COVID-19 Weekly Roundtable
For Law Enforcement and Correctional Health Care
Roundtable Panelists...

Brent R. Gibson, MD, MPH, CCHP-P
Sheriff David Hutchinson
Hennepin Co., Minnesota
Sharen Barboza, PhD., MS
CCHP-MH
Sheriff John Mina
Orange Co., Florida
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.
REMEMBERING

THOSE WE’VE LOST TO COVID-19
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.
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.
Specific and Unique Occupational Challenges and Risks in Corrections

Providing care and custody of sometimes dangerous, uncooperative people

The incarcerated have poorly understood physical health problems
Mental illness has a very high prevalence in the incarcerated
Officers are expected to be the front line for physical and mental health problems that may be undiagnosed

In some systems, health services and the custody are not a high-functioning team
All of this can lead to:

**Physical health problems for officers**
- Injury from assault
- Infectious disease
- Musculoskeletal injury
- Other work-related illness and injury

**Mental health problems**
- Depression
- Anxiety
- Psychosomatic manifestations
Traditional Occupational Health Hazards

- SLIP AND TRIP HAZARDS
- POOR AIR QUALITY
- ERGONOMIC PROBLEMS
- TOXIC EXPOSURES
- OTHER MUSCULOSKELETAL INJURIES
- CHALLENGES WITH MEDICAL CLEARANCE FOR PPE USE
- ALL MADE WORSE BY AGING PHYSICAL PLANT IN MANY CASES
What can be done?

**In the Short Term**
- Line and senior leaders need to utilize proper scheduling and shift rotation, minimizing the time in the jail as the mission allows.
- Excessive overtime or prolonged shifts lead to deterioration of performance and increase risk of accidents.
- Develop an deploy basic health and wellness programs. These work and ensure officers know that leadership cares about them
  - Provide employee assistance program (to include substance abuse services)
  - Ensure healthy foods in the officer dining facility and snack areas
  - Provide fitness area or membership options within the community (be mindful of social distancing)
  - Meditation and yoga (or similar) opportunities

**In the Long Term**
- Develop a robust, comprehensive, and technically proficient occupational health service
  - Focus on hazard recognition and mitigation
  - More feasible in large jails with resources
  - Identify what community services are available (local hospital or physician practice group)
  - Determine willingness of health services vendor to provide OH services
    - But understand this is legally and ethically a distinct service form inmate care and from the employee’s private health services.
    - The proverbial “company doc” who focuses on minimizing risk to employer.
COVID19

Many of this is applicable to the current pandemic

- Loss of job for spouse or family member
- Loss of personal business, secondary employment, and/or supplemental income
- Real and perceived (undiagnosed) illness in family and friends
- Lack of recreational and related support activities

Specific emphasis on:

- Respiratory protection and use of PPE
- Social distancing among staff and between staff and inmates
- Understanding and responding to risk stratification among staff
- Empathizing with officer’s concerns (logical, rational or not, perceptions are important)

Officers are a bridge or window between the community and the institution

Challenges in the community can manifest in the institution:

- Loss of job for spouse or family member
- Loss of personal business, secondary employment, and/or supplemental income
- Real and perceived (undiagnosed) illness in family and friends
- Lack of recreational and related support activities

Specific emphasis on:

- Respiratory protection and use of PPE
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- Understanding and responding to risk stratification among staff
- Empathizing with officer’s concerns (logical, rational or not, perceptions are important)
Breathing Apparatuses...

- Lots of guidance in the public and variable policy landscape
- Understand the difference between a respirator (for specific occupational hazards) and a mask (for non-professional use)
- Follow your local policy and practice but
  - Don’t be afraid to contribute to the discussion with facts and knowledge
# Respirators vs. Mask

