IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *et al.* **PLAINTIFFS**

VS. **CIVIL ACTION NO. 4:20-CV-07-DMB-JMV**

TOMMY TAYLOR, *et al.* **DEFENDANTS**

DEFENDANTS' RESPONSE IN OPPOSITION TO PLAINTIFFS' EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION AS TO COVID-19

Tommy Taylor, in his official capacity as Interim Commissioner of the Mississippi Department of Corrections, and Marshall Turner, in his official capacity as Superintendent of the Mississippi State Penitentiary, file this Response in Opposition to Plaintiffs' Emergency Motion for Temporary Restraining Order and Preliminary Injunction as to COVID-19 [Doc. 59 and 60]. In support, Defendants rely on the arguments and authorities set forth in their accompanying Memorandum of Law and the Declaration of Jeworski Mallett (Exhibit A), the Declaration of Gloria Perry, M.D. (Exhibit B), the Declaration of Willie Knighten (Exhibit C), Social Media Posts (Exhibit D), and Mississippi Public Laboratory SARS-CoV-2 Specimen Collection and Shipping Guidance (Exhibit E). For the reasons discussed in their Memorandum of Law, Defendants respectfully request that the Court deny Plaintiffs' Emergency Motion for Temporary Restraining Order and Preliminary Injunction as to COVID-19. Defendants request such other and further relief as the Court deems just and appropriate under the circumstances.

Date: March 19, 2020.

Respectfully submitted,

TOMMY TAYLOR, in his official capacity as the Interim Commissioner of the Mississippi Department of Corrections, and MARSHAL TURNER, in his official capacity as the Superintendent of the Mississippi State Penitentiary

By: */s/ Trey Jones*
William Trey Jones, III
One of Their Attorneys

OF COUNSEL:

R. David Kaufman (MSB #3526)
dkaufman@brunini.com
William Trey Jones, III (MSB #99185)
tjones@brunini.com
Karen E. Howell (MSB #102243)
khowell@brunini.com
Cody C. Bailey (MSB #103718)
cbailey@brunini.com
Jacob A. Bradley (MSB #105541)
jbradley@brunini.com
BRUNINI, GRANTHAM, GROWER & HEWES, PLLC
The Pinnacle Building, Suite 100
190 East Capitol Street (39201)
Post Office Drawer 119
Jackson, Mississippi 39205
Telephone: (601) 948-3101
Facsimile: (601) 960-6902

CERTIFICATE OF SERVICE

I, Trey Jones, hereby certify that on March 19, 2020, I caused the foregoing pleading to be electronically filed with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to all counsel of record and registered participants.

/s/ Trey Jones
William Trey Jones, III
One of the Attorneys for the Defendants

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DECLARATION OF JEWORSKI MALLETT

Pursuant to 28 U.S.C. § 1746, I, Jeworski Mallett, declare under penalty of perjury that the following statements, based on my personal knowledge, are true:

1. I am an adult resident citizen of Ridgeland, Mississippi. I am competent to testify to the matters contained in this Declaration, and I give this Declaration voluntarily.

2. I am currently serving as the Acting Deputy Commissioner of Institutions for the Mississippi Department of Corrections ("MDOC"). I have been employed by MDOC since September 2001.

3. In my position as the Acting Deputy Commissioner of Institutions at MDOC, the responsibilities of my office include evaluating the effectiveness of security procedures, protocols, and support services in the correctional system, including at the Mississippi State Penitentiary at Parchman ("Parchman").

4. As Acting Deputy Commissioner of Institutions, I have personal knowledge regarding measures undertaken by MDOC at Parchman to prevent the spread of COVID-19, to lessen the impact of COVID-19 on inmates and MDOC staff, to prepare for inmates or MDOC staff's contracting COVID-19, and to respond with appropriate and adequate measures should MDOC staff or inmates contract COVID-19.

5. I have direct personal knowledge of the present conditions and operations of Parchman. I have personally observed the present conditions, and I am aware of the efforts undertaken by the MDOC at Parchman with respect to COVID-19.

6. I am aware of the current status of Parchman and other MDOC facilities as it relates to COVID-19. To my knowledge, there are currently no confirmed cases of COVID-19 at Parchman. This includes inmates and MDOC staff at Parchman.

7. I have reviewed Plaintiffs' Emergency Motion for Temporary Restraining Order and Mandatory Preliminary Injunction as to COVID-19 as well as Plaintiffs' exhibits and memorandum in support. I have personal knowledge that MDOC and Parchman are already performing many of the preventative and responsive measures sought by Plaintiffs' Motion.

8. I am personally aware of the following preventative and responsive measures being taken by MDOC at Parchman with regard to COVID-19:

- **Internal and External Consultation/Monitoring:** I am aware that MDOC officials, including myself, have been meeting internally and consulting externally with other officials and agencies to ensure appropriate preventative measures are being taken with respect to COVID-19. MDOC is consulting with top public health and other officials, including the Mississippi Department of Health and the U.S. Department of Homeland Security's Office for State and Local Law Enforcement, regarding prevention and treatment of COVID-19. I personally participated in a telephone conference organized by the Department of Homeland Security. On the telephone conference were officials responsible for overseeing state and federal correctional institutions across the nation. Attached to this Declaration as Exhibit 1 is a copy of the agenda of that telephone conference. On the conference, I became aware that MDOC's current measures are consistent with those employed by other correctional institutions across the nation.

- **Collaboration between MDOC and Centurion:** I am aware that MDOC is working closely with Centurion of Mississippi, LLC ("Centurion"), Parchman's third-party healthcare provider, to implement the provisions of Centurion's Pandemic Preparedness and Emergency Response Plan (the "Centurion Plan"), a copy of which is attached as Exhibit 2 to this Declaration. The Centurion Plan provides written protocols for the diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19. The Centurion Plan includes, but is not limited to, protocols for: prevention; surveillance; inmate education; treatment,

including medical insolation; follow-up treatment; reporting; monitoring current community and national trends; appropriate safeguards for inmates and staff; providing personal protective equipment ("PPE"); education and training regarding PPE; and post-exposure management. The Centurion Plan sets "preparedness" action items based on the severity of the virus outbreak, and MDOC is following those action items. MDOC is also implementing Centurion's "Coronavirus Awareness" guide, a copy of which is attached as Exhibit 3 to this Declaration. The Coronavirus Awareness guide includes procedures for screening staff and other visitors and restrictions on staff from entering the facility with symptoms of the virus or if they have traveled to a high-risk area. I am aware MDOC is currently following the Centurion Plan and the Coronavirus Awareness guide.

- **Staff Screening:** I am aware that MDOC officers and staff are screened daily upon entering Parchman for symptoms and other indicators of exposure to COVID-19. Specifically, staff members are screened pursuant to a COVID-19 screening form provided by Centurion, a copy of which is attached as Exhibit 4 to this Declaration. MDOC staff are routed to an alternative screening area at the visitation center to facilitate safe screening. The screening process includes questions about each staff member's symptoms, if any, including headaches, fevers, coughing, shortness of breath, and any trouble breathing. MDOC subjects staff members to daily temperature screenings before entering Parchman. Further, I am aware that food and other supplies are still being delivered to Parchman despite the outbreak of COVID-19. The persons delivering these provisions are subjected to screening at Parchman as well.

- **Inmate Monitoring/Testing:** I am aware Parchman is following the Centurion Plan. The Centurion Plan provides written protocols for diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19, including protocols for prevention, surveillance, and treatment, including medical insolation. I am aware that MDOC officers are currently actively monitoring inmates for symptoms of COVID-19, such as headaches, fevers, coughing, shortness of breath, and trouble breathing. I am aware that MDOC, through Centurion, is prepared to provide COVID-19 testing as deemed appropriate by Centurion.

- **Inmate Quarantine:** At this time, I am not aware of any confirmed cases of COVID-19 at Parchman. Should MDOC learn that an inmate or staff member has contracted COVID-19, MDOC will apply the Centurion Plan as well as its own policies developed to combat spread of COVID-19. Under these plans and policies, inmates who either test positive for COVID-19 or who have COVID-19 symptoms will be quarantined. In the unfortunate event there are insufficient numbers of negative-pressure rooms, MDOC will quarantine and isolate inmates from the remainder of the general population in alternative cells or housing areas.

