appropriate PPE before entering the scene. Appropriate PPE includes:
    - Respiratory protection: N95 or higher-level respirator or facemask (if a respirator is not available). **N95 respirators or respirators that offer a higher level of protection should be used instead of a facemask when performing or present for an aerosol-generating procedure.** When the supply chain is restored, fit-tested EMS clinicians should return to use of respirators for patients with known or suspected COVID-19. (Source: [CDC](#), accessed 3/11/2020)
    - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)
    - A single pair of disposable patient examination gloves
    - Gowns: **If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of EMS clinicians (e.g., moving patient onto a stretcher).**

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- b. If information about potential for COVID-19 has not been provided by the dispatcher, EMS clinicians should exercise appropriate precautions when responding to any patient with signs or symptoms of a respiratory infection. Initial assessment should begin from a distance of at least 6 feet from the patient, if possible. Patient contact should be minimized to the extent possible until a facemask is on the patient.
      - c. If COVID-19 is not suspected, EMS clinicians should follow standard procedures and use appropriate PPE for evaluating a patient with a potential respiratory infection.
      - d. A facemask should be worn by the patient for source control. If a nasal cannula is in place, a facemask should be worn over the nasal cannula. Alternatively, an oxygen mask can be used if clinically indicated.
      - e. During transport, limit the number of providers in the patient compartment to essential personnel to minimize possible exposures.
4. Aerosol-generating procedures (e.g., CPR, endotracheal intubation, non-invasive ventilation) expose providers to a greater risk of disease transmission and require additional precautions.
  - a. BVMs, and other ventilatory equipment, should be equipped with HEPA filtration for expired air.
  - b. EMS organizations should consult their ventilator equipment manufacturer to confirm appropriate filtration capability and the effect of filtration on positive-pressure ventilation.
  - c. If possible, the rear doors of the transport vehicle should be opened and the HVAC system should be activated during aerosol-generating procedures. This should be done away from pedestrian traffic.
5. Special considerations for transport of patients who may have COVID-19
  - a. EMS clinicians should notify the receiving healthcare facility if the patient has an exposure history and signs and symptoms suggestive of COVID-19 so that appropriate infection control precautions may be taken prior to patient arrival.
  - b. Keep the patient separated from other people as much as possible.
    - i. Family members and other contacts of patients with possible COVID-19 should not ride in the transport vehicle, if possible. If riding in the transport vehicle, they should wear a facemask.
    - ii. Isolate the ambulance driver from the patient compartment and keep pass-through doors and windows tightly shut.
  - c. If a vehicle without an isolated driver compartment and ventilation must be used, open the outside air vents in the driver area and turn on the rear exhaust ventilation fans to the highest setting. This will create a negative pressure gradient in the patient area.