Responding to Covid-19 in Prisons

Below are questions that were asked during our webinar ‘Responding to Covid-19 in Prisons’ which was held on Thursday 19 March 2020 at 1500CET. Answers have been provided by the webinar presenter Mr Gary Forrest, RN, BSc(Ng), MAappMgt(Health), Chief Executive, Justice Health and Forensic Mental Health Network, NSW Ministry of Health, Australia.

1. How sure are you that the fever or lack of it can both be counted as symptoms of COVID-19? Here in Hungary, we believe that it always comes with fever as a symptom.

   The current data on COVID-19 presentations suggest that the majority of patients will have both fever and cough (productive or non-productive). Other lesser symptoms included diarrhea, sore throat, runny nose and muscle aches. A small minority will go on to develop pneumonia and respiratory failure requiring hospitalisation and admission to the Intensive Care Unit. This doesn’t mean that a patient won’t have a different presentation including the absence of fever which does occur in some patient who present with mild or no symptoms. As some patients can present with symptoms different to the majority, all patients must be checked against the current case definition (travel to a high risk area or close contact with a confirmed case of COVID-19 as well as symptoms as I’ve described). For those who don’t have a fever, yet meet the case definition, health professionals should have a higher suspicion that the patient may be one who sits outside the majority for fever and cough and treat as a suspected case until viral swabs exclude otherwise.

2. The Worldwide Prison Health Research and Engagement Network (www.wephren.org) has a page of resources on COVID-19 in prisons, including examples of national guidance.

   Thank you for highlighting this to ICPA members and webinar participants. WEPHREN is a well-established and evidence based network that can assist prison health care providers. As I mentioned in my presentation, prison management, custodial services and health professionals should develop local COVID-19 response resources that link, via a weblink, to the most up to date information about COVID-19 as this has changed rapidly since it was first identified. WEPHREN offers another source to obtain this information.

3. Do you have write any provisions about parcels coming from relatives for the inmates during this period?

   I would defer to local security protocols for parcel management coming from relatives as different jurisdictions have different rules.

   Parcels don’t currently present a known risk for COVID-19 transmission however there is advice on how long the virus survives on surfaces on most health websites. The World Health Organisation suggests that COVID-19 may persist on surfaces for a few hours to several days depending on environmental conditions and the type of surface involved. If there are any concerns in relation to parcels, simple cleaning of parcels with a common household disinfectant while you have gloves on will kill the virus. Don’t forget to wash your hands after removing the gloves.

   With respect to the contents of any parcels from relatives, the prison service should continue to facilitate any provision of medications, food and personal items if this is the purpose of parcels from relatives. With respect to medication, there is nothing currently available to treat COVID-19 and medications that relieve symptoms (cough, runny nose, fever and body aches) are appropriate for the inmates to take in consultation with local health care professionals.
4. Are you adding additional procedures of checking for hygiene purposes?

Usual environmental cleaning should continue during COVID-19. The frequency of cleaning may need to change particularly in high traffic areas (gatehouse, visits areas, communal inmate areas, prison vans, clinics etc.) and special attention should be given to areas that are touched frequently such as door handles and light switches.

Cleaning and disinfection is recommended to decontaminate the environment during the COVID-19 pandemic. A two-step cleaning procedure, using a neutral detergent and water followed by a disinfectant, is recommended. Follow the cleaning product manufacturer’s dilution instructions and recommended contact time for detergent and disinfectant. Sodium hypochlorite (bleach) is the preferred disinfectant. If this is unavailable an approved alternative can be substituted. Disinfection should always be undertaken after, and in addition to, detergent cleaning.

The prison health service must notify relevant custodial staff when a two-step clean is required. Inmate rooms (including floors) and frequently touched surfaces (door handles, hard surfaces etc.) should be cleaned daily using a two-step cleaning procedure. Non-emergency transport vehicles should be cleaned after use using a two-step cleaning procedure.

Cleaners and sweepers must observe additional precautions during cleaning by wearing appropriate PPE and avoid touching their face when cleaning. Cleaners and sweepers must follow the colour codes applicable to reusable cleaning equipment:

- yellow for infectious/isolation areas
- red for toilets/bathrooms/dirty utility rooms
- blue for general cleaning.

Cleaning and disinfectant product fumes can affect people in confined areas, so patients and staff should have adequate ventilation. There is no need to leave the area sit for any length of time afterwards as this type of cleaning is sufficient so that area can be used once the surfaces are dried. Most health websites will provide guidance for additional cleaning during COVID-

5. I am referring to dress in general and other items that inmates area allowed to keep with them in prisons

See responses to Q3 which covers the duration COVID-19 may be present on surfaces and Q4 which covers cleaning. Washing of bed linen and clothing using regular laundry detergent is currently considered sufficient to kill COVID-19.

6. How did you prepare/plan to prepare your penitentiary hospital for the epidemic peak?

There are some things you can do to prepare for the peak in COVID-19 whether you have a prison hospital or not (the following is not an exhaustive list).

Slow the entry of COVID-19 into the prison setting (flattening the curve):

- Reduce unnecessary movements in and out of the prison by stopping non-essential prisoner transfers, office staff working from home or in an office outside the prison
- Cease prisoner visitors and use alternatives such as phone calls, Skype or non-contact (box) visits
- Ensure everyone entering is well – do they have a fever (can you check with a scan thermometer?), cough, travel to high risk area or contact with a known case of COVID-19?
- Soap and water or hand sanitiser for everyone to perform hand hygiene
Staffing:
- Defer staff annual leave to be available to respond
- Protect staff by ensuring PPE training and safe work practices are clear
- Have a list of qualified health staff who aren’t working clinically but can for surge planning
- Clear all other work by either bringing it forward or pushing it back freeing up 3 – 6 months to focus solely on COVID-19
- Provide additional sick leave to encourage staff who are sick to stay home and not infect work colleagues (for COVID-19, we added an additional 20 days sick leave)

Hospital:
- Clear as many beds as you can now
- Can you take over a section of the prison to put positive cases if you don’t have a hospital?
- Ensure sufficient supplies – PPE, oxygen, oxygen masks etc. and medications – asthma medication, paracetamol, antibiotics etc.
- Prepare for surge capacity – where can you put extra beds, where can you get extra staff etc.
- Can you get assistance from defence force who can provide field hospital plus staff (doctors, nurses etc.)
- Plan for increased deaths (shrouds, paperwork etc.) and increased mortuary facilities (defence force may also supply)

Inmates (asymptomatic or COVID-19 negative)
- Keep separate from other inmates if possible, cohort those who are asymptomatic or test negative
- Consider early release for those coming to end of sentence or low index offences
- Move court appearances to AVL to reduce inmate movements and exposure to court staff
- Train in self hygiene measures and ensure soap and water available to wash hands
- Cohort vulnerable inmates (immunosuppressed, cancer, elderly etc.) away from others to minimise risk of exposure

Inmates (symptomatic or COVID-19 positive)
- Keep separate from other inmates, cohort those who test positive
- Train in self hygiene measures, provide soap and water for handwashing, provide tissues and disposable bin, use masks when out of cell
- Can recovered inmates be trained to provide care to sick inmates?

7. I think the question might be more about bringing the virus in with the parcel.

Thank you for the clarification – I misunderstood the question. Please see response to Q3 which covers the duration COVID-19 may be present on surfaces.

8. It may be coming but is the advice that the right mask, worn properly is indicated for someone with the virus?

Inmates who are symptomatic prior to testing positive to COVID-19 and those inmates who are confirmed cases of COVID-19 must wear a surgical mask whenever they have contact with other inmates and / or staff. For staff who have direct, close (less than 1 metre) and prolonged contact (15 minutes or more) with the inmate, a P2 or N95 grade mask must be worn. The masks do need to be correctly fitted so follow the guidelines provided by the manufacturer.

Staff who don’t have direct, close and prolonged contact to symptomatic or confirmed cases of COVID-19 shouldn’t wear masks to preserve the stocks of masks which are in short supply worldwide.
9. **Is it true that the COVID-19 is more likely not to survive in tropical weather?**

The thought behind this is that the winter flu increases during the cold weather then decreases as summer comes. For COVID-19, it’s safe to say, it’s too early to know as we have never seen this virus before. As the virus moves from Northern hemisphere winter to Southern hemisphere winter then back again, our understanding of the way this virus behaves will increase.

10. **What measures are being taken to compensate for closing of visits?**

It’s worth planning a communication strategy for this to inform the inmates as well as their visitors. Essentially, the message should be that this step is temporary and it’s designed to keep everyone safe inside the prison – staff and inmates. The goal is to reduce the chances of COVID-19 being introduced into an environment where it can be spread quite quickly and possibly kill many inmates. Both inmates and visitors were responsive to this message as no one wanted to spread the virus after seeing what happened in the community.

As part of the communication strategy, let the inmates and visitors know what the alternatives are. This would depend on the local ability of the prison to facilitate alternatives such as providing letter writing equipment, telephone calls, video calls (Skype or similar), using audio-visual link (AVL) equipment if this is used for court appearances and non-contact (box) visits.

11. **So far no mention to swab test; did you have already tested custodial staff or inmates?**

When I spoke during the ICPA webinar, in Australia, symptomatic staff and inmates needed to meet the local case definition in order to be tested using viral swabs. This case definition was travel to a high risk area or contact with a confirmed case of COVID-19 as well as having a fever and respiratory symptoms. This was to preserve the local stock of viral swabs which were in short supply.

After the ICPA webinar, Australia broadened the testing criteria to include high risk populations such as essential services (police, health and prisons) as well as inmates. This has meant that any staff or inmate who presents with respiratory symptoms, regardless of whether they have travelled to a high risk area or been exposed to a known COVID-19 case, can now be tested.

12. **If an inmate will be verified positive with the coronavirus inside the prison, where will you held all the inmates who were in touch with him in quarantine?**

There are three principles to follow here:

- **Isolation** – separate and isolate any inmates who are symptomatic (fever and respiratory symptoms) until such time as you have their viral swab test results. If the result comes back negative, the inmate can be taken out of isolation. If the result comes back positive, the inmate must remain in isolation until the symptoms resolve and / or repeat viral swab tests come back negative. Isolation usually lasts for up to 14 days.

- **Quarantine** – any inmate who has been in contact with an inmate who is symptomatic or who has tested positive for COVID-19 must be separated for others and placed into quarantine. Quarantine usually lasts for up to 14 days. If an inmate in quarantine then goes on to develop symptoms or tests positive to COVID-19, they must be removed from quarantine if they are with others also housed in quarantine and separated and placed into isolation.

- **Cohorting** – this is used when you have overcrowding and don’t have enough separated cells to individually separate and isolate or quarantine inmates. Inmates who are being managed the same way can be placed together – this means coholed. Inmates who are symptomatic but haven’t yet tested positive to COVID-19 can be coholed together. Inmates
who have tested positive to COVID-19 can be cohorted together. Inmates who are in quarantine because they’ve been in contact with an inmate who is symptomatic or who has tested positive for COVID-19 can be cohorted together until the quarantine period is over.

Signage on the outside cell door can assist with identifying each inmate group. Alternatively, if the number of cases in the prison increases, prison wings or blocks of accommodation can be used to isolate, quarantine and cohort inmates.

Importantly, inmates managed under these conditions should not mix with others of a different type or with inmates who are well.

Staff looking after inmates in these areas must wear PPE (goggles, gown, gloves and P2/N95 mask) when having close, personal and prolonged contact regardless of whether the inmate has symptoms or not. This also protects the staff member if the inmate removes their surgical mask.

Inmates must wear surgical masks when having contact with staff, when they are out of their cell or moving through the prison e.g. to the infirmary or prison hospital.

13. Did you change the way the staff is working in order to minimize the entries to the facilities? How long are the shifts of the staff inside the prison?

Please refer to Q6 for ways to minimise staff entries to the facilities. The shift duration wasn’t changed and was kept at 8 hours per shift. The other measures to reduce introducing COVID-19 into the prison environment and keeping staff safe regardless of their shift length were the main steps.