

3-25-2020 @ 0900

Conference Call Minutes, COVID-19 (Jail Administrators)

Latest Information: CDC Guidelines: CDC has released new guidelines for COVID-19 for Correctional Facilities. These were forwarded to the facilities. If not received, let PCM know.

www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

What we have done: Material / discussion provided for

- Education
- Prevention
- Physical Distancing
- Identification of High-Risk Patients
- Cleaning
- Surveillance
- Visitation/Lobby Control
- Screening (officers/visitors/inmates)
- Most importantly initiated our pandemic plans

Review:

Testing Guidelines: We continue to test for COVID-19. Testing kits remain in short supply. We continue to role out COVID-19 by testing for influenzas A/B. We have seen multiple positives for both A and B. As of this meeting there has been no positive COVID-19 results.

Quarantine vs. Lock In:

Scenario: Patient [A] gets sick on unit, Patient [A] then gets locked in his cell – if patient [A] has a cellmate (patient [B]) gets locked in the same cell ON THE SAME UNIT unless there is an open cell ON THE SAME UNIT. The whole Unit is considered under quarantine, the unit gets locked down and thoroughly cleaned, unit can operate under quarantine. No one is allowed on or off the unit while under quarantine. Consider allowing only x number of inmates out at a time (top tier vs. bottom tier). Decide if patient [A] and [B] are allowed out for 1 hour per day to shower, phone, etc. Cleaning after each group would be needed. Temperature checks will be done twice daily on this unit any new cases will be locked in if found. No one should leave the unit. The Officer working this unit should be issued N-95 mask.

Consider allowing medical staff to provide as many services on the unit as possible. (i.e. finger sticks, sick call, etc.)

Notes:

Suicide prevention still trumps COVID-19: We must continue to house suicide concerns appropriately.

What we are seeing: Reduction of intakes, detoxing patients. Relatively clean and “sterile” jails (No COVID-19 as of today). This decrease is freeing up medical staff to perform additional tasks related to COVID-19.

Next steps: Facilities have done a great job the last two weeks keeping COVID-19 out of the building – things will open back up here shortly. Intake will increase / we will see an increase in community spread of COVID-19. As the pandemic continues some individuals will likely commit crimes out of desperation. Use this time to work with your counties, courts, law enforcement entities to develop a plan to handle

this increased influx of new inmates. If separate Work Release facility empty due to suspending Work Release discuss opening this for new commits.

Further Recommendations (if not done so already):

- Inmate workers – 2 blocks if possible. Divide the work force in case of transmission
- Limit work release (into the building)
- Stop Officer Training (non-essential training) – classroom with social distancing only. Contact training is not recommended.
- Continue to source supplies (masks, gloves, cleaning supplies): Check with local agencies for supplies. Government agencies typically deal better with other Government agencies rather than private organizations. Work amongst your colleagues to determine if there is the ability to obtain supplies if your stock is low.
- Intake/Classification – consider two step (housing unit) classification especially is extended. Increase rounds (mental health will be increasing cell side rounds) and temp checks on these units
- Officer Gym (local gyms are closed): increase cleaning or consider closing
- Food Handlers – Talk with Vendors about emergency food prep to include bagged meals

We need to think about Managing Staff:

- Reach out to Parole/probation officers, Sheriff's dept (road), to see if there is available assistance should you find yourself extremely short staffed.

Media / Right to Know Requests:

- Feel free to seek our assistance in responding

Questions from the call:

- Testing – on site or at local hospital. PCM does have a stock of test kits and is receiving more. If clinically warranted we can test on site. May want to call local hospital to see if they will give test kit versus transporting inmate.
- Medical Transport – before transporting anyone to the hospital for suspected COVID 19 call the hospital to determine if they are likely to accept/see/treat them.
- Groups – Consider cancelling non-essential group programs. For any groups conducted practice physical distancing,

Update since this morning:

This morning we reported that we are aware of COs testing positive in some of our facilities and that some of our staff was quarantined due to either being symptomatic or in close contact with someone symptomatic or COVID 19 positive. This afternoon we received confirmation that one of our employees has tested positive. They have not been in a facility for a couple of days and are home under self-quarantine. The facility has been notified and CDC suggested protocols are being followed.