

Guidelines: Jail Response During COVID-19

- I. **Discussion:** In light of the public health risk that Coronavirus Disease 2019 (COVID-19) presents and the pressing need for law enforcement agencies to shape a strategy, MMRMA and LLRMI suggest implementing the practices recommended in this protocol. The purpose of this document is to outline considerations with respect to jail operations during this ongoing state of emergency. As with other emergencies and natural disasters, consideration has to be given to how jails will function during the emergency. In order to maintain appropriate staffing levels for manageable inmate operational capacity, it is essential that jail administrators consider how operations will impact close contact spread of COVID-19 and what steps can be considered to aid in controlling the virus, while maintaining the safety and security of the jail.

- II. **DEFINITION:** Coronavirus disease 2019 (COVID-19) 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.¹
 - A. 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.

 - B. The virus causing COVID-19 is called SARS-CoV-2. It is thought to spread mainly from person-to-person via respiratory droplets among close contacts. Respiratory droplets are produced when an infected person coughs or sneezes and can land in the mouths or noses, or possibly be inhaled into the lungs, of people who are nearby.

¹ What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19) CDC

C. Close contact increases your risk for COVID-19, including:

- a. Being within approximately 6 feet of an individual with COVID-19 for a prolonged period of time.
- b. Having direct contact with body fluids (such as blood, phlegm, and respiratory droplets) from an individual with COVID-19.

D. To protect yourself from exposure:

- a. If possible, maintain a distance of at least 6 feet.
- b. Practice proper hand hygiene. Wash your hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol.
- c. Do not touch your face with unwashed hands.
- d. 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 before they are allowed to enter the jail.
- e. Ensure only trained personnel wearing appropriate personal protective equipment (PPE) have contact with individuals who have or may have COVID-19.
- f. Learn your medical provider's plan for exposure control and participate in all hands training on the use of PPE for respiratory protection, if available.
- g. Jail Administrators should lean heavily on the medical staff of the jail for training, guidance and oversight of the jail officers' procedures.

E. Recommended Personal Protective Equipment (PPE)

- a. Jail staff who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS:
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>.

F. The minimum PPE recommended is:

- a. A single pair of disposable examination gloves,
- b. Disposable isolation gown or single use/disposable coveralls*,
- c. Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator); facemasks are an acceptable alternative until the supply chain is restored, and
- d. Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

* 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.

III. Pre-booking procedures: Reducing the number of arrestees entering into the jail reduces the health risk to staff and inmates. Reducing the number of inmates currently in population reduces the health risk to staff and inmates. All efforts must be made in cooperation with community stakeholders to reduce risk to personnel and the inmate population by reducing the daily count, while still maintaining the core mission of the jail and Sheriff's Office:, public safety.

- A.** Arrestees who are exhibiting signs of illness, fever, coughing, sneezing, or other symptoms should be screened carefully before entering the facility.
- B.** Patrol officers will be informed of procedures, so that some screening can be done outside the jail booking area.
 - a. Has the arrestee been in contact with a person known to have been infected with COVID-19? When?
 - b. Take the arrestee's temperature. Is the arrestee running a fever of 100.4 degrees or higher?
 - c. Does the arrestee have a deep cough and respiratory congestion, potential signs of respiratory infection?
 - d. Has the arrestee had nausea, vomiting, diarrhea, and/or body aches?
 - e. If the arrestee is exhibiting the above symptoms, contact the medical staff to conduct additional screening. Do not allow the arrestee into the facility. Place a protective face mask on the arrestee.
 - f. If medical staff is not available, the arrestee should not be admitted into the facility until medically cleared.
 - g. The arrestee will not be considered cleared for admittance into the jail until they are medically cleared.
 - h. The supervisor will attempt to contact the judge or magistrate and attempt to get arrestee released on personal recognizance.
 - i. The arresting officer is responsible for transporting the arrestee to the nearest medical facility that has COVID-19 testing available.
 - j. Under exigent circumstances if the arrestee cannot immediately be medically evaluated and must be booked into the jail, the arrestee should be placed in an isolation cell and not be assigned to the general population.
 - k. The arrestee will be instructed to change out into jail garb. All clothing will be placed in a plastic trash bag and sealed. Do not co-mingle the bag in the property room.

IV. Inmate Care:

- A.** If there is a clinical need to isolate and the jail does not have capability, the jail medical authority will need to identify another facility to meet this need. Presumably this is a hospital or perhaps a neighboring correctional facility. In the absence of full negative pressure facilities, some degree of isolation and related precautions is better than none—a room with

a closed door rather than an open cell, for example. Please consult local authorities and the CDC for the latest information.

