

# TEXAS COMMISSION ON JAIL STANDARDS

EXECUTIVE DIRECTOR  
Brandon S. Wood



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## Technical Assistance Memorandum

**To:** All Sheriffs and Jail Administrators  
**From:** Brandon S. Wood, Executive Director  
**DATE:** March 17, 2020  
**RE:** COVID-19 General Recommendations

In an effort to assist you during the COVID-19 Pandemic, please find below general recommendations that may be of assistance.

1. Screen everyone entering the facility, via the public lobby or the vehicular sallyport. This will include law enforcement officials, attorneys, arrestees, and any visitors.
2. Screen facility staff at the beginning of each shift.
3. Limit movement of inmates within your facility.
4. Limit or suspend outside work details for inmates.
5. Ensure proper sanitation of all food service equipment (trays, cups, utensils, etc).
6. Screen all inmate workers before beginning a work detail, especially kitchen and laundry workers.
7. Provide and ensure personal protection equipment (ie. masks and gloves) are used by inmate workers, especially within the kitchen. Ensure Kitchen/Food Service workers adhere to hygiene standards and handwashing techniques.
8. Inform staff and inmates of proper handwashing techniques as recommended by the Centers for Disease Control and Prevention
9. Inmates should be provided cleaning supplies multiple times daily for wiping down tables, benches, sinks, toilets, and phones in an effort to prevent widespread infection.
10. Explore options for releasing non-violent misdemeanor offenders with local county/district attorney.
11. Explore options with local arresting agencies regarding 'cite and release' for those who commit non-violent crimes in order to reduce number of individuals booked into the facility.

In addition, please find attached an expanded screening form that you may utilize. If you already have one in place, please continue to utilize.

Judge Bill Stondi, Longview, Chair  
Dr. Escarcell Poma, M.D., Parker, Vice-Chair  
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Sheriff Kelly Rowe, Lubbock  
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Commissioner Ben Perry, Waco  
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Monica McBride, Alpine

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SO#: \_\_\_\_\_

Inmate Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### COVID-19 INMATE SCREENING

**\*If YES to ANY of the items below:**

Notify medical staff immediately and try to isolate inmate in a negative pressure cell.

#### Step 1: Travel Screen

\_\_\_\_ Have you traveled to a COVID-19 Outbreak Country or a U.S. state with community transmission\* in the last 14 days?

\_\_\_\_ Have you been in contact with anyone who tested positive for COVID-19 in the past 14 days?

#### Step 2: If POSITIVE Travel Screen, complete symptom screen

Does inmate have any of the following?

\_\_\_\_ Fever above **100.0 F**?

\_\_\_\_ Cough, shortness of breath, or other lower respiratory symptoms? If yes, explain: \_\_\_\_\_

**It is vital to note that ANY "yes" answer to the above constitutes a positive screen**

**\* Covid19 Outbreak Countries as of March 17, 2020:**

China	Spain	United Kingdom	Finland
South Korea	Germany	Switzerland	Greece
Japan	France	Norway	Slovenia
Italy	Iran	Iceland	Lithuania
Czech Republic	Austria	Hungary	Latvia
Slovakia	Belgium	Poland	Estonia

Please note this screening form is subject to change based upon new information.