

EXHIBIT A

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-33-20

WHEREAS on March 4, 2020, I proclaimed a State of Emergency to exist in California as a result of the threat of COVID-19; and

WHEREAS in a short period of time, COVID-19 has rapidly spread throughout California, necessitating updated and more stringent guidance from federal, state, and local public health officials; and

WHEREAS for the preservation of public health and safety throughout the entire State of California, I find it necessary for all Californians to heed the State public health directives from the Department of Public Health.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California, and in particular, Government Code sections 8567, 8627, and 8665 do hereby issue the following Order to become effective immediately:

IT IS HEREBY ORDERED THAT:

- 1) To preserve the public health and safety, and to ensure the healthcare delivery system is capable of serving all, and prioritizing those at the highest risk and vulnerability, all residents are directed to immediately heed the current State public health directives, which I ordered the Department of Public Health to develop for the current statewide status of COVID-19. Those directives are consistent with the March 19, 2020, Memorandum on Identification of Essential Critical Infrastructure Workers During COVID-19 Response, found at: <https://covid19.ca.gov/>. Those directives follow:

ORDER OF THE STATE PUBLIC HEALTH OFFICER
March 19, 2020

To protect public health, I as State Public Health Officer and Director of the California Department of Public Health order all individuals living in the State of California to stay home or at their place of residence except as needed to maintain continuity of operations of the federal critical infrastructure sectors, as outlined at <https://www.cisa.gov/identifying-critical-infrastructure-during-covid-19>. In addition, and in consultation with the Director of the Governor's Office of Emergency Services, I may designate additional sectors as critical in order to protect the health and well-being of all Californians.

Pursuant to the authority under the Health and Safety Code 120125, 120140, 131080, 120130(c), 120135, 120145, 120175 and 120150, this order is to go into effect immediately and shall stay in effect until further notice.

The federal government has identified 16 critical infrastructure sectors whose assets, systems, and networks, whether physical or virtual, are considered so vital to the United States that their incapacitation or

destruction would have a debilitating effect on security, economic security, public health or safety, or any combination thereof. I order that Californians working in these 16 critical infrastructure sectors may continue their work because of the importance of these sectors to Californians' health and well-being.

This Order is being issued to protect the public health of Californians. The California Department of Public Health looks to establish consistency across the state in order to ensure that we mitigate the impact of COVID-19. Our goal is simple, we want to bend the curve, and disrupt the spread of the virus.

The supply chain must continue, and Californians must have access to such necessities as food, prescriptions, and health care. When people need to leave their homes or places of residence, whether to obtain or perform the functions above, or to otherwise facilitate authorized necessary activities, they should at all times practice social distancing.

- 2) The healthcare delivery system shall prioritize services to serving those who are the sickest and shall prioritize resources, including personal protective equipment, for the providers providing direct care to them.
- 3) The Office of Emergency Services is directed to take necessary steps to ensure compliance with this Order.
- 4) This Order shall be enforceable pursuant to California law, including, but not limited to, Government Code section 8665.

IT IS FURTHER ORDERED that as soon as hereafter possible, this Order be filed in the Office of the Secretary of State and that widespread publicity and notice be given of this Order.

This Order is not intended to, and does not, create any rights or benefits, substantive or procedural, enforceable at law or in equity, against the State of California, its agencies, departments, entities, officers, employees, or any other person.

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 19th day of March 2020.



GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State

EXHIBIT B

KQED

California Prisons Are a 'Tinderbox of Potential Infection,' Former CDCR Secretary Warns

By [Sukey Lewis](#) [Marisa Lagos](#) [Julie Small](#)

Mar 23, 2020



An inmate of a state prison in Los Angeles County tested positive for COVID-19, prison officials announced Sunday, and staff at three other prisons have also been diagnosed with the disease. (*Michal Czerwonka/Getty Images*)

A man held at the California State Prison in Los Angeles County is the first inmate in the state to test positive for COVID-19, according to the California Department of Corrections and Rehabilitation. He was put in isolation on March 19 after telling staff he felt sick.

As of Monday, five correctional officers in three different prisons — California Institution for Men in Chino, Folsom State Prison and California State Prison, Sacramento — have also been diagnosed with the disease caused by the novel coronavirus. An employee at San Quentin State Prison reported on Friday to have tested positive for COVID-19 does not in fact have the disease, prison officials said Saturday.

Scott Kernan, a former secretary of CDCR, is among officials and inmate rights groups expressing concern over a potentially widespread outbreak in the state's prisons and jails.

“You think cruise ships are a petri dish?” Kernan said in an interview Monday. “Prisons are even more so the mass of humanity. So I'm very concerned about my colleagues and the inmates and their families in jails and prisons across the country.”

Kernan said state leaders need to look at all options to reduce the prison population to mitigate the worst impacts of an outbreak. The state's prisons are overcrowded, operating at about 130% of capacity, with more than 123,000 people incarcerated across California. An additional 65,000 people work for the state prison system.

However, all Board of Parole Hearings, which generally assess prisoners who are eligible for release, have been suspended for at least a week. In-person visits and nearly all rehabilitative and educational programs have been canceled in an attempt to slow the spread of the virus.

Kernan said the lack of activities and connection is also likely to take a toll on people being held in prison.

“It's a tinderbox of potential infection as you go forward, especially if you are just watching what's going on around the world,” he said. “I know Italy and Brazil had serious violence and even escapes and murders in the jails as a result of COVID-19.”

CDCR posted a list of precautions the department is implementing, which includes social distancing, a two-week quarantine for all new inmates and immediate isolation for anyone who has a fever, to prevent the spread of the disease.

But the Prison Law Office and a number of other advocacy groups are also pushing for the state to do more to protect the elderly and those with compromised immune systems in prison.

“We've been imploring the state through various channels to do what county jails are doing all over the state, which is reduce the density of the population by releasing people who are low risk,” said Don Specter, executive director of the Prison Law Office.

Last week, the Santa Clara County and Alameda County sheriffs both moved to release hundreds of people early from jail. San Francisco courts have ordered dozens of inmates released early. Contra Costa County is also looking at steps to cut down the number of people held in jail.

On Monday, a group of 28 advocacy organizations wrote a letter to California Attorney General Xavier Becerra requesting the state's top cop expand these localized efforts by directing all sheriffs to release people who have six months or less left on their sentences and asking local law enforcement to reduce arrests and bookings.

“Without action, thousands will likely die with the suffering falling disproportionately on low-income families, particularly Black and Latinx families,” the letter says.

Gov. Gavin Newsom addressed the calls from advocates in his Monday afternoon briefing.

“I have no interest — and I want to make this crystal clear — in releasing violent criminals from our system. I won't use a crisis as an excuse to create another crisis,” he said.

Newsom said he has a task force looking at how to release people incarcerated for non-violent crimes in a “deliberative” way. He warned that the large-scale release of tens of thousands of prisoners called for by advocacy groups could cause a whole new set of problems for emergency medical providers.

“If we start to release prisoners that are not prepared with their parole plans, they may end up out on the streets and sidewalks, in a homeless shelter,” Newsom said.

So far, the prison system has not announced any concrete steps to release people. A spokesperson for CDCR declined to answer questions, but said the department has been posting all COVID-19 updates directly on its website.

“We are continuously evaluating and implementing proactive measures to help prevent the spread of COVID-19 and keep our CDCR population and the community-at-large safe,” the CDCR website says. “Additional measures will continue to be developed based on the rapidly-evolving situation.”

EXHIBIT C

PEW

‘Prisons Are Bacteria Factories’; Elderly Most at Risk

Stateline Article March 25, 2020

By: David Montgomery

Topics: [Health](#) & [Justice](#) Read time: 5 min

‘Prisons Are Bacteria Factories’; Elderly Most at Risk



A prisoner in his 70s takes stock of his day in a small cubicle that serves at his home in the geriatric dormitory at the Estelle prison unit at Huntsville, Texas. The sparse furnishings consist of his bunk and a small utility table cluttered with items such as a clock radio, a bottle of hot sauce and a Max Brand Western checked out from the prison library. *Courtesy of the Texas Department of Criminal Justice*

Editor's note: This story was updated March 25 to include information about a Texas inmate who tested positive for COVID-19.

HUNTSVILLE, Texas — Here in the Estelle prison unit, most of the male inmates in the geriatric dormitory first ran afoul of the law years or even decades ago, convicted of crimes ranging from murder and sex offenses to forgery and repeat DWIs.

Today, any outward hint of menace has evaporated. White-haired, frail and often tethered to canes or wheelchairs, they live in small rectangular cubicles and while away the days in unwavering sameness.

As the coronavirus pandemic sweeps the globe, prisoner advocates are warning of the potential for a disastrous outbreak among inmates. The elderly are most vulnerable, and the U.S. inmate population is aging. Jails and prisons, crowded places where social distancing is nearly impossible, are breeding grounds for contagious disease.

“These prisons are bacteria factories,” said Rick Raemisch, a consultant and former executive director at the Colorado Department of Corrections. “I don’t think people understand the gravity of what’s going to happen if this runs in a prison, and I believe it’s inevitable.

“You’re going to see devastation that’s unbelievable.”

New York inmates tested positive at Rikers Island and at a regional detention center in Brooklyn. The Texas Department of Criminal Justice reported its first two positive cases of COVID-19 this week: an inmate and an employee. A 37-year-old inmate has been medically isolated, and other inmates and staff who may have had contact with him are now being medically restricted. The contract employee was ordered to self-quarantine. The employee had contact with other prison workers and inmates, but so far none of them has developed symptoms.

While state prisons have resisted calls to release inmates, several large county and municipal jurisdictions have freed hundreds of jail inmates deemed low-risk, including seniors and those in poor health.

New Jersey plans to release as many as a thousand people from its county jails, including inmates jailed for probation violations and those sentenced for low-level offenses. Democratic Mayor Bill de Blasio said Monday that New York City may release more than 200 inmates, according to news reports. Los Angeles County and Ohio’s Cuyahoga County also have released prisoners.

Prisoner advocacy groups in more than a half-dozen states, including Texas, New York, Illinois, Pennsylvania, Indiana and Michigan, have called on governors to release state prisoners, especially elderly inmates, through compassionate release or medical furlough.

EXHIBIT D

Los Angeles Times

‘We are reeling’: Coronavirus kills two Riverside sheriff’s deputies in 24 hours

David Werksman, a longtime bomb technician and deputy for the Riverside County Sheriff’s Department, died Thursday of complications from COVID-19, hours after fellow Deputy Terrell Young had died.

(Riverside County)

By [Matthew Ormseth](#), [Kailyn Brown](#), [Nicole Santa Cruz](#)

April 3, 2020

6:28 PM

In the end, it was not the bombs he disarmed, the suspicious packages he retrieved or the meth labs he raided that killed David Werksman, a 22-year deputy with the Riverside County Sheriff’s Department.

It was the coronavirus.

Werksman, 51, died Thursday night, the second Riverside sheriff’s deputy killed by the virus in a day. Terrell Young, 52, a deputy who worked in the county jails, died Thursday morning.

“We are reeling from the reality that this virus has taken the lives of two of our family members within the past 24 hours,” Sheriff Chad Bianco said Friday.

Advertisement

Law enforcement officers serve on [the front lines of the pandemic](#), and most have little or no ability to do their jobs in isolation or without coming into contact with the public or their colleagues. As of Friday afternoon, 35 sworn officers and eight civilian employees with the [Los Angeles Police Department have tested positive for COVID-19](#), the disease caused by the coronavirus. Within the New York Police Department, 1 in 6 officers are out sick, and about 1,400 have tested positive for COVID-19.

Bianco, the Riverside County sheriff, appeared frustrated with the public for flouting stay-at-home orders intended to slow the virus’ spread. “Take it from me, losing two family members right here,” he said. “You don’t want to be the next.”

Bill Young, president of the union that represents Riverside County sheriff’s deputies, said he knew both Werksman and Young and called them “the nicest guys that you could meet.”

“It’s too much of a coincidence for me, personally,” he said.

Young and Werksman did not work together and did not encounter each other while infected with the coronavirus, Bianco said. No Sheriff's Department employees who worked with Werksman have shown symptoms of the virus as of Friday. Twenty-six Sheriff's Department employees and 13 inmates in the county's jails have tested positive. Two employees and no inmates have been hospitalized.

Young, a deputy of 15 years, [was working March 22](#) at the Cois M. Byrd Detention Center near Murrieta when he fell ill and went home early, Bianco said. A week earlier, [Young had escorted an inmate from the detention center to the Riverside University Health System Medical Center](#). The inmate has tested positive for COVID-19.

Young was a family man, a caring husband to his wife of nearly 31 years, Marie, and an attentive father to their four children, said Tania Gergel, a longtime friend of Young and his family. Since launching [a fundraiser for his family](#), Gergel has heard that Young was a smiling face to strangers at his local church in Murrieta, where he worked security and ushered cars into the parking lot every Sunday.

Werksman joined the Riverside County Sheriff's Department in 1998, working in the jails, on patrol and then on the bomb squad, an assignment he held for 11 years, Bianco said. His first day on the bomb squad, Werksman was sent to a vineyard in Temecula, where a man digging with a backhoe had unearthed an unexploded World War II-era artillery shell, Werksman's older brother, Harry, said in an interview.

"David said, 'What are we going to do?' And the guys said, 'Pick it up.' He said, 'What if it goes off?' And they said, 'We won't know. We'll be pink mist.'"

Despite its stress and the toll it took on his body, Werksman loved the work. One day, he called his brother and told him to turn on the news. A TV crew showed a day care, its basement converted into a meth lab, and a solitary figure approaching. "There he was in his bomb suit," Harry Werksman recalled, "trudging toward it."

"He really felt like he was saving not just one person, but as many people that might be affected by a meth lab blowing up or by a suspicious package in a courthouse," he said. "For him, it was about helping as many people as possible. And when he told me those stories, I'd look at him and think, 'I am the most selfish person in the world.'"

After 11 years, though, David Werksman's shoulders, knees and back were aching. He moved into the Sheriff's Department's administration unit, handling public records requests, Bianco said Friday. He was in the process of being declared medically retired, his brother said, and was looking forward to purchasing a catamaran, moving with his wife to the Caribbean and opening a charter boat company.

On March 17, Werksman's mother, Mary, died at her home in Rancho Mirage. She was 88 and suffering from leukemia, Harry Werksman said. Though Bianco said Friday that Werksman may have contracted the coronavirus at the funeral or while making arrangements for his mother's

burial, Harry Werksman said there was no funeral service out of concerns about spreading the virus.

“I was told don’t come — sorry,” Harry Werskman said. His brothers told him they stood several feet from one another and the cemetery workers, in line with social distancing requirements, as a mechanical lift hoisted their mother’s coffin into a vault beside her husband. “They said it didn’t take longer than five minutes.”

After the funeral, David Werksman told his brother he felt run down, but they both figured it stemmed from the stress of losing a loved one. When he spoke to his brother last Saturday, the deputy was coughing and his voice was all but gone. He checked into a hospital the next day and went on a ventilator.

The last thing he said before he was hooked up to the machine, hospital workers later told Harry Werksman, was “take care of my kids.” He leaves behind a wife, son and two daughters.

“At the end,” his brother said, “they were his concern.”

EXHIBIT E



PRISON LAW OFFICE

General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Director:
Donald Specter

Managing Attorney:
Sara Norman

Staff Attorneys:
Rana Anabtawi
Patrick Booth
Steven Fama
Alison Hardy
Sophie Hart
Corene Kendrick
Rita Lomio
Margot Mendelson

March 16, 2020

Jeb Brown
Deputy County Counsel
VIA EMAIL ONLY

RE: Jail Plans for COVID-19 Management

Dear Jeb:

I am grateful to you for agreeing to take up these matters with the Sheriff's Department and medical and mental health leadership at the jails, and to set up a call to discuss them. As I told you on the phone, these measures are of profound import to my clients and it is essential to me to engage with the County to represent their interests. At the same time, I am mindful of the extraordinary pressures on those in charge of the jails right now and I want to provide minimal distraction from essential work.

As you and the County leadership know, people in jail are highly vulnerable to outbreaks of contagious illnesses. They are housed in close quarters and are often in poor health. People detained in these conditions unnecessarily will be at substantially higher risk of exposure and serious health consequences, including death, than if they were in the community. The risk extends to staff as well. Furthermore, COVID-19 outbreaks in jails threaten the larger public, as large numbers of individuals move through jails on a daily basis and correctional, medical, and other staff interact with the incarcerated population and circulate back into communities. Reducing the jail population and taking proactive health measures in the jail are critical for protecting those who are detained as well as the broader community.

We ask that you immediately and publicly announce your plans to address the virus in the jail system as an urgent matter. Having an appropriate, evidence-based plan in place can help prevent an outbreak and minimize its impact if one does occur; and not having one may cost lives.

The following are the crucial elements to any plan and I look forward to discussing them with County officials:

• **Early release:** We encourage you to assess sentenced individuals who are particularly vulnerable to COVID-19 for immediate release, unless there is clear evidence that release would present an unreasonable risk to the physical safety of the community. The

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CDC has classified as vulnerable those who are elderly and those with asthma, cancer, heart disease, lung disease, and diabetes. To further reduce the population, we also urge you to accelerate the release of all individuals who have 30 days or fewer of their sentence remaining pursuant to Penal Code Section 4024.1. We understand that several counties in California, as well as Ohio and other states, are currently implementing population reduction measures along these lines.

- **Education of the people in your custody:** People housed in the jails need to be informed about the virus and the measures they can take to minimize their risk of contracting or spreading the virus. They must be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science. Education should be reiterated upon release to best inform individuals on how to prepare for a healthy return to the public. I have examples of CDCR's educational materials that I am sending for the County's review.

- **Education of the staff:** Correctional, administrative, and health care staff all must be educated about the virus to adequately protect themselves and their families, as well as the people in their custody.

- **Staffing plans:** Regardless of how many staff stay home because they are sick, the jails will have to continue maintain a staffing level to ensure adequate and humane functioning. There must be a plan for how necessary functions and services will continue if large numbers of staff are out related to the virus.

- **Staffing plans for services provided by people living in the jail:** Many tasks in jails, such as food preparation and basic sanitation, are performed by people living in the jail. The plans for an outbreak must also address how necessary tasks performed by them will continue if large numbers become ill.

- **Provision of hygiene supplies:** The most basic aspect of infection control is hygiene. There must be ready access to warm water and adequate hygiene supplies provided to inmates and to staff, both for handwashing and for cleaning, at no cost. I ask that you consider relaxing any rules banning alcohol-based hand sanitizer.

- **Screening and testing of the people in your custody:** The plan must include guidance, based on the best science available and advice from the County public health officials, on how and when to screen and test people in your facilities for the virus. The

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County must advocate strongly for an adequate supply of test kits for people living and working in the jails.

- **Housing of persons exposed to the virus:** The plan must describe how and where people in the jail system will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become sick with it. *This should not result in prolonged, widespread lockdowns.* Any lockdowns or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration. I am particularly concerned with the Indio dorms. I would like to hear about whether the new Indio jail is available to move large numbers of people into a more spacious environment that will allow the social distancing that is essential to control the spread of the virus.

- **Treatment:** Courses of treatment must be evidence-based, available immediately, and in compliance with scientifically based public health protocols.

- **Vulnerable Populations:** The plan must provide for additional precautions for those who are at high risk of serious illness if they are infected, such as pregnant women and people with chronic illnesses, compromised immune systems, or disabilities, and people whose housing placements restrict their access to medical care and limit the staff's ability to observe them.

- **Data collection:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. The jail system must be part of this process. The same information that is tracked in the community must be tracked in the jails.

- **Family and community engagement:** If Riverside is cutting off all visiting, as many systems have, we ask that you increase phone call access and offer free or reduced rates, to allow people to communicate with their families and loved ones in these very difficult times.

Additional measures

It is also essential to limit the jail populations as much as is consistent with public safety. We ask that the County take the following measures:

- **Release of pre-trial detainees:** The California Constitution allows courts to release individuals on their own recognizance "in the court's discretion." Article 1, Section 12.

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Section 1275 of the California Penal Code states the considerations in setting bail, and makes clear that “[i]n setting, reducing, or denying bail, a judge or magistrate shall take into consideration the protection of the public” and that “public safety shall be the *primary consideration*.” (Emphasis added). In this case, public safety requires that as few individuals as possible circulate through the jail system. We therefore encourage presumptive release on recognizance for as many people as possible, particularly for vulnerable populations, including people over the age of 60 and people with special health vulnerabilities.

- **Minimizing the use of detention:** To reduce crowding, courts should default to noncustodial sentences wherever possible, including resolutions that avoid immigration detention where outbreak potential is highest.

- **Reducing court appearances and other in-person meetings:** Courts should reduce the risk to their staff and to the general public by declining to issue “failure to appear” warrants or “bench warrants.” If requested by defense counsel, courts should agree to waive clients’ appearance for status court dates (for people both in and out of custody). Courts should also cancel all probation, parole, and pretrial meetings; court-ordered classes; in-person drug testing; collection of court debt; and modify all reporting conditions to phone-reporting.

I am eager to discuss all of these measures with County officials, to hear what has already been done and what is being planned. I ask that you send me copies of any plans that cover any of these points that have been drafted. As we discussed, I very much hope we can talk this week.

Sincerely,

Sara Norman
Sara Norman

Cc: Scott Allen
Bruce Gage

EXHIBIT F



PRISON LAW OFFICE

General Delivery, San Quentin, CA 94964
Telephone (510) 280-2621 • Fax (510) 280-2704
www.prisonlaw.com

Director: Donald Specter

Managing Attorney:
Sara Norman

March 16, 2020

Jeb Brown
Deputy County Counsel

Rana Anabtawi
Patrick Booth
Steven Fama
Alison Hardy
Sophie Hart
Corene Kendrick
Rita Lomio
Margot Mendelson
Staff Attorneys:

VIA EMAIL ONLY

RE: Jail Plans for COVID-19 Management

Dear Jeb:

I am grateful to you for agreeing to take up these matters with the Sheriff's Department and medical and mental health leadership at the jails, and to set up a call to discuss them. As I told you on the phone, these measures are of profound import to my clients and it is essential to me to engage with the County to represent their interests. At the same time, I am mindful of the extraordinary pressures on those in charge of the jails right now and I want to provide minimal distraction from essential work.

As you and the County leadership know, people in jail are highly vulnerable to outbreaks of contagious illnesses. They are housed in close quarters and are often in poor health. People detained in these conditions unnecessarily will be at substantially higher risk of exposure and serious health consequences, including death, than if they were in the community. The risk extends to staff as well. Furthermore, COVID-19 outbreaks in jails threaten the larger public, as large numbers of individuals move through jails on a daily basis and correctional, medical, and other staff interact with the incarcerated population and circulate back into communities. Reducing the jail population and taking proactive health measures in the jail are critical for protecting those who are detained as well as the broader community.

We ask that you immediately and publicly announce your plans to address the virus in the jail system as an urgent matter. Having an appropriate, evidence-based plan in place can help prevent an outbreak and minimize its impact if one does occur; and not having one may cost lives.

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The following are the crucial elements to any plan and I look forward to discussing them with County officials:

- **Early release:** We encourage you to assess sentenced individuals who are particularly vulnerable to COVID-19 for immediate release, unless there is clear evidence that release would present an unreasonable risk to the physical safety of the community. The

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CDC has classified as vulnerable those who are elderly and those with asthma, cancer, heart disease, lung disease, and diabetes. To further reduce the population, we also urge you to accelerate the release of all individuals who have 30 days or fewer of their sentence remaining pursuant to Penal Code Section 4024.1. We understand that several counties in California, as well as Ohio and other states, are currently implementing population reduction measures along these lines. **Riverside County is unique in this area. Due to the federal court order for overcrowding, we are continually looking at early releases and conduct them most days. Our criteria for early release is fluid and changes upon our daily needs, however, when we look at early releases we consider all sentences with less than 18 months remaining.**

- **Education of the people in your custody:** People housed in the jails need to be informed about the virus and the measures they can take to minimize their risk of contracting or spreading the virus. They must be educated on the importance of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science. Education should be reiterated upon release to best inform individuals on how to prepare for a healthy return to the public. I have examples of CDCR's educational materials that I am sending for the County's review. **CHS put a slide show together educating the inmates about personal hygiene, hand washing, and not touching your face. This has been added to the inmates dedicated channel and is playing in all dayrooms. During the medical screening process at intake and at each of the medical offices in the jail, nursing staff continually educate the inmates on the importance of personal hygiene and hand washing.**
- **Education of the staff:** Correctional, administrative, and health care staff all must be educated about the virus to adequately protect themselves and their families, as well as the people in their custody. **Education of staff has been conducted via doc reads, power points, and training bulletins put together by CHS and county health. The training material consists of personal protection, and protection of others (family, friends, inmates).**

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- **Staffing plans:** Regardless of how many staff stay home because they are sick, the jails will have to continue maintain a staffing level to ensure adequate and humane functioning. There must be a plan for how necessary functions and services will continue if large numbers of staff are out related to the virus. **We are in the process of moving some staff from specialty assignments back to the jail to assist with the movement and housing of inmates who are at risk of infection. We also have a plan in place to move additional staff from other assignments if needed.**
- **Staffing plans for services provided by people living in the jail:** Many tasks in jails, such as food preparation and basic sanitation, are performed by people living in the jail. The plans for an outbreak must also address how necessary tasks performed by them will continue if large numbers become ill. **If our inmate workers become ill and can no longer work inside the jail, we will use non inmate workers to complete those jobs.**
- **Provision of hygiene supplies:** The most basic aspect of infection control is hygiene. There must be ready access to warm water and adequate hygiene supplies provided to inmates and to staff, both for handwashing and for cleaning, at no cost. I ask that you consider relaxing any rules banning alcohol-based hand sanitizer. **We follow public health guidelines to maintain hygiene for the inmates. This includes supplies of soap and access to water to ensure they have every opportunity to wash their hands. In addition, we provide access to cleaning supplies regularly to keep the housing units clean.**
- **Screening and testing of the people in your custody:** The plan must include guidance, based on the best science available and advice from the County public health officials, on how and when to screen and test people in your facilities for the virus. The County must advocate strongly for an adequate supply of test kits for people living and working in the jails. **We are working well with county health officials to begin testing inmates in our custody that show symptoms of the virus. Any inmate that we determine to be at moderate risk of infection is tested and placed in quarantine.**
- **Housing of persons exposed to the virus:** The plan must describe how and where people in the jail system will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become sick with it. *This should not result in prolonged, widespread lockdowns.* Any lockdowns or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration. I am particularly concerned with the Indio dorms. I would like to hear about whether the new Indio jail is available to move large numbers of people into a more spacious environment that will allow the social distancing that is essential to control the spread of the virus.

We have developed and implemented a fluid housing plan that addresses housing of inmates that have been exposed or are at a moderate risk of contracting the virus. Inmates who are isolated from the general population due to potential exposure will have the same access to regular activities and privileges as those who have not.

- **Treatment:** Courses of treatment must be evidence-based, available immediately, and in compliance with scientifically based public health protocols. **Correctional Health meets with County Public Health on an ongoing basis to identify and utilize best practices and industry standards.**
- **Vulnerable Populations:** The plan must provide for additional precautions for those who are at high risk of serious illness if they are infected, such as pregnant women and people with chronic illnesses, compromised immune systems, or disabilities, and people whose housing placements restrict their access to medical care and limit the staff's ability to observe them. **We regularly review and evaluate the ability to release high risk inmates while weighing the need to release and the obligation to public safety.**
- **Data collection:** The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. The jail system must be part of this process. The same information that is tracked in the community must be tracked in the jails. **Correctional Health in conjunction with County Public Health meet daily and collect this information.**
- **Family and community engagement:** If Riverside is cutting off all visiting, as many systems have, we ask that you increase phone call access and offer free or reduced rates, to allow people to communicate with their families and loved ones in these very difficult times. **We are increasing phone access for all inmates and offering limited free phone calls at this time.**

Additional measures

It is also essential to limit the jail populations as much as is consistent with public safety. We ask that the County take the following measures:

- **Release of pre-trial detainees:** The California Constitution allows courts to release individuals on their own recognizance "in the court's discretion." Article 1, Section 12. Section 1275 of the California Penal Code states the considerations in setting bail, and makes clear that "[i]n setting, reducing, or denying bail, a judge or magistrate shall take into consideration the protection of the public" and that "public safety shall be the *primary consideration*." (Emphasis added). In this case, public safety requires that as few individuals as possible circulate through the jail system. We therefore encourage presumptive release on

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March 16, 2020
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recognizance for as many people as possible, particularly for vulnerable populations, including people over the age of 60 and people with special health vulnerabilities. **The process of releasing inmate pre-trial on their own recognizance is done by the probation department. We do not determine which inmate qualifies for these types of releases.**

- **Minimizing the use of detention:** To reduce crowding, courts should default to noncustodial sentences wherever possible, including resolutions that avoid immigration detention where outbreak potential is highest. **The courts are responsible for sentencing and deciding on noncustodial sentences. We do not hold inmates based on their immigration status.**
- **Reducing court appearances and other in-person meetings:** Courts should reduce the risk to their staff and to the general public by declining to issue “failure to appear” warrants or “bench warrants.” If requested by defense counsel, courts should agree to waive clients’ appearance for status court dates (for people both in and out of custody). Courts should also cancel all probation, parole, and pretrial meetings; court-ordered classes; in-person drug testing; collection of court debt; and modify all reporting conditions to phone-reporting. **The Riverside County Courts are responsible for determining what cases will be seen. The courts recently advised they will only be seeing felony and misdemeanor arraignments, gun violation restraining orders, and bail motions. The courts are currently closed to the public outside of any essential business.**

I am eager to discuss all of these measures with County officials, to hear what has already been done and what is being planned. I ask that you send me copies of any plans that cover any of these points that have been drafted. As we discussed, I very much hope we can talk this week.

Sincerely,

Sara Norman
Sara Norman

Cc: Scott Allen
Bruce Gage

EXHIBIT G

Sara Norman

From: Sara Norman
Sent: Wednesday, March 25, 2020 2:06 PM
To: 'Brown, Jeb'
Cc: 'Moran, Kelly'; 'Scott Allen'; 'Bruce Gage'
Subject: RE: Riverside Response to COVID-19 Letter

Dear Jeb,

I am following up on my email. Are the County people available for a phone call? Please let me know.

Thanks.

--Sara

From: Sara Norman [mailto:snorman@prisonlaw.com]
Sent: Sunday, March 22, 2020 3:25 PM
To: 'Brown, Jeb' <JebBrown@RIVCO.ORG>
Cc: 'Moran, Kelly' <KMoran@rivco.org>; 'Scott Allen' <Scott.Allen@medsch.ucr.edu>; 'Bruce Gage' <gage@pugetsoundmentalhealth.com>
Subject: RE: Riverside Response to COVID-19 Letter

Dear Jeb,

Thank you for your response to my letter. I am very grateful for the additional information. However, as you can imagine, I have many questions. It is essential that I be able to advise my clients and determine what steps, if any, I must take to represent their interest in medical and mental health treatment that meets community standards.

To those ends, I would be very grateful if I could talk to a representative of the Sheriff's Department who can speak to the follow-up questions I outline below as well as to either Mike Mesisca or Arnold Tabuenca and either Deborah Johnson or Brian Betz. I would like to talk on Monday (in the afternoon if possible, but I can make myself available at any time) or Tuesday at any time. I am hoping that Scott and Bruce will join the call if they are able, to bring to bear their expertise as Court experts and well as their experience in other jurisdictions.

Here is an outline of some of my questions, to provide a framework for discussion and to give people a chance to gather information as needed for our call.

1. In the jails

Your response indicates that education has been provided as to personal hygiene. Has there also been education about the coronavirus and COVID-19? Could I get a copy of the slide show being used?

You say that people have supplies of soap and access to water. Is soap free? Do the jails have adequate supplies to hand out soap to all people in face of an anticipated increase in use?

Do the housing unit cleaning supplies include agents such as bleach and hydrogen peroxide, found to be effective against coronavirus?

Where are people quarantined and isolated due to exposure or risk of exposure housed? Are there specific housing units set aside for them? Do the jails have the capacity to separate a large number of potential cases?

When people housed in the jails contract COVID-19 and experience serious complications, where will they be treated? Does the DCU have the capacity to house them and meet their needs? Are there other locations they will be sent?

I am very glad to hear that there is increased phone access and some free phone calls. Could you give me more specific information about this, so I can advise my clients?

2. For the public

Is information about the steps taken to protect people living and working in the jails made public? I saw nothing about COVID-19 on the Sheriff's website or the specific corrections website. CDCR's website (<https://www.cdcr.ca.gov/covid19/>) is an example of public education that can go a long way toward allowing the loved ones of people in the jails to send them accurate information and track safety measures.

3. Early releases

I am grateful to hear that you have a ready mechanism, in the federal overcrowding order, to reduce population in order to enhance public safety. You say that the County's release criteria are fluid and that you consider all sentences with less than 18 months to serve. Do these criteria now include people at high risk for morbidity and mortality from COVID-19, including from age and medical conditions, given the risk to the public of rampant spread of COVID-19 in the jails? If there are release criteria due to COVID-19, is the County tracking the numbers of people released early under those criteria?

What is the current population of the jails? Do you have a target population for safe jail conditions based on maximizing social distancing and accounting for the capacity of medical operations to care for people with COVID-19 complications?

I am very grateful for your continuing availability to discuss these matters and I look forward to hearing about a time for a conference call. Take care.

--Sara

From: Brown, Jeb [mailto:JebBrown@RIVCO.ORG]

Sent: Sunday, March 22, 2020 11:51 AM

To: Sara Norman <snorman@prisonlaw.com>

Cc: Scott Allen <docallen1@me.com>; Bruce Gage <gage@pugetsoundmentalhealth.com>; Moran, Kelly <KMoran@RIVCO.ORG>

Subject: Riverside Response to COVID-19 Letter

Sara:

Please see the Riverside's response to your letter regarding COVID-19. Please let me know if you have any questions.

Thanks
Jeb

James E. "Jeb" Brown
Assistant County Counsel
County of Riverside
Phone: (951) 955-6300
Fax: (951) 955-6883
Email: jebbrown@rivco.org



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County of Riverside California

EXHIBIT H

Sara Norman

From: Sara Norman
Sent: Saturday, March 28, 2020 6:21 PM
To: 'Brown, Jeb'
Cc: 'Scott Allen'; 'Bruce Gage'; 'Moran, Kelly'
Subject: Emergency proposal for modification of the Remedial Plan
Attachments: 20.03.25 Doc 3219-2 Declaration of Haney.pdf; 20.03.25 Doc 3219-4 Declaration of Stern.pdf

Dear Jeb:

I write to submit a proposed modification of the *Gray v. Riverside* Remedial Plan on an emergency basis.

The Consent Decree states that “The Remedial Plan is designed to meet the minimum level of health care necessary to fulfill Defendant’s obligations under the Eighth and Fourteenth Amendments.” Consent Decree ¶ 9. It further states that “Plaintiffs may seek to modify the Remedial Plan if the plan does not effectively [ensure provision of constitutional care], or a modification is necessary to ensure Plaintiff class members receive adequate healthcare under the Eighth and Fourteenth Amendment to the United States Constitution.” *Id.* ¶ 11.

The coronavirus has the capacity to spread like wildfire inside correctional settings, as numerous corrections and public health experts have warned. *See* attached declarations of Dr. Marc Stern and Dr. Craig Haney, filed in *Plata/Coleman v. Newsom*, attached. Riverside County is no exception, and the ravages of the virus are poised to overwhelm the medical and mental health care delivery system capacity in the jails. In light of the pandemic, the Remedial Plan no longer can effectively meet the healthcare needs of the Plaintiff class and a modification is required to ensure they receive constitutional care.

Plaintiffs believe that the Remedial Plan must be modified to address the dangers of the coronavirus pandemic in two ways. First, every Californian was ordered by the Governor to practice social distancing in order to slow the spread of the virus and save lives. Social distancing is impossible in many of the crowded dormitories in the County’s five jails. Second, many people living in the jails are elderly and have underlying medical conditions that make them particularly vulnerable to severe complications or death. The Remedial Plan must be modified to require (a) the release of enough people living in the jail to allow for social distancing in all living spaces, and (b) the release of elderly and high-risk patients to protect them from the dangers of the pandemic behind bars.

The Sheriff has the power to effect these releases. Section 8658 of the California Government Code provides specific direction to counties in the case of emergencies like today’s pandemic:

In any case in which an emergency endangering the lives of inmates of a state, county, or city penal or correctional institution has occurred or is imminent, the person in charge of the institution may remove the inmates from the institution. He shall, if possible, remove them to a safe and convenient place and there confine them as long as may be necessary to avoid the danger, or, if that is not possible, may release them. Such person shall not be held liable, civilly or criminally, for acts performed pursuant to this section.

Pursuant to the Consent Decree, “Any party wishing to modify the plan must submit a proposed modification to the opposing party. The opposing party may request further information, request that the modification(s) be reviewed by the Court’s experts, and/or request that the proposed modification(s) be subjected to the dispute

resolution process described below. If the parties fail to reach agreement on the proposed modification(s), the party proposing the modification(s) may seek relief from the Court.” Consent Decree, ¶ 14.

In light of the urgent nature of this situation, along with the request for a modification I am simultaneously asking that the Court experts review Plaintiffs’ proposal and provide a response as soon as possible. (The Consent Decree at ¶ 13 also allows either party to request a report from the Court experts.) I further request that if Defendant disagrees with the proposal, you waive the dispute resolution process and agree to an expedited briefing schedule before the Court.

Please call me to discuss this matter as soon as possible.

--Sara

EXHIBIT I

Sara Norman

From: Sara Norman
Sent: Monday, March 30, 2020 1:51 PM
To: 'Brown, Jeb'
Cc: 'Scott Allen'; 'Bruce Gage'; 'Moran, Kelly'
Subject: RE: Emergency proposal for modification of the Remedial Plan

Dear Jeb, Scott, and Bruce:

I write to include an additional measure that I believe is essential to include in the Remedial Plan in order to maintain constitutional healthcare standards:

The Remedial Plan must further be modified to require the County to provide, in cases of public health emergencies, ample free soap for personal use, cleaning supplies to sanitize cells and common living areas, and public health education regarding handwashing, sanitizing, and social distancing.

Thank you to all of you for reviewing this modification request. I know that these are extraordinarily difficult and demanding times for us all, but I hope that you are able to respond quickly with your positions. I very much hope that we are able to proceed with the spirit of collaboration that has been the hallmark of the remedial process to date, and that you understand that my obligation to my clients compels me to urge these measures that I believe are essential.

--Sara

From: Sara Norman [mailto:snorman@prisonlaw.com]
Sent: Saturday, March 28, 2020 6:21 PM
To: 'Brown, Jeb' <JebBrown@RIVCO.ORG>
Cc: 'Scott Allen' <Scott.Allen@medsch.ucr.edu>; 'Bruce Gage' <gage@pugetsoundmentalhealth.com>; 'Moran, Kelly' <KMoran@RIVCO.ORG>
Subject: Emergency proposal for modification of the Remedial Plan

Dear Jeb:

I write to submit a proposed modification of the *Gray v. Riverside* Remedial Plan on an emergency basis.

The Consent Decree states that “The Remedial Plan is designed to meet the minimum level of health care necessary to fulfill Defendant’s obligations under the Eighth and Fourteenth Amendments.” Consent Decree ¶ 9. It further states that “Plaintiffs may seek to modify the Remedial Plan if the plan does not effectively [ensure provision of constitutional care], or a modification is necessary to ensure Plaintiff class members receive adequate healthcare under the Eighth and Fourteenth Amendment to the United States Constitution.” *Id.* ¶ 11.

The coronavirus has the capacity to spread like wildfire inside correctional settings, as numerous corrections and public health experts have warned. *See* attached declarations of Dr. Marc Stern and Dr. Craig Haney, filed in *Plata/Coleman v. Newsom*, attached. Riverside County is no exception, and the ravages of the virus are poised to overwhelm the medical and mental health care delivery system capacity in the jails. In light of the pandemic, the Remedial Plan no longer can effectively meet the healthcare needs of the Plaintiff class and a modification is required to ensure they receive constitutional care.

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The Sheriff has the power to effect these releases. Section 8658 of the California Government Code provides specific direction to counties in the case of emergencies like today's pandemic:

In any case in which an emergency endangering the lives of inmates of a state, county, or city penal or correctional institution has occurred or is imminent, the person in charge of the institution may remove the inmates from the institution. He shall, if possible, remove them to a safe and convenient place and there confine them as long as may be necessary to avoid the danger, or, if that is not possible, may release them. Such person shall not be held liable, civilly or criminally, for acts performed pursuant to this section.

Pursuant to the Consent Decree, "Any party wishing to modify the plan must submit a proposed modification to the opposing party. The opposing party may request further information, request that the modification(s) be reviewed by the Court's experts, and/or request that the proposed modification(s) be subjected to the dispute resolution process described below. If the parties fail to reach agreement on the proposed modification(s), the party proposing the modification(s) may seek relief from the Court." Consent Decree, ¶ 14.

In light of the urgent nature of this situation, along with the request for a modification I am simultaneously asking that the Court experts review Plaintiffs' proposal and provide a response as soon as possible. (The Consent Decree at ¶ 13 also allows either party to request a report from the Court experts.) I further request that if Defendant disagrees with the proposal, you waive the dispute resolution process and agree to an expedited briefing schedule before the Court.

Please call me to discuss this matter as soon as possible.

--Sara

EXHIBIT J

SUPPLEMENTAL REPORT OF SCOTT A. ALLEN, MD REGARDING COVID-19 RISKS IN RIVERSIDE COUNTY JAIL

March 30, 2020

This supplemental report is prepared in response to a request by Plaintiff's counsel citing imminent threats to individuals incarcerated in the Riverside County Jail posed by the COVID-19 pandemic.