- **Suspension/Restriction of Transfers:** I am aware that MDOC has suspended all transfers of inmates from county jails to MDOC facilities for the next 30 days. MDOC issued a press release on this point, a copy of which is attached as Exhibit 5 to this Declaration. MDOC is monitoring conditions and developments and will extend the restriction as necessary to protect inmates and staff. MDOC has also substantially

restricted all transfers of inmates between MDOC facilities for the next 30 days. Transfers between facilities will be limited to those absolutely necessary. For those transfers that have been necessary, MDOC has screened inmates for COVID-19 symptoms upon arrival. Even if transferred inmates do not currently have symptoms, MDOC isolates those inmates so as to reduce risk to the general population. MDOC is monitoring conditions and developments and will extend the restriction as necessary to protect inmates and staff.

- **Suspension of In-Person Visitation / Increased Sanitation for Essential Visitations:** MDOC has temporarily suspended visitation at all MDOC facilities in order to establish sanitation and prevention protocols to prevent the spread of COVID-19. MDOC issued a press release on this point, a copy of which is attached as Exhibit 6 to this Declaration. MDOC is currently permitting visitation by attorneys who satisfy MDOC screening requirements. MDOC has established protocols requiring all visitation areas to be sanitized at the completion of each attorney visit.

- **Non-Contact Visitation:** MDOC has undertaken measures to ameliorate the effects of the denial of in-person visitation. For instance, MDOC has implemented a policy permitting inmates to make two free phone calls per week. MDOC issued a press release to this point, a copy of which is attached as Exhibit 7 to this Declaration. According to Interim Commissioner Tommy Taylor, "[t]his is another way to help inmates stay connected with their loved ones and to be reassured of their welfare during this trying time." *Id.*

- **Common Health Practices:** MDOC is recommending and reinforcing common health practices and other guidelines provided by the Mississippi Department of Health and the Centers for Disease Control, including:
  - Coughing or sneezing into the bend of the arm, not the hand;
  - Frequent hand washing for at least 20 seconds or use of hand sanitizer;
  - Avoiding touching of eyes, nose, or mouth with unwashed hands;
  - Avoiding social contact such as shaking hands, hugging, or sharing personal items; and
  - Use of disinfectants to sanitize high-touch surfaces, such as workstation surfaces, computer keyboards, countertops, doorknobs, light switches, handrails, control panels, buttons, and tabletops.

- **Education of Staff and Inmates:** I am aware that MDOC is educating staff and inmates regarding the above-referenced common health practices. MDOC has distributed materials outlining the above common health practices to the inmates. These materials are posted in all inmate housing units as well as on bulletin boards in hallways and other common areas. Further, I am aware that wardens, deputy wardens, and other MDOC officers have visited each housing unit to verbally inform inmates of the above-referenced common health practices.

- **Institutional Hygiene:** MDOC is ensuring that additional chemicals and other cleaners are made available at Parchman for the purpose of providing additional

sanitation. MDOC has thoroughly cleaned and sanitized all areas at Parchman and will continue to do so to ensure proper sanitation is achieved.

- **Personal Hygiene:** MDOC has installed additional hand-sanitizer stations in staff work stations and other staff areas. MDOC has provided extra supplies of liquid and solid soap to inmates to ensure that each inmate's soap supply is sufficient to follow the recommended universal common health practices outlined above.

9. With regard to the additional measures Plaintiffs request in their Motion that MDOC is not currently undertaking, I have observed the following from my personal knowledge:

- **Immediate Testing**: As stated, MDOC officers are affirmatively monitoring the inmate population for symptoms of COVID-19. MDOC's third-party medical provider Centurion is responsible for inmate testing for COVID-19. There are approximately 2,700 inmates and MDOC staff at Parchman. My understanding from Centurion is that testing is to be done per local protocols and availability, and that it is currently not feasible or recommended to test individuals unless they have traveled to any area with an outbreak of COVID-19 or with sustained (ongoing) transmission; have a fever or cough; are short of breath; have been in close contact (less than six feet) with someone exhibiting COVID-19 symptoms or a confirmed case of COVID-19; or have a temperature of greater than 100.4 F.

- **Immediate Screening**: I am aware that MDOC is currently conducting the screening requested by Plaintiffs. These screening procedures are described above.

- **Current Inmate Quarantine**: As discussed above, I am aware MDOC is currently operating under the Centurion Plan for quarantine, which provides written protocols for diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19, including protocols for, among other things: surveillance, treatment, medical insolation, follow-up treatment, safeguards for inmates and staff, providing PPE, education and training regarding PPEs, and post-exposure management. MDOC, in conjunction with Centurion, have developed appropriate protocols for quarantining any inmates that contract the virus, as described above. Additionally, all scheduled releases from Parchman will occur as planned, with necessary precautions taken.

- **New Inmate Quarantine**: I am aware that MDOC has suspended all transfers of inmates from county jails to MDOC facilities for the next 30 days and will extend the restriction as necessary to protect inmates and staff. MDOC has also substantially restricted all transfers of inmates between MDOC facilities for the next 30 days and will extend that restriction as necessary to protect inmates and staff. Transfers between MDOC facilities have been limited to those absolutely necessary. In the event such a transfer is necessary, MDOC has and will screen arriving inmates for COVID-19 symptoms and isolate those inmates even if they do not have symptoms.

- **Institutional Hygiene**: I am aware that MDOC is providing additional chemicals and other cleaners necessary to sanitize housing units at Parchman. I am not aware of any inmates being deprived of necessary cleaning supplies. MDOC has thoroughly cleaned and sanitized all areas at Parchman, and we will continue to do so to ensure proper sanitation is achieved.

- **Personal Hygiene**: MDOC has distributed additional solid and liquid soap to the inmate population in sufficient qualities to ensure all are able to adhere to the common health practices outlined by the CDC and others. In my opinion, MDOC has not and cannot safely de-classify as contraband hand sanitizer with 60% or more alcohol to be provided directly to inmates. Inmates are provided clean water and additional solid and liquid soap with which to wash their person, and these measures are sufficient to allow inmates to follow common health practices. In my opinion, the security risk of permitting the use of such individual hand sanitizer outweighs the alleged health concern in not providing individual bottles to inmates. Based on my conversations with other corrections officials, MDOC's policy in this regard is consistent with other institutions across the nation.

- **Limit Contact Visitation**: I am aware MDOC has suspended in-person visitation to prevent spread of COVID-19. To ameliorate this measure, MDOC is allowing inmates to make two free phone calls per week. MDOC does not currently have the ability to facilitate video visitation, although I am aware this has been considered by MDOC officials since the outbreak.

- **Waive Copays**: I am not personally aware of any indigent inmate at Parchman being deprived of medical care on the basis that he lacks the ability to pay. I understand that Centurion has already, or is considering, waiving copays related to COVID-19.

- **Supply Chain**: I am aware that MDOC has taken a current inventory of supplies in response to the COVID-19 outbreak. MDOC's current stockpiles are sufficient. MDOC has also developed plans to supply Parchman additional supplies should delivery of supplies become an issue. In regard to food and supply delivery, I am also aware that delivery drivers are being screened for COVID-19.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Respectfully submitted,

Jeworski Mallett

U.S. Department of Homeland Security

Office for State and Local Law Enforcement Novel Coronavirus (COVID-19) Call

WHEN: Monday, March 16, 2020
11:00 a.m. – 12:00 p.m. Eastern

LOCATION: Dial-In: 1-800-699-1085

PURPOSE: To provide an update regarding current activities related to Novel Coronavirus (COVID-19). On this short-notice call, we plan to provide an update on the current situation; and discuss your current concerns, priorities, and where you may need additional assistance within the law enforcement jail population community.

AUDIENCE Sheriffs with Jail Populations and Jail Administrators

AGENDA:

I. Welcome and Introduction
- *i. Brian Dorow, Deputy Assistant Secretary, Office for State and Local Law Enforcement, DHS*

II. COVID-19 Response for Law Enforcement/Custodial Settings
- *i. Alexander L. Eastman, MD, MPH, FACS, FAEMS, Senior Medical Officer, Office of the Chief Medical Officer, DHS*

III. Available DHS Grant Resources
- **i.** *Kerry L. Thomas, Director, Preparedness Grants Division, FEMA*

IV. Accessing Protective Equipment (Mask, Gloves, PPE Kits)
- *i. Steven A. Adams, MPH, Director (A), Strategic National Stockpile, Office of the Assistant Secretary for Preparedness and Response, HHS*

V. Bureau of Prisons, Department of Justice (TBD)

VI. Q&A

VII. Closing Remarks

*This is a fluid agenda, as information becomes available there may be adjustments made.

Centurion Pandemic Preparedness and Emergency Response Plan

Purpose

Centurion will work with the Department of Corrections to provide an infectious communicable disease pandemic preparedness and response plan.

With emerging and reemerging infectious diseases, it is import to be prepared to respond to outbreaks, epidemics and pandemic. Pandemics are unpredictable. While history offers useful benchmarks, there is no way to know the characteristics of a pandemic before it emerges. Nevertheless, we must make assumptions to facilitate planning efforts. The event can be caused from different types of infections and can spread rapidly as the world has experienced in the past. This policy outlines the steps in preparing for a communicable disease or infection pandemic, and an emergency response to a pandemic event. This is a model outlining the steps and will be part of the overall facility procedure for a pandemic event. The plan incorporates current disaster preparedness plans already in place by the facility and agencies, and provides additional measures needed for a pandemic response. Centurion will collaborate and cooperate with the facility, agency, state, local and federal entities that may include local community / sheriff's offices, Department of Corrections, Department of Health, Office of Homeland Security, CDC in providing a response for safe response to staff and community members if a pandemic is declared.

Definitions

1. Pandemic: A global outbreak. A pandemic occurs when a communicable disease emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily from person to person
2. Viral Infections: A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
3. Bacterial Infections: A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
4. Bioterrorism agent: An intentional release of a virus or bacteria with intent of harm or death to unsuspecting persons for purpose of biological attack that can be transmitted to multiple persons.
5. Initial Commander: The Shift Commander will assume this role. This person is responsible for the entire facility and the emergency until relieved by Interim Commander or Ultimate Commander.
6. Interim Commander: The Interim Commander is the next person in the chain of command set by the facility or Facility / DOC Policy and Procedure. This person will assume the Commander's position in the event the Ultimate Commander is more than one (1) hour away from the facility.
7. Isolation: Separation and restriction of movement or activities of persons who are too ill but who have a contagious disease, for the purpose of preventing transmission to others.
8. Morbidity: A state of being diseased; or the relative incidence of disease.

9. Mortality: The state of being diseased: or the relative incidence of death.
10. Personal Protective Equipment (PPE): Equipment used by any person to prevent the acquisition or transmission of disease between persons. Examples of personal protective items include, but are not limited to gloves, masks, gowns, and etc.
11. Quarantine: The separation and restriction of movement or activities of ill infected persons who are believed to have been exposed to infection, for the purpose of preventing the transmission of disease. Individuals may be quarantined at home or in designated facilities, healthcare providers and other workers may be subject to quarantine when they are off duty.
12. Segregation/Social distancing: Housing exposed or infected persons away from other population at a distance to decrease or prevent the transmission of disease.
13. Infodemic: The distribution of accurate, inaccurate, and rumored information. The purpose for the recognition of this is to provide accurate, timely information from reliable sources to make appropriate decisions related to any outbreak
14. Ultimate Commander: This role will be assumed by the Warden/designee to have full authority during an emergency.

Procedures

1. The infection prevention and control program, policies and procedures, and clinical guidelines provide written protocols give disease/condition specific guidelines of the diagnosis, treatment, and management of conditions recognized as prevalent in the state or local area.

2. These include procedures for infection prevention, education, identification, surveillance, immunization (as applicable), treatment, follow-up, isolation (as indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, environmental, maintenance, and administrative representative meets at least yearly to review and discuss communicable diseases and infection control activities.
    a. At minimum disease specific protocols will include:
        i. Prevention to include immunizations, when applicable
        ii. Surveillance (identification and monitoring)
        iii. Offenders education and staffing
        iv. Treatment to include medical isolation, when indicated,
        v. Follow-up care
        vi. Reporting requirements to applicable, local, state, and federal agencies
        vii. Confidentiality/protected health information
        viii. Monitoring current community/state/national trends
        ix. Appropriate safeguards for inmates and all staff
        x. Education and training on PPE
        xi. Maintain par levels of PPE
        xii. Post-exposure management protocols particularly for HIV and viral hepatitis

3. Review of all Emergency plans is an essential element of personnel training and retraining programs. All employees are to be familiar with all emergency plans prior to their permanent work assignments.

Preparedness

1. Cases (large outbreak outside United States
    a. Monitor reliable information on outbreak and transmission
    b. Type of infection/disease
    c. Evaluate outbreak plan, and emergency preparedness and response plan
    d. Specific screening tool available (risk factors & symptoms)

2. Case diagnosed in United States (not in your state)
    a. Monitor and provide reliable medical information on current situation
    b. Update Clinical guidance as recommended by Department of Health and CDC
    c. Disseminate information to healthcare providers
    d. Evaluate current par levels of PPE
    e. Routine communication with public health

3. Single Case diagnosed in your state
    a. Evaluate current local situation
    b. Reinforce Infection control measures
    c. Update information for healthcare providers
    d. Focus on disease surveillance
    e. Increase public health communication

4. Cluster linked to cases in your state
    a. Continue monitor of local situation
    b. Implement screening tool as indicated
    c. Continue public health communication
    d. Update information for healthcare providers

5. Multiple unlinked cases in your state
    a. Increase surveillance
    b. Implement screening tool
    c. Continue public health communication (emergency operation indicated)
    d. Update information for healthcare providers
    e. Strict infection control prevention
    f. Monitor PPE supplies

6. Multiple linked cases in your state
    a. Increase surveillance
    b. Implement screening tool
    c. Continue public health communication (emergency operation indicated)
    d. Update information for healthcare providers
    e. Strict infection control prevention
    f. Monitor PPE supplies
    g. Follow quarantine recommendations
    h. Limit access to facility

Security

1. The facility will maintain health and safety standards at the highest level possible during a pandemic communicable emergency. Once a pandemic outbreak is confirmed, the community immediately surrounding the institution is also affected. As a result, available resources and external assistance may become limited. This guide should be used in coordination and conjunction with Facility / DOC Policy and Procedure.

Locate and Verify

1. The County Public Health Office and/or the State Health Department will verify a pandemic outbreak within the community or at the facility and notify the FHA/designee.
2. This notification will then be passed to the Regional Office.

Isolate and Contain

1. Upon notification, isolation of confirmed cases is required. The Commander will initiate the Disease Specific Checklist. The Commander may initiate an emergency lockdown in accordance with the Facility / DOC Operational Procedures

2. On duty staff will be expected to remain on site until relieved. Exceptions will be determined by facility authorities on a case by case basis.

3. Inmates affected with the illness will be quarantined in the infirmary and/or detention cells. In the event of a mass epidemic, housing units will be evacuated and utilized to quarantine infected inmates based on the number of infected inmates, and suspected exposures and the custody levels of all involved inmates.

4. The Facility Health Administrator (FHA) will coordinate with the Warden/designee to ensure that standard PPE is available to all staff regardless of assignment.

Notifications

1. The following listing is supplement to the established facility disaster and emergency preparedness procedure, and is intended to include ancillary staff that is essential to the implementation and success of the pandemic plan.
    a. Warden/Deputy Warden
    b. Facility Duty Officer
    c. Food Service Manager and staff
    d. Facility Health Administrator
    e. Maintenance staff
    f. Facility TSU Team Leaders
    g. Facility Captain
    h. Off duty staff
    i. County Coroner
    j. Local Area Hospitals and EMS providers
    k. Local law enforcement agencies (PD and SO)
    l. Inmate population

Command Post

1. Activation of the facility Critical Incident Command Posts will occur in accordance with established procedure. The Commander shall ensure that staff is assigned to all essential Posts. Staff assignments will consist of both on duty staff and off duty staff called into the institution. In the event of staff shortages, likely resulting from staff becoming infected and the inability of off duty staff to return to the institution, assistance from other FACILITY / DOC sites may be requested. Essential Posts shall include:
    a. Security Posts necessary to maintain order and provide for controlled treatment of inmates from housing areas to necessary locations.
    b. Food Service Staffing. Staff shortages or the threat of the spread of disease may necessitate feeding inmates in cells or housing units. The Commander may initiate an Emergency Food Service Plan at this time. Food service staff will provide contingency meal planning and services for effected and non-effected areas including meals and services for staff.
    c. Food service will maintain a food and water supply of a minimum of three (3) days, on site.
    d. Medical Staffing.
    e. Centurion staff will:
        i. Initiate their disease specific protocol and will provide services contained in the contract, including diagnosis and treatment for affected staff and inmates inside the facility.
        ii. Contact local area hospitals giving a briefing on the facility communicable diseases status and request that they accept any critically ill inmate patients if deemed necessary.
        iii. Shall continue to monitor and treat confirmed or suspected cases. All new cases shall be reported to the Command Post as well as the department of health as required.
    f. Maintenance Staff. Maintenance supervisors will ensure that sanitation is maintained and that all contaminated waste is disposed of properly. They will also validate operation functions and temperatures of laundry equipment to ensure laundry is properly sanitized.
    g. Support staff needed to maintain and update inmate records, to provide Chaplain Services, and to complete any other necessary tasks. Any service or programs not deemed necessary to the operation of the institution shall be suspended during the duration of the pandemic status.

Deaths

1. Any deaths will be reported in accordance with facility /FACILITY / DOC Policy and Procedure.
2. Inmate deaths will only be released to the public in accordance with FACILITY / DOC Policy and Procedure.
3. Employee death will only be released to the public in accordance with FACILITY / DOC Policy and Procedures.

Portable Sanitation

1. Portable sanitation facilities such as portable toilets may be needed and should be considered where plumbing and availability of water may become an issue.

2. Classification and Housing Assignments: Classification and housing assignments may be impacted in the event of a pandemic, and consideration may be given to housing various custody levels together should isolation of ill inmates and/or quarantine of those not affected be deemed necessary.

On-Site Bivouac

3. Should it be necessary for staff to remain on site to ensure shift coverage or to control spread of disease, Centurion and the Facility / DOC will utilize a designated large area within the complex.

Facility Medical Response

1. The FHA shall be responsible for:
    a. Provision of updates on the number of infected individuals and their state;
    b. Any deaths believed to be related to the pandemic;
    c. Any other information requested by the Facility / DOC related to the event
    d. Required reporting to the Department of Health, or other agency, numbers of cases either suspected or confirmed.
    e. Necessary staff and resources to provide medical evaluation and treatment of routine health issues as well as pandemic related health care in all areas of the facility, including those designated as quarantined and non-quarantined. Examples of such services include, but are not limited to:
        i. Sick call
        ii. Medication management and delivery
        iii. Nursing services
        iv. Health assessments
        v. Mental health services
        vi. Pharmacy services

2. The Centurion staff shall be prepared to distribute PPE to all staff and inmates in the institution during a pandemic outbreak.

3. 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.

4. In addition, 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 Center for Disease Control (CDC), US Department of Health and Human Services (HHS) and the State Department of Health.

Pharmaceuticals

1. Vaccines (if available), and/or antiviral/antibacterial drugs will be made available to all institutional staff first. Vaccines (If available) and or antiviral drugs will be made available to inmates based on availability and in accordance with CDC and HHS

recommended priority populations. Although information may change based on the particular strain and virulence of the causative pandemic, the following represents the current information and priority for inmate populations:

a. Inmates over 65 with 1 or more high risk condition
b. Inmates under 65 with 2 or more high risk conditions
c. Inmates with history of hospitalization for pneumonia, flu, or symptoms of disease
d. Dormitory contacts of immune-compromised inmates who would not be vaccinated due to likely poor response to vaccine (transplant recipients, AIDS, cancer)
e. Healthy inmates 65 and older
f. Inmates under 65 with I high risk condition
g. Healthy inmates

2. Centurion will provide the available vaccine for inmates and staff.

In general, Centurion will establish a plan in conjunction with the v Facility / DOC for pandemic outbreaks and emergencies to include surveillance, quarantine and treatment, and resolution.

1. Each Centurion site will have specific areas and staff assignments based on facility location and any Facility / DOC emergency response plans.

2. Below are general statements that apply to medical services in general and apply to all sites. Centurion disease specific plans will be on file with the Warden at the respective facility.

Authority

The FHA (Facility Health Administrator (FHA) at the facility, at the direction of the Warden or their designee will be in charge of initiating and coordinating the medical portion of the response. In the absence of the FHA, the senior nurse on duty will be in charge of coordinating the medical services.

Implementation of the Procedure

Notification of pandemic status will be provided by the Facility Health Administrator who will have received it from the State Department of Health. Centurion staff will be notified by the FHA or designee.

Isolate and Contain

The first priority upon receiving notification of a pandemic will be to isolate anyone who has been exposed to the disease and contain the spread of the illness. If deemed necessary and appropriate, the medical staff will screen all staff reporting for duty for signs and symptoms of the disease. Entry can be denied based on display symptoms until such time as the staff member has been cleared by a physician to return to work. Inmate housing assignments may be temporarily altered to accommodate situations as they arise. This will be done in collaboration with the Warden/designee. Medical staff will work with the Facility / DOC to plan methods to clean and disinfect the treatment areas and rooms.

Staffing

The FHA will develop a staffing plan that takes into consideration staffing where possible with separate staff, those areas know to house inmates infected with the virus and those not affected to reduce the possible spread of the disease with the Warden should it become necessary to isolate and/or quarantine in place.

Resource Storage and Supplies

1. An assessment of necessary resources, including volume, storage requirements, availability, and utilization procedures will include the following, and be coordinated with Warden/designee:
    a. Medical Supplies:
    b. Disease specific medications (enough to cover all staff and inmates);
    c. PPE (masks, gloves, gowns, goggles, sanitizers, paper products);
    d. Medications and medical supplies (i.e., insulin, cardiac, respiratory, anti-viral medications, vaccines (pneumococcal, influenza, and new vaccines developed during pandemic), analgesic and antipyretic meds, LV. solutions and LV. supplies, blood collections tubes, vacutainers, specimen cups);
    e. Other supplies and equipment necessary to maintain medical operations for a period of forty-five (45) days. (Chemical disinfectants, syringes, needles, alcohol wipes);
    f. Disposable equipment (urinals, bedpans, wash basins, emesis basins, disposable instruments, biohazard waste bags [large and small).
    g. Paper products (plates, silverware, toilet paper, paper towels, etc.)
    h. Centurion will maintain sufficient PPE supplies to include the Facility / DOC staff;
    i. Soaps, rinse free hand sanitizers, rinse free soaps;
    j. Items will be stored in the facility warehouse and medical unit.

Coordination with Community Resources

Centurion shall maintain contact with local health authorities and service providers to coordinate any assistance should outside services be necessary. This will include off site local pharmacies in order to obtain medications should routine delivery methods be disrupted (i.e., UPS, FedEx etc.), use of local emergency rooms, off-site private provider clinics, and ancillary services such as radiology. All off-site provider agreements will be updated to include mention of possible assistance during a pandemic situation. Centurion maintain a relationship with local public health nursing offices to further coordination efforts in the event of a pandemic outbreak in the community where the facility is located.

Facility/Site Specific Plans

FHA at each the Facility / DOC will provide the Warden a copy of any site specific alterations to this pandemic plan. Adherence to this plan will vary based on type of service provided, availability to bivouac medical staff on site, use of water and consumables, and inmate population. These addendums will become attachments to this policy and procedure.

Updates and Revisions

As additional information becomes available through the CDC or other recognized health authority, the plans will be updated and/or modified to reflect the most current data and processes.

Education

Centurion will work with facility staff to prepare and provide appropriate education for both staff and inmates on proper identification and control of infectious diseases, to include benefits of appropriate vaccines, hand washing techniques, universal precautions, and wellness in general.

Reporting and Testing

Centurion will complete any reports and testing as required by the Department of Health, the CDC, HHS, or other health authority, as well as specific forms required by the facility or the Facility / DOC (yet to be determined) related to a pandemic.

Mortuary Services

1. Mortuary services in the event of a pandemic resulting in deaths that exceed community resources may require the institution to provide a temporary morgue.
2. In the event that outside temperatures are below zero (0), the industry bays will be utilized as a temporary morgue.

3. If outside temperatures do not support the use of the delivery corridor, then a maintenance bay shall be utilized with air conditioning and ice.

4. In the event that morgue services are needed for an extended period of time and appropriate refrigeration is unavailable, the practice of a mass burial will be implemented. Equipment will be utilized to dig a deep opening in the ground in the designated facility parking lots. The deceased will be tagged and placed in body bags taken to the burial site and covered with ice to maintain the integrity of the bodies. This process will operate in coordination with Centurion staff. Both medical aspects associated with storing a body, as well as the psychological impact on staff and inmates have been considered. The Coroner shall be notified immediately once a death occurs. The morgue shall remain in operation until attendant legal obligations are satisfied and the bodies may be removed.

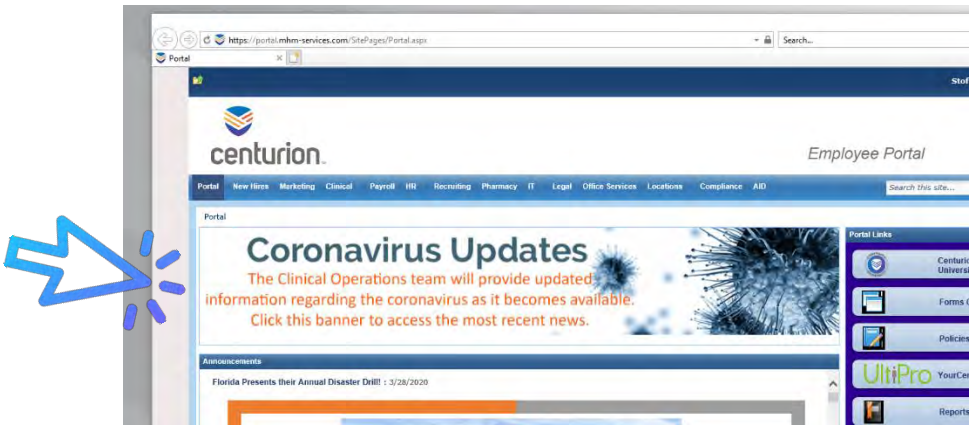
Provided at time of Pandemic:
1. Condition Specific Screening Tool
2. Condition Specific Self-Triaging Algorithm
3. Actions Checklist-Yellow/Orange Alert Level
4. Actions Checklist-Red Alert

Coronavirus Awareness

Medical Precautions

Reminder:

- There is a designated place for updates and announcements on Centurion's Portal located at portal.mhm-services.com. Click on the banner titled "Coronavirus Updates." This is where our employees can access the most recent news, formal announcements and resources pertaining to COVID-19.



- Centurion has provided, and will continue to make available, webinars, conference calls and materials including links and references. Staff have access to these resources on the Portal.
- A facility specific screening tool has been developed for jail and prison admissions, transfers, and other trips in/out of facilities. Please check with your supervisors before implementing this guidance as your facility may use other screening tools.
- Do not enter a facility if you:
    - Are experiencing symptoms (fever, cough, and/or difficulty breathing)
    - Had recent travel to a high risk area within the past 14 days
    - Have been advised that you have been exposed to a confirmed case
- Centurion has developed and distributed an outline of a pandemic clinical guideline which can be found on the Portal banner link;
- Teleconferencing and telemedicine capacity has been expanded. Whenever possible, if delivery of care can be done via telehealth technology for primary care, specialty care, nursing care, and mental health, please utilize these resources. Your supervisor will provide guidance as to the availability of these alternatives at your specific facility.

Recommendations:

Below we provide a listing of program-level and site-level recommendations by corporate senior medical leadership. If necessary, a point person is listed for applicable instructions.

- Identify contacts at your nearest local health department for reporting of suspect cases and request testing kits. *(Facility infection control nurse; alternate: DON and HSA/FHA)*
- Identify areas for single cell isolation for symptomatic patients. *(HSA/FHA, DON, site medical director)*
- Identify air circulation patterns in dormitories in case they are to be used for quarantine. *(HSA, DON, site medical director)*
- Cancel visitations or limit external vendors and personnel. Instead use videoconferencing and telephonic communications.
- Be sure to use appropriate personal protective equipment (N95 mask, eye/face shield, gown, gloves) for Movement and Transport Officers. We recommend tracking appropriate levels of PPE, medications, equipment, and supplies as there is potential for supply chain disruption. *(Program Manager/Vice President of Operations or HSA)*
- Review inventory of supplies and medications which might be in short supply. *(DON or charge nurse)*
- Provide a symptom screening for all persons being transferred or released using the Centurion screening tools or other screening tools that are consistent with CDC recommendations for all intakes, transfers in/out, and returns from outside trips such as court, offsite medical trips, and work details. If the screening is positive, there needs to be a determination whether or not it is appropriate to proceed with the planned movement.
- Encourage patients who have not taken the influenza vaccination to reconsider.
- If allowed by Clients, Centurion is drafting an informational FAQ sheet to healthcare and correctional staff and our patients.
- We recommend mock drills for a possible outbreak scenario that incorporates cooperation between custody, health services, and other ancillary staff to become familiar with protocols and have lessons learned to improve the response if such an incident does arise.
- We recommend that Centurion regional/site clinical leadership is involved in any task force or committee meetings/discussions relating to COVID-19.
- We recommend making available sufficient handwashing with soap access. *(HSA)*
- We recommend programs create educational videos for any in-facility video programming. Keeping not just staff but patients informed is critical to preventing riots and other safety concerns.
- We recommend custody staff have ample hospital-grade disinfectants and routinely clean areas. If inmates are to be utilized for cleaning duties, be sure that they have proper training and are handling of materials with appropriate safety equipment.
- We recommend that our Clients not to limit soap, tissues, toilet paper, and other hygiene products during this time period.
- We encourage our Clients to consider meals/dining be done in the units to limit mass movement and gatherings.
- Centurion program leadership should draft and implement a plan for emergency staffing in the event that employees are absent either due to infection or self-quarantine. The plan must ensure adequately licensed and trained staff perform the essential tasks and services under our contract. Further, the plan should address what to do if custody becomes short staffed, such as, by way of example, cell-side encounters and alternative medication administration.
- Consider recommending medical release of incarcerated persons who are aged or medically compromised and increase monitoring of those at highest risk.

COVID-19 (coronavirus) Screening

English

	Date: Time:			
	State: Facility:			
	Symptoms (check all that apply)	**Yes**	**No**	**Start date**
	Fever/chills (if on medications that lower temp, may not have fever)			
	Cough			
	Describe			
	Shortness of breath or trouble breathing			
	Describe			
	Other:			
	Vital Signs			
	B/P P R pSO2 Temp*			
	**** Patients with immune compromised conditions or taking fever reducing medications may not have a fever***			
	In the past 14 days	**Yes**	**No**	**Note**
1	Have you traveled to or been in any outbreak areas in United States, or traveled internationally*? Many countries have out breaks, and large outbreaks in C*hina, Italy, Iran, South Korea.*			
	If yes: Where When			
2	Have you or any family or friends with whom you live been in such areas?			
	If yes: Where: When			
3	Have you had close contact with anyone who has tested positive to COVID-19 or experiencing fever or cough?			
	If yes: When			
	If yes to any symptoms **and yes to** any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider			
	Or if a person has a fever(≥100.4°), cough, shortness of breath, and lower respiratory infection, with unknown source of infection contact practitioner			
	Practitioner Notified(date/time) Practitioner Name:			
	Department of Health Notified (Name):			
	Comments			
	Nurse Signature:			
	☐ Patient accepted ☐ Patient Quarantined ☐ Patient Isolated ☐ Patient Referred to Hospital			
	☐ Patient Tested for COVID-19 Date: Results:			
	Patient Name	DOB	ID #	

Risk Area=Outbreak areas include United States , major airports, globally.

IPC-042-English

1/2020 revised 3/17/20

COVID-19 (coronavirus) Screening

Spanish

	Date: Time:			
	State: Facility:			
	Síntomas (marque todos los que correspondan)	**Yes**	**No**	**Start date**
	Fiebre / escalofríos			
	Tos			
	Describir			
	Falta de aliento/ Dificultad para respirar			
	Describir			
	Other:			

Vital Signs

B/P P R pSO2 Temp*

**** Patients with immune compromised conditions or taking fever reducing medications may not have a fever***

	En los últimos 14 días	**Yes**	**No**	**Note**
1	¿Ha viajado o ha estado en áreas de brotes en los Estados Unidos, o ha viajado internacionalmente *? Muchos países tienen brotes y grandes brotes en China, Italia, Irán, Corea del Sur.			
2	¿Usted o alguna familia o amigo con quien vive ha estado en esas áreas?			
3	¿Has tenido contacto cercano con alguien que haya dado positivo a COVID-19 o que tenga fiebre o tos?			
	Si sí, cuándo			

If yes to any symptoms **and yes to** any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider

Or if a person has a fever(>100.4°), cough, shortness of breath, and lower respiratory infection, with unknown source of infection consult provider

Provider Notified(date/time) Provider Name:

Department of Health Notified (Name)

Comments:

Nurse Signature:

☐ Patient accepted ☐ Patient Quarantined ☐ Patient Isolated ☐ Patient Referred to Hospital

☐ Patient Tested for COVID-19 Date: Results:

Patient Name	DOB	ID #

****Risk Area=Outbreak areas include United States , major airports, globally.***

FOR IMMEDIATE RELEASE

Date: **March 12, 2020**
Contact: **Office of Communications**
Phone: **(601) 359-5289, 359-5608, 359-5689**
E-mail: **MDOCOfficeofCommunications@mdoc.state.ms.us**

MDOC Suspends Inmate Transfers as Part of Response to Coronavirus

JACKSON, MISS. – Effective immediately, the Mississippi Department of Corrections is suspending the transfers of inmates from all county jails to MDOC custody until further notice.

The action is in addition to the temporary suspension of visitation at all facilities with MDOC inmates as the MDOC establishes sanitation and prevention protocols to prevent the spread of COVID-19.

There will be limited transfer of inmates between MDOC facilities unless absolutely necessary.

"We are monitoring new developments and plans will be updated accordingly," said Deputy Commissioner Jeworski Mallet. "Steps are being taken to protect staff, inmates, and the public from potential exposure to the coronavirus."

Additionally, the Corrections Department is reinforcing common health practices based on preventive measures recommended by the Mississippi Department of Health in accordance with the Centers for Disease Control and Prevention.

There are currently no confirmed cases of COVID-19 within the MDOC prison system.

FOR IMMEDIATE RELEASE

Date: **March 12, 2020**
Contact: **Office of Communications**
Phone: **(601) 359-5289, 359-5608, 359-5689**
E-mail: **MDOCOfficeofCommunications@mdoc.state.ms.us**

MDOC Takes Steps to Protect Staff, Inmates, Public against Coronavirus Exposure

JACKSON, MISS. – Effective immediately, visitation at all facilities where Mississippi Department of Corrections inmates are housed is temporarily suspended until further notice in order to establish sanitation and prevention protocols to prevent the spread of COVID-19. This is a precautionary measure to protect staff, inmates, volunteers, and visitors from potential exposure to the coronavirus.

Attorneys and essential visitors will be allowed, and the area of visits will be sanitized upon completion of each visit. Additional parameters will be determined as protocols are established.

"We acknowledge any inconveniences that inmate family members and others may experience from the temporary suspension of visitation," said Deputy Commissioner Jeworski Mallett, who manages state, private, and regional prisons in the state. "However, these actions are necessary for public safety and protecting our inmates, their loved ones, and our staff."

Also, the Corrections Department is reinforcing common health practices based on preventive measures recommended by the Mississippi Department of Health in accordance with the Centers for Disease Control and Prevention.

There are currently no confirmed cases of COVID-19 within the MDOC prison system.

FOR IMMEDIATE RELEASE

Date: **March 16, 2020**
Contact: **Office of Communications**
Phone: **(601) 359-5289, 359-5608, 359-5689**
E-mail: **MDOCOfficeofCommunications@mdoc.state.ms.us**

Free Inmate Phone Calls Offered by State Phone Provider

JACKSON, MISS. – Starting Tuesday, March 17, incarcerated persons using the GTL phone service will be able to make two free phone calls of up to five minutes each per week.

GTL, the state's phone service provider, is providing the two free calls through April 13. No credit will be given if the free calls are not used.

GTL notified the Mississippi Department of Corrections on Monday that it would be providing the free calls to help people contact their loved ones during this time as the company closely monitors the coronavirus situation.

"We appreciate GTL's contribution to make the two free phone calls available," Interim Commissioner Tommy Taylor said. "This is another way to help inmates stay connected with their loved ones and to be reassured of their welfare during this trying time."

Deputy Commissioner Jeworski Mallett said, "It is important to remind individuals that they are more than inmates. Family ties can help prevent family breakdown and relieve tension in facilities."

The free calls are only available for service provided by GTL within the prison system.

A message will let the called party know that the call is being provided at no charge.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, et al. **PLAINTIFFS**

VS. **CIVIL ACTION NO. 4:20-CV-07-DMB-JMV**

TOMMY TAYLOR, et al. **DEFENDANTS**

DECLARATION OF GLORIA PERRY, M.D.

Pursuant to 28 U.S.C. § 1746, I, Gloria Perry, M.D., declare under penalty of perjury that the following statements, based on my personal knowledge, are true:

1. I am an adult resident citizen of Brandon, Mississippi. I am competent to testify to the matters contained in this Declaration, and I give this Declaration voluntarily.

2. I am currently serving as the Chief Medical Officer for the Mississippi Department of Corrections ("MDOC"). I have been employed by MDOC since 2008.

3. In my position as the Chief Medical Officer at MDOC, the responsibilities of my office include, among other things: overseeing MDOC's contract with Centurion of Mississippi, LLC ("Centurion"), MDOC's third-party healthcare provider, to ensure Centurion fulfills its contractual requirements; scheduling and coordinating with specialty care; monitoring inmates in community hospitals; and reviewing medical policies yearly and revising as necessary.

4. My duties as Chief Medical Officer also include overseeing measures undertaken by MDOC and Centurion at the Mississippi State Penitentiary at Parchman ("Parchman") to prevent the spread of COVID-19, to lessen the impact of COVID-19 on inmates and MDOC staff, to prepare for the potential contraction of COVID-19 by inmates or MDOC staff, and to

respond with appropriate and adequate measures should MDOC staff or inmates contract COVID-19.

5. I have direct personal knowledge of the present conditions and medical operations of Parchman. I have personally observed the present conditions, and I am aware of the efforts undertaken by the MDOC at Parchman with respect to COVID-19.

6. I am aware of the current status of Parchman and other MDOC facilities as it relates to COVID-19. To my knowledge, there are currently no confirmed cases of COVID-19 at Parchman. This includes inmates and MDOC staff at Parchman.

7. I have reviewed Plaintiffs' Emergency Motion for Temporary Restraining Order and Mandatory Preliminary Injunction as to COVID-19 as well as Plaintiffs' exhibits and memorandum in support. I have personal knowledge that MDOC and Parchman are already performing many of the preventative and responsive measures sought by Plaintiffs' Motion.

8. I am personally aware of the following preventative and responsive measures being taken by MDOC at Parchman with regard to COVID-19:

a. MDOC is continuing its chronic care clinics and sick call clinics every day. During such clinics, patients have their vital signs taken, including their temperature. Inmates can submit a sick call request if they want their temperature checked, are feeling weak, or are exhibiting other symptoms of influenza or COVID-19.

b. On March 18, 2020, MDOC distributed COVID-19 information sheets provided by Centurion to security staff, healthcare staff, and inmates at Parchman, copies of which are attached collectively as Ex. 1. These documents identify the symptoms of COVID-19 and provide hygienic recommendations regarding coughing, handwashing,

and other precautionary measures. *Id.* Moreover, the sheet specific to MDOC security staff states:

- If you identify or note an inmate who is ill, coughing, short of breath or febrile, notify medical and separate the person from others.
- Staff are to wear Personal Protective Equipment (N-95 mask, eye shield, gown and gloves) when escorting or transporting or entering the room of a person suspected of COVID-19 infection.
- Special vigilance is appropriate for older persons and those with medical problems such as emphysema who are more likely to be severely affected by the infection.
- If moving a person suspected of COVID-19, the receiving facility (such as a hospital) should be notified in advance.
- Persons who are exposed to an active case of COVID-19 are generally placed in quarantine for 14 days. This means they are restricted from interacting with persons or places that have been exposed.
- Do not come to work if you are sick (fever, cough). Follow your facility's directive.

c. MDOC, like other correctional agencies across the country, does not provide inmates with their own bottles of hand sanitizer containing at least 60% alcohol because it can be used to make drinking alcohol. However, hand sanitizer containing at least 60% alcohol is available to MDOC staff. According to the Centers for Disease Control and Prevention, the most effective method of good hand hygiene is handwashing with soap and water for 20 seconds.

d. Inmates are provided medical care regardless of their ability to afford treatment. Going forward, MDOC will not charge a copay for influenza and COVID-19 testing and treatment.

e. If an inmate is in isolation or quarantine at the time of his release date, he will still be released, but MDOC will report the release to the health department. If the

inmate needs hospital-level care at the time of his release, he will be transferred to an outside facility.

f. MDOC's Pandemic Influenza Policy, attached as Ex. 2, works in conjunction with Centurion's Pandemic Preparedness and Emergency Response Plan, attached as Ex. 3.

g. Centurion is responsible for inmate testing for COVID-19. Testing is to be done per local protocols and availability. It is currently not feasible, advisable, or recommended under any applicable guidelines to test individuals unless they have traveled to any area with an outbreak of COVID-19 or with sustained (ongoing) transmission; have a fever or cough; are short of breath; have been in close contact (less than six feet) with someone exhibiting COVID-19 symptoms or a confirmed case of COVID-19; or have a temperature of greater than 100.4 F. And even if one or more of those factors applies to an individual, a test for influenza must be conducted before a test for COVID-19.

I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Respectfully submitted,

Gloria Perry, MD

Gloria Perry, M.D.

Coronavirus COVID-19
Information for Incarcerated Persons

Coronavirus is spread like a cold or flu. If a sick person coughs or sneezes near you, or touches surfaces with contaminated hands, you could get sick. Washing your hands and cleaning surfaces is your best protection from germs. Most people (about 80%) who have coronavirus only have mild to moderate symptoms.

The symptoms are like the flu and can be mild, moderate, and severe:

- ⚠ Fever of 100.4°F (a person might not have a fever if you taking Tylenol or other pain / fever reducing medications)
- ⚠ Dry cough
- ⚠ Shortness of breath / difficulty breathing

If you have a dry cough, trouble breathing, or a fever, please tell medical staff. If anyone in your housing unit has these symptoms, please notify medical staff.

Stay healthy! How to Protect Yourself and Others

- Eat healthy, exercise, and reduce stress to keep your immune system strong
- Wash hands often with soap and water:
  - → Before eating
  - → After going to the bathroom
  - → When dirty
  - → Touching possible contaminated surfaces or items
  - → After sneezing and coughing
- Do not touch your eyes, nose, and mouth
- Do not share food
- Stay away from people who are sick, with a fever, and coughing. Tell sick visitors not to come until they are healthy.
- Cover your cough or sneeze:
  - → Cough or sneeze into your arm, not your hand
  - → Use a tissue, then throw the tissue in the trash then wash your hands
- Clean objects and surfaces using disinfectant.

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Do not be afraid

- ***We are prepared.*** ✔
- We are following directions from the Centers for Disease Control and Prevention and health departments.
- Ask questions if you are worried.
- Tell medical staff if you are sick.

LOWER YOUR RISKS

Stay healthy: Wash hands, social distancing (at least 6 feet or 2 arm lengths)**, and stop smoking** (COVID-19 is a respiratory disease)

Coronavirus COVID-19
Information for Security Staff

COVID-19 is a virus similar to other viruses that cause respiratory illness: It is transmitted person to person through cough, sneeze or other respiratory droplets. The virus remains active on surfaces such as doorknobs, table tops or clothing for several hours.

Fortunately, 80% of people that are infected will have mild to moderate symptoms.

The time from exposure to display of symptoms is 2-14 days with an average around day 5. People are most contagious when they are symptomatic but transmission can occur without symptoms.

The symptoms are very similar to the flu and can be mild, moderate, or severe:

- ⚠ Fever of 100.4°F (a person might not have a fever if you taking Tylenol or other pain/fever reducing medications)
- ⚠ Dry cough
- ⚠ Shortness of breath/difficulty breathing

How to Protect Yourself and Others

- Take everyday actions to stay healthy.
- Protect your immune system with exercise, healthy eating, and rest.
- Wash hands frequently with soap and water:
  - → Before eating
  - → After going to the bathroom
  - → When dirty
  - → Handling or touching possible contaminated surfaces
  - → After sneezing and coughing
- Avoid touching your eyes, nose, and mouth.
- Keep your distance or avoid close contact with people who are sick (fever, coughing).
- Cover your cough or sneeze.
  - → Use tissue, then throw the tissue in the trash, then wash your hands.
  - → If tissue is not available cough or sneeze into your arm not your hand.
- Monitor environmental cleaning and disinfect frequently touched objects and surfaces using the disinfectant provided by the facility.
- If you are sick or have been exposed to a confirmed case COVID-19, it is recommended you do not come to work. Follow your facility's and health professional's recommendation.

Safe Facility

- If you identify or note an inmate who is ill, coughing, short of breath or febrile, notify medical and separate the person from others.

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Coronavirus COVID-19

Information for Security Staff

Safe Facility *(Continued)*

- Staff are to wear Personal Protective Equipment (N-95 mask, eye shield, gown and gloves) when escorting or transporting or entering the room of a person suspected of COVID-19 infection.
- Special vigilance is appropriate for older persons and those with medical problems such as emphysema who are more likely to be severely affected by the infection.
- If moving a person suspected of COVID-19, the receiving facility (such as a hospital) should be notified in advance.
- Persons who are exposed to an active case of COVID-19 are generally placed in quarantine for 14 days. This means they are restricted from interacting with persons or places that have not been exposed.
- Do not come to work if you are sick (fever, cough). Follow your facility's directive.

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Coronavirus COVID-19

Information for Correctional Healthcare Staff

Personal Safety

Maintain healthy habits and be prepared. Always wash hands with soap and water after contact with persons and public objects. Utilize personal protective equipment (PPE) in interactions with patients who might be infected. Recognize that droplets can remain active on surfaces and clothing for several hours. Take everyday actions to stay healthy.

Facility Safety

Do not to enter facilities if you are:

- Experiencing symptoms (fever, cough, and/or difficulty breathing).
- Traveled within the past 14 days to a high risk area.
- Have been exposed to a confirmed case.

If someone in your household has been exposed to a contact, seek guidance from your local health department. Refer to Centurion policy for leave during the COVID-19 epidemic.

Facility Procedures

All patients entering and leaving the facility are to be screened with the following questions or actions:

- Have you traveled to any area with an outbreak of COVID-19 or to international areas with sustained (ongoing) transmission such as China, Iran, Italy, Japan, South Korea?
- Do you have a fever?
- Do you have a cough?
- Are you short of breath?
- Have you been in close contact (less than six feet) of someone exhibiting these symptoms or confirmed case of COVID-19?
- Take and record temperature.

If **NO** to the above screening items, proceed as normal.

If **YES** to any the above, or temperature >100.0 F, proceed as follows.

If exposure or symptoms or fever:

→ Put a simply surgical/procedure mask on the patient.

→ Place the patient in a separate, closed room and close the door. Ideally, this is an airborne infection isolation room (AIIR) with negative pressure.

→ Healthcare and custody staff wear Personal Protective Equipment (N-95 mask, eye shield, gown, gloves) when entering room or escorting patient.

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- Rapid test for influenza.
- Assess stability of the patient. Short of breath? Need transfer to hospital?
- Contact your facility practitioner.
- Contact local health department or Emergency Department prior to moving patient.
- Notify security and EMS transport patient with respiratory illness.
- Testing to be done per local protocols and availability.

Quarantine

If a person is identified with COVID-19, determination is made for those who had potential exposure. Those persons are placed in quarantine for a period of 14 days. This is coordinated with security.

Supplies

Maintain adequate stock of essential supplies, including medications and cleaning equipment.

Minimize Your Risks

Stay healthy: Strict hand washing, social distancing (>6 feet or ~2 arms lengths), and smoking cessation.

MISSISSIPPI DEPARTMENT OF CORRECTIONS		POLICY NUMBER 25-09-B
		AGENCY WIDE MEDICAL
PANDEMIC INFLUENZA PLAN		INITIAL DATE 11-01-2009
ACA STANDARDS: 4-4354 NCCHC STANDARDS: P-B-01		EFFECTIVE DATE 11-01-2009
STATUTES:	NON-RESTRICTED	Page 1 of 6

POLICY:

It is the policy of the Mississippi Department of Corrections (MDOC) to provide adequate protection to all employees and inmates in the event of a pandemic influenza outbreak.

DEFINITIONS:

Novel Virus Alert – Notification that a new virus, to which humans will have little or no immunity and is the potential precursor to a pandemic, has been detected in one or more humans.

Pandemic Flu – A global outbreak that occurs when a new influenza virus emerges for which there is little or no immunity in the human population, spreads easily from person to person, begins to cause serious illness, and has the potential to sweep across the country and the world in a short period of time.

Seasonal Influenza – An acute viral disease of the respiratory tract that occurs annually, usually between October and March, and is characterized by fever, headache, myalgia (muscle pain), prostration, coryza, sore throat and cough.

Isolation – Separation and restriction of movement or activities of ill infected persons who have a contagious disease, for the purpose of preventing transmission to others.

Quarantine – Separation and restriction of movement or activities of persons who are not ill but who are believed to have been exposed to infection, for the purpose of preventing transmission of disease. Individuals may be quarantined at home or in a designated facility; healthcare providers and other workers also may be subject to quarantine when they are off duty.

Morbidity – State of being diseased; or, the relative incidence of disease.

Mortality – State of being deceased; or, the relative incidence of death.

Personal Protective Equipment – Equipment used by any person to prevent the acquisition or transmission of disease between persons; Examples of protective items include, but are not limited to gloves, masks, gowns.

Second wave – The recrudescence of epidemic activity within several days, weeks, or months following the initial wave of infection.

Resolution – The phase of returning to routine medical operations. In effect, the end of the resolution phase will be considered the beginning of the next surveillance phase. This cycle will

continue until the MDOC Chief Medical Officer (CMO), in consultation with the Mississippi State Department of Health, determines that all pandemic risk has ceased.

Pandemic Over – A term used to describe the cessation of successive pandemic waves, accompanied by the return of the more typical winter time epidemic cycle.

PROCEDURES:

Adult Correctional Institutions: **(MANDATORY) There is a written plan to address the management of infectious and communicable diseases. The plan includes procedures for prevention, education, identification, surveillance, immunization (when applicable), treatment, follow-up, isolation (when indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, and administrative representatives meets at least quarterly to review and discuss communicable disease and infection control activities [4-4354].**

- If confronted with pandemic influenza, it will be the responsibility and mission of the correctional facility medical staff to assure the continuation of essential medical services and meet the urgent clinical needs of those inmates affected with influenza.

- The MDOC Chief Medical Officer, or designee, will provide information and oversight to designated institutional medical staff for the purposes of educating inmate populations and training the institutional staff. The MDOC Chief Medical Officer, or designee, will coordinate and collaborate training efforts with the Mississippi State Department of Health (MSDH), and other agencies, as necessary.

- The contracted healthcare vendor will have a pandemic influenza medical response plan for each correctional facility that is in compliance with MDOC policy and procedures, along with an identified infectious disease coordinator who will be responsible for providing regular information updates on the number of infected individuals and their status. The designated coordinator will also report any deaths believed to be related to pandemic influenza to the MDOC Chief Medical Officer within two hours.

- Notification of pandemic status will be provided to the following staff by the MDOC Chief Medical Officer, or designee, prior to instituting containment measures:

  Commissioner
  Deputy Commissioners
  Superintendent
  Warden
  Communications Officer
  Facility Medical Director
  Chaplain
  Offender Services Staff
  Coroner (If Necessary)

- Medical staff response will be categorized into three (3) components: (1) surveillance; (2) isolation and treatment; and (3) resolution.

Surveillance – Once a novel virus has been identified, all staff will be notified. Although there will be one to several months between identification and widespread outbreak, medical staff will increase their index of suspicion for potential cases of influenza. After a widespread outbreak has occurred in the United States, medical staff should be actively attempting to identify potential influenza symptoms during all inmate contacts. Also, medical staff will be observant of signs of and symptoms of influenza in their colleagues and fellow correctional staff. *Symptoms of influenza include: headache, fever greater than 37.8 °C (100°F), sore throat, cough, muscle aches, prostration and runny nose.*

Patients showing these symptoms should have samples submitted for influenza testing according to MSDH guidelines.

Isolation and Treatment – Upon notification, isolation of confirmed cases is required. On duty staff may be expected to remain on site. Exceptions will be determined on a case by case basis. Specific areas will be utilized to isolate those with symptoms as a preventive measure to contain the spread of the disease. The medical department will provide affected staff with standard precaution kits. Each institution will be prepared to distribute personal protective equipment to staff and affected inmates in their institutions. In the event that a pandemic is declared, inmates placed in medical isolation, or suspected of being infected will utilize personal protective equipment to prevent the spread of disease. In addition, all staff working in and around isolation areas, medical clinics and conducting sick-call, without exception, will utilize personal protective equipment in accordance with recommendations set forth by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services (HHS), and the MSDH.

Command Post(s):

- After verification and isolation, the Superintendent or designee will assign staff to essential posts.
- If deemed necessary, staff will be assigned to the main entrance of each MDOC facility to conduct screenings for signs and/or symptoms of influenza on every person entering the facility. If positive signs and/or symptoms of influenza are observed, then entry will be denied. The Superintendent or designee will be notified of any entry denials.
- Any services or programs not deemed necessary to the operation of the institution will be suspended throughout the duration of pandemic status. Medical staff will continue to monitor and treat confirmed cases.

Preparation of the isolation room/area:

- Ensure infection control precautions through appropriate signage on the door.
- Place a recording sheet at the entrance of the isolation room/area. All Health Care Workers (HCW) and visitors entering the isolation room/area should print their names (visitors should also provide contact information) on the recording sheet so that follow up/tracing is possible, if necessary.

- Remove all nonessential furniture/items. Remaining furniture/items should be easy to clean and should not conceal or retain moisture or dirt, either within or around it.
- Stock linen outside the isolation area.
- Stock the sink area with suitable supplies for hand washing, as well as with alcohol-based hand rub near points of care and room door.
- Place waste bags in a foot-operated bin.
- Keep patient's personal belongings to a minimum. Keep water pitcher and cup, tissue wipes, and all items necessary for attending to personal hygiene within the patient's reach.
- Place a puncture-proof container for sharps inside the isolation room.
- Non-critical patient care equipment (i.e., stethoscope, thermometer, blood pressure cuff, and sphygmomanometer) should be dedicated to the patient. Any patient care equipment that is required for use by other patients should be thoroughly cleaned and disinfected prior to use.
- Set up a trolley outside the door to hold Personal Protective Equipment (PPE). A checklist may be used to ensure that all equipment is available.
- Place a container with a lid outside the door for equipment that requires disinfection and sterilization.
- Keep adequate equipment required for cleaning and disinfection inside the patