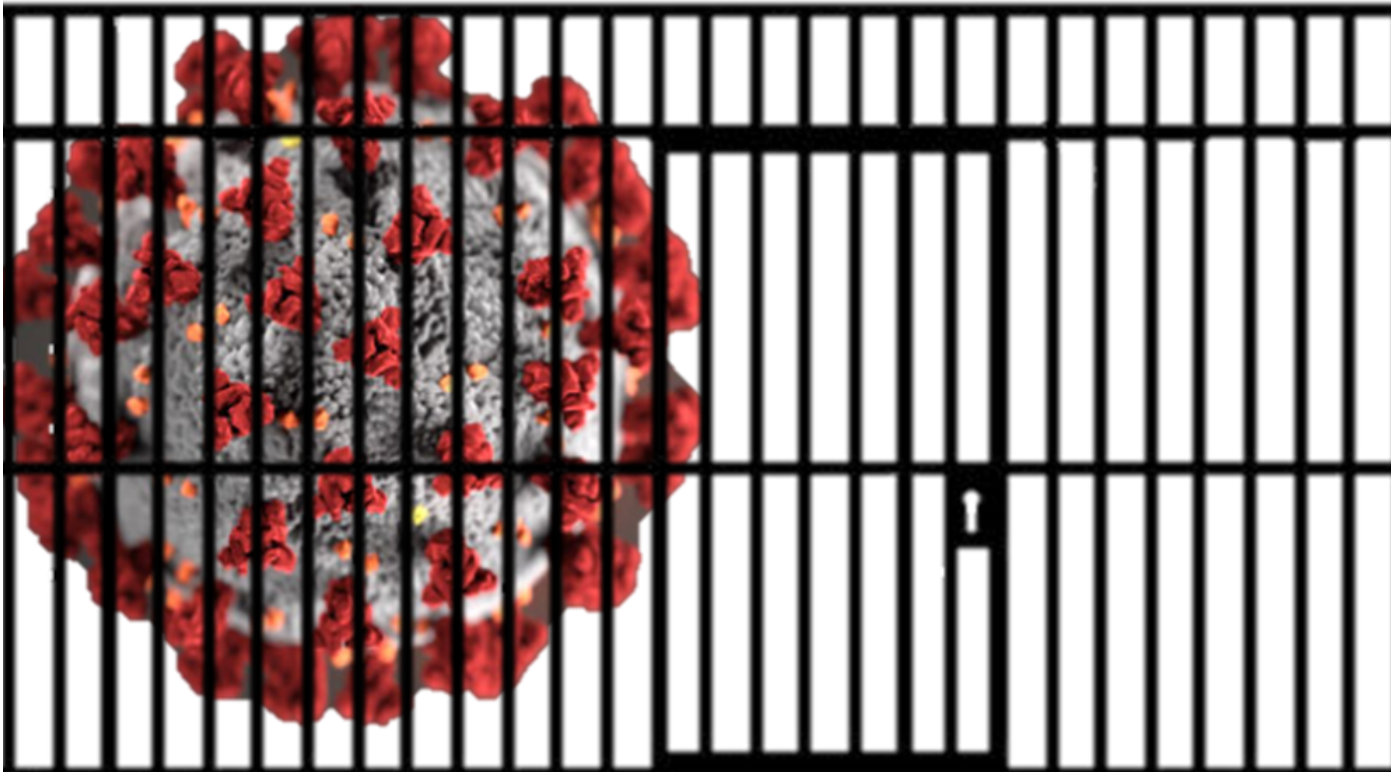


Coronavirus COVID-19 and the Correctional Facility



Updated for NCCHC Webinar, Pandemic Day 3

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March 13, 2020

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Please do not alter content without contacting author and collaborators



