

Guidance for preventive and responsive measures to coronavirus by police and law enforcement

March 18, 2020

The coronavirus, or COVID-19, has already been declared by the World Health Organization as a global pandemic.¹ As the number of people infected in the United States grows exponentially, we must focus on prevention and containment in the criminal and immigration legal systems.

Actors in the criminal and immigration legal systems have a unique and critical role to play. The importance of this role is underscored by how vast these systems are—almost 10.5 million arrests a year,² 2.2 million people in jail and prison at any given time,³ 50,000 in immigration detention,⁴ and another 4.5 million under some form of supervision on probation or parole.⁵

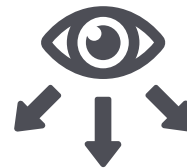
Footprint of U.S. corrections, detention, and supervision systems



10.5 million
people arrested
every year



2.3 million
people behind bars



4.5 million
people under
community supervision

The Vera Institute of Justice (Vera) and Community Oriented Correctional Health Services (COCHS) have created the guidance in this document to protect people who interact with these systems and for the staff and personnel who work with them. For other system guidance, see Vera's [COVID-19 Response page](#).

Police, sheriffs, and other law enforcement officers can:

Prioritize prevention first and foremost. To reduce contact between people, law enforcement can:

1. Equip 911 call-takers and dispatchers to *divert more calls-for-service to health resources* when they do not require police response.
2. Issue a temporary directive to *release people on a citation, ticket, or summons in lieu of taking them into custody*, unless the person poses an immediate and identifiable risk to physical safety or is charged with a serious felony.
3. *Suspend standard protocols that place people in custody* by, for example:
 - a. suspending enforcement of bench warrants;
 - b. limiting enforcement of arrest warrants to violent crimes; and/or
 - c. documenting, but declining to take into custody, people who have violated probation and parole if they do not pose an immediate and identifiable risk to physical safety.
4. *Limit their response to low-risk incidents* in order to maintain capacity to respond to critical incidents and community health needs. For example, suspend enforcement of most traffic stops, noise complaints, minor quality-of-life complaints, and the service of civil subpoenas.
5. *Limit the number of officers who have contact with visitors* to the police department, preferably to one officer per shift and equip that officer with the personal protective equipment and training necessary to prevent the spread of the virus.
6. *Deploy or expand online reporting options* for complaints or police reports. Encourage an expanded range of incident reporting by phone.
7. *Increase the frequency of cleaning and disinfecting* of all patrol cars, police precincts, and station houses, with special attention to high-traffic areas.

Contain the possibility of spread. To protect especially people who are at high risk—those who are 55 years and older, pregnant, or have serious chronic medical conditions—law enforcement can:

1. *Use a CDC-informed screening tool* for anyone who is brought to or from a police station with the aim of identifying people with possible exposure and people at higher risk of infection.
2. *Develop a written policy and training for law enforcement staff* to separate people who are symptomatic from others, and to maximize the distance between people at higher risk of infection from people who may be infected but asymptomatic. The protocol should include guidance on how to work with other first responders to safely transport someone to the hospital, identify hospitals closest to the precinct or station house, and outline steps to take during and after interactions with an infected person.

3. *Minimize contact between officers* by suspending roll-call and using videoconferencing, e-mail, and other technologies to provide briefings and advisories.

Respond swiftly to active cases while preserving due process. To prevent transmission from or to the community, law enforcement can:

1. Create a written protocol and *train all staff on how to respond to an active case of coronavirus*. The protocol should include guidance on second-level reviews to determine if the person can be released instead of booked so that they can receive care and treatment in the community. If this is not possible, the protocol should outline how to safely transport someone to the hospital, communicate with specific hospitals closest to the precinct or station house, and take steps to prevent law enforcement staff from exposure during and after transport.
2. Develop a comprehensive policy that provides *paid sick leave* and a plan for *staffing substitutions and triage* when personnel test positive for coronavirus.

Additional resources

- [CDC: What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019](#)
- [International Association of Chiefs of Police: Law Enforcement Information on COVID-19](#)
- [Washington, DC Superior Court Emergency Declaration for Police/Prosecutor Discretion](#)

Endnotes

- 1 World Health Organization, “Rolling Updates on Coronavirus Disease (COVID-19),” updated March 11, 2020, <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.
- 2 Vera Institute of Justice, “Every Three Seconds: Unlocking Police Data on Arrests,” January 2019 (database), <https://www.vera.org/publications/arrest-trends-every-three-seconds-landing/arrest-trends-every-three-seconds/findings>.
- 3 Wendy Sawyer and Peter Wagner, “Mass Incarceration: The Whole Pie 2019,” Prison Policy Institute, March 19, 2019, <https://www.prisonpolicy.org/reports/pie2019.html>.
- 4 The Marshall Project, “Detained: How the United States Created the Largest Immigration Detention System in the World,” September 24, 2019, <https://www.themarshallproject.org/2019/09/24/detained>.
- 5 Danielle Kaebler, *Probation and Parole in the United States, 2016* (Washington, DC: Bureau of Justice Statistics, 2018), <https://www.bjs.gov/content/pub/pdf/ppus16.pdf>.

For more information

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The Vera Institute of Justice is a justice reform change agent. Vera produces ideas, analysis, and research that inspire change in the systems people rely on for safety and justice and works in close partnership with government and civic leaders to implement it. Vera is currently pursuing core priorities of ending the misuse of jails, transforming conditions of confinement, and ensuring that justice systems more effectively serve America’s increasingly diverse communities. For more information, visit www.vera.org.

Community Oriented Correctional Health Services (COCHS) works to bridge the gap between correctional and community systems. COCHS’ major emphasis has been to reframe jail health care not as a place separate from the rest of the community but as another health care delivery site within the community. COCHS provides technical assistance to assist communities in finding ways to improve health care in local correctional facilities, as well as providing expertise on health information technology to create connectivity and data sharing