



RECOMMENDED STRATEGIES FOR SHERIFFS AND JAILS TO RESPOND TO THE COVID-19 CRISIS

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(as of March 20, 2020)

NOTE: This document incorporates guidance from a number of nationally-respected experts in corrections and correctional health care, as well as recommendations from the Centers for Disease Control for detention facilities.

(1) Reduce the jail population as quickly as possible

Immediate reductions in the size of the jail population are critical because of the need to allow for social distancing, because the virus could be a death sentence to many incarcerated people, and because this will reduce the strain on the health care delivery system in the jail.

➤ Minimize the number of new arrestees coming into the jail and rotating through booking

- limit the number of new arrests by using summons and citation in lieu of arrest and by limiting arrests for non-violent offenses
- coordinate with other arresting agencies to do the same
- reject new arrests for non-violent offenses
- reject the admission to booking for most medically vulnerable, elderly (55+), or pregnant arrestees
- communicate with probation authorities to halt the issuance of blue warrants for probation violations, except for new felony offenses or violations that threaten the safety of others
- request that judges delay any orders for people to report to the jail to begin serving misdemeanor sentences
- discontinue any "weekend jail" programs
- suspend the use of local law enforcement for the enforcement of immigration warrants and subpoenas
- suspend the use of county facilities for ICE detainees.

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➤ **Release as many people as possible through accelerated time credit calculations and other tools**

- accelerate time credit calculations
- review all persons serving sentences to determine if there are options other than confinement, including work release and home confinement
- release all elderly (55+), immuno-compromised, pregnant, and otherwise medically vulnerable people
- coordinate with the county's Criminal Courts to ensure release of as many pretrial arrestees as possible on personal bond
- develop a list of people who have been in the jail for inability to make bond and request the courts to review their bond amounts
- increase eligibility parameters for mental health diversion programs
- call on Commissioners Court to approve all necessary funding for monitoring, increased mental health services, and other diversion programs and services

➤ **Connect released individuals with social services they may need, including medical care, housing, and food**

(2) Reduce the potential for transmission from community to inside facility

Every person coming into the jail facility is a potential vector for transmission of the virus. All movement within different units of the jail has the potential to spread the virus.

➤ **Suspend family visitation (but provide free and expanded access to phone calls and video calls as a mitigation measure until visitation can be restored)**

NOTE: Legal visits cannot be restricted, but increase inmate access to confidential phone lines and/or unsupervised video conferences to minimize the need for attorneys to come to the jail.

➤ **Suspend volunteers' access to the facility.** Encourage volunteers to find other ways to support the jail or to deliver their programming. Add volunteers to approved call lists, at the volunteers' request.

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- **Restrict most outside program providers, including educational services** (but look for other ways to deliver programming content, e.g., through tablets)
- **Screen all incoming arrestees for symptoms of COVID-19 before they can enter the booking facility. Reject the admission of anyone showing these symptoms and divert them to a health care facility.**
- **Screen all arresting officers for symptoms of COVID-19 before allowing them to enter the booking facility.**
--consider switching to a system where the arresting officer does not enter the facility and arrest forms are filed electronically
- **Screen all incoming staff on a daily basis for possible exposure to or symptoms of COVID-19. Take temperatures and ask about any potential exposure to someone with COVID-19 symptoms.**
- **Emphasize that no staff member should come to work if they are ill or have been exposed.**
- **Ensure vehicles used to transfer incarcerated people to court are regularly sanitized, and reduce use of these vehicles to the greatest extent possible.**
- **Encourage use of videoconferencing for certain court hearings, if the defense attorney agrees.**
- **Test for COVID-19 before individuals move to living quarters with others who have tested negative or who have been symptom-free for 2 weeks**
- **Minimize intra-jail transfers, and to the extent possible, limit the influx of new people into any cellblock.**

(3) Prevent spread of COVID-19 within the jail

Hygiene/Sanitation Measures

- **Provide free and readily available soap, hand sanitizer, and cleaning/disinfectant supplies for living areas.**
 - Replenish these supplies frequently
 - Eliminate any rules that label these products as contraband

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- **Ensure sinks are in working order, and increase availability of hand-washing stations. Provide paper towels for drying hands.**
- **Increase frequency of laundry for clothes, towels, and linens. Sanitize all mattresses between uses by different individuals.**
- **Sanitize phones and video screens between uses.**
- **Sanitize elevators on a frequent basis.**
- **Ensure that no incarcerated workers who show any signs of illness are allowed to work.** Be especially vigilant for those people assigned to the kitchen and janitorial services, or to trustee roles where they move throughout the facility.
- **Sanitize all keyboards or equipment used by staff or inmates multiple times per day.**
- **Take precautions during the delivery of mail (e.g., use of gloves). Let mail sit for a few hours before delivery to people in custody.**
- **All people in custody and all staff should receive the flu vaccine (per CDC recommendation).**

Social Distancing

Seek opportunities to keep people in custody at least 6 feet apart. Avoid use of solitary confinement in response, because that is associated with mental deterioration and suicide. Do not impose disciplinary sanctions for failure to comply with these rules.

- **Implement social distancing measures in direct supervision booking areas.**
- **Serve food in housing units rather than chow halls.**
- **Deliver medicines and medical care at cell fronts, wherever possible, to minimize transfer to and from clinics.**
- **Avoid having other places where people congregate, such as pill lines, commissary lines, and shower lines.**

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- **In program areas and dayrooms, ensure people sit an appropriate distance apart.**
 - consider removing a portion of the chairs in any multi-purpose rooms or classroom to reduce the number of participants at any given time
 - do not use programming spaces that are too small to allow for social distancing with fewer participants and instead find alternative ways to deliver the programs
- **Limit contact between officers by suspending roll-call and using videoconferencing, email, 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) Provide immediate and appropriate health care in suspected cases

It is critically important to respond swiftly to active cases, and to ensure that there are no disincentives for anyone (inmates or staff) to report their symptoms. It is equally important to remember that people in custody have due process rights and other constitutional rights that should not be diminished even during this emergency.

