

# CORONAVIRUS COVID-19

## CORRECTIONS



# ACKNOWLEDGMENTS

## Centers for Disease Control and Prevention

**Gary Mohr**

106<sup>th</sup> President

American Correctional Association

## ACA EXECUTIVE LEADERSHIP

**James A. Gondles Jr., C.A.E.**

Executive Director

American Correctional Association

# OFFICE OF CORRECTIONAL HEALTH



**Elizabeth Gondles, Ph.D.**

Director

[BettyG@aca.org](mailto:BettyG@aca.org)

**Mike Miskell, M.P.H., CHES®**

Deputy Director

(703) 224-0048

[MichaelM@aca.org](mailto:MichaelM@aca.org)

**Doreen Efeti, M.P.H., M.B.A., MCHES®**

Associate Director

(703) 224-0120

[DoreenE@aca.org](mailto:DoreenE@aca.org)

**Victoria Freire, B.A.**

Correctional Health Specialist

(703) 224-0049

[VictoriaF@aca.org](mailto:VictoriaF@aca.org)

**Amanda Miesner, B.S., CHES®**

Correctional Health Coordinator

(703) 224-0078

[AmandaM@aca.org](mailto:AmandaM@aca.org)

**Simone Bernateau, B.S.**

Correctional Health Coordinator

(703) 224-0192

[SimoneB@aca.org](mailto:SimoneB@aca.org)

# HOUSEKEEPING

- Audio Broadcast through speakers
- If call-in is required, use: **650-479-3207** and access code **661 009 866**
- Use the Q&A Box on your screen for questions. Do not use the Chat Box.



## ACKNOWLEDGMENT

This presentation is  
sponsored by the  
**Coalition of Correctional  
Health Authorities (CCHA)**

# **JEROME F. GREENFIELD, M.D.**

## **MODERATOR**

Health Services Administrator, Health Authority

Iowa Department of Corrections

Vice Chair, CCHA Clinical Practice Updates Working Group



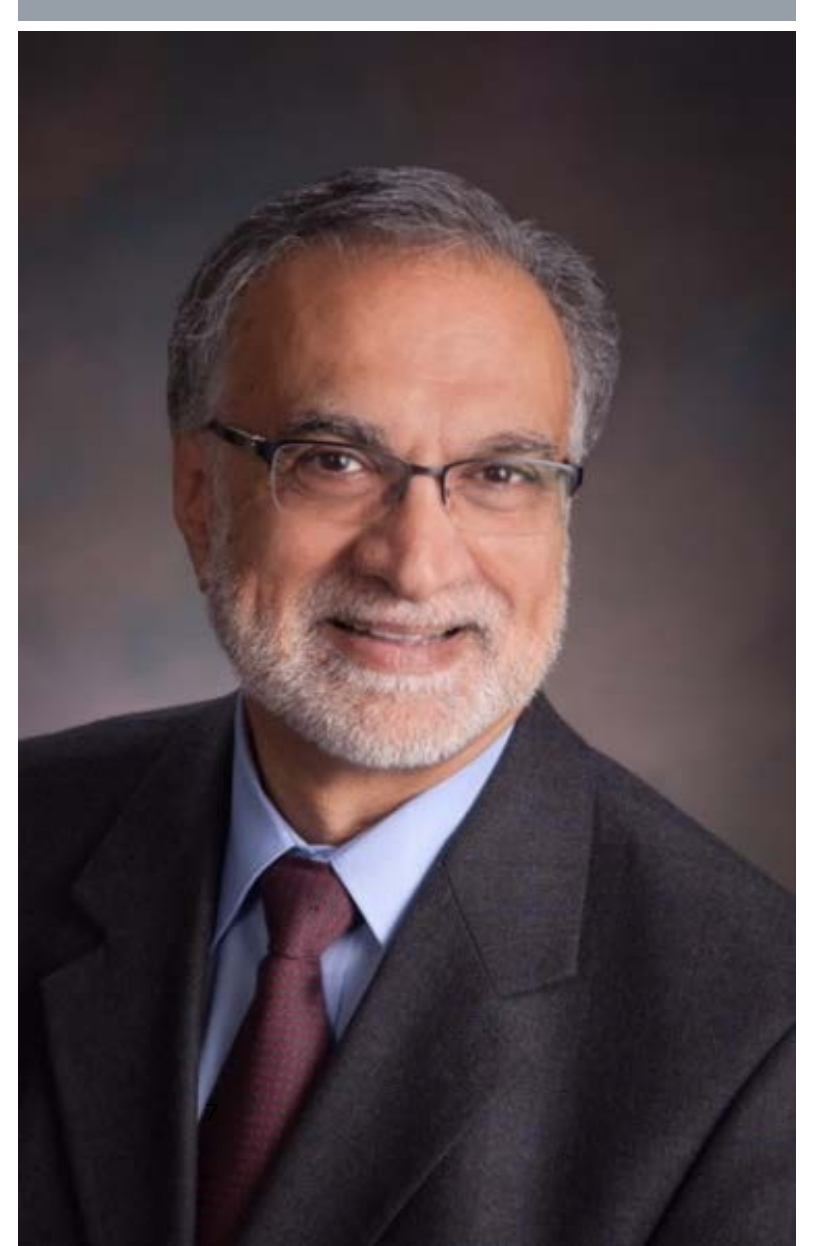
# HARBANS DEOL, D.O., Ph.D.

