Acknowledgments

Centers for Disease Control and Prevention

ACA Executive Leadership

Gary Mohr
106th President
American Correctional Association

James A. Gondles Jr., C.A.E.
Executive Director
American Correctional Association
Office of Correctional Health

Elizabeth Gondles, Ph.D.
Director
(703) 224-0076  BettyG@aca.org or desifl25@gmail.com

Mike Miskell, M.P.H., CHES®
Deputy Director
(703) 224-0048  MichaelM@aca.org

Doreen Efeti, M.P.H., M.B.A., MCHES®
Associate Director
(703) 224-0120  DoreenE@aca.org

Victoria Freire, B.A.
Correctional Health Specialist
(703) 224-0049  VictoriaF@aca.org

Amanda Miesner, B.S., CHES®
Correctional Health Coordinator
(703) 224-0078  AmandaM@aca.org

Simone Bernateau, B.S.
Correctional Health Coordinator
(703) 224-0192  SimoneB@aca.org

healthcare@aca.org
Audio Broadcast through speakers

If call-in is required, use: 650-479-3207 and access code 661 009 866

Use the Q&A Box on your screen for questions. Do not use the Chat Box.
Acknowledgment

This presentation is sponsored by the Coalition of Correctional Health Authorities (CCHA)
Harbans Deol, D.O., Ph.D.

Medical Director
Health Services, Health Authority
Nebraska Department of Correctional Services
Chair, ACA, Coalition of Correctional Health Authorities

MODERATOR
Presenters

Garry McFadden
Sheriff
Mecklenburg County Sheriff’s Office, North Carolina

Telisa White
Chief of Detention,
Mecklenburg County Sheriff’s Office, North Carolina

Gibbie Harris, MSPH, BSN
Public Health Director, Mecklenburg County Health Department, North Carolina
Presenters

Tony Parker
ACA President-Elect; Commissioner, Tennessee Department of Correction

Kenneth Williams, MD, Ph.D.
Chief Medical Officer, Health Authority, Tennessee Department of Correction
Presenters

Denise M. Robinson
President and CEO, Alvis, Inc.,
Columbus, Ohio
ACA Treasurer

Tyrone Oliver
Commissioner
Georgia Department of Juvenile Justice

Michelle Staples-Horne, MD, MS, MPH
Medical Director,
Georgia Department of Juvenile Justice

Philip Keiser, MD
Local Public Health Authority, Galveston County, Texas; Professor of Infectious Disease, University of Texas Medical Branch
Disclosure

- This activity has received no commercial support.
- All individuals in control of content disclosed any/all financial relationships prior to the start of this activity.
- Presenters do not have any relevant financial relationships with any commercial interests.
- During the planning, Speakers or Planners with any conflict of interest were removed from this activity.
Objectives

**Review**
- the epidemiological updates for COVID-19

**Discuss**
- a multidisciplinary approach to addressing COVID-19 in jails, prisons, community corrections and juvenile justice facilities

**Discuss**
- collaborative efforts among state/local jurisdictions and Public health agencies

**Review**
- prevention precaution for custody population and staffs
EPIDEMIOLOGY of CORONAVIRUS

HARBANS S. DEOL, D.O., Ph.D.
MEDICAL DIRECTOR,
NDCS
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
Incubation Period of COVID 2019 is thought to be within 14 days following exposure

In a family cluster of infections, onset of fever and symptoms occurred approximately 3-6 days after exposure

Pneumonia is prevalent

Overall case fatality appears to be less than 3%

Recall in 2012 MERS-CoV (Saudi Arabia) = 37% mortality rate and SARS (China) in 2002 = 11% mortality rate

COVID linked to outbreak in the city of Wuhan associated to Hunan Seafood Market selling live farm and wild animals
Coronavirus Update

7 identified in 21st century

3 cause mild to moderate infection (229E, NL63, OC43, and HKU1)

3 can cause severe infection

• SARS-CoV
• MERS-CoV
• COVID-19
What is a Pandemic?

3 Epidemic
An outbreak that has spread to a larger geographic area

4 Pandemic
A health condition that has spread globally
Corrections Update

- Identified cases in correctional jurisdictions
  - Confirmed Cases in Custody Population
  - Confirmed Cases of Staff Exposure and Diagnosis
- Corrections Incidence – the number of newly diagnosed cases of a disease
- Corrections Prevalence – the total number of cases of disease existing in a population
Addressing Coronavirus Outbreak in Corrections

- Identify Cases
- Isolate suspected cases
- Educate staff and inmates
- Stop transmission of virus
- Surveillance for new cases
Things to Consider

- Medical Supplies
- Isolation Room
- Inventory of Essential Medications
- Vaccines

- Review Dental Procedures
- Housing for Elderly
- Inmate Movement
- Review Pandemic Policy
Jail Approach

Garry McFadden
Sheriff
Mecklenburg County Sheriff’s Office
Member, ACA Committee on Performance-Based Standards
Confirmed cases in Mecklenburg County

26th Judicial District is moving to a limited mornings only court schedule
JAIL & PUBLIC HEALTH PARTNERSHIP

Telisa White
Chief of Detention,
Mecklenburg County Sheriff’s Office, North Carolina

Gibbie Harris, MSPH, BSN
Public Health Director
Mecklenburg County Health Department, North Carolina
Non-essential volunteers and vendors visits have been suspended

Face to face and video visitation is cancelled

NCDPS has cancelled visitation for juveniles so operations are impacted at the juvenile detention center

Everyone entering MCSO, courts, and other access areas must have their temperatures checked by WellPath medical staff

• Temp. Over 100.4 will be sent home and denied access
MCSO Approach

- WellPath conducted a townhall meeting with all MCSO residents
- Topics covered included
  - What is COVID-19?
  - How can I protect myself from the virus?
  - What are the symptoms
  - Sick resident – how will they be handled

Prevention Message for Residents

WHAT CAN YOU DO!

Wash your hands, Wash your hands, and Wash your Hands!

Avoid touching your eyes, nose, and mouth as much as possible with unwashed hands.

When you are sick, please cough and sneeze inside tissue and throw that tissue in the trash.

ALERT OFFICERS AND PUT IN SICK CALL WHEN YOU FEEL SICK.
State Department of Corrections Approach

Tony Parker
President-Elect, ACA
Commissioner, TN Department of Corrections

Kenneth Williams, MD, Ph.D.
Chief Medical Officer
Acting Assistant Commissioner of Clinical Services
Tennessee Department of Correction
CCHA Member
COVID-19 Response

Prison Efforts

• Early efforts related to disease monitoring and prevention

• Multidisciplinary approach to response planning for COVID-19

• Current precautions to limit risk

• Communication with local jail facilities
COVID-19 Response

Community Efforts

- Modified supervision strategies for probationers and parolees
- Stakeholder communication with judiciary and board of parole
- Continuous review of agency staff for priority public safety needs
COVID-19 Response

Clinical Efforts
- Communication with local public health authorities
- Regular monitoring and mapping of community spread
- Chief Medical Officer providing daily updates to support decision making
- Logging cases of infectious disease
COVID-19 Response

Clinical Efforts

- Enhanced screening of inmates at intake
- Developed escalating plan for isolation
- Identification of alternative disinfection tools for correctional setting
- Limited non-essential transfers/movements
- Intensified disinfection activities
COMMUNITY CORRECTIONS

Denise Robinson
President and CEO
Alvis, Inc., Columbus, Ohio
Treasurer, ACA
Community Corrections

“Community corrections” refers to any program that supervises individuals with justice involvement outside of the prison system.

Essential part of corrections continuum

Includes:
- Parole and probation
- Residential centers and halfway houses
- Work release
- Day reporting centers
- Electronic, GPS and other remote monitoring
Alvis is...

A private, nonprofit agency based in Columbus, Ohio with 42 facilities in multiple cities in Ohio.

Our service lines are:

- Community and residential reentry programs
- Integrated behavioral healthcare treatment
- Services for individuals with intellectual/developmental disabilities
- Workforce development programs
- Treatment and support programs for families
Overview of COVID-19 challenges

Early challenges included:

• Different types of services across several cities and sites

• Multiple contracts

• Large, dorm-style halfway house facilities

• Staff-intensive small programs for individuals with developmental disabilities

• Treatment and recovery housing for women and children
Overview of COVID-19 challenges

Emergent challenges included:
- Lack of client activities due to movement restrictions
- Staff with school age children
- Heightened stress of staff and clients
- Too many staff in some areas and not enough in others
- Funding
- Flooding (Friday surprise)
Overview of COVID-19 challenges

Challenges specific to Alvis as a private nonprofit

- Board of Trustees

- Fundraising event

- Different funding structures and supports compared to government and private, for profit companies
Alvis response to COVID-19

First

- Be prepared - Our Crisis Response Plan already included the Alvis response to a pandemic

Second

- Mobilization of Crisis Response Team
- Review Crisis Response Plan and update for current circumstances
- Multidisciplinary teams
Alvis response to COVID-19

Ongoing

- Communication, communication, communication
- Executive meetings every day at 10:00am
- Crisis Response Team meetings every day at 3:00pm
- Be fluid and expect the unexpected
<table>
<thead>
<tr>
<th>Alvis response to COVID-19 - steps taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adhere to guidance and training from CDC, Ohio Department of Health, and local health departments</td>
</tr>
<tr>
<td>Discontinue visitors</td>
</tr>
<tr>
<td>Screen, closely monitor health of staff and clients, especially upon entry to the building</td>
</tr>
<tr>
<td>Enhanced cleaning, disinfecting</td>
</tr>
<tr>
<td>Hand sanitizer everywhere</td>
</tr>
<tr>
<td>Reduce group sizes</td>
</tr>
<tr>
<td>Phone assessment, mindfully scheduling intakes</td>
</tr>
<tr>
<td>Transition counseling, psychiatric to telehealth and/or phone</td>
</tr>
<tr>
<td>Reduce census by releasing clients to home confinement</td>
</tr>
<tr>
<td>Stagger meal periods</td>
</tr>
<tr>
<td>Head to toe arrangement for bunk bed areas</td>
</tr>
<tr>
<td>Isolate sick clients</td>
</tr>
</tbody>
</table>
Supporting staff and clients

- Increased senior management in facilities
- Adding HBO, streaming services
- Games and activities for mothers and children
- Daily message from President and CEO to staff
- Morale boosters – provide pizza, cookies
- Additional emotional, mental health support
Where Alvis is now and looking ahead

- In compliance with current CDC, Ohio and local guidelines
- Working with contracting agencies on an ongoing, coordinated response
- Preparing for shelter in place/full quarantine order
- Capturing added costs of revised operations in hopes of securing reimbursements
- Uncertain how long we need to operate in this new mode, evaluating options
- Looking forward to the debrief when this is all over
Prevention Strategies For Juvenile Facilities

Tyrone Oliver
Commissioner
Georgia Department of Juvenile Justice

Michelle Staples-Horne, MD, MS, MPH
Medical Director
Georgia Department of Juvenile Justice
Commissioner, Commission on Accreditation
COVID-19 is a newly identified Coronavirus in the same family as the common cold virus.

Spread is primarily respiratory through droplets.

Symptoms are the same as influenza including fever, cough and shortness of breath.

Individuals with preexisting chronic illness, decreased immune response and older age are at increased risk of poorer outcomes including death.

There is no vaccine or cure, just as there is not for the common cold virus.

Many will become infected, some will have severe symptoms, few will die.

Influenza has been deadlier this year in the US with 29 million infections, 280,000 hospitalizations and 16,000 deaths.

The best strategy for prevention is containment (stay home when ill), avoid people who are sick, cover sneezes and cough, and effective handwashing.

Get information from reliable sources (CDC, DPH and DOE).
Additional Issues to Address

- Staff screening and reporting
- Staffing contingency plans, use of overtime
- Influenza vaccination of staff
- Facility inventories of appropriate disinfecting agents
- Facility housing location for isolation, ventilation needs
- Plans for providing services to isolated youth
- Restriction of visitors
- Updating of Agency website or easier access to information
- Production and distribution of handwashing posters
- Determination of continuation of meetings and training
Planning and Preparation

- Infection Control Policy and Program routinely in place prior to pandemic
- Identification of key stakeholders such as Public Health, DOE, Families, Courts, etc. and involve in response plan
- Determine essential functions: security, health care, food service, education, maintenance, etc.
- Develop and practice Response Plans
Confirmed Community Cases

- Pandemic Imminent
- Develop Tracking and Reporting System for Disease
- Determine Staffing Contingency Plans and cross train staff
- Secure additional supplies and equipment on hand
- Determine budget implications
- Accurate dissemination of Information and education
- Determine Immunization and health status of youth and staff
- Initiate containment procedures
Current Pandemic

- Update Policy and issue New Directives to address Pandemic
- Implement social distancing through teleworking and/or reduction of non-essential visits
- Stress adequate handwashing and disinfection measures
- Extend computer and telecommunication resources
- Limit transport and transfer of youth
- Implement intensive cleaning and disinfecting schedule
Current Pandemic

- Implement secure facility intake screening process for staff and youth
- Place mask on youth with symptoms and isolate, communicate with medical
- Prohibit visitation unless related to direct services to youth
- Provide Personal Protective Equipment for healthcare staff and security in direct contact with infected youth
- Determine quarantine locations and procedures for implementation
Current Pandemic

- Discontinuation of congregate meetings
- School classroom suspension
- Feeding on units or in small groups with spacing
- Consider use of disposables and alternate meals
- Teleconferencing for parents and youth
- Address anxiety/stress through mental health staff and Employee Assistance Program
Covid-19 Juvenile Correctional Health Care Implications

- Continue screenings at intake and include recommended Covid-19 screening questions and temperature checks prior to entry.
- Screen health care staff and exclude if symptomatic.
- Continue direct care services for youth such as routine physical examinations and dental examinations (no drilling).
- Discontinue non-urgent outside appointments and transfers.
- Determine Quarantine location and practices.
Public Health Approach

Philip Keiser, M.D.

Local Public Health Authority, Galveston
Texas
Professor, Infectious Diseases,
University of Texas-Medical Branch
Public Health Updates

- This is a rapidly evolving situation

- This situation poses a serious public health risk.

- The federal government is working closely with state, local, tribal, and territorial partners, as well as public health partners, to respond to this situation.

- COVID-19 can cause mild to severe illness; most severe illness occurs in older adults.
Current Epidemiologic Risk

All 50 states have reported cases of COVID-19

Any one with known or suspected contact with someone infected with coronavirus
Cardinal Symptoms

- Fever and Cough
- Associated Symptoms
  - Upper Respiratory Infections (URI) symptoms
    - URI symptoms alone unlikely to be Covid-19
  - Nausea
    - Diarrhea
- Upper Respiratory Infections (URI) symptoms
Incubation

- 2-12 days
- Average of 5 days
- Most exposures are clear by 14 days
Control Measures

Isolation
- Mask on Patient
- Negative pressure if available

Personal Protection Equipment (PPE)
- Droplet precautions

Quarantine Close Contacts
Control Measures (cont.)

- Social Distancing
- Self isolate or Quarantine potentially exposed employees
- No Visitors
- Limit Transfers to other Units

Work from home for non-essential personnel
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

ACA’s Coronavirus COVID-19: Corrections Resource Webpage
http://www.aca.org/ACA_Prod_IMIS/ACA_Member/Healthcare_Professional_Interest_Section/Copy_of_Coronavirus_COVID.aspx

Centers for Disease Control and Prevention (CDC)-
Coronavirus Disease 2019 (COVID-19)

World Health Organization
https://www.who.int/health-topics/coronavirus
Continuing Education Credits Information

To receive CE nursing credits or a certificate of training hours for other corrections professionals (security, administrators, program staffs, etc.), you must complete the survey that appears following the completion of this broadcast.

*Continuing Education Credits are only available for individuals who purchased them prior to the live event*

If you require assistance, please contact Simone Bemateau at simoneb@aca.org or (703) 224-0192.
ACA is an approved CE provider through the Florida Board of Nursing for continuing education contact hours for nurses (CE Provider #50-8793). Nurses can earn up to 2.0 CE hours. Nurses should only claim credit commensurate with the extent of their participation in the activity.

ACA offers continuing education units (CEUs) that help employees earn professional recognition by completing educational and training programs. Participants who register for the program will can earn up to 2.0 CEU hours. Professionals should only claim credit commensurate with the extent of their participation in the activity. CEUs are provided by the American Correctional Association.
THANK YOU FOR ATTENDING

To replay the webinar, please visit the ACA Office of Correctional Health Resource Center

Questions or Assistance Needs?
703-224-0000 or 1-800-222-5646
and select the Department you need!