

U.S. Department of Homeland Security
**Office for State and Local Law Enforcement Novel Coronavirus (COVID-19) Call –
Meeting Minutes**

WHEN: Monday, March 16, 2020, 11:00 a.m. – 12:00 p.m. Eastern

PURPOSE: To provide an update regarding current activities related to Novel Coronavirus (COVID-19). On this short-notice call, we plan to provide an update on the current situation; and discuss your current concerns, priorities, and where you may need additional assistance within the law enforcement jail population community.

AUDIENCE Sheriffs with Jail Populations and Jail Administrators; Law Enforcement

AGENDA:

I. Welcome and Introduction

- i. Acting Deputy Secretary Ken Cuccinelli*
- ii. Brian Dorow, Deputy Assistant Secretary, Office for State and Local Law Enforcement, DHS*

II. National Coordination and Resilience Issues

- i. Keith Turi, Assistant Administrator, Recovery Directorate, Federal Emergency Management Agency, DHS*
 - 1) On March 13, 2020 the President issued an emergency declaration due the Coronavirus Disease (COVID-19) pandemic. This move was unprecedented in scope and a proactive response.
 - 2) Pursuant to section 501 (b) of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, all states, tribes, territories, local government entities and certain private non-profit (PNP) organizations are eligible to apply for Public Assistance.
 - 3) FEMA supports the Department of Health and Human Services (HHS) as the lead agency for the federal government’s response to COVID-19. FEMA is also well coordinated with HHS at the Regional level.
 - 4) The emergency declaration makes eligible emergency protective measures needed to reduce risk to public health and safety.
 - 5) FEMA Regional Administrators will coordinate with Governors to execute a FEMA-State Agreement in support of COVID-19 response activities, and states do not need to request separate emergency declarations. States are encouraged to activate their emergency operations centers (EOCs) if not already activated.

III. COVID-19 Response for Law Enforcement/Custodial Settings

i. Alexander L. Eastman, MD, MPH, FACS, FAEMS, Senior Medical Officer, Office of the Chief Medical Officer, DHS

1. Have a strategy to protect your facility from exposure to COVID-19. These are a mix of containment and mitigation strategies. Limit visitors and unnecessary access to the facility. Have a screening program for staff, any necessary visitors and for entering prisoners based on CDC guidance for exposure risk and temperature monitoring if possible.
2. Utilize CDC PPE Guidance for Law Enforcement—(<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>) and follow established best LE practices for COVID-19 avoidance
 - a. PPE as above
 - b. Maintain social distance (6') if possible during all interactions with public
 - c. Frequent hand washing and alcohol-based hand sanitizer when washing not feasible
 - d. Cover cough
 - e. Stay home when if/when you're sick.
3. Utilize a written planning defining LE / correction exposure according to CDC risk categories and DEFINE actions at each level to protect the integrity of the LE/correctional workforce as long as possible.

IV. Available DHS Grant Resources/Stafford Act Issues

i. Kerry L. Thomas, Director, Preparedness Grants Division, FEMA

- 1) By statute, most of the Prep grants, including the State Homeland Security Program (SHSP) and Urban Area Security Initiative (UASI), are designed to assist SLTT efforts in preventing, preparing for, protecting against, and responding to acts of terrorism
- 2) The exception is the Emergency Management Performance Grant (EMPG) program
 - a. The purpose of the EMPG Program is to provide federal funds to states to assist state, local, territorial, and tribal governments in preparing for all hazards
 - b. EMPG funding can be used to support emergency preparedness and response capabilities for COVID-19
 - c. Allowable activities include, but are not limited to:

- Strengthening public health incident management and emergency operations coordination to enable jurisdictions to provide emergency management response support that exceeds normal capacity;
- Strengthening information management and sharing;
- Strengthening community recovery and resilience;
- Vector control and surveillance;
- Health surveillance and epidemiological investigation;
- Laboratory testing and support services; and
- Blood safety.

V. Accessing Protective Equipment (Mask, Gloves, PPE Kits)

i. Steven A. Adams, MPH, Director (A), Strategic National Stockpile, Office of the Assistant Secretary for Preparedness and Response, HHS

- 1) The Strategic National Stockpile (SNS) maintains a \$8B portfolio of medical materiel primarily focused on addressing large scale CBRNE scenarios that is designed to supplement State and local capacity. In addition, SNS holds an inventory of PPE such as n-95 respirators, surgical masks, gloves, gowns, etc... to address pandemic influenza or emerging infectious diseases such as COVID-19.
- 2) Local agencies, health care providers, nursing homes or others having difficulty obtaining PPE can address requests to their local or State health department. Many States maintain stockpiles of PPE and other critical supplies to address public health emergencies or COOP/COG.
- 3) Requests for SNS assets should come from a State Governor or designee such as a State Health Director and can be made to the HHS/SOC, the CDC/EOC or any of HHS/ASPR's Regional Emergency Coordinators.
- 4) Currently SNS is pushing 25% of its PPE (n-95 respirators, surgical masks, gloves, gowns) to States that request it in a quantity proportional to their population or what we term a pro-rata allocation.

VI. Current Overview, Guidance and Insight

i. Michael Carvajal, Director, Bureau of Prisons, Department of Justice

ii. Thomas Kane, Deputy Director, Bureau of Prisons, Department of Justice

- 1) Within BOP, implementation of a multi-phase response plan has occurred nationwide involving its 122 prisons in addition to six Regional Offices, Two Staff Training Centers and a large support facility at Grand Prairie, Texas.
- 2) BOP initiated Phase 1 (Preparation) for COVID-19 in January 2020. Attention was given to minimizing exposure as well as minimizing spread of the disease, especially as the population density of prisons creates a risk of infection and transmission for inmates and staff.
- 3) Phase One included guidance issuance regarding description of the disease, where the infection was occurring internationally and domestically, and best practices to mitigate transmission. An agency task force was established and worked in conjunction with subject matter experts in the Centers for Disease Control (CDC) and reviewing guidance from the World Health Organization (WHO). BOP has been coordinating its efforts using subject-matter experts both internal and external to the agency including guidance and directives from the WHO, the CDC, the Office of Personnel Management (OPM), the Department of Justice (DOJ) and the Office of the Vice President.
- 4) During the first week of March 2020, BOP began more extensive monitoring and initiated a larger agency-wide structured response by activating our agency Emergency Operations Center (EOC) and utilizing the Incident Command System (ICS) framework.
- 5) On March 13, after coordination with DOJ and the White House, BOP implemented Phase Two (Response) of our COVID-19 response. The following national measures are being deployed in order to continue mitigation of the spread of COVID-19. These measures are being put in place for the next 30 days with ongoing reassessment with respect to procedures to ensure continued operations and to as well as staff remaining healthy and available for duty. Measures include: enhanced staff screening, inmate screening, limiting inmate transfers, suspension of social visits, suspension of legal visits (with acknowledgment of need to review case-by-case circumstances that may necessitate visits as appropriate), modification of institutional daily operations, and limiting staff official travel/training.
- 6) To date and through these efforts, there are no confirmed cases of COVID-19 for staff or inmates within BOP.
- 7) For more information regarding the BOP's current COVID-19 Action Plan and associated resources, please see our public website at:

https://www.bop.gov/resources/news/20200313_covid-19.jsp