Response to Covid-19 in Prisons

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COVID-19
Webinar for ICPA

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This Webinar will cover:

- Understanding the basics of COVID-19 in a rapidly changing environment
- Establishing an operational framework to guide the response
- Keeping COVID-19 out of the prison environment
- Responding to potential and actual cases of COVID-19 in the inmate population
- Managing the workforce, the hysteria and business continuity
- Planning for recovery post COVID-19
Understanding the basics of COVID-19 in a rapidly changing environment
What is COVID-19 virus?

- COVID-19 (previously called novel coronavirus) is a new strain of a coronavirus that first emerged in Hubei province in China in late 2019.
- Coronaviruses are a large family of viruses and can cause the common cold in humans.
- Rarely, new strains of coronavirus can jump from animals to humans to cause disease, other examples: SARS (2003) and MERS (2012).
- Up to date information in a changing environment – live website e.g. local health service or agency such as WHO.
What do we know about COVID-19?

- Predominant spread by respiratory droplets (e.g. someone coughing) and contact (hands → surfaces → eyes and mouth)

- Spread is similar to seasonal influenza → practicing same precautions to minimise spread of influenza will provide protection against COVID-19:
  - Basic hand hygiene – hand sanitiser/soap and water
  - Cough etiquette – cough into elbow/tissue
  - Stay home if feeling unwell
  - Encouraging face masks for suspected cases
What do we know about COVID-19?

- Most common symptoms are respiratory symptoms (cough, difficulty breathing) with or without fever
- Cases may be infectious just before symptoms appear, as well as with minimal symptoms
- Majority of cases have milder disease, with some having severe disease
- Severe cases develop pneumonia and respiratory failure
- Deaths have generally occurred in people who are older and who have underlying health conditions - reports of severe disease in children are uncommon
What do we know about COVID-19?

- Who is at potential risk?

- Everyone:
  - Population expected to have no immunity as a new virus
  - At least 18 months until vaccine available

- What is the treatment?
  - Supportive, no effective treatment at scale
  - Existing antiviral medications are being trialed, likely reserved for sickest
  - Severe cases can require intensive care
  - Supportive treatment in hospital and intensive care can be life saving
Situation across the world as at 19 March 20

- Confirmed cases of COVID-19 214,894
- Reported deaths 8,732
- China – 81,100+ confirmed cases; 3,122 deaths
- Italy – 35,700+ confirmed cases; 2,978 deaths
- Iran – 17,300+ confirmed cases; 1,135 deaths
- Spain – 13,900+ confirmed cases; 623 deaths
- Germany – 12,300+ confirmed cases; 28 deaths
- Of confirmed cases reported globally, case fatality rate approx 3.7%
- WHO announced on 12 March 2020 that COVID-19 is a pandemic

https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#bda7594740fd40299423467b48e9ecf6
Establishing an operational framework to guide the response
Information Management

Network News

12/03/2020

COVID-19: What it means now that it’s a declared pandemic

The World Health Organisation has today declared COVID-19 a global pandemic. However, this announcement does not change our current response, with the Network already implementing phase two of its pandemic plan – ‘preparedness’.

What is a pandemic?

A pandemic involves three key elements:

- Caused by a new strain of virus
- Global spread and little immunity in population
- Can be rapidly spread, with variable severity.

It’s important to keep in mind that the term pandemic is no indication of the severity of the illness. The large majority of people with COVID-19 experience very mild symptoms.

For more information and resources, check out the COVID-19 intranet page.

09/03/2020

COVID-19: Updated patient and visitor screening resources

Due to the changing number of countries identified as high-risk for COVID-19 transmission, the following resources have been updated:

- Patient Screening Form Updated
- Visitor Screening Process Updated
- Visitor Information Brochure Updated
Operational Resources

- Australian Government Website resources

- State Government Website resources

- Justice Health Website resources

- Corrective Services Website resources
Operational Framework

Suite of agreed plans and procedures developed to manage activities for monitoring the COVID-19 outbreak and pandemic preparedness:

- Federal, State and Local Pandemic Plans
- Communicable Diseases Protocols
- Staff management – those suspected, exposed (stick to case definition & exclusion criteria)
- Workforce management – essential services, leave, contingency, workload adjustment
- Inmate management – COVID-19 FAQs, Screening Form
- Visitor management – COVID-19 visitor screening process
- Governance and escalation processes - Operations versus Public Health response
- Guidelines
  - COVID-19 PPE guidelines for health and custodial staff
  - COVID-19 environmental cleaning guidelines for rooms and non-emergency transport vehicles
  - Help stop the spread of COVID-19 posters & pamphlet in inmate and visitor areas
Keeping COVID-19 out of the prison environment
Strategic considerations during a pandemic

- Whilst Health will be predominantly impacted, pandemics raise challenges across all sectors of government and society and necessitate a whole-of-government response.
- Business continuity and surge planning within each agency are critical.
- Public health measures remain effective in reducing the impacts of disease spread; some may be contentious (e.g. event cancellation, public gatherings, school closures).
- Some public health measures that may have community support are not supported by evidence, depending on when they are applied (e.g. wearing masks).
- Epidemic may coincide with winter (already heavy influenza burden), and may have multiple waves.
- Relations between states/territories/Country – diversity of views and different experiences as the virus spreads, but a need to achieve national consistency.
- Disease spread is uneven:
  - Disproportionate impact on high density population areas
  - May occur later in rural/regional areas
  - Institutions are vulnerable (e.g. corrective centres, residential care facilities)
- People with pre-existing health conditions will be the most impacted.
Pandemic mitigation strategy

1. Delay outbreak peak – buy time to prepare
2. Reduce peak burden on services / systems
3. Diminish overall cases and health impacts
COVID-19: HELP STOP THE SPREAD OF INFECTION

WASH YOUR HANDS REGULARLY
Wash your hands regularly and thoroughly with soap and water or antibacterial hand rub.

COVER YOUR MOUTH AND NOSE WHEN COUGHING OR SNEEZING
Practice good hygiene by covering your coughs and sneezes with a tissue or your elbow.

AVOID CONTACT WITH OTHERS IF UNWELL
Avoid close contact if you or others show symptoms such as coughing and sneezing.

TELL THE DOCTOR IF YOU GET SICK
Speak to your GP if you develop symptoms, have been overseas, or had contact with a person with confirmed COVID-19.

ONLY WEAR A MASK IF UNWELL
Face masks are not recommended for healthy people as they do not protect you against becoming infected.

Tell staff immediately if...

- you have a fever, cough, sore throat or shortness of breath
- and you have been overseas in the last 14 days

HELP STOP THE SPREAD OF
NOVEL CORONAVIRUS 2019

Information for visitors - custodial settings

• Have you been overseas in the past 14 days OR been in contact with someone who has?

• Do you have a fever with a cough, sore throat, or shortness of breath?

If yes, speak to the officer.

For more information, visit the NSW Health website
Keeping COVID-19 out

Key areas of risk:

- Staff
  - Custodial
  - Health
  - Students

- Visitors
  - Family
  - Legal
  - Contractors

- Inmates
  - Fresh custodies
Responding to potential and actual cases of COVID-19 in the inmate population
Case Definition

**Suspect case**  *(must satisfy epidemiological and clinical criteria)*

- International travel in the 14 days before illness onset
  OR
- Close or casual contact in 14 days before illness onset with a confirmed case of COVID-19

- Fever
  OR
- Acute respiratory infection (e.g. shortness of breath, sore throat, cough) with or without fever

**Confirmed case**

- A person who tests positive to a validated specific SARS-CoV-2 nucleic acid test or has the virus identified by electron microscopy or viral culture.
Staff responsibilities

**Identify**  
inmates at risk, use COVID-19 screening form

**Isolate**  
put a surgical mask on the inmate  
one out cell with Standard, Contact and Droplet Precautions

**Inform**  
health service

**Monitor**  
inmates for symptoms of respiratory compromise and deterioration
Standard Precautions

Standard Precautions for ALL staff:

- Perform **hand hygiene** before and after every inmate contact using liquid soap and water or alcohol-free hand rub.

- Follow **respiratory hygiene and cough etiquette**:
  - Cover nose/mouth with tissues when coughing, sneezing, wiping and blowing nose.
  - Dispose of tissue in nearest bin after use.
  - Perform hand hygiene after coughing and blowing nose.
Hand hygiene

How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds

1a. Apply a pinch of the product in a cupped hand, covering all surfaces.
1b. Rub hands palm to palm.

2. Rub hands palm to palm:

3. Right palm over left dorsum with interlaced fingers and vice versa.
4. Palm to palm with fingers interlaced.
5. Backs of fingers to opposing palms with fingers interlocked.
6. Rotational rubbing of left thumb clasped in right palm and vice versa.
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.
8. Once dry, your hands are safe.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the handwash (steps 2-7): 15-20 seconds
Duration of the entire procedure: 40-60 seconds

0. Wet hands with water;
1. Apply enough soap to cover all hand surfaces;
2. Rub hands palm to palm;
3. Right palm over left dorsum with interlaced fingers and vice versa;
4. Palm to palm with fingers interlaced;
5. Backs of fingers to opposing palms with fingers interlocked;
6. Rotational rubbing of left thumb clasped in right palm and vice versa;
7. Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;
8. Rinse hands with water;
9. Dry hands thoroughly with a single use towel;
10. Use towel to turn off faucet;
11. Your hands are now safe.
Droplet and Airborne Precautions

Droplet Precautions

- Surgical masks provide a barrier and protect staff and inmates from respiratory exposure to large particle microorganisms that are transmitted via the droplet route.

Airborne Precautions

- P2 / N95 masks provide a barrier and protect staff and inmates from respiratory exposure to small particle microorganisms that are transmitted via the airborne route.
Masks

- Perform hand hygiene before putting on a mask and after discarding a used mask.
- Masks should be changed between inmates and when they become soiled or wet.
- Never reapply a mask after removal.
- Masks should not be left dangling around a person’s neck.
- Avoid touching the front of the mask while wearing it.

Unless otherwise advised masks are not recommended and should not be worn
SAFE AND CORRECT SEQUENCE FOR PUTTING ON AND REMOVING PERSONAL PROTECTIVE EQUIPMENT:

Below is the recommended safe practice for putting on (donning) and removing personal protective equipment.

1. **PUT ON** all PPE before entering room, follow this sequence:
   1. Perform hand hygiene
   2. Apron or gown
   3. Mask
   4. Protective eyewear
   5. Gloves

2. **REMOVE** all PPE before leaving room, follow this sequence:
   1. Gloves
   2. Perform hand hygiene
   3. Protective eyewear
   4. Apron or gown
   5. Mask
   6. Perform hand hygiene

Correct disposal of PPE:

- PPE that is visibly contaminated with blood or body fluids **must** be disposed in Clinical Waste
- PPE that is not visibly contaminated with blood or body fluids should be disposed in General Waste
Specimen collection and testing

- Does the inmate or staff member meet the case definition?
- Always observe Standard, Contact and Droplet Precautions when collecting respiratory specimens, whether or not respiratory symptoms are present
- Nasopharyngeal swab and oropharyngeal swab should **both** be collected:
  - Nasopharyngeal – insert a flexible nasopharyngeal swab into one nostril and gently insert it along the floor of the nasal cavity parallel to the palate until resistance is encountered, rotate gently for 10-15 seconds, then withdraw and repeat the process in the other nostril with the same swab to absorb secretions
  - Oropharyngeal (throat) – swab the tonsillar beds at the back of the throat, avoiding the tongue
  - Place swabs back into the viral transport media
Environmental cleaning

• Cleaning and disinfection is recommended to decontaminate the environment.

• A 2-step cleaning procedure is recommended using a neutral detergent and water followed by an approved disinfectant. Disinfection should always be undertaken following, and in addition to, detergent cleaning.

• Cleaners and sweepers should follow the colour codes for reusable cleaning equipment – yellow for infectious/isolation areas; red for toilets/bathrooms/dirty utility rooms; blue for general cleaning

• Ensure adherence to the cleaning product manufacturer’s dilution instructions and recommended contact time for detergent and disinfectant

• No requirement to leave room empty for a period of time
Managing the workforce, the hysteria and business continuity
Workforce considerations

MODEL ASSUMPTIONS

1. Pandemic over a period of 8 weeks
2. Overall attack rate 25%
3. Usual absenteeism rate (holidays plus sickness) = 10% in summer, 15% in winter
4. Each case off work for 7 days

Does not include those who: (i) stay home to look after sick, or, (ii) stay away for other reasons
Workforce considerations

- Review business continuity plans
- Review modes of service delivery to minimise staff face-to-face encounters
- Potentially high rates of absenteeism across all agencies, as people become ill, or need to stay home to care for family
- Routine occupational health and safety obligations
- Identification and protection of critical staff functions
  - Role substitution for vulnerable individuals
  - Flexible working e.g. working from home
  - Engagement with unions / industrial concerns
  - Leave considerations
- Cleaning and other infection control procedures
- Appropriate use of personal protective equipment – PPE will be very limited and healthcare settings will be prioritised
Planning for recovery post COVID-19
Recovery

• Recovery planning should commence as soon as possible
  - Should be a component of your Pandemic Plan

• Who indicates and leads this in your setting?
  - Is it led by Country or Government processes?
  - What’s the indicator for this to occur?

• Aim to move business forward or back if possible
  - Court appearance
  - Medical appointments e.g. surgery
  - Conferences, meetings

• Stock replenishment
  - World-wide shortages

• Debriefing
  - Those affected, deceased inmates and families
Thank you!

Questions?

Further information:

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More Information and Feedback

www.icpa.org/covid-19-information

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