

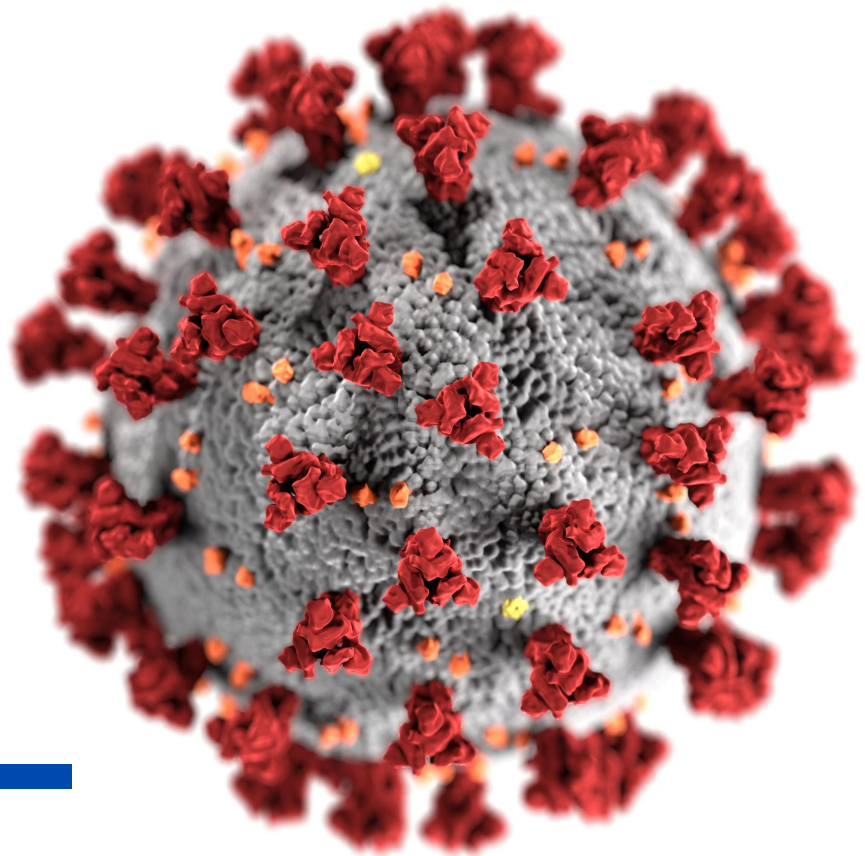


CLA



CORRECTIONS RESPONSE TO THE COVID-19 PANDEMIC

**Lessons Learned and Recommendations
from Experienced Leaders**



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ACKNOWLEDGEMENTS

This guide is a compilation of strategies shared by CLA members – correctional administrators, commissioners, directors, and secretaries – used to address COVID-19 in correctional facilities from its early detection in March 2020 to what has now become the “new normal” in July 2020. The CLA team began identifying, documenting, and creating spaces to share these strategies with correctional leaders nationwide as soon as it became apparent COVID-19 would present a multitude of unique challenges for those staffing and residing in correctional institutions.

In facilitating this exchange, CLA provided numerous opportunities for leaders to share their responses and offer critical peer support through exclusive online discussion forums, regional conference and video calls, and webinars. Likewise, members participated in surveys and data collection activities, designed to gather, and disseminate accurate information and useful resources around research-informed actions taken to mitigate the impact of this deadly virus. Leaders also stepped in the breach to create resources where there were none which is the hallmark of great leadership.

The CLA team, led by Executive Director Kevin Kempf, did a spectacular job supporting the membership and its partners, cooperating with detractors, and collaborating with other organizations to find pathways towards recovery during a difficult time, in unfamiliar territory. A special thank you to the CLA Executive Committee – Secretary John Wetzel, Director Colette S. Peters, Director Anne Precythe, Commissioner Jeff Dunn, Director Heidi Washington, Director Dean Williams, and Commissioner Marcus Hicks – for their positive contributions.

