Vera
INSTITUTE OF JUSTICE

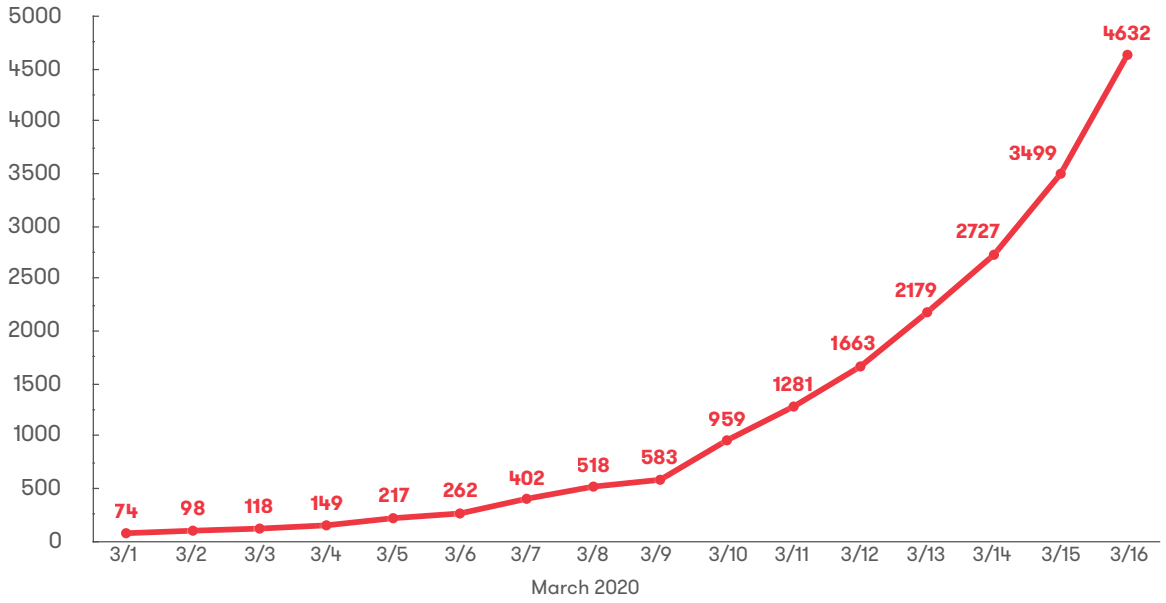
COCHS
COMMUNITY ORIENTED CORRECTIONAL HEALTH SERVICES

Guidance for preventive and responsive measures to coronavirus for jails, prisons, immigration detention and youth facilities

March 18, 2020

The coronavirus, or COVID-19, has been declared by the World Health Organization to be a global pandemic.[1] As the number of people infected in the United States grows exponentially, we must focus on prevention and containment in the criminal and immigration legal systems.

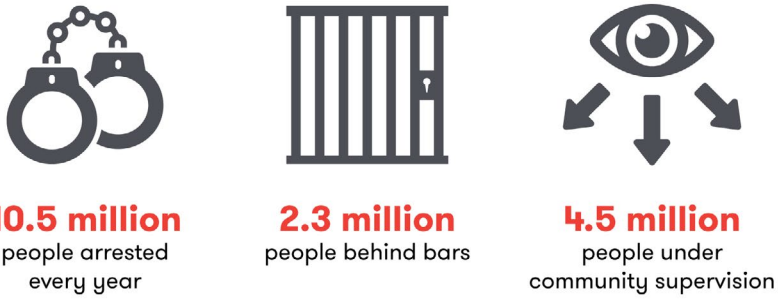
Total confirmed cases of COVID-19 in the United States



Source: Johns Hopkins Center for Systems Science and Engineering (database), accessed March 16, 2020, https://github.com/CSSEGISandData/COVID-19/blob/master/csse_covid_19_data/csse_covid_19_time_series/time_series_19-covid-Confirmed.csv.

It is not a matter of if, but when, coronavirus shows up in courts, jails, detention centers, prisons, and other places where the work of the criminal and immigration systems occur. Actors in these systems have a unique and critical role to play. The importance of this role is underscored by how vast the footprint of these systems is—almost 10.5 million arrests a year, 2.2 million people in jail and prison at any given time, 50,000 in immigration detention, and another 4.5 million under some form of criminal justice supervision on probation or parole.[2]

Footprint of U.S. corrections, detention, and supervision systems



The Vera Institute of Justice (Vera) and Community Oriented Correctional Health Services (COCHS) have created the guidance in this document to protect people who interact with and work in these systems. For other system guidance, see Vera's COVID-19 Response page.

Administrators, officials, and staff who work in jails, prisons, and immigration detention and youth facilities can:

Prioritize prevention first and foremost. To reduce contact between people, corrections authorities and other detention administrators should:

1. Use their authority to release as many people from their custody as possible. States that do not allow for discretionary releases should adopt these policies on a temporary basis as well as implementing medical furloughs.