Medical Director

Health Services, Health Authority

Nebraska Department of Correctional Services

Chair, ACA, Coalition of Correctional Health Authorities

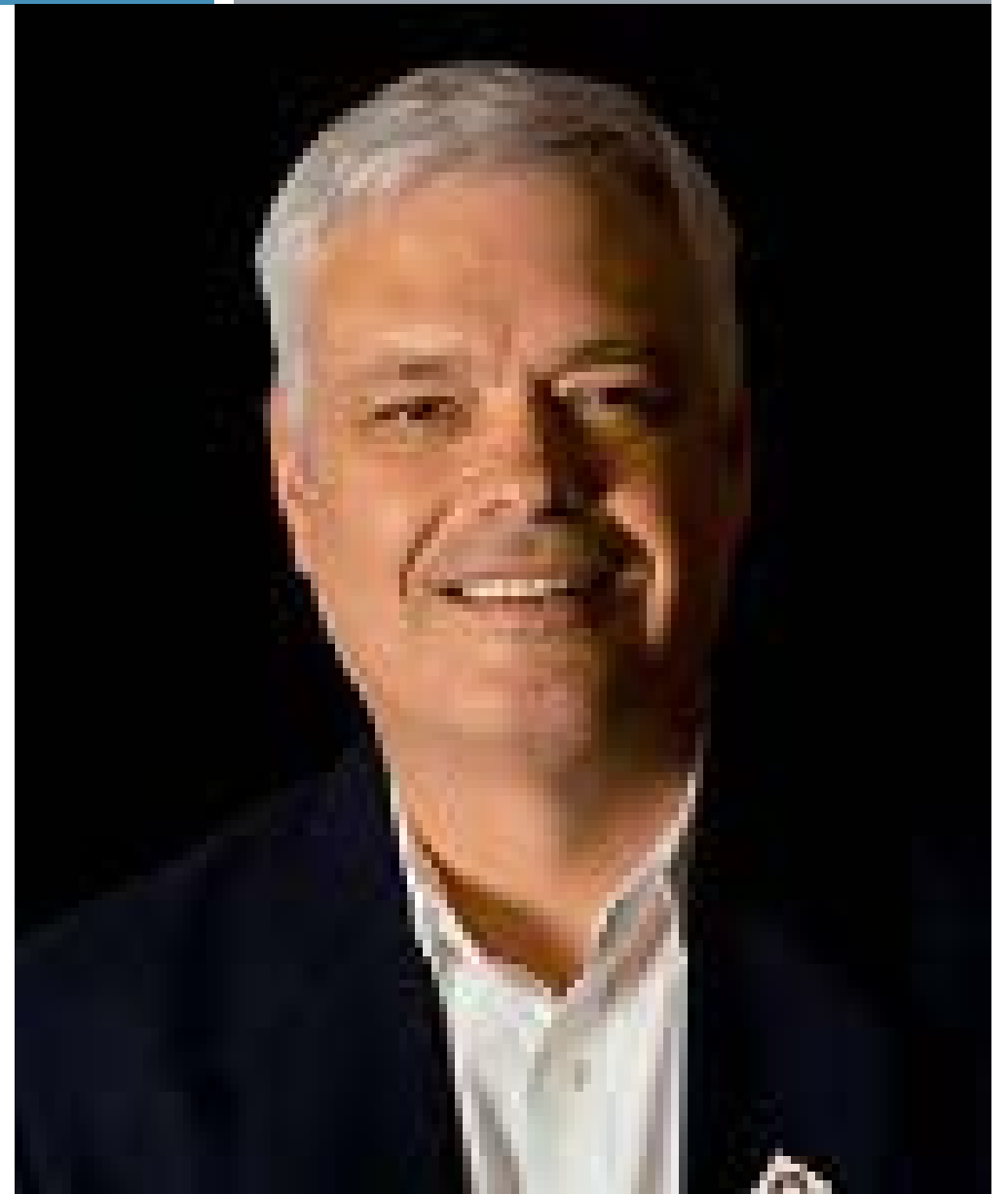


## **PHILIP KEISER, M.D.**

Local Public Health Authority, Galveston Texas

Professor, Infectious Diseases,

University of Texas-Medical Branch





# MICHELLE VIETS, RN

Clinical Healthcare Specialist  
Ohio Department of Rehabilitation and Correction  
Chair, ACA, Healthcare Committee



# MAJOR JIMMIE H. BARRETT

Director of Corrections  
Arlington Co. Sheriffs' Office

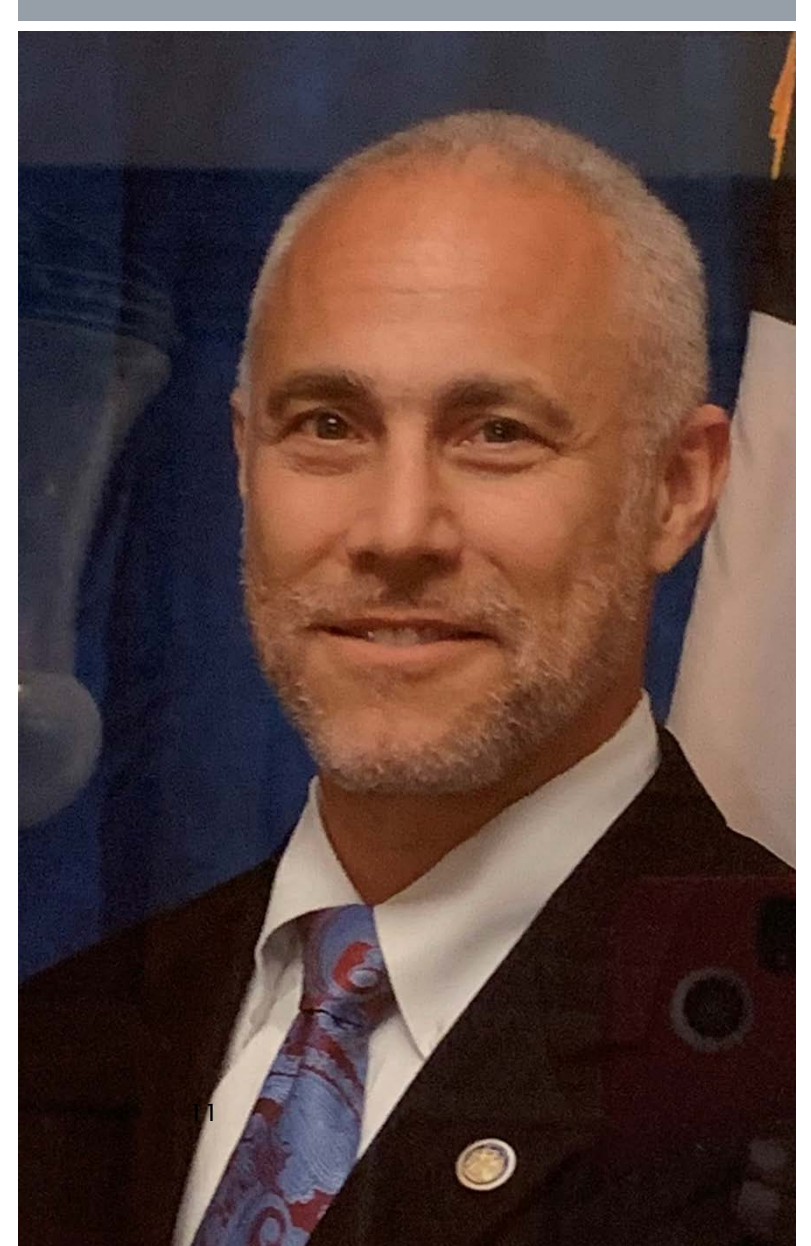


# MICHAEL R. RESNICK, ESQ

Commissioner

Division of Pretrial Detention and Services

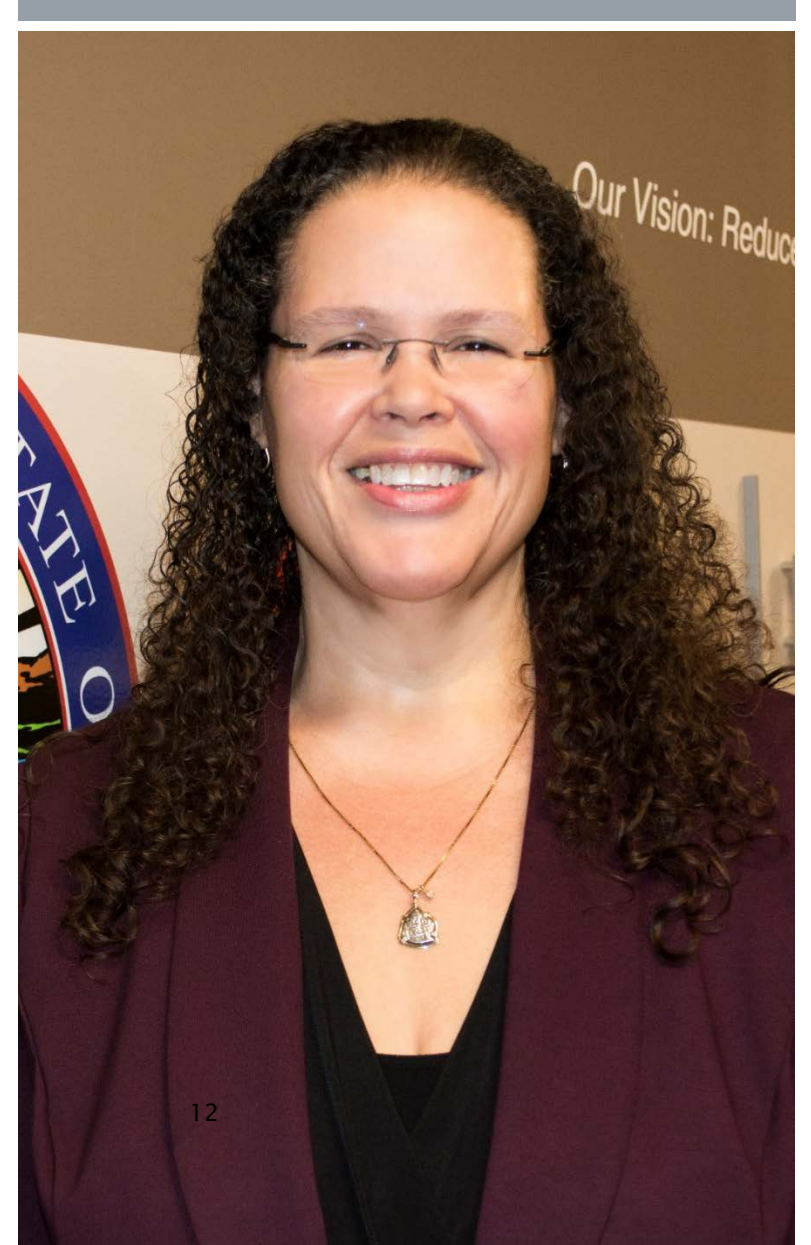
Maryland Department of Public Safety and Correctional  
Services





