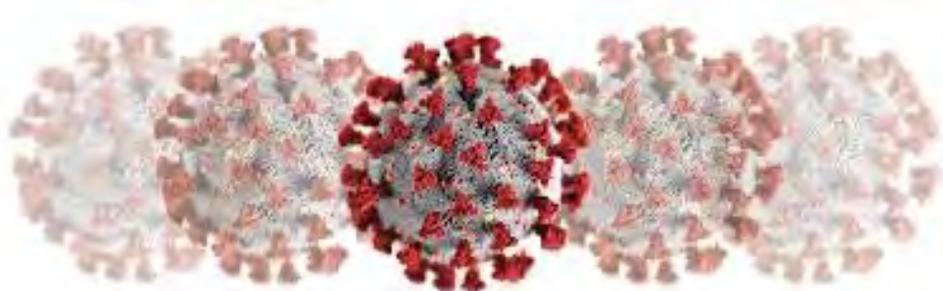


COVID-19 Weekly Roundtable

For Law Enforcement and Correctional Health Care



National Commission on
Correctional Health Care

Roundtable Panelists...Working on the Front Lines!



Julia Wilson, MD
Fulton Co. Jail, Georgia



Sheriff Earnell Lucas
Milwaukee Co., Wisconsin



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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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REMEMBERING

THOSE WE'VE LOST *TO COVID-19*



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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.



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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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Relevant NCCHS Standards

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



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Reentry from Jails and Prisons during COVID-19

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



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

POLICY TOPICS ▾



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Measuring COVID-19's Impact...



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

Crystal Yang and Marcella Alsan



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Among the Key Findings

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





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

POLICY TOPICS ▾

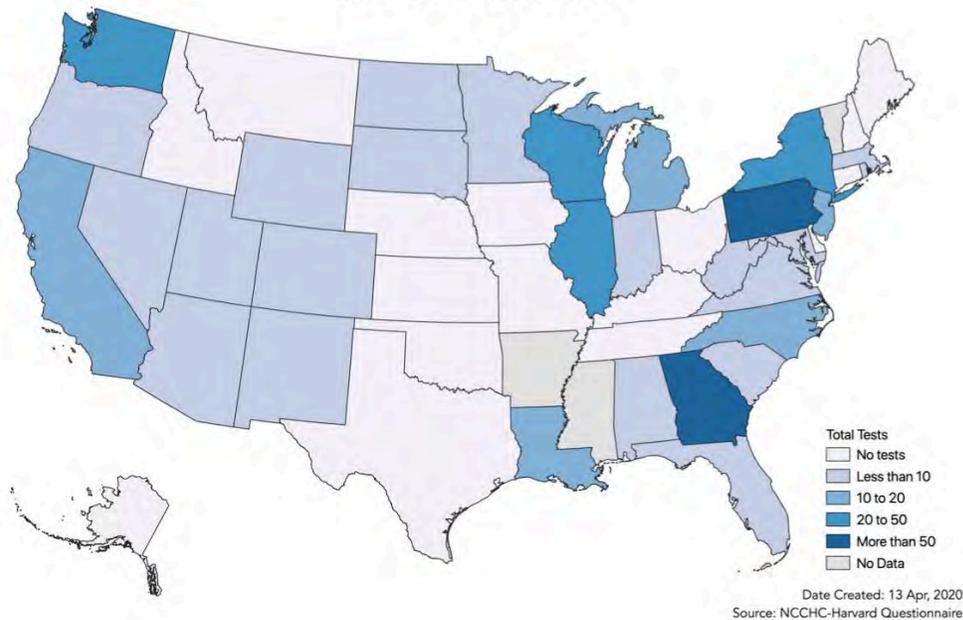
Harvard researchers work with correctional healthcare experts in ongoing study tracing outbreaks among prison inmates, correctional staff



