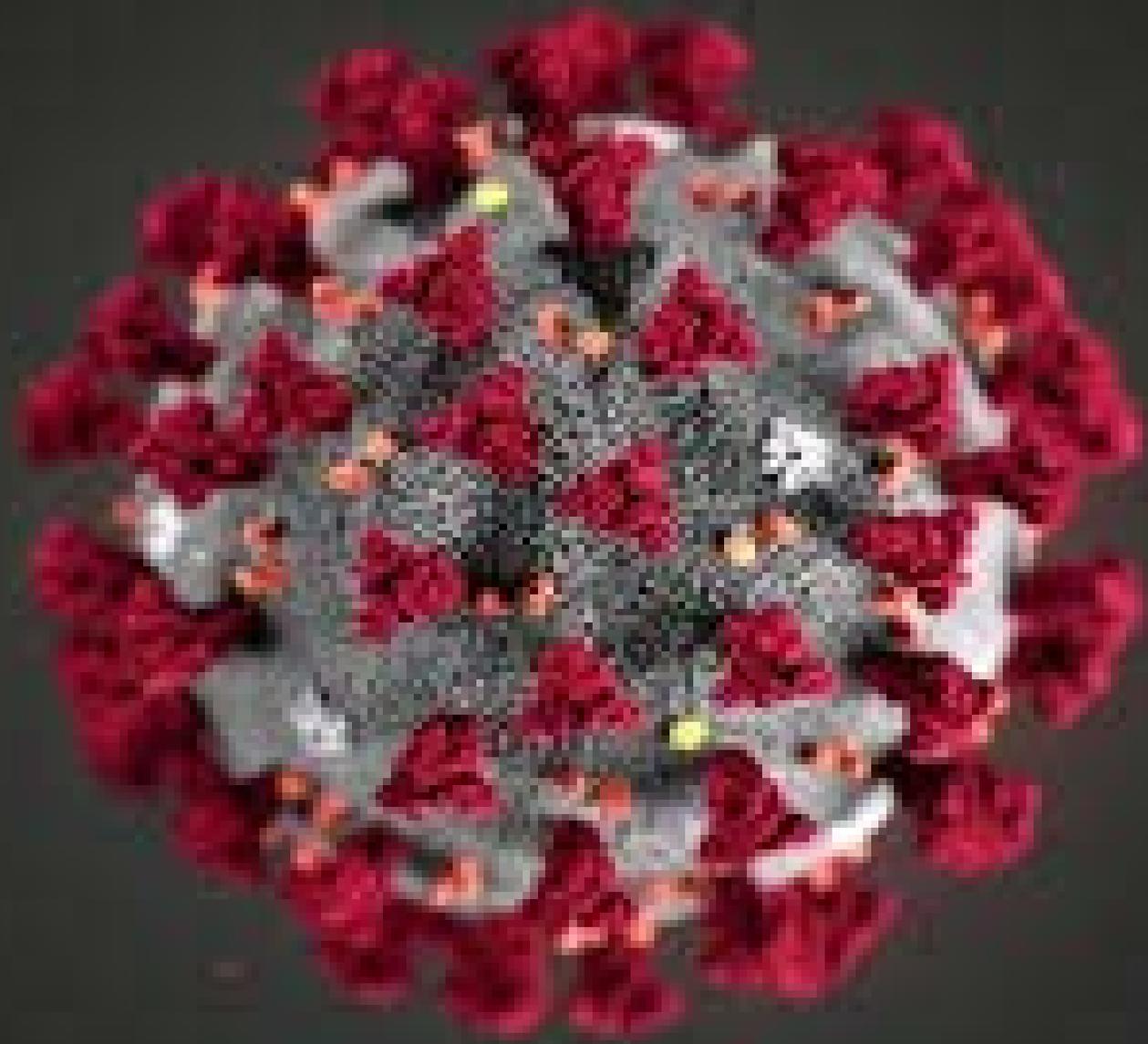


COVID-19: Steps to an Effective Response



National Commission on
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.

Brent Gibson, MD, MPH, CCHP-P

Dr. Gibson is a board-certified physician executive serving as Chief Health Officer for NCCHC. He previously served as clinical director for the United States Medical Center for Federal Prisoners where he provided clinical and executive oversight of all non-psychiatric clinical operations.



Key Considerations for Correctional Healthcare Facilities

- Currently there are no medications to treat or vaccines to prevent COVID-19. Therefore, 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



WASHING YOUR HANDS IS THE BEST PREVENTION

Regularly wash your hands with soap and water for at least 20 seconds. Hand sanitizer with at least 60% alcohol works if your hands are not visibly dirty, rub hands together for 20 seconds.



YOU DON'T NEED A FACE MASK*

The CDC does **not** recommend wearing a face mask to prevent catching the disease
***Unless you work in healthcare.**



STAY HOME IF YOU FEEL SICK

Contact your primary healthcare provider by phone or email. Do not walk into a clinic without an appointment.



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.



Avoid touching your eyes, nose, and mouth.



Clean and disinfect frequently touched objects and surfaces.



Wash your hands often with soap and water for at least 20 seconds.



For more information: www.cdc.gov/COVID19

COVID-19-A

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



To Protect Yourself from Exposure

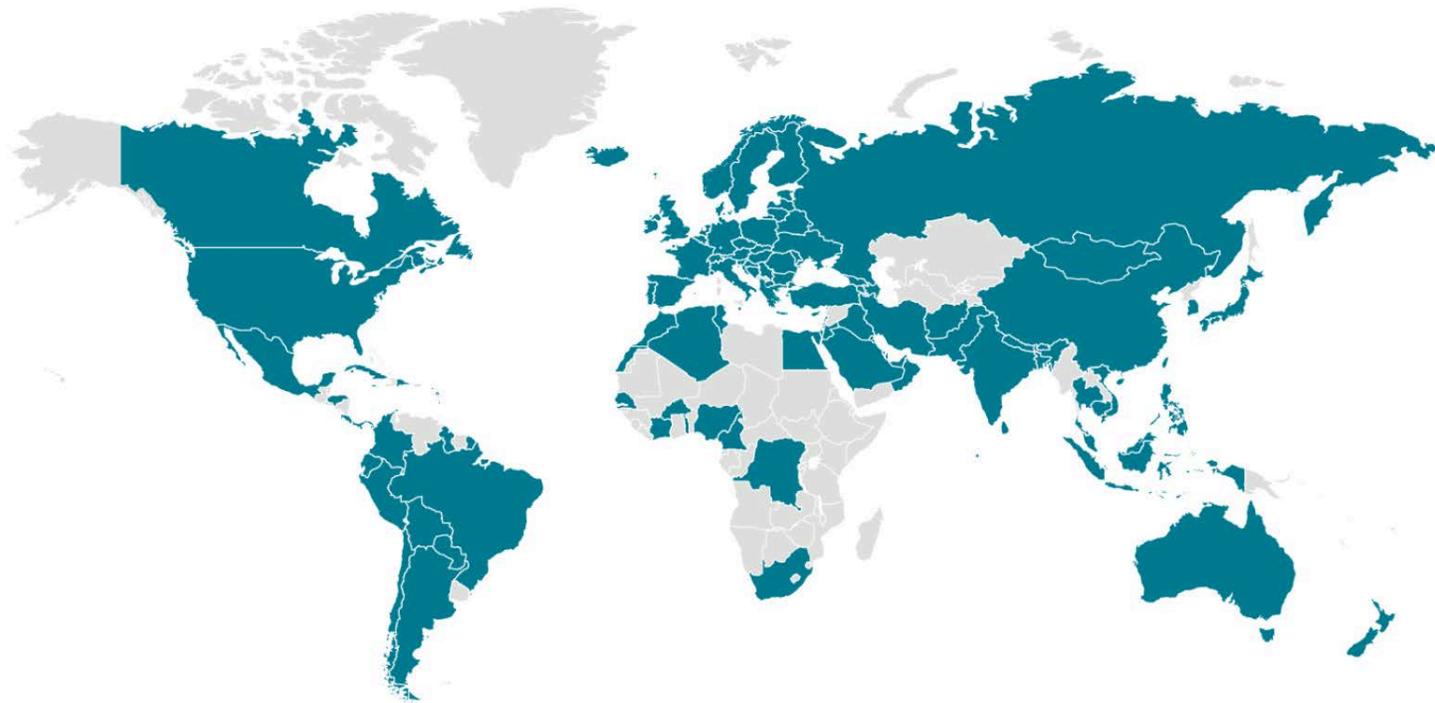
- If possible, maintain a distance of at least 6 feet.
- Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds.
- Do not touch your face with unwashed hands.
- Have a trained Emergency Medical Service/ Emergency Medical Technician (EMS/EMT) assess and transport anyone you think might have COVID-19 to a healthcare facility.

Anne Spaulding, MD, MPH, CCHP-P

Dr. Spaulding is trained in internal medicine and infectious disease. For the past 23 years, she has focused on correctional health and has authored 100 publications. She served as medical director for the RI Department of Corrections, a combined jail/prison for six years. Since 2005 she has been on faculty at Emory's Rollins School of Public Health, where she is currently an Associate Professor of Epidemiology.



From Wuhan to Worldwide



- Mid-March 2020, several US hotspots
- Keep up with local situation
 - If it is spreading in your community, it is likely to show up in your 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...



Health Alert: Coronavirus Disease 2019 (COVID-19)

You have traveled to a country with an outbreak of COVID-19 and are at higher risk.
COVID-19 is a respiratory illness that can spread from person to person.

Stay Home

Stay home for the next 14 days and monitor your health. Take your temperature with a thermometer two times a day and watch for symptoms.

If you feel sick and have symptoms:

- Call ahead before you go to a doctor's office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.
- Do not travel while sick.

Symptoms

Illnesses have ranged from mild symptoms to severe illness and death. Symptoms may appear 2–14 days after exposure.

Symptoms can include:



Fever (100.4°F/38°C or higher)



Cough



Shortness of breath

Visit the website for more information on monitoring your health and how to contact local public health officials. Visit: www.cdc.gov/COVIDtravel



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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)

Sheriff Mitzi Johanknecht



Sheriff Mitzi Johanknecht has served her community for 35 years and is an experienced, progressive law enforcement leader. She began her law enforcement career when she joined the King County Sheriff's Office in 1985. She was elected Sheriff on November 7, 2017. Throughout her career, Sheriff Johanknecht has collaborated with other agencies, community groups and residents to build relationships of trust to promote public safety.

Actions to Take for Preparation of Outbreak



Designate a time to meet with your staff to educate them on COVID-19 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, including COVID-19. Become familiar with infection prevention and control guidance for managing COVID-19 patients.

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.

Actions Taken by King County, WA Sheriff's Office

- Cancellation of most training and travel unless determined to be necessary
- Cancelled roll calls unless required. We are no longer responding to AED calls in adult care facilities
- Cancelled citizen police academy
- Suspended ride a longs
- Directed our office to limit self-initiated activity to only what is necessary for public safety
- Having many detectives and others not assigned to patrol to work from home
- Ordered commissioned personnel to shave facial hair for those who had medical accommodations
- Encouraging our non-commissioned employees to telecommute as much as possible while still supporting our ongoing operations
- Request our community members voluntarily reschedule initial CPL appointments
- 911 call takers are encouraging callers to use either online reporting or telephone reporting rather than dispatch an officer for lower level crimes
- 911 call takers are asking callers if anyone at their location is experiencing flu like symptoms. If so, officers are prompted at dispatch the use PPE precautions.
- Dispatch is using premises warnings for locations suspected or confirmed COVID locations to warn officers to take PPE precautions.
- We have stood up a web page on our intranet and linked our COVID related directives and policies to information can be located easily.

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.

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.

NCCHC Standards for Health Services in Jails

- NCCHC standards provide a framework for quality health care and risk management
- The standards are a resource for identifying numerous opportunities for efficiencies and cost savings

B-01 Healthy Lifestyle Promotion (I)

Standard

Health care policies, procedures, and practices emphasize health promotion, wellness, and recovery

B-01 Healthy Lifestyle Promotion

Compliance Indicators

- Health staff document that patients receive individual *health education* and instruction in *self-care* for their health conditions.
- General health education (e.g., pamphlets, news articles, video, classes) is accessible to all inmates.
- The facility provides a *nutritionally adequate* diet to the general population.
- A *registered dietitian nutritionist* (RDN), or other licensed qualified nutrition professional, as authorized by state scope of practice laws, documents a review of the regular diet for nutritional adequacy at least annually.

B-01 Healthy Lifestyle Promotion

- The facility has a procedure in place to notify the RDN whenever the regular diet menu is changed.
- Health staff promote and provide education on exercise and physical activity options in the facility.
- Smoking is prohibited in all inside areas. If the facility allows smoking outside, specific areas are designated.
- Information on the health hazards of tobacco is available to inmates.

B-02 Infectious Disease Prevention and Control (E)

Standard

There is a comprehensive institutional program that includes surveillance, prevention, and control of communicable disease.

B-02 Infectious Disease Prevention and Control

Compliance Indicators

- The facility has a written *exposure control plan* that is approved by the responsible physician. The plan is reviewed and updated annually.
- The responsible health authority ensures that:
 - Medical, dental, and laboratory equipment and instruments are appropriately cleaned, decontaminated, and sterilized per applicable recommendations and/or regulations
 - Sharps and biohazardous wastes are disposed of properly
 - Surveillance to detect inmates with infectious and communicable disease is effective
 - Inmates with contagious diseases are identified and, if indicated, *medically isolated* in a timely fashion
 - Infected patients receive medically indicated care

B-02 Infectious Disease Prevention and Control

- *Standard precautions* are always used by health staff to minimize the risk of exposure to blood and body fluids.
- Inmate workers, if used, are trained in appropriate methods for handling and disposing of biohazardous materials and spills.
- Patients requiring respiratory isolation are housed in a functional negative pressure room.
- Inmates who are released with communicable or infectious diseases have documented community referrals, as medically indicated.
- The facility completes and files all reports as required by local, state, and federal laws and regulations.

B-02 Infectious Disease Prevention and Control

- Effective *ectoparasite* control procedures are used to treat infected inmates and to disinfect bedding and clothing.
 - Inmates, bedding, and clothing infected with ectoparasites are disinfected.
 - Prescribed treatment considers all conditions (such as pregnancy, open sores, or rashes) and is ordered only by providers.
 - If the facility routinely delouses inmates, only over-the-counter medications, such as those containing pyrethrins, are used.
- An environmental inspection of health services areas is conducted monthly to verify that:
 - Equipment is inspected and maintained
 - The unit is clean and sanitary
 - Measures are taken to ensure the unit is occupationally and environmentally safe

C-04 Health Training for Correctional Officers (E)

Standard

Correctional officers are trained to recognize the need to refer an inmate to a qualified health care professional.

C-04 Health Training for Correctional Officers

Compliance Indicators

- A training program is established and approved by the responsible health authority in cooperation with the facility administrator.
- An outline of the training, including course content and length, is kept on file.
- Correctional officers who work with inmates receive health-related training at least every 2 years. This training includes, at a minimum:

C-04 Health Training for Correctional Officers

- Administration of first aid
- Cardiopulmonary resuscitation including the use of an automated external defibrillator
- Acute manifestations of certain chronic illnesses (e.g., asthma, seizures, diabetes)
- Intoxication and withdrawal
- Adverse reactions to medications
- Signs and symptoms of mental illness
- Dental emergencies
- Procedures for suicide prevention
- Procedures for appropriate referral of inmates with medical, dental, and mental health complaints to health staff
- Precautions and procedures with respect to infectious and communicable diseases
- Maintaining patient confidentiality

C-04 Health Training for Correctional Officers

- A certificate or other evidence of attendance is kept on-site for each employee.
- While it is expected that 100% of the correctional staff who work with inmates are trained in all of these areas, compliance with the standard requires that at least 75% of the staff present on each shift are current in their health-related training.

D-07 Emergency Services and Response Plan (E)

Standard

Planning for *emergency health care* ensures that all staff are prepared to effectively respond during emergencies.

D-07 Emergency Services and Response Plan

- The facility provides 24-hour emergency medical, dental, and mental health services.
- Facility staff provide emergency services until qualified health care professionals arrive.
- The health aspects of the documented emergency response plan are approved by the responsible health authority and facility administrator, and include, at a minimum:

D-07 Emergency Services and Response Plan

- Responsibilities of health staff
- Procedures for triage for multiple casualties
- Predetermination of the site for care
- Emergency transport of the patient(s) from the facility
- Use of an emergency vehicle
- Telephone numbers and procedures for calling health staff and the community emergency response system (e.g., hospitals, ambulances)
- Use of one or more designated hospital emergency departments or other appropriate facilities
- Emergency on-call physician, dental, and mental health services when the emergency health care facility is not nearby
- Security procedures for the immediate transfer of patients for emergency care
- Procedures for evacuating patients in a mass disaster
- Alternate backups for each of the plan's elements
- Time frames for response
- Notification to the person legally responsible for the facility

D-07 Emergency Services and Response Plan

- *Mass disaster drills* are conducted so that each shift has participated over a 3-year period, including satellites
- A health emergency *man-down drill* is practiced once a year on each shift where health staff are regularly assigned, including satellites.
- The mass disaster and man-down drills are *critiqued*, the results are shared with all health staff, and recommendations for health staff are acted upon.

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

National Commission on Correctional Health Care

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