



## **COVID-19 in Correctional Settings: Immediate Population Reduction Recommendations**

Amend at UCSF is a health-focused correctional culture change program led by a team of experts from medicine (including geriatrics, infectious disease, and family medicine), public health, and correctional health and policy. As we confront a rapidly worsening COVID-19 epidemic, **reducing population density inside correctional facilities is an urgent first-line public health measure.** Failure to reduce populations smartly and safely will significantly increase the likelihood of disease transmission in these uniquely vulnerable settings.<sup>1</sup> This document provides recommended immediate **first steps** towards purposeful and public health-oriented population reduction at Departments of Corrections with the goal of optimizing the health and safety of patients and staff.

### **The Public Health Rationale for Population Reduction.**

- 1. Medical vulnerability.** Correctional populations are enriched with medically vulnerable patients (people of older age or with chronic medical conditions) who have the highest risk of serious illness when infected with COVID-19. This risk is compounded by limited space and few private rooms with solid doors, **making effective social distancing and compliance with “shelter-in-place” guidance virtually impossible in U.S. jails and prisons, most of which are operating at or above capacity.** In a growing number of U.S. jurisdictions, social distancing and/or “shelter-in-place” directives are the community standard healthcare recommendations. In the context of a highly transmissible infectious disease like COVID-19, it can be argued that correctional systems have a constitutional obligation to provide these same public health protections to their residents.
- 2. Prisons are not isolated from local communities.** Hundreds of thousands of correctional officers and correctional healthcare workers enter these facilities every day, returning to their families and their communities at the end of each shift. The risk of transmission between correctional settings and surrounding communities is particularly elevated because COVID-19 is highly transmissible, including by asymptomatic carriers. **Decreasing population density inside U.S. jails and prisons will reduce COVID-19 transmission risk inside these facilities and in local communities.**
- 3. Jails and prisons have far less medical treatment capacity than community hospitals.** Correctional healthcare systems are designed to treat relatively mild types of respiratory problems for a limited number of people. This means that **a surge in incarcerated people with serious respiratory illness is likely to impose an unmanageable burden on community hospitals,** particularly in rural areas where many U.S. prisons are located.

### **The Immediate Public Health Goal of Population Reduction.**

The immediate public health goals of population reduction are to enable social distancing and to free up beds in every correctional facility so that *medical* isolation and quarantine wings can be created for patients diagnosed or awaiting laboratory results for COVID-19 infection. As population reduction results in increased bed space, medical isolation and quarantine units should be developed using as little population movement within the facility as possible since every new contact carries with it the potential to transmit the infection.

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<sup>1</sup> For more on the unique challenges to slowing the spread of coronavirus faced by U.S. correctional systems, see Amend’s guidance on COVID-19 in *Correctional Settings: Unique Challenges and Proposed Responses* at <http://amend.us/covid>.



## Immediate Steps to Take to Reduce Risk of COVID-19 Spread in Departments of Corrections.

- 1. Close Intake immediately.** Since it will be impossible to adequately assess recent exposures for most new admissions, any newly admitted residents should immediately enter quarantine. However, if prison intake units continue to function at their usual pace, the need to quarantine new admissions would impose considerable and *avoidable* strain on valuable resources (including areas to use for quarantine). Thus, all new admissions into U.S. prisons should be immediately suspended until medical leadership has developed an effective containment strategy for the facility, and no transmissions have been recorded for 14 days. All new admissions into U.S. jails should be similarly suspended except in cases of a serious, credible threat to public safety.
- 2. Decrease population density using a purposeful strategy focusing on the following high medical risk populations:**
  - **Persons 50 years of age or older within 2 years of a parole or release date.** Accelerate release for all those in age brackets known to be disproportionately vulnerable to serious illness following COVID-19 diagnosis who are scheduled to return to the community, have a home to go to and are eligible for Medicaid or VA health benefits.<sup>2</sup> Increase discharge/reentry planning staff to support housing, health insurance enrollment, and medical care planning for this group.
  - **People of any age who have already completed compassionate release or medical parole request paperwork and have a housing and medical plan in place.** Prioritizing seriously ill incarcerated patients for immediate release will free up medical beds in prisons, lower the likelihood of COVID-19 mortality among the population, and allow correctional healthcare staff to focus attention on COVID-19 patients. In some states, Governors can take immediate action for these patients using commutation or reprieve (temporary sentence suspension) powers.
  - **All who have been successful at pardon or parole hearings but remain incarcerated pending completion of administrative processes** (e.g. approval of housing plans already positively assessed by a parole board). Individuals of all ages who meet this criterion should be released to improve outcomes for those who remain incarcerated. Particular priority should be given to those with a chronic health condition (e.g. diabetes) that increases the risk of serious illness from COVID-19.
- 3. Document the medical / public health rationale for each release** to ensure decision-making is well supported by relevant medical guidance, responsive to the urgent call to action necessitated by the rapidly worsening COVID-19 pandemic, and transparent. A template for documenting essential medical / public health release information is provided in an Appendix to this document.

**While undertaking medically-informed, decisive action to decrease prison populations may seem to some like an overreaction to the COVID-19 crisis, it is a critical public health intervention that will save the lives of incarcerated people, correctional staff, and people living in surrounding communities.**

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<sup>2</sup> Older age, stable housing, and access to health care are all associated with a low likelihood of recidivism. This accelerated release proposal aims to reduce the likelihood of COVID-19 exposure for correctional staff and lower the public health risks associated with a surge of patients in needs of critical care seeking urgent transfer from prisons to community hospitals.