Questions or requests regarding this guide may be directed to its author, CLA’s Director of Governance and Strategic Initiatives Stevyn Fogg, at sfogg@correctionalleaders.com.

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INTRODUCTION

Prisons, jails, and juvenile detention centers – like the rest of the country – have gone through a multitude of changes since first feeling the impact of COVID-19, also known as the coronavirus. While correctional agencies have pandemic plans in place, they had to be immediately revised to address a unique challenge; a highly contagious disease with long incubation periods, which was transmittable by asymptomatic individuals and most harmful to immunocompromised offenders.¹ Throughout this crisis, correctional administrators and staff have been on the front lines managing the challenges this virus presented from infrastructural limitations and staffing issues, to a lack of PPE and community-based resources for hospitalizations and reentry.

From the beginning, it was apparent that correctional institutions were an important part of the national response to this pandemic. In early March 2020, using [CDC guidelines](#), correctional leaders across the country mobilized around a three-step process for identifying and implementing effective measures with which to reduce the impact of coronavirus in their facilities:

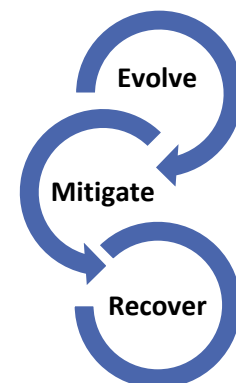
Step 1: Correctional leaders and their staff made a concerted effort to educate themselves about coronavirus - how it spreads and what could be done to lessen its effects.

Step 2. Leaders developed actions plans using proactive policies and practices for responding to and reducing the spread of coronavirus, including:

- Enhancing communication
- Ensuring staff and offender safety
- Minimizing infections and re-infections through cohorting, isolation, and quarantining
- Limiting access to offenders within their facilities by suspending jail intakes and interstate transfers, as well as visitation and entry to contractors, vendors, volunteers.

Step 3. Using the information compiled, along with guidance from health officials, correctional administrators have implemented a variety of research-informed strategies for evolving with this changing pandemic; mitigating future harm within their facilities; and planning for a new reality.

The purpose of this guide is to share experiences and lessons learned about COVID-19 from correctional leaders who have experienced this unique health crisis, while also helping new member directors form effective responses. Each section provides invaluable guidance about their challenges, strategic approaches, and helpful recommendations for moving forward, as gleaned through strategic

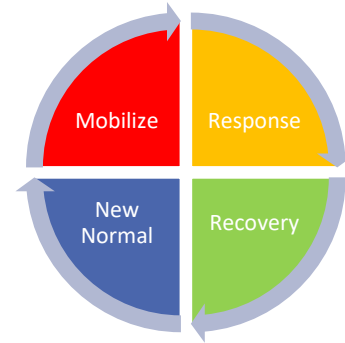


¹ The term offender also refers to inmates, residents, incarcerated individuals, or returning citizens.

communications, public meetings, and agency websites. It should also be noted that the methods deployed – sanitation, isolation, and quarantining; in-facility asymptomatic testing and depopulation – have been deemed effective COVID-19 prevention and response measures.²

IMPLEMENTING STRATEGIC APPROACHES

Correctional administrators across the country were proactive in applying both traditional strategies and innovative approaches to preserve systems of operation throughout the pandemic. In doing so, they focused their efforts on 1) working closely with national, state, and local health officials to evolve with the pandemic; 2) devising operational guidelines that adhered to policies and practices for operational excellence within their facilities; and 3) responding to immediate, existing, or long-standing issues exacerbated by the pandemic.



TRADITIONAL STRATEGIES



In addition to their many other responsibilities, correctional administrators are tasked with planning and preparing to manage large scale events. Depending on their location, they may encounter natural disasters, man-made emergencies, and medical events that require different responses. They are especially adept at planning for and managing contagious disease outbreaks that require some form of isolation and treatment – such as seasonal flu, MERS, the H1N1 virus, and most recently, COVID-19. Below are examples of their responsive actions to preserve systems of operation throughout the pandemic.

- Followed guidance from state executives (i.e., governors and state and local health officials), while implementing recommendations from the CDC and other federal health officials.
- Developed COVID-19 Action Plans, as follows:
 - Reevaluated their infectious disease protocols, emergency preparedness and pandemic continuity of operations plans; assessed pandemic response resources; and updated existing policies, plans, and practices.

² United Nations Office on Drugs and Crime (UNODC). (2020). COVID-19 preparedness and responses in prison. [Position statement]. https://icpa.org/wp-content/uploads/2020/04/20-02110_Position_paper_EN.pdf.

- Closed access to facilities to include halting offender transfers except for emergency situations; suspending or delaying intakes from local jails; and suspending or restricting offender programs managed by volunteers, vendors, or contractors.
- Established staging, triaging, and quarantine areas; conducted tabletop simulation exercises; and set up command posts and response teams.
- Instituted facility cleaning and infection control procedures.
- Acquired PPE and ensured its appropriate use.
- Coordinated and facilitated transparent communication that included educating staff, offenders, stakeholders, and the community about appropriate personal hygiene, facility sanitation, safe offender housing practices (i.e., mask wearing, cough etiquette, social distancing when possible, frequent and accurate handwashing hygiene) by means of flyers and posters in strategic locations throughout facilities; social media messaging; video announcements from agency leaders; and agency-based COVID-19 website dashboards.
- Identified, screened, informed, and monitored by:
 - Creating staff, offender, and visitor screening questionnaires.
 - Purchasing screening assessment tools, such as non-contact body infrared thermometers, standalone mobile test-taking equipment, and infrared cameras for temperature-taking.
 - Instituting isolation and quarantine procedures, testing strategies, and medical monitoring, while identifying vulnerable populations (i.e., offenders over 60 years of age, with pre-existing health challenges, and pregnant female offenders).
- Created, reviewed, and updated continuity plans to reflect the potential for staff shortages or fluctuations in staffing levels resulting from high rates of absenteeism due to sick leave and mandatory quarantine.
- Implemented temporary, but not complete, institutional lockdowns, where and when necessary.
- Enhanced relationships with local hospitals and medical facilities for offender treatment.
- Implemented steps for recovery and return to operational standards pre- and post-coronavirus.

INNOVATIVE APPROACHES

In addition to the more traditional strategies listed above, correctional leaders made several innovative systemic changes to address COVID-19 within their detention settings. These measures were designed to 1) help protect those offenders already in their custody from outside exposure and 2) ensure that both offenders and essential staff remained medically, physically, and psychologically safe. Below is a list of innovative practices leaders used in combatting this unique health challenge.



In **March**, leaders immediately

- Formed offender cohorts for better screening, assessment, management, and treatment.
- Established additional handwashing and sanitizing stations for individuals entering and exiting facilities.
- Limited movement within and outside of housing units and reorganized sleeping arrangements to reduce offender interactions and increase social distancing.
- Coordinated the waiver of medical co-pays for assessing fever, cough, shortness of breath, and flu-like symptoms.
- Coordinated agreements with corporate partners for providing offenders with free phone calls and/or video visitations, in a concerted effort to help them maintain their external support systems.
- Employed a variety of creative approaches for delivering consistent messages to both staff and offenders such as videos, social media, hotlines, and areas on website detailing COVID-19 specific updates.
- Advocated on behalf of the field of corrections. The Executive Director of the [Texas Department of Criminal Justice](#) collaborated with his Governor's Office, the U.S. Department of Labor, and Correctional Leaders Association to review and comment on definitions for the [Families First Coronavirus Response Act \(FFCRA\)](#). This action ensured corrections personnel were included in the definition of emergency responder and therefore eligible to receive paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.

In **April**, leaders

- Adapted their correctional industries and engaged offenders in the process of making face masks and shields, gowns, and other PPE for both themselves and the staff to use, with the goal of filling the gaps created by the lack of commercially available PPE. Corrections staff also shared PPE patterns, specifications, and instructions with national and global corrections agencies.

- Confined intakes to one facility statewide or a specific unit within a facility to reduce infection or re-infection.
- Established process for cohorting, separating, and quarantining asymptomatic from symptomatic offenders.

In *May*, leaders

- Many states began mass, prevalence, targeted, and universal testing among staff and offenders, while also exploring options for contact tracing.
- Began formulating steps for recovery and return to operational standards pre- and post-coronavirus, to include a review of budget shortfalls.

In *June*, leaders

- Continued to plan for a new operational environment to include the phased resumption of visitation, volunteer services, and programming using research-informed, precautionary measures to combat the transmission of COVID-19.
- Prepared budget projections to reflect the impact of COVID-19.
- Continued to advocate on behalf of the corrections field. The Director of the [South Carolina Department of Corrections](#) testified before the U.S. Senate Judiciary Committee about best practices for incarceration and detention during COVID-19. His testimony provided an accurate account of both the challenges correctional agencies experienced during the pandemic and the actions taken to meet them.

COVID-19-SPECIFIC CHALLENGES AND RESPONSES

Throughout this crisis, correctional leaders and their staff have grappled with challenges that appeared to be commonly experienced, regardless of agency or facility size, location, infrastructure, or offender demographics. Demonstrating effective leadership, their responses included

- Strategically engaging in front-facing action and promoting best practices.
- Anticipating and responding to staff- and offender-specific challenges.
- Addressing infrastructural challenges.
- Reviewing and considering community supervision needs.
- Coordinating and collaborating with stakeholders.

The next section describes some of these challenges and how correctional administrators dealt with them.

Medical

In responding to COVID-related medical issues, correctional leaders implemented a combination of traditional strategies and innovative approaches.

- **Lack of access to adequate hospital care**

Challenges:

- Many prisons are located in rural areas that either lack adequate hospital capacity to care for critically ill people or are ill-equipped to handle a sudden surge of medical cases caused by a pandemic.
- In taking a “survival-of-the fittest” posture, some hospitals prioritized the needs of community members over those of offenders when it came to using scarce resources (i.e., PPE, ventilators, etc.).

Response:

- One director highlighted the importance of developing relationships with hospital administrators closest to prisons and jails to gauge capacity, while also paving the way for offenders to receive treatment.

- **Testing and slow lab results**

Challenges:

- Initially, it was challenging to gain access to testing resources, given that supplies were not only short, but also slower to reach corrections agencies.
- After securing an adequate number of tests, federally identified or state-run labs were overwhelmed with testing requests, which reduced their abilities to rapidly provide test results.

Response:

- Educated and outlined testing procedures to staff and offenders, including how tests would be conducted, when results could be expected, and activities in which they could engage while results were pending.

- **Managing COVID-19 positive cases**

Challenges:

- Severe space limitations made it difficult to separate COVID-19 positive from COVID-19 negative offenders.
- Prevention strategies were inconsistent among county jails - some sheriffs had a robust approach, while others had none - which may have unknowingly introduced coronavirus into facilities through intakes.

Responses:

- Developed contingency plans for separating COVID-positives, persons under investigation (PUIs), and close contacts.
- Implemented moratoriums on transfers and quarantining intakes before allowing new offenders to enter the traditional intake process.

- Reduced facility populations through decarceration and jail suspensions which made it possible to reconfigure units and/or re-open previously closed units for isolation and quarantining.
- Established portable showers and phones to prevent cross-contamination.

Staffing, Facility, and Offender Management

The onset of this pandemic affected all aspects of facility operations, from staffing and community supervision to offender management and reentry. For example, some agencies partnered with the National Guard to obtain training and guidance on the proper use of foggers to cleanse large areas of and prevent the spread of coronavirus throughout their facilities.

- **Staffing**

At the onset of the pandemic, some governors' offices encouraged remote or telework to reduce the spread of coronavirus. Correctional institutions are 24/7/365 operations that require finesse to ensure the health of staff and offenders while carrying out essential work. Some leaders designated all staff as essential. Other departments implemented flexible or staggered shifts for essential in-facility employees, while approving telework for non-essential staff. Action planning considerations involved the following challenges and responses.

Challenges:

- New or existing staff without leave; staff unable to telework; employees without daycare for their children; or staff who tested positive for coronavirus
- Reduction in staff due to high absenteeism
- Recruiting, orienting, interviewing new and/or retraining former employees
- Incentivizing staff to work in high-risk areas
- Managing staff stress and burnout due to COVID-19
- Operating training academies and providing professional development amid travel bans and the need for social distancing.

Responses:

- Agencies provided equipment, such as laptops, to facilitate remote working environments for staff, where necessary.
- To cover existing staff shortages, leaders:
 - Selected community supervision officers with prior facility experience to work in-facility.
 - Recruited previous employees who had either resigned in good standing or retired.
- To ensure newly hired staff were quickly prepared to work in a correctional environment, leaders streamlined hiring and employee onboarding, by
 - Using video conferencing to conduct interviews
 - Implementing a condensed refresher period for former employees

- Shortening the academy training process
- Transitioning academy training, when feasible, to job shadowing, so that recruits could acquire necessary skills on-the-job, while providing critical staff support.
- Established premium pay for correctional officers or first responders, which was approved agency-by-agency or by state governors. For example:
 - One agency issued weekly stipends for staff working in institutions to include correctional officers, administrative staff, and probation and parole.
 - Another agency implemented flat daily amounts for staff going into hazardous situations or facilities where there was an outbreak of COVID-19.
 - A few agencies implemented flat or sliding percentages or assignment-based pay options for staff working in quarantine and isolation areas or in facilities with high rates of COVID-19.
- Furnished staff wellness support in the form of self-help tips, support lines, Critical Incident Stress Management programs, and peer team members.
- Used video conferencing for staff town halls to address staff wellness, as well as stress management among staff and offenders.
- Some states established non-congregant housing in hotels or other off-site venues for staff who self-reported having been exposed and did not want to expose their families.
- Provided decentralized, small group instruction and employed distance learning modalities, to include virtual or limited-attendance training and live streamed academy graduations.

- **Community Supervision**

Correctional administrators tasked with community supervision or parole and probation oversight implemented alternative supervision methods, where appropriate, to ensure safe but remote practices.

Challenge:

- In-person reporting, home visits, testing, and investigations

Responses:

- Prioritized offender risk factors to determine appropriate supervision methods – for example, office visits versus telephone check-ins.
- Provided remote supervision through phone contact, video visits, curbside home visits, and electronic monitoring.
- Rotated staff to work in district offices and conducted in-person check-ins by appointment and with limited access to ensure social distancing and prevent contamination.

- Collaborated with courts and prosecutors to sanction and monitor, rather than imprison, technical violators.
- Suspended in-person home investigations in all but the following cases: exigent circumstances; employment and compliance checks; attempts to locate; and toxicology testing.

- **Offender Management**

To minimize COVID-19 exposure and preclude transmission among offenders, correctional leaders were compelled to implement restrictive measures like increased cell/dorm confinement and suspension of visitation and programming which led to increased levels of both stress and boredom. Leaders responded by focusing on preventing idleness and disruption while supplying assistance to cope with stress and mental health issues.

Challenges:

- Offenders instigated disruptive activities, purposely designed to prevent self-protection, with the goal of increasing their chances for early release.

Responses:

- Leaders initiated alternative methods for offenders to use in communicating with families and friends, such as supplying free postage stamps and negotiating deals with corporate partners for free phone calls and video visitation.
- Developed and distributed self-care tips for stress reduction, while providing access to health services, upon request and when available, outside of routine service times to ensure physical and mental health support.
- Purchased and deployed board games, TVs, and tablets and offered free cable access for education and entertainment, with the goal of relieving boredom and preventing violent disruptions.
- Distributed self-guided materials to maintain education levels.
- Established a system for responding to written requests for law library materials via legal coordinators.
- Allowed religious services on housing units, by request and with proper precautions in place.
- Continued to pay offenders after pausing work release and community-based work crews.
- Continued to allow the accrual of good time despite suspending programs.
- Clearly communicated the criteria for determining early release eligibility.
- Maintained constant surveillance to prevent offenders from engaging in such dangerous activities as sharing masks and utensils or intentionally making close physical contact with one another.

External Influences

During this pandemic, the economic landscape mirrored the great depression with business closures, reduced services, and non-existent social interactions. Services for returning citizens were drastically cut, thereby impacting housing, job search support, and food resources. Additionally, advocacy groups and families exerted tremendous pressure on prisons and jails to quickly decarcerate offenders, which affected the usual strategic and well-organized release process.

This crisis compromised corrections system operation in a variety of ways. Efforts to maintain social distancing protocols created infrastructural issues. Likewise, the need to accelerate parole reviews, while processing early releases for medically vulnerable offenders, as well as for those nearing already scheduled discharge dates, rendered previous corrections system plans insufficient. Consequently, correctional leaders faced multiple challenges that required both unique and traditional responses.

“Each case must be carefully and substantively scrutinized to ensure that DOC only approves the early discharge of offenders whose release is compatible with the overall public interest.”

Harold Clarke, Director
Virginia Department of Corrections

- **Reentry**

Given the pandemic’s increasingly negative economic and social impact, offenders who were scheduled for release encountered more than a few potential roadblocks as they prepared to successfully re-enter the community.

Challenges:

- Because states were in quarantine, most social service agencies were fiscally unable to continue operations, resulting in such significant issues as a lack of housing, employment, and medical treatment options during the reentry process.
- Offenders who were asymptomatic when released subsequently tested positive once established into the community.

Responses:

- Correctional agencies negotiated agreements with local hotels to furnish temporary housing for returning citizens until permanent options could be found and necessary support services, restored.
- Offenders were quarantined for 14 days prior to release, while antibody tests were administered, where available.
- Returning citizens also were advised to self-quarantine after settling back into the community.

- **Decarceration and Depopulation, Litigation and Early Release**

Citing violations of Eighth Amendment protections against cruel and unusual punishment, advocacy organizations like the ACLU petitioned courts across the country, demanding mass release of offenders because of COVID 19. These petitions alleged that corrections agencies were displaying deliberate indifference by failing to provide offenders with protections while incarcerated (i.e., social distancing, ability to remove themselves from congregate conditions, etc.). Despite this criticism, corrections leaders remained focused on balancing public safety and public health, while combatting challenges raised by litigation.

Challenges:

- Corrections agencies were hit with a barrage of inquiries, demand letters, temporary restraining orders, and petitions to release offenders.
- Early release for eligible offenders was not always vested administratively with correctional leaders. In fact, different states had different release authorities (i.e. by executive order, statute, discretion, or parole boards). Likewise, there were multiple release methods, including emergency or compassionate, furlough, electronic monitoring, or community/home confinement programs.
- At the same time, correctional leaders realized the pressing need for lowering incarceration populations, wherever feasible, to create space for isolating and quarantining offenders to prevent disease exposure and transmission.

Responses:

- Developed guidelines for determining early release eligibility, to include:
 - criminal history
 - type of offense currently serving (violent or non-violent)
 - age, medical history, and/or current medical condition(s)
 - length of time remaining on sentence (e.g. within 90 days of the scheduled release date)
 - institutional conduct
 - treatment/programming needs and participation, compliance and progress while incarcerated
 - the guarantee of stable community housing
 - risk for recidivism, according to assessment results
 - history on probation or supervised community confinement program, including positive compliance with past supervision
 - no detainers on file.
- Used existing and alternative authorities, requested, or were granted with temporary or new authorities by their governors or state legislatures.
- Expedited release of offenders who were within 90 days of their release dates or had pending parole hearings, while also using early release credits if offenders were within 30 days of sentence completion.

- Formed review panels and population management task forces that included staff representing executive, legal, classification, records, medical, and the parole board to determine release protocols for eligible offenders. These groups then recommended individuals for release, based on the criteria developed and release authorities available.
- Developed a timeline and related memoranda to document deliberative decision-making that may be used for future reviews, audits, and legal challenges.

- **Media Coverage**

As the number of COVID-19 cases and deaths began to rise nationwide, the issues surrounding disease transmission within corrections facilities quickly hit the media's radar. To ensure an appropriate and timely response, correctional agencies developed and executed a variety of effective public information strategies.

Challenges:

- Coverage was largely inaccurate, not fact-based, and skewed toward the perspectives of offenders and their families.
- Advocacy groups encouraged early releases because of, in their words, overcrowding; lack of access to proper hygiene (i.e., soap and hand sanitizer); substandard healthcare; and the inability to social distance.

Responses:

- Leveraged or established relationships with the media to present the department's perspective and actions taken to address the pandemic preemptively and continuously.
- Collaborated with other correctional leaders and organizations, such as Correctional Leaders Association, American Correctional Association, and American Jail Association to develop a united response, which was then proactively disseminated through press releases, social media, and agency websites.
- Created video messages and published directives regarding their response to COVID-19, while also publishing data around infection, recovery, and death rates among staff and offenders.

Recovery

COVID-19 created budget challenges for many corrections agencies, through such costs as purchasing PPE and screening equipment, testing supplies and lab results, along with the expense incurred through increased pay for in-facility staff. For example, states severely impacted by downturns in travel and tourism faced possible pay or budget cuts and were required to prepare plans for projected shortfalls. These shortfalls could result in staff layoffs or furloughs, facility closures, or rescinding previous budget or other fiscal awards.

Administrators found themselves preparing for the ‘new operational environment.’



“This is not a re-opening, but re-imagining and re-starting every element.”
--Correctional Leader in the Southern Region

New Normal

In May 2020, leaders began creating internal transition committees or task forces to formulate post-COVID-19 operation plans for a “new normal.” In establishing guidelines for safe re-



opening, these groups considered a range of known factors, including staff-offender interactions, modified remote work options, reduced programming and training, and visitation practices (i.e., reduced capacity, scheduled visitation appointments, limited number of visitors). Likewise, they addressed such issues as jail intakes, interstate transfers, and facility movement. One correctional leader appointed a multi-disciplinary task force charged with assessing every operation; consulting with subject matter experts in each area; and preparing a

plan for executive team review in line with CDC and state and local health department standards and recommendations. As one correctional remarked, this is not “a re-opening, but re-imagining and re-starting every element.”

LESSONS LEARNED

- Pandemics uncover what is already known or suspected about corrections systems: they are overcrowded, understaffed, and have a limited medical infrastructure.
- COVID-19 appeared as a novel, unknown, and dynamic illness that continuously morphed, as state and local corrections officials immersed themselves in managing its impact on both staff and offenders. In doing so effectively, it has been essential to obtain accurate information and quickly recognize data trends.

- Constant surveillance was also critical, given that coronavirus rapidly spread from asymptomatic to symptomatic offenders living in confined spaces.
- Recognizing that congregant living spaces will continue to be vulnerable is important. Locking down dorm-style or open barracks-type housing units is difficult and requires organized social distancing solutions (i.e., restructuring bed positions for offenders in congregate settings).
- Overcommunication is critical. In maintaining cooperation, it is especially helpful to explain that operational phases – reducing or halting programming, visitation, and internal movement – are not tied to offenders’ behavior, but rather designed to keep them safe.
- Keeping the offender population connected to the community benefits facility operations. While lockdowns may limit the spread of coronavirus, suspended programming and visitation, as well as high rates of medical emergencies may negatively affect the psychological health of staff and offenders.
- Employee unions may challenge testing options, and acquisition and use of PPE. Therefore, it is important to work closely with staff and their representative to ensure open lines of communication and clarity of guidance provided and received.
- Mass releasing offenders can overwhelm the community healthcare system. That said, correctional leaders and medical teams should not only get to know local hospital administrators, but also help facilitate ongoing care in both normal and crisis situations.
- COVID-19 continues to present external threats as states re-open, particularly with respect to the potential for infection from staff and visitors entering and exiting prisons and jails.

RECOMMENDATIONS

Below is a list of recommendations from correctional leaders who were proactive in addressing this unique pandemic experience.

- Ensure your agency has a seat at the command table to obtain information in real time.
- To be effective, ensure action plans cover pandemic-specific measures for:
 - administrative oversight
 - general disease prevention and care for the sick
 - strategic communication
 - employee/offender screening, isolation, and quarantine
 - appropriate sanitation
 - visitation from family members, friends, volunteers, attorneys, etc.

- intake screening
- transportation
- PPE management.
- Track and document every change in operations – for example, when and why the change occurred – so that as the end nears, data may be used to modify practices and gain efficiencies.
- Maintain a regular inventory of supplies statewide. Determine what may be needed for timely pandemic response and forecast on a consistent basis.
- Employ early and aggressive mitigation strategies that slow the spread of the virus. These efforts should include: 1) minimizing the number of external visitors and screening them for symptoms before they enter the facility; 2) masking staff and offenders; 3) having offenders exit their cells in cohorts of 10 or fewer; and 4) limiting movement throughout the facility.
- Access testing supplies and implement a rapid result process immediately, while also identifying opportunities for self-help. For example, one agency coordinated contact tracer training through their state health department, so they could conduct in-facility contact tracing.
- Reduce movement within and between facilities and to external appointments for court visits, hospital treatment, and jail transfers. For instance, one leader revised shift hours or on/off work schedules for a team or unit to reduce the frequency of changes to incoming staff.
- Couple social distancing with population reduction to be effective in managing pandemics from the inside out.
- Overcommunicate with staff and offenders, using a variety of approaches (e.g., flyers, social media messaging, and weekly “town halls”).
- Create a feedback loop. Give field teams explicit permission to provide continuous feedback to the executive team for facilitating adjustments to their approaches.
- Review in-person hiring and orientation processes that can be moved online. Consider recruiting staff who separated on good terms, are retired, or are former contractors.
- Be mindful that pandemics increase staff stress levels and exacerbate mental health challenges – which is why it is critical to implement targeted wellness strategies.

FOCUSING ON A SUCCESSFUL RECOVERY

“For corrections, successful management of COVID-19 means many complex things, and minor delays in the smallest decisions can have damning consequences. Success should be defined as guaranteeing staff safety, minimizing inmate infections, maintaining a spread rate equivalent to or below the community’s, and limiting reliance on community medical resources.”

-- John Wetzel, Secretary,
Pennsylvania Department of
Corrections

[“What We’ve Learned About COVID-19 in Prisons”](#) in Real Clear Politics Media Group website, May 3, 2020.

- Provide additional sick leave, if possible, to encourage staff who are ill to stay home and not infect the work environment.
- Leverage free phone calls and video visitation from corporate providers by talking with other corrections administrators and approaching providers as a group.
- Prepare for surge capacity. Identify potential space for relocating offenders or reconfigure existing space to section off positive cases who cannot be hospitalized for some reason. Likewise, consider whether there are available resources for standing up a field hospital or, if not, look for opportunities to work with state or federal agencies to establish field hospitals. At the same time, plan for increasingly higher death rates.
- Consider ways to enhance relationships with court officials, prosecutors, jails, community-based reentry service providers, public health officials, and unions to better coordinate pandemic activities in the future.
- Present elected officials with recommendations to build new prisons in populated areas closer to hospitals that can handle future pandemics.

ADDITIONAL RESOURCES

CLA has compiled COVID-19 related resources for corrections agencies, which range from educational materials to lessons learned. Topics include communicating with stakeholders, offender management, legislative initiatives, modeling tools, revised plans and policies, PPE guidelines, testing tools, and screening resources. Log on to the CLA website using your website credentials at <https://www.correctionalleaders.com/>; hover over the Resources tab; scroll down to the COVID-19 option; and select the topic of interest.