



## Best Practice Methods for Jails and Prisons during Coronavirus

This document is to provide ideas for potential safeguards and processes. It is a compilation of methods being utilized throughout the country by facilities with varying degrees of threat in their area and varying policies based on agency.

### Facility Cleanliness and Disinfection

We all know the importance of maintaining a clean facility. After all, inmate populations contain some of the sickest people in our communities. Here are a few guidelines to help maintain standards for cleanliness and discourage proliferation of virus, bacteria, and disease.

- Use a disinfectant that is both reliable and does not pose an exposure danger to humans. This ensures that cleaning can be completed without compromising the health of the inmate population or staff.
- [Click Here](#) for the EPA's Coronavirus information page which includes links to EPA approved disinfectants proven effective against COVID-19
- Keep disinfectant spray at each workstation so that keyboards and other frequently touched surfaces can be disinfected after each post rotation.
- Some jails and prisons have installed hand sanitizer stations throughout the facility. If you do not have the ability to install hand sanitizers, consider issuing your staff each a bottle of hand sanitizer to use when soap and water are not readily available.
- Take FEMA's [IS-520 Course](#) – "Introduction to Continuity of Operations Planning for Pandemic Influenzas"

### Facility Access and Symptom Checks

- Many facilities have restricted visitor and volunteer access to manage exposure opportunities. If you cannot restrict visitor or volunteer access you may want to consider requiring a questionnaire and temperature check prior to allowing visitors and volunteers to gain access.
- Many facilities are requiring a temperature check of staff prior to allowing access to the facility. [Click Here](#) for a sample sign in sheet to track temperatures and symptoms (Be mindful that HIPAA requirements may apply). If you would like a copy of the excel template for your own use please email [cguzman@nationalsgroup.com](mailto:cguzman@nationalsgroup.com). The sheet is to be filled out electronically as you screen staff. There are cells that will highlight. Currently if any of the "Emergency Warning Signs" are answered yes, those cells highlight. Also, if a temperature is taken and it is over 100.4 degrees, it is highlighted.
- Don't forget the importance of screening arresting officers as well as arrestees prior to allowing entry into your intake area [2].
- Contracted services such as kitchen operations, Commissary, and medical should be required to adhere to any health checking requirements that the agency has instituted for its own staff. This should also apply to any inmate labor services provided to the facility such as laundry or custodial duties.



- Caution staff to keep dirty uniforms and duty belt items in an area away from family members to limit exposures from illness at work. Staff should also refrain from bringing things to work that ill family members have access to. Contamination goes both ways!
- Reduce the amount of contact that staff have with one another. Allow staff who can work from home the ability to do so (these staff members, if officers, can serve as backup staff for shifts that suffer shortages during the virus threat).
- Separate staff as much as possible to ensure the observance of social distancing while still allowing for efficient operations. Schedules may even be staggered to accommodate this measure.
- Move training to online if possible. This is a great opportunity for staff to refresh on policies, procedures, and training materials.
- Reach out to vendors for support:
  - If your facility does not offer remote video visitation now might be a good time to consider it. Inmates and staff rely on visitation as a distraction from the monotony of incarceration. It helps inmates to focus on more than their current situation.
  - If your facility does not permit family to order pre-approved commissary packs for their loved ones now may be a good time to reconsider allowing this option. Most commissary vendors will work with facilities to offer only those products that are approved for inmate possession.
  - If your facility does not currently allow remote bank deposits now is a good time to consider this convenience. Most vendors allow for this practice, and facilities that provide their own commissary services may look for banking software that suits their needs and offers remote deposit options.
- Call your public safety consultant and ask about measures that have been put into effect in other agencies. They should be able to offer gathered research and a “big picture” vision of how this is being handled across the US. Agencies do not always have the same resources and a good consultant will locate a host of information for the benefit of as many agencies as possible.

### **Liabilities to consider**

- Unless illness is introduced into the facility from the outside, those inside should be safe from COVID-19. Safeguard your entry points! If you have not already suspended all non-essential visitors, volunteers, vendors, and contractors you should consider doing so now.
- Document, document, document. With various groups across the country demanding the release of inmates from the jail, facilities should closely document where each inmate was housed, with whom, and housed by which officers. Once these mass releases reach the streets and come into contact with COVID-19 they are sure to attempt a lawsuit against the jail for being exposed there. Excellent record keeping will be important in keeping your facility safe from these lawsuits.
- Considerations when releasing an inmate during this time. [1]



- Is the inmate homeless?
- Has the inmate been in isolation for a medical condition?
- Is the inmate mentally unstable? If yes, do they have a support system on the outside?

### **Thought provoking questions to help you and your facility to be prepared**

- Have you met with your Medical Director, if you have one, or a medical expert you can partner with as your agency expert to ensure that defined universal precautions are ready for implementation should you have an exposure inside your facility?
- Do you have a “COVID-19” Team that is dedicated to keeping up with current events so strategy meetings are more effective to discuss future changes and contingencies?
- Do you have signs encouraging good hygiene and discouraging practices that spread disease posted in your housing units and at workstations similar to the ones provided by the CDC that can be found [here](#)?
- Are any of the following items currently mandatory in your facility?
  - N95 masks or similar?
  - Gloves?
  - Face shields if visitors are permitted (janitorial, vendor, volunteers, etc.)
- Should you limit what staff can bring into the center?
  - Carry out food, versus food made at home, where they know it was prepared in a safe way?
  - Beverages?
  - Convenient store items, where many people may touch items?
  - Item used by other family members – books, crosswords, etc.?
  - If these items are not restricted, should they be required to disinfect them before allowing them into the facility?
- Are PPE readily available for use on inmates or staff who show symptoms within the facility?
- Are staff using PPE when collecting dirty laundry? Have you discontinued the practice of shaking out laundry? Are laundry carts being decontaminated after each use [1]?
- Do you have non-contact thermometers similar to the one shown [here](#)? They are getting harder to find and more expensive. They are a good way to check temperature without having to make physical contact.



## Continuity of Operations

Continuity of operations will vary by agency size, location, and other variables, however there are some universal points to consider during challenging times like COVID-19 may offer.

- Work with your Sheriff and local Police Chiefs to restrict the number of arrestees they bring to the jail to those whose charges cannot be given a summons for court.
- Work with your magistrates or bond judges to see if they will give PR bonds to those arrestees without serious or violent charges.
- Have you made contingency plans for running the facility with a severely reduced staff in the event you experience serious shortages?
- Are you able to bring back retired staff temporarily if staffing levels get below operational capacity?
- In the event of a “Shelter in Place” at work do you have ample supplies and equipment for staff including items like:
  - Clean uniforms or a way to wash them
  - Food
  - Refrigerator
  - Microwave
  - Water
  - Medicine
  - Toiletry items
  - Shower facilities
  - Air mattresses
  - Staff lockers – temporary if needed for security of personal effects
- Consider temporarily suspending work release programs [3].
- Limit movement within the facility and try to assign same staff to same units to limit chances of exposure [3].
- Suspend transfers between facilities. If you cannot suspend, make sure you do temperature checks. If the inmate exceeds acceptable temperature delay the transfer [3].
- When possible arrange lawful alternatives to in-person court appearances [3].
- Make a backup plan for meals in case your foodservice provider suffers shortages due to infection [3].
- Postpone external doctor visits for follow up or routine. Some agencies have had luck with facility medical staff completing visits for medication refills and other non-sick related reasons at the inmate’s door [4].

## Staff Morale and Mental Health

The best way to proactively address morale issues is to be transparent with your staff. Leadership should remain positive and allow time off (if staffing levels allow, of course). Maintaining good communication with



your staff, even if it is only to say that something is “unknown” shows them that you care. Let them know that “it’s ok to not be ok” and identify resources for your staff in case they need them [1].

[Click Here](#) for an article from Psychology Today about Correctional Officers and Compassion Fatigue

### **Inmate Morale and Mental Health**

Maintain excellent communication with inmate population about changes to their daily routine. When change is announced in advance it is often easier to deal with [3].

Identify alternate forms of activity if group activity is suspended [3].

### **Interesting Points Made by Medical Professionals Dealing with Cases in Their Jails**

Large percentages of inmates testing positive are asymptomatic or have mild symptoms (never even knew they were infected) [4].

Majority of infected inmates are responding well to treatment of Tylenol and increased fluids. Recovery rates are very promising [4].

### **Sample Check in Process if You Choose to Use One**

Access Control into your facility is a key to protecting your inmates, staff, their families. We need to ensure that our staff are mindful of the many ways in which they may be exposed and in return how many ways they may expose others. Staff and leadership should be vigilant in these efforts. Here are a few ways to help combat the transmission of not only this virus, but any illness:

- Staff should arrive early enough for shift to allow for a “check in” process to be performed.
- Check in may include a few targeting questions about current health and possible exposure, temperature, and observations by the official checking in. Temperatures of 100.4 or above will be sent home and the shift supervisor will be notified. If everything is normal the employee is granted entrance.
- Employees who fail temperature test will be sent home to see their primary care doctor or an urgent care center for testing (if available). The facility should be prepared to pay for time while employee is sent home and awaiting test results. A doctor’s note to return to work is advisable.
- If time clock is available through an app officer should clock in after they have passed the check in process via their personal device or proceed to the agency time clock.
- \*Many agencies using this process choose to apply a sticker on the employee’s ID badge to indicate that they passed the check in process for that day. This ensures that staff members do not try to bypass the check in process if they are feeling ill and concerned that they will be turned away.



- Once successfully checked in the officer should report directly to the locker room to offload extra garments of other personal effects. They must wash their hands thoroughly prior to entering the secured area of the facility.
- Visitors, volunteers, and contractors (if your facility is currently allowing entry to these individuals) should receive the same screening prior to being admitted into the facility.

### Additional Links

Here are a few additional links you may find helpful during this highly unusual time.

- Main [CDC](#) site to learn about how to protect yourself and what to do if you think you are sick
- [Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators](#)

### We are in this fight together

We are praying for our nation, our public safety personnel, and our overtaxed medical providers. We are here to help any way we can. Please let us know if we can assist your agency. We will give you our best. Most of our small company is public safety and we have a true passion to be in this fight with everyone to increase public safety for our loved ones and yours.

I want to take a moment to thank those who have collaborated with us to bring you this vital information which will hopefully contribute to your safety, the safety of your inmate population, and to the safety of our communities. We have spoken with agencies across this country to get their ideas of how to help and recognize them as our nation's heroes.

Last, we remain humbled to be a part of public safety. You are a great group of men and women who give your all to ensure the safety of others. We love our customers and we love what we do. Please know that we are here for you always.

Sincerely,

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*Serving those who serve*



## Resources Used

[1] Davis, S., Stern, M., Diggins, E. (2020, April 1). COVID-19 in Jails: Talk to the Experts [Webinar]. An American Jail Association Live Webinar. <https://register.gotowebinar.com/recording/4284303538678720524>

[2] Bianco, C., Koutoujian, P., Stobart, G. (2020, April 3). COVID-19 Weekly Roundtable 3 [Webinar]. An MCSA/NCCHC Weekly Webinar Series. Recording at <https://www.ncchc.org/blog/covid-19-weekly-roundtable-for-law-enforcement-correctional-health-care-webinar>

[3] Gibson, B., Koutoujian, P., Waybourn, B., Williams, B. (2020, April 10). COVID-19 Weekly Roundtable 4 [Webinar]. An MCSA/NCCHC Weekly Webinar Series. Recording at <https://www.ncchc.org/blog/covid-19-weekly-roundtable-for-law-enforcement-correctional-health-care-webinar>

[4] Gibson, B., Koutoujian, P., Lucas, E., Wilson, J. (2020, April 17). COVID-19 Weekly Roundtable 5 [Webinar]. An MCSA/NCCHC Weekly Webinar Series. Recording at <https://www.ncchc.org/blog/covid-19-weekly-roundtable-for-law-enforcement-correctional-health-care-webinar>