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Washington State Jails Coronavirus Management Suggestions in 3 “Buckets”

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The following ideas are provided as suggestions to jails for managing the impacts of COVID-19. It is VERY important to note that they are not standards or rules and also that many of these suggestions are based on *current* CDC recommendations. Therefore, jail administrators should heed the following three cautions. First, CDC recommendations regarding COVID-19 are changing constantly as more is learned about the virus, its spread, and its management. So check the CDC website (<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>) on a regular basis for changes. Second, local public health departments – the WA DOH (<https://www.doh.wa.gov/Emergencies/Coronavirus>), but especially county, city, and tribal health departments – are excellent sources of information. They may also make recommendations that differ from, or go beyond, CDC recommendations, based on local conditions and local resources. In addition, local public health departments are vested with certain legal authorities that may help you “make things happen.” So you should be in close contact with your local public health department. Third, your jail medical director has ultimate clinical responsibility for the health of inmates in your custody and may recommend different or additional steps based on your particular jail’s needs.

An additional resource that has been developed specifically for corrections is a slide set produced by Dr. Anne Spaulding at Emory University under a CDC grant. The current slide set will be sent with this document. However, it is being updated on a regular basis, so it’s best to check for the latest version at:

https://accpmed.org/online_learning.php.

Bucket 1: Dealing with the effects of COVID-19 in the community

1. Disaster plan

Review, update, and start working with your disaster preparedness plan.

2. Supply chain

Among other things in the disaster plan, think about what are all the materials, supplies, equipment upon which you are dependent (i.e. items that would be affected by disruptions in your supply chain), and what are alternative sources. An important – if not most important – supply is food.

3. Screening staff

Consider screening staff reporting to work. For the moment those guidelines are: check for fever over 100 degrees, cough, shortness of breath, recent travel to a high-risk country, exposure to someone who is symptomatic and under surveillance for COVID-19. If 2 out of 3 are present, send them home. (You'll want a simple form or log. You'll also need a thermometer.) However, these guidelines may change as we learn more, so check the current CDC guidelines (<https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>), but more importantly, be sure you're getting the most recent guidelines from your local health department.

4. Screening arrestees

See the suggestions above for staff screening, with the obvious modification that someone who has a positive screen will not be sent home. Instead, first have the individual place a surgical mask on themselves and place them in isolation (a single room with a closed door in Booking, for example). Then the jail's medical authority should be contacted for further management instructions.

5. Discouraging "presenteeism"

While we worry about absenteeism among staff, another concern is the opposite: presenteeism, which is staff coming to work despite being ill. They pose a risk to other staff and inmates. Explain the risk to staff and encourage them to stay home if they are ill. Depending on your own particular staff and staffing situation, you MAY want to consider an untested approach: for staff who have no sick or vacation days left, consider allowing staff to stay home penalty-free. On the flip side, to encourage healthy employees to continue to come to work, you might also consider liberalizing restrictions on overtime.

6. Non-contact visitation.

If you don't already have non-contact visitation, consider how you might do this, using either non-contact rooms or video conferencing. Phone visitation is another option.

This following two issues apply both to Bucket #1 (preventing infection from the community) Bucket #3 (containing infection in the jail). There are many types of out-trips. I will focus on the two most common: medical and court.

6a. Contact between inmates and the community during out-trips: Medical

To the extent that medical out trips can be safely postponed, that is optimal. This should only be done after a provider documents an order in the patient's medical record justifying the clinical appropriateness of the delay. Telemedicine is an excellent alternative to out-trips. There are federal regulations governing the types of telemedicine software to be sure they are HIPAA compliant. These programs usually are not free and require contracts, software set-up, etc. There is theoretically a risk of compromising patient confidentiality using non-HIPAA-complaint software. However, in my opinion, it is low. And these are special times when risks and benefits need to be weighed. While I would never advise someone to break the law, jails may want to discuss with their legal counsels the risks and

benefits of using readily available non-HIPAA-complaint software (e.g. FaceTime) and then make the best decision for your jail and your community's health.

6b. Contact between inmates and the community during out-trips: Court

Transporting inmates for court appearances places staff and inmates in (sometimes close) contact with the members of the community. There is a risk of bringing infection back into the facility. And if the inmate is ill, the reverse risk is true. Consider reaching out now to the courts with which you interact to have a plan for both situations. As with medical trips, video appearances are a useful tool.

7. Stay connected with the Health Department

Both we in jails, as well as public health officials, sometimes forget that county, city, and tribal jails are key parts of public health. Contact your local public health officer and ask that a jail representative be "at the table" both for planning meetings as well as when information is being shared with hospitals, nursing homes, and other parts of the public health system. Even though CDC is issuing up-to-date scientific guidance, it is the responsibility of the local health officer to interpret and implement that guidance. This officer, or delegate, is the person, for example, who would suggest/direct an at-risk staff member to self-quarantine.

8. Perform routine environmental cleaning

See the CDC website above for more detail, but in brief, continue to perform routine cleaning of all frequently touched surfaces. The normal disinfectants that you use are adequate. For infection control (and to help reduce fears among inmates), adopt a liberal approach to inmates who want to disinfect their houses.

9. Routine steps to prevent spread of respiratory infections

Aside from environmental cleaning, follow CDC and any local health department recommendations for the usual personal steps to avoid spread of respiratory droplet-borne infections, including hand washing (a good short video from CDC: <https://youtu.be/eZw4Ga3jg3E>), sneezing or coughing into one's elbow, not touching one's eyes, nose or mouth with unwashed hands, and discarding tissues after using and washing hands. As simple as it sounds, hand washing is the most important protection. And wearing gloves does not eliminate the need to wash your hands. Make adherence to good hygiene easy for staff and inmates. Keep supplies, such as soap and paper towel dispensers and hand sanitizer full and available. Allow staff to carry personal-sized containers of hand sanitizer. It is appropriate to wear masks in certain situations (see below), but they are not recommended for routine use (and may actually increase risk). Remove barriers to good infection control for inmates. For example, inmates should have an ample supply of soap. You will certainly reduce the transfer of inmates from one unit to another if and when there is an infection in the jail. But consider reducing unnecessary movement even now because you hope, but can't be sure, that no one has undiagnosed infection.

10. Communication

It can be helpful to be very generous with your communication with staff and inmates. In addition to briefings with each shift of staff, consider daily – if not twice daily – briefings of inmates, explaining what you're doing and why you're doing it. People are much more tolerant of adversity if they know what's going on.

Bucket 2: Dealing with the effects of COVID-19 among staff

1. Downsizing

Talk with prosecutors and judges ahead of time to develop a plan if you need to downsize.

- a. Are there people you can release on their own recognizance? Do you have a priority list (who do you release if you need to downsize by 5%? 10%? etc.)? In addition to public safety

considerations (e.g. alleged crime), prioritization of this list should also take into consideration medical factors: the elderly and people with other underlying health problems are at greatest risk from COVID-19. (There is no data yet on the risks to pregnant women, but until there is, it would not be unreasonable to add them to the prioritization list.)

b. Are there alternatives to arrest for certain crimes, or, in dire situations, are there crimes for which your patrol division will not arrest?

2. Supplemental staff

Think about where you might get supplementary staff. Retirees? Patrol?

3. Inmate activities and movement

What activities/programs can you curtail or cut?

4. Influenza

In the present environment, it's hard to imagine this, but the flu remains a greater threat to community (and jail) health today than COVID-19. As of the week ending February 22, CDC lists Washington State (and 38 other states) as having flu activity in the highest of the high category. So far this season, in our state alone, there have been 74 deaths from the flu (and 18,000 deaths nation-wide). And flu vaccination is very safe and very effective in preventing or attenuating the current strains of influenza virus going around. Staff who have not yet been vaccinated against the flu should be encouraged to do so. The better protected your staff is, the less likely you are to have absences from at least one infection, and it will help avoid confusion and panic that someone has COVID-19 infection. If it will help encourage vaccination, consider arranging with a local pharmacy to offer the vaccine on-site at no charge (actually, if employees have insurance, it may very well be covered).

Bucket 3: Dealing with infection, or possible infection, among inmates

1. Influenza

Offer and administer flu vaccine to all eligible inmates who have not been vaccinated. No, flu vaccine does NOT protect against Coronavirus. However, it still makes sense to vaccinate inmates for the same reasons that staff should be vaccinated. Also, given the high risk of influenza, vaccinating inmates will decrease the possibility of overloading your jail health care system with severe respiratory illness from a highly preventable cause.

2. Inmates who want to go to medical

When a patient requests to see a medical professional for a respiratory complaint, before bringing them to the medical unit, the deputy should have the patient put on a mask. A simple surgical mask is adequate.

3. Masks

For the moment CDC recommends simple surgical masks for symptomatic patients, and higher efficiency masks for health care workers who are working in close proximity (within 6 feet) of a patient with possible COVID-19. Because, in jails, custody staff working with persons with possible COVID-19 infection share many of the same tasks and exposures as health care workers in the community, it would make sense for custody staff to use the same personal protection as jail medical staff who are working in close proximity of patients. For the moment, this recommendation is to use N-95 masks. In case you have trouble getting N-95 masks, you can use any mask with an N, P, or R letter designation and a 95 or 100 number designation. And if none of these masks is available, use simple surgical masks. As an example of adjusting to shortages of N-95s, King County Jail is moving towards only allocating these masks to health care workers who have close contact (e.g. physical examination, obtaining

laboratory samples) with patients with possible COVID-19 infection.

4. Other Personal Protective Equipment (PPE)

For the same reasons as described above, it would be wise for custody staff to follow the same general guidelines for PPE as jail medical staff. You should review the recommendations on the CDC website. There is more detail there than we can provide here...and it may change. The recommended PPE also depends on the patient and the task your staff is performing. For example, at one end of the extreme, if staff are going to be in a “hands-on” situation with a person who has obvious secretions, more protection will be needed, while at the other end of spectrum, if the patient is cooperative, with no secretions, and the contact will be brief and at a distance of over 6 feet, less protection will be needed. Generally, in addition to a mask with eye protection, CDC is recommending staff use Standard Precautions, including gloves.

5. Isolation

For patients who meet the CDC’s current recommended criteria for isolation, CDC also currently recommends they be placed in negative pressure rooms. This will be a tall order for many jails. And even for jails equipped with negative pressure rooms, demand may exceed supply. Therefore this is one of the many topics you should be discussing with your local public health authority ahead of time, to seek their advice and their help in developing a plan in coordination with community resources (especially the hospitals). They may recommend alternative solutions, such as keeping certain patients isolated in their own cell with the door closed. You should also do what you can to not make placement in isolation feel punitive. Inmates in isolation should have ample access to comfort, entertainment, and activity-related materials allowed by their custody level. An important reason for this suggestion is that you want to do everything possible to encourage inmates to notify medical staff as early as possible if they experience symptoms of infection. Fear of being placed in an overly-restrictive cell may delay their notification, which is counterproductive.

6. Upon Release

What do you do when releasing someone back to the community? It depends on their condition. Most people do not need to be hospitalized – if they were that sick, you would already have sent them there. However, for jails with higher level infirmaries, you may have someone in the infirmary who wasn’t ill enough to need a hospital, but who is not able to care for themselves at home. If hospitalization is the only option, your medical staff should call ahead to the hospital and, with their agreement, make a well-coordinated transfer. A second group of individuals are those who are either in isolation (mildly ill) or in quarantine (without symptoms). These people will likely go home (if they have a home), but your medical staff should contact your local health department prior to discharge for any special instructions and to be sure they are aware of the discharge. You can give the releasee a copy of an excellent one page handout about home care from the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html>). If they don’t have a home to release to, again, contact your local health department for assistance; some health departments are working on plans to find special temporary housing for such individuals. A third group of individuals is all the rest: those who are healthy and not thought to have been exposed to the virus. They would release as usual. You can provide them with basic information about prevention, such as this one-page handout from the CDC (<https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf>).