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To: Adult/juvenile correctional facilities, local jails, municipal lockups, juvenile secure detention centers, and secure treatment centers in Wisconsin

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Adult/Juvenile Correctional Facilities, Local Jails, and Secure Treatment Centers in Wisconsin Guidance for Coronavirus Disease 2019 (COVID-19)

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Summary

The Department of Health Services (DHS) is issuing important recommendations to all adult/juvenile correctional facilities, local jails, municipal lockups, juvenile secure detention centers, and secure treatment centers in Wisconsin. Person-to-person transmission of Coronavirus Disease 2019 (COVID-19) is occurring in a growing number of regions globally. There is now sustained community spread in a growing number of locations in the United States, necessitating concerted efforts by public health and health care partners to contain the spread of this pandemic. Public health officials and correctional leaders in Wisconsin need to protect the health and safety of our most vulnerable non-community residents. The purpose of this memo is to provide guidance to facilities related to the COVID-19 response.

Recommendation

The Wisconsin Department of Health Services (DHS) recommends that all adult/juvenile correctional facilities, local jails, municipal lockups, juvenile secure detention centers, and secure treatment centers in Wisconsin execute their respective emergency operations plan (EOP), with respect to pandemic management. Those plans must include at a minimum:

- Details of how all people in the facility, including incarcerated people, individuals in secure treatment, staff, and visitors will be educated so they can understand the risks, protect themselves, and protect others. This should be operationalized and conducted at scale.
- Information on when staff and individuals in secure treatment or incarcerated in the facilities will be tested for the virus.
- Treatment and quarantine protocols for those who are in secure care or incarcerated.

- Guidelines for medical staff who must be quarantined or become ill, including how the facility will monitor, quarantine, and, if necessary, treat the secure treatment facility, prison, or jail population.
- Procedures for staff who must be quarantined or become ill, including facility response to address the virus and maintain necessary services, safety, and security.
- Guidelines for people in custody or individuals in secure treatment who must be quarantined or become ill, including how the facility will continue necessary operations that are reliant on the secure treatment, prison, or jail population, such as food preparation.
- Identification of particularly vulnerable populations, such as the elderly, persons with chronic medical conditions (e.g., heart disease, diabetes) or immunocompromised, and plans on how can they be protected.
- Administrators should balance the needs and rights of individuals in secure care settings and in custody in relation to the stated public health emergency, as protecting life is paramount. Temporary measures to protect life, i.e., the rights of all, typically outweigh individual rights to ensure the safety and welfare of all who work and live in institutional care.
- Access to the facility and the access of visitors.

- Plans must be in compliance with Juvenile Justice and Delinquency Prevention Act and the Prison Rape Elimination Act.

Scenario 1: No known cases of COVID-19 in community. Continue preparation to prevent spread of COVID-19 and initiate social distancing measures.

- **Disinfection guidance**
 - Clean and disinfect frequently touched surfaces daily. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
 - See the [CDC COVID-19 Disinfection Guidance](#) and [general CDC disinfection guidance](#) for more information.

- **Review, update, and implement emergency operations plans (EOPs).**
 - This should be done in collaboration with local health departments and other relevant partners. Focus on the components, or annexes, of the plans that address infectious disease outbreaks.
 - Ensure the plan includes strategies to reduce the spread of a wide variety of infectious diseases (e.g., seasonal influenza).
 - Ensure the plan emphasizes common-sense prevention actions for staff. For example, emphasize actions such as staying home when sick; appropriately covering coughs and sneezes; cleaning frequently touched surfaces; and washing hands often.
 - CDC has resources such as posters with messages for staff about [staying home when sick](#) and how to [avoid spreading germs](#).
 - Develop communication plans for information sharing with local and state public health departments.

- Ensure adequate prevention supplies (e.g., soap, hand sanitizer) for patients, individuals in custody, and staff.
- **Educate staff, patients, and individuals in custody about prevention measures.**
 - Wash their hands frequently and for at least 20 seconds with soap and water, especially after they cough or sneeze; an alcohol-based hand rub can be used if soap and water are not nearby.
 - Avoid touching eyes, nose, and mouth.
 - Appropriately cover coughs and sneezes.
 - Clean and disinfect frequently touched objects and surfaces like doorknobs, tables, drinking fountains and handrails. Regular cleaning products can be used. See an additional list of [recommended products](#).
- **Facilities may also consider additional strategies to continually monitor patients, individuals in custody, and staff for potential illness.** These strategies may include:
 - Regular health checks for patients/individuals in custody and staff for symptoms of COVID-19.
 - Exclude patients/individuals in custody or staff with fever (>100.4°F) AND respiratory symptoms (e.g., cough, shortness of breath) from common areas or work until at least 3 days (72 hours) after they no longer have a fever or signs of a fever (chills, feeling very warm, flushed appearance, or sweating) without the use of fever-reducing medicine AND 7 days have passed since symptoms first appeared.
 - Ill patients/individuals in custody and staff should be separated from others until they can be isolated or sent home.
- **Travel-Related Work Restrictions.**
 - At this time, facilities are encouraged to enact policies to restrict work-related travel for essential staff, to reduce potential exposure to COVID-19.
 - Staff who have traveled to areas with Level 3 Travel Health Notices should be advised to follow recommendations to stay home from work, practice social distancing, and monitor symptoms for 14 days. Travelers returned from specific U.S. States known to have high levels of community transmission (e.g., Washington, New York, Florida) may also be assumed to have high risk of exposure, and should receive similar recommendations for social distancing, as staffing resources allow.
 - If facilities determine that staffing shortages are present, asymptomatic health care workers with travel related exposure may return to work with similar precautions to those with medium or high-risk exposures to laboratory-confirmed COVID-19 patients.
 - [Restrictions from work will be modified](#) once DHS determines that there is widespread community transmission in the state, such that the risk Wisconsin is comparable to other high risk parts of the country.

- **Exposure-Related Work Restrictions**
 - Similar to CDC's guidance for health care providers, DHS recommends that facility staff with medium and high-risk exposure should be excluded from work for 14 days during which they should monitor for symptoms and/or fever in coordination with their local health department.
 - However, for facilities that would suffer significant staffing shortages that would compromise their ability to protect residents/offenders, staff with medium-risk exposures may continue to work with residents/offenders if wearing appropriate personal protective equipment (PPE) and completing a daily check of symptoms in coordination with their employer.
 - DHS does not recommend requiring a negative COVID-19 test prior to returning to work for asymptomatic employees.

- **Establish procedures for COVID-19 testing.**
 - Develop plans that ensure patients/individuals in custody presenting with symptoms (unexplained fever AND lower respiratory tract illness) can be tested in a timely manner.

- **Establish procedures for sick staff, visitors, and patients/individuals in custody.**
 - Send staff and visitors who present with fever and respiratory infection symptoms home as soon as possible. Separate them from others until they go home. When feasible, identify areas where these individuals can be isolated or sent home.
 - Develop backup staffing plans if the medical or secure treatment/correctional staff at the facility must be quarantined or fall ill. This may involve extending hours, cross-training current employees, or hiring temporary employees.
 - Isolate patients/individuals in custody who present with fever and/or respiratory infection symptoms immediately. Ensure that appropriate infection and control measures recommended by CDC are implemented to prevent potential COVID-19 exposures to staff and other patients.
 - Develop plans for any vulnerable populations, such as the elderly, persons with chronic medical conditions (e.g., heart disease, diabetes) or immunocompromised patients/individuals in custody.
 - Develop transportation plans for any patients/individuals in custody that may present with severe illness and communicate with the receiving facility before transport.

- **Implement social distancing measures.**
 - Temporarily suspend public visits to jails and secure treatment centers. This would include suspending visits from volunteers and others that provide non-critical services to residents/offenders. Whenever possible, make accommodations for phone calls and video conferences/visits or non-contact visits.
 - Ban large gatherings, and limit the number of attendees per gathering.
 - Alter schedules to reduce mixing (e.g., mealtimes, recreation).

- **Establish plans for patients/individuals in custody to continue social services and education**
 - Explore alternative communications mechanisms.
 - Consider developing a plan to implement distance learning for education.

Scenario 2: Evidence of one COVID-19 case within the facility, *community transmission in jurisdiction, or widespread transmission in Wisconsin.*

- Maintain social distancing measures.
- Temporarily restrict movement.
- Suspend all community work crews.
- Suspend nonessential transport within or among facilities.
- Separate and isolate patients/individuals in custody who are ill or presenting symptoms of COVID-19. If possible, have them avoid common areas.
- Maintain regular communications with the local health department.

Resources

Additional details on this outbreak are available on the DHS Outbreaks and Investigations page and the CDC website. In addition to the links below please reference the attached PDF files.

<https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>

https://www.bop.gov/resources/pdfs/pan_flu_module_1.pdf

<https://www.cdc.gov/flu/pandemic-resources/pdf/correctionchecklist.pdf>

<https://www.americanjail.org/content.asp?admin=Y&contentid=282>

<https://www.cdc.gov/correctionalhealth/default.htm>

<https://www.cdc.gov/correctionalhealth/resources.html>

Contacts

Please contact DHSResponse@dhs.wisconsin.gov with questions about the COVID-19 response. A team of DHS staff is monitoring the inbox. We will use the incoming questions to update our FAQs and guidance.