COVID-19 Response Information for Correctional Facilities:

Helpful Links:

Dept of Health Guidance for Correctional Facilities

ACA Guidance for Correctional Facilities

All Facilities:

- Immediately increase sanitation practices, consider a temporary suspension of the prohibition on alcohol-based hand sanitizer.
    - Have all staff carry personal hand sanitizer. Gloves help prevent the spread to self, but do not prevent the spread from area to area unless changed regularly.
- Establish clear communication and response protocol between facilities and their local health department or other appropriate responding health agency
- If there is influenza vaccine still in stock, unvaccinated staff (highest priority) and incarcerated persons should be offered the flu vaccine.
- If possible, legal visits should occur remotely.
- Inventory PPE. If you need PPE, let TEMA or your local Health Department know immediately.
- Develop a staffing contingency plan should an outbreak occur within your staff.
- Have a plan in place for how to appropriately quarantine and isolate symptomatic or positive inmates. Work with TDOC, the courts, and TCI to communicate if you expect space to be an issue.

New Intake Screening:

- New intakes should be screened for symptoms per usual protocols. Consider conducting this screening outdoors or in a covered area (weather and logistics permitting).
- Temperature should be taken, ideally with an infra-red no-touch thermometer.
- Additional questions should be asked regarding travel history and potential exposure to COVID-19 (Template).
- New arrivals should be segregated from other incarcerated individuals until the screening process has been completed.
- If new intakes are identified with symptoms then immediately place a face mask on the person, have the person perform hand hygiene, and place them in a separate room with a toilet while determining next steps. Staff entering the room shall wear personal protective equipment (PPE).
- Identify incarcerated persons who were transferred with the symptomatic new intake for need for quarantine.
- If new intakes report history of exposure to COVID-19 then they should be placed in quarantine.

Population Management:

- Consider ordering those within 8 weeks of release or pre-trial misdemeanants in for a first-time non-violent offense to be immediately released to home confinement (ankle monitor, ROR, etc.) UNLESS determined to be a threat
- Consider moving to book and release for all arrests unless they are determined to be an imminent future danger or if they come in on a DV charge
- If release is not possible, members of the vulnerable population should be quarantined, if possible, even if they remain asymptomatic.
    - The mortality rates for COVID-19 increase substantially with age and for co-morbid conditions including diabetes, heart disease, and lung disease. If feasible, facilities should identify persons 60 and older or with comorbid conditions and, if possible, quarantine them in single cells.
- At least daily, inmates in quarantine should be screened for symptoms including subjective fever, and a temperature. Symptomatic patients need to be isolated or cohorted.

Community Supervision:

- Suspend all non-essential in person reporting for those on community supervision. Do phone or video checks instead.
- Suspend all non-essential confinement for technical violations

For law enforcement and all personnel working in prisons or jails:

- Employees should be screened upon arrival with a temperature, and asked questions about respiratory symptoms and if they have had contact with a known COVID-19 patient (Attachment 1).
    - Employee screenings do not require documentation unless the person responds "YES" to any question or has a temperature.
    - Employees who screen positive for symptoms should be sent home and advised to consult their healthcare provider.
    - Employees who have had known close contact with a COVID-19 patient should be on home quarantine for 14 days.
- increase the use of gloves and PPE (CDC minimum recommended PPE here)
- consider the use of full PPE for uniformed law enforcement or staff coming into regular physical contact with the public
- COs are at high risk for exposure both to prisons and their community. An outbreak can quickly result in a shortage of staff. CO's should be encouraged to self-quarantine outside of work.