1. I am a physician, board certified in internal medicine, with extensive experience in correctional and detention health care. I am a Professor Emeritus of Medicine, a former Associate Dean of Academic Affairs and former Chair of the Department of Internal Medicine at the University of California Riverside School of Medicine. From 1997 to 2004, I was a full-time correctional physician for the Rhode Island Department of Corrections; for the final three years, I served as the State Medical Program Director. I have published over 25 peer-reviewed papers in academic journals related to prison health care and am a former Associate Editor of the International Journal of Prisoner Health Care. I have consulted on detention health issues both domestically and internationally for the Open Society Institute and the International Committee of the Red Cross, among others. I have worked with the Institute of Medicine on several workshops related to detainee healthcare and serve as a medical advisor to Physicians for Human Rights. I am the co-founder and co-director of the Center for Prisoner Health and Human Rights at Brown University (www.prisonerhealth.org), and a former Co-Investigator of the University of California Criminal Justice and Health Consortium. I am also the founder and medical director of the Access Clinic, a primary care medical home to adults with developmental disabilities based at the Riverside County Hospital (RUHSMC).
2. I am the court appointed monitor for the consent decree in litigation involving medical care at Riverside County Jails (*Grey v. Riverside*). In that capacity I have conducted multiple inspections of all five jail facilities in Riverside County since 2015 with my most recent inspections having been completed in January 2020.
3. We are currently in the middle of an unprecedented global pandemic involving a novel corona virus known as COVID-19. There is no vaccine for COVID-19. There is no proven treatment other than supportive care for COVID-19. COVID-19 is easily transmitted from person to person by droplet or aerosol spread. As the virus is novel, the vast majority of humanity has no immunity to this virus.
4. Based on early data from testing, 80% of people infected with COVID-19 will have mild or no disease, 20% will be sick enough to require hospitalization and 5% of the total will require ICU level care. We also know that those rates will be much higher for elderly and those with chronic illness such as respiratory disease, heart disease, and hypertension. The overall case-fatality rate for those infected is estimated to be between 0.2% - 3%

making is up to three times more deadly than influenza virus. The death rate is highest for those over age 60, those with chronic diseases and men.

https://wwwnc.cdc.gov/eid/article/26/6/20-0320_article

5. Worldwide there are 710,000 confirmed cases resulting in 33,000 deaths. According to the Centers for Disease Control (CDC at cdc.gov) there are over 122,000 confirmed COVID-19 cases in the United States in the U.S. resulting in over 2000 deaths to date. <https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html#reporting-cases>. Those numbers are increasing.
6. Riverside County has reported 195 COVID-19 cases resulting in 8 deaths to date. <https://www.latimes.com/projects/california-coronavirus-cases-tracking-outbreak/>
7. Riverside County Jail has now reported its first inmate infection and two deputy infections with COVID-19. <https://www.pe.com/2020/03/28/first-inmate-at-riverside-county-jail-and-two-more-deputies-test-positive-for-coronavirus/>
8. COVID-19 is affecting other jails and prisons as well including an outbreak reported at Rikers Island with 21 inmates and 17 employees testing positive for the virus. <https://www.nbcnewyork.com/news/coronavirus/21-inmates-17-employees-test-positive-for-covid-19-on-rikers-island-officials/2338242/>. Dozens of inmates have been infected in Louisiana resulting in one inmate death and the hospitalization of a correctional officer so far. https://www.washingtonpost.com/national/an-explosion-of-coronavirus-cases-cripples-a-federal-prison-in-louisiana/2020/03/29/75a465c0-71d5-11ea-85cb-8670579b863d_story.html The California Department of Corrections and Rehabilitation (CDCR) reports that so far five employees and one incarcerated person have tested positive for COVID-19. <https://www.cdcr.ca.gov/covid19/> The actual number of infections is likely to be higher due to the testing shortage.
9. One of the risks of incarcerating individuals in congregant settings such as jails is the high risk of rapid spread of infectious diseases. Although much is still unknown, the case-fatality rate (number of infected patients who will die from the disease) and rate of spread for COVID-19 appears to be as high or higher than that for influenza or varicella (chicken pox).
10. Traditional methods employed by jails and prisons to slow or prevent the spread of infectious diseases will not work for COVID-19 because there is no rapid test and current testing is in limited supply and most individuals who are infectious are without symptoms early on in the process (for up to two weeks). Options for medical isolation of COVID-19 cases are limited and vary depending on the type and size of facility, as well as the current level of available capacity, which is partly based on medical isolation needs for other conditions. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> Facilities that are at or near full capacity will lack the flexibility required to successfully cohort or

isolate individuals or groups as such procedures require spare capacity to allow for flexible housing.

11. A real threat to all healthcare systems, including Riverside County, is the threat of a large number of people getting sick at the same time or within a short period. Rapid spread through a jail would create that very scenario.
12. Because COVID-19 can spread so quickly, those who contract COVID-19 with symptoms that require medical intervention will need to be treated at local hospitals, thus increasing the risk of infection to the public at large and overwhelming treatment facilities. As local hospital systems, including but not limited to RUHSMC, become overwhelmed by the patient flow from jail outbreaks, precious health resources will be less available for people in the community, including community members affected by coronavirus, or simply those presenting with the usual illnesses (heart attacks, accidents, etc.).
13. As local hospital systems become overwhelmed by the patient flow from jail outbreaks, precious health resources will be less available for people in the community. To be more explicit, a detention center with a rapid outbreak could result in multiple detainees—five, ten or more—being sent to the local community hospital where there may only be six or eight ventilators over a very short period. As they fill up and overwhelm the ventilator resources, those ventilators are unavailable when the infection inevitably is carried by staff to the community and are also unavailable for all the usual critical illnesses (heart attacks, trauma, etc.). In the alternate scenario where detainees are released from high risk congregate settings, the tinderbox scenario of a large cohort of people getting sick all at once is less likely to occur, and the peak volume of patients hitting the community hospital would level out. In the first scenario, many people from the jail *and the community* die unnecessarily for want of a ventilator. In the latter, survival is maximized as the local mass outbreak scenario is averted.
14. “Social distancing” is essential to slow the spread of the coronavirus to minimize the risk of infection and to try to reduce the number of those needing medical treatment from the already-overwhelmed and inadequately prepared health care providers and facilities. However, social distancing is an oxymoron in congregate settings, which because of the concentration of people in a close area with limited options for creating distance between detainees, are at very high risk for an outbreak of infectious disease.
15. While all congregate settings (cruise ships, nursing homes, college dorms) carry high risk of rapid spread of infection, jails carry an even higher risk because jail settings have even closer living quarters. In particular, Riverside County Jails have housing units where multiple detainees share bunk areas, dining facilities and bathroom facilities.

16. While the CDC has provided interim guidance for correctional facilities in reducing the risks posed by COVID-19 <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> experts in the correctional field have increasingly called for release of individuals who do not pose a significant and immediate risk to public safety, especially those at highest risk of complications of infection such as age over 60 and chronic diseases including heart disease, hypertension and pulmonary disease. <https://www.washingtonpost.com/opinions/2020/03/17/we-must-release-prisoners-lesser-spread-coronavirus/>
17. A COVID-19 plan co-developed by Dr. Newton Kendig, former Medical Director of the Federal Bureau of Prisons has been shared with the Riverside County Jail Medical Leadership and the Medical Health County COVID-19 Operations teams by way of emails to Dr. Michael Mesisca on March 19, 2020 with updates of the plan shared as they became available. A copy of the plan is attached. As I am sensitive to the fact that developing a plan to address the threat of COVID-19 from scratch would be a challenge during this crisis, I have provided this well thought out plan so that it may serve as a model for Riverside County. It could potentially be adopted with minimal to no modification.
18. In the preparation phase, that plan calls for Phase I Preparations:
Emphasis is placed on coordinating with local law enforcement & court officials to reduce crowding:
 - a. alternatives to in-person court appearances
 - b. maximize use of existing policies for alternatives to incarceration
 - c. expedite implementation of compassionate release policies
 - d. explore strategies to reduce new intakes to the correctional facility
 - e. explore strategies for releasing inmates at low risk for violent crime –particularly those with risk factors for severe COVID-19
19. High priority for consideration for release should be given to patients with chronic diseases. As of March 30, 2020, the chronic illness roster for Riverside County Jails had 991 individuals, including 432 with hypertension, 48 with heart diseases, 256 with lung disease, 32 with cancer, 26 with HIV and 15 with kidney disease. All of these individuals are at higher risk of serious illness should they become infection. The number of inmates over age 60 – another high-risk group – is not immediately available but could be easily pulled from the inmate master list.
20. The attached mitigation plan involves multiple strategies to slow the spread of COVID-19 in facilities, and all measures should be employed. However, reduction of the population, particularly reducing those at greatest risk for serious illness, is likely to be the most effective strategy.

21. Incarceration is justified by protecting public safety. Public safety risk now must consider considerable risk to the public safety created by the possibility of a jail COVID-19 outbreak that might overwhelm local hospitals over a short period of time.
22. Therefore, I agree with Plaintiff request that the Remedial Plan be modified to require (a) the release of enough people living in the jail to allow for social distancing in all living spaces, and (b) the release of elderly and *medically* high-risk patients *at low risk for violent crime* to protect them from the dangers of the pandemic behind bars. These extraordinary measures are justified by real threats posed to public health and safety created by maintaining the current population in settings that have become unsafe for the inmates, staff and surrounding communities during this extraordinary pandemic.
23. I also support the Plaintiff request that The Remedial Plan must further be modified to require the County to provide, in cases of public health emergencies, ample free soap for personal use, cleaning supplies to sanitize cells and common living areas, and public health education regarding handwashing, sanitizing, and social distancing. These recommendations are consistent with both CDC recommendation and detailed recommendations I have previously shared with the County (and attached to this report).



Scott A. Allen, MD
Riverside, CA

COVID-19 Pandemic Response Plan

March 26, 2020

What's New since the March 19, 2020 Version?

On March 23, 2020, the Centers for Disease Control and Prevention (CDC) published "[Interim Guidance On Management of COVID-19 in Correctional and Detention Facilities](#)". The guidance is very detailed and provides an excellent roadmap for correctional facilities responding to COVID-19. This version of the COVID-19 Pandemic Response Plan integrates most of the CDC guidance, as well as other infection prevention and control best practices.

Below are substantive updates primarily based on the new CDC guidance. All changes in this version are highlighted in **YELLOW** to facilitate recognition of What's New. For readability, these highlights can all be removed in MSWORD® by going to the far-right ribbon of "Home" and "Select All". Then go to the "Font" section and select *ab* (highlighter) and select "No Color"

Element 1. Administration/Coordination:

The purpose of this section is to provide step-by-step guidance for Chief Executive Officers and the leadership team of a correctional facility. It is now divided into two phases: [Phase I. Preparation Steps for COVID-19](#) (for preparing for the possibility of COVID-19 in a facility); and [Phase II. Response Steps for Managing COVID-19](#) (for steps to take once COVID-19 is identified in a staff person or incarcerated person).

Phase I. Preparation Steps for COVID-19

- Emphasis is placed on coordinating with local law enforcement & court officials to reduce crowding:
 - alternatives to in-person court appearances
 - maximize use of existing policies for alternatives to incarceration
 - expedite implementation of compassionate release policies
 - explore strategies to reduce new intakes to the correctional facility
 - explore strategies for releasing inmates at low risk for violent crime –particularly those with risk factors for severe COVID-19
- A new section on personnel policies and practices was added.
- The rest of this section tracks closely with the recommendations in Elements #2 - #13.

Phase II. Response Steps for Managing COVID-19

- The text in this section closely parallels the [CDC guidance](#).
- Reference this section once a case of suspected or confirmed COVID-19 is identified in a staff person or incarcerated person.

Element 2 Communication:

- Additional recommendations are added regarding signage throughout the facility.
- Additional key communication messages for employees were added.
- Communication message for incarcerated persons were added– that sharing drugs and drug preparation equipment can spread COVID-19.

Element 3. General Prevention Measures:

- Environmental Cleaning: More detail is provided regarding cleaning/disinfecting hard surfaces, soft (porous surfaces), and electronics. Emphasis is placed on the need to clean dirty surfaces prior to disinfecting them. CDC is recommending use of household bleach solutions, alcohol solutions, EPA registered household disinfectants (so hospital-grade disinfectants are not required).

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What's New since the March 19, 2020 Version? (*continued*)

- Social distancing measures: Additional examples of social distancing measures are included.
- Infection prevention & control guidance for staff screening visitors, staff, and new intakes was added.

Element 4. Visitors / Volunteers / Contractors / Lawyers:

- If visits are continuing, post signage to instruct visitors to postpone visits if respiratory illness. Screen visitors for symptoms and a temperature prior to entry.
- [Attachment 1a](#). Visitor Screening form was added .

Element 5. Employee Screening:

- [Attachment 1b](#). Employee Screening form was revised.

Element 6. New Intake Screening:

- [Attachment 2](#). New Intake Screening form was revised.

Element 8. Personal Protective Equipment:

- N95 respirators are generally preferred over face masks, if available.
- [Table 3. COVID-19 Personal Protective Equipment Recommendations](#) provides an at-a-glance chart to identify the type of PPE to be used in various situations. Consider posting this throughout your facility.

Element 10. Isolation (Symptomatic Persons):

- Ideally isolation will occur in a private room with a bathroom attached. CDC provides guidance on the order of preference for rooms for isolating inmates. Cohorting is a last resort option.
- If possible, designated custody staff should be assigned to monitor isolated individuals to minimize exposures.
- Specific guidance regarding handling isolation room laundry is provided.
- Specific guidance regarding handling food service items is provided.
- Information is provided regarding cleaning spaces where COVID-19 cases spent time.

Element 11. Care for the Sick:

- Identify if ill persons have risk factors for COVID-19 complications. Those with increased risk should be monitored more closely.
- Implement telemedicine or provider-to-provider consultations for management of COVID-19 patients.

Element 12. Quarantine:

- Close contact to COVID-10 is defined and discussed
- CDC recommends that close contacts be quarantined individually if feasible. Cohorting multiple quarantined close contacts could result in transmission of COVID-19 to persons who are uninfected so should only be practiced if there are no other available options.
- CDC provides guidance on the order of preference for rooms for quarantining inmates
- CDC recommends that PPE for quarantine include: face mask, eye protection, gloves. A gown should be worn if close contact with a quarantined person is anticipated.
- [Attachment 4. Quarantine Room Sign](#) was revised.

[Element 13. Data Collection, Analysis and Reporting](#) was added.

[Element 14. Summary, Evaluation and Continuous Quality Improvement](#) was added.

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Plan Overview (March 16, 2020)

COVID-19 presents unique challenges for containment in the confined correctional environment. Knowledge about COVID-19 and public health guidance for responding to this Pandemic is evolving quickly. Adaptable and updatable practical tools are needed to develop infection prevention and control plans for COVID-19 across a diverse array of U.S. jails and prisons.

This COVID-19 Correctional Pandemic Response Plan provides an outline of infection prevention and control information that should be considered for correctional facilities related to a COVID-19 response. The plan outline is paired with a fillable MS WORD® Implementation Worksheet that can be easily customized to address local issues of concern for the facility and affected community.

The 1918-19 influenza pandemic provides important lessons for responding to COVID-19. During the 1918–19 influenza (“flu”) pandemic, certain cities fared better than others. Those U.S. cities that both acted promptly to control the flu and implemented multiple layers of protective measures had fewer flu cases and lower overall mortality. This VitalCore COVID-19 Correctional Response Plan includes multiple layers of protective measures to minimize the impact of the virus in the correctional environment.

The Response Plan is divided into 14 response elements. Each element is outlined in the plan with a corresponding section of the Implementation Worksheet. When completing the Worksheet, it is recommended to reference the corresponding text in the Response Plan. This worksheet can be readily adapted to meet the unique challenges of a specific facility.

This COVID-19 Correctional Response Plan is based upon current guidance from the CDC that is adapted for the correctional setting. It is anticipated that the CDC guidance will continue to change so the plan will require updating accordingly.

Effective response to the extraordinary challenge of COVID-19 is going to require that all disciplines in a correctional facility come together to develop, modify and implement plans as information and conditions change. Swift, decisive, yet evidenced-based planning is paramount. I hope you find this document useful in advancing our collective efforts to better ensure the health and safety of our correctional workers and our incarcerated patient populations.