<table>
<thead>
<tr>
<th>Respirators</th>
<th>Mask and/or Face Coverings</th>
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<tbody>
<tr>
<td>A form of PPE that is regulated and generally hazard specific.</td>
<td>CDC recommends wearing cloth face coverings in public settings where other social distancing</td>
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<tr>
<td>E.g., the N95, N99, etc.</td>
<td>measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas</td>
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<td>Cloth face coverings are not considered PPE because their capability to protect healthcare</td>
<td>of significant community-based transmission.</td>
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<tr>
<td>personnel (HCP) is unknown. Facemasks, if available, should be reserved for HCP.</td>
<td>CDC also advises the use of simple cloth face coverings to slow the spread of the virus and</td>
</tr>
<tr>
<td>For visitors and patients, a cloth face covering may be appropriate. If a visitor or patient</td>
<td>help people who may have the virus and do not know it from transmitting it to others. Cloth</td>
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<td>arrives to the healthcare facility without a cloth face covering, a facemask may be used for</td>
<td>face coverings fashioned from household items or made at home from common materials at low</td>
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<tr>
<td>source control if supplies are available.</td>
<td>cost can be used as an additional, voluntary public health measure.</td>
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**Use of Cloth Face Coverings to Help Slow the Spread of COVID-19**

**How to Wear Cloth Face Coverings**
- Fit snugly but comfortably against the side of the face.
- Be secured with ties or ear loops.
- Include multiple layers of fabric.
- Allow for breathing without restriction.
- Be able to be laundered and machine dried without damage or change in shape.

**CDC on Homemade Cloth Face Coverings**

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), especially in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N95 respirators. These are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

**Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?**
Yes. They should be routinely washed depending on the frequency of use.

**How does one safely store/keep a clean cloth face covering?**
A washing machine should suffice in properly washing a cloth face covering.

**How does one safely remove a used cloth face covering?**
Individually should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.

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**Quick Cut T-shirt Cloth Face Covering (no sew method)***

**Materials**
- T-shirt
- Scissors

**Sewn Cloth Face Covering***

**Materials**
- Two 9”x9” rectangles of cotton fabric
- Two 6” pieces of elastic (or rubber bands, string, cloth strips, or hair ties)
- Needle and thread (or bobby pin)
- Scissors
- Sewing machine

**Bandana Cloth Face Covering (no sew method)**

**Materials**
- Bandana (or square cotton cloth approximately 20”x20”)
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

**Tutorial**

1. Fold bandana in half.
2. Fold top down, fold bottom up.
3. Place rubber bands or hair ties around your neck.
4. Fold side to the middle and tuck.
5. Thread through.
6. Tuck in knot.

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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
Assessing the effect of the COVID-19 pandemic on correctional institutions
Tests in Correctional Settings
NCCHC-HU COVID-19 Survey in Correctional Facilities

COVID-19 Cases Reported to Date

Total Facilities Reporting

Update: April 20, 2020
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.
Sheriff Hutchinson is nationally recognized for his work on officer wellness and medically assisted treatment for incarcerated individuals experiencing opioid addiction. Sheriff Hutchinson created an internal wellness unit called Tri Wellness to help his staff deal with the stresses of law enforcement. He believes that keeping deputies mentally, physically and spiritually healthy will lead to better service for the public. Sheriff Hutchinson serves as technology chair for the Major County Sheriff’s Association and as secretary for the Major County Sheriff’s Association Foundation Board.
“A 40-year-old Chicago police officer has killed himself. It’s the 4th suicide this year of the city’s force” CNN

“Officers with South St Paul, Rogers police die unexpectedly while off-duty” FOX9

“Police departments confront ‘epidemic’ in officer suicides” PBS
The Hennepin County Sheriff’s Office Tri Wellness Program
For more information...contact the Sheriff

Sheriff David P. Hutchinson

For More Information:
HCSO TriWellness Unit
Email: Sheriff@hennepin.us
Phone: 612-348-3744
Dr. Sharen Barboza is a licensed clinical psychologist who has worked in the field of correctional mental health for more than 20 years. She is a monitor, consultant, trainer and speaker with expertise in mental health, crisis management, self-injury reduction and trauma-informed care. Dr. Barboza provides workshops on stress management and self-care for custody and healthcare staff. She has published research related to suicide risk factors, dementia, interventions in restrictive housing and reducing self-injury.
Fear...

The emotional response to real or perceived imminent threat.

Often associated with the increase in the body’s fight or flight response.

Reaction to a “here and now” threat
Anxiety...

- Anticipation of future threat
- Associated with muscle tension and heightened awareness in preparation for future danger and cautious or avoidant behaviors.
- Worry and apprehension about a future or anticipated threat.
- Has to do with what hasn’t happened yet, but what we are pretty certain is coming (or at least possible).
- For many of us, anxiety is often partnered with our “worst case scenario” thinking.
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<td>Strong feeling of annoyance, displeasure or hostility</td>
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<tr>
<td>Can also be experienced as feeling irritable, short-tempered, rageful, violent</td>
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<tr>
<td>Usually directed at something or someone you feel has deliberately done you wrong</td>
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<tr>
<td>Anger usually has a target (or finds one)</td>
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Helplessness...

- Belief that there is nothing that can be done to improve a bad situation
- Learned helplessness can include continuously facing negative, uncontrollable situations and so we give up trying
- Can be universal (no one can help) or personal (I cannot help)
- Associated with changes in motivation, beliefs, emotions
Loneliness...

- Distress experienced when there is a difference between our desire for connectedness and our experience of it
- State of feeling alone and disconnected from others
- Not related to how much time we spend around others
- Has to do with interpersonal connection
You are Not Alone...

• 72% of Americans say their lives have been disrupted by the pandemic
• 57% worried that they will put themselves at risk because they can’t afford to stay home
• Nearly half say that worry and stress about the coronavirus has had a negative impact on their mental health
• 80% of calls to crisis line mention “virus” with 78% reporting anxiety

Individual Wellness

Crisis Skills
- Leave the scene
- Distract/Count
- Breathe
- Use all 5 senses
  - Go extreme!

Management Skills
- Acceptance
- Perspective Taking
- Schedule “worry”
- Permission to be human
- Mindfulness moments
- Share with others
- Mind your “media diet”
As Leaders...

- Support teamwork/togetherness
- Do not pit staff against each other (e.g., compare)
- Encourage breaks
- Promote kindness
- Express *specific* gratitude
- Provide resources (e.g., EAP, supervision)
- Offer choices/sense of control
As Colleagues/Friends...

- Validate
  - “Of course you are…”
- Don’t judge or compare
- Avoid advice, just listen
- Listen for the background message
- Encourage healthy coping
- Support choice making/empower
- Intervene, if needed
Emotional “Fitness” Plan

- **Cardio**
  - Don’t forget to breathe
- **Strength training (major “muscle” groups)**
  - Heart, head, have a “spotter”
- **Schedule time for emotional fitness training**
  - Before work, after work, on breaks
- **Do it!**
Take Aways

- You are not alone; we are all feeling this
- You **can** do something
- Practice emotional fitness training
- Engage with others
- Don’t forget to breathe
Elected in 2018, Sheriff John W. Mina spent nearly 28 years with the Orlando Police Department, where he rose through the ranks and was appointed chief of police in 2014. During his tenure as chief of the Orlando Police Department, he led intervention programs after the Pulse night club mass shooting. Sheriff Mina is a member of the Major County Sheriff’s Association, Florida Sheriffs Association, and Central Florida Criminal Justice Association.
OUR COMMUNITY WILL HEAL
Officer Deaths in 2019

Deaths by Suicide: 215
Line-of-Duty Deaths: 125
It’s OK to not be OK.
Crisis Intervention Team training represents a new approach for dealing with mentally ill individuals who come to the attention of law enforcement. Instead of confronting and arresting a person who shows signs of emotional distress, CIT team members are trained to deal with the situation and direct the person into treatment instead of jail.

Based on a model developed in Memphis, Tennessee, CIT is endorsed by law enforcement, mental health providers, consumers of mental health services and their families. It represents a major step forward in acknowledging that mental illness is a disease — and recognizing the fact that arrest is not always an appropriate response to someone whose behavior is directly related to symptoms of their disease.

**CIT Training**
Success of the program depends on the willingness of officers to participate in an intensive training program which provides information on signs and symptoms of mental illnesses; medication and treatment; suicide prevention; mental health issues in children and among the elderly; alcohol and drug assessments and issues; and de-escalation techniques. This is done through classroom and role-play training with mental health providers, clients and advocates.

In-service training continues after the initial 40-hour course. Only selected officers in each department receive this training. They become their department’s experts in this area, and will respond, when available, in a situation where intervention with an individual with a mental illness is necessary.

**CIT Goals**
CIT facilitates getting people with mental illness into treatment rather than jail. CIT increases officer and community safety by designating well-trained staff to respond to situations involving a person with a mental illness. CIT is cost-effective by reducing the number of inappropriate arrests.