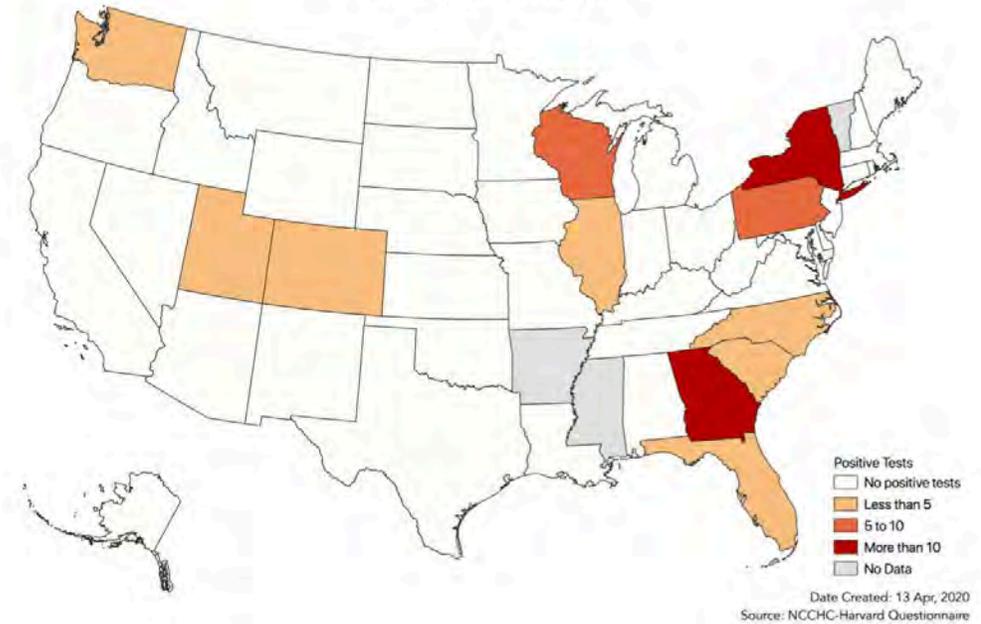
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Tests in Correctional Settings

Total Tests Conducted



Total Positive Tests

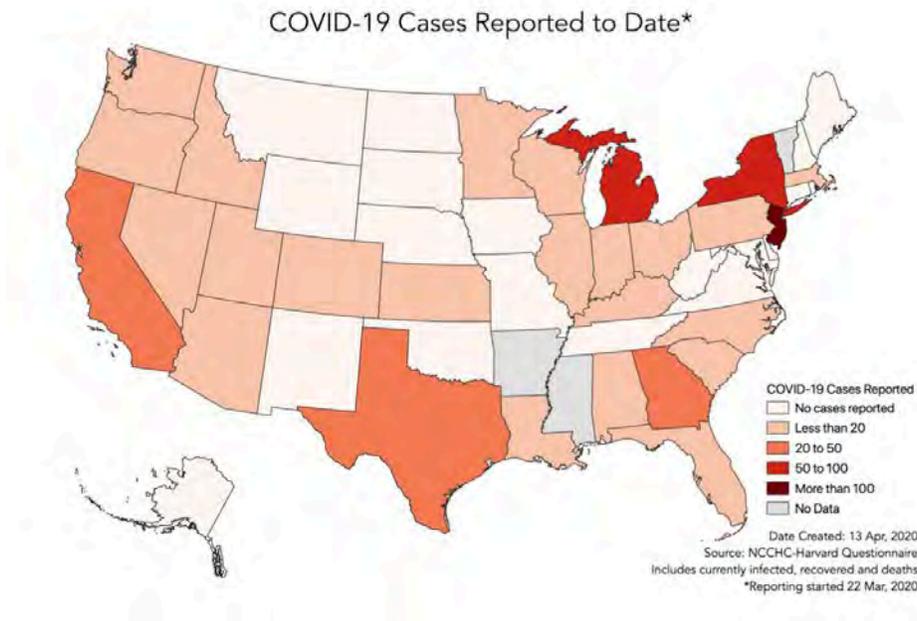


NCCHC-HU COVID-19 Survey in Correctional Facilities

COVID-19 Cases Reported to Date

Total Facilities Reporting

Update: April 14, 2020



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

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



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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

Symptoms & Diagnosis

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

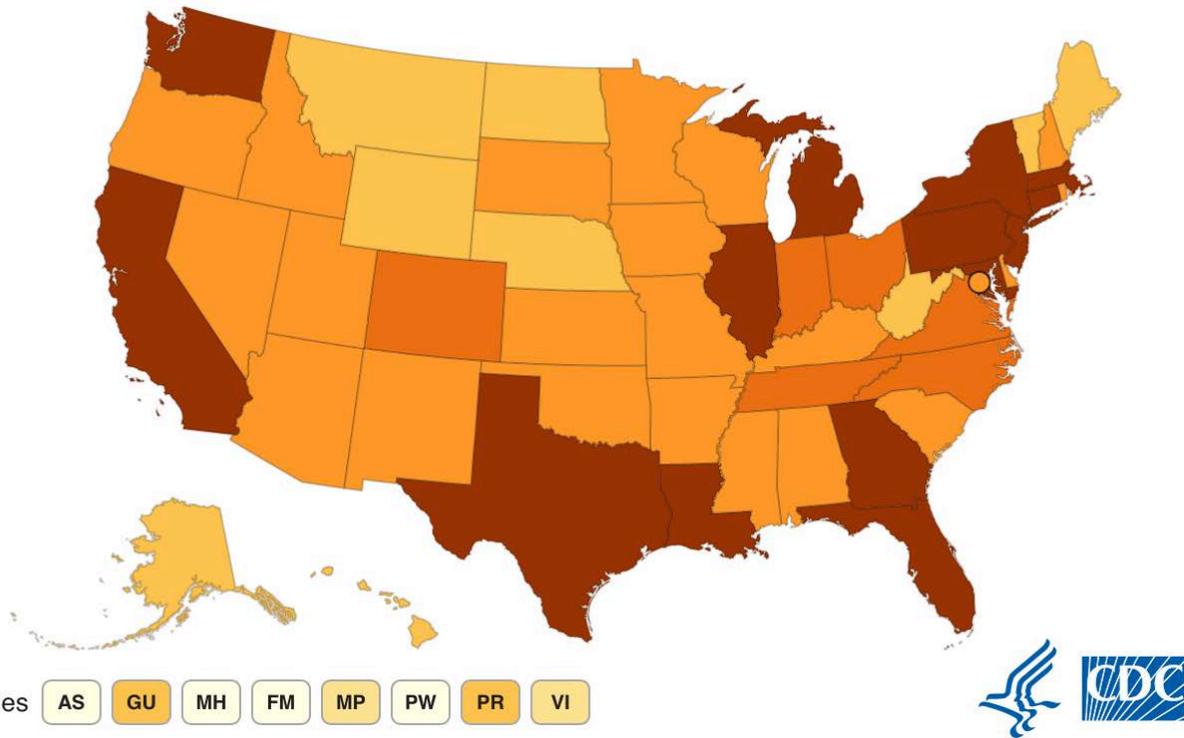
Diagnostic guidelines, best tests are evolving, so check your local and state health department for latest updates. Also: go to CDC.gov

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.

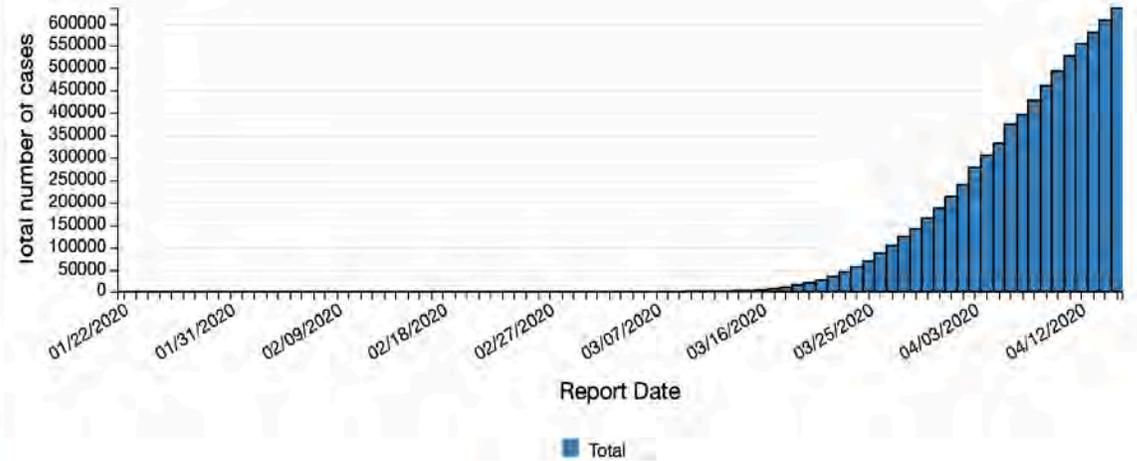


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States Reporting Cases of COVID-19 to CDC



Cumulative total number of COVID-19 cases in the United States by report date, January 12, 2020 to April 15, 2020, at 4pm ET (n=632,548)*†



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Sheriff Earnell Lucas, Milwaukee, WI



Sheriff Lucas is a law enforcement executive with over 40 years of experience. As Milwaukee County Sheriff since 2019, he leads a staff that provides patrol and court services and operates the Milwaukee County Jail. He previously served 25 years at the Milwaukee Police Department and 17 years with Major League Baseball, concluding his career as Head of Security for the National Association of Professional Baseball Leagues.



