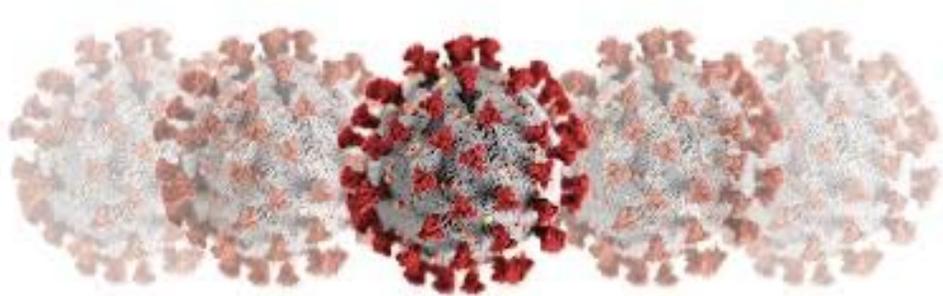


COVID-19 Weekly Roundtable

For Law Enforcement and Correctional Health Care



National Commission on
Correctional Health Care

REMEMBERING

THOSE WE'VE LOST *TO COVID-19*



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Correctional Health Care

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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Roundtable Panelists...



Sheriff Grady Judd
Polk County, FL



Sheriff Benny Napoleon,
Wayne County, MI



Superintendent Leonard Dixon
Cook County JTDC, IL



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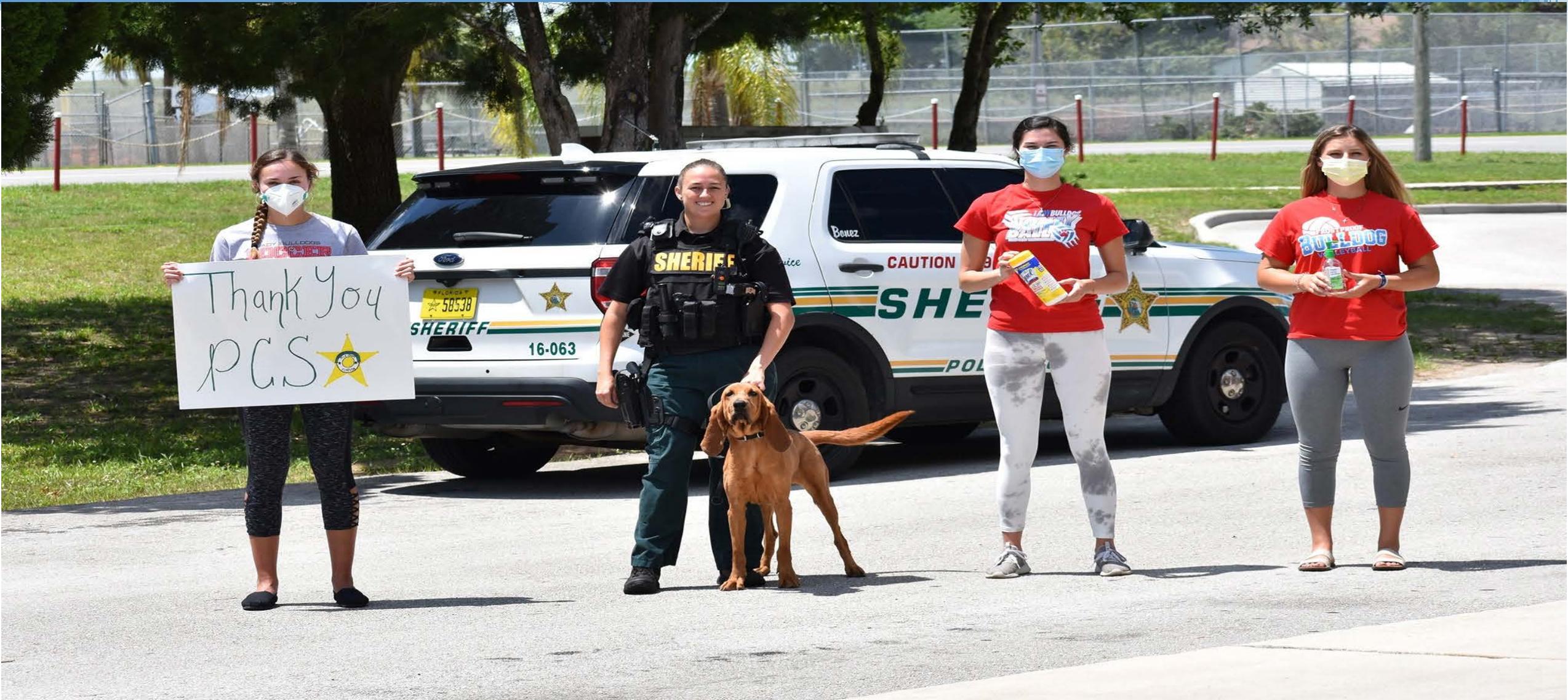
Sheriff Grady Judd, Polk County, FL



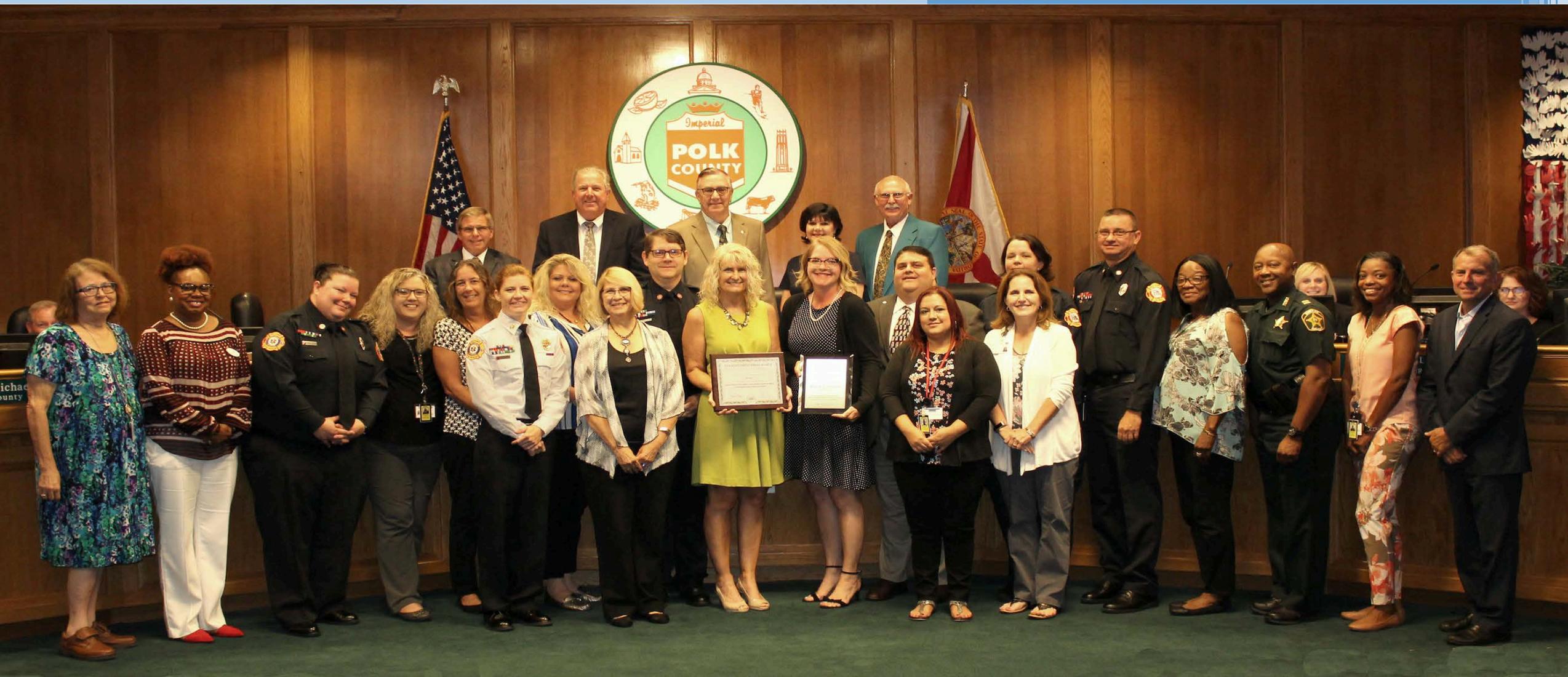
Elected sheriff in 2004 and re-elected three times, Sheriff Grady Judd began his career at the Polk County Sheriff 's Office in 1972 as a dispatcher. After transferring to the Patrol Division in 1974, he quickly progressed – holding every rank from sergeant to colonel. Sheriff Judd has taught as an adjunct professor at both the University of South Florida and Florida Southern College. He continues to serve the community on several boards and committees, including the Volunteers in Service to the Elderly (VISTE) and Polk Vision. He is a past president of the Florida Sheriffs Association and past president of the Major County Sheriffs of America.