# ANNETTE CHAMBERS-SMITH

Director  
Ohio Department of Rehabilitation and Correction



# OBJECTIVES

## Discuss

Current evolution of novel coronavirus COVID-19 and its immune determinants

## Understand

The epidemiology, infection control, and prevention recommendations unique to correctional systems

## Recognize

Clinical symptoms within correctional facilities and implementations of appropriate infection prevention control measures

---

# DISCLOSURE

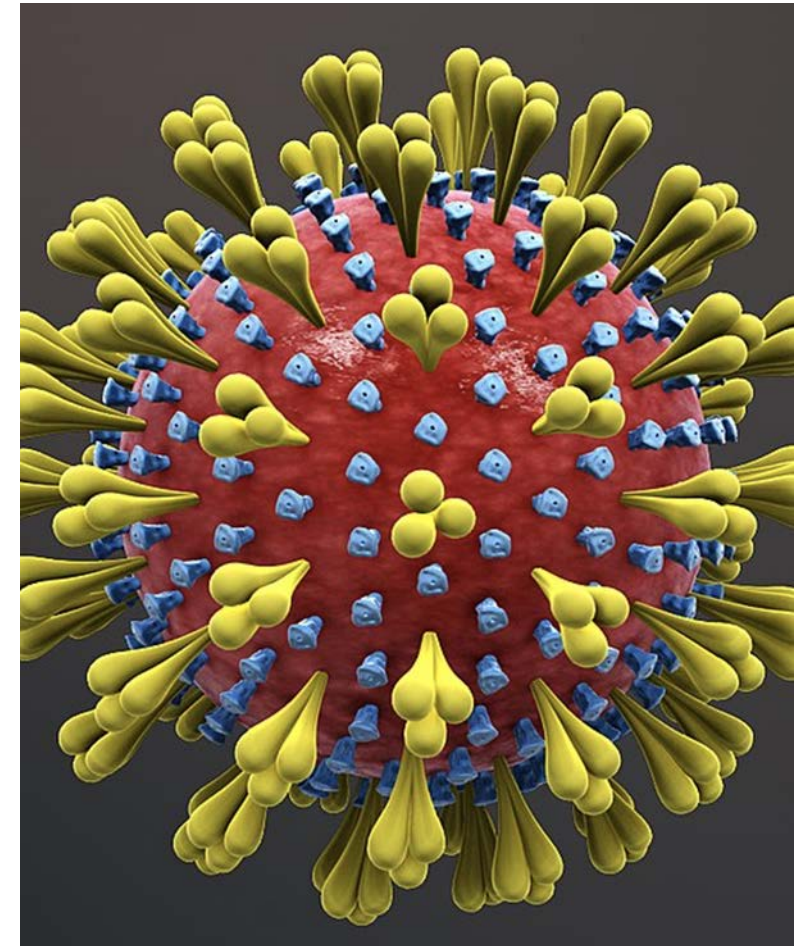
- This activity has received no commercial support.
- All individuals in control of content disclosed any/all financial relationships prior to the start of this activity.
- During the planning, Speakers or Planners with any conflict of interest were removed from this activity.
- Presenters do not have any relevant financial relationships with any commercial interests

# EPIDEMIOLOGY OF CORONAVIRUS

**Harbans S. Deol, D.O., Ph.D.**  
Medical Director, Health Authority  
Nebraska Department of Correctional Services

# CORONAVIRUS – RNA VIRUS

- Coronavirus first identified in the 1960's
- Named from crown-like shape
- Can infect human and animals
- Almost everyone gets infected at least once in their lifetime
  - mostly as a young child
- Antibodies do not last long; can be re-infected





# CORONAVIRUS

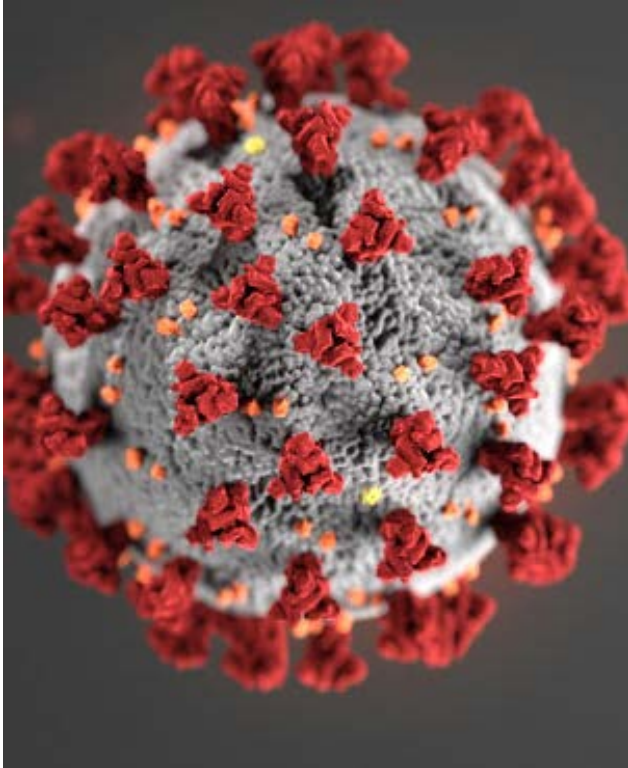
Coronavirus are zoonotic transmission i.e. spilled over from an animal to a human

Human infected are 229E, NL63, OC43, and HKUI

These produce mild to moderate symptoms in upper respiratory diseases

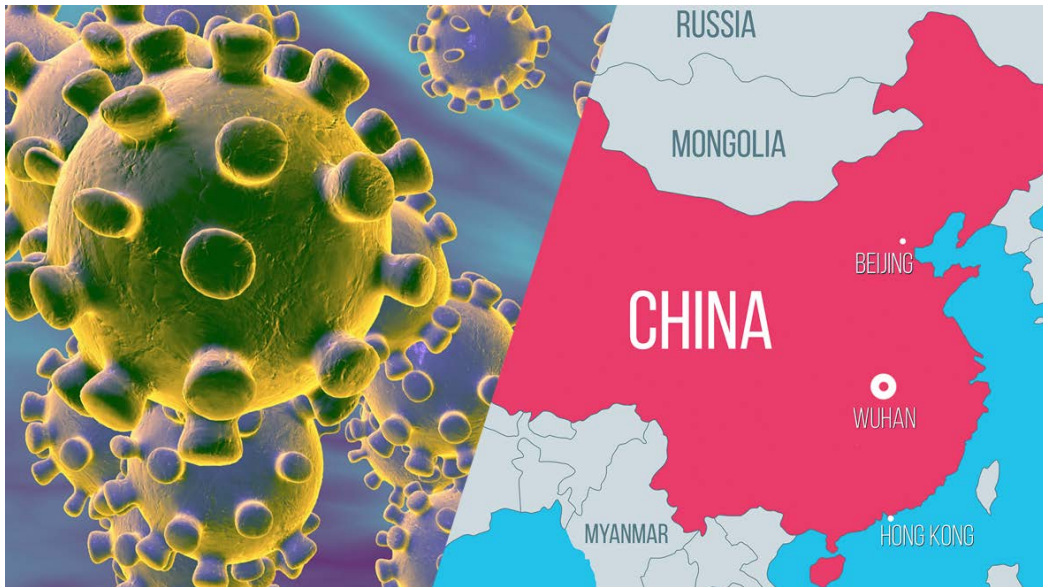
Difficult to separate from Rhinovirus that show cold like symptoms

# CORONAVIRUS



- Others that infect humans can cause severe symptoms
- SARS-CoV transmitted from civet cats
- MERS-CoV from dromedary camels
- Can cause more severe pneumonia and life-threatening illnesses

# COVID VIRUS



In early 2020 after December 2019 outbreak in China

WHO identified a new type of 2019 novel coronavirus (2019-nCoV) which can be fatal

Later named as COVID-19

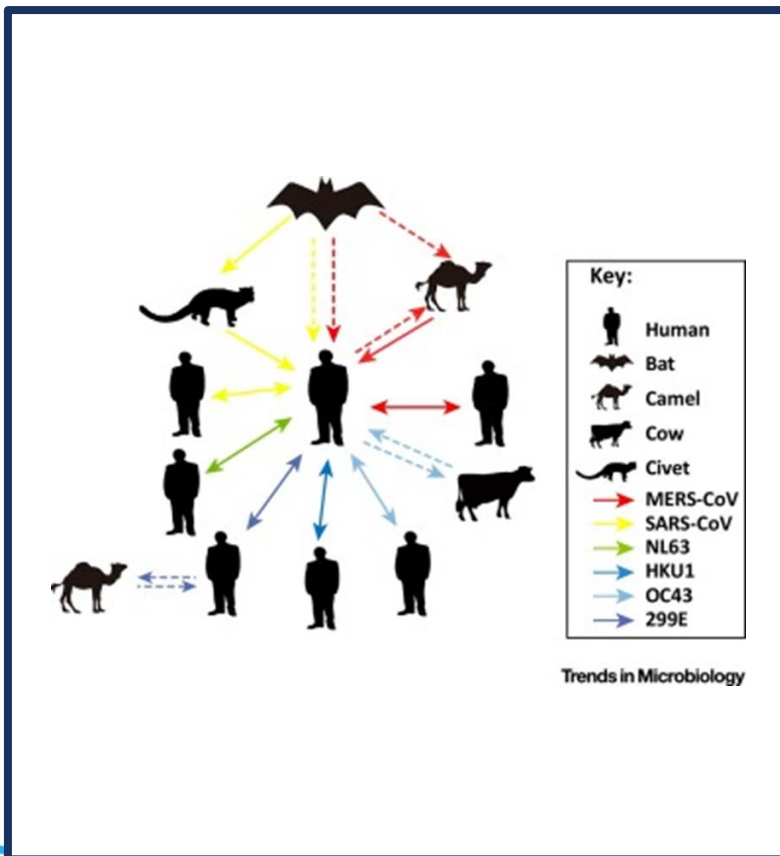
Understanding of the transmission risk is incomplete

Epidemiological investigations in Wuhan identified as an initial association with seafood markets

Human to human transmission is confirmed in China and other countries including USA

# CORONAVIRUS

- Coronavirus are a large family of viruses
- Common in many species of animals e.g. camels, cattle, cats, dogs, and bats
- Coronavirus has multiple subspecies of alpha, beta, delta, and gamma of the subfamily of Coronaviridae of the order of Nidovirales
- Full genome sequencing and phylogenetic analysis indicated 2019-COVID is a betacoronavirus in the subgenus as SARS but in different clade
- Receptor binding gene regions similar to SARS and MERS was distantly related
- RNA sequence similarity is 2 bat coronavirus; whether COVID transmitted directly from bats is unknown



# CLINICAL FEATURES



Incubation Period of COVID 2019 is thought to be within 14 days following exposure



In a family cluster of infections, onset of fever and symptoms occurred approximately 3-6 days after exposure



Pneumonia is prevalent



Overall case fatality appears to be less than 3%



Recall in 2012 MERS-CoV (Saudi Arabia) = 37% mortality rate and SARS (China) in 2002 = 11% mortality rate



COVID linked to outbreak in the city of Wuhan associated to Hunan Seafood Market selling live farm and wild animals

# COVID OVERVIEW

- 1<sup>st</sup> identified in Wuhan China
- Linked to seafood and live animal market
- Zoonotic transmission and human to human
- Imported in US
  - More than 500 cases identified
  - Multiple cases in returning travelers
  - Multiple cases of people to people transmission between close household contacts
- Likely appear as few as 2 days or as long as 14 days after expose
- Flights screened at 11 major airports



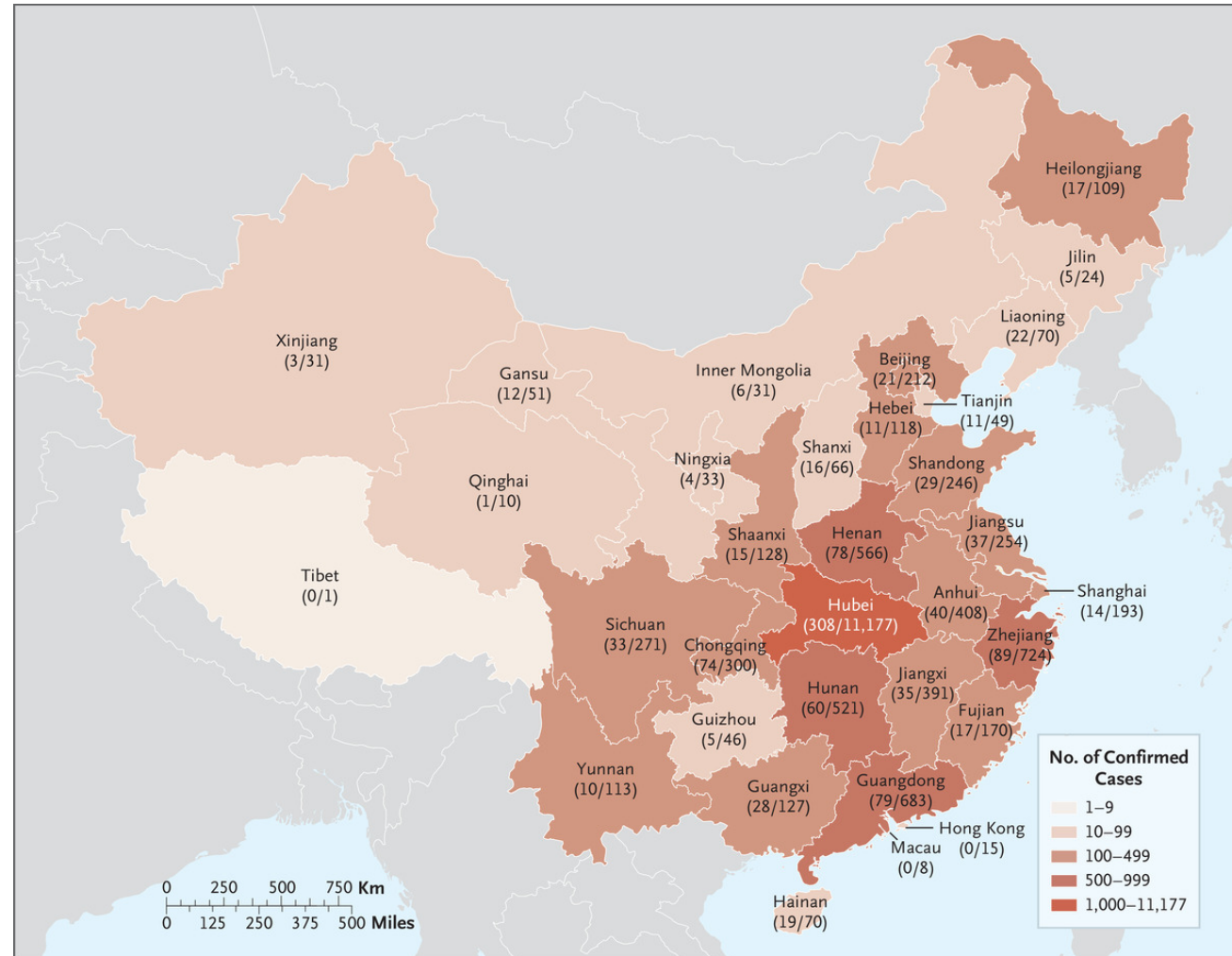
# PUBLIC HEALTH APPROACH

**PHILLIP KEISER, MD**

Local Public Health Authority, Galveston County, Texas

Professor, Infectious Disease, University of Texas Medical Branch



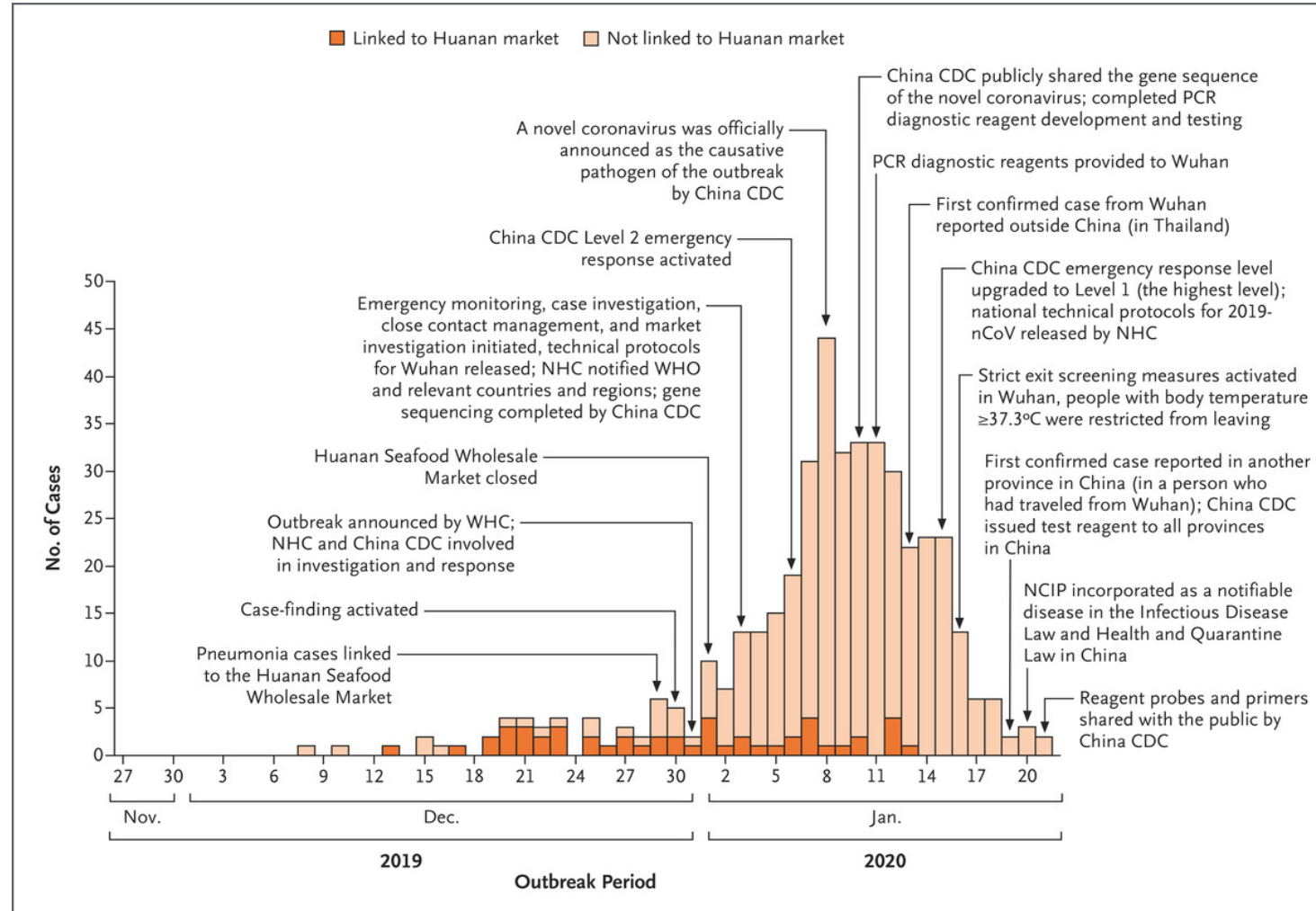




**ANY ONE WITH  
KNOWN OR  
SUSPECTED  
CONTACT WITH  
SOMEONE  
INFECTED WITH  
CORONAVIRUS**

**CURRENT  
EPIDEMIOLOGIC RISK**

# Onset of Illness among the First 425 Confirmed Cases of Novel Coronavirus (2019-nCoV)-Infected Pneumonia (NCIP) in Wuhan, China.





**DROPLETS**

# CARDINAL SYMPTOMS

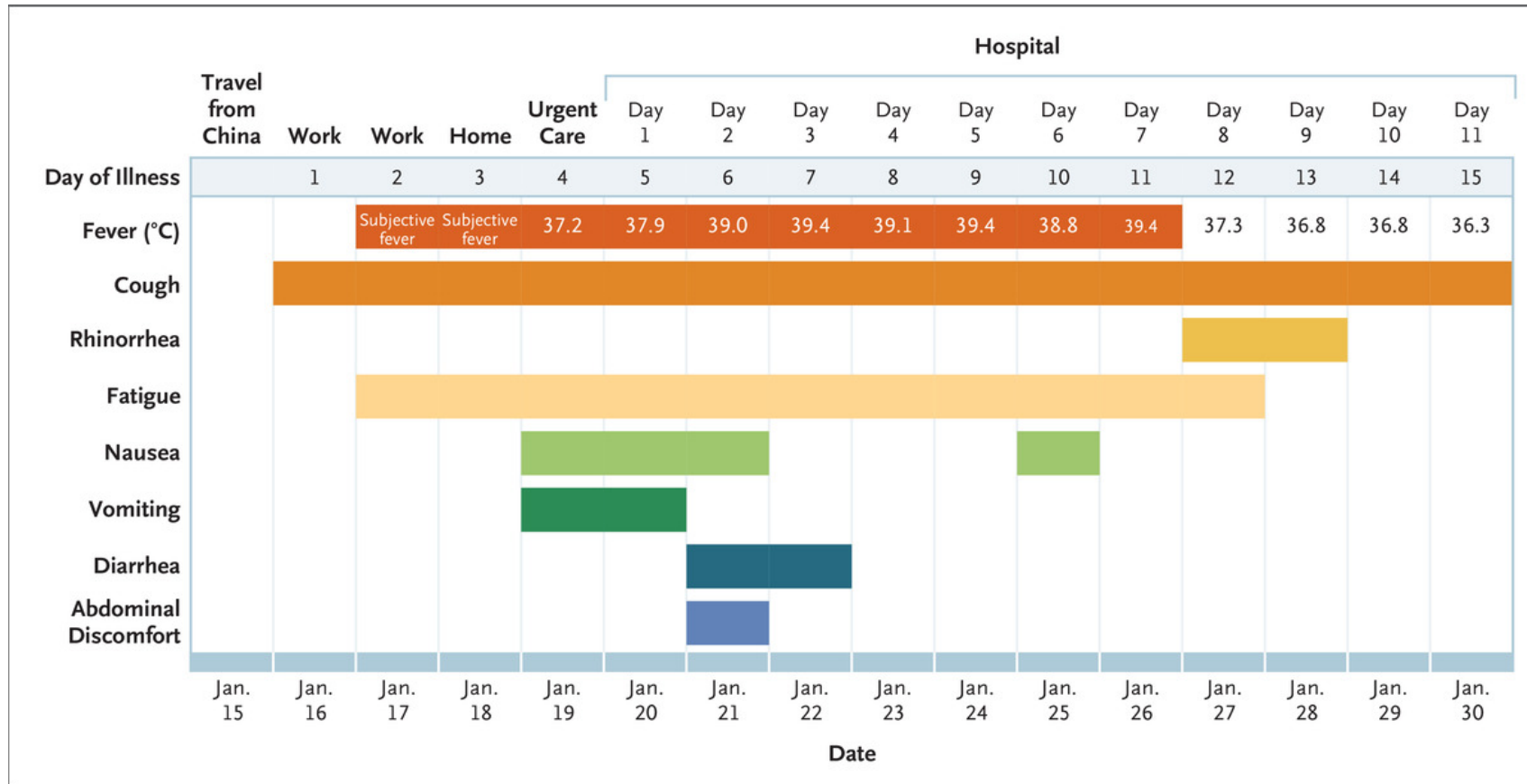
Fever and Cough

Associated Symptoms

- Diarrhea
- Nausea
- Upper Respiratory Infections(URI) symptoms

URI symptoms alone unlikely to be  
Covid-19

# 1<sup>st</sup> US Case of Covid-19



2-12 days

Average of 5 days

Most exposures are clear by 14 days

**INCUBATION**

## OUTCOMES

80% have self limited disease

20% may have severe disease requiring hospitalization

5 -10% require mechanical ventilation

2-3 % die

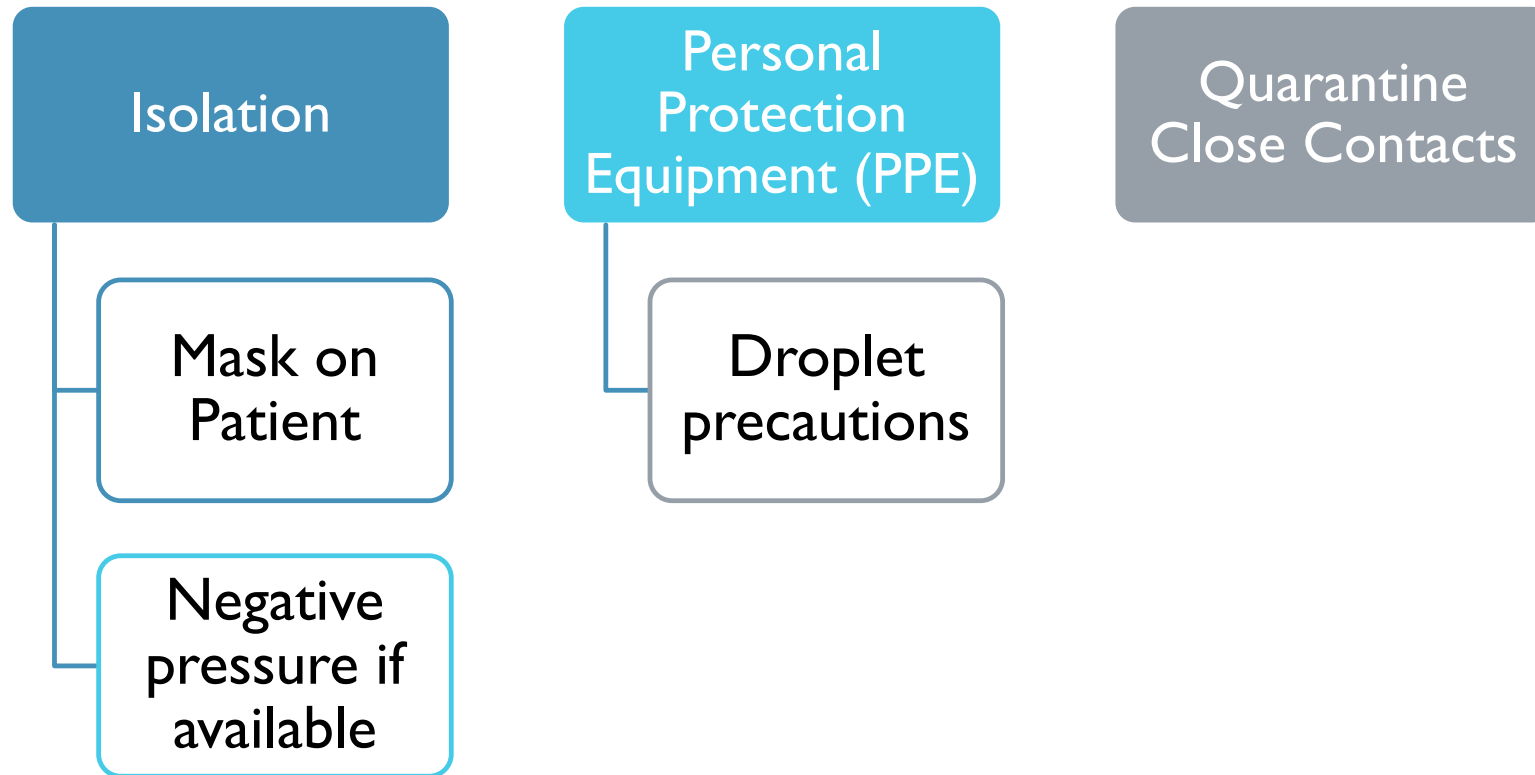
# Covid-19 Death Rate by Age

Age (by decade)	Death Rate
80	14.8
70	8.0
60	3.6
50	1.3
40	.4
30	.2
20	.2
10	.2
<10	0

Other risks include: Cancer, lung disease, heart disease, DM



# CONTROL MEASURES



## **Social Distancing**

- **Work from home for non-essential personnel**

**Self isolate or Quarantine  
potentially exposed employees**

**No Visitors**

**Limit Transfers to other Units**

# **CONTROL MEASURES (CONT.)**

# ADDRESSING CORONAVIRUS OUTBREAK IN CORRECTIONS

1. Identify Cases
2. Isolate suspected cases
3. Educate staff and inmates
4. Stop transmission of virus
5. Surveillance for new cases

# **CORONAVIRUS INFECTION CONTROL**

**Michelle Viets, RN**

Clinical Healthcare Specialist

Ohio Department of Rehabilitation and Correction

# SCREENING PROCEDURE

- All facilities should implement screening procedures.
  - **Screen all new intakes or transfers for symptoms or risk of COVID-19**
- Screening assessment
  1. Clinical criteria: fever and/or symptoms of lower respiratory illness (i.e. cough, difficulty breathing) **AND**
  2. Epidemiologic risk: within the last 14 days the intake has had a history of
    1. Close contact with a lab confirmed COVID-19 patient
    2. History of travel from affected geographic areas (including areas in the lower 48 states)
    3. Unexplained fever with severe lower respiratory symptoms

# SCREENING PROCEDURE

- If epidemiologic risk **only** (no symptoms) → place inmate in single cell with BID monitoring for symptoms x 14 days and schedule medical provider review
- If **both** clinical and epidemiologic risk (with symptoms), transfer inmate to single cell and alert medical provider immediately

Within the last 14 days, has the person traveled through an affected geographic area?

NO

Did the person have any contact with a laboratory-confirmed case of COVID-19

NO

YES

Does the person have symptoms of COVID-19?

NO

Did the person have contact with, within the context of living with, being intimate with, or caring for, a person confirmed COVID-19 ?

YES

NO

Did the person contact respiratory secretions or was the person within 6 feet of a case for a prolonged period (i.e. more than in passing)

YES

NO

Were all recommended precautions for home care and isolation followed consistently?

NO

YES

Was the person in the same indoor environment as a case for a prolonged period but did not meet the definition of close contact (i.e. same waiting room, same classroom)

NO

YES

**HIGH RISK**

**MEDIUM RISK**

**LOW RISK**

**NO IDENTIFIED RISK**

# RISK ASSESSMENT

	HIGH RISK	MEDIUM RISK	LOW RISK	NO IDENTIFIED RISK
<b>Actions for people without COVID-19 symptoms</b>	Place in quarantine. Remain under quarantine authority. No activities in public settings.	House in single cell. Monitoring to include vital signs with temperature twice daily (~ every 12 hours). No congregate activities. Mask for transport movement outside of cell.	House in single cell. Monitoring to include vitals signs with temperature twice daily (~ every 12 hours). Wear mask in congregate settings or when moving within the facility.	None
<b>Actions for people with COVID-19 symptoms</b>	Immediate isolation; medical evaluation according to PUI instructions. Pre-notify hospital/ER of any transfers. Mask for all movement outside isolation cell.	Immediate isolation; medical evaluation according to PUI guidelines. Mask for all movement outside cell.	House in single cell. Avoid congregate activities. Wear mask for any movement outside cell.	Routine medical care



# WHEN ARE PEOPLE MOST CONTAGIOUS

- Reports indicate that COVID-19 may spread prior to people showing symptoms, however, this is not the primary source
- People are suspected to be most contagious when they are showing the following symptoms
  - Fever > 101 F
  - Cough
  - Fatigue
  - Sudden worsening of pneumonia or acute respiratory symptoms

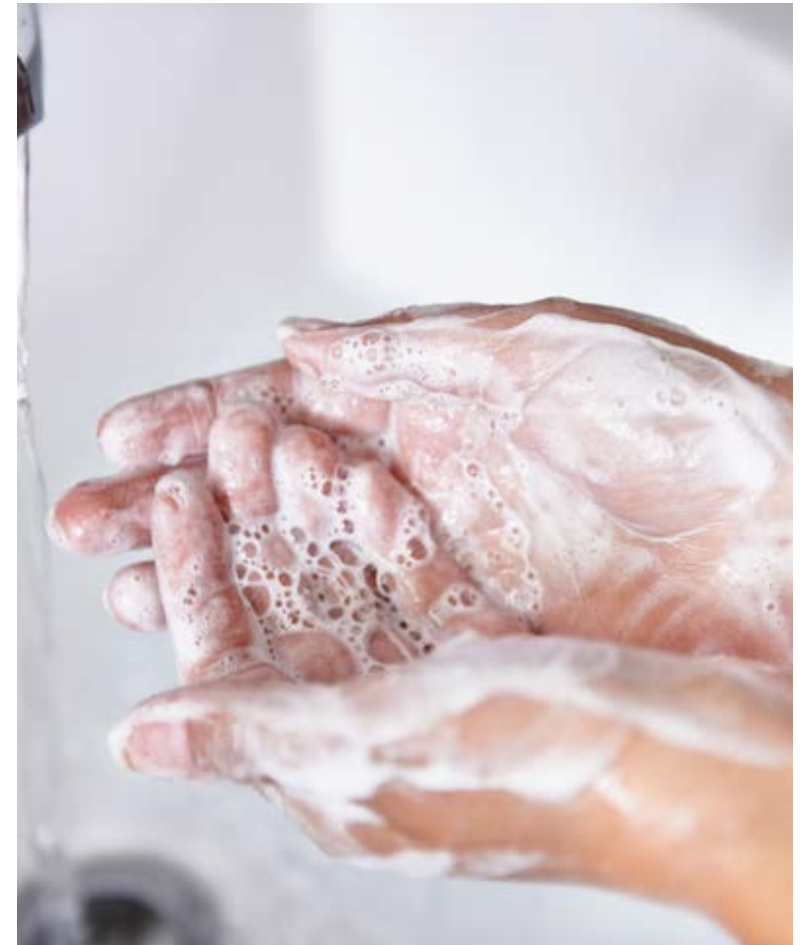
# PREVENTION



- There currently is no vaccine for COVID-19
- Avoid being exposed to the virus
- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth
- Stay home when you are sick
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash
- Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe

# PREVENTION

- Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol. Always wash hands with soap and water if hands are visibly dirty.
- Be certain plenty of soap is available in all areas
- Consider hand sanitizer



# WHEN TO USE A MASK

For healthy people wear a mask **only if you are taking care of a person with suspected 2019-nCoV infection**

**Wear a mask, if you are coughing or sneezing**

Masks are effective only when used in **combination with frequent hand-cleaning** with alcohol-based hand rub or soap and water

If you wear a mask then you **must know how to use it and dispose of it properly**



World Health  
Organization



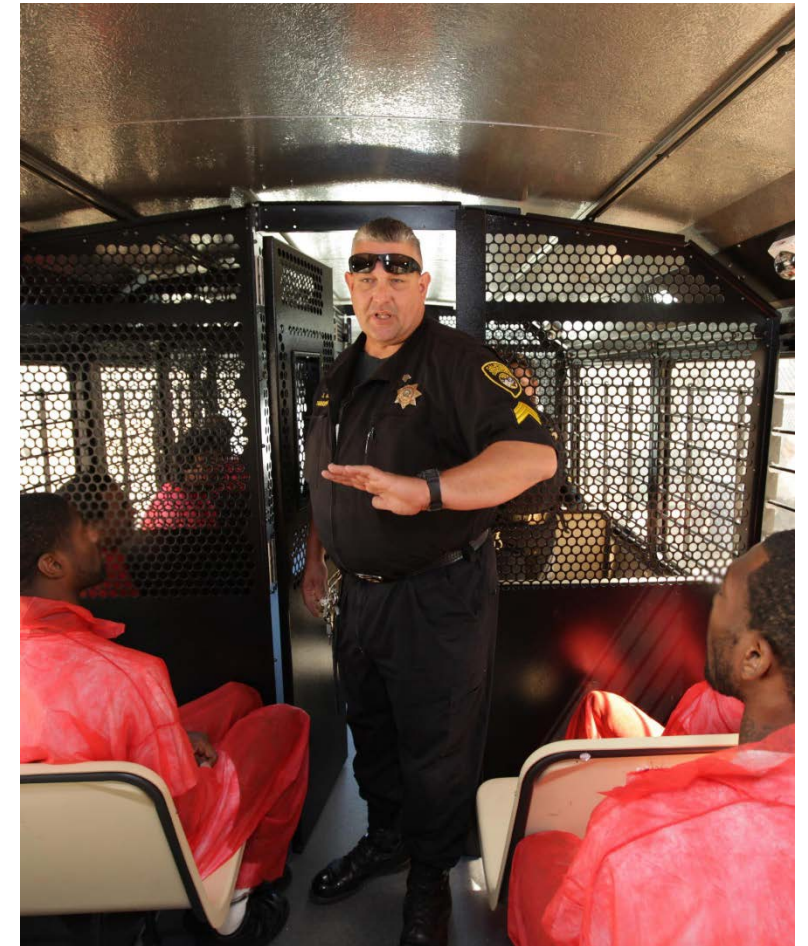
# FACEMASKS

1. Wear a mask, if you are coughing or sneezing.
2. If you are healthy, you only need to wear a mask if you are taking care of a person suspected with 2019-nCoV.
3. Face masks are only effective when used in combination with proper hand-washing techniques.



# HOW TO PREPARE

- Screening – stay current with areas of considerations
- Have a plan (for when a coronavirus case comes to your facility)
  - Isolation
  - How are you sending to the hospital if needed – always call ahead
  - Officer needs during transport
  - Patient needs during transport





# HOW TO PREPARE

- **Cleaning schedule**
  - Provide disposable wipes
- **Consider visitation implications**
- **Consider staffing implications**
  - Is screening necessary
  - How to handle those that are ill

# ASSESSING PATIENTS

- Healthcare provider should assess the patient (using Standard, Contact & Airborne Precautions, including use of eye protection) in a private room with the door closed, ideally an airborne infection isolation room.


During the assessment, please collect the following information:

1. Respiratory symptoms
2. Vital signs including measured or subjective fever
3. Date of illness onset
4. Location and date of travel
5. Description of any contact with ill persons
6. Description of any contact with the healthcare system



# WHILE TESTING IS PENDING

If the patient does not require hospitalization, the patient will be placed into isolation.



If patient hospitalization is required, place patient in negative pressure room and continue using standard, contact, and airborne precautions (with eye protection).

- If a negative pressure room is not available, the local DPH will consult on potential patient transfer.

# CONTAINMENT

- How to handle issues that initiate after intake
  - Isolate
  - Assess close contacts
  - May necessitate containment of pod/area
  - Utilize telehealth if possible
  - Work with your Health Department
  - Identify and mitigate any gaps in readiness

# Local Detention Preparedness Coronavirus Outbreak

**Major Jimmie Barrett**

Director of Corrections

Arlington County Sheriff's Office, Virginia

---

## **PREVENTION/PREPAREDNESS STARTS WITH OUR POLICE & FIRE DEPARTMENTS**

- 
- Having them educated on signs / symptoms of the COVID-19 on the street and either writing a summons and directing them to a hospital or taking them to a hospital if warranted.

**ARLINGTON COUNTY  
SHERIFF'S OFFICE (ACSO) –  
PREVENTION/PREPAREDNESS  
PROTOCOLS**

- **Booking Processing**

- ***Security Processes***

- All new inmates and arrestees brought into the facility will be scanned with an Infra-Red, No Touch Thermometer to check for fever.
- If the arrestee/inmate temperature is 101 or higher, inmate appears to have flu like symptoms and sweating they are to be issued a N95 Respiratory 9210 mask.
- The inmate is to also wash their hands once they place the mask upon their face. After conducting a pat-down, the arrestee/inmate will be quarantined in a separate cell

- ***Health Care Processes***

- Medical is then to be called. The nurse will then go over a questionnaire with the new inmate. If they appear to then be infected our contracted Doctor will be contacted by the nurse, and further direction will be provided.
- If the inmate refuses to put on a mask, Sheriff's Office staff in the immediate area are to put on a N95 Respiratory 9210 mask
- once the inmate is removed from the holding cell, the cell will be cleaned with the Electrostatic Sprayer immediately.

# ACSO - PROTOCOLS

## Housing Units

- Inmates are told to wash their hands upon entry to a housing unit – we have sinks in the common area of the HU.
- We are in the process of educating our inmates on the COVID-19 with our medical staff and inmate services to alleviate concerns.
- Elevators buttons doorknobs etc. will be cleaned daily

## Electrostatic Sprayer

- An electrostatic sprayer is being used to clean our booking/processing area, visiting, medical, intake housing unit daily and our housing units 1 a week.
- We ordered an additional Electrostatic Sprayer as well.

# ACSO - PROTOCOLS

## Volunteers – Messaging

- Email sent out to all – asked that all that have traveled to/through one of the countries identified by the CDC to stay home for 14 days.

## Non-Contracted Volunteers

- Looking to stop all non-contracted volunteers from coming as the COVID-19 spreads

## Non- Contact Visits

- for all – Including Attorney Visits.

## Staff

- if sick, stay home. Hand sanitizers and Sanitizing wipes will be placed at deputy workstations for employee use. Developing an educational program for Staff.

# ACSO - PROTOCOLS

## ■ Active Case Actions

- Using negative pressure cells (2)
- Looking at using an empty unit as a containment area for all new inmates – hold them in a segregated stat for 14 days.
- Looking to turn empty units into quarantine area for those with Active COVID – 19
- Staffing Reduction Plan Part of our COOP – in case staff succumb to COVID-19



# Local Detention Preparedness Coronavirus Outbreak

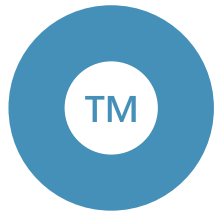
**MICHAEL R. RESNICK, ESQ**

Commissioner

Division of Pretrial Detention and Services

Maryland Department of Public Safety and Correctional Services

# MARYLAND'S APPROACH



**BOOKING  
PROCESS**



**HOUSING  
UNITS**



**INTERVENTION/  
ACTIVE CASE  
ACTIONS**



**VOLUNTEERS**



**VISITATION**



**STAFF  
PREVENTION**

# Prison System Preparedness & Staff Prevention Strategies

**ANNETTE CHAMBERS-SMITH**

Director

Ohio Department of Rehabilitation and Correction

## **OHIO ADMINISTRATIVE PERSPECTIVE**

- Communication and Collaboration; All Stakeholders
- Updating Policies, Protocols, CIM, and Local Support Agencies
- Empowering Agency Healthcare Authority
- General Preparedness for any Pandemic
- Control the Message; Provide Information on What to Expect
- Emphasize Clinical Guidance and Situation Status is Fluid and Dynamic

# OHIO ADMINISTRATIVE PERSPECTIVE

Measured and  
Incremental  
Responses to  
Changes in Situation

Incident Command  
System- Commodity  
& Medical Task  
Forces

Controlled  
Information Flow to  
Central Authority-  
Reducing Freelancing

# STRATEGIES FOR EMPLOYEES

- Encourage sick employees to stay home
  - Staff should be fever free 100.4 or less and no signs of a fever for at least 24 hours without symptom altering medications
  - Attempt to be as flexible as possible during this time

# STRATEGIES FOR EMPLOYEES

## ■ **Separate sick employees**

- Employees with acute respiratory illness (cough, SOB) on arrival to work or become sick at work should be separated from others
- Send them home
- Cover noses and mouths with tissue when coughing or sneezing
- Practice cough and sneeze etiquette
- Proper handwashing

# WRAP UP

- Don't panic
- Review your Agency's Policies and Procedures, update if needed, and train all staff
- **Follow recommendations from**
  - Centers for Disease Control and Prevention (CDC)
  - World Health Organization (WHO)
  - Local Health Department
  - Local Hospitals





**Please type  
your questions  
for the  
presenters into  
the Q&A box  
on your screen**

# RESOURCES

**1. ACA's What You Need to Know About Coronavirus Webpage**

**2. Centers for Disease Control and Prevention (CDC)- Coronavirus Disease 2019 (COVID-19)** <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

**3. World Health Organization** <https://www.who.int/health-topics/coronavirus>

- [Getting Your Workplace Ready for COVID-19 \(WHO\)](#)
- [The COVID-19 Risk Communication Package for Healthcare Facilities \(WHO\)](#)

**4. Occupational Safety and Health Administration**

[OSHA Fact Sheet: Protecting Workers During Outbreak](#)

**5. Federal Bureau of Prisons Screening Tools**

**Alaska Department of Corrections Health and Rehabilitation Services**

[Alaska Department COVID-19 Response Checklist - AK DOC](#)

# CONTINUING EDUCATION CREDITS INFORMATION

To receive CE nursing credits, CME for physicians and mid-levels, or a certificate of training hours for other corrections professionals (security, administrators, program staffs, etc.), you **must** complete the survey that appears following the completion of this broadcast.

---

**Continuing Education Credits are only available for individuals who purchased them prior to the live event**

If you require assistance, please contact Simone Bernateau at  
[simoneb@aca.org](mailto:simoneb@aca.org) or (703) 224-0192.

# DISCLAIMERS

- **The American Correctional Association is approved by the American Psychological Association to sponsor continuing education for psychologists. The American Correctional Association maintains responsibility for this program and its content. This activity has been approved for 2.0 CE psychology hours. Psychologists should only claim credit commensurate with the extent of their participation in the activity.**
- **Nova Southeastern University Health Professions division is accredited by the ACCME to provide continuing medical education for physicians. This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for continuing medical education through Nova Southeastern University Health Professions Division. Nova Southeastern University Health Professions Division designates this educational activity for a maximum of 2.0 AMA PRA Category I Credit (I)™. Each physician should claim only those hours of credit actually spent in the educational activity.**
- **ACA is an approved CE provider through the Florida Board of Nursing for continuing education contact hours for nurses (CE Provider #50-8793). Nurses can earn up to 2.0 CE hours. Nurses should only claim credit commensurate with the extent of their participation in the activity.**
- **ACA offers continuing education units (CEUs) that help employees earn professional recognition by completing educational and training programs. Participants who register for the program will can earn up to 2.0 CEU hours. Professionals should only claim credit commensurate with the extent of their participation in the activity. CEUs are provided by the American Correctional Association.**



# **THANK YOU FOR ATTENDING**

To replay the webinar, please visit the ACA  
Office of Correctional Health Resource Center