Viola Riggan, CEO
VitalCore Health Strategies

Approved by: Lannette Linthicum, MD, VitalCore Medical Consultant

Developed by:
Sarah Bur, MPH, RN, VitalCore Consultant
Newton E. Kendig, MD, VitalCore Consultant

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COVID-19 Overview

This guidance provides general information regarding the COVID-19 pandemic and will be updated regularly.

What is Coronavirus Disease 2019 (COVID-19)?

Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person-to-person. The virus that causes COVID-19 is a Novel Coronavirus that was first identified during an investigation into an outbreak in Wuhan, China and is now causing an International Pandemic.

How is the virus causing COVID-19 transmitted?

The virus is thought to spread mainly between people who are in close contact with one another (within approximately 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

Complications of COVID-19 can include pneumonia, multi-organ failure, and in some cases death.

How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds.
- Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

How long does it take for symptoms to develop?

The estimated *incubation period* (the time between being exposed and becoming ill) averages 5 days after exposure with a range of 1-14 days.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

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COVID-19 Pandemic Response Plan Elements

1. Administration/Coordination

This section on Administration/Coordination is designed for use by Chief Executive Officers to provide a broad overview of the plan. The subsequent elements provide detailed information about how to implement the plan. This section is divided into two phases:

PHASE I. PREPARATION STEPS for COVID-19 summarizes activities that all correctional facilities should be engaged in while preparing for the possibility of COVID-19 in the facility. These steps can be used as an outline for daily meetings about COVID-19 to quickly review the status of plan implementation.

PHASE II. RESPONSE STEPS for MANAGING COVID-19 summarizes activities that should be implemented after case(s) of suspected or confirmed COVID-19 have been identified in the facility in either a staff person or incarcerated person.

PHASE I. PREPARATION STEPS for COVID-19

a) Coordination of Facility Response

- It is critically important that correctional and health care leadership meet regularly to review the current status of COVID-19, review updated guidance from the Centers for Disease Control and Prevention (CDC) and flexibly respond to changes in current conditions.
- Regular meetings should be held, roles and responsibilities for various aspects of the local response determined, and evidence-based plans developed and rapidly implemented.
- Consideration should be given to activating the Incident Command System within the facility to coordinate response to the crisis.
- Responsibility should be assigned for tracking National and Local COVID-19 updates.

b) Coordination with local law enforcement and court officials to minimize crowding.

- Explore alternatives to in-person court appearances.
- Maximize use of existing policies for alternatives to incarceration.
- Expedite implementation of compassionate release policies.
- Explore strategies to reduce new intakes to the correctional facility.
- Explore strategies for releasing inmates at low risk for violent crime –particularly those with [risk factors for severe COVID-19](#).

c) Review Personnel Policies and Practices

- Review the sick leave policies of each employer in the facility to determine which officials will have authority to send symptomatic staff home.
- Review/revise/devise telework policies.
- Review contingency plans for reduced staffing.

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- Consider offering alternative duties to staff at [higher risk of severe illness with COVID-19](#).
- Remind staff to stay at home if they are sick
- Institute employee screening of all employees (see [Element #5](#))
- Send staff home if they are identified with identified symptoms (fever, cough or shortness of breath) and advise to follow [CDC recommended steps for persons with COVID-19 symptoms](#)
- Utilize following criteria for *symptomatic* staff to return to work:
 - no fever for at least 72 hours (i.e., 3 full days of no fever without use of medicine that reduces fever); **AND**
 - other symptoms improved (e.g., cough or shortness of breath have improved); **AND**
 - at least 7 days have passed since symptoms first appeared
- Identify staff with COVID-19 Exposures (see definition of close contact in [Element #12](#))
 - If a staff member has a confirmed COVID-19 infection, inform other staff about possible exposure to COVID-19 (maintaining confidentiality per American with Disabilities Act.
 - Decide if exposed staff will self-quarantine for 14-days or work wearing face mask.
 - NOTE: CDC recommends that employees, who are COVID-19 close contacts, self-monitor for symptoms and, if feasible—given staffing constraints—be under self-quarantine for 14 days. If due to staffing constraints, self-quarantine is determined not to be feasible, then asymptomatic exposed staff should come to work and wear a face mask (cloth or disposable) while working, with frequent hand hygiene.

d) Communication ([Element #2](#)):

- Initiate and maintain ongoing communication with local public health authorities
- Communicate with community hospital about procedures for transferring severely ill inmates.
- Develop and implement ongoing communication plans for staff, incarcerated persons, and families.

e) Implement General Prevention Measures ([Element #3](#))

- Promote good health habits among employees ([Table 1](#))
 - Review current policy regarding alcohol-based hand sanitizer and consider relaxing restrictions to allow more staff to carry individual-sized bottles for hand hygiene.
- Conduct frequent environmental cleaning of high touch surfaces. Increase number of inmate workers assigned to this duty.
- Institute social distancing measures to prevent spread of germs. Review list of possible measures listed in [Element #3](#) and develop plans for your facility.
 - Make decisions about movement
 - Minimize movement both within the facility and between facilities

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- Consider restricting transfers of incarcerated persons to and from other jurisdictions unless necessary for medical evaluation, isolation/quarantine, clinical care, extenuating security concerns or to prevent overcrowding.
 - Postpone non-urgent outside medical visits
- **Employees stay at home if sick.** Review communications with employees about this.
- **If influenza vaccination is still in stock offer to unvaccinated staff (higher priority) and incarcerated persons.**
- **Implement infection prevention control guidance for staff doing screening** (of visitors, employee, new intakes) ([Element #3](#))
- f) Make decisions about access for visitors, volunteers, contractors and lawyers** ([Element #4](#))
 - Communicate with potential visitors
 - Institute screening of visitors for symptoms and temperature ([Attachment #1a](#))
- g) Institute Employee Screening** ([Element #5](#)) ([Attachment #1b](#))
- h) Institute New Intake Screening** ([Element #6](#)) ([Attachment #2](#))
- i) Appropriately manage and test symptomatic incarcerated persons** ([Element #7](#))
 - Suspend co-pays for incarcerated persons seeking medical evaluation for respiratory symptoms.
- j) Attempt to acquire needed personal protective equipment (PPE) and other supplies** ([Element #8](#))
 - Ensure that sufficient stocks of hygiene supplies, cleaning supplies, personal protective equipment (PPE) , and medical supplies are available and there is a plan in place for re-stocking.
 - Review [Table 3](#). COVID-19 Personal Protective Equipment Recommendations and post as needed in facility.
 - Implement staff training on donning and doffing PPE.
- k) Assure that transport officers have received training on safe transport utilizing PPE** ([Element #9](#)).
 - Identify staff who will provide transport
- l) Identify rooms to be used for isolation** ([Element #10](#)) **and quarantine** ([Element #12](#)).
 - NOTE: CDC strongly recommends single rooms for persons isolated and quarantined. Cohorting of groups of persons should be done as a last resort.
 - Print out color isolation and quarantine signs for future use ([Attachment #3](#) & [Attachment #4](#)).
 - Discuss how custody staff will be assigned to work in isolation/quarantine rooms.

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- Appropriately train staff and incarcerated workers who work in laundry and food service.
- Train staff and incarcerated workers on how to clean spaces where COVID-19 workers spent time.

m) Health services should review procedures for caring for the sick ([Element #11](#))

- Maintain communication with public health authorities to determine how COVID-19 testing will be performed and recommended criteria for testing
- Explore options for expanding telehealth capabilities.

PHASE II. RESPONSE STEPS for MANAGING COVID-19

n) Implement alternative work arrangements, as deemed feasible.

o) Suspend all transfers of incarcerated persons to and from other jurisdiction and facilities unless necessary for medical evaluation, medical isolation/quarantine, extenuating security concerns, or to prevent over-crowding.

p) When possible, arrange for lawful alternatives to in-person court appearances.

q) Consider quarantining all new intakes for 14 days before they enter the facility's general population, if feasible.

r) Incorporate screening for COVID-19 symptoms and a temperature check into release planning. Provide inmates who are under isolation or quarantine who are releasing with education about recommended follow-up.

s) Coordinate with local public health authority regarding persons being isolated/quarantined with COVID-19.

t) Communicate with community hospital regarding potential need to transfer severely ill inmates.

u) Hygiene:

- Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.
- Continue to emphasize practicing good hand hygiene and cough etiquette

v) Environmental Cleaning:

- Continue emphasis on cleaning and disinfection especially on frequently touched surfaces
- Reference specific cleaning and disinfection procedures for areas where a COVID-19 case spent time ([Element #10](#))

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x) Implement medical isolation of confirmed or suspected COVID-19 cases (see [Element #10](#)).
Implement telehealth modalities as much as possible.

y) Implement quarantine of close contacts of COVID-19 cases (see [Element #12](#)).

z) Implement system for tracking information about incarcerated persons and staff with suspected/confirmed COVID-19 and quarantined persons ([Element #13](#)).

2. Communication

- The importance of regular communication with staff, the incarcerated population, and their families cannot be over-emphasized. You cannot communicate too much.
- Specific methods of communication for all groups should be established. Staff should be assigned to be responsible for crafting and disseminating regular updates.
- Post [signage](#) throughout the facility communicating the following:
 - For all: symptoms of COVID-19 and hand hygiene instructions
 - For incarcerated/detained persons: report symptoms to staff
 - For staff: stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).
 - Ensure that signage is understandable for non-English speaking persons and those with low literacy
- During COVID-19, group educational sessions should be avoided and instead, communicate with electronic and paper methods of communication.
- Key communication messages for employees include:
 - Symptoms of COVID-19 and its health risks
 - Reminders about good health habits to protect themselves, emphasizing hand hygiene.
 - The importance of staying home if signs and symptoms of fever, cough, or shortness of breath or if known close contact with a person with COVID-19.
 - Review of sick leave policy
 - If staff develop fever, cough, or shortness of breath at work: immediately put on a face mask, inform supervisor, and leave facility, and follow [CDC recommended steps for persons who are ill with COVID-19 symptoms](#).
 - Elements of the facility COVID-19 Response Plan to keep employees safe, including social distancing.
- Key communication messages to incarcerated persons:
 - The importance of reporting fever and/or cough or shortness of breath (and reporting if another incarcerated person is coughing in order to protect themselves). Indicate how these reports should be made.
 - Reminders about good health habits to protect themselves, emphasizing hand hygiene.
 - Communicate that sharing drugs and drug preparation equipment can spread COVID-19.
 - Plans to support communication with family members (if visits are curtailed).
 - Plans to keep incarcerated persons safe, including social distancing.

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- Key communication messages for families:
 - Information about visiting. If visiting is curtailed information about alternatives to in-person visits.
 - What the facility is doing to keep incarcerated persons safe.
- Local public health authorities: Contact should be made and maintained with local public health authorities to get local guidance, especially with regard to managing and COVID-19 testing of persons with respiratory illness.
- Local hospital: Communication should also be established with your local community hospital to discuss referral mechanisms for seriously ill incarcerated persons.

3. General Prevention Measures

Throughout the duration of the COVID-19 pandemic the following general prevention measures should be implemented to interrupt viral infection transmission. These are listed in *Table 1* below.

Table 1. General Prevention Measures

- a. **Promote good health habits** among employees and incarcerated individuals:
 - 1) Avoid close contact with persons who are sick.
 - 2) Avoid touching your eyes, nose, or mouth.
 - 3) Wash your hands often with soap and water for at least 20 seconds.
 - 4) Cover your sneeze or cough with a tissue (or into a sleeve). Then throw the tissue in the trash.
 - 5) **Avoid non-essential physical contact. Avoid handshakes, "high-fives"**
- b. **Conduct frequent environmental cleaning of "high touch" surfaces.**
- c. **Institute social distancing measures to prevent spread of germs**, e.g., minimize self-serve foods, minimize group activities.
- d. **Employees stay at home if they are sick.**
- e. **Influenza (flu) vaccine is recommended for persons not previously vaccinated.**
- f. **Infection prevention and control guidance for persons doing screening (visitors, employees, new intakes)**

a. Good Health Habits

- Good health habits should be promoted in various ways, i.e., educational programs, posters, campaigns, assessing adherence with hand hygiene, etc.
- This [CDC website](#) has helpful educational posters:
- Each facility should assure that adequate supplies and facilities are available for hand washing for both incarcerated individuals and employees, **including: soap, running water, hand drying machines or disposable paper towels.**
- **Provide tissues and no-touch trash receptacles for disposal.**
- With approval of the Chief Executive Officer (CEO), health care workers should have access

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to alcohol-based hand rub.

- Provisions should be made for employees and visitors and new intakes to wash their hands when they enter the facility.

b. Environmental Cleaning

- The frequency of routine cleaning of surfaces that are frequently touched should be increased. These can include doorknobs, keys, handrails, telephones, computer keyboards, elevator buttons, cell bars, etc.
- One strategy is to increase the number of incarcerated individuals who are assigned to this duty.
- **Hard Surfaces:**
 - If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common EPA-registered household disinfectants should be effective.
 - Diluted, unexpired household bleach can be used if appropriate for the surface. Never mix household bleach with ammonia or any other cleanser.
 - Prepare bleach solution by mixing: 5 tablespoons (1/3 cup) bleach per gallon of water or 4 teaspoons of bleach per quart of water
- **Soft (porous) surfaces, i.e., carpeted floor, rugs, drapes**
 - Remove visible contamination and clean with appropriate cleaners for these surfaces
 - If washable, launder in hottest water setting for the item and dry completely
 - Otherwise, use products with [EPA-approved viral pathogens claims](#)
- **Electronics cleaning and disinfection**
 - For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens and other surfaces. Dry surfaces thoroughly to avoid pooling of liquids.

c. Social Distancing Measures

Strategies for social distancing are myriad and markedly dependent on local factors. Various administrative measures should be implemented to reduce contact between people and reduce chance of spreading viruses. It is recommended that an interdepartmental brainstorming meeting be held to discuss what would work in your facility.