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Sheriff Benny Napoleon, Wayne County, MI



Sheriff Benny Napoleon began his career with the Detroit Police Department in 1975, retired as chief of police in 2001, and was appointed sheriff in 2009. Highlights of his law enforcement career include supervising the investigation that led to the swift apprehension of ten escapees from the Ryan Correctional Facility in Detroit and drafting and implementing a crime reduction plan which led to an unprecedented 30 percent reduction in violent crime in the City of Detroit during his three year tenure as Chief of Police. Sheriff Napoleon is a life member of the NAACP and an attorney with a private legal practice and has been honored with a wide array of professional and community service awards.



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WAYNE COUNTY SHERIFF CONNECT



🔍 search...

SHERIFF BENNY N. NAPOLEON

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NO LOBBY KIOSK NOTICE

JAIL LOBBY KIOSK NOTICE

TO PREVENT THE SPREAD OF CORONAVIRUS, COVID-19, THE WAYNE COUNTY SHERIFF'S OFFICE REQUIRES INMATE ACCOUNT DEPOSITS TO BE MADE BY WAYS OTHER THAN USING THE JAIL LOBBY KIOSK. DEPOSITS CAN BE MADE THE FOLLOWING WAYS:

ONLINE/WEB AT [TOUCHPAYONLINE.COM](https://touchpayonline.com)

- GO TO [TOUCHPAYONLINE.COM](https://touchpayonline.com)
- CLICK ON "WAYS TO PAY" IN THE BLUE MENU BAR NEAR THE TOP OF THE PAGE
- SCROLL DOWN TO THE ONLINE/WEB SECTION
- FOLLOW THE ONSCREEN DIRECTIONS ON THE ONLINE/WEB SECTION



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Unmasked: A COVID-19 Virtual Town Hall Series Powered by NAACP & BET

Sheriff Napoleon will be serving as a speaker for Unmasked: A COVID-19 Virtual Town Hall Series Powered by NAACP & BET.

Part two of the series, Wednesday, April 15, at 8 PM ET/ 5 PM PT, will center on the trauma in this moment, how we can cope, and how we can advocate for and support our loved ones facing various challenges. The conversation will also speak to the issues taking place in jails/prison and uplift some of the progressive actions some are taking to ensure the safety of those incarcerated.

Attendee Dial-in: [866-757-0756](tel:866-757-0756)

I'll be joining NAACP and BET for important series on how we address the impact of the coronavirus pandemic. Wed., April 15, 8 pm ET. Register now: <https://bit.ly/2RuOfDk>



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WAYNE COUNTY SHERIFF CONNECT

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Tether Program

The Wayne County Sheriff's Office operates a Tether Program that averages 500 enrolled participants per day and over 3,000 enrollments in each of the last two years. Sheriff's deputies use GPS technology to track and monitor the participants 24 hours a day. The Tether Program also utilizes alcohol monitoring equipment that requires participants with alcohol-related offenses to submit to breath tests that analyze the blood alcohol levels right from the homes of the participants. The Tether Unit uses round the clock notification procedures from the Monitoring Centers in order to provide a quick response to violations of the program rules. The program receives participant referrals from all of the Wayne County District Courts and the Wayne County Third Circuit Court.



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Superintendent Leonard Dixon, Cook County, IL



Since February 2015, Leonard Dixon has been responsible for the administration and management of all operations of JTDC, with an operating budget of \$58.3 million and a staff of more than 900. Mr. Dixon has more than 36 years of juvenile justice experience, is a member of numerous national organizations, and has presented at national conventions. He served more than 15 years with the Department of Health and Rehabilitative Services (HRS) in the Children, Youth and Family (CYF) delinquency component of the agency. He is a nationally recognized expert in juvenile detention.



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A-01 Access to Care

Standard (E)

Juveniles have *access to care* to meet their serious medical, dental, and mental health needs.

- Access to care means that, in a timely manner, a patient can be seen by a clinician, be given a professional clinical judgment, and receive care that is ordered.



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A-07 Emergency Response Plan

Standard (E)

Health staff members are prepared to implement the health aspects of the facility's emergency response plan.



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A-08 Communication on Patient's Health Needs

Standard (E)

Communication occurs between the facility administration and treating health care professionals regarding juveniles' significant health needs that must be considered in classification decisions in order to preserve the health and safety of that juvenile, other juveniles, and staff.



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B-01 Infection Prevention and Control Program

Standard

There is an effective program that includes surveillance, prevention, and control of communicable disease.



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B-01 Infection Prevention and Control Program

Compliance Indicators

- When medical isolation is provided on-site, juveniles should be checked frequently for changes in physical and mental status, and are accommodated in a separate room with:
 - A separate toilet
 - Hand-washing facility
 - Soap dispenser
 - Single-service towels



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B-02 Environmental Health and Safety

Standard (E)

The facility ensures that juveniles are housed, work, study, recreate, and receive health care in a clean, safe, and healthy environment.



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C-04 Health Training for Child Care Staff

Standard (E)

A training program, established or approved by the responsible health authority in cooperation with the facility administrator, guides the health-related training of all child care staff who work with juveniles.



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Compliance Indicator: Child care staff who work with juveniles receive health-related training at least every 2 years. This training includes at a minimum:

- Administration of first aid
- Recognizing the need for emergency care and intervention in life-threatening situations (e.g., seizure or altered consciousness, cardiac event)
- Recognizing acute manifestations of certain chronic illnesses (e.g., asthma, seizures), intoxication and withdrawal, and adverse reactions to medications
- Recognizing signs and symptoms of mental illness
- Procedures for suicide prevention
- Procedures for appropriate referral of juveniles with health complaints to health staff
- Precautions and procedures with respect to infectious and communicable diseases
- Cardiopulmonary resuscitation



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E-01 Information on Health Services

Standard (E)

Information about the availability of, and access to, health care services is communicated orally and in writing to juveniles on their arrival at the facility, in a form and language they understand.



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E-02 Receiving Screening

Standard (E)

Receiving screening is performed on all juveniles on arrival at the intake facility to ensure that emergent and urgent health needs are met.



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E-02 Receiving Screening

Compliance Indicator: The receiving screening form is approved by the responsible health authority and inquires as to the juvenile's:

- Current and past illnesses, health conditions, and special health requirements (e.g., dietary needs)
- Past serious infectious disease
- Recent communicable illness symptoms
- Past or current mental illness, including hospitalizations
- History of or current suicidal ideation
- Dental problems
- Allergies
- Legal and illegal drug use (including type, amount, and time of last use)



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E-02 Receiving Screening

Compliance Indicator: The receiving screening form is approved by the responsible health authority and inquires as to the juvenile's:

- Current or prior withdrawal symptoms
- Possible, current, or recent pregnancy or delivery, or if there are children under her care
- Type and time of most recent sexual encounter and use of contraception and condoms in order to screen for emergency contraception eligibility
- Victimization by recent sexual assault in order to screen for emergency contraception eligibility
- Other health problems as designated by the responsible physician



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E-02 Receiving Screening Compliance Indicators

- The form also records reception personnel's observations of the juvenile's:
 - Appearance (e.g., sweating, tremors, anxious, disheveled)
 - Behavior (e.g., disorderly, appropriate, insensible)
 - State of consciousness (e.g., alert, responsive, lethargic)
 - Ease of movement (e.g., body deformities, gait)
 - Breathing (e.g., persistent cough, hyperventilation)
 - Skin (including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks or other indications of drug abuse)



E-03 Transfer Screening

Standard (E)

A transfer screening is performed on all *Intrasystem transfers*.



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E-04 Health Assessment

Standard

Juveniles receive initial and periodic *health assessments*.



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E-05 Mental Health Screening and Evaluation

Standard (E)

All juveniles receive mental health screening; juveniles with positive findings receive a mental health evaluation.



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E-07 Nonemergency Health Care Requests and Services

Standard

All juveniles have the opportunity *daily* to request health care. Their *requests* are documented and reviewed for immediacy of need and the intervention required. Qualified health care professionals *respond to health services requests* and conduct *clinicians' clinics* on a timely basis and in a *clinical setting*.



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E-12 Continuity and Coordination of Care During Incarceration

Standard (E)

All aspects of care are coordinated and monitored from admission to discharge.



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E-13 Discharge Planning

Standard

Discharge planning is provided for all juveniles whose release is imminent.



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F-01 Healthy Lifestyle Promotion

Standard (I)

To promote healthy lifestyles, juveniles are provided with access to health promotion, wellness, and recovery information.



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G-01 Chronic Disease Services

Standard (E)

Patients with *chronic diseases* are identified and enrolled in a *chronic disease program* to decrease the frequency and severity of the symptoms, prevent disease progression and complication, and improve function.



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G-02 Patients with Special Health Needs

Compliance Indicators

- Individual *treatment plans* are developed by a physician or other qualified clinician at the time the condition is identified and updated when warranted.



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E-03 Transfer Screening

Compliance Indicators

- Qualified health care professionals or health care liaisons review each incoming juvenile's health record or summary within 12 hours of arrival.
 - Continuity of care is initiated.
 - Missing initial assessments (health, mental health, dental) are identified and any required assessments are scheduled.
 - Records from the sending facility are filed in the current health record.



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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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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.



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

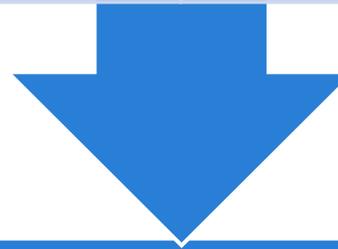
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.

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

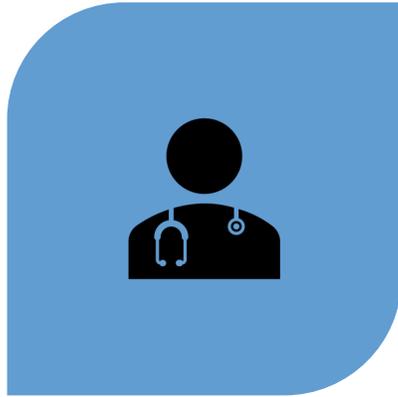


COMMUNICATE the reasons for social distancing



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CAUTIONS for Cohorting Infectious Disease Cases

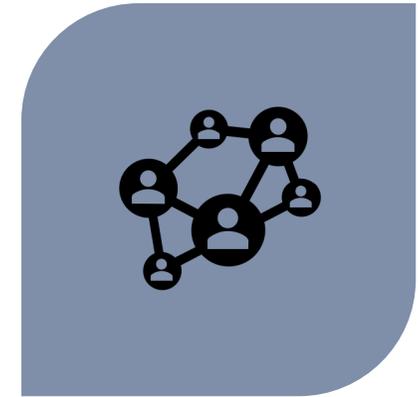


DO NOT COHORT CONFIRMED CASES WITH SUSPECTED CASES

DO NOT COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIONS



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



USE SOCIAL DISTANCING AS MUCH AS POSSIBLE



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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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COVID-19 Testing – Basics and Approach

Two Types

Antigen testing

- Currently infected
- Most guidance centers on this

Antibody testing

- Infected in past
- No current CDC recommendations

Priorities for COVID-19 Testing (Nucleic Acid or Antigen)

High Priority Testing

- Hospitalized patients with symptoms
- Healthcare facility workers, workers in congregate living settings, and first responders with symptoms
- Residents in long-term care facilities or other congregate living settings, including prisons and shelters, with symptoms

Priority Testing

- Persons with symptoms of potential COVID-19 infection, including fever, cough, shortness of breath, chills, muscle pain, new loss of taste or smell, vomiting or diarrhea, and/or sore throat
- Persons without symptoms who are prioritized by health departments or clinicians, for any reason, including but not limited to: public health monitoring, sentinel surveillance, or screening of other symptomatic individuals according to state or local plans

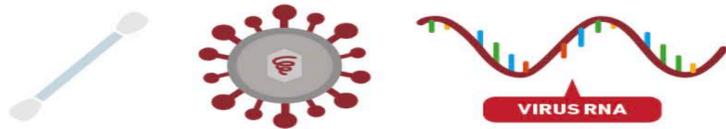


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HOW DO THE TESTS FOR CORONAVIRUS WORK?

HOW CURRENT TESTS WORK

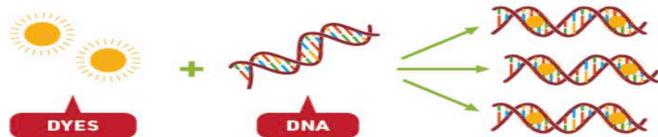
- 1** A swab is taken of the inside of a patient's nose or the back of their throat. This sample is then sent to a lab to test.



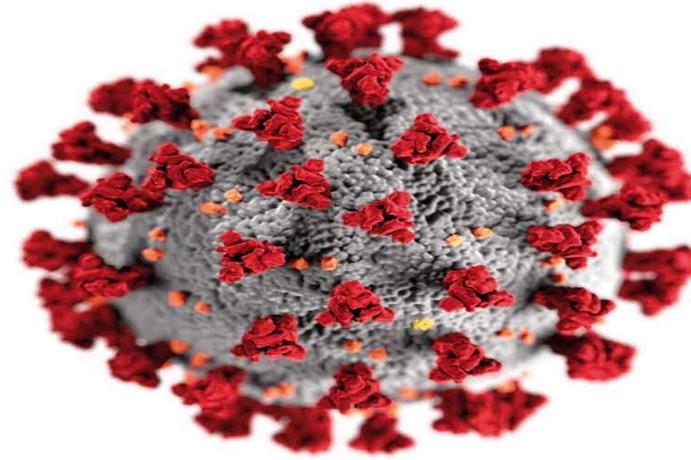
- 2** The RNA of the virus is extracted and purified. An enzyme, reverse transcriptase, converts the RNA to DNA.



- 3** The DNA is mixed with primers, sections of DNA designed to bind to characteristic parts of the virus DNA. Repeatedly heating then cooling DNA with these primers and a DNA-building enzyme makes millions of copies of virus DNA.

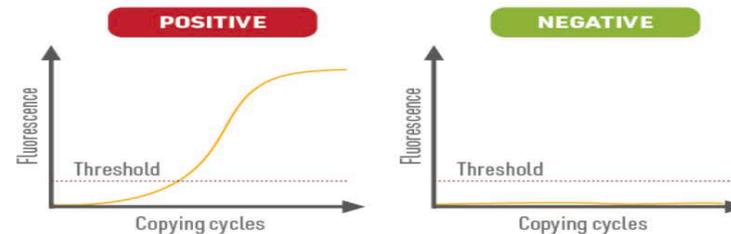


- 4** Fluorescent dye molecules bind to the virus DNA as it is copied. Binding makes them give off more light, which is used to confirm the presence of the virus in the sample.



POSITIVE AND NEGATIVE TESTS

The fluorescence increases as more copies of the virus DNA are produced. If it crosses a certain threshold, the test is positive. If the virus isn't present, no DNA copies are made and the threshold isn't reached. In this case, the test is negative.



ISSUES WITH TESTING



REAGENT ISSUES

High demand and issues with reagents have delayed testing in some countries.



TIME-CONSUMING

It takes a few hours to get results from the test, limiting how many tests can be done.

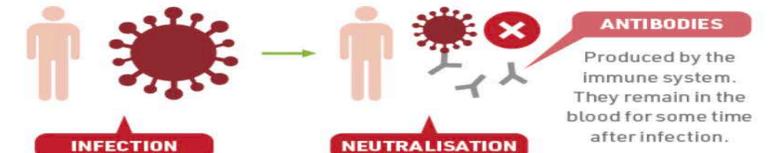


FALSE POSITIVES AND NEGATIVES

In some cases sample degradation or contamination can affect the results.

FUTURE TESTS

The current tests are good for diagnosing an infection – but they can't tell us if someone has had it and then recovered. Tests that look for antibodies against the virus can do this.



Tests that look for proteins on the surface of the virus are also in development. These tests are faster, but less accurate.

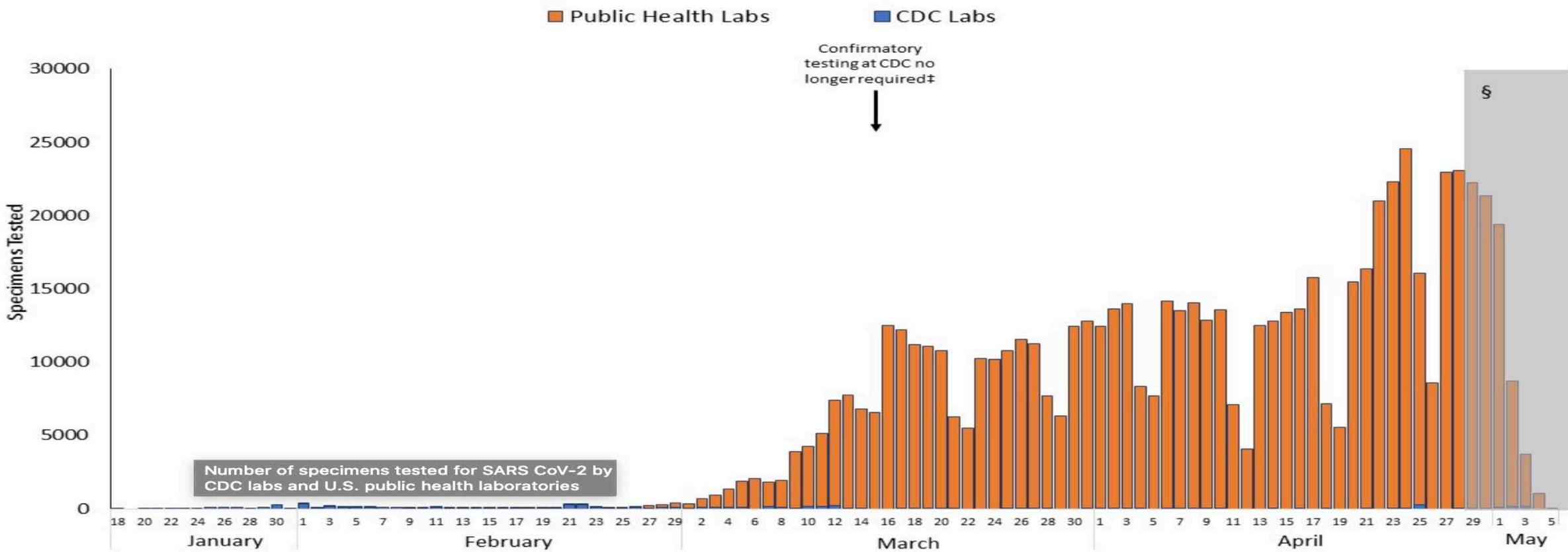


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Number of specimens tested for SARS CoV-2 by CDC labs (N= 6,028) and U.S. public health laboratories* (N= 676,789)†



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GUIDANCE ON INTERPRETING COVID-19 TEST RESULTS

	RESULT	INTERPRETATION	RECOMMENDED ACTION
VIRAL TESTING† (testing for current infection)	Positive	<i>Most likely*</i> you DO currently have an active COVID-19 infection and can give the virus to others.	<u>Stay home*</u> and follow CDC guidance on steps to take if you are sick. *If you are a healthcare or critical infrastructure worker, notify your work of your test result.
	Negative	<i>Most likely*</i> you DO NOT currently have an active COVID-19 infection.	If you have symptoms, you should keep monitoring symptoms and seek medical advice about staying home and if you need to get tested again. If you don't have symptoms, you should get tested again only if your medical provider and/or workplace tells you to. Take steps to protect yourself and others.
ANTIBODY TESTING‡ (testing for past infection with the virus)	Positive‡	You <i>likely*</i> have HAD a COVID-19 infection.	You may be protected from re-infection (have immunity), but this cannot be said with certainty. Scientists are conducting studies now to provide more information. Take steps to protect yourself and others.
	Negative	You <i>likely*</i> NEVER HAD (or have not yet developed antibodies to) COVID-19 infection.	You could still get COVID-19. Take steps to protect yourself and others.
BOTH (antibody and viral testing)	Viral Positive, Antibody Positive‡	<i>Most likely*</i> you DO currently have an active COVID-19 infection and can give the virus to others.	<u>Stay home*</u> and follow CDC guidance on steps to take if you are sick. *If you are a healthcare or critical infrastructure worker, notify your work of your test result.
	Viral Positive, Antibody Negative	<i>Most likely*</i> you DO currently have an active COVID-19 infection and can give the virus to others.	<u>Stay home*</u> and follow CDC guidance on steps to take if you are sick. *If you are a healthcare or critical infrastructure worker, notify your work of your test result.
	Viral Negative, Antibody Positive	You <i>likely*</i> have HAD and RECOVERED FROM a COVID-19 infection.	You may be protected from re-infection (have immunity), but this cannot be said with certainty. Scientists are conducting studies now to provide more information. You should get tested again only if your medical provider and/or workplace tells you to. Take steps to protect yourself and others.
	Viral Negative, Antibody Negative	You <i>likely*</i> have NEVER HAD a COVID-19 infection.	You could still get COVID-19. You should get tested again only if your medical provider and/or workplace tells you to. Take steps to protect yourself and others.



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Testing plan of action

- Determine the availability of testing in your area.
- Based on what is available to you and practical, integrate testing into your protocols and procedures.
 - This will look different for every program.
- Develop a consensus among your medical staff about how to handle a positive test.
 - Think about how treatment and response will differ depending on which type of test you use.
- Communicate and be transparent with both staff and patients about your testing program, both the benefits and limitations.
- Continuously evaluate your program based on the available science and related information
 - What makes sense now may not in a couple of weeks
 - Make changes when you need to and communicate those changes.





Protective masks will be made available to facilities (jails, prisons, and juvenile detention facilities) impacted by COVID-19, with emphasis on correctional officers, medical and civilian workers. Surgical masks or 3-ply disposable masks may be distributed to infected and non-infected inmates *based on need and availability*.

<https://warriorfoundation.us>



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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

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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