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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



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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.



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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

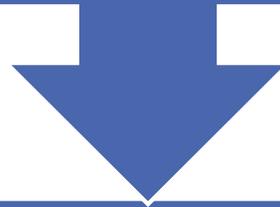
Consider suspending work release programs and other programs that involve movement of inmate population in and out of the facility



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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

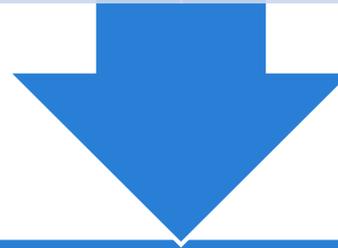
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.

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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Julia Wilson, MD



Dr. Julia Wilson is a board-certified emergency physician with nearly 20 years of experience in the Emergency Department. She serves as Medical Director with NaphCare and supervises more than a dozen providers at the Fulton County Jail in Atlanta, GA where the average daily population is approximately 3,000 inmates in four facilities. Dr. Wilson is a graduate of the University of Alabama School of Medicine and completed her residency in Emergency Medicine at Indiana University School of Medicine.



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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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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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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



COVID 19
CORONAVIRUS
DISEASE

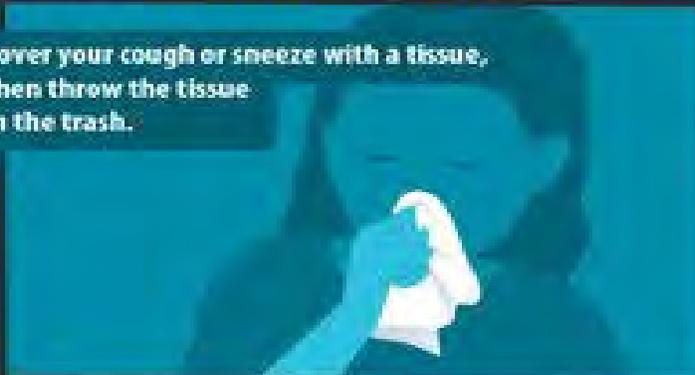
STOP THE SPREAD OF GERMS

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.



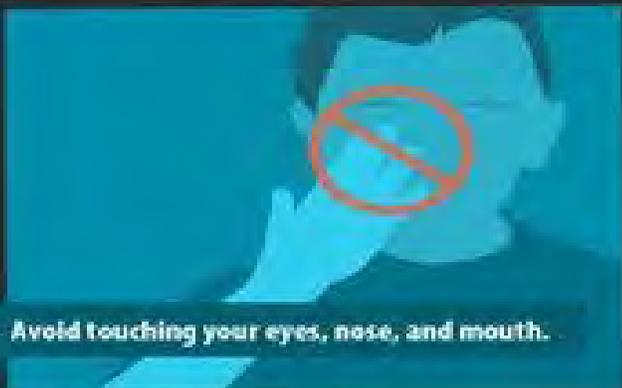
Wash your hands often with soap and water for at least 20 seconds.



For more information: www.cdc.gov/COVID19

CD-490-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

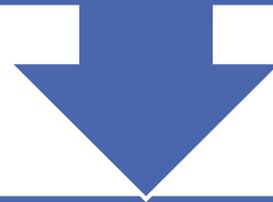
*SELF-OBSERVATION



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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)



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

HARVARD Kennedy School

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

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

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

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



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Resources for Help

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

Major County Sheriff's of America

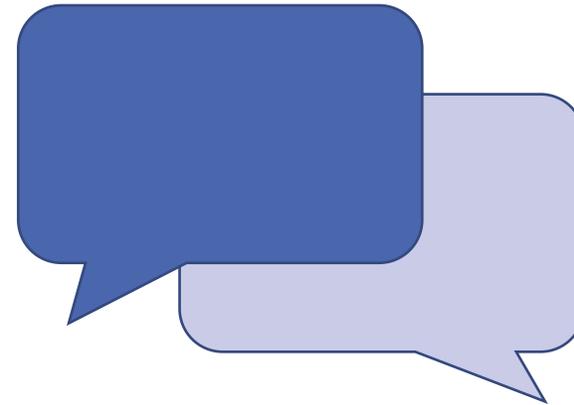
- For all things MCSA go to: www.mcsheriffs.com
- For MCSA COVID-19 information, go to: <https://mcsheriffs.com/important-mcsa-announcement-about-covid-19/>



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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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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 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.