CIT reduces concerns among family members and friends of the individual with a mental illness, knowing that there are specially trained police officers that can deescalate the situation. CIT helps reduce the stigma of mental illness when law enforcement makes a distinction between a symptom and a crime.

**The Future of CIT**
Law enforcement has traditionally been the first responder in any crisis situation, and no doubt this will continue to be the case.

Over the years — and particularly in the past decade as traditional mental health institutions have shut down in favor of community placements — it has become obvious that special strategies are needed when a person with a mental illness is in crisis. A community-based partnership has proven to be an effective way to provide the best services to those affected by mental illness. It is, indeed, an idea whose time has come.
If you need help, ask for it
The Sheriff’s Employee Assistance Trust, Inc. (SEAT) was founded in 1999 to aid law enforcement personnel in time of critical need. Our goal is threefold: Provide financial assistance to employees during a personal crisis, Give support to the families of slain officers, and Recognize officers killed in the line of duty. All Orange County Sheriff’s Office employees -- both sworn and civilian -- are covered under the SEAT program.

We do the law enforcement community know all too well that tragedy is a part of life. When tragedy hits deputies and their families, we are there. Because the law enforcement community is a tightly-knit one, SEAT also provides support to officers and families of smaller police agencies in Orange County.

We are sworn to protect and serve our community, which is key to the Orange County Sheriff’s Office. SEAT now turns to the community for their support. Area businesses, organizations and payroll deductions continue to help make this program possible through their generous contributions. We have been blessed with community support and we are grateful for it. We continue to seek financial support to expand the SEAT program.

Our goal is simple and direct: To serve those who serve our community with Courage, Integrity, and Distinction.

THOSE WE SERVE

The SEAT program serves all Orange County Sheriff’s Office employees, both sworn and civilian, and qualified officers from other Orange County law enforcement agencies. All applicants undergo a detailed review process to ensure they meet the guidelines set forth in the trust’s bylaws.

Memorial Remembrances

SEAT provides continuous financial support for our local law enforcement memorial at the Orange County Courthouse, which recognizes our law enforcement officers who have died in the line of duty.

The program also provides assistance so their families are recognized and can attend local, state and national police memorial events.

Medical Expenses

The SEAT program assists law enforcement personnel by providing financial assistance when needs arise due to death, disability, illness, injury, or circumstances. Assistance is granted when funding is not provided by state or federal law enforcement compensation or other special trust funds established for this purpose.

SEAT assistance may include the following:

- Unusual medical expenses, such as assisting with the cost of organ transplants or experimental treatments,
- Training for law enforcement and civilian employees who are disabled,
- Funeral expenses of eligible persons not covered by other sources.

Our goal is to continue to honor deputies who have died in the line of duty and to make sure our communities -- both local, state, and national -- recognize their ultimate sacrifice.

EDUCATIONAL/OTHER ASSISTANCE

Families of law enforcement officers killed or seriously injured face tremendous financial as well as emotional hardships. SEAT works to ease some of those burdens through a variety of programs.

Through SEAT, children and spouses of slain law enforcement officers and civilians of law enforcement agencies are entitled to financial assistance. This can include vocational and other work-related training for surviving spouses and college tuition for their children if not provided from other sources. Educational assistance also includes programs for spouses and children of seriously injured or disabled deputies.

We know that law enforcement families struck by tragedy have other needs as well. So SEAT provides resources to obtain or identify professional or financial counseling to family members of deputies killed or disabled in the line of duty. Professional counselors may be available to assist families trying to get back on their feet after such a crisis.

For more information, please contact:

Sheriff’s Employee Assistance Trust, Inc.
P.O. Box 95825
Orlando, Florida 32895-3025
Phone: 407-264-2400
Email: madine.erin@ocfl.net

Serving those who serve our community
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.
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
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 check 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.
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 |
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

Clean and disinfect frequently touched objects and surfaces.

Stay home when you are sick, except to get medical care.

Avoid touching your eyes, nose, and mouth.
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
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.
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)
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.
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)
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.
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
Resources for Help

National Commission on Correctional Health Care

• 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/
COVID-19 Hotline for Correctional Health Care

NCCHC-COVID@ncchc.org
Topics for Future COVID-19 Roundtables

Email:

jamesmartin@ncchc.org

or

brendan.a.kennedy@state.ma.us

or

kwagner@mcsheriff.com