- **Eliminate all medical co-pays.**
- **Prioritize sick call requests from anyone showing symptoms of COVID-19, and ensure they are seen immediately.**
- **Staff should take precautions while escorting anyone to medical clinics.**
- **Ensure free testing is readily available for any inmate or staff member who shows symptoms or fears they may have been exposed.**
- **Have a designated housing area for anyone who tests positive for COVID-19. Do not place these individuals in cells designated for solitary confinement, which could be a disincentive for someone to self-report illness.**

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--provide separate spaces for people with COVID-19 with regular furnishings and access to personal belongings, and where they continue to have access to a telephone and programming through alternative technology

--although individual isolation would be ideal, limited availability of individual cells may soon require cohorting in order to protect vulnerable and high-risk populations (CDC guidelines)

- **Ensure regular mental health checks for anyone isolated due to COVID-19 symptoms.**
- **Reduce the strain on the jail's health care facilities by limiting non-urgent services and treatments (as determined by a medical professional, not custodial staff).**
- **Increase use of telehealth for medical services. Obtain additional funding for telehealth from Commissioners Court, if necessary.**
- **Implement social distancing measures in the medical clinic (e.g., waiting rooms)**
- **If intensive or acute care is needed, ensure a plan is in place that allows transfer of incarcerated people to a local hospital. Ensure that they will receive access to ventilators as necessary.**
- **Ensure staff receive paid sick leave if they test positive for COVID-19 or a medical professional determines they are presumptively positive.**
- **Have a plan for staffing substitutions and redeployment in case of staffing shortages. Be prepared to reduce inmate populations further if staffing levels fall to dangerous levels.**

(5) Mitigate harm from restrictions

It is critical to be thinking not only about restrictions, but about ways to mitigate the harms caused by these restrictions. Also, recognize that increased idleness and prolonged cell confinement can lead to tension and violence, both of which need to be prevented through mitigation strategies.

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➤ Seek other avenues for maintaining family contact

- increase access to free phone calls and video visitation and increase the frequency of these phone calls and video visits
- provide additional writing supplies and stamps to indigent inmates
- relax any restrictions on receipt of greeting cards
- provide phone calls and video visits to people in segregation as well as to those in the general population

➤ Provide delivery of programs through other means

- if educational programs get cut back, deliver content through tablets or videoconferencing (remote learning)
- if vocational programs are restricted, provide instructional videos through tablets
- many other programs and services, including AA and recovery programs, have online content and supports
- increase the availability of entertainment through tablets
- distribute earphones for the TVs and tablets to keep noise levels down

➤ Emphasize de-escalation strategies

--recognize that high levels of anxiety and tension among both people in custody and staff could lead to high-stress interactions that could easily escalate to uses of force. Reduce those tensions through de-escalation skills that minimize the need for hands-on contact.

--kindness and compassion are needed throughout the facility at a time of high anxiety; this should be emphasized to staff during briefings.

--act judiciously when imposing disciplinary sanctions for “acting out” behavior that could be a stress response to the COVID-19 situation and the new restrictions taking place

--staff should avoid any behavior that increases anxiety and fear among incarcerated people. Projecting a steady and calm demeanor, while providing factual information, will go a long way towards calming anxiety.

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➤ Step-up PREA precautions and enforcement

--Be especially observant for incidents of violence or sexual assault between cellmates, since prolonged cell confinement and tension could contribute to increased levels of these problems. Take all complaints about fears of assault very seriously.

➤ Avoid locking down individual cells, if possible, and try to allow continued activity within a cellblock, once it is determined that no one there is sick.

➤ Do not eliminate recreation, but do ensure fewer people use the facilities at any time and that equipment gets regularly sanitized.

➤ Increase the availability of mental health services for people in custody, who may be experiencing increased mental health issues as a result of this crisis.

--consider telehealth mental health services

--be especially sensitive to the mental health needs of vulnerable populations in the jail who could be under particular stress, including medically vulnerable and elderly individuals and youth under the age of 18.

➤ Increase the availability of counseling services for staff, who may be experiencing higher levels of stress and anxiety about their work obligations.

(6) Increase information-sharing and transparency

Remember that people in custody do not have the same level of information that people in the outside world have about COVID-19. You need to ensure they are receiving accurate and updated information. Also, with visitation restricted, families are extremely concerned about their loved ones' safety, and they need additional information provided to them on a routine basis. Additionally, there are few outsiders coming into the facilities now, so it is up to you to make sure that what is happening inside remains as transparent as possible.

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➤ **Share information with people in custody**

--provide regular and clear information both orally and in writing, in multiple languages, about the risks of COVID-19 and how to protect oneself. Discuss the critical importance of avoiding physical contact with other people, reporting signs of illness, and hygiene. Explain how to wash hands properly.

➤ **Develop a dedicated webpage to provide updates on the COVID-19 situation in the jail and available resources for families.**

➤ **Conduct daily media briefings about new developments in the jail and report key indicators on a daily basis.**

--report all confirmed or suspected cases of COVID-19 among staff and people in custody

--report key indicators including: deaths in custody, suicides, suicide attempts, uses of force, incidents of assault, other serious incidents, population levels, etc.

****NOTE: This document may be updated as the situation develops and as new guidance and resources become available.***

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