- B. Testing inmates is a clinical decision that the treatment team should make and depends on local testing capabilities. COVID-19 symptoms are nonspecific respiratory infection symptoms: fever, cough, sore throat, shortness of breath. Inmates with no confirmed diagnosis but for whom the staff has a high index of suspicion (e.g., contacts with confirmed cases, patient with symptoms) are candidates for medical isolation. Put a mask on the patient immediately and put them in a closed room. More tests kits are becoming available; the turnaround for the Roche test is 3.5 hours. Isolate and then test the person. Please consult local authorities and the CDC for the latest information.
- C. Staff should be gearing up a plan to have inmates tested. If you have medical services, your staff should be prepared to test onsite. While wearing the recommended personal protective equipment, your staff should test patients who appear to have symptomatic COVID-19 but do not need hospitalization. If there are no medical services onsite, the jail should work out a management plan with the local health department. You do not want to isolate a patient with suspected COVID-19 for a prolonged period of time without testing them.

V. Prevention Practices:

- A. 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.
- B. If an individual has had close contact with COVID-19, quarantine the individual and monitor for symptoms two times per day for 14 days. Facilities without onsite healthcare staff should contact their state or local health department to coordinate effective quarantine and necessary medical care.
- C. Communicate clearly and frequently with inmate population about changes to their daily routine and how they can contribute to risk reduction.
- D. Suspend work release programs and other programs that involve movement of inmate population in and out of the facility.
- E. Remind staff to stay at home if they are sick. Ensure that staff members 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.
- F. Perform verbal screening and temperature checks for all staff daily on entry.
- G. **Social distancing when distance is an 8x12 cell.** Not all recommended social distancing strategies will be feasible in all facilities. Below are ideas for keeping inmates/detainees a safe and healthy distance apart; ideally, six feet should be maintained between individuals.

- a. **Common areas:** Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area).
- b. **Recreation:** Choose recreation spaces in which individuals can spread out. Stagger time in recreation spaces. Restrict recreation space usage to a single housing unit per space.
- c. **Meals:** If meals are provided in a common area dormitory style housing, direct inmates to distance themselves from others during the meal time. Where possible, provide meals inside cells. Ensure that all who handle meals have protective gloves, masks, and gowns.
- d. **Group activities:** • Limit the size of group activities. • Increase space between individuals during group activities. • Suspend group programs where participants are likely to be in closer contact than they are in their housing environment. • Consider alternatives to group activities, such as outdoors or in other areas where individuals can spread out.
- e. **Housing:** If space allows, reassign bunks to provide more space between individuals, ideally six feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.) Arrange bunks so that individuals sleep head to foot to increase the distance between them. Rearrange scheduled movements to minimize mixing of individuals from different housing areas.
- f. **Medical:** If possible, designate a room near each housing unit in which to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call. Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.

H. Cleaning and Disinfecting:

- a. Wear disposable gloves when handling dirty laundry from an ill person and then discard after each use. If using reusable gloves, those gloves should be dedicated for cleaning and disinfection of surfaces for COVID-19 and should not be used for other household purposes. Clean hands immediately after gloves are removed.
- b. If no gloves are used when handling dirty laundry, be sure to wash hands afterwards.
- c. Do not shake dirty laundry to minimize the possibility of dispersing virus through the air.
- d. Launder items as appropriate in accordance with the manufacturer's instructions. Launder items using the warmest appropriate water setting for the items and dry items completely.

- e. All areas of the jail should be cleaned with greater frequency and intensity than in the past. Where staff is available, cleaning of inmate quarters by inmates, should be supervised by staff, giving verbal direction and instruction for proper cleaning techniques. Where cleaning supplies were provided daily, the supplies should be provided twice daily.

I. Staffing:

- a. 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.
- b. Perform verbal screening and temperature checks for all staff daily on entry.
- c. Send staff home who do not clear the screening process, and advise them to follow community health practices.
- d. Staff should practice social distancing (6 feet apart) to the extent possible at booking stations, control rooms, while making rounds, and in break and lunch rooms.

Sources:

- *What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19)*, CDC
- *COVID 19 (Coronavirus): What You Need to Know in Corrections*, National Commission on Correctional Health Care
- *Legal and Liability Risk Management Institute (LLRMI) Best Practices - COVID 19*, Attorney Jack Ryan

This information is current and accurate, to the best of our knowledge, on the date of issuance. Recent changes in law, judicial rulings, and local considerations may necessitate modifications before you adopt this policy as your own. As always, you are encouraged to consult with your local legal adviser for specific legal advice prior to implementing this sample policy.

If you have questions or need additional assistance, please contact MMRMA's Membership Services Department or your Risk Control Consultant.