

# LAW ENFORCEMENT AND CORRECTIONS COVID-19 VACCINATION PRIORITIZATION

*Q & A with NSA's medical expert, Dr. Marc Stern*

## **1. WHEN ARE LAW ENFORCEMENT AND CORRECTIONAL OFFICERS (CO) PRIORITIZED TO RECEIVE COVID-19 VACCINATION?**

The prioritization is not as simple as it seems. The National Academies of Science, Engineering and Medicine (National Academies) created a framework and suggestions for vaccine priorities. Drawing on that report and other sources, the CDC's independent Advisory Committee on Immunization Practices (ACIP) then made its own recommendations to Dr. Robert Redfield, head of the CDC. The ACIP met twice, once to make recommendations about Phase 1a, and then about Phases 1b and 1c. Dr. Redfield accepted their recommendations which were then published as the CDC's official recommendations. However, they are only recommendations, not requirements. It is up to each jurisdiction (generally a state, but could be a territory or certain cities) to decide for itself which groups will be in which phase. To add to further complication, some states may grant local health authorities and other vaccinators some discretion in further prioritizing within broad groups, especially while vaccine supplies are limited.

All that said, the CDC's recommendations state that law enforcement officers and COs are essential frontline workers and should be in Phase 1b.

## **2. SHOULD CORRECTIONAL OFFICERS GET VACCINATED?**

Definitely yes. COs are at high risk because they work in a congregate environment. The evidence shows that the risk is real: They have been found to have one of the highest, if not the highest, risk of contracting COVID-19 of any occupation. Nationally, 95 COs have died from COVID-19 as of the date of this letter.

## **3. WHEN ARE CORRECTIONAL MEDICAL STAFF PRIORITIZED TO RECEIVE COVID-19 VACCINATION?**

According to the CDC guidelines, if medical personnel "have the potential for direct or indirect exposure to patients or infectious materials," they should be in Phase 1a. There is no reason this should not be applied to medical personnel in correctional facilities. As noted above, each state may interpret this guidance differently. Also, as long as vaccine supply is limited, it makes sense to prioritize within the group ("sub-prioritization"). For example, if a jail has two facilities, and it has concentrated all medical isolation and quarantine rooms in one of those facilities, medical staff working at that facility should be prioritized ahead of those in the second facility.

## **4. COULD COS QUALIFY FOR PHASE 1A?**

Maybe. It depends on your state and its interpretation of Phase 1a. When the National Academies defined high-risk health workers, they included other non-medical professionals who support work side-by-side with health care workers or their patients. For all intents and purposes, isolation and quarantine units within correctional facilities are health care settings. I therefore think it is reasonable to consider the COs who work in those units at a similar level of risk as the doctors and nurses in those units. You would want to apply the same sub-prioritization to COs as you would to medical staff (see #3 above).

## **5. WHEN ARE CORRECTIONAL FACILITY RESIDENTS PRIORITIZED TO RECEIVE COVID-19?**

Despite their higher risk, as a group, facility residents are not currently specifically mentioned in the CDC's main recommendations of Phase 1 populations. Therefore, they would be prioritized along with all other people in the community who are not named in higher priority groups. This may change when the CDC provides more details about priorities for vaccination beyond Phase 1. However, it is very important

to note that the CDC has recognized that there is an increased risk of transmission in congregate settings and has provided very helpful verbiage to this effect:

Increased rates of transmission have been observed in congregate living settings. Based on local, state, or territorial epidemiology and implementation considerations, jurisdictions may choose to vaccinate persons who reside at congregate living facilities (e.g., correctional or detention facilities, homeless shelters, group homes, or employer provided shared housing units) at the same time as the frontline staff, because of their shared increased risk of disease. (<https://www.cdc.gov/vaccines/covid-19/phased-implementation.html>, located at the very bottom of the page)

Because of this increased risk, some jurisdictions have already placed correctional facility residents in Phase 1. In jurisdictions where this has not yet happened, the above statement from the CDC may be helpful to you in your discussions with your state or local health authority (see #7 below).

