

ASPR TRACIE Technical Assistance Response Resources Relevant to Infectious Disease Outbreaks and Correctional Facilities

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 concerns 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 excluded from 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 in order to be better prepared for pandemic outbreaks in these populations. Characteristics to consider include:
 - The number and varying size of jail facilities in U.S.
 - The high turnover of jail populations.
 - The connection between jail facilities and their surrounding communities.
 - The capacity of jails 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 healthcare to individuals during incarceration; however, they are no longer responsible for their healthcare once they are released into the community. Therefore, those providing healthcare in the community (e.g., federally qualified health centers or safety-net providers) are typically neither aware nor involved in the healthcare 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. Overcrowding 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 potentials 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.
 - 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 adjust staffing plans and, if necessary, services provided as the need for advanced medical care increases.
 - Consider putting into place mechanisms to obtain nasal swabs and submit them to labs 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.
 - Put in place mechanisms for virtual court appearances as practical.
- Planning considerations should take into account what is happening on the state/county/federal 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 inmate’s loved ones regarding visitation rules during an outbreak. Setting clear expectations and explaining restrictions early can help prevent conflict and emotional distress.
 - Post cough and hand hygiene literature in staff break rooms and ensure adequate supply of product is available for staff.
 - <https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>
 - CDC’s [Environmental Cleaning and Disinfection Recommendations: Interim Recommendations for US Community Facilities with Suspected/Confirmed Coronavirus Disease 2019](#)
 - Post the same literature in different languages throughout the facility (<https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html>)

Select Resources

Administrative Office of Pennsylvania Courts, University of Pittsburgh Graduate School of Public Health, Center for Public Health Preparedness. (2007). [Pennsylvania Public Health Law Bench Book](#).

This bench book provides Pennsylvania judges with information they need 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.

Administrative Office of the Courts of Georgia, and Judicial Council of Georgia. (2018). [Georgia Pandemic Bench Guide 2018](#).

This bench book provides Georgia judges with information they need for when they are presented with public health cases. This document starts with scenarios, goals, and objectives that Georgia courts should consider and short-term 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.

Baptiste, N. (2020). [Health Care Behind Bars Is Already Abysmal. Are Prison Officials Prepared for the Coronavirus?](#) Mother Jones.

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 by of the disease by quarantining inmates and suspending visitation. These same types of measures should be considered for other such outbreaks.

Blakinger, K. and Schwartzapfel, B. (2020). [When Purell is Contraband, How Do You Contain Coronavirus?](#) The Marshall Project.

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.

Centers for Disease Control and Prevention. (2007). [Correctional Facilities Pandemic Influenza Planning Checklist.](#)

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 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 setting.

Florida Court Education Council’s Publication Committee. (2019). [Pandemic Influenza Benchguide: Legal Issues Concerning Quarantine and Isolation.](#)

This bench book provides Florida judges with information they need 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 then goes into the role of Florida Courts, and other legal issues for the Courts to consider during a public health emergency. It also provides guidance for maintaining essential court functions during a pandemic.

Harris, B. (2009). [Preparing for the Pandemic in Prisons](#). Government Technology.

The author discusses a two-day conference held in Georgia in 2007 on prison pandemic preparedness. Participants included administrators, medical doctors, registered nurses, physician assistants, pharmacists, state and local public health officials, among others. The objectives of the conference were to educate participants about pandemic flu issues in correctional facility settings, provide impetus for initial planning in prisons, and elicit ideas about how these facilities could best prepare for and respond to pandemic flu.

Kentucky Public Health. (2020). [Novel Coronavirus \(COVID-19\) Guidance for Correctional Facilities](#).

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.

Lauer, C., and Long, C. (2020). [US Prisons, Jails on Alert for Spread of Coronavirus](#). ABC News.

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

Maruschak, L.M., Sabol, W.J., Potter, R.H., et al. (2009). [Pandemic Influenza and Jail Facilities and Populations](#). American Journal of Public Health. 99(Suppl 2): S339–S344.

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.

Nierengarten, M.B., (2017). [Treating Infectious Diseases in Prisons: Controlling Epidemics and Reducing Costs](#). First Report Managed Care.

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.

NC Department of Health and Human Services. (2020). [Interim Coronavirus Disease 2019 \(COVID-19\) Guidance for Correctional Facilities.](#)

These tips can help correctional facilities plan ahead 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.

Spaulding, A.C., McCallum, V.A., Walker, D., et al. (2009). [How Public Health and Prisons Can Partner for Pandemic Influenza Preparedness: A Report from Georgia.](#) Journal of Correctional Health Care. 15(2): 118-128

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.

Van't Hoff, G., Fedosejeva, R., and Mihailescu, L. (2009). [Prisons' Preparedness for Pandemic Flu and the Ethical Issues](#) (Abstract only.) Public Health. 123(6):422-5.

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.

Venters, W. (2020). [4 Ways to Protect our Jails and Prisons from Coronavirus.](#) The Hill.

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) requiring 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.

Wagner, P., and Widra, E. (2020). [No Need to Wait for Pandemics: The Public Health Case for Criminal Justice Reform.](#) Prison Policy Initiative.

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,” 4) reduce unnecessary parole and probation meetings, and eliminate parole and probation revocations for technical violations.

Washington State Department of Health. (2020). [Pandemic Preparedness and Response: Correctional Facilities Lit Rep Supplement – March 4, 2020](#).

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 that were provided from those resources collected.