EMORY

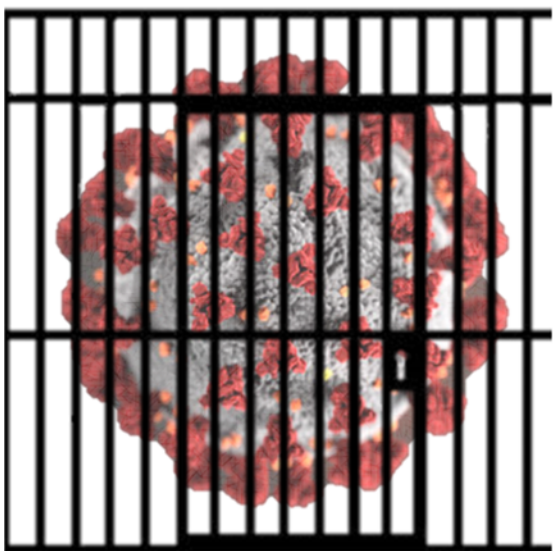
ROLLINS
SCHOOL OF
PUBLIC
HEALTH

PRE-TEST

Item	Response	Your Points
1. Exchanged contact information with local/state health department? Established a point of contact?	Yes and Yes: +9 points Will contact them today: +1 point No: subtract 1	
2. Does your facility have plans in place to send ill staff (both public sector, contractors) home/to hospital?	Yes: +1 point No: subtract 1	
3. Screening folks entering your custody for exposure? Cough, OR shortness of breath, OR temp. > 100.4 F?	Yes and Yes: +2 Yes or Yes: +1 No: subtract 1	
4. Are you (or will you be) separating sick (isolation) from exposed (quarantined) from general population?	Yes: +1 points No: subtract 1	


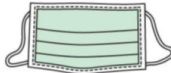

Outline: COVID-19 Overview for a Congregate Environment

1. Spread
2. **Prevention:** *Actions taken to prevent the spread of virus within a facility that include handwashing, environmental cleaning, and social distancing between well*
3. **Symptoms, Diagnosis and Treatment**
4. **Facility Management**
 - *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.*

BOP signage

Health Alert! ¡Alerta de salud!	
Coughing spreads germs. Protect yourself and others. <i>Al toser se transmiten microbios. Protéjase Ud. y a los demás.</i>	
	Cover your cough. <i>Tápese la boca al toser.</i>
	If you are coughing, ask about a face mask to wear in Health Services. <i>Si usted esta tosiendo, pida al personal de Servicios Médicos una máscara para cubrirse.</i>
	Clean hands often. <i>Lávese las manos con frecuencia.</i>

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.



COVID-19 Overview: Spread

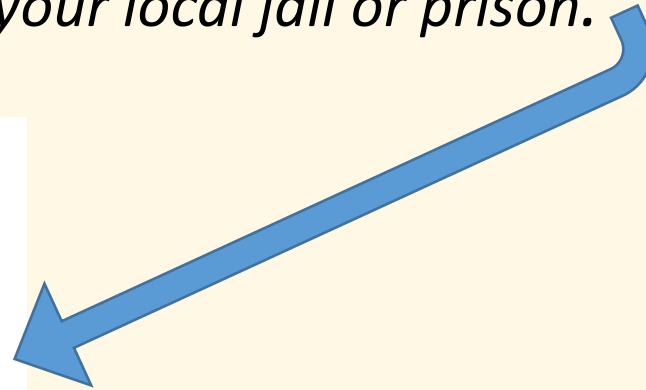
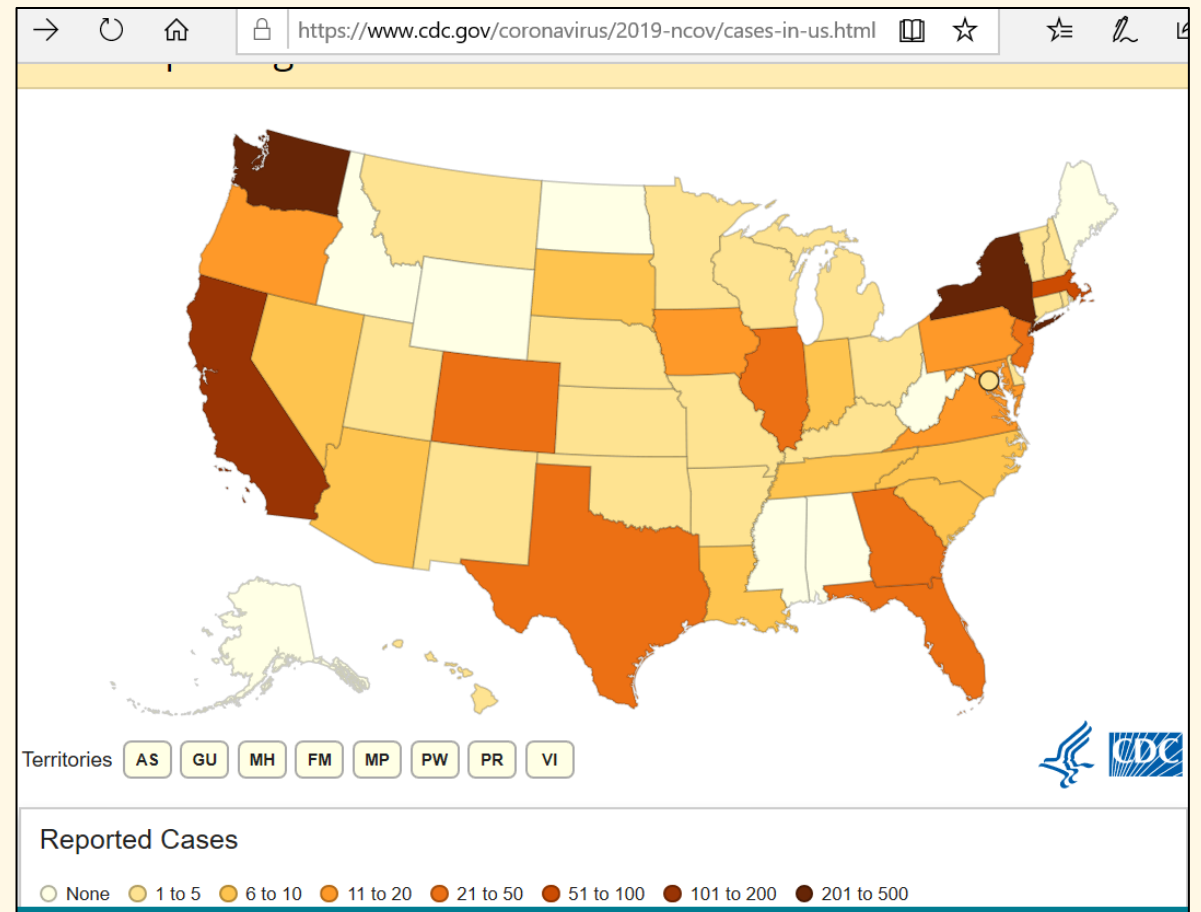
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- May spread from inanimate objects that have virus on them, but this is not the main way it spreads.
- Sicker person: more contagious.
- Some spread before people show symptoms, but this is not the main way it spreads.

COVID-19 Overview: Spread

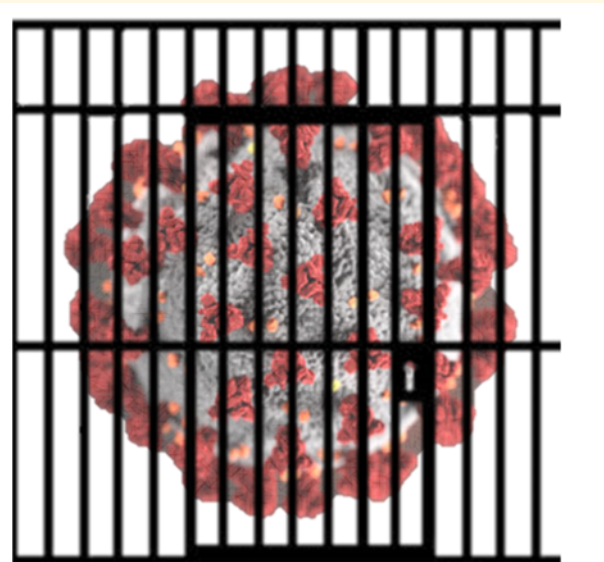
- From Wuhan to Worldwide.
- Mid-March 2020, several US hotspots.
- Keep up with local situation.
- *If it's spreading in your community, it's likely to show up in your local jail or prison.*



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...