Transport of persons with suspected illness:

- If a decision is made to transport a patient with signs and symptoms of severe respiratory illness, to a health care facility the following guidance should be followed regarding transport:
- Notify the receiving health care facility of the pending transport of a potentially infectious patient.
- Patient wears a face mask and performs hand hygiene.
- Correctional officer wears face mask (or N-95 respirator). Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
- Prior to transporting, all PPE (except for face mask / N-95 respirator) is removed and hand hygiene is performed. This is to prevent contaminating the driving compartment.
- Ventilation system should bring in as much outdoor air as possible. Set fan to high.
- DO NOT place air on recirculation mode.
- Weather permitting drive with the windows down.
- Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Perform hand hygiene after PPE is removed.
- After transporting a patient, air out the vehicle for one hour before using it without a face mask or respirator.
- When cleaning the vehicle wear a disposable gown and gloves. A face shield or face mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
- Clean and disinfect the vehicle after the transport utilizing a hospital grade disinfectant

Response to Suspected Cases:

- Source control (placing a mask on a potentially infectious persons) is critically important. If individuals are identified with symptoms, then immediately place a face mask on the patient and have them perform hand hygiene.
- Place them in a separate room with a toilet and sink while determining next steps. If the facility has an airborne infection isolation room this could be used for this purpose. Staff in the same room shall wear personal protective equipment (PPE) as outlined in Element #8.
- Decisions about how to manage and test incarcerated persons with mild respiratory illness should be made in collaboration with public health authorities. The vast majority of persons with respiratory illness will not have COVID-19, especially during seasonal flu season. It is unlikely that hospitals will have the capacity to evaluate incarcerated persons with mild respiratory illness.
- If feasible, during flu season it is recommended that rapid flu tests with nasopharyngeal swab be performed. It is important that nasopharyngeal swabs be performed correctly. See instructional video at: https://www.youtube.com/watch?v=DVJNWefmHjE
- It is likely that it will be necessary to isolate or cohort inmates with mild respiratory illness within the facility.
    - *Isolating/Cohorting symptomatic persons:*
        - A critical infection control measure for pandemic viral infection is to promptly separate incarcerated individuals who are sick with viral infection symptoms away from other incarcerated individuals in the general population. Incarcerated individuals can be isolated in private rooms. Alternatively, groups of sick incarcerated individuals can be cohorted together in a separate unit.
        - To minimize the likelihood of disease transmission, persons who are isolated or cohorted should wear a face mask while isolated. Face masks should be replaced as needed.
        - Rooms where incarcerated individuals with respiratory illness are either housed alone or cohorted should be identified and designated "Respiratory Infection Isolation Room". No special air handling is needed.
        - Note: The PPE requirements for COVID-19 do not fall into any one of the usual categories for the CDC transmission-based precautions, i.e., droplet, airborne, or contact. For the purposes of this document we have labeled the precaution sign "Respiratory Infection Isolation Room" since the rooms may house persons with undiagnosed respiratory infection as well as diagnosed COVID-19.
        - Depending on how ill the incarcerated individuals are, bunk beds may or may not be suitable. Ideally, the unit should have a bathroom attached. If not, incarcerated individuals will have to wear a face mask to go to the bathroom outside the room.

- The door to the Respiratory Infection Isolation Room should remain closed. A sign should be placed on the door of the room indicating that it is a Respiratory Infection Isolation Room and lists recommended personal protective equipment (PPE).
- Dedicated medical equipment, i.e., blood pressure cuffs should be left in room (ideally) or decontaminated in accordance with manufacturer's instructions.
- If individuals with respiratory illness must be taken out of the isolation room, they should wear a face mask and perform hand hygiene before leaving the room.
- If a patient who is in isolation must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medications, testing for COVID-19) they should be placed in a separate room. An N-95 respirator (not a face mask), gloves, gown, and face protection should be used by staff.
- Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.
- In large dorm settings or camps, isolation may not be a possibility. If isolation is not feasible, attempt to place the beds of sick incarcerated individuals at a distance of at least 6 feet from other incarcerated individuals and mandate that those sick individuals wear a face mask. In this case aggressive enforcement of the requirement that patients continue wearing a mask is critical.
- Currently there are no definitive recommendations regarding duration of isolation. Consult with your local Health Department.

Care for the sick:

- There are no specific treatments for COVID-19 illness. Care is supportive.
- Treatment consists of assuring hydration and comfort measures.
- Anti-Pyretics (Ibuprofen or Tylenol) can be administered as needed for fever.
- Patients should be assessed at least twice daily for signs and symptoms of shortness of breath or decompensation.
- A low threshold should be used for making the decision to transport an inmate to the hospital if they develop shortness of breath.