COVID-19 in Missouri Prisons and Jails

Appendix 3:
The Pandemic Protocol: A Proposal

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Author Biography

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Respiratory Pandemic Protocol: Divert, Decarcerate, Protect, and Vaccinate

COVID-19 has killed more than half a million people in the U.S. and devastated the economy. Rates of COVID-19 infection and death were higher in correctional facilities than in the general population, and in Missouri, at least, correctional facilities may have increased community case rates. It is incumbent on Missourians to continue protecting our population, including our correctional staff and people residing in our correctional facilities.

It is also incumbent on us to use the lessons of COVID-19 to prepare for the next pandemic. Epidemiologists have suggested that the global community did not adequately learn from two recent coronavirus epidemics prior to COVID-19, SARS emerging in 2002 and MERS in 2012 (Peeri et al. 2020). As the CDC argued *years before* the COVID-19 pandemic, pandemic preparedness is necessary not only for global health but also for national security and the economy (Centers for Disease Control and Prevention 2017). Rather than make the same mistake again, Missouri organizations at all levels should develop adaptable protocols in case of future respiratory pandemics, whether coronaviruses, strains of influenza, or something else.

The general recommendations below are an example of just such an adaptable protocol, intended for use by Missouri's court system, prisons, and jails. The recommendations are divided into four categories: divert, decarcerate, protect, and vaccinate. Each category corresponds to the decision-point in the criminal-legal system at which some actor should intervene to reduce infection risk. *Divert* corresponds to the point where some actor (e.g. a judge, a parole officer) could redirect justice-involved people away from congregate-living facilities like jails or prisons to less infection-conducive environments, such as house arrest or community supervision. *Decarcerate* corresponds to the point where some actor (e.g. a judge, the governor, the parole board) can release incarcerated people from jails or prisons on medical furlough, parole, or some other form of community supervision, and where the Department of Corrections can close below-capacity prisons. *Protect* corresponds to the policies that prison and jail administrators can enact to protect correctional staff and those justice-involved people not removed from congregate living facilities in the previous two steps. Finally, *vaccinate* corresponds to the policies that public health officials and prison and jail administrators can enact to protect correctional staff and people at the point in a pandemic when a vaccine becomes available.

Divert

- **Halt jail admissions for people accused of non-violent crimes.** Instead, release them on their own recognizance or put them under house arrest or electronic monitoring. Reducing jail populations is crucially important to reducing infection risk, both for people detained or employed in jails and for surrounding communities.
- **Halt re-imprisonments for technical violations.** Reducing prison populations is crucially important to reducing infection risk, both for people incarcerated or employed in prisons and for surrounding communities.

Decarcerate

- **Release medically vulnerable individuals on furlough/electronic monitoring.** Who counts as medically vulnerable will depend on the nature of the disease. During the COVID-19 pandemic, medically vulnerable people include but are not limited to people more than 65 years of age and people with conditions that compromise their immune function, such as HIV/AIDS, cancer, or diabetes (Centers for Disease Control and Prevention 2021a).
- **Release individuals near the end of their sentences.**
- **Keep each prison below 85% capacity.** Researchers studying the Texas prison system found lower rates of COVID-19 cases and deaths in those prisons below 85% capacity (Vest et al. 2021).
- **Close prisons.** During the COVID-19 pandemic, Missouri counties with prisons experienced higher case rates than counties without prisons. The correlation between prison presence and higher case rates suggest that prisons are drivers of infectious disease spread in the communities where they are located. As of summer 2020, the Missouri state prison system was at 81.2% capacity (Missouri Department of Corrections 2021). In March 2021, it temporarily closed two prisons due to understaffing (AP News 2021). Missouri DOC should prioritize permanently closing some prisons in Missouri while keeping its remaining prisons below 85% capacity. Closing some prisons would also partially address the problem of understaffing.

Protect

Education

- **Review CDC guidelines related to the pandemic in question.** For example, in the case of COVID-19, administrative staff in charge of any correctional facility's COVID-19 response should personally review the CDC's "Guidance on the Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities" (Centers for Disease Control and Prevention 2021b). The "protect" section of this protocol is a supplement, not a substitute, for CDC guidance on reducing disease transmission in correctional settings.
- **Post and regularly update educational materials about prevention, spread, and treatment in all public areas of each prison or jail.** Materials should include information on symptoms of infection and what correctional staff or incarcerated people should do if they think they may be infected; the definitions and importance of social distancing; and the proper use of personal protective equipment (PPE).
- **Make educational materials readable for all.** Educational materials should be adapted, translated, read aloud, or otherwise made accessible to "non-English speaking individuals and those with low literacy, and [...] those with cognitive or intellectual disabilities and those who are deaf or hard-of-hearing, blind, or have low-vision" (Centers for Disease Control and Prevention 2021b).
- **Provide education and guidance about the disease and the facility's viral containment policies to all staff, incarcerated people, and visitors.**

- Review up-to-date information and guidance with all stakeholders (including incarcerated people, correctional staff, and medical staff) on a published, scheduled basis.

Transparency

- Prisons and jails should make their viral containment manuals and other pandemic-relevant written policies available on their websites. If the facility's manual contains site-specific information relevant to facility security, the facility should redact that information rather than failing to make their manual public.
- Prisons and jails should make case and death counts for staff and resident at each facility available online. Both case and death counts should be disaggregated by staff or resident, by facility, and by race.

PPE, Hygiene, and Social Distancing

- Keep a stockpile of personal protective equipment and masks sufficient for all staff and people incarcerated in Missouri prisons and jails. PPE shortages at the beginning of the COVID-19 pandemic were due in part to failures of stockpiling.
- Immediately distribute and mandate the use of N95s for staff and people incarcerated in prisons and jails. The use of PPE should be mandated, not optional, and the mandate should be enforced.
- Provide soap and hand sanitizer to correctional staff and incarcerated people on a free, as-needed basis (Centers for Disease Control and Prevention 2021b).
- Provide cleaning supplies adequate to the size of the facility and post instructions on when and how to clean. Staff should model and encourage scheduled cleaning behaviors.
- If applicable, repair broken plumbing and address other facility disrepair. Broken toilets and plumbing leaks may be particularly dangerous during infectious disease outbreaks, since some viruses, including COVID-19, can be passed on via contact with the fecal particles of an infected person (Chen et al. 2020).
- Maximize use of available cells and housing units to maximize social distancing. For example, do not house two incarcerated people in a single cell if an empty cell is available.

Testing

- Test all people newly admitted to prison or jail.
- Quarantine those newly admitted to a facility in cohorts.
- Quarantine correctional staff and incarcerated people who are considered close contacts of staff or incarcerated people who test positive.
- Isolate incarcerated people suspected or known to be positive.
- Implement stay-at-home orders for staff known to be positive. Give staff paid sick leave specific to the pandemic; do not require them to use their paid vacation or sick days, even if they appear to have contracted the virus outside of the work environment.

- **Perform routine virus surveillance testing on all correctional staff and people residing in prisons and jails.** When people enter and leave correctional facilities with their infection status unknown, it puts everyone working and residing in the facilities at risk. A bright spot of Missouri DOC's COVID-19 pandemic response was the universal COVID-19 testing it undertook May – August 2020 and its subsequent wastewater testing program. Such testing should be continued for the duration of the COVID-19 pandemic and during any subsequent pandemics as soon as adequate tests become available. Jails should also implement their own surveillance testing programs, in collaboration with local health departments.

Access to Health Services

- **Adjust medical services to meet the needs of people in prisons and jails during the pandemic.** Take steps to ensure prompt evaluation and treatment for people who report possible symptoms of infection.
- **Improve the ability of people in prisons and jails to independently and reliably access health services and decrease barriers to accessing emergent, urgent, and routine care.** If providing people in prisons and jails reliable access to health care requires hiring more staff, more staff should be hired.
- **Do not charge people in prisons and jails co-pays for accessing correctional medical services that are in any way pandemic-related.** Charging co-pays may discourage or prevent people in prisons and jails from seeking pandemic-related medical care.

Policies and Policy Enforcement

- **For each jail and prison, adapt, disseminate, and implement anti-viral policies and procedures specific to the facility.** While CDC recommendations will be generally applicable to each facility, some facilities may have needs and concerns specific to their physical infrastructure, census, or surrounding community. Administrators should adapt policies to reflect additional needs on the ground.
- **Enforce directives requiring staff and people incarcerated in prisons or jails to wear masks.** While the Missouri Department of Corrections has stated that it eventually required general mask-wearing, reports from individual prisons suggested that the requirement was not enforced and some prison staff chose to ignore it.
- **Give correctional staff raises and create a pandemic hazard pay fund.**
  - **Raises:** Public comments from Missouri DOC administrators suggest that MODOC, chronically understaffed even before the pandemic, did not enforce its mask mandate for staff because its prisons would have been dangerously understaffed if noncompliant correctional officers had been fired. Raises for Missouri prison staff, who are paid less than comparable workers in neighboring states, would help attract and retain staff so that MODOC could enforce staff policies more strictly. The supplemental funding for MODOC that passed in May 2021 is not adequate to attract and retain the minimum acceptable number of additional staff.

- **Hazard pay:** As congregate living facilities, correctional facilities are dangerous places to live or work during an infectious disease outbreak. Staff may choose to quit their jobs during a pandemic unless offered incentives to stay. Prisons and jails cannot guarantee safety, regular recreation, prompt trips to medical services, or even on-time meals to the people incarcerated during a pandemic unless the facilities are adequately staffed. To prevent understaffing, which may have contributed to extremely poor conditions within Missouri correctional facilities during COVID-19, correctional staff should receive hazard pay during pandemics.

Vaccinate

- **Vaccinate people in prisons and jails and correctional staff at the same time and as quickly as possible.** In Missouri, correctional officers were eligible for vaccination during Phase 1B – Tier 1. Incarcerated people were not prioritized; unless their age or medical conditions qualified them earlier, they became eligible for vaccination during Phase 3 with the rest of the general population. Vaccinating people in prisons and jails after correctional staff is bad epidemiology. When the reproduction number (R_t) – a mathematical representation of contagiousness – of a disease is high, as it is in a poorly ventilated prison or jail when the majority of residents are not vaccinated, vaccination is less protective for everyone (Paltiel et al. 2020). Protecting correctional staff requires vaccinating people in prisons and jails, and vice versa, to lower the Rt and reduce breakthrough infections. Moreover, vaccinating both people in prisons and jails and correctional staff as early as possible protects not only them but also the communities in which prisons and jails are located.
- **Disseminate accurate information and pro-vaccine messaging to people in prisons and jails and correctional staff.** Disseminate materials explaining both the individual benefits of vaccination and the social benefits such as herd immunity and protection of social contacts with underlying conditions (Brewer et al. 2018).
- **Make vaccinations for people in prisons and jails and correctional staff opt-out rather than opt-in.** People are more likely to get vaccinated when vaccination is convenient and presented as normative (Betsch, Bohm, and Chapman 2015; Brewer et al. 2018). Thus, in a pandemic where a vaccine is available, correctional facilities should schedule vaccines for residents and staff proactively to make vaccination convenient. Residents and staff would be allowed to reschedule or opt out of vaccination if they desired.
- **Do not charge people in prisons and jails co-pays for any medical services related to vaccination.** Any financial burden may disincentivize vaccination.

Appendix 3.1: The Saint Louis County Jail: A Model for Reform

By Fred Rottnek, MD

The Saint Louis County Jail is located in the Buzz Westfall Justice Center in Clayton, MO. It has a capacity of 1250. This well-maintained facility opened in 1998. The jail has an infirmary with 28 beds—half-medical and half-psychiatric, a medical clinic, and four floors of regular housing—each split into four 2-level pods, with cells on the perimeter of a shared day room.

The jail administrative structure, Justice Services, reports directly to the County Executive. The medical services are provided at the jail and at the juvenile detention facility by the Saint Louis County Department of Public Health (DPH), with contracted family physicians from Saint Louis University. The jail is the only one in the state that is accredited by the American Correctional Association.

An established effective partnership among Justice Services, the DPH, and Saint Louis County Public Works (PW) was enhanced during the early months of the pandemic due to daily meetings and shared decision making. They combined resources and access to vendors for supplies. They also moved swiftly and created processes and protocols to mitigate entrance of the coronavirus into the facility and spread within the facility. Their policies and protocols typically predated CDC guidelines. As the CDC guidelines for correctional facilities evolved, county leaders adjusted their protocols. As a result, at the time of this report, **they have had no one die from COVID-19 in the facility and no one transferred out for higher acuity care at a local hospital.**

From April 2020 through March 2021, out of 8070 tests, 153 were positive—roughly 2%. 58 (38% of all positives) were from an outbreak in October, and 21 (14% of total positives) were from a smaller outbreak in the beginning of March. Saint Louis County's community positivity rate never dropped below 3% during the same time period (Covid Act Now 2021).

While some processes, protocols, and physical enhancement were only possible due to the jail's relatively well-resourced status, many changes were relatively simple and low-cost interventions.

Easy-to-implement enhancements included the following:

- Widespread CDC-authored signage and posters throughout the facility on COVID-19, hygiene practices, and vaccine information.
- Free on-demand soap and other hygiene supplies
- Regular access to cleaning supplies on pods, as well as cleaning schedules, for cells and common areas. In addition to residents cleaning cells, workers cleaned common areas and designated areas such as the infirmary, the medical clinic, the kitchen, and the laundry. Cleaning is scheduled, and inventory lists are used to keep supplies current.
- Provision and exchange of masks to all residents and to all arrestees upon admission to facility
- Strict adherence to mask wearing among all residents and staff
- Initial limitation of one-person only, non-contact visitation

Low-to-no cost changes in processes (changes in housing patterns and administrative processes) allowed decrease in resident census and allowance for cohorting among newly admitted residents and increased social distancing:

- Explicit cohorting processes so that all new detainees are tested and quarantined as appropriate. (Cohorting is a practice to group new detainees by the day they are admitted so they can be monitored for signs and symptoms of infection, tested as a group, and isolated from the general population for either 14 days—without testing—or until the entire cohort is tested and found negative for the virus).
- Staggered dayroom access to allow residents access to dayroom activities—showering, phone use, recreation, and library—so that initially five residents were out of their cells and in their dayroom at a given time. Now one third of the residents in a given housing unit are in common areas at a given time.
- Taking advantage of lower census to spread residents out in the housing units
- Justice Services and DPH leaders meet every week with judges to discuss legal status of residents and housing situations in the jail.
- Judges have established a call schedule so that Justice Services can call regarding need to incarcerate positive or possible positive arrestees as well as arrestees accused of low-level offenses.
- In the first weeks of the pandemic, when PPE was extremely limited, the laundry worker sewed about 1000 masks in about 10 days and then sewed dozens of tie-back gowns for medical use.

Moderate cost changes (requiring changes in staffing or purchase of environmental hygiene products) to mitigate the spread of virus and promote social distancing:

- Screening for all arrestees, visitors, medical and correctional staff, and vendors.
- Assertive surveillance testing, beginning in April 2020, to track entrance and spread of COVID-19 infections in the facility. Currently, all residents are tested in 1-2 days of admission.
- Use of foggers (e.g. VectorFog) on a scheduled basis in high-use areas, medical areas, and when residents move out of cells upon transfer or release (VectorFog 2021).
- Plexiglass barriers were erected in closer proximity areas, e.g., intake medical screening, to reduce exposure to air-born virus.
- Wall units with hand sanitizer were installed in common areas throughout the facility.

Higher cost interventions (significant changes in staffing patterns, provision of communication tools, and building modifications) to mitigate the spread of coronavirus:

- Use of tablets in the several areas of the jail to allow legal communication, family communication, and other visits and requests
- Use of tablets for uncomplicated/low acuity medical care in a telehealth model so that residents can remain on their pod and not move throughout the facility
- Establishment of evening hours in the medical clinic as well as smaller cohorts of residents per session to allow more social distancing
- Saint Louis County Public Works (PW) implemented several mitigation factors in 2020 related to HVAC and air handling. These were prompted by the October 2020 outbreak and included:
    - Installation of VidaShield lights in the infirmary, the medical clinic, and in the dental clinic. VidaShield lights use ultraviolet light, UV-C, "to reduce bacteria and fungi in the air" (VidaShield 2021).
    - Air filters have been permanently upgraded from MERV-8 to MERV-13 throughout the facility. This allows finer matter to be filtered out of the circulating air.
    - PW is in the process of installing ionization units in all the air handlers. Ionizers emit charged particles to help air filters trap contaminants.
    - The Department of Public Health established a 24/7 Community Liaison role to accept inquiries to the jail and juvenile detention and respond within 2 business days.

As of April 2, 2021, any resident requesting a COVID vaccination can receive one. Vaccination has already been offered to COVID high-risk residents and staff.

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