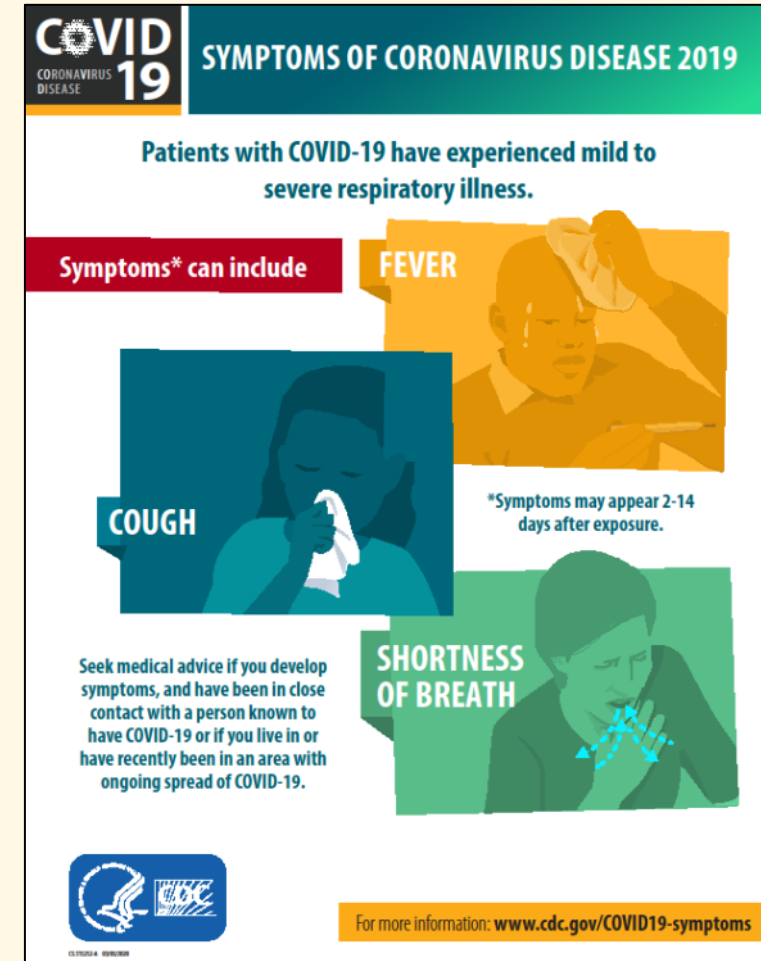
COVID-19 Overview: Prevention

- 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!*



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...



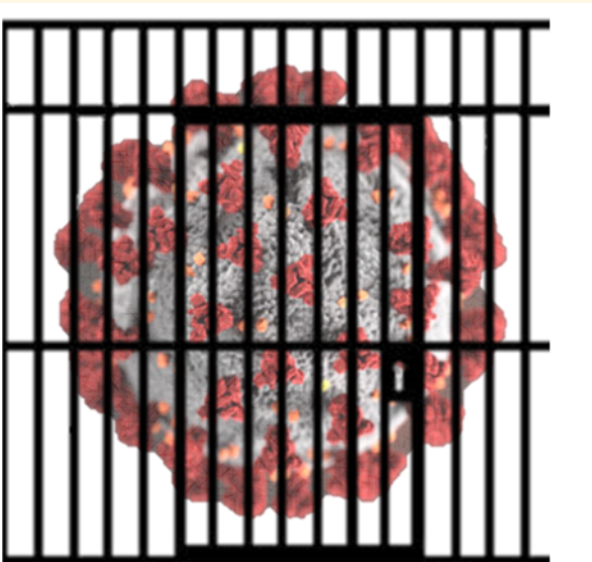
Tip: finish up your flu vaccine stock now!

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](https://www.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.

