SUGGESTIONS FOR PATROL AND CORRECTIONS TO SUPPLEMENT CURRENT CDC GUIDELINES

Compiled by Dr. Marc Stern, MD, MPH; Dr. Anne Spaulding, MD, MPH; and Dr. Rachel Silva, MD

The National Sheriffs' Association (NSA) offers the following suggestions to sheriffs regarding response to COVID-19. The scenarios addressed below are primarily those where we anticipate initial or modified guidance from CDC.¹ In this crisis, sheriffs are faced with decisions that sometimes require a trade-off between keeping as many staff at their posts and at the same time implementing the most effective methods of reducing the spread of virus. This document provides suggested guidance that is dependant on individual agency's resources, and each sheriff will need to navigate decisions based on local circumstances and local government guidance.

PERSONAL PROTECTION EQUIPMENT

SCENARIO: Deputy (corrections) conducting screening²

Replace only gloves and perform hand hygiene between each screening. The CDC does not consider double gloving necessary for safety for this or any other circumstance.

SCENARIO: Deputy (corrections) having interaction with quarantined persons

Only when PPE supplies are critically insufficient, consider changing gloves if the only contact was with the gloved hands.

SCENARIO: Deputy (patrol) having contact with individuals confirmed or suspected to have COVID-19

Follow CDC guidelines for law enforcement.³ If gown or coveralls are not available or were not used, launder clothing after contact if possible. Due to the potential challenges in laundering uniforms, consider alternative uniforms that may be easier to launder, e.g., polo shirts and sweats bearing departmental logo. Clean and disinfect duty belt and gear/portable radio prior to reuse using a household cleaning spray or wipe, according to the product label.

SCENARIO: Deputy (patrol) transporting individual confirmed or suspected to have COVID-19 in vehicle without isolated driver's compartment

- Deputy(ies) in front seat should remove and dispose of the face shield or goggles, gown and gloves and perform hand hygiene. Vehicle should have solid or temporary clear plastic barrier between front and rear.
- · An N95 mask should continue to be used by both deputy and inmate during transport.
- Assuming that the transport vehicle does not have separate ventilation for the front and rear seating areas,
 to the extent possible, arrange airflow to promote air flowing from front to back. This may vary from vehicle
 to vehicle. Consider: switch air conditioning from "recirculate" to "non-recirculate"; set front seat air flow
 to "vents"; set fan to maximum; close any rear seat vents; open rear window as much as possible based on
 behavior of arrestee.
- Follow CDC guidelines "Cleaning EMS Transport Vehicles after Transporting a PUI or Patient with Confirmed COVID-19."⁴

SCENARIO: Deputy (patrol and corrections) during activities not otherwise covered by current guidelines, i.e. low risk activities

If sufficient mask supplies allow, consider wearing masks during entire shift. Due to the higher risk of spread of virus in the jail, if supplies are limited, take into consideration the closely confined environment of correctional facilities when distributing PPE. Also, consider the following:

- Use expired N95 masks as long as straps are intact (only use cup-shaped N95 because duck-billed masks will not last as long).
- Use single mask as long as 2 weeks if its condition allows and the wearer has not been exposed to COVID-19 symptoms.
- · Assign mask to individual, have them place their name on it.
- · Store individual mask in paper bag when not in use (to allow moisture to evaporate).
- · Hand hygiene before and after donning and doffing mask
- If the deputy is going to engage in an activity that requires a mask be used and then discarded (e.g. entering an isolation room), consider placing a surgical mask over the N95, and then removing the surgical mask after the activity.

^{1.} Available at https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf.

² See staff section of Table 1, CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, pg. 25, available at https://www.cdc.gov/coronavirus/2019-ncov/downloads/guidance-correctional-detention.pdf.

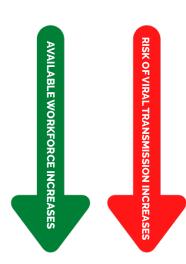
³ Available at https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html.

⁴ Available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html.

PERSONNEL

Optimally, decisions in each option should be made with the input of a medical professional (jail provider, local public health professional, employee's personal provider, etc.

SCENARIO: An otherwise healthy, symptom-free deputy (patrol or corrections) has a significant (see CDC definition) exposure to COVID-19 during shift



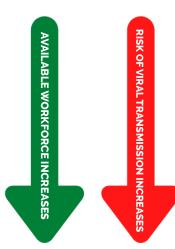
Option 1 (best case scenario): Send deputy home immediately and disinfect duty belt, gear, and portable radio after exposure.

Option 2: Continue working for up to 24 hr. after exposure, then send home. Follow CDC guidelines for isolation.

Option 3: Continue working in a post with as little interpersonal contact as possible. Follow CDC guidelines, "Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19."⁵

Option 4 (worst case scenario): Continue working at usual post. Follow CDC guidelines, "Implementing Safety Practices for Critical Infrastructure Workers Who May Have Had Exposure to a Person with Suspected or Confirmed COVID-19."⁵

SCENARIO: Deputy (patrol or corrections) develops symptoms on duty



Option 1 (best case scenario): If testing available, send deputy home immediately pending results of test. If no testing available, send deputy home immediately and follow CDC guidelines for isolation.

Option 2: If low clinical suspicion of COVID-19, continue working in a post with as little interpersonal contact as possible; screen for temperature and symptoms before and after each shift; adhere to preventive measures, including frequent hand hygiene; wear medical mask and gloves; and test as advised by medical professional.

Option 3 (worst case scenario): If low clinical suspicion of COVID-19, continue working at usual post; screen for temperature and symptoms before and after each shift; adhere to preventive measures, including frequent hand hygiene; wear medical mask and gloves; and test as advised by medical professional.

SCENARIO: Deputy (patrol or corrections) returning to work after relief of duty due to confirmed or presumed infection

Follow CDC guidelines "Criteria for Return to Work of Healthcare Professionals with Confirmed or Suspected COVID-19"⁶, test-based strategy if testing available, or non-test-based strategy if testing not available.⁷ (In the near future, testing availability should increase and different types of tests will be available; at that point the test-based strategy may change.)

If testing is not available and staffing levels permit, to exercise utmost caution in reducing the spread of virus in the jail setting, consider delaying return to work for as many as 14 days after the deputy has been symptom- and fever-free without medications.

 $^{5 \} Available \ at \ https://www.cdc.gov/coronavirus/2019-ncov/community/critical-workers/implementing-safety-practices.html.$

⁶ Available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html.

⁷ Available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/return-to-work.html.