Response to COVID-19

Guidance for Local Jails and Detention Facilities

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Developed by

American Correctional Association and Tennessee Department of Corrections
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The highest priority should be prevention and containment relative to in-custody populations. Preventing exposure to the inmate population can be best accomplished through containment efforts such as screening of anyone entering the facility, eliminating all non-essential entry to the facility, reducing inmate transfers/intakes as public safety allows, and utilizing enhanced cleaning and disinfecting measures. Additionally, the containment measures described below will help to mitigate exposure when someone presents flu-like symptoms.

These recommendations have been established in coordination with the American Correctional Association (ACA) and other departments of correction with the guidance of the Centers for Disease Control and Prevention (CDC), and local public health authorities. In order to best ensure the health and safety of the secure custody population, the following should be considered:

COVID-19 and Infectious Disease Prevention Resources

- General CDC guidance related to COVID-19
  - www.coronavirus.gov
- FEMA directed public assistance
  - www.fema.gov
- Department of Correction/Department of Health guidance related to COVID-19
- CDC guidance on disinfection and sterilization
- CDC guidance for personal protective equipment (PPE)
- American Correctional Association resources related to COVID-19 and infectious disease prevention
  - www.aca.org

General Activities

- Maintain regular communication with local public health authorities, other local jails, and the Department of Corrections in order to evaluate potential developments and operational changes as the situation develops

Facility Operations

- Evaluate/screen all inmates upon intake and return from court/medical and all outside work locations
• Conduct noninvasive screenings of everyone for symptoms such as fever (100.4F and above) cough and difficulty breathing prior to entry to maximize prevention efforts
• Cancel all visitation and volunteer services until March 31st per The President’s Coronavirus Guidelines for America, unless updated guidance is available
  o Parole hearings and legal visits should continue where appropriate and utilize screening process (should maintain a distance of six feet)
• Suspend all non-essential inmate transports for thirty days
  o Only court and medical necessitated transports should be conducted
  o Intakes should be suspended as much as possible
• Formalize a schedule to ensure cleaning and disinfection of high touch areas multiple times per day
  o Include the use of a 10:1 bleach solution or other Coronavirus effective germicide
  o Focus on high touch areas and shared workspaces at shift change
  o High touch areas include common workspaces, toilet seats, light switches, door handles, handrails, phones, elevator buttons, handheld radios, security keys/chits, ID badges, pens/pencils
  o Ensure you properly control any new hazardous material you temporarily bring into the facility
    ▪ 1-CORE-1C-07 (ACA, 2010) * please see footnote
    ▪ 4-ALDF-1C-11 (ACA, 2004) * please see footnote
• Strongly consider waiving copays for inmates in need of medical care and offer free periodic phone calls to maintain contact with family members during this uncertain time
• In the event an inmate presents with flu-like symptoms please adhere to guidance from your medical director and facility’s policies which should include:
  o Immediate isolation and enacting contact precautions and personal protective equipment (Place a mask on the inmate)
  o Where feasible, treatment should occur onsite to limit exposure to others
  o Movement to outside hospital facilities should be on a case by case basis dependent on respiratory distress or limited onsite treatment capabilities
    ▪ Transportation staff should utilize contact precautions/personal protective equipment
• Establish an ongoing log to record patients presenting with flu-like symptoms to facilitate reporting to local health authorities and others as appropriate

Food service operations

  o Ensure food service staff is diligent in adherence to food safety measures
    ▪ 1-CORE-4A-04 (ACA, 2010) * please see footnote
    ▪ 4-ALDF-4A-13 (ACA, 2004) * please see footnote
Ensure contingency meal plans are in place
Evaluate supply chain confidence for any necessary adjustments to contingency meal plans

**Operational Support and Human Resources**

- Suspend all contractor construction projects inside the secure perimeters until March 31st per *The President's Coronavirus Guidelines for America*, unless updated guidance is available to limit nonessential entry
  - Allow CDC classified high risk staff to request ADA accommodation to self-isolate based on medical advice
- Training should be limited to essential training needs such as preservice classes utilizing group limits of no more than ten (10)
  - All currently scheduled in-service or specialty training should be accomplished virtually or rescheduled to a later date
  - Document any rescheduled in-service/annual or specialty training due to COVID-19
    - 1-CORE-7B-03 (ACA, 2010) * please see footnote
    - 4-ALDF-7B-07; 4-ALDF-7B-08; 4-ALDF-7B-10; 4-ALDF-7B-11; 4-ALDF-7B-12 (ACA, 2004) * please see footnote
    - Note all ALDF Expected Practices only the annual portion can be postponed.

**Communication**

- Frequent and ongoing communication with internal and external stakeholders through all channels to inform interested parties of current status and changes as they develop

**Other Activities**

- Continuously review and coordinate staffing resources to ensure all essential, secure custody functions are maintained
- Timelines and effective dates for all decision points should be continuously evaluated and adjusted as necessary