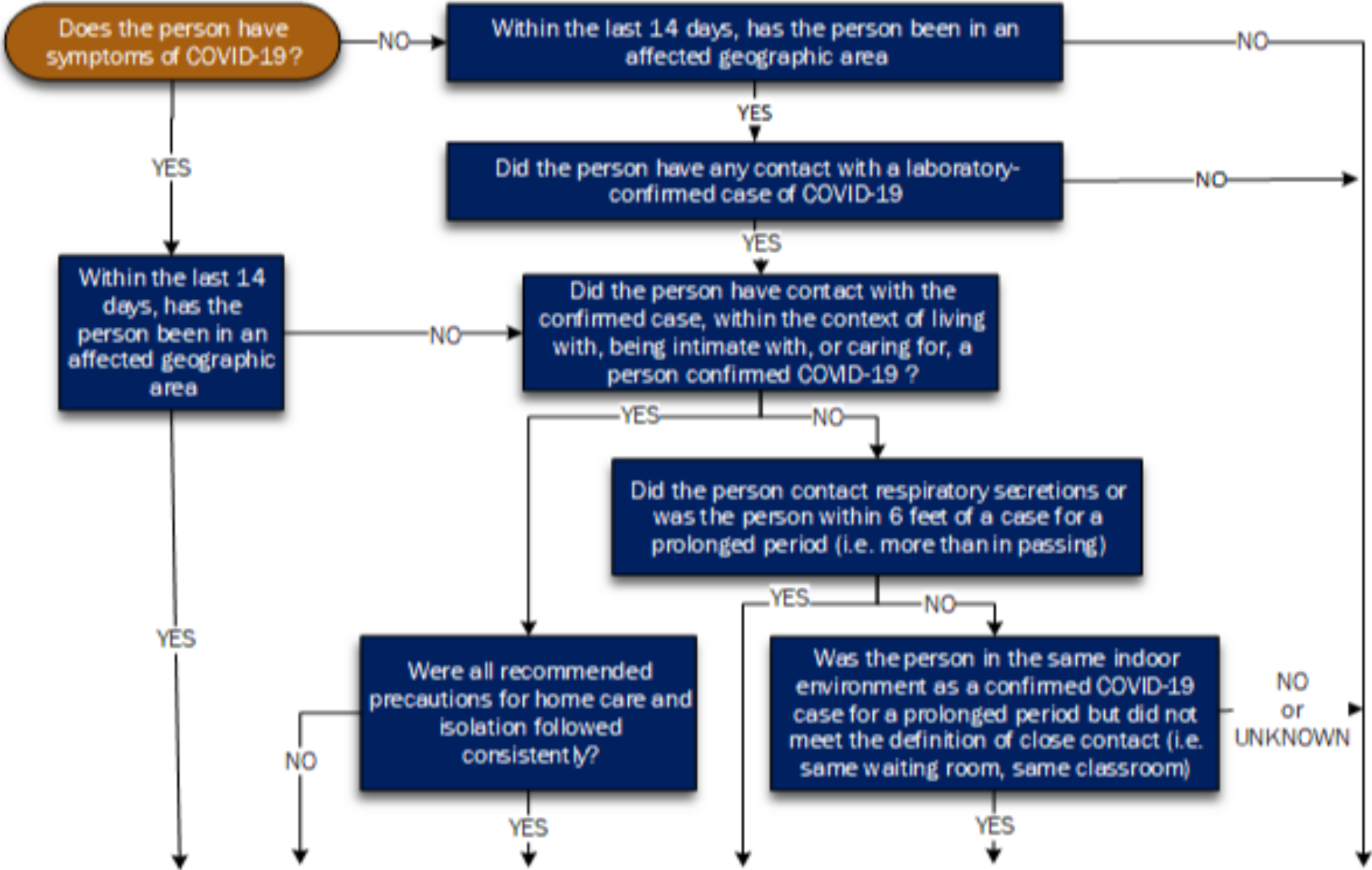


Alaska
DOC
Flow
Chart:

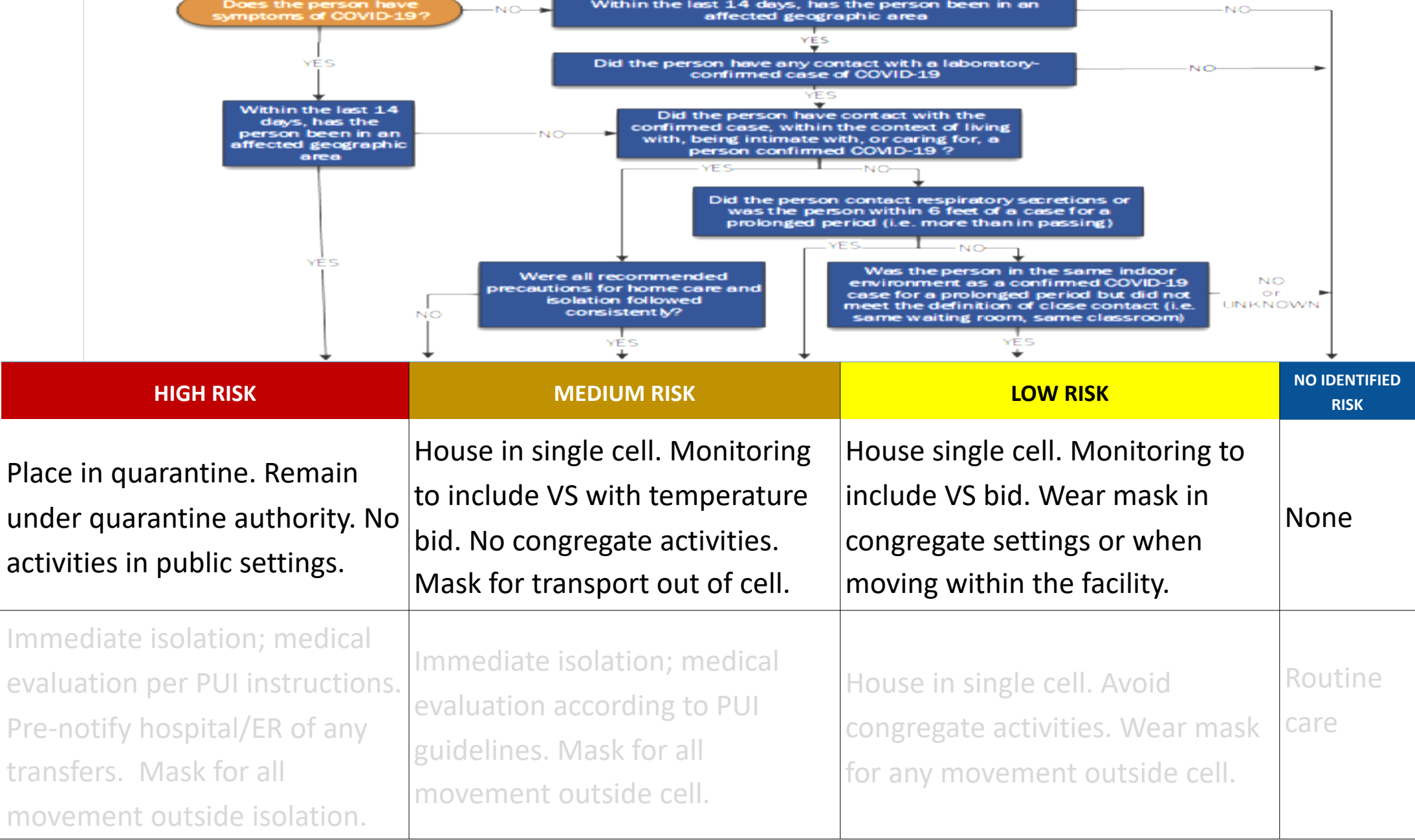
Cohort as
last
resort.

Only cohort
symptomatic
patients with
lab diagnosed
COVID
together.

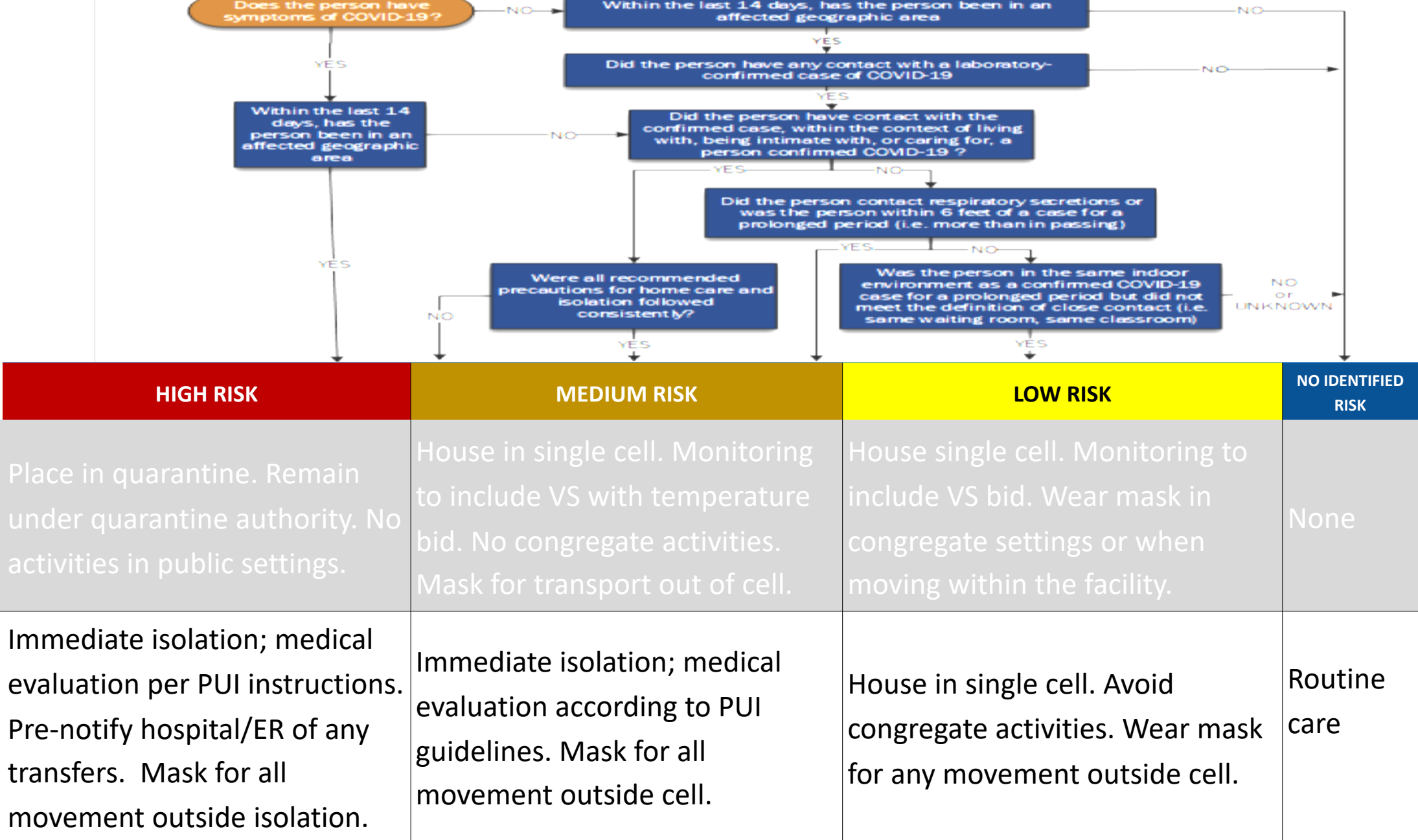
courtesy: R.
Lawrence



Alaska DOC Flow Chart



Alaska DOC Flow Chart



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

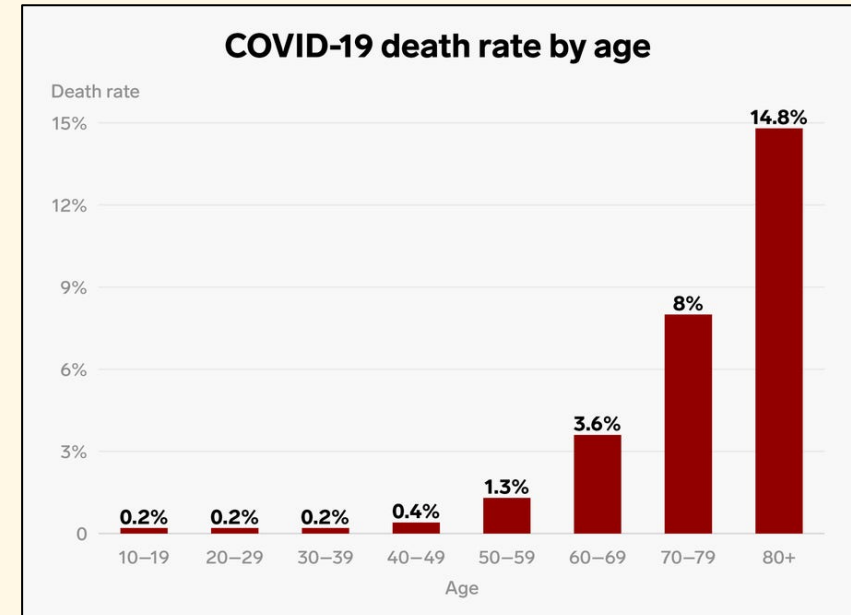


COVID-19 Risks: Make a List of Most Vulnerable

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

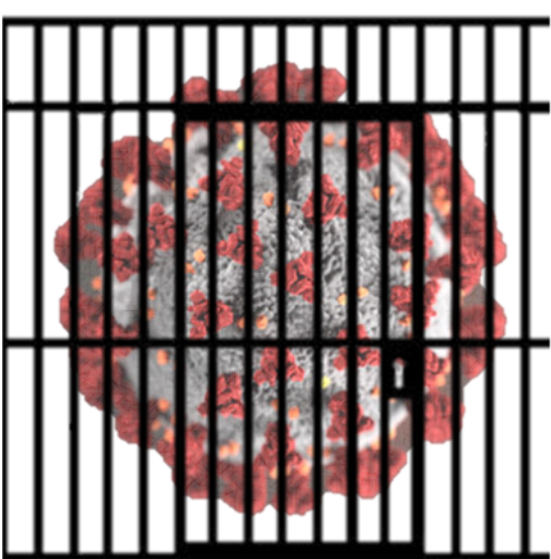


Implications for Correctional Health Staff

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.



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?

no boot covers



Alaska DOC Levels of Quarantine:

courtesy R. Lawrence

Level	Description	Scenario	Details
I	Individual level	Exposed individual is booked into a DOC facility	Quarantine of an exposed individual to include single cell housing, in-cell meals, restriction of movement, and separation from congregate activities for duration of incubation period.
II	Module level	An ill individual is identified in a single module	Quarantine of all inmates in a module with restriction of movement to within the module, in-module meals, separation from congregate activities outside the module for the duration of the incubation period.
III	Facility level	Multiple ill individuals are identified in separate modules or areas	Quarantine of all inmates in an exposed facility to include restriction of movement to and from the facility for the duration of the incubation period.
IV	Inter-facility level	An ill individual is identified after movement between facilities during the infectious period	Quarantine of exposed inmates in multiple modules within multiple facilities with restriction of movement to and from the facilities/modules, and separation of exposed inmates from congregate activities.

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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).



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.

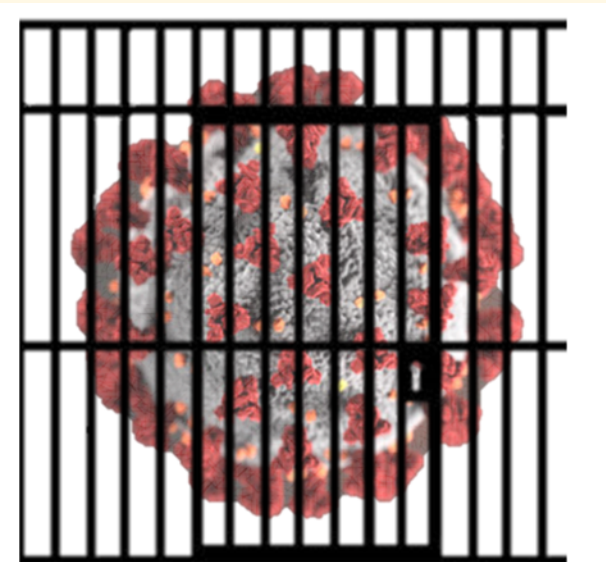


- Prepare for absenteeism/discourage “presentism”

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:

- <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

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:

- https://www.bop.gov/resources/pdfs/seasonal_influenza_guidance.pdf
 - 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 Rehtine, Marc Stern, and countless colleagues who are government employees.

To check the CDC websites for areas of current activity:

Int'l: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>

US: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html>