Examples of such measures include:

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- **Common areas**
 - Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area).
- **Recreation**
 - Choose recreation spaces where individuals can spread out
 - Stagger time in recreation spaces
 - Restrict recreation space usage to a single housing unit (where feasible), performing.
 - Disinfection between individual use of equipment and between groups
 - Eliminate close-contact sports, i.e., basketball, soccer
 - Emphasize individual activities, i.e., running, walking, jumping jacks
 - Stop the use of equipment that multiple people will touch
- **Meals**
 - Stagger meals
 - Rearrange seating in dining hall to increase space between individuals, e.g., remove every other chair and use only one side of a table
 - Minimizing self-serve foods, e.g., eliminate salad bars
 - Provide meals inside housing units or cells
- **Group activities**
 - Limit size of group activities
 - Increase space between individuals during group activities
 - Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out
 - Suspend group programs*

*Note: With discontinuation of group activities, it is vitally important to creatively identify and provide alternative forms of activity to support the mental health of incarcerated individuals during the pandemic.
- **Education**
 - Convert curriculum to self-study
 - Provide education through use of video modalities
- **Housing**
 - Arrange bunks so that individuals sleep head to foot
 - Rearrange scheduled movements to minimize mixing of individuals from different housing units
 - Ensure thorough cleaning/disinfection of living space when inmates leave
 - If space allows, reassign bunks to provide more space between individuals (ideally 6 feet or more in all directions)
- **Medical**
 - Leverage telehealth modalities, e.g., tele-video and provider to provider consultation
 - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms
 - Designate a room near intake area to evaluate new intakes with identified COVID-19 symptoms or exposure risk before they move to other parts of facility
 - Discontinue pill-lines and administering medication on units

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- Assure that inmates who come to sick call with respiratory symptoms are immediately placed in separate room with mask on and perform hand hygiene.
 - Minimize inmate movement
 - Minimize transferring of inmates between units
 - Stopping movement in and/or out
 - Suspending work release programs
 - Providing virtual visits
- d. Sick/exposed employees remain home**
- COVID-19 could gain entrance to a facility via infected employees. Staff should be educated to stay home if they have fever and respiratory symptoms.
 - If employees become sick at work, they should be advised to promptly report this to their supervisor and go home.
 - Employees should be advised to consult their health care provider by telephone.
 - Employees who are sick should be advised to follow CDC guidance on [What to do if you are sick?](#)
 - Determine employee policy regarding quarantine, i.e., exposed employees self-quarantine for 14 days or come to work wearing a facemask and frequent hand hygiene. Exposed staff should promptly report symptoms if they occur.
- e. Influenza vaccination**
- While influenza season is still ongoing flu vaccination remains an important measure to prevent an illness that presents similarly to COVID-19.
 - If there is influenza vaccine still in stock, unvaccinated staff (highest priority) and incarcerated persons should be offered the flu vaccine.
- f. Infection prevention & control guidance for staff screening visitors, staff, and new intakes.**
- The following is a protocol to safely check an individual's temperature:
- Perform hand hygiene
 - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face) and a single pair of disposable gloves*
 - Check individual's temperature
 - Non-contact or disposable thermometers are preferred over reusable oral thermometers.
 - If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.
 - If performing oral temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly disinfected in between each check.
 - Remove and discard PPE
 - Perform hand hygiene

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* Note: CDC recommends wearing a gown for this process. Given the current shortage of gowns in many facilities this is not routinely recommended in this plan.

4. Visitors / Volunteers / Contractors / Lawyers

- Consideration should be given to begin limiting access to the facility by visitors and volunteers and non-essential contractors.
 - Arrangements should be made to increase options for incarcerated persons to communicate with their families via telephone or tele-video.
- If possible, legal visits should occur remotely.
- Communicate with potential visitors instructing them to postpone visits if they have respiratory illness. Post [signage](#) regarding visitor screening.
- All visitors should be screened for symptoms and a temperature taken prior to entry utilizing the form in [Attachment 1a](#).

5. Employee Screening

- In locations where it is identified that there is sustained COVID-19 community transmission, employees should be screened upon arrival with a temperature, and asked questions about respiratory symptoms and if they have had contact with a known COVID-19 patient ([Attachment 1b](#)).
- This form can be laminated for employees to review the questions for individuals to verbally respond to them.
- A temperature should also be taken ideally with a no-touch infra-red thermometer.
- Employee screenings do not require documentation unless the person responds “YES” to any question or has a temperature.
- Screening can be performed by any staff person with training.
- Employees who screen positive for symptoms should be sent home and advised to consult their healthcare provider.
- Employees who have had close contact with a COVID-19 case should self-monitor for symptoms (i.e., fever, cough, or shortness of breath) and, if feasible given staffing constraints, be under self-quarantine for 14 days. If due to staffing constraints, self-quarantine is not feasible, asymptomatic exposed staff should come to work and wear a face mask (cloth or disposable) while working, with frequent hand hygiene.

6. New Intake Screening

- New intakes should be screened per usual protocols. Consider conducting this screening outdoors or in a covered area (weather and logistics permitting).
- Temperature should be taken, ideally with an infra-red no-touch thermometer with staff wearing PPE as described in [Element #3f](#).

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- Additional questions should be asked regarding symptoms and exposure to COVID-19 ([Attachment 2](#)).
- New arrivals should be segregated from other incarcerated individuals until the screening process has been completed.
- If new intakes are identified with symptoms then **immediately place a face mask on the person**, have the person perform hand hygiene, and place them in a separate room with a toilet while determining next steps. Staff entering the room shall wear personal protective equipment (PPE) in accordance with guidance in Element #8.
- Identify incarcerated persons who were transferred with the symptomatic new intake for need for quarantine (see Element #12).
- If new intakes report history of exposure to COVID-19 then they should be placed in quarantine (see Element #12).

7. Initial Management and Testing of Cases of Respiratory Illness

- **Source control (placing a mask on a potentially infectious person) is critically important.** If individuals are identified with symptoms, then *immediately place a face mask on the patient* and have them perform hand hygiene.
- Place them in a separate room with a toilet and sink while determining next steps. If the facility has an airborne infection isolation room this could be used for this purpose. Staff in the same room shall wear personal protective equipment (PPE) as outlined in [Element #8](#).
- Decisions about how to manage and test incarcerated persons with mild respiratory illness should be made in collaboration with public health authorities. The vast majority of persons with respiratory illness will not have COVID-19, especially during seasonal flu season. It is unlikely that hospitals will have the capacity to evaluate incarcerated persons with mild respiratory illness.
- The CDC current priorities for testing are listed at this [link](#).
- [CDC recommendations for clinical specimens](#) for COVID-19 include collecting and testing upper respiratory tract specimens (nasopharyngeal swab). New (3/24/20) CDC recommendation indicate that if nasopharyngeal swabs are not feasible that nasal swabs are an acceptable alternative. CDC also recommends testing lower respiratory tract specimens, if available. For patients who develop a productive cough, sputum should be collected and tested for COVID-19.
Note: rapid blood tests for COVID-19 have become commercially available that test for IgG and IgM. These indicate that the results should not be the sole basis to diagnose or exclude infection. Therefore, at this time it is recommended that these tests not be used.
- If feasible, during flu season it is recommended that rapid flu tests with nasopharyngeal swab be performed. It is important that nasopharyngeal swabs be performed correctly.
- **Nasopharyngeal swabbing should only be performed by staff with demonstrated competency.** See instructional video at: <https://www.youtube.com/watch?v=DVJNWefmHjE>
- Suspend co-pays for incarcerated persons seeking medical evaluation for respiratory symptoms.

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8. Personal Protective Equipment (PPE) and Other Supplies

PERSONAL PROTECTIVE EQUIPMENT

- The CDC recommends the following PPE when a person comes into contact with a person with suspected or confirmed COVID-19.
 - **N95 respirator or face mask**
 - N95 respirators are preferred. When N95 respirators are in short supply they should be reserved first for use when a patient is undergoing an aerosol-generating procedure including testing for COVID-19 and second for confirmed COVID-19 patients.
 - N95 respirators should not be worn with facial hair that interferes with the respirator seal.
 - If N95 respirators are to be used, they must be used in the context of a fit-testing program. Fit testing is specific to the brand/size of respirator to be used.

Table 2. Definitions of “Face Masks” and “Respirators”

Face Masks: Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands).

Respirators: N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.

- **Gown**
 - If gowns are in short supply they can be reserved for times when direct, close contact with a patient is being implemented.
- **Gloves**
- **Eye Protection** (goggles or disposable face shield that fully covers the front and sides of the face).
 - This does not include personal eyeglasses.
 - If reusable eye protection is used, it should be cleaned and disinfected in accordance with manufacturer’s instructions.
- It is strongly emphasized that hand hygiene be performed before and after donning and doffing PPE.
- Staff who are wearing PPE should be trained on its use. CDC instructions on donning and doffing PPE are available at: <https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf>.
- Inventory current supplies of PPE.
- CDC (3/17/20) has published [new recommendations](#) on strategies to use in the absence of available PPE.
- Criteria for using various types of PPE based upon the situation is outlined in [Table 3](#) (next page).
- Make contingency plans for the probable event of PPE shortages during the COVID-19 pandemic (see CDC guidance on [optimizing PPE supplies](#)). CDC now recommends that in the case of shortage of disposable face masks that re-usable cloth masks can be considered.

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OTHER SUPPLIES

▪ Other supplies that should be obtained and inventory tracked include:

- Standard medical supplies and pharmaceuticals for daily clinic needs
- Tissues
- Liquid soap
- Bar soap
- Hand drying supplies
- Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
- Cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19
- Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated

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Table 3. COVID-19 Personal Protective Equipment Recommendations					
Situation	N95 respirator	Face mask	Eye protection	Gloves	Gown/coveralls
STAFF					
Staff performing temperature checks on: staff, visitors, or incarcerated/detained persons		X	X	X	1
Isolation: Staff providing medical care for suspected/confirmed COVID-19 cases	X ²		X	X	X
Isolation: Correctional staff entering isolation room	X ²		X	X	X
Staff present during aerosolizing procedure on suspected or confirmed COVID-19 case (including testing)	X		X	X	X
Staff handling laundry (from a COVID-19 case or case contact)				X	X
Staff handling used food service items (from a COVID-19 case or case contact)				X	X
Staff cleaning an area (where a COVID-19 case has spent time)	<i>Additional PPE may be needed based on the disinfectant label.</i>			X	X
Transport of suspected/confirmed COVID-19	X ²	<i>During transport</i>			
Prior to & following transport (if close contact)	X ²		X	X	X
Quarantine: No direct contact with asymptomatic persons who are close contacts to COVID-19		X	X	X	
Quarantine: Direct contact with asymptomatic persons (including medical care/temperature checks)		X	X	X	X
INCARCERATED/DETAINED PERSONS					
Confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19		X			
Laundry worker (handling items from COVID-19 case or case contact)				X	X
Food service worker (handling items from COVID-19 case or case contact)				X	X
Worker performing cleaning (areas where COVID-19 case has spent time)	<i>Additional PPE may be needed based on the disinfectant label.</i>			X	X
Quarantine: Asymptomatic COVID-19 close contacts 3	<i>Apply face masks for source control, as feasible, based on local supply, especially if cohorted</i>				
<p>1 Note: CDC recommends wearing a gown for this process. Given the current shortage of gowns in many facilities this is not routinely recommended in this plan.</p> <p>2 A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks (including cloth face masks) are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.</p> <p>3 If a facility chooses to quarantine new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility's general population, face masks are not necessary.</p> <p>Adapted from: CDC. Interim Guidance On Management of COVID-19 in Correctional and Detention Facilities (Table 1); 3/24/19. Available at: https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Min_Mod_Trans</p>					

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9. Transport

If a decision is made to transport a patient with signs and symptoms of severe respiratory illness, to a health care facility the following guidance should be followed regarding transport.

- Notify the receiving health care facility of the pending transport of a potentially infectious patient.
- Patient wears a face mask and performs hand hygiene.
- Correctional officer wears face mask (or N-95 respirator). Wear gloves, gown, and eye protection if in close contact with inmate prior to transport.
- Prior to transporting, all PPE (except for face mask / N-95 respirator) is removed and hand hygiene is performed. This is to prevent contaminating the driving compartment.
- Ventilation system should bring in as much outdoor air as possible. Set fan to high.
- DO NOT place air on recirculation mode.
- Weather permitting, drive with the windows down.
- Following the transport, if close contact with the patient is anticipated, put on new set of PPE. Perform hand hygiene after PPE is removed.
- After transporting a patient, air out the vehicle for one hour before using it without a face mask or respirator.
- When cleaning the vehicle wear a disposable gown and gloves. A face shield or face mask and goggles should be worn if splashes or sprays during cleaning are anticipated.
- Clean and disinfect the vehicle after the transport utilizing instructions in [Element #3b](#).

Table 4. Definitions of “Isolation” and “Quarantine”

Isolation: Confining individuals who are **sick** either to single rooms or by cohorting them with other viral infection patients.

Quarantine: Confining asymptomatic persons who are **contacts to COVID-19** while they are in the incubation period (up to 14 days for COVID-19).

10. Isolation (*Symptomatic Persons*)

- **Isolation Defined:** A critical infection control measure for COVID-19 is to promptly separate incarcerated individuals who are sick with fever or respiratory symptoms away from other incarcerated individuals in the general population. **Ideally isolation will occur in a private room with a bathroom attached.** If not, incarcerated individuals will have to wear a face mask to go to the bathroom outside the room.
- **Cohorting:** **As a last resort option, persons with diagnosed COVID-19 can be cohorted together.** *Inmates with laboratory confirmed COVID-19 should be housed separately from those with undiagnosed respiratory illness.*
- The [CDC guidelines](#) describe the order of preference of rooms for isolating inmates.
- Rooms where incarcerated individuals with respiratory illness are either housed alone or cohorted should be identified and designated “Respiratory Infection Isolation Room”. No

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special air handling is needed. The door to the isolation room should remain closed.

- Note: The PPE requirements for COVID-19 do not fall into any one of the usual categories for the CDC transmission-based precautions, i.e., droplet, airborne, or contact. For the purposes of this document we have labeled the precaution sign “Respiratory Infection Isolation Room” since the rooms may house persons with undiagnosed respiratory infection as well as diagnosed COVID-19.
- **Signage:** A sign should be placed on the door of the room indicating that it is a Respiratory Infection Isolation Room that lists recommended personal protective equipment (PPE) (see [Attachment 3](#)) described in [Element #8](#).
- **Face Masks:** If available—to minimize the likelihood of disease transmission—persons who are isolated or cohorted should wear a face mask while isolated. Face masks should be replaced as needed. It is particularly important for those cohorted with undiagnosed respiratory illness to wear a mask so that persons with respiratory illnesses other than COVID-19 are protected.
- **Bunk beds:** Depending on how ill the incarcerated individuals are, bunk beds may or may not be suitable.
- **Assignment of custody staff:** If feasible, designated custody staff should be assigned to monitor isolated individuals in order to minimize exposures.
- **Provide individuals in isolation with tissues,** and if permissible and available, a lined no-touch trash receptacle.
- **Dedicated medical equipment,** i.e., blood pressure cuffs should be left in room (ideally) or decontaminated in accordance with manufacturer’s instructions.
- **Masks outside of room:** If individuals with respiratory illness must be taken out of the isolation room, they should wear a face mask and perform hand hygiene before leaving the room.
- **Aerosol generating procedures:** If a patient who is in isolation must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medications, testing for COVID-19) they should be placed in a separate room. An N-95 respirator (not a face mask), gloves, gown, and face protection should be used by staff.
- **Laundry:**
 - Laundry from a COVID-19 cases can be washed with other individuals’ laundry.
 - Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and perform hand hygiene.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items using the hottest appropriate water setting and dry items completely.
- **Food service items.** Cases under medical isolation should throw disposable food service items in regular trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.
- **Criteria for discontinuing isolation**
 - For individuals who will NOT be tested to determine if they are still contagious:
 - The individual has been free from fever for at least 72 hours without the use of fever-reducing medications; AND
 - The individual’s other symptoms have improved (e.g., cough, shortness of breath); AND
 - At least 7 days have passed since the first symptoms appeared

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- For individuals who had a confirmed positive COVID-19 test but never showed symptoms:
 - At least 7 days have passed since the date of the individual's first positive COVID-19 test; AND
 - The individual has had no subsequent illness
- **Cleaning spaces where COVID-19 cases spent time**
 - Close off areas used by infected individual. If possible, open outside doors and windows to increase air circulation in the area.
 - Wait as long as practical, up to 24 hours under the poorest air exchange conditions before beginning to clean and disinfect.
 - Ensure that persons performing cleaning wear recommended PPE for isolation (See [Table 3](#)).
 - Thoroughly clean and disinfect utilizing instructions in [Element #3b](#) with an emphasis on frequently touched surfaces.

11. Care for the Sick

- There are no specific treatments for COVID-19 illness. Care is supportive.
- Identify if ill persons have [risk factors for COVID-19 complications](#). Those with increased risk should be monitored more closely.
- Treatment consists of assuring hydration and comfort measures. The recipe for oral rehydration solution is in Table 4 below.
- Acetaminophen is the preferred antipyretic for treating fever in most patients with COVID-19 considering its efficacy and safety profile. Ibuprofen is an alternative, antipyretic choice; however, it can cause kidney damage and other adverse effects in some patients. Recent reports suggest that ibuprofen may worsen the course of COVID-19; however, this theoretical risk is still under investigation.
- Patients should be assessed at least twice daily for signs and symptoms of shortness of breath or decompensation.
- A low threshold should be used for making the decision to transport an inmate to the hospital if they develop shortness of breath.
- Implement telemedicine or provider-to-provider consultations for management of COVID-19 patients.

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Table 5. Oral Rehydration Solution Recipe

1-gallon clean water

10-tablespoons of sugar

4-teaspoons salt

Directions: Stir up. Do not boil. Can add sugar-free drink mix to flavor. Use within 24 hours.

12. Quarantine (*Asymptomatic Exposed Persons*)

- **The purpose of quarantine** is to assure that incarcerated individuals who are known to have been exposed to the virus are kept separate from other incarcerated individuals to assess whether they develop viral infection symptoms. If cases of COVID-19 are identified, it may be appropriate to identify close contacts and quarantine them in a separate room or unit.
- **Close contact defined:** In the context of COVID-19, an individual is considered a close contact if they have:
 - Been within 6 feet of a COVID-19 case for a prolonged period of time OR
 - Had direct contact with infectious secretions of a COVID-19 caseConsiderations when assessing close contact include the duration of exposure and the clinical symptoms of the person with COVID-19 (i.e., coughing likely increases exposure risk as does exposure to a severely ill patient).
- **Identification of Quarantine Rooms:** Facilities should make every effort to quarantine close contacts of COVID-19 cases individually. Cohorting multiple quarantined close contacts could result in transmission of COVID-19 to person who are uninfected. Cohorting should only be practiced if there are no other available options.
 - If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.
 - Ideally do not cohort individuals who are at [higher risk of severe illness from COVID-19](#).
 - [CDC guidelines](#) describe the order of preference for housing of inmates in quarantine.
- **Signage:** The door to the Quarantine Room should remain closed. A sign should be placed on the door of the room indicating that it is a Quarantine Room which lists recommended personal protective equipment (PPE) (see [Attachment 4](#)). PPE includes face mask, eye protection, gloves, and a gown if close contact with a quarantined person is anticipated.
- **Face masks:** (*If there is a sufficient supply of face masks*) To minimize the likelihood of disease transmission to persons cohorted in quarantine, quarantined persons should be required to wear a face mask. Face masks should be replaced as needed.
- As feasible, the beds/cots of quarantined incarcerated individuals should be placed at least 6 feet apart.

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- **No Movement:** Quarantined incarcerated individuals should be restricted from being transferred, having visits, or mixing with the general population.
- **PPE:** A face mask, eye protection and gloves are recommended for staff who are in direct, close contact (within 6 feet) of asymptomatic quarantined incarcerated individuals.
- **Monitoring:** CDC recommends that inmates in quarantine should be screened twice daily for symptoms including subjective fever, and a temperature. Symptomatic patients need to be isolated.
- **Laundry:**
 - Laundry from quarantined persons can be washed with other individuals' laundry.
 - Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items using the hottest appropriate water setting and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.
- **Meals** should be provided to quarantined individuals in their quarantine spaces. Disposable food service items can be disposed of in regular trash. Individuals handling used food service items should wear gloves and dishes washed in hot water. Wash hands after removing gloves.
- **The duration of quarantine** for COVID-19 is the 14-day incubation period. If a new case is identified in the quarantine unit then the 14-day quarantine period starts again.

13. Data Collection, Analysis & Reporting

Implement systems for tracking information about incarcerated persons and staff with suspected/confirmed COVID-19

- **Ill/Exposed Staff Persons:** The following basic information should be tracked on a line list
 - Symptomatic Y/N
 - Date of symptom onset
 - Exposed? Y/N
 - Date of exposure
 - Current status (will change over time)
 - Exposed – Working
 - Exposed – Self-Quarantine
 - Person Under Investigation (PUI)- testing pending
 - PUI, test result pending
 - PUI, tested negative
 - Laboratory confirmed case

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- Date left work
- Date returned to work

▪ **Incarcerated Persons - Symptomatic:** The following basic information should be tracked on a line-list:

- Date of symptom onset
- Reported symptoms (fever, cough, shortness of breath)
- Date isolated
- Influenza tested? Y/N
- Influenza result
- Date COVID-19 tested
- Date COVID-19 test result
- Result
- Current status (will change over time)
 - Person Under Investigation (PUI)- testing pending
 - PUI, test result pending
 - PUI, tested negative
 - Laboratory confirmed case
- Current housing: Isolation
- Date isolation discontinued
- Hospitalized Y/N
- Hospitalization Date
- Deceased Y/N

NOTE: Incarcerated persons who are identified with suspected/confirmed COVID-19 must be reported to public health authorities. You will be asking questions about cases found on this [CDC COVID-19 reporting form](#).

▪ **Incarcerated Persons – Exposed**

- Date of exposure
- Current Housing
 - Quarantined – alone
 - Quarantined – cohort
- Date quarantine discontinued
- Developed signs and symptoms of COVID-19? Y/N
- Date Isolated

14. Summary, Evaluation and Continuous Quality Improvement (CQI)

Periodically and at the conclusion of the outbreak review the implementation of the COVID-19 Pandemic Response Plan and identify what has worked well and what has not worked well, total numbers of cases and contacts treated/evaluated. Engage the CQI committee in evaluating the facility pandemic response. Identify areas for improvement and report these recommendations to the leadership team.

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COVID-19 Pandemic Response Plan Implementation Worksheet	
This MS Word® template worksheet is designed for facilities to operationalize the guidance in this COVID-19 Response Plan. It should be adapted to the unique needs of your facility.	
Date Updated:	Completed by:
1. Administration/Coordination	
Coordination of Response	
Identify members of the facility leadership team responsible for COVID-19 response planning and implementation: Will the facility utilize the Incident Command System? YES NO If not, how will COVID-19 response plans be developed and implemented? Schedule regular meetings to review implementation of all elements listed in the Administration/Coordination section of the document.	
Who is responsible for monitoring COVID-19 updates from CDC and State Health Department? CDC Website: https://www.cdc.gov/coronavirus/2019-ncov/index.html State of _____ Website: _____	
Coordinate response with local law enforcement and court officials. ▪ Explore alternatives to in-person court appearances: ▪ Maximize use of existing policies for alternatives to incarceration: ▪ Expedite implementation of compassionate release policies:	

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- Explore strategies to reduce new intakes to the correctional facility:
- Explore strategies for releasing inmates at low risk for violent crime –particularly those with [risk factors for severe COVID-19](#):

Personnel Policies and Practices.

- Review the sick leave policies of each employer that operates in the facility.
 - Do policies actively encourage staff to stay home when sick? YES NO. If no, how will staff be encouraged to stay home if sick?
 - What officials will have the authority to send symptomatic staff home?
- Identify staff whose duties would allow them to work from home and review/revise telework policies.
- What/where are contingency plans for reduced staffing?
- Will your facility offer revised duties to staff who are at [higher risk of severe illness with COVID-19](#)? YES NO
- What mechanisms are in place to remind staff to stay at home if they are sick?
- When will you institute employee screening of all employees (see [Element #5](#)) (even if you are not in a community with sustained community transmission)?
- Review and incorporate into your plans the criteria for staff to return to work with COVID-19 symptoms:
- Review guidelines regarding COVID-19 Exposures/Quarantine. What is the policy in your facility regarding staff related to self-quarantine vs continue working with face mask?

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- The plan suggests consider relaxing restrictions on allowing alcohol-based hand sanitizer. In this facility the following categories of staff can carry alcohol-based hand sanitizer:

Movement

How will movement be minimized within the facility?

How will movement be minimized between facilities?

Will non-urgent medical visits be postponed? YES NO

Will copays for incarcerated persons seeking medical evaluation for respiratory symptoms be waived? YES NO

2. Communication

The mechanisms for regular updates (paper/electronic/telephonic) will be as follows:

-----Staff:

-----Incarcerated persons:

-----Families of incarcerated persons:

The following staff person(s) are responsible for assuring regular communication with stakeholders:

Review recommendations regarding signage in the facility. What signage will be posted in the

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facility and where will it be posted?
c. Local Public Health Agency: Contact person(s) for COVID-19: Phone: Email:
d. Communicate with your local health department and discuss guidance on management and COVID-19 testing of persons with respiratory illness. Document date of communication and the plans discussed: __/__/__
e. Local community referral hospital: _____ Contact person(s) for COVID-19: Phone: Email:
3. General Prevention Measures
a. Good Health Habits: How will good health habits be promoted with your staff (e.g., posters, leadership emphasizing hand hygiene, email messages to staff)?
1) Are there facilities for employees and visitors to wash hands when entering and leaving the facility? YES NO If no, what are plans to address this issue?
2) Are there facilities for incarcerated individuals to wash hands at intake? YES NO If no, what are plans to address this issue?

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- 3) Are soap dispensers or hand soap available in all employee and incarcerated person restrooms? YES NO What is the plan to assure that soap dispensers are refilled regularly?
- 4) What is the plan to assure incarcerated individuals have an adequate supply of bar soap?
- 5) Is signage for hand hygiene and cough etiquette at entry, in public and visible areas around?
- 6) Are tissues available? YES NO If so, where?
- 7) Are no-touch trash receptacles available? YES NO If so, where?

b. Environmental Cleaning:

Review updated CDC recommendations regarding environmental cleaning – noting that common EPA-registered household disinfectants are considered effective?

What disinfectants will you use in your facility?

(If deemed necessary) purchase EPA hospital-grade disinfectants from Schedule N:

<https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>.

(Recommended products are both a surface cleaner and disinfectant with a 3-minute wet time or less.)

Identify “high-touch” surfaces in this facility (i.e., doorknobs, keys, telephones):

The following plan will be implemented to increase frequency and the extent of cleaning and disinfection of high-touch surfaces in this facility:

- c. **Social Distancing Measures:** What administrative measures is your facility going to institute to increase social distancing within your facility (Review across all departments in the facility)?

REVIEW additional suggested measures in the plan. It is recommended that an interdepartmental group review the list and brainstorm what would work in your facility. Then add those agreed upon to the list below.

- 1) Measure...

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The following new activities will be implemented for incarcerated persons while they are confined to a housing unit:

d. **Employees Stay Home When Sick:** Does communication with employees include message that they should stay home when sick or under quarantine? YES NO

Sick employees should be advised to follow CDC guidance on [What to do if you are sick?](#)

e. **Flu Vaccine:** Is there flu vaccine in stock? YES NO If yes, number of doses?

If yes, what plans are there to continue offering vaccination to employees who have not been vaccinated?

If yes, what plans are there to continue offering vaccination to incarcerated persons who have not been vaccinated?

f. Review and implement infection prevention and control guidance for staff screening visitors, staff, and new intakes. How will these be implemented?

4. Visitors / Volunteers / Contractors / Lawyers

What changes in procedures / polices are being instituted in response to COVID-19 for:

a. Visitors:

b. Volunteers:

c. Non-Essential Contractors:

d. Lawyers:

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What signage/communication is being used to communicate with visitors?

Is screening for visitors for symptoms and temperature being implemented? YES NO

If yes, who will be conducting this screening?

5. Employee Screening

Is sustained community-transmission occurring in your community? YES NO

If yes, screening of employees upon arrival to work is recommended.

Do you have an infrared no-touch thermometer for this purpose? YES NO If no, what are your plans for acquiring them?

What are your plans for employee screening?

The following system will be utilized for employees to report illness/exposures and to track this information:

6. New Intake Screening

It is recommended that new arrivals be isolated from rest of population until screening is performed. New intakes should be screened with temperature and questionnaire.

Where will screening occur?

Who will conduct screening?

What other screening logistics are being considered?

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7. Initial Management and Testing of Cases of Respiratory Illness

It is recommended that individuals with symptoms be immediately issued a face mask and be placed in a separate room with a toilet and sink.

What separate room will be used for this purpose?

Do you have capacity in this facility to perform rapid flu tests? YES NO

If yes, what are plans to assure competency in nasopharyngeal swabbing?

What are current recommendations from your local health department regarding COVID-19 testing?

Review CDC recommendation for clinical specimens? Do you have needed supplies for testing? YES NO If no, what are your plans to obtain them?

8. Personal Protective Equipment and Other Supplies

Date: __/__/__ What is the current inventory of the following PPE:

Face Masks:

N-95 respirators:

Gowns (disposable):

Gowns (washable):

Eye Protection- Goggles:

Eye Protection—Disposable face shields:

What is your plan for securing and maintaining an adequate supply of PPE?

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If respirators are available what activities will they be prioritized for?

What is your plan for fit-testing correctional officers?

What is your plan for fit-testing health care workers?

What are your plans for training regarding donning & doffing of PPE?

Correctional Officers? Who? When?

Health Care Workers?

Review Table 3. COVID-19 Personal Protective Equipment Recommendations. What are your plans for posting this chart throughout the facility?

4. Review supply list in plan and determine current stock. What are your strategies for acquiring more supplies during this time of shortage?

- Standard medical supplies for daily clinic needs
- Tissues
- Liquid soap
- Bar soap
- Hand drying supplies
- Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
- Cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19
- Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated

9. Transport

What categories of staff will be responsible for transport of ill persons?

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What is your plan for training transport officers on procedures for transport?

10. Isolation / Cohorting (*Symptomatic Persons*)

Review [CDC guidelines](#) regarding the order of preference of rooms for isolating inmates. Are there any changes to your responses below based upon this? (*On right-hand ribbon go to "Management" and scroll down to "Medical Isolation..."*)

What is your capacity for isolating ill inmates in single rooms with a toilet?

Detail available rooms:

What is your capacity for cohorting inmates together in a room with toilets/sinks?

Detail available rooms or unit:

What is your plan for designating and training officers assigned to isolation rooms on isolation room procedures?

Is it feasible to designate specific custody staff to only monitor isolated individual to minimize exposures? YES NO

If yes, how will staff be selected for this duty?

Review recommendations for laundry and food service items? What are your plans for educating staff and incarcerated workers regarding these recommendations?

Review recommendations for cleaning spaces where COVID-19 cases spent time. What are your plans for training staff and incarcerated workers regarding these recommendations?

11. Care for the Sick

Do you have an adequate supply of Tylenol and other medications for supportive care of a respiratory illness?

How will you identify if ill persons have [risk factors for COVID-19 complications](#) who are in need of closer monitoring?

What plan will you have for monitoring ill inmates?

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12. Quarantine

Review [CDC guidelines](#) regarding the order of preference of rooms for isolating inmates. Are there any changes to your responses below based upon this? (On right-hand ribbon go to "Management" and look for "Quadrating Close Contacts...")

What rooms could be used for individual quarantine?

What rooms could be used for charted (group quarantine)?

How do you plan to monitor persons under quarantine?

What is your plan for supplying face masks needed for an entire housing unit of incarcerated persons for a period of 14 days?

What is your plan/ability to provide single rooms for exposed persons who have risks for complications, e.g., over age 60 or with medical risk factors?

Note that the BLUE Quarantine sign has been changed. Destroy these signs if you have printed them and print the RED Quarantine sign (which includes wearing gowns if close contact with quarantined persons).

12. Data Collection, Analysis, and Reporting

What is your plan for ongoing collection of data on staff and incarcerated persons with suspected/confirmed for COVID-19 or history of exposure?

Who is responsible for data collection, and analysis?

This person should be prepared to updated numbers at each of the regularly schedule planning meetings.

14. Summary, Evaluation and Continuous Quality Improvement (CQI)

Who is responsible for ongoing evaluation of the pandemic response?

How will these evaluations be incorporated into local planning meetings?

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Attachment 1a. COVID-19 Visitor Screening Form *(revised 3/25/20)*

- It is suggested that this be form be laminated. Upon arrival to the facility that visitors are be asked to respond verbally to these questions and a temperature taken.
- Screening can be conducted by any staff person.
- If an answer to one of the questions is YES or a temperature exceeds 100.4 then hand the ask the visitor to leave immediately. Advise them to communicate with their doctor by telephone.

YES NO	In the past 14 days, have you had contact with a person known to be infected with COVID-19 (corona virus)?
Today or in the past 24 hours, have you had any of the following symptoms?	
YES NO	Fever, felt feverish, or had chills?
YES NO	Cough?
YES NO	Difficulty Breathing?
	Temperature

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Attachment 1b. COVID-19 Employee Screening Form (revised 3/25/20)

- It is suggested that this be form be laminated. Upon arrival to the facility the employees are be asked to respond verbally to these questions and a temperature taken.
- Screening can be conducted by any staff person.
- If an answer to one of the questions is YES or a temperature exceeds 100.4 then hand the employee a mask to wear and send them home and recommend that they call their supervisor and consult their doctor.
- A written copy of this form is only required for employees that answer YES to any of the screening questions or have a temperature exceeding 100.4.

YES NO	In the past 14 days, have you had contact with a person known to be infected with COVID-19 (corona virus)?
Today or in the past 24 hours, have you had any of the following symptoms?	
YES NO	Fever, felt feverish, or had chills?
YES NO	Cough?
YES NO	Difficulty Breathing?
	Temperature

Screening Date: ____/____/____

Employee Name (Last/First): _____

Phone Number: _____

Screening Employee Name: _____ Signature: _____

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Attachment 2. COVID-19 New Intake Screening Form (revised 3/25/20)

1. Assess the Risk Of Exposure Have you.....		
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you had contact with a person known to be infected with COVID-19 (corona virus) ?	
2. Assess for Signs or Symptoms of Illness <ul style="list-style-type: none"> Persons with symptoms of illness or cough should be masked immediately and separated from others. Do you have a.....		Date of Onset:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, felt feverish, or had chills? Record temperature:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Difficulty Breathing?	
3. If YES SYMPTOM questions, place mask on person and have them perform hand hygiene and evaluate in accordance with instructions in Element 7.		
4. If YES to ANY RISK questions, but NO, to all SIGNS or SYMPTOMS, place person in QUARANTINE.		

Inmate Name: _____ Number: _____

Employee Name: _____ Date: __/__/__

Employee Signature: _____

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Attachment 3. Respiratory Infection Isolation Room Sign

On the following page is a Respiratory Infection Isolation Room sign for posting on the doors of isolation units.

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Respiratory Infection Isolation Room Precautions

PRECAUCIONES de sala de aislamiento de infección respiratoria

TO PREVENT THE SPREAD OF INFECTION,
ANYONE ENTERING THIS ROOM SHOULD USE:

*Para prevenir el esparcimiento de infecciones,
todas las personas que entren a esta habitación tienen que:*

	HAND HYGIENE <i>Hygiene De Las Manos</i>
	Face Mask or N-95 Respirator <i>Mascara Facial o Respirador N95</i>
	Gloves <i>Guantes</i>
	GOWN <i>Bata</i>
	Eye Protection <i>Protección para los ojos</i>
	Ensure that the door to this room remains closed <u>at all times.</u> <i>Asegurese de mantener la puerta de esta habitación cerrada <u>todo el tiempo.</u></i>

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Attachment 4. Quarantine Room Sign

On the following page is a Quarantine Room Sign for posting on the doors of housing units being used for quarantine. Note that this sign was modified in the March 25, 2020 version of this document to include use of gown when in close contact with a person in quarantine, i.e., medical personnel taking temperatures.

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Quarantine Room Precautions

PRECAUCIONES de sala de Guaratena

TO PREVENT THE SPREAD OF INFECTION,
ANYONE ENTERING THIS ROOM SHOULD USE:

*Para prevenir el esparcimiento de infecciones,
todas las personas que entren a esta habitación tienen que:*







	HAND HYGIENE <i>Hygiene De Las Manos</i>
	Face Mask or N-95 Respirator <i>Mascara Facial o Respirador N95</i>
	Gloves <i>Guantes</i>
	GOWN – only if close contact <i>Bata-solo si hay contacto cercano</i>
	Eye Protection <i>Protección para los ojos</i>
	Ensure that the door to this room remains closed <u>at all times</u> . <i>Asegurese de mantener la puerta de esta habitación cerrada <u>todo el tiempo</u>.</i>

EXHIBIT K

Bruce C. Gage, M.D.
Puget Sound Mental Health
General and Forensic Psychiatry
6108 Community Place S.W., Suite 3
Lakewood, WA 98499

March 31, 2020

SUPPLEMENTAL REPORT REGARDING COVID-19 RISKS IN RIVERSIDE COUNTY JAILS

This supplemental report is prepared in response to concerns raised by Plaintiff's counsel regarding imminent threats to the health and safety of individuals incarcerated in the Riverside County Jails posed by the COVID-19 pandemic.

1. I am a Clinical Associate Professor in the Department of Psychiatry and Behavioral Science at the University of Washington School of Medicine and serve as Chief of Psychiatry for the Washington State Department of Corrections. I serve as the court appointed mental health expert in *Gray v. Riverside*. In addition, I serve as the mental health subject matter expert working for the monitor in *U.S.A. v. County of Los Angeles and Los Angeles County Sheriff Jim McDonnell*, in his Official Capacity. I have also conducted evaluations of jails and prisons across the United States both as a consultant and in the context of lawsuits at both the state and federal level.
2. COVID-19 is a serious and highly contagious viral illness that is known to have affected upwards of 700,000 people worldwide and 140,000 in the US; it is believed to have resulted in more than 33,000 deaths worldwide and about 2500 in the US [<https://coronavirus.jhu.edu/map.html> accessed 3/29/20]. The number of cases continues to grow rapidly, and COVID-19 has been declared a global pandemic. COVID-19 is spread primarily by aerosolized droplets generated when an infected person coughs or sneezes, though may also be spread by a variety of other means. There is no vaccine and no cure for COVID-19. As this is a novel virus to humans, nobody has immunity. The only way to control the virus is through measures used to prevent the spread of the disease, such as social distancing, typically construed as people staying six feet away from each other.
3. To limit the spread of this disease, many states and localities have initiated severe restrictions on the movement of its citizens, including enforced shuttering of non-essential businesses and/or enforcing telecommuting to reduce person to person spread. This includes California where Governor Gavin Newsom declared a state of emergency and on March 19, 2020 ordered all California residents to stay at home or their place of residence except to facilitate certain authorized necessary activities [Executive Department, State of California, Executive Order N-33-20, <https://covid19.ca.gov/img/Executive-Order-N-33-20.pdf>]. His office has estimated that, in the absence of efforts to mitigate the spread of the virus, as many as 56% of Californians will contract it [Office of the Governor, "Letter to President Donald Trump"]

(March 18, 2020), <https://www.gov.ca.gov/wp-content/uploads/2020/03/3.18.20-Letter-USNS-Mercy-Hospital-Ship.pdf>].

4. Riverside County Jail has now reported its first inmate infection and two deputy infections with COVID-19 [<https://www.pe.com/2020/03/28/first-inmate-at-riverside-county-jail-and-two-more-deputies-test-positive-for-coronavirus/>].
5. Social distancing is the primary tool for mitigating the spread of COVID-19. Owing to tight living quarters, jails and prisons present substantial challenges for effecting social distancing. Absent expansion into larger spaces, the only viable approach to maximizing social distancing is to reduce the census of jails and prisons.
6. I am familiar with the living quarters at the Riverside County jails from numerous visits as part of monitoring progress on the Remedial Plan for Gray v. Riverside. The dormitory settings in these jails are very crowded and at current rates of occupancy, social distancing in these settings is impossible. There are also many inmates in two and four person cells where social distancing is impossible, but the smaller numbers in these settings would help limit spread of the virus compared to dormitory settings.
7. In addition, I have noted problems with jail cleanliness in recent reports. The jails are operationally challenged to conduct cleaning and sanitization at the frequency and level needed to prevent the spread of the virus through contact with surfaces having live virus. It is vital that sanitation efforts be expanded using appropriate sanitization supplies and techniques.
8. As the Indio jail has not yet opened, the jails have almost no unused capacity to provide for true isolation or quarantine should infirmaries become filled with infected inmates. There will be no place to isolate or quarantine inmates that will not expose other inmates to the risk of infection.
9. As a result, the only viable strategies are to reduce the jail census by releasing low risk offenders and/or halting the arrest of low-level offenders, and/or by increasing the capacity for incarceration. Given the rapidly growing pandemic, these strategies must be implemented immediately as once the virus has begun to spread in the tight quarters of the jail, it will both be very difficult to control its spread and overwhelm the capacity of the healthcare staff to manage the ill, not to mention the risk to staff. Other systems, including the Los Angeles County jails, have already significantly reduce jail census [personal communication], so this can clearly be done quickly.
10. It is also important to recognize that strategies to limit the spread of the virus, such as quarantine and isolation, are themselves highly stressful interventions. The effects of isolation in correctional settings have been well-described [For example, Reiter K, et al. Psychological distress in solitary confinement: symptoms, severity, and prevalence in the United States, 2017-2018. *AJPH* 110:S56-S62 (2020) and citations therein] Staffing shortages will also inevitably contribute to reduction in movement and activities, further contributing to isolation of the inmate population.
11. Some mentally ill are particularly prone to the deleterious effects of isolation and placement of those with serious mental illness in extreme isolation is considered to be contraindicated [Work Group on Schizophrenia. APA practice guidelines: Practice guideline for the treatment of patients with schizophrenia. *AJP* 154(Suppl.), 1-63 (1997)]. This may include exacerbation of psychiatric symptoms and other stress

- reactions such as self-harm and suicidal ideation. All efforts must be made to mitigate the impact of increased isolation.
12. Steps to mitigate these effects include: regular rounds by mental health staff for patients that are isolated or quarantined and provision of in cell activities (such as television, radios, puzzles, drawing, origami, workbooks, journals, reading materials, etc.), which reduce stress and boredom and demonstrate good will that helps secure cooperation with staff. The Washington Department of Corrections has instituted these measures in our system and have found them helpful in screening and monitoring for signs of distress or exacerbation of mental illness and in mitigating the effects of isolation.
 13. Group therapy will likely have to be curtailed or possibly halted, limiting the ability of mental health staff to provide services to large numbers mentally ill. If staff resources dwindle, this will further limit the ability to render services to the mentally ill broadly. This will necessitate restructuring services. In this case, it is vital to preserve the most essential services which must include: crisis response, population surveillance, rounds on those in isolation, and provision of psychotropic medication. Services to the less seriously ill may have to be curtailed and provision for routine continuation of psychotropic medication for this population without regular psychiatric contacts.
 14. Rapid build out of telepsychiatry services is also indicated. This will allow flexible assignment of available psychiatrists across institutions and preserve an essential resource. Without psychiatrists to order psychotropic medications, one of the most essential components of a system operating in crisis mode will be lost. Other mental health services can also be rendered by telehealth, including assessment and crisis response.
 15. It is vital for jail healthcare staff to carefully assess the competency of patients who refuse testing or treatment for COVID-19; an incompetent patient may neither accept nor refuse healthcare. Public health laws may also be considered when facing patients that refuse testing or treatment.
 16. I support the Plaintiff's request that the Remedial Plan be further modified to require the County to provide, in cases of public health emergencies, ample fee soap for personal use, cleaning supplies to sanitize cells and common living areas, and public health education regarding handwashing, sanitizing, and social distancing.

Respectfully submitted,



Bruce C. Gage, M.D.