Coronavirus COVID-19 and the Correctional Facility

Updated for NCCHC Webinar, Pandemic Day 3

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<table>
<thead>
<tr>
<th>Item</th>
<th>Response</th>
<th>Your Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Exchanged contact information with local/state health department?</td>
<td>Yes and Yes: +9 points Will contact them today: +1 point No: subtract 1</td>
<td></td>
</tr>
<tr>
<td>Established a point of contact?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does your facility have plans in place to send ill staff (both</td>
<td>Yes: +1 point</td>
<td></td>
</tr>
<tr>
<td>public sector, contractors) home/to hospital?</td>
<td>No: subtract 1</td>
<td></td>
</tr>
<tr>
<td>3. Screening folks entering your custody for exposure? Cough, OR</td>
<td>Yes and Yes: +2</td>
<td></td>
</tr>
<tr>
<td>shortness of breath, OR temp. &gt; 100.4 F?</td>
<td>Yes or Yes: +1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>No: subtract 1</td>
<td></td>
</tr>
<tr>
<td>4. Are you (or will you be) separating sick (isolation) from</td>
<td>Yes: +1 points</td>
<td></td>
</tr>
<tr>
<td>exposed (quarantined) from general population?</td>
<td>No: subtract 1</td>
<td></td>
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Total: ___________________ (out of possible total of 13)
• Isolation—procedure of separating the already sick from those not ill, to prevent the spread of disease. The term isolation is distinct from the term quarantine.

• Quarantine—procedure of separating and restricting the movement of persons not sick yet, but were exposed. Allows rapid identification of those who become sick.

• Other implications for corrections.
COVID-19 Overview: Spread

• COVID-19 is a viral disease
  • *The virus’ official name is “SARS-CoV-2”; COVID-19 is the name of the disease*

• Transmission
  • The virus is thought to spread mainly from person-to-person. Incubation period: 2-14 days.
  • Between people who are in close contact with one another (within about 6 feet)
  • Via respiratory droplets produced when an infected person coughs or sneezes.
  • Droplets can land in mouths/eyes/noses of people nearby or possibly be inhaled into lungs.

• May spread from inanimate objects that have virus on them, but this is not the main way it spreads.
• People are thought to be most contagious when they are the sickest.
• Some spread might be possible before people show symptoms, but this is not the main way it spreads.
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• Sicker person: more contagious.

• Some spread before people show symptoms, but this is not the main way it spreads.
COVID-19 Overview: Spread

- From Wuhan to Worldwide.
- Mid-March 2020, several US hotspots.
- Keep up with local situation.
- If it’s spreading in your community, it’s likely to show up in your local jail or prison.

Persons entering your correctional facilities could have been exposed while in a highly prevalent region, near or far, or may have been in close proximity to just one case...
COVID-19 Overview: Prevention

• Avoid close contact with people who are sick. No hugs, no handshakes.
• Avoid touching your eyes, nose, and mouth.
• Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
• Wash your hands with soap and water frequently, esp. after cough.
  • Wash for 20 seconds—as long as it takes to sing the Happy Birthday song.
• Clean/disinfect frequently touched objects/ surfaces: hospital-grade disinfectant.
• Follow CDC’s recommendations for using facemask, isolation of infected persons.
  • Correctional staff should stay off from work if they feel sick.

*Have a cough, fever and/or shortness of breath? Stay home.*
*If illness becomes worse, seek medical care; call ahead before you go!*

3.13.2020
Overview: Symptoms & Diagnosis

- Many people are asymptomatic or only have mild symptoms.
- Can appear soon (~2 days) or long (~2 weeks) after exposure. Average: 5 days.
- Some common symptoms: fever, cough, shortness of breath. Which sounds an awful lot like the flu...

Tip: finish up your flu vaccine stock now!

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Overview: 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.
Alaska DOC Flow Chart:

Cohort as last resort.

Only cohort symptomatic patients with *lab diagnosed* COVID together.

courtesy: R. Lawrence


Alaska DOC Flow Chart

### HIGH RISK

- Place in quarantine. Remain under quarantine authority. No activities in public settings.

### MEDIUM RISK

- House in single cell. Monitoring to include VS with temperature bid. No congregate activities. Mask for transport out of cell.

### LOW RISK

- House single cell. Monitoring to include VS bid. Wear mask in congregate settings or when moving within the facility.

### NO IDENTIFIED RISK

- None

### Actions for **no** COVID-19 symptoms

- Immediate isolation; medical evaluation per PUI instructions. Pre-notify hospital/ER of any transfers. Mask for all movement outside isolation.

### Actions for **with** COVID-19 symptoms

- Immediate isolation; medical evaluation according to PUI guidelines. Mask for all movement outside cell.

- House in single cell. Avoid congregate activities. Wear mask for any movement outside cell.

- Routine care

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### Actions for no COVID-19 symptoms

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COVID-19, the new type of coronavirus

For those not needing hospital transfer:

• **Treatment**
  • Rest; Drink fluids to prevent dehydration
  • Take medicine to reduce fever (for example, acetaminophen)
  • Research is ongoing on the use of already-developed medications
  • Health care staff should be made aware if patient worse symptoms develop, e.g., SOB

• **Vaccination**
  • None yet for COVID-19 as of mid-2020; trials starting soon, results in > 1+ year

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COVID-19 Risks: Make a List of Most Vulnerable

1. In anyone, COVID-19 can become serious or be fatal.
2. Serious disease, death: most common in older persons and/or those with underlying medical conditions.
3. Medical should make custody aware of most vulnerable patients; no need to disclose the nature of their diagnoses and violate HIPAA.

If downsizing of population needed, then persons at high priority from health point of view targeted.

Think of your patients in chronic care clinics, your pregnant patients and how you will keep them safe from disease.

Source: China CDC
Implications for Correctional Health Staff

1. Healthcare staff should be aware of ongoing updates to clinical guidelines.
2. Have your pandemic plan in place
3. Share with your local health department: role of your facility in prevention, identification, and management of infectious disease.
   • Remind them that you are in their territory. Swap contact information.
   • Just b/c you have a healthcare staff... (which may be hired via a private vendor)
   ...doesn’t mean that HD shouldn’t consider how the presence of a jail and prison, and movement of folks in/out of the facility, impacts public health.

And: Work with your facility on planning now: where to cohort persons (placing persons diagnosed with coronavirus together, but at a distance from folks who are well) if many people are getting sick at the same time.

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Health Services: Check for updates local health department and https://www.cdc.gov/coronavirus/ and regional/corporate infection control coordinators, if any) as needed for latest guidelines on:

1. How to isolate persons—when is negative pressure room indicated?
2. How long to quarantine those exposed, isolate those infected?
3. What personal protective equipment needed, for whom: eye shield, N95/surgical mask, gloves, gowns?
4. How to handle those exposed to case of COVID-19, especially after 1st test is negative: when to repeat before infection can be ruled out?
5. When can isolation be lifted?

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no boot covers
### Alaska DOC Levels of Quarantine:

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Implications for Correctional Custody Staff

- Jurisdictions need to understand that incarceration of persons defying quarantine orders could lead to exponential increases in jail cases and cases in the community.
  - Measures other than detention should be considered, such as at-home electronic monitoring.
  - Custody should plan on future absenteeism of ill correctional officers.
  - Supply chains (medicines, food, etc.) may become disrupted.
  - Consider alternatives to incarceration, in order to keep stock population down (diversionary courts, community corrections).
  - If COVID-19 is in your jurisdiction, consider restriction of movement in and out (visitors, non-essential vendors, tours).

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Other Issues for Correctional Healthcare

• Make sure persons confined in your facility have access to soap for hand washing; tissue for nasal discharge, etc.
• Consider suspending co-pay for medical visits to evaluate sore throat, cough, fever, shortness of breath.
• Consider what will happen if health care workers sick and need to stay home, or home caring for others.

• Prepare for absenteeism/discourage “presentism”
Post-test for Corrections

Question: where do individuals dwell in close proximity, sleep in close quarters, eat together, recreate in small spaces, with staff close by?

A. Jails  
B. Cruise Ships  
C. Prisons  
D. A & C  
E. All of the above
Resources:

Many correctional systems have developed pandemic flu plans. These plans can be readily adapted to COVID-19 and readapted as we learn more. The BOP plan is available online:

  • Questions? Aspauld@emory.edu
  • Emory Center for the Health of Incarcerated Persons, Atlanta GA

Acknowledgments: I am grateful for constructive criticism from Allison Chamberlain, Newton Kendig, Ank Nijhawan, Dianne Rechtine, Marc Stern, and countless colleagues who are government employees.

To check the CDC websites for areas of current activity: