**Limiting COVID-19 Exposure in Detention Facilities: Best Practices**

The following practices are drawn from collaborative discussions with and reported practices undertaken by the State’s district attorneys, criminal defense counsel, various judges, and law enforcement officials. Health and hygiene recommendations are largely drawn from guidance produced by the Centers for Disease Control.* These best practices should not be construed as advocating for the release of dangerous criminals from jail. Decisions regarding the release of any inmate should be made by a local judge, in consultation with the district attorney and defense counsel, weighing any constitutional restraints versus public safety.

1. **Reduce sources of transmission:** The most obvious proactive step to reduce jail population exposure to COVID-19 is to limit contact with potentially infected persons. Unfortunately, because those individuals may present no symptoms, this means decreasing jail populations generally and avoiding introducing new individuals into the population where possible. The following addresses four areas of transmission management: a) the arresting stage, b) transfer of inmates, c) current population, and d) staff screening.

   a. **Arresting Stage** (considerations for law enforcement):

      - Consider which offenses necessitate detention and modify existing policies and procedures where necessary to avoid bringing low-level offenders into jail or detention facilities. Law enforcement agencies must be counseled to weigh the public safety impact of arrests and detention of arrestees against the public health impact such actions may have on our jails and those responsible for overseeing them.

      - Take affirmative precautions to limit exposure in the field, including maintaining a distance of at least 6 feet from others, wherever possible.

      - Wash hands thoroughly and often for at least 20 seconds, avoid touching face, and avoid touching commonly-used surfaces in public areas. Ensure duty belt and gear are disinfected after contact with an individual.

      - For anyone displaying symptoms consistent with COVID-19 and subject to arrest and transport, put a mask on the detainee. Consider designating one van or car for transport. Keep the windows open. If they need medical attention, arrange assessment/transport by a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT). Only trained personnel wearing personal protective equipment (PPE) should contact individuals who have or may have COVID-19. Departments are encouraged to coordinate these practices with their local EMS provider.

b. Transfer of Inmates to/from Oklahoma jails should be discouraged absent exigent circumstances. The determination of whether such circumstances exist should be made in consultation with local officials. If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the Screening section in the CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities, referenced above, before the individual leaves the facility. If an individual does not clear the screening process delay the transfer and follow the protocol for a suspected COVID-19 case—including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure the receiving facility has capacity to properly isolate the individual upon arrival. Ensure the staff transporting the individual wear recommended PPE and that the transport vehicle is cleaned thoroughly after transport.

c. Prison population – There are several collaborative efforts that prosecutors and defense counsel—whether private defense attorneys, public defenders, or OIDS—can take to effect a reduction in the prison population. To wit:

   i. Early and frequent communication to (a) reach expedited probation-only plea agreements where appropriate, (b) avoid any unnecessary time in detention due to lack of attorney communication.

   ii. Where possible, work with judiciary to set accelerated plea dockets.

   iii. Identify inmates for whom recognizance bond or bond reduction does not present unwarranted public safety or flight risk and present joint recommendation for judicial consideration.

d. Staff Screening – Staff are the most probable method of virus introduction to a facility. Implement the following: 1) Ensure jail and law enforcement personnel are properly educated regarding common symptoms of COVID-19, especially fever, cough, and shortness of breath; 2) Screen staff at the entrance to the facility prior to shift for common symptoms and conduct temperature checks for temperatures above 100.4°F; and 3) If staff have signs or symptoms send them home or to their car and assess for disposition.

2. Adjusting facility or conditions affecting jail population

   a. Ensure jail personnel and inmates are properly educated regarding (i) common symptoms of COVID-19, especially fever, cough, and shortness of breath, (ii) hygiene
recommendations to avoid spread, and (iii) distancing strategies to avoid close contact where practicable.

b. Ensure facilities have sufficient stock of hygiene supplies (e.g., soap, hand sanitizer, paper towels) and personal protective equipment (if possible). The most critical supplies are masks and gloves. See Strategies to Optimize the Supply of PPE and Equipment published by the Centers for Disease Control (last updated Mar. 26, 2020), available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html.

c. Increase frequency of cleaning/disinfecting most commonly used areas of the facility.

d. Where facilities allow, designate isolation area for inmates displaying symptoms.

e. At intake – Screen inmates for signs of illness and recent contact with persons displaying symptoms of COVID-19. Implement social distancing (e.g., remove every other chair) in waiting areas and holding cells. If possible, isolate new inmates pending disposition to avoid introducing them into the jail population.

f. If space allows, reassign bunks to provide more space between individuals, ideally 6 feet apart in all directions. Arrange bunks so individuals sleep head to foot to increase distance between them.

g. Implement or adjust current protocols for more frequent screening of inmate health and identifying symptomatic members of jail population. For those who show symptoms, provide facemasks to limit transmission.

h. Restrict or adjust visitation policies to (i) screen visitors for symptoms or recent contact with those displaying symptoms of COVID-19, and (ii) minimize close contact among visitors, jail personnel, and inmates. Implement hand-washing and other hygiene requirements/recommendations for all visitors.

i. Adjust recreation and meal areas and timing to reduce number of inmates using the areas at the same time while increasing distance maintained between inmates.

j. Communicate clearly and frequently with inmate populations about changes in their daily routines.

3. If inmates or staff become symptomatic:

a. Post the State Department of Health's dedicated hotline for jail personnel to call with questions regarding COVID-19 protocols and symptomatic inmates or staff: a 1-800 number is pending, the desk phone number is 405-271-3912. The Department's
Coronavirus hotline, available 24/7, is 877-215-8336. The Department has made additional resources available at: https://jails.health.ok.gov.

b. For staff—notify jail administrators at the onset of any symptoms (or close contact with anyone known to be symptomatic), and STAY HOME when feeling ill. Administrators should attempt to trace in-jail contacts of any staff who becomes symptomatic.

c. For inmates—where possible, isolate inmates who become symptomatic and trace close contacts where possible. Provide and encourage the use of facemasks for symptomatic inmates.

d. Medical facilities within the State’s jails vary widely. Contact State Department of Health or reference CDC guidance for best practices in providing clinical care of suspected COVID-19 patients.