CORONAVIRUS COVID-19

CORRECTIONS

AMERICAN CORRECTIONAL ASSOCIATION
ACKNOWLEDGMENTS

Centers for Disease Control and Prevention

ACA EXECUTIVE LEADERSHIP

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Audio Broadcast through speakers

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ACKNOWLEDGMENT

This presentation is sponsored by the Coalition of Correctional Health Authorities (CCHA)
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Director
Ohio Department of Rehabilitation and Correction
## OBJECTIVES

<table>
<thead>
<tr>
<th>Discuss</th>
<th>Current evolution of novel coronavirus COVID-19 and its immune determinants</th>
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<tbody>
<tr>
<td>Understand</td>
<td>The epidemiology, infection control, and prevention recommendations unique to correctional systems</td>
</tr>
<tr>
<td>Recognize</td>
<td>Clinical symptoms within correctional facilities and implementations of appropriate infection prevention control measures</td>
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- 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 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 are zoonotic transmission i.e. spilled over from an animal to a human.

Human infected are 229E, NL63, OC43, and HKU1.

These produce mild to moderate symptoms in upper respiratory diseases.

Difficult to separate from Rhinovirus that show cold like symptoms.
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
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 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
<table>
<thead>
<tr>
<th><strong>CLINICAL FEATURES</strong></th>
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<tbody>
<tr>
<td>Incubation Period of COVID 2019 is thought to be within 14 days following exposure</td>
</tr>
<tr>
<td>In a family cluster of infections, onset of fever and symptoms occurred approximately 3-6 days after exposure</td>
</tr>
<tr>
<td>Pneumonia is prevalent</td>
</tr>
<tr>
<td>Overall case fatality appears to be less than 3%</td>
</tr>
<tr>
<td>Recall in 2012 MERS-CoV (Saudi Arabia) = 37% mortality rate and SARS (China) in 2002 = 11% mortality rate</td>
</tr>
<tr>
<td>COVID linked to outbreak in the city of Wuhan associated to Hunan Seafood Market selling live farm and wild animals</td>
</tr>
</tbody>
</table>
COVID OVERVIEW

- 1st 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
CURRENT EPIDEMIOLOGIC RISK

ANY ONE WITH KNOWN OR SUSPECTED CONTACT WITH SOMEONE INFECTED WITH CORONAVIRUS
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
1st US Case of Covid-19

Travel from China  Work  Work  Home  Urgent Care  Hospital

Day of Illness

Day 1  Day 2  Day 3  Day 4  Day 5  Day 6  Day 7  Day 8  Day 9  Day 10  Day 11

Fever (°C)

37.2  37.9  39.0  39.4  39.1  39.4  38.8  39.4  37.3  36.8  36.8  36.3

Subjective fever

Cough

Rhinorrhea

Fatigue

Nausea

Vomiting

Diarrhea

Abdominal Discomfort

Date

2-12 days

Average of 5 days

Most exposures are clear by 14 days
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

<table>
<thead>
<tr>
<th>Age (by decade)</th>
<th>Death Rate</th>
</tr>
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<tbody>
<tr>
<td>80</td>
<td>14.8</td>
</tr>
<tr>
<td>70</td>
<td>8.0</td>
</tr>
<tr>
<td>60</td>
<td>3.6</td>
</tr>
<tr>
<td>50</td>
<td>1.3</td>
</tr>
<tr>
<td>40</td>
<td>.4</td>
</tr>
<tr>
<td>30</td>
<td>.2</td>
</tr>
<tr>
<td>20</td>
<td>.2</td>
</tr>
<tr>
<td>10</td>
<td>.2</td>
</tr>
<tr>
<td>&lt;10</td>
<td>0</td>
</tr>
</tbody>
</table>

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

Isolation
- Mask on Patient
- Negative pressure if available

Personal Protection Equipment (PPE)
- Droplet precautions

Quarantine Close Contacts
Social Distancing
• Work from home for non-essential personnel

Self isolate or Quarantine potentially exposed employees

No Visitors

Limit Transfers to other Units
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
     - Close contact with a lab confirmed COVID-19 patient
     - History of travel from affected geographic areas (including areas in the lower 48 states)
     - 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**
      - Did the person have contact with, within the context of living with, being intimate with, or caring for, a person confirmed COVID-19?
        - **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**
              - Were all recommended precautions for home care and isolation followed consistently?
                - **YES**
                  - HIGH RISK
                - **NO**
                  - LOW RISK
            - **NO**
              - 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)?
                - **YES**
                  - MEDIUM RISK
                - **NO**
                  - NO IDENTIFIED RISK
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<th>MEDIUM RISK</th>
<th>LOW RISK</th>
<th>NO IDENTIFIED RISK</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Actions for people</strong></td>
<td><strong>Place in quarantine. Remain under quarantine authority. No activities</strong></td>
<td><strong>House in single cell. Monitoring to include vital signs with temperature</strong></td>
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<td>None</td>
</tr>
<tr>
<td>without COVID-19</td>
<td>in public settings.</td>
<td>twice daily (~ every 12 hours). No congregate activities. Mask for transport movement outside of cell.</td>
<td>twice daily (~ every 12 hours). Wear mask in congregate settings or when moving within the facility.</td>
<td></td>
</tr>
<tr>
<td>symptoms</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Actions for people</strong></td>
<td><strong>Immediate isolation; medical evaluation according to PUI instructions.</strong></td>
<td><strong>Immediate isolation; medical evaluation according to PUI guidelines. Mask</strong></td>
<td><strong>House in single cell. Avoid congregate activities. Wear mask for any movement outside cell.</strong></td>
<td>Routine medical care</td>
</tr>
<tr>
<td>with COVID-19</td>
<td>Pre-notify hospital/ER of any transfers. Mask for all movement outside isolation cell.</td>
<td>for all movement outside cell.</td>
<td></td>
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</tbody>
</table>
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
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
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 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.
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.
**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

<table>
<thead>
<tr>
<th>Volunteers – Messaging</th>
<th>Non-Contracted Volunteers</th>
<th>Non-Contact Visits</th>
<th>Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 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.</td>
<td>• Looking to stop all non-contracted volunteers from coming as the COVID-19 spreads</td>
<td>• for all – Including Attorney Visits.</td>
<td>• if sick, stay home. Hand sanitizers and Sanitizing wipes will be placed at deputy workstations for employee use. Developing an educational program for Staff.</td>
</tr>
</tbody>
</table>

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.
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
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
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
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


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 DepartCOVID-19 Response Checklist - AK DOC
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