## **6. COULD CERTAIN CORRECTIONAL FACILITY RESIDENTS BE PRIORITIZED SOONER?**

Yes. **First**, the CDC's Phase 1b calls for vaccination of anyone  $\geq 75$  years. Phase 1c calls for vaccination of anyone 16-64 years with high-risk medical conditions and anyone 65-74 years, regardless of their medical condition. If you have not already done so, your medical staff should identify those people to ensure you're ready to offer the vaccine when it becomes available. **Second**, even if correctional facilities are not specifically prioritized earlier, you may have a part of your facility that does belong in Phase 1a. Long-term care facilities are in Phase 1a. This recommendation was written with community nursing homes, skilled nursing facilities, and assisted living facilities in mind. However, if you specifically house frail and/or elderly residents in dedicated units in your jail, e.g., a sheltered living unit, where residents receive supplemental health care and other support for their basic human needs, it is reasonable to ask your state and/or local decision-makers to consider these individuals on the same footing as their community counterparts.

## **7. HOW DO YOU GET YOUR RESIDENTS "IN THE QUEUE" AND MAKE SURE YOUR PROFESSIONAL STAFF STAY IN THE QUEUE?**

Fortunately, the current CDC recommendations specifically call out law enforcement officers, COs, and health care staff in early phases. However, these are only recommendations to the states. States may modify the recommendations to meet local needs. And, as mentioned earlier, correctional facility residents as a group are not currently prioritized by the CDC in its main recommendations for Phase 1 populations, but are addressed in guidance cited above (see #5). Therefore, it is important for you to reach out to your state health department to assure that you are "on the radar." You might do this individually, in conjunction with other counties as part of your state association, and/or in conjunction with your prison partners. Where necessary, bring the guidance cited in #5 above to their attention (they may have missed it) and educate decision-makers about why your operation should be on the radar:

- Patrol and correctional officers are at risk because they are thrown into encounters where they cannot social-distance with people who may be infected.
- COs have been shown to have one of the highest risks of infection of all occupations.
- Loss of patrol or correctional officers from their posts due to infection puts public safety at risk.
- Jail residents are at risk of infection because they live in a congregate setting ("land-locked cruise ship").
- They are at greater risk of COVID-19 complications because they have more underlying health problems than people in the community.
- When facility residents develop complications, they will use scarce community hospital resources. Given the rapid spread in correctional settings, the number of such patients needing hospitalization could be larger.
- When COs contract COVID-19 at work, they can bring it home to the community.

Depending on your state, local health authorities may also be charged with making prioritization decisions, in which case, you should be checking their "radar" too.

## **8. DO YOU NEED TO VACCINATE BOARDERS IN YOUR FACILITY?**

Yes, you should consider this your responsibility unless you and the sending authority have made a different arrangement for vaccination.

## **9. WHAT DO YOU NEED TO KNOW ABOUT THE VACCINE ADMINISTRATION PROCESS?**

The following is for general information purposes and should not be taken as clinical advice. Also, any information on COVID-19 vaccines depends on the manufacturer and is subject to change as we learn more. But, in general, it may be helpful to know:

- The vaccines appear to be very safe for all adults (16 or older for Pfizer, 18 or older for Moderna). While there is little information about the vaccines' safety in pregnant women and their effectiveness (not the safety) in people who are immunocompromised, these groups may still receive vaccination.
- Most people will have side effects from the injections, but serious side effects are rare. Side effects usually resolve in a couple of days. They are more pronounced after the second injection and for people under age 65. Until there's more experience with the vaccinations and we know how likely people are to call in sick, stagger staff vaccinations if possible.
- There have been a VERY small number of serious allergic reactions ("anaphylaxis") to vaccination. These were mostly among people with a history of allergic reactions to vaccines or severe allergic reactions. For this reason, medical staff should be appropriately prepared.
- When planning vaccine supply needs, some data suggests that about half of facility residents may refuse vaccination.
- The Pfizer and Moderna vaccines require a second injection (in 21 days and 28 days, respectively), but there is a little wiggle room: the second injection can be given up to 4 days early and on the late side "as close to the recommended interval as possible." And even if they miss this window, it's okay – they would not need a 3rd dose.

## **10. CAN STAFF AND RESIDENTS RELAX PREVENTIVE MEASURES (MASKS, SOCIAL DISTANCING, HANDWASHING, ETC.) AFTER THEY'RE VACCINATED?**

Unfortunately, no, not yet. We know the vaccine is highly effective at preventing infection in those who receive it for a while. What we still don't know is how long that protection lasts and whether a vaccinated person can still transmit the virus from one person to another, even though they themselves are protected. The CDC will continue to update its guidance on the need for preventive measures as they learn more about these issues. When those updates are issued, your local health authority may adjust their own recommendations based on how many people get vaccinated and how much the virus is spreading in the community.

***Please remember that our knowledge of COVID-19, including vaccinations, is rapidly changing. So, at a certain point, the information above will likely become outdated. NSA hopes that until then, you find this information helpful.***