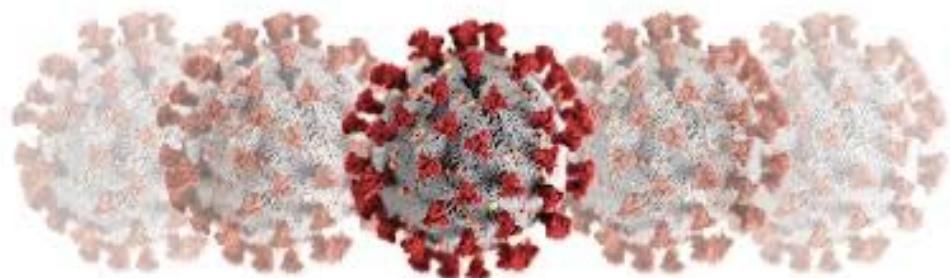


COVID-19 Weekly Roundtable

For Law Enforcement and Correctional Health Care



National Commission on
Correctional Health Care

Roundtable Panelists...



Sheriff-Coroner John McMahon
San Bernardino County, CA



Deputy Chief Fred Meyer
CCHP



Sheriff Peter Koutoujian
Middlesex County, MA



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REMEMBERING

THOSE WE'VE LOST *TO COVID-19*



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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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Sheriff-Coroner John McMahon



Sheriff John McMahon has more than 33 years of law enforcement experience, beginning his career in 1985, as a patrol deputy at the Needles Station. He has been promoted to every rank in the department and has worked at 15 stations throughout his career. Sheriff McMahon serves on the board of the California State Sheriff's Association, Major County Sheriff's Association, Cal Office of Emergency Services – Law Enforcement Mutual Aid. In November 2017, he was appointed to the California Commission on Peace Officers' Standards & Training (POST) Commission. Sheriff McMahon has successfully led the department through several high-profile incidents.



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Executive Officer Jerry Gutierrez



Executive Officer Jerry Gutierrez is responsible for the Support and Administrative Operations within the Corrections Bureau. Prior to joining the San Bernardino County Sheriff's Department, Jerry served as Assistant Sheriff overseeing the Corrections Division with the Riverside County Sheriff's Department. He brings over 28 years of experience in the field of Corrections, including supervisory, management, and executive positions. He has served on executive steering committees and workgroups for the California Board of State and Community Corrections (BSCC) to assist with Adult Titles 15 and 24 Regulations and with standards and training for local correctional officers.



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Detentions and Corrections Bureau

Locate an Inmate 



As part of the San Bernardino County Sheriff's Department (SBCSD) coronavirus prevention efforts, beginning Thursday, March 19, 2020, inmate visiting and programs requiring volunteers and providers to enter SBCSD jail facilities, will be temporarily suspended. Only attorney and official visits will be allowed. SBCSD recognizes the importance of visitation and its value to inmates and their loved ones; however, the short and long term health and wellbeing of all employees, inmates and those who visit county jails is of the utmost importance. We encourage the public to follow the guidelines that can be found on the San Bernardino County Public Health website at <http://wp.sbcounty.gov/dph/coronavirus/>



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Adopted health order as of April 25, 2020

COUNTY PARKS, TRAILS AND LAKES OPEN ON LIMITED SCALE



ESSENTIAL BUSINESSES OPEN WITH RESTRICTIONS



NON-ESSENTIAL BUSINESSES REMAIN CLOSED



See our **FAQs** at sbcovid19.com for more.



#SBCountyTogether
Serving **you** during COVID-19



SAN BERNARDINO COUNTY
sbcovid19.com | 909.387.3911

COVID-19 Response



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Serving you during COVID-19

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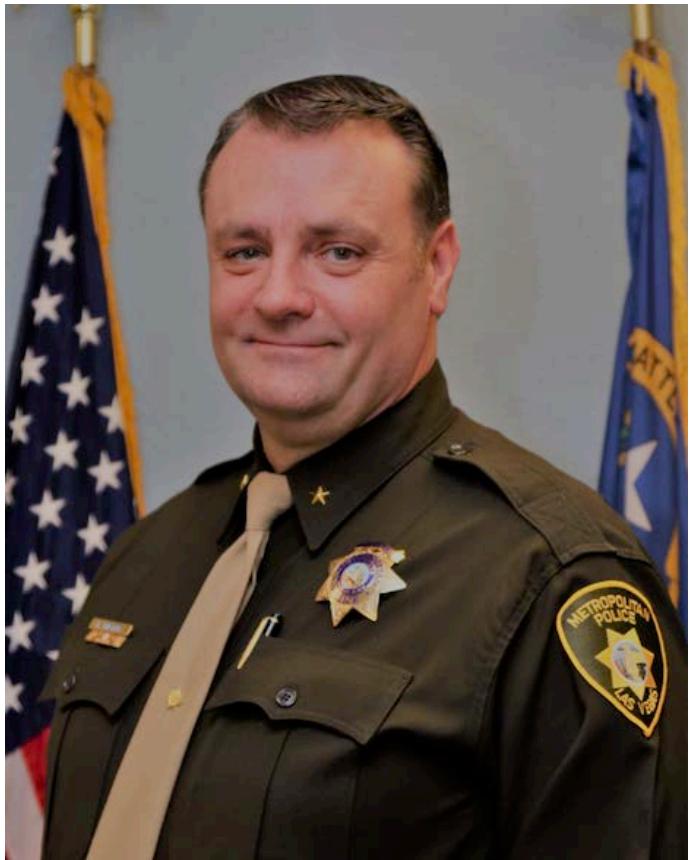


COVID-19 Response



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Deputy Chief Fred Meyer



Deputy Chief Fred W. Meyer is responsible for the largest jail system in the State of Nevada, with 2019 bookings of 70,000+ and an inmate population of 4,500+. Chief Meyer joined the Las Vegas Metropolitan Police Department in 1999, rose through the ranks and was appointed to executive staff in 2018. He also managed a \$150 million renovation project and provides leadership for more than 1,200 commissioned and civilian employees. He is a member of the NCCHC Accreditation and Standards Committee and has driven advancements in correctional medical and mental health services, which resulted in substantial reductions in medical referrals and suicide attempts in the Clark County Detention Center.



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LVMPD

LAS VEGAS METROPOLITAN POLICE DEPARTMENT



Vision—
To be the safest community in America.



Mission—
Serve people, strengthen relationships and improve the quality of life.



Values—
Integrity
Courage
Accountability
Respect for People
Excellence

Goals—

LEAD through empowerment and accountability.

VALUE our employees and those we serve.

MAXIMIZE trust, transparency and communication.

PROTECT the public through education, innovation and enforcement.

DEVELOP and enhance community relationships.






Sheriff Joseph Lombardo



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Las Vegas Metropolitan Police Department

Office of Public Information

400-B S. Martin L. King Blvd. Las Vegas, NV 89106

Office (702) 828-3394 Fax (702) 828-1550



Joseph Lombardo, Sheriff

April 17, 2020

FOR IMMEDIATE RELEASE

Director Carla Alston
Sergeant Miguel Garcia
Officer Larry Hadfield
Officer Aden OcampoGomez
Officer Alejandra Zambrano

LVMPD Sheriff Announces Jail Depopulation and Upcoming Law Enforcement Challenges



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LVMPD Enhances Measures to Protect CCDC Inmates

The Las Vegas Metropolitan Police Department has taken extensive measures toward protecting Clark County Detention Center (CCDC) inmates from the spread of COVID-19. Many of these efforts began the last week of January 2020, well before state mandates were placed on the general population.

With an already robust infectious disease protocol that has long been in place, CCDC officials were able to act quickly to protect its nearly 3,100 inmates through several means, including:

- Enhanced cleaning protocols in place 24/7
- Setting up sanitation stations in booking.
- Reducing holding cells in booking by 61 percent.
- Screening inmates for recent travel to hotspot areas and checking for symptoms prior to booking.
- Screening officers and staff entering the facility.
- Acting quickly when an arrestee or inmate is considered high risk for COVID-19 by either placing them under close medical observation in negative pressure rooms or transporting symptomatic patients to the hospital.
- Limiting outside providers coming into detention facilities.
- As an agency, extended additional directives to officers to not make misdemeanor arrests unless necessary or mandated by law.



-NOTICE-

Due to health concerns, all social visits will be suspended until further notice.

We apologize for any inconvenience this may cause.

Schedule Visits



Sign in to schedule and manage upcoming visits with your inmate. Inmate visitation scheduling allows you to skip the long lines by reserving your visitation time. You can select the date, time and location that is most convenient for you. Best of all, visits are confirmed instantly!



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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 infected patients from exposing other patients



Limit the movement of infected patients (e.g., have them remain in their cell)



Identify dedicated staff to care for infected patients.



Observe newly arriving arrestees for development of respiratory symptoms.



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Actions to Take for Preparation of Future Outbreaks



Designate a time to meet with your staff to educate them on the pandemic 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. Become familiar with infection prevention and control guidance for managing exposed patients.



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Key Considerations for Correctional Health Care Facilities

- In each correctional healthcare facility, the primary goals included:
 - Provision of the appropriate level of medical care
 - Protecting healthcare personnel and non-infected 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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Relevant NCCHS Standards

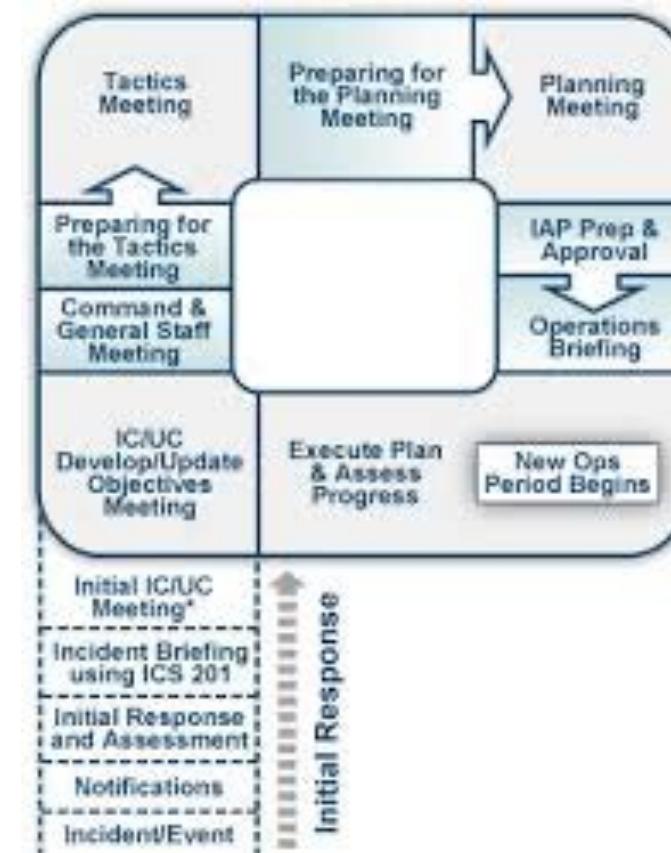
- **A-03 Medical Autonomy**
- **B-02 Infection Disease Prevention and Control**
- **B-07 Communication of Patients' Health Needs**
- **C-08 Health Care Liaison**
- **D-07 Emergency Services and Response Plan**
- **E-09 Continuity, Coordination and Quality of Care During Incarceration**
- **E-10 Discharge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



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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



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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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Medical Isolation of Infectious Disease 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

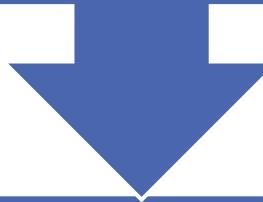
Masks should be changed at least daily, and when visibly soiled or wet



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Recommended Personal Protective Equipment (PPE)

Law enforcement who must make contact with individuals confirmed or suspected to have infectious diseases 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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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.



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Prevention Practices for Inmate Population

If an individual has symptoms of an infectious Disease

- 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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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

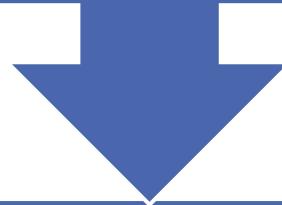
Consider suspending work release programs and other programs that involve movement of inmate population in and out of the facility



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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 the disease, 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

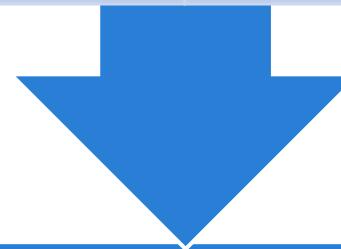
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.

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 infectious disease 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 infectious disease symptoms and a temperature check into release planning.



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Social Distancing Examples for Corrections

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



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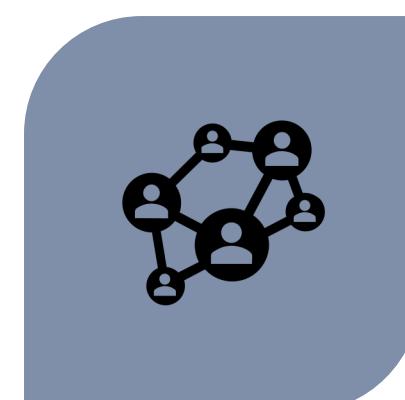
CAUTIONS for Cohorting Infectious Disease Cases



DO NOT COHORT CONFIRMED CASES WITH SUSPECTED CASES



PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM INFECTIOUS DISEASE



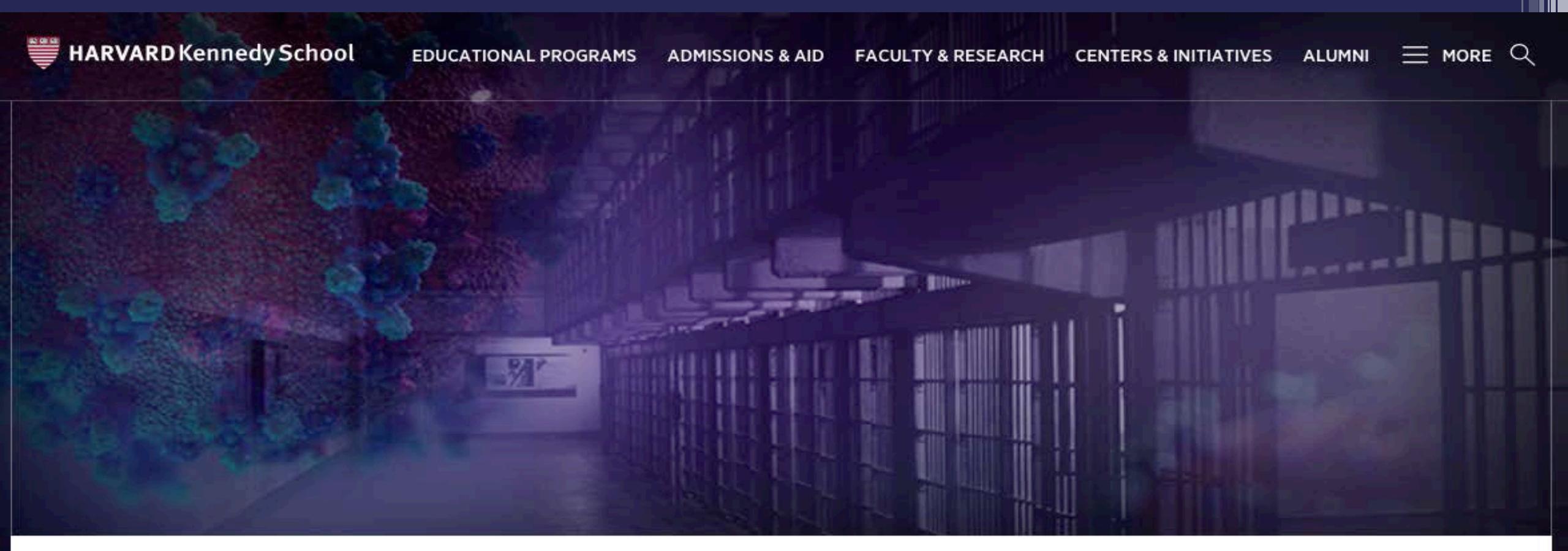
USE SOCIAL DISTANCING AS MUCH AS POSSIBLE



DO NOT COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIOUS



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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



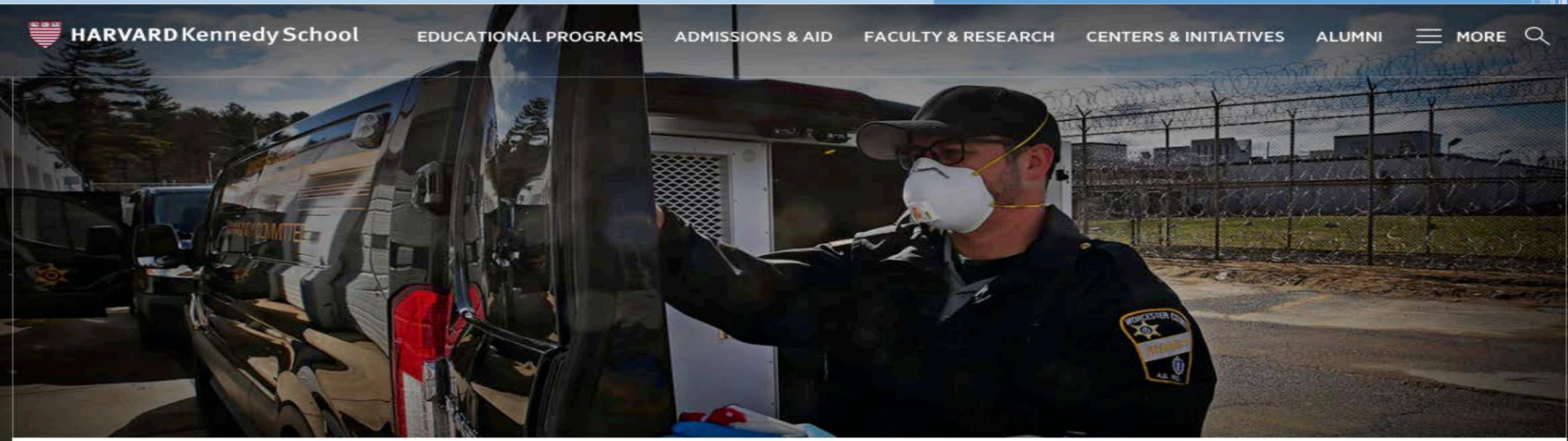
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Among the Key Findings

- 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



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

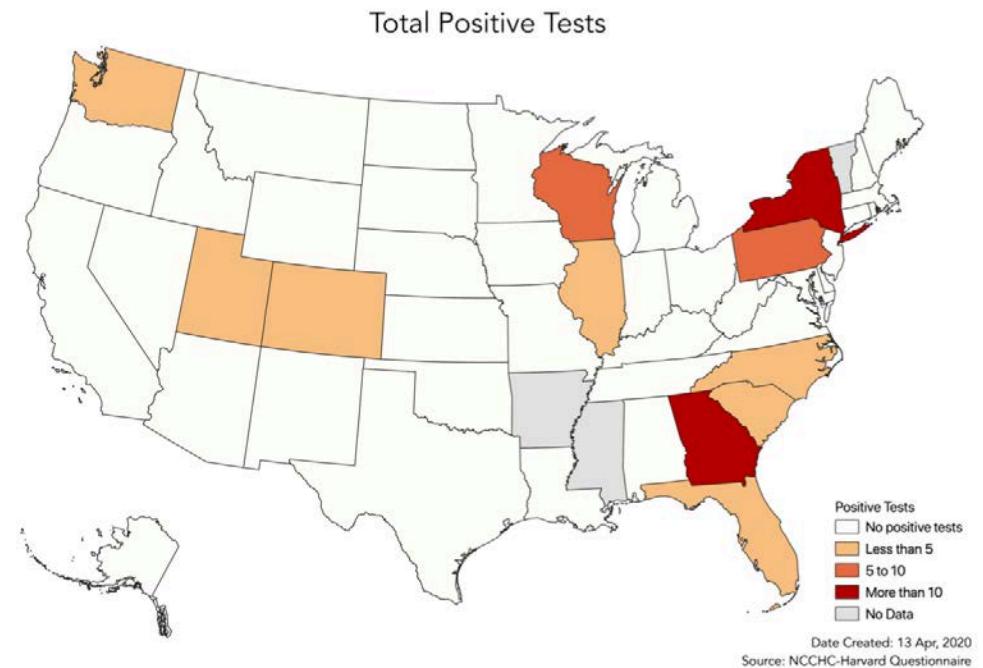
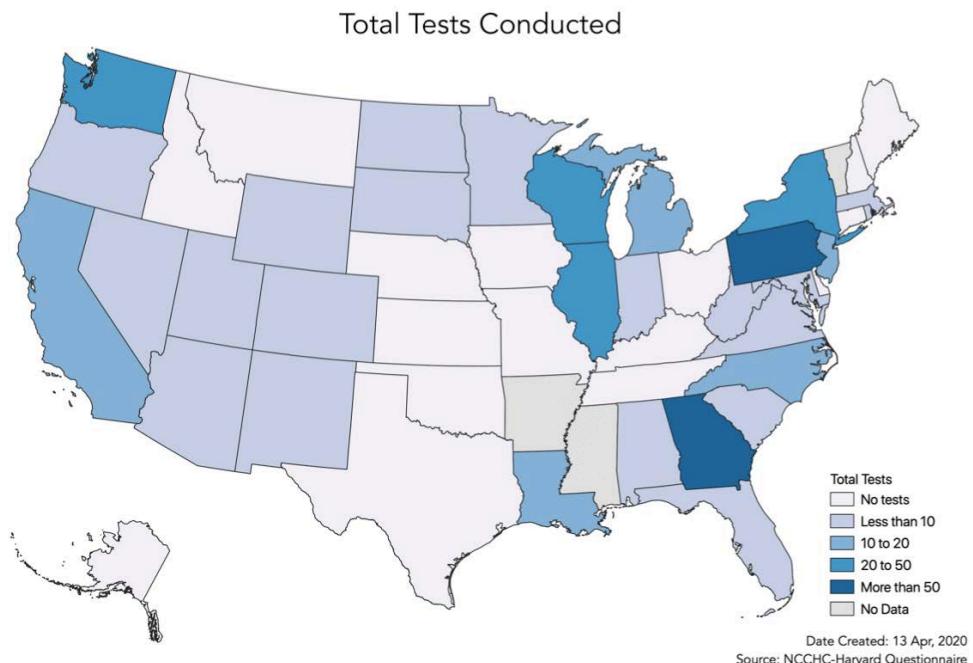
POLICY TOPICS ▾

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

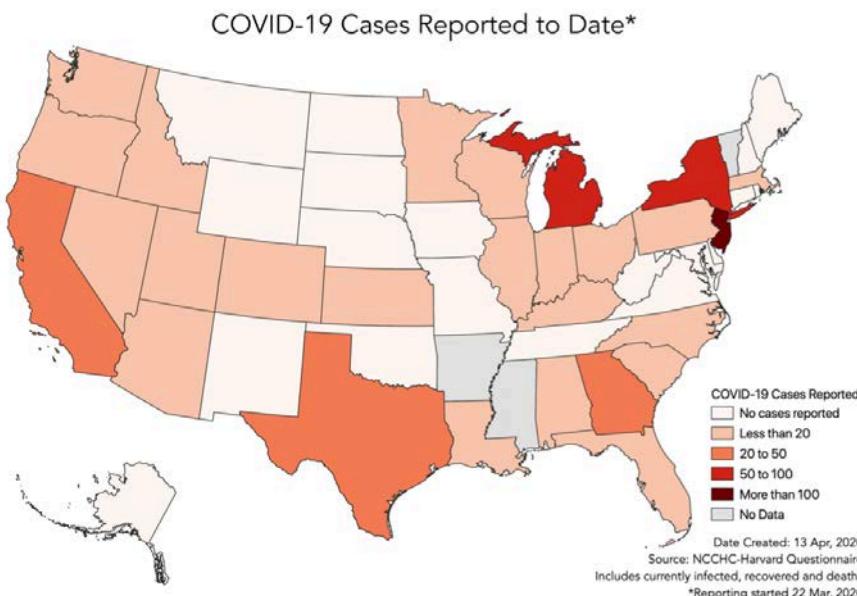


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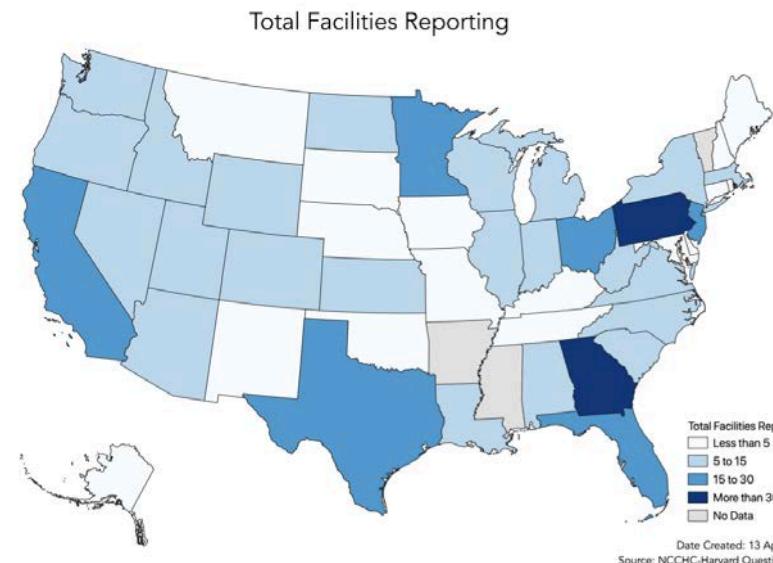
NCCHC-HU COVID-19 Survey in Correctional Facilities

COVID-19 Cases Reported to Date

Update: April 14, 2020



Total Facilities Reporting



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Reentry from Jails and Prisons During Pandemics

- The task of re-entry preparation that includes precautions and restrictions to reduce the spread of viruses 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



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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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