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VIA EMAIL ONLY

May 15, 2020

Mr. Timothy Bojanowski  
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RE: *Parsons v. Shinn*, 2:12-CV-00601  
Updates to ADC/Centurion COVID-19 Policies

Dear Tim:

During our May 12, 2020 phone call, we asked if there had been any update to the custodial and health care COVID-19 policies described in Director Shinn's and Dr. Orm's declarations filed in response to our motion from mid-March. (Doc. 3527-1). You stated that you did not know if they had been updated in light of Centers for Disease Control & Prevention ("CDC") guidelines for correctional institutions.

It appears that there have been some updates. For example, yesterday Mr. Shinn told reporters, "What we have tried to do is break down the populations to the smallest groups possible, and then keep those groups together and limit the amount of interaction that they've had," which is a policy/practice that was not described in his declaration with the Court. (See <https://ktar.com/story/3157039/arizona-prisons-director-says-coronavirus-measures-working/>)

Similarly, Centurion's Pandemic Preparedness and Emergency Response Plan, (Doc. 3527-1 at 22), references the following treatment guidelines that would be distributed to providers in the event of a pandemic, but they were not included with the Court filing:

- Condition Specific Screening Tool
- Condition Specific Self-Triaging Algorithm
- Actions Checklist - Yellow/Orange Alert Level
- Actions Checklist - Red Alert Level

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We also have compared the CDC guidelines to Defendants' stated policies in your March 18, 2020 filing (Doc. 3527, 3527-1), and identified numerous differences between the two. The attached chart sets out the CDC guidelines, which are available at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>, and indicates where ADC's and Centurion's policies described to the Court do not meet the CDC's guidance.

**We request that you let us know what steps, if any, ADC and Centurion will take to address these deficiencies. We request that Defendants provide us any and all updated policies and directives from the Department and Centurion to prevent and manage COVID-19 that have been promulgated since March 18, 2020.<sup>1</sup>**

Thank you for your prompt attention to this matter. Feel free to contact me if you'd like to discuss by phone or have any questions.

Sincerely yours,



Corene Kendrick  
Staff Attorney

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<sup>1</sup> As the Court stated in its April 2, 2020 order, "Contrary to their belief, the COVID-19 pandemic is not outside the Stipulation and Defendants' obligations simply because there is no vaccine to prevent it. As noted in the Court's March 23, 2020 Order, Defendants remain required to provide treatment to prisoners who are ill, whether it be influenza, diabetes, cancer, or COVID-19." *See* Doc. 3556 at 3.

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Operational preparedness and prevention</b>			
<b>Operational preparedness</b>	Ensure all people in the facility know the symptoms of COVID-19 and how to respond if they develop symptoms	"On March 17, 2020, Centurion also finalized informational handouts for correctional health care staff, security staff, and inmates." [copies provided] (Declaration of John May, Doc 3527-1, 12 of 101)	Unclear how implemented - where were the info handouts provided, and in what accessible formats
<b>Operational preparedness</b>	Developing contingency plans for reduced workforces due to absences	"Wardens have devised twelve-hour security staffing rosters for implementation should staffing deficiencies related to COVID-19 staff-call outs necessitate the same. As of this date, implementation of twelve-hour security staffing plans has not been required." (Declaration of D. Shinn, Doc 3527-1, 6 of 101)	Yes
<b>Prevention: access to medical care</b>	Consider suspending co-pays for medical evaluations for respiratory symptoms	"\$4-copay that inmates pay for health care services is being waived for those who are experiencing flu or cold-like symptoms"	Yes
<b>Prevention: cleaning</b>	Clean/disinfect frequently touched surfaces and objects <b>several times per day</b> , especially in common areas	Initiating a <b>weekly</b> deep cleaning of all facilities; "inmate pod porters clean housing unit common areas and showers <b>daily</b> , and inmates are provided access to cleaning supplies to clean their own cells"	No
<b>Prevention: cleaning</b>	Consider increasing # of staff and/or incarcerated people trained and responsible for cleaning common areas throughout the day (continual cleaning)	Not mentioned	No
<b>Prevention: cleaning</b>	Use appropriate supplies for cleaning/disinfecting: household cleaners and EPA-registered disinfectants. This may require lifting restrictions on undiluted disinfectants	"Use disinfectant products against COVID-19 with EPA-approved emerging viral pathogens claims or label claims against human coronaviruses." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 31 of 101)	Unclear if Centurion guidelines were adopted - don't know if they had prior restrictions on undiluted disinfectants and if they've changed those restrictions
<b>Prevention: cleaning</b>	Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs)	Not mentioned	No
<b>Prevention: cleaning</b>	Ensure adequate cleaning supplies and plan to restock rapidly	"Wardens are also taking part in regular ongoing meetings with ADCRR leadership to ensure robust availability of soap, paper towels, hygiene items, and cleaning agents for both inmates and staff" (Declaration of David Shinn, Doc 3527-1, 5 of 101)	Unclear if accomplished

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Prevention: hygiene</b>	Post signage throughout facilities about healthy hygiene practices and make sure signage is accessible (to: non-English speakers, those with low literacy; make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.)	"ADCCR and Centurion are communicating with staff and inmates about how they can reduce the risk of contracting COVID-19, including washing hands, sanitizing surfaces, covering coughs and sneezes and encouraging employees to stay home if they are sick. Bulletins advising of the same are posted in inmate housing units, medical departments, and high activity locations. Inmate bulletins are also broadcast on ADCRR's inmate CCTV-system." (Declaration of David Shinn, Cov 3527-1, 5 of 101)	No - accessible communication not addressed
<b>Prevention: hygiene</b>	Provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms)	"Wardens are also taking part in regular ongoing meetings with ADCRR leadership to ensure robust availability of soap, paper towels, hygiene items, and cleaning agents for both inmates and staff" (Declaration of David Shinn, Doc 3527-1, 5 of 101)	Unclear if accomplished
<b>Prevention: hygiene</b>	Provide incarcerated/detained persons and staff no-cost access to soap; running water and hand drying machines/paper towels; tissues;	"Correctional facilities are to make soap widely available and without charge for all incarcerated persons during this pandemic. For persons with nasal discharge, cough or both, tissue is supplied." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 30 of 101)	Partly - running water and hand-drying (machines and paper towels) not mentioned
<b>Prevention: hygiene</b>	Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions	"ADCRR will permit staff to carry personal alcohol-based hand sanitizer as long as the employee can account for possession and control of the item... Because ADCRR currently permits inmate smoking... inmates are restricted from access to alcohol-based hand sanitizer to prevent associated misuse and fire-setting risks." (Declaration of David Shinn, Doc 3527-1, 6 of 101)	No
<b>Prevention: intake</b>	Perform pre-intake screening and temperature checks for all new entrants in the sallyport, before beginning the intake process	"Justice-involved persons entering the prison from county jail, community or transfer from another facility are screened immediately." Asked about: international / domestic travel; symptoms of COVID-19; if close contact of a symptomatic person or a confirmed case; take temperature (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 27 of 101)	Yes (but unclear where in the prisons the screening takes place)
<b>Prevention: intake</b>	Consider quarantining all new intakes for 14 days before they enter the facility's general population	not mentioned	No

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Prevention: social distancing</b>	Implement social distancing strategies to increase physical space between people	"Practice social distancing as much as possible (avoid large groups, keep distance of >6 feet from most persons)." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 30 of 101)	No - have not implemented strategies to accomplish social distancing
<b>Prevention: social distancing</b>	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)	Not mentioned	No
<b>Prevention: social distancing</b>	Recreation: Choose recreation spaces where individuals can spread out; Stagger time in recreation spaces; Restrict recreation space usage to a single housing unit per space (where feasible)	Not mentioned	No
<b>Prevention: social distancing</b>	Meals: Stagger meals; Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table); Provide meals inside housing units or cells	"Meals are delivered to housing areas when possible instead of movements of individuals throughout facility. Incarcerated persons are fed in their cells or on their beds in dorms." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 32 of 101); "We encourage our Clients to consider meals/dining be done in the units to limit mass movement and gatherings." (3/16/2020 Centurion memo: Coronavirus Awareness: Medical Precautions, Doc 3527-1, 37 of 101)	Partly - what happens in dining halls when meals are not able to be delivered to housing areas?
<b>Prevention: social distancing</b>	Group activities: Limit the size of group activities; Increase space between individuals during group activities; Suspend group programs where participants are likely to be in closer contact than they are in their housing environment; Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out	"Effective March 16, 2020, all inmate classes provided by local community colleges were suspended." (Declaration of David Shinn, Doc 3527-1, 4 of 101)	No - only partially addressed
<b>Prevention: social distancing</b>	If group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons	"Continue access and availability of behavioral health services." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 31 of 101)	No - no alternative forms of activity described

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Prevention: social distancing</b>	Housing: If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.); Arrange bunks so that individuals sleep head to foot to increase the distance between them; Rearrange scheduled movements to minimize mixing of individuals from different housing areas	Not mentioned	No
<b>Prevention: social distancing</b>	Medical: if possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If not feasible, consider staggering sick call; Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.	Not mentioned	No
<b>Prevention: operations</b>	Consider suspending work release programs.	"Inmate work crews are likewise being evaluated for COVID-19 exposure risk factors and symptoms as they depart and re-enter all prison complex facilities." (Declaration of D. Shinn, Doc 3527-1, 5 of 101); Most off-site work crews have been suspended but Perryville Hickman's Egg Farm is continuing (3/25/20 ADC COVID-19 Management Strategy Update)	No
<b>Prevention: operations</b>	Implement alternate work arrangements	Not mentioned	No
<b>Prevention: communication</b>	Consider having HC staff perform rounds on a regular basis to answer questions about COVID-19.	Not mentioned	No

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Prevention: communication</b>	Provide up-to-date information about COVID-19 on a regular basis. Ensure that info is provided in a manner that can be understood by non-English speaking individuals & those with low literacy. Make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision	"ADCRR and Centurion are communicating with staff and inmates about how they can reduce the risk of contracting COVID-19, including washing hands, sanitizing surfaces, covering coughs and sneezes and encouraging employees to stay home if they are sick. Bulletins advising of the same are posted in inmate housing units, medical departments, and high activity locations. Inmate bulletins are also broadcast on ADCRR's inmate CCTV system" (Declaration of D. Shinn, Doc 3527-1, 5 of 101); Attachment I of Declaration of John P. May = Centurion's COVID-19 Info for Incarcerated persons in English and Spanish	No - beyond Spanish version of COVID-19 Info Handout created by Centurion, no other accessible communication described
<b>Management of confirmed and suspected COVID-19 cases</b>			
<b>Operations - transfers</b>	Restrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless medically necessary (or for extenuating security concerns or to prevent overcrowding). If a transfer is absolutely necessary, perform verbal screening and temperature check before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case. If the transfer must still occur, ensure that the receiving facility has capacity to properly isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE and that the transport vehicle is cleaned thoroughly after transport.	"ADCRR has restricted all routine internal movement of inmates across all Arizona prison complexes to control exposure. Specialty needs for inmate movements will be evaluated on a case-by-case basis. External medical needs will continue based on provider availability." (Declaration of David Shinn, Doc 3527-1, 4 of 101); "Screening also occurs prior to transfer or release from a facility. Persons screening positive are to have transfer cancelled." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29 of 101)	Partly - facility capacity questions are not addressed, nor is safe transport protocol and necessary cleaning



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<b>Operations - release planning</b>	Incorporate screening for COVID-19 symptoms and a temperature check into release planning	Intake and Transfer screening (which includes temperature check) "also occurs prior to transfer or release from a facility. Persons screening positive are to have transfer cancelled. If person is a end of sentence, coordinate with local health department." Discharge planning: "Before discharging incarcerated or detained persons suspected of having COVID-19, medical staff and telemedicine providers discuss the release of the patients with the state and local health departments to ensure safe transport and continued shelter and care of the patient and medical transportation of the patient upon arrival. Persons are not released to homeless shelters without notifying the shelter's staff so they can make preparation to" (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 33 of 101)	Yes
<b>Medical isolation</b>	As soon as an individual develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and should be immediately placed under medical isolation in a separate environment from other individuals	"Isolation: Stable patients with mild symptoms or influenza-like illness may be moved to a room separate from general population (either room with door, or when capacity for private informary rooms exceeded, dedicated cell block.)... They are not in contact with incarcerated persons without symptoms. PPE is required for contact" (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29 of 101)	Unclear if <b>patient</b> is provided face mask
<b>Medical Isolation conditions</b>	Medical isolation of individuals should ideally be in a single cell with solid walls and a solid door that closes, with a dedicated bathroom when possible, and the individual should be excluded from all group activities.	"Isolation: Stable patients with mild symptoms or influenza-like illness may be moved to a room separate from general population (either room with door, or when capacity for private informary rooms exceeded, dedicated cell block.)... They are not in contact with incarcerated persons without symptoms. PPE is required for contact" (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29 of 101)	No - allows for cohorting of some kind
<b>Medical Isolation conditions</b>	Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. Cohorting should only be practiced if there are no other available options. If cohorting is necessary: only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort	"Isolation: Stable patients with mild symptoms or influenza-like illness may be moved to a room separate from general population (either room with door, or when capacity for private informary rooms exceeded, dedicated cell block.)... They are not in contact with incarcerated persons without symptoms. PPE is required for contact" (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29 of 101)	No - allows for cohorting, does not restrict who can be cohorted beyond separating isolation patients from people without symptoms



	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Medical Isolation conditions</b>	Ensure that the individual is wearing a face mask at all times when outside the medical isolation space and whenever another individual enters. Masks should be changed at least daily and when visibly soiled or wet	"In the event that a pandemic is declared, inmates placed in medical quarantine or suspected of being infected shall utilize PPE to prevent spread of the disease." (Centurion Pandemic Preparedness and Emergency Response Plan, Doc 3527-1, 19 of 101)	Unclear as to how often face masks are provided
<b>Cleaning</b>	Thoroughly clean and disinfect <b>all areas where the confirmed or suspected COVID-19 case</b> spent time (e.g., cells, bathrooms, and common areas), focusing especially on frequently touched surfaces	Regarding intake screening: "if coronavirus was deemed a possibility, perform terminal cleaning of room with hospital grade disinfectant... EPA registered for disinfectant effective on human coronavirus" (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29 of 101)	No - only provide guidelines about cleaning/disinfecting one area (the room used for screening of new intake)
<b>Cleaning</b>	Close off areas used by the 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 (consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions), before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.	Re cleaning: "Allow 2 hours to pass before entering a room used to house a person with COVID-19 to allow time for droplets to settle." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 31 of 101)	No
<b>Cleaning</b>	Ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.	Not mentioned	No
<b>Food Service for cases under medical isolation</b>	Cases under medical isolation should throw disposable food service items in the 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.	"Small contingents of identifiably healthy persons are used to deliver food and maintain kitchen operations. Such persons are provided masks to deliver meals in housing areas where infected persons are housed. Consider disposable plates, cups, utensils for persons with active COVID-19 infection." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 32 of 101)	Partly - no mention of gloves

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Laundry for cases under medical isolation</b>	Laundry from 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 clean their hands after. Do not shake dirty laundry. Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Clean and disinfect clothes hampers according to guidance for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.	Maintenance staff, "will also validate operation functions and temperatures of laundry equipment to ensure laundry is properly sanitized." (Centurion Pandemic Preparedness and Emergency Response Plan, Doc 3527-1, 14 of 101)	Unclear - not specific to COVID-19
<b>Quarantine</b>	Incarcerated/detained persons who are close contacts of a confirmed or suspected case (whether another prisoner, staff member, or visitor) should be placed under quarantine for 14 days.	"For those who are asymptomatic, but a credible history of exposure to COVID-19 or hot spots, patient is placed in a single room or dedicated cell block as quarantine. Follow the local health department's current protocol for PUI. The incubation period is believed to be 2-14 days, with an average of 5 days. Quarantine lasts for 14 days." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29-30 of 101)	Yes
<b>Quarantine conditions</b>	Exclude quarantined individuals from all group activities	Not addressed	No
<b>Quarantine conditions</b>	Monitor for symptoms twice per day, including temperature checks	"Health staff complete a daily face-to-face assessment of all persons housed in designated quarantine units to include temperature checks. In the event of a full lockdown of the facilities, the health care staff to round in all areas at least once in a three-day period. The health care staff maintain written documentation of all completed rounds." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29-30 of 101)	No - only daily monitoring instead of BID, potentially much less if full lockdown
<b>Quarantine conditions</b>	Make every effort to quarantine close contacts of COVID-19 cases individually. Cohorting should only be practiced if there are no other available options. AVOID mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine.	"In the event that quarantine measures become necessary, ADCRR has identified dedicated housing locations to facilitate the same." (Declaration of David Shinn, Doc 3527-1, 6 of 101). ADC "designated a housing unit in Safford, Arizona for purposes of quarantine." (Declaration of Owen Murray, Doc 3527-1, 67 of 101)	No - no further info provided about where quarantine will occur, and under what conditions cohorting in quarantine would happen

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Quarantine conditions</b>	if cohorted, quarantined individuals should wear face masks at all times. If quarantined separately, should wear face masks whenever a non-quarantined individual enters the quarantine space	"In the event that a pandemic is declared, inmates placed in medical quarantine or suspected of being infected shall utilize PPE to prevent spread of the disease." (Centurion Pandemic Preparedness and Emergency Response Plan, Doc 3527-1, 19 of 101)	Unclear
<b>Quarantine conditions - cohorting</b>	If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started	Not mentioned	No
<b>Quarantine conditions - cohorting</b>	If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of those who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify social distancing strategies for higher-risk individuals.)	Not mentioned	No
<b>Quarantine conditions</b>	Staff who have close contact with quarantined individuals should wear recommended PPE	"The Centurion staff shall be prepared to distribute PPE to all staff and inmates in the institution during a pandemic outbreak." (Centurion Pandemic Preparedness and Emergency Response Plan, Doc 3527-1, 19 of 101)	Unclear - not specific to COVID-19 quarantine
<b>Conditions in housing units</b>	Provide clear information to incarcerated people about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions	Not addressed	No
<b>Conditions in housing units</b>	Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated people are not notifying staff of symptoms	Not really addressed - "In the event of a full lockdown of the facilities, the health care staff to round in all areas at least once in a three-day period." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 29-30 of 101)	No
<b>Clinical Care of COVID-19 Cases</b>	HC staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, while wearing PPE, and ensure patient is wearing a face mask	Wear PPE interviewing, escorting, or providing other assistance to sick persons." (Centurion Clinical Guidelines COVID-19, Doc 3527-1, 30 of 101)	No - does not specify if the patient is provided a face mask

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>Clinical Care for confirmed / suspected COVID-19 Cases</b>	If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit	Not mentioned	No
<b>Clinical Care for confirmed / suspected COVID-19 Cases</b>	Clinicians strongly encouraged to test for other causes of respiratory illness (e.g. influenza)	On 3/16/20, Wendy Love (AZ Statewide Medical Director for Centurion of Arizona) sent an email to medical staff regarding protocols for inmates with sx's of febrile respiratory illness, including "rule out influenza if test kits are available (Wendy Larson continues to work to acquire more rapid influenza test kits and distribute them to the sites)" (Declaration of Wendy Love, Doc 3527-1, 56 and 57 of 101)	Yes (but only if sufficient test kits are available)
<b>Clinical Care for confirmed / suspected COVID-19 Cases</b>	Facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide	On 3/16/20, Wendy Love (AZ Statewide Medical Director for Centurion of Arizona) sent an email to medical staff regarding protocols for inmates with sx's of febrile respiratory illness, including "send the inmate to the emergency room only if they are immunocompromised, hypoxic, suspected of being septic, or if the exam and/or chest x-rays shows signs of pneumonia" (Declaration of Wendy Love, Doc 3527-1, 56 and 57 of 101)	Not really - no plan is described for HOW to safely transfer persons to local hospital
<b>Clinical Care for confirmed / suspected COVID-19 Cases</b>	The initial medical evaluation should determine whether a symptomatic individual is at higher risk for severe illness from COVID-19	On 3/16/20, Wendy Love (AZ Statewide Medical Director for Centurion of Arizona) sent an email to medical staff regarding protocols for inmates with sx's of febrile respiratory illness, including "perform a full symptom screen and vitals check and escalate the inmate to the provider for a full history and physical evaluation" and "send the inmate to the emergency room only if they are immunocompromised, hypoxic, suspected of being septic, or if the exam and/or chest x-rays shows signs of pneumonia" (Declaration of Wendy Love, Doc 3527-1, 56 and 57 of 101)	Not really clear whether their protocol does this
<b>Clinical Care for confirmed / suspected COVID-19 Cases</b>	When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible	Not mentioned	No

	CDC Recommendation	ADC and Centurion Plan	Is ADC/Centurion policy compliant with CDC?
<b>PPE and Training</b>	Ensure that all staff and incarcerated persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases	"All staff working in and around isolation areas, medical clinics and conducting inmate patient care without exception shall use PPE in accordance with recommendations set forth by the CDCR, the US HHS and the State Department of Health." (Centurion Pandemic Preparedness and Emergency Response Plan, Doc 3527-1, 19 of 101)	No - training not addressed