Idaho Sheriffs' Association

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TIPS FOR HANDLING COVID-19 IN YOUR JAIL

- Develop a jail policy for identifying and managing inmates suspected of having or having COVID-19
- Release non-violent offenders
- Work with your District Courts to establish an emergency policy to allow release of non-violent arrestees without bond.
- Provide hand free sanitizers
- Maintain distances as much as possible
- Suspend inmate co-pays to see medical personnel
- Encourage cite and release of new arrestees
- Stop contact visitation

Below information from Washington State Jails Coronavirus Management Suggestions

- 1. <u>Influenza</u> Offer and administer flu vaccine to all eligible inmates who have not been vaccinated. No, flu vaccine does NOT protect against Coronavirus. However, it still makes sense to vaccinate inmates for the same reasons that staff should be vaccinated. Also, given the high risk of influenza, vaccinating inmates will decrease the possibility of overloading your jail health care system with severe respiratory illness from a highly preventable cause.
- 2. <u>Inmates who want to go to medical</u> When a patient requests to see a medical professional for a respiratory complaint, before bringing them to the medical unit, the deputy should have the patient put on a mask. A simple surgical mask is adequate.
- 3. <u>Masks</u> For the moment CDC recommends simple surgical masks for symptomatic patients, and higher efficiency masks for health care workers who are working in close proximity (within 6 feet) of a patient with possible COVID-19. Because, in jails, custody staff working with persons with possible COVID-19 infection share many of the same tasks and exposures as health care workers in the community, it would make sense for custody staff to use the same personal protection as jail medical staff who are working in close proximity of patients. For the moment, this recommendation is to use N-95 masks. In case you have trouble getting N-95 masks, you can use any mask with an N, P, or R letter designation and a 95 or 100 number designation. And if none of these masks is available, use simple surgical masks. As an example of adjusting to shortages of N-95s, King County Jail is moving towards only allocating these masks to health

care workers who have close contact (e.g. physical examination, obtaining laboratory samples) with patients with possible COVID-19 infection.

- 4. Other Personal Protective Equipment (PPE) For the same reasons as described above, it would be wise for custody staff to follow the same general guidelines for PPE as jail medical staff. You should review the recommendations on the CDC website. There is more detail there than we can provide here...and it may change. The recommended PPE also depends on the patient and the task your staff is performing. For example, at one end of the extreme, if staff are going to be in a "hands-on" situation with a person who has obvious secretions, more protection will be needed, while at the other end of spectrum, if the patient is cooperative, with no secretions, and the contact will be brief and at a distance of over 6 feet, less protection will be needed. Generally, in addition to a mask with eye protection, CDC is recommending staff use Standard Precautions, including gloves.
- 5. <u>Isolation</u> For patients who meet the CDC's current recommended criteria for isolation, CDC also currently recommends they be placed in negative pressure rooms. This will be a tall order for many jails. And even for jails equipped with negative pressure rooms, demand may exceed supply. Therefore, this is one of the many topics you should be discussing with your local public health authority ahead of time, to seek their advice and their help in developing a plan in coordination with community resources (especially the hospitals). They may recommend alternative solutions, such as keeping certain patients isolated in their own cell with the door closed. You should also do what you can to not make placement in isolation feel punitive. Inmates in isolation should have ample access to comfort, entertainment, and activity related materials allowed by their custody level. An important reason for this suggestion is that you want to do everything possible to encourage inmates to notify medical staff as early as possible if they experience symptoms of infection. Fear of being placed in an overly-restrictive cell may delay their notification, which is counterproductive.
- 6. **Upon Release** What do you do when releasing someone back to the community? It depends on their condition. Most people do not need to be hospitalized – if they were that sick, you would already have sent them there. However, for jails with higher level infirmaries, you may have someone in the infirmary who wasn't ill enough to need a hospital, but who is not able to care for themselves at home. If hospitalization is the only option, your medical staff should call ahead to the hospital and, with their agreement, make a well-coordinated transfer. A second group of individuals are those who are either in isolation (mildly ill) or in quarantine (without symptoms). These people will likely go home (if they have a home), but your medical staff should contact your local health department prior to discharge for any special instructions and to be sure they are aware of the discharge. You can give the releasee a copy of an excellent one-page handout about home care from the CDC (https://www.cdc.gov/coronavirus/2019- ncov/about/steps-whensick.html). If they don't have a home to release to, again, contact your local health department for assistance; some health departments are working on plans to find special temporary housing for such individuals. A third group of individuals is all the rest: those who are healthy and not thought to have been exposed to the virus. They would release as usual. You can provide them with basic information about prevention, such as this one-page handout from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf).