

Back to Normal

Considerations for Returning
Jails to Pre-COVID-19 Operations

A joint collaboration between
The University of Tennessee County Technical Assistance
Service and the Tennessee Corrections Institute

May 2020



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Introduction

At the request of Sheriff John Fuson, President of the Tennessee Sheriff's Association, the County Technical Assistance Service and the Tennessee Corrections Institute developed this document to serve as suggestions for when jail leaders begin the process of returning jail operations "back to normal". This document was developed with input from a variety of persons and pulling information from a variety of resources. A leading source of information throughout this pandemic has been the direction from the Centers for Disease Control and Prevention can be found at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

Too many times jails "borrow" policies and procedures from other agencies and attempt to implement them inside their jail. When asked how a specific policy is implemented when it clearly doesn't "fit" a particular jail, we find that the jail was merely "checking off a box" that they have a policy in place. This can be seen in the lack of commitment from leadership, reflects little training, and establishes no accountability. While it checks off one box, it is a failure as a tool for staff and a jail to operate. Included in these "cut and paste" policies and procedures are emergency response plans. Until things like group discussions, tabletop exercises, drills, and various scenarios are put into play, we don't really know what will or will not work.

Emergency response plans, like all policies and procedures must be tailored to the specific facility and available resources. This includes agencies with multiple facilities, each perhaps with a different design. COVID-19 presents some different issues to consider in emergency response planning and implementation. While many practices put in place to enhance safety during this time are similar from county to county and jail to jail, returning jail operations "back to normal" will offer different challenges. All we have to do is look to the statewide map to see the vast differences in the numbers of persons tested, the number of positive tests, the number of hospitalizations, and unfortunately, the numbers of deaths related to COVID-19. We can clearly see a "one size fits all" will not work. While one county may quickly return to "normal operations" an adjoining county may not be able to do so because of the numbers of positive tests in the local community. Sheriffs and jail administrators must be in constant contact with their jail's inmate health provider and local health department to ensure that a methodical, well-thought out, safe process to bring a jail back to full operations is made. At a minimum, a jail needs a housing plan that allows for isolation of inmates who test positive for the virus, and/or show symptoms.

"A Guide to Preparing for and Responding to Jail Emergencies" published by the National Institute of Corrections (NIC) (<https://s3.amazonaws.com/static.nicic.gov/Library/023494.pdf>), talks about "Driving the Agenda". It suggests that the single most important principle to guide a jail leader in the aftermath of a major crisis is "drive your own agenda or someone else will drive theirs". If you, as a jail leader, do not develop a detailed plan on addressing the emergency event and/or returning to normal operations, you may find external sources dictating what should be

done, putting you in a reactive, rather than proactive position. When discussing “driving the agenda”, the NIC document suggests this involves multiple tasks. Six of those tasks identified, include the following:

- Developing a thoughtful, detailed stepdown plan
- Beginning a comprehensive inquiry into the events of the crisis itself
- Taking firm control of media relations and establishing a proactive media plan
- Holding staff briefings and attending to staff morale
- Communicating frequently with the inmate population
- Briefing departmental officials and political decision-makers frequently and candidly

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Considerations

This document offers suggestions for you to consider when deciding when to begin returning your jail “back to normal operations”. These suggestions are not intended to be a comprehensive list, nor are they a mandatory list. Further, these areas will differ from county to county and jail to jail. Be inclusive, involving community stakeholders and local health department, develop your plan, refine and update regularly with input from your staff and health care providers, and regularly communicate the plan and the status of where your jail is.

■ Leadership

- Leadership must often be seen in all areas of the facility(s). Communicate regularly with staff, inmates, service providers, and contractors. Consider implementing communication by providing regular and continual updates of facility status to relieve fears or suppress the “rumor mill”.
- Succession planning is critical during emergency situations. If you have not already invested into succession planning, now is the time to do so. Are persons within the agency trained and prepared to take on the duties of a person in a leadership position that becomes sick and/or unavailable to perform their duties?
- Pay attention to the inmate grievance process; make sure it is still working.
- Conduct a security audit as operations may have become lax while staff is stretched thin in their duties. Make it a priority (internal as well as external operations).
- Keep elected officials informed of the status of infections (staff and inmates) and results of testing.

- ### ■ Data will drive your decision making.
- In order to obtain the data, it may require additional or widespread testing of your population. Should your inmate population begin to increase, consider needs for continued quarantining of inmates. What further adjustments will be needed to support your housing and classification plan? Where will you quarantine those high security risk inmates? How will you ensure that security is not jeopardized while attempting to ensure their safety as well as the safety of other inmates and your staff? Contemplate implementing an improved inmate movement plan/protocol to mitigate contact or exposure.

■ Collaborate with the Local Criminal Justice System and Local Bar Association

- Consider the use of video for arraignments, pleas, parole hearings, mental health evaluations, and probation/parole officer interviews; identify barriers, then identify solutions. Ensure that adequate staff training is provided on the use of any new technology prior to the implementation of it.
- Continue to work with arresting agencies; evaluate those agency’s screening of arrestees before they arrive at booking.

■ **After Action Report**

- Identify the lessons learned. If you have not already done so, assign someone to keep track of events and chronicling all of your efforts.
- Develop a list of names/positions and contact information of entities that you worked with throughout this period of time. Speak with them – what were there challenges/lessons learned with dealing with a jail.
- What needs to change in the future to be better prepared for a pandemic, and/or what needs to be formally implemented the next time this should occur?

Consider:

- Physical plant
- Adequate supplies of PPE. (Include numbers and types of supplies needed).
- Technology
- Communication
- Staffing
- Logs/forms
- Changes to policy and procedures
- Data tracking
- Other questions to answer:
 - What should we have done sooner (surgical masks for staff and inmates sooner? Temperature checks at intake sooner? Ramped up the housekeeping sanitation actions sooner?)
- Was there adequate and effective communication with the staff, inmates, vendors, program providers, community information regarding what was occurring in the jail? Was the information timely?

■ **Attorney Visits**

- Restrict face to face “courthouse visits” if at all possible. If this is not possible, establish procedures.
 - Again, have a discussion with local attorneys to identify options on how to meet their attorney/client communications.
- Notify the bar association about procedures and precautions for visiting clients in the jail.

■ **Budget**

- Assess the impact of the response on your agency’s budget. Keep local funding authority advised. Ask for additional funds, as needed.
- Keep track of expenses (e.g. PPEs, sanitation supplies), including staff overtime, related directly to the emergency response in the event reimbursements are possible in the future. Keep records.
- Determine changes needed in the budget for the remainder of this and the next fiscal years.

■ **Court Movement**

- Consider working with courts to develop a jail specific (in-custody only) court docket to assist in reducing the numbers of persons in court rooms.
- Reduce the number of inmates moving through or being held in court holding areas into the courtrooms and back. This will require a coordinated effort by the jail and courts to ensure court continues to operate without disruption.
- Will the courts require inmates to be masked? If so, be prepared.
- Work with your courts, prosecutors, public defenders, and private defense bar to discuss and implement a plan to practice social distancing for the inmates while in the courtroom.
- Establish and implement a sanitizing plan for court holding and movement areas.
- Continue sanitizing practices of transport vehicles used to move inmates to and from court.
- Discuss with the courts, district attorney, public defender, and local BAR Association what to do for inmates who are currently quarantined as a result of testing positive, may be symptomatic, or those that may have responded to screening questions that could indicate exposure even though not symptomatic. Develop a coordinated plan regarding these inmates' access to the court.

■ **Department of Corrections (DOC) transports**

- Adhere to current DOC requirements.

■ **General Healthcare**

- Maintain continued communication with the facility's healthcare provider and local department of health. Any changes to jail procedures should be based on guidance from medical professionals.
- Have regular meetings with health care, and local health department. Keep minutes of the meetings.
 - Don't take your hand off the pulse! These meetings must continue. Establish a formal schedule for these meetings (daily, weekly, etc.). Don't take the approach of "we will meet as needed". Again, data drives your decision making. Work with your health authority to identify what that data is. Ensure that it is collected and regularly analyzed during these meetings.
 - Media reports indicate that COVID-19 cases could increase again during the Fall 2020. You want to be prepared for any local trends that may be identified and/or occurring in your community/jail.
- Continue to monitor inmates and staff regularly for symptoms and require the use of proper PPE throughout the facility for both staff and inmates.
 - Make widely known the virus' symptoms. Continued staff and inmate screenings for virus symptoms.

- Do not change practices until the local community begins to make the decision to eliminate these practices.
- Develop a plan in consultation with the jail's health care provider and local health department to determine when staff and inmate screenings for virus symptoms can be stopped.
- Constantly reemphasize with staff that if they become sick, to stay home! Staff must keep their supervisor informed of their medical status and if they are positive for the virus. Establish procedures about when staff may return to work.
- Test the facility's staff and population, isolating those inmates who test positive, in accordance with local health department guidance.
- Screen all visitors from outside the facility and require proper PPE while inside the facility. Consider prohibiting all non-essential visitors, contractors, and volunteers from the jail until it is safe for them to enter.
- If inmates leave the facility for any reason (court dates, work release, or medical visits), require that they be monitored upon leaving and returning to the facility. Proper PPE should be required.
- Upon intake, all new arrivals should be monitored, tested, and isolated in accordance with local health department guidance.
- Sanitize transport vehicles daily and require proper PPE for all individuals in the vehicle.
- Implement social distancing measures for inmates, staff and visitors until advised otherwise by the local health department.
- Cooperate with the local health department by providing contact tracing for inmates or staff who test positive. Based on findings, be prepared to reduce and/or stop various services, programs, and facility access again.
- Identify and monitor high risk individuals in the facility. Have procedures in place to assure proper medical treatment for these individuals.
 - Anyone being admitted who is considered being at high risk for health-related issues must be considered a priority for medical and the jail. Don't lose these persons in the population.
 - Consider waiving (if not already being done) medical copays for inmates to encourage them to report any potential COVID-19 symptoms.
- **Information Sharing to the Inmates, Staff, and Local Community**
 - Develop your message. Why are you so slow in getting back to normal operations when other jails have already gotten back into "full swing"? Your message should be a coordinated message with input from your healthcare provider, local law enforcement, and the local health department.

- Explain what is going on as it relates to the status of your facility. Utilize your agency's webpage and social media to keep the community informed. Update this information daily. Utilize town hall meetings with the inmates.
- What are the agency's plans for returning to post-virus operations while ensuring the safety of everyone?
- Don't bow to the pressure from the community and/or inmate complaints to expedite your return to normal operations when the data in your jail and/or community does not support it. Assure that staffing allows for return to staffing operations. Keep safety the first priority! Develop your plan with input from others, communicate it, and constantly reevaluate it. Make adjustments as necessary, and then re-communicate it again! Consider sharing a brief plan which would not compromise security to the local media to again remove pressures to expedite and create unnecessary risks; stay ahead of the message and rumors.
- **Inmate Outside Medical Appointments**
 - Continue sanitizing transport vehicles and ensuring inmate and staff safety.
 - Consult with the provider to see what practices they have put in place for the jail to adhere to at the clinic site.
 - Can remote tele-health work for some clinics so the inmate is not leaving the jail?
 - What equipment does the jail or provider need to facilitate tele-health?
Who can provide?
 - Consider dedicated medical transport team who do not work inside the jail.
 - Consider quarantine for all inmates coming back from an outside provider appointment.
- **Inmate Release from Custody**
 - Continuity of care for those receiving some form of medications/treatment upon release is critical. Linking inmates with local treatment providers for follow up appointments may be difficult due to the closing of some provider's offices. Solicit input from local health departments for options in these situations. Provide them with the latest CDC guidelines for social distancing, etc.
 - Know your homeless inmate population. At time of release, where are they going? Connect them to a local homeless shelter or community homeless coalition. Ensure they have a place to go. Assure these stakeholders are involved in the jail's response planning and implementation.
 - Consider the vulnerable population (elderly, immigrants, veterans, homeless, mental health). Where are they going upon release? Who do they need to be connected to?
 - Consider transportation assistance for the vulnerable population who are going to be directly connected to housing or services immediately upon release.
 - Develop a plan with your local health department regarding guidance on what to do prior to releasing an inmate who is currently positive for COVID-19. Consider

in this plan transportation. How will the released inmate get from the jail to their residence so as not to risk an exposure in public transportation?

- The reasons for inmate quarantine will vary from jail to jail. (Questions upon admission may indicate a concerning response, or an elevated temperature; part of your procedure for all new intakes or those returning from hospital appointments; appears to be symptomatic for COVID-19).
- Coordinate with your health care provider and the local health department regarding the release of an inmate who is currently quarantined. The release plan developed may vary from inmate to inmate based on their medical/quarantine status.

■ **Inmate Work Details**

- Upon consultation with the local health department that it is safe for inmates to go back to work in the local community, work with the outside inmate work crew supervisors to establish mandatory protocols be put into place. Are they adequate? Are there any suggestions that you might make to enhance safety?
- Is the work program an inside or an outside detail? This may have an impact on the number of inmates sent on the detail where social distancing may not be possible.
- Screen inmates going to and coming from work.
- Consider separate housing for outside work detail inmates from inside work detail inmates.
- Jails with limited options to separately house outside work details and/or work release inmates might want to extend the timeline before letting inmates back to work in the local communities.
- Implement a vehicle sanitation procedure prior to and post use of vehicles used to transport inmates to and from job sites to mitigate risk.

■ **Picking Up and/or Receiving Inmates from Other Jurisdictions**

- This will require coordinating with the sending/receiving agencies.
- Consider if this is an inmate who is being returned for a court hearing. Can the inmate be brought back, taken into court, and then returned to the county of origin? They never enter the jail.
 - Does the facility where the inmate is located at and the court needing the inmate have video capability that might be used as an option for the hearing?
- Test every inmate before they leave your jail and inform the transport officers of the results. Inform a transport officer (they have a need to know) if the inmate has tested positive, is quarantined, or is showing symptoms.
- Transport officers should take and document the temperature of every inmate that they are picking up from another county before taking custody. Have a plan in

place for those inmates who are symptomatic or quarantined at the facility they are being picked up from.

■ **PPE Inventory Monitoring**

- As use of this equipment reduces, begin gathering, inventorying, and securely storing these supplies for any future illnesses/needs.
- Don't assume this is done. Have a log, document, etc., that you see and can verify solid inventory practices are occurring.
- Develop and implement a plan to replace PPEs.
- Have a solid understanding of the capability of PPE and the expected "burn rate" on both intake and normal programs and operations.

■ **Programs**

- Monitor the local community's and jail's COVID-19 testing/positives. As the numbers are reduced in the community, set a date to gradually re-introduce programming/volunteers back into the jail.
- Determine the priority of re-introduction of programs. Which are most important? Phase them back in.
- Determine how program volunteers and/or contractors will begin to provide programs in the facility:
 - Screen volunteers prior to permitting entrance into the jail.
 - Will there be a requirement for masking while inside? Will the agency provide the masks, or will the program provider be required to provide their own mask?
 - Develop written guidelines for the program providers as it relates to your requirements. Post this information on your website.
- Reduce the numbers of inmates in the programs rooms to ensure social distancing.
- Establish and implement a plan to sanitize the program area before/after each program.
- Install a hand sanitizer station in the program area, and ensure its use by inmates, staff, and program providers.
- Work with your vendors and explore alternatives. Can platforms like Zoom or WebEx be implemented to provide these services temporarily? Consider the use of streamed or recorded programs and religious services, reading materials, workbooks, and writing tasks. Contemplate establishing a communication avenue for inmates to converse with program coordinators, instructors, and volunteers. What equipment will be needed? Establish a plan for continued social distancing with multiple inmate participants, preferably no inmate housing unit to unit contact.

■ **Quarantining**

- Consider the continued quarantine practices for newly admitted inmates and/or those inmates visiting a local hospital/clinic for treatment. Adapt jail housing plans as needed.
- Continue current quarantine practices for new arrivals or those returning from outside medical appointments until such time that there is an agreement by the jail's health care provider and the local health department that this practice is no longer necessary. Again, data should support the decision-making.
- Have a plan for outgoing mail, laundry service and meal deliveries in these housing units.
- Communicate with inmates about their health; use medical staff to educate, explain, and defuse.

■ **Sanitation Practices**

- Require staff to regularly wash their hands.
- Clean and disinfect the facility regularly with special attention given to areas where staff and/or inmates interact.
- Provide inmates with sufficient disinfecting supplies to keep their living areas clean.
- Commit a staff person(s) to this. Continued detailed sanitation practices must continue.
- Ensure cells go through a detailed sanitizing as an inmate leaves the cell and before a new inmate is moved in.
- Establish accountability and logs to assure this is done.
- Develop and implement a formal sanitation training program for staff and inmates. Include “how to clean”, what to clean, what chemicals to use, etc. Don't assume that sanitation practices are correctly being performed.
- Assure there is sufficient soap for inmates to wash their hands during the day.

■ **Social Distancing of Inmates and Staff**

- Continue as best as possible.
- Social distancing will require reduced inmate numbers to classes, recreation, day room access, medical, and religious programs.
 - Consider additional time or adding additional sessions for typically higher attended activities.
- Continue to hold as many services for inmates in housing units or in the immediate vicinity of housing units as possible.
- Reduce internal inmate movement
 - While this may be difficult, consider reducing the numbers of inmates being moved at one time.
 - Take as many services to the inmates instead of them moving through the facility.

■ **Staff**

- Monitor your staffing numbers, overtime and/or compensatory time usage, incidents that are occurring. Are staffing numbers due to vacant positions, quarantined staff, etc., to a point that it is creating “burnout” symptoms, staff frustrations, etc.? Address it before serious mistakes occur.
- Consider establishing a staffing plan for the “worst-case scenario” to ensure continuity of critical operations; shift/hour adjustments, re-assigning of department personnel to critical duties, overtime budgets, recalling retired or reserve personnel. Are you cross training employees? Train for the worst-case scenario staffing need.
- What training is needed? What training would have been helpful leading up to COVID-19? What training is needed for the future? What different types of training are needed for line corrections staff, transport staff, food service staff, and support staff?
- Consider advanced training and actually putting on and using PPE. Some tasks become more laborious when wearing this equipment.
- Is there a need for staff counselling or mental health support? Connect staff to the support needed.
- Leadership must be seen routinely in all areas of the facility(s). Communicate regularly with staff, inmates, service providers and contractors.
- Constantly communicate and encourage that if a staff member is sick, stay home!
- As part of the lessons learned and documenting the events that have occurred, ensure that staff recognition is included. You may already have a formal recognition program. If not, develop one. How will staff members be recognized for their efforts and those with specific outstanding achievements during this event? Remember to appreciate them in public as the frontline heroes as they are. Provide little “Thank you” such as grilling out, buying pizzas, etc.
- Review your staffing needs and hiring plans with the applicable human resource entities. Be prepared to address critical staff positions that must be filled to support operations. An extended back log of vacant positions, hiring freezes, etc., can create a gap that could take a lengthy period of time to recover from – further impacting safe and secure jail operations.

■ **Visitation**

- Sanitize the video stations and the visitation space between each set of visits. This may require reducing the number of visit times occurring to permit for sanitizing.
- Consider requiring persons coming onsite to the jail for video visits to be masked.
- Incoming visitors are not admitted to the jail lobby/visitation area until the last visit has been cleared out of the building, and the area has been verified as being sanitized by jail supervisory staff.

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- Encourage internet (remote) visits.
- No contact visits. Discuss with local attorneys options for their visits. Do not deny the visit, just discuss and consider options. Work with Inmate Phone vendors to obtain free confidential phone and/or video communications for attorneys.
- Work with your phone provider and county leadership to consider reduced fees for phone calls and/or texting services for inmates during this period of time.

Resources:

- COVID-19 Correctional Pandemic Response Plan, National Commission on Correctional Healthcare, March 19, 2020. <https://www.ncchc.org/blog/covid-19-weekly-roundtable-for-law-enforcement-correctional-health-care-webinar>.
- COVID-19 in Correctional and Detention Facilities – United States, February – April 2020, Centers for Disease Control and Prevention, May 6, 2020. <https://www.cdc.gov/mmwr/volumes/69/wr/mm6919e1.htm>.
- Jail Health Standards, National Commission on Correctional Healthcare, 2018. <https://www.ncchc.org/jail-prison-standards>.
- Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, the U.S. Center for Disease Control and Prevention (CDC), March 23, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.
- Testing Blueprint Opening up America Again, the White House, U.S. Center for Disease Control and Prevention, and Food and Drug Administration. <https://www.whitehouse.gov/wp-content/uploads/2020/04/Testing-Blueprint.pdf>.

Acknowledgements

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