



Office of the Sheriff

Clarence F. Birkhead, Sheriff

April 6, 2020

Ms. Atinuke Diver
Executive Director
Durham CAN
732 Ninth Street, #604
Durham, North Carolina 27705
VIA EMAIL: tinu@durhamcan.org

Ms. Diver,

The well-being, safety, security and health of the Durham County Detention Facility residents and staff is of paramount concern to my staff and I. Before the COVID-19 pandemic, the provision of quality physical and mental health care was our goal. Our efforts in this area have intensified since the beginning of the pandemic. On March 10th, Governor Cooper issued the first executive order declaring a state of emergency due to COVID-19. On March 13th, our detention facility issued its first COVID-19 protocol. This letter outlines the steps our agency has implemented to address the COVID-19 pandemic.

Question 1: Have you and the Durham Department of Public Health and/or Duke University Health System been communicating about and planning for an outbreak in the detention facility?

Under state law, the N.C. Department of Health and Human Services coordinates the statewide response to the coronavirus pandemic. Local health departments have the primary responsibility of coordinating response efforts at the local level and work closely with NC DHHS. To develop our protocol, the Durham County Sheriff's Office (DCSO) has worked closely with Wellpath, our medical provider. Our Wellpath staff have been communicating with DPH (Durham Public Health) and Duke University since the week of March 2nd. DCSO personnel have also communicated directly with DPH and we participate in daily county emergency operation command teleconferences.

Prior to the COVID-19 outbreak, our Infection Control Committee met quarterly to review and discuss communicable disease and infection control. Since the pandemic began, we have begun meeting weekly with DCSO, CJRC, other criminal justice partners, and national, state and local Wellpath representatives. We are utilizing the Wellpath protocol as adapted for our local community to address medical issues related to COVID-19. The Wellpath protocol includes PPE, COVID-19 tests, thermometers, additional staff (if needed) and other resources. In our meetings, we discuss any mental health implications with our mental health providers.

We also communicate with our colleagues in other counties and jurisdictions. After the beginning of March, after the initial outbreak in Seattle, Washington, our Chief Deputy contacted the Sheriff's Office in King County, Washington to compile information on how to prevent an outbreak in our facility and what to expect if an outbreak occurred in our facility. We also consult information from the Centers for Disease Control, the North Carolina Sheriff's



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Association, the American Correctional Association, the National Commission on Correctional Health Care, and other professional organizations. Many of these organizations have issued guidelines, created resource websites and conduct weekly roundtables and teleconferences to share information. As we learn information and the situation evolves, we modify our protocol to incorporate the best practices and guidance.

Question 2: Do you plan to move seriously ill residents to a hospital to ensure they receive the best care possible?

DCSO operates an infirmary staffed by medical personnel 24-hours a day. Prior to the COVID-19 pandemic, our health procedures required DCSO to transport a detainee to a local hospital for evaluation and treatment when ordered by our medical staff. Whether the detainee is admitted to the hospital is determined by the hospital after evaluation. Our detention officers provide security if the person is admitted to the hospital. This same procedure will be followed for a detainee with a confirmed or suspected COVID-19 diagnosis.

Question 3: Will you avoid large-scale lockdowns or solitary confinement where targeted quarantines of sick individuals will suffice?

Yes. Also, to promote social distancing, we have moved to a modified lock-back during which a reduced number of detainees are released out of their cells for recreation and other activities. All detainees, however, receive the required amount of recreation and other time out of their cell as required by DHHS standards. Currently, detainees are housed in single cells with spacing between cells.

Question 4: What is the capacity for quarantining residents who do get sick, i.e., is there a number of sick inmates that would be too many for you to safely separate?

We have arranged our housing units to provide for at least two pods to house any detainees with COVID-19 illness. This is in addition to our medical pod. We can not estimate at this time whether there is a number of sick inmates that would be too many for us to safely separate. However, this question is a topic of great discussion within the N.C. Sheriff's Association and our weekly NCCHC roundtables.

Also, we have implemented screening of arrestees before they are allowed to enter the building. We are also working with our district attorney, magistrates and CJRC to encourage release conditions for low level offenses. For those offenses that require secured or no bond, we have established additional screening protocols to monitor those individuals before they are moved into general population. Per CDC guidelines, those detainees remain in classification status for fourteen days, receive temperature checks regularly and are monitored for other COVID-19 symptoms. If the detainee becomes symptomatic, they are moved to a different housing unit to prevent spread of the virus to asymptomatic detainees in the classification pod.

We are working closely with our mental health provider to develop and provide activities for the individuals who may be quarantined due to COVID-19.

Question 5: Will you ensure that all measures taken at the detention facility will comport with the due process rights of the residents?

Yes. Even though we have restricted visitation since March 13th, in-person attorney and bond



agent visits continue with safeguards to prevent the spread of COVID-19. During the suspension of in-person visitation, detainees receive two free remote visitation visits per week with family and friends. Our lobby remains open for remote visitation and for family members to use the kiosks to deposit money into inmate trust accounts. We also continue to adhere to HIPAA standards and ensure each detainee's right to quality healthcare.

Question 6: Finally, will you ensure that residents receive quality healthcare regardless of insurance or ability to pay?

Yes. Effective March 13th, we suspended the \$20 co-pay for non-emergency health visits. We also held "town hall" meetings with our detainees to educate them on the signs and symptoms of COVID-19.

In addition to the measures outlined above, we have also begun screening all employees and detention center visitors prior to entering the facility. We have restricted transfers from other facilities, implemented video first appearances and have increased the environmental cleaning of our facility.

The safety, security and good health of our detainees and staff is of paramount concern. Thus far we have not had any COVID-19 cases in our detention facility or agency. We continue to search for PPE suppliers with the goal of having enough PPE for all employees and detainees. Unfortunately, supplies are limited. We ask for your continued prayers and good thoughts as we work to prevent the virus from entering our facility. Thank you for your continued support. Please contact me with any additional questions and, please, stay safe.

Sheriff Birkhead

