ASPR TRACIE Technical Assistance Request

Request Receipt Date (by ASPR TRACIE): 4 March 2020
Response Date: 10 March 2020; Updated 11 June 2020
Type of TA Request: Standard

Request:

The requestor asked for resources related to infectious disease outbreaks and correctional facilities.

Response:

ASPR TRACIE is highlighting the following resources for healthcare system emergency preparedness planners and correctional facility workers to use while preparing for and responding to infectious disease outbreaks that may occur in prisons or jails. Considerations and lessons learned from these materials are also gathered and provided as points for consideration in this document.

Please refer to the Centers for Disease Control and Prevention’s Coronavirus Disease 2019 webpage for the most up-to-date clinical guidance on COVID-19 outbreak management.

Considerations and Lessons Learned

- Main areas for concern specific to correctional facilities and pandemic preparedness include the following: crowding, shared living spaces, high turnover, population flow patterns, healthcare resources, staff absenteeism, and interaction with the general population.
  - Correctional facilities should plan for the absence of staff due to the employee's illness or a family member's illness.
- During a pandemic, medical services provided in prisons/jails will likely be insufficient to treat large numbers of sick inmates. Furthermore, local hospitals may be overburdened and unable to admit inmates who are seriously ill.
- Corrections officials are often not included in local and regional public health preparedness efforts.
  - There should be increased collaboration between these partners to better prepare for emerging public health threats.
- Correctional systems are often decentralized in the U.S., which makes the planning process challenging. Public health officials should also be aware of various characteristics of correctional facilities to be better prepared for pandemic outbreaks in these populations. Characteristics to consider include:
  - The number and varying size of correctional facilities in U.S.
- The high turnover of jail and prison populations.
- The connection between correctional facilities and their surrounding communities.
- The capacity of correctional facilities as it pertains to the ability to handle infected inmates.
- The prevalence of and capacity to provide services for physical health, mental health, and substance abuse problems of inmates.

- Incarcerated populations have health conditions that disproportionately make them more vulnerable to becoming seriously ill. Jails and prisons house large numbers of people with chronic illnesses and complex medical needs.
- Community planners must think of prisons/jails as part of the community, not as separate entities. Correctional facilities are a collection of workers and detained persons who have a constant connection with the surrounding community.
- Incarcerated persons have a constitutional right to receive the same standard of health care as offered in the community.
- A major debate is which system should burden the high costs to identify and treat infectious diseases among incarcerated populations – is the responsibility solely on the correctional facilities, or should the community into which they are released share the cost?
  - Correctional facilities are responsible for providing health care to individuals during incarceration; however, they are no longer responsible for their health care once they are released into the community. Therefore, those providing health care in the community (e.g., federally qualified health centers or safety-net providers) are typically neither aware nor involved in the health care of their patients during incarceration.
- Many inmates do not have access to consistent health care to meet their medical needs, while others develop medical problems after being incarcerated due to unhygienic conditions in correctional facilities. Overcrowded prisons and jails further complicate the issue of infectious diseases spreading among this population.
- Some of the most basic disease prevention measures, such as hand sanitizer, are restricted in prisons/jails. Hand sanitizer is considered contraband because of the high alcohol content and possibility for abuse. Unsanitary conditions further complicate the issue of the spread of disease – several people use a small number of bathrooms, sinks are often broken, access to water may be available but there are no supplies to dry your hands, and there may be no access to soap.
  - Preventative measures to reduce the spread of infection should include: increasing inmate health screenings, sanitizing jail cells, quarantining inmates, implementing social distancing, and urging lawyers to scale back in-person visits to prevent the virus from spreading through their vast inmate populations.
  - Understand the facility’s ventilation system and related potential for isolation and/or cohorting patients based on layout and HVAC systems.
  - Related: consider on-campus isolation of suspect/confirmed mild cases since hospitals may not have capacity.
• Correctional facilities should provide training opportunities to educate prison medical directors and health service administrators about infectious diseases and raise awareness about the potential of an outbreak in the prison setting.
  o Note that when an inmate is referred to a hospital for evaluation/treatment, at least two officers are needed to provide an escort. Facilities must be prepared to adjust staffing plans and, if necessary, services provided as the need for advanced medical care increases.
  o Consider putting into place mechanisms to obtain testing specimens and submit them to laboratories from the facility, reducing the need for inmate transport.
• Planning considerations should also be given to the court system in which judges, defense attorneys, and prosecutors may limit court services or close courts completely. This will hinder incarcerated people from going to court and being able to go home after serving their sentence as was seen during the H1N1 outbreak in 2009.
  o Put in place mechanisms for virtual court appearances as practical.
• Planning considerations should account for what is happening on the federal, state, and local levels regarding the implementation of visitation restriction, lock downs, meal delivery to the doors versus in cafeteria, hospital referrals, and the like.
• Clear, concise messaging should be conducted both internally to staff and externally to inmates’ loved ones regarding visitation rules during an outbreak. Setting clear expectations and explaining restrictions early can help prevent conflict and emotional distress.
  o Post cough and hand hygiene literature in staff break rooms and ensure adequate supply of product is available for staff.
    ▪ CDC’s Environmental Cleaning and Disinfection Recommendations: Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019
  o Post the same literature in different languages throughout the facility ([https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html](https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html))

Select Resources


This brief provides an overview of health risks for individuals involved in the criminal justice system, including those who are incarcerated, staff, healthcare workers, vendors, and visitors. It also identifies steps that state and local jurisdictions can take to mitigate the risk and spread of COVID-19 among this population.

This bench book provides Pennsylvania judges with information needed for when they are presented with public health cases. Section 1 includes public health law bench guides, which provide responses to key questions related to public health issues; Section 2 provides information on legal issues that the court may be called on to consider; and Section 3 provides a glossary, model orders, and table of cases.


This bench book provides Georgia judges with information needed for when they are presented with public health cases. This document starts with scenarios, goals, and objectives that Georgia courts should consider and short- and long-term tactical objectives. Section 1 includes public health law bench guides; Section 2 provides legal issues that the court may be called on to consider; and Section 3 provides petition checklists and model orders.


This resource page includes numerous resources to assist correctional facilities in preparing for and responding to cases of COVID-19 among their incarcerated populations. Included are links to prison and jail response plans, federal guidance documents, and related agencies and organizations.


This resource page for local correctional facilities includes links to information on personal health and wellness, workplace strategies and solutions, and government advisories and updates related to COVID-19.


The author identifies lessons learned from previous infectious disease outbreaks, such as the 2009 swine flu pandemic. She notes that the California prison system alone saw nearly 800 cases, and three deaths were reported. During that outbreak, correctional officials across the country attempted to minimize the spread of the disease by quarantining inmates and suspending visitation. These same types of measures should be considered for other such outbreaks.

The author notes that in prisons and jails, some of the most basic disease prevention measures such as hand sanitizer are restricted. Hand sanitizer is considered contraband because of the high alcohol content and possibility for abuse. Unsanitary conditions further complicate the issue of the spread of disease – several people use a small number of bathrooms, sinks are often broken, access to water may be available but there are no supplies to dry your hands, and there may be no access to soap.


This checklist can be used to help prison and jail systems conduct an assessment related to their preparedness and response efforts to pandemic influenza.

Centers for Disease Control and Prevention. (2014). *Correctional Health, Behind the Wall.*

This webpage provides several resources related to the physical health, mental health, and substance abuse problems that are prevalent in correctional facilities. It also includes guidance on the prevention, care, and treatment of infectious diseases found in these settings.


This webpage provides interim guidance for healthcare and non-healthcare administrators of correctional and detention facilities and their respective health departments to assist in preparing for possible introduction, spread, and mitigation of COVID-19 in their facilities.


This webpage answers Frequently Asked Questions for administrators and staff at correctional and detention facilities, as well as incarcerated people and their loved ones regarding COVID-19.

CorrectionsOne. (2020). *Coronavirus (COVID-19).*

This webpage for the corrections community includes news coverage of COVID-19 in correctional facilities, analysis of COVID-19 effects on corrections, and links to additional resources.

This bench book provides Florida judges with information needed for when they are presented with public health cases. The document begins with an introduction of public health law in the context of a public health emergency, executive powers in a public health emergency, and Florida Executive Branch procedures in an emergency. It also addresses the role of Florida Courts, and other legal issues for the Courts to consider during a public health emergency. It includes guidance for maintaining essential court functions during a pandemic.


This tip sheet lists strategies for preventing the introduction of germs and preventing the spread of germs within and between facilities and includes links to related resources.


The author identifies ways in which the nation’s prisons and jails are preparing to prevent the spread of coronavirus among incarcerated populations. Preventive measures include increasing inmate screenings, sanitizing cells, and urging lawyers to scale back in-person visits to prevent the virus from spreading through their vast inmate populations.


The authors address the unique challenges prisons/ jails may face during an influenza pandemic and identify ways to reduce the spread of illness among incarcerated populations. Preventing the spread of pandemic influenza illness among inmates is also noted as a key to preserving the larger community’s health.


This webpage includes various resources for correctional health, including answers to frequently asked questions, information on personal protective equipment, downloadable signage, educational videos and webinars, weekly reports on COVID-19 in correctional facilities, and links to additional resources.

This webpage includes links to various resources to inform the management of COVID-19 in jails.


The author describes cost-analysis factors that should be considered with regards to the treatment of infectious diseases (e.g., hepatitis C, and HIV) among incarcerated populations, such as which system (correctional facility or other) should burden of costs. She argues that treating incarcerated persons is important because it provides a controlled environment in which to identify and treat infectious diseases, which also impacts the larger community.


These tips can help correctional facilities plan for and minimize COVID-19 cases in staff and the incarcerated population. The document includes strategies for minimizing spread, promoting healthy habits, control measures, and monitoring staff after they have been in contact with a COVID-19 patient.


The Planning for Pandemic Influenza in Prison Settings Conference was conducted in Georgia in 2007. The authors describe the collaboration and ongoing efforts established between administrative leaders and medical staff in Georgia prison facilities and public health officials. Sessions covered during the conference include nonpharmaceutical interventions, health care surge capacity, and prison-community interfaces.


This webpage includes several data visualizations of cases of and deaths from COVID-19 among prisoners and staff of state and federal prisons.


The authors discuss the conditions of correctional facilities within Europe, which can cause an infectious disease outbreak, such as poor housing circumstances and a high proportion of prisoners who suffer from severe health problems. They identify three
ethical dilemmas for consideration should an outbreak occur: the equality of care and prisoners' right to health care; prisoners' interests versus the interests of society; and the countries in need and calls for bilateral help.


The author notes that the U.S. must heed lessons learned from the H1N1 outbreak a decade ago and we must integrate the 5,000 jails, prisons, and immigration detention centers in the nation’s pandemic response efforts. He offers four considerations to protect these facilities from outbreaks: 1) focus efforts on the impact infectious diseases could have on incarcerated populations and the court system that will eventually release them, 2) require standardized data collection, 3) have a plan in place to identify and house together people with suspected and diagnosed COVID-19 and those who are at high risk of serious illness if they become infected, and 4) start communications early with the people most impacted by this issue, people who are incarcerated, their families, and staff who work in these settings.


This report describes reporting from 37 jurisdictions on COVID-19 cases and deaths among those incarcerated or detained and staff members of correctional and detention facilities. The authors emphasize the importance of early case identification, application of infection prevention measures, and adherence to mitigation guidance.


This report summarizes an assessment of 24 Louisiana correctional and detention facilities with reported COVID-19 cases using the COVID-19 Management Assessment and Response (CMAR) tool. The authors found that facility administrators were aware of and understood guidance related to COVID-19, and in some cases instituted measures beyond those currently recommended, but were challenged in implementing quarantine and social distancing measures in their available physical space.


The authors address the impact a viral pandemic would have on people in prisons and jails, and those on probation and parole. They suggest five policies for policymakers to consider that would help reduce the spread of infection, including: 1) releasing medically fragile and older adults, 2) stop charging medical co-pays in prison, 3) lower jail
admissions to reduce “jail churn,” and 4) reduce unnecessary parole and probation meetings, and eliminate parole and probation revocations for technical violations.


This document provides links to guidelines and other resources to help correctional facilities prepare and respond to infectious disease outbreaks in prisons and jails. It also highlights several takeaways from the collected resources.


This blog post identifies seven reasons that COVID-19 response is particularly challenging in correctional facilities and offers 11 solutions for mitigating these challenges.