2. Work with court administrators to *identify for immediate release people in detention* who are at high risk of being affected by coronavirus, including people who are 55 years and older, those who are pregnant, and those with serious chronic medical conditions.

3. Partner with community providers to connect people leaving custody with medical care, housing, and other essential services.

Contain the possibility of spread. To protect especially people who are at high risk, corrections authorities and other detention administrators should:

1. Use a CDC-informed *screening tool* for all people entering detention as well as staff to identify people with possible exposure and those at higher risk of infection.

2. *Provide free hand sanitizer and antibacterial soap to all people in custody* and replenish several times a week. Ensure that sinks are in working order and that people have access to soap and paper towels.

3. Limit contact between officers by suspending roll-call and using videoconferencing, e-mail, and other technologies to provide briefings and advisories. Reassign staff who are at high risk for infection to other duties to minimize their contact with other people.

4. *Increase the frequency of laundry and washing of clothes, towels, bedsheets, and other items* disbursed by the facility.

5. Avoid use of lockdown as a first response and *continue programming, classes, jobs, and recreational activities.* This is particularly important for children and young adults. Develop a staffing schedule that allows for the same programming to be offered in smaller groups.

6. When limitation of visitors cannot be avoided, *provide free phone and video calls and increase access to videoconferencing and other measures* for incarcerated people to maintain contact with family and loved ones until in-person visits can resume.

7. Allow for unsupervised phone calls and videoconferences with lawyers.

8. *Increase staffing and resources to actively respond to any illness*, whether or not directly related to coronavirus. Promoting health across the incarcerated population and avoiding sickness in general will reduce susceptibility to infection. Suspend medical co-pays for visits to evaluate symptoms.

Respond swiftly to active cases while preserving due process. To prevent transmission from and to the community, corrections authorities and other detention administrators should:

1. Designate housing areas in anticipation of the need to separate people with symptoms, as well as those with symptoms who have received a test-based diagnosis of coronavirus. Using cells designated for solitary confinement is not acceptable. Rather, *separate spaces for people with coronavirus should be prepared with access to comfortable furnishings and personal belongings, a telephone, and programming*, even if that programming is done via videoconference or another technology.

2. *Develop a policy for cases where intensive or acute* care is needed by having a plan to take incarcerated people to the hospital. Access to local hospital beds, including intensive care beds and respirators, should be tracked as symptomatic patients are identified.

3. For staff members or personnel who test positive for coronavirus, develop a comprehensive policy that *provides paid sick leave and a plan for staffing substitutions and redeployment*. The staffing plan should identify priority tasks and operations that must continue even if a significant proportion of staff is unable to work at any given time. Facilities should develop contingency plans for staffing shortages that identify sources of additional staff, as well as defining the maximum facility census that can be safely managed as staffing capacity shrinks.

4. Develop a data collection plan for indexing all suspected cases of coronavirus and tracking people through diagnosis, treatment, quarantine (when indicated), and release. Communicate actively with the local health department about all active and suspected cases.

Additional resources

- American Jail Association COVID-19 Resources
- Federal Bureau of Prisons COVID-19 Action Plan
- National Commission on Correctional Health Care Standard on Infectious Disease Prevention and Control
- Prison Policy Initiative – The Public Health Case for Criminal Justice Reform (March 6, 2020)

Endnotes

1 World Health Organization, "Rolling Updates on Coronavirus Disease (COVID-19)," updated March 11, 2020, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen.

2 Vera Institute of Justice, "Every Three Seconds: Unlocking Police Data on Arrests," January 2019 (database), https://www.vera.org/publications/arrest-trends-every-three-seconds-landing/arrest-trends-every-three-seconds/findings; Wendy Sawyer and Peter Wagner, "Mass Incarceration: The Whole Pie 2019," Prison Policy Institute, March 19, 2019, https://www.prisonpolicy.org/reports/pie2019.html; The Marshall Project, "Detained: How the United States Created the Largest Immigration Detention System in the World," September 24, 2019, https://www.themarshallproject.org/2019/09/24/detained; Danielle Kaeble, *Probation and Parole in the United States*, 2016, (Washington, DC: Bureau of Justice and Statistics, 2018), https://www.bjs.gov/content/pub/pdf/ppus16.pdf.

For more information

The Vera Institute of Justice is a justice reform change agent. Vera produces ideas, analysis, and research that inspire change in the systems people rely on for safety and justice and works in close partnership with government and civic leaders to implement it. Vera is currently pursuing core priorities of ending the misuse of jails, transforming conditions of confinement, and ensuring that justice systems more effectively serve America's increasingly diverse communities. For more information, visit www.vera.org.

Community Oriented Correctional Health Services (COCHS) works to bridge the gap between correctional and community systems. COCHS' major emphasis has been to reframe jail health care not as a place separate from the rest of the community but as another health care delivery site within the community. COCHS provides technical assistance to assist communities in finding ways to improve health care in local correctional facilities, as well as providing expertise on health information technology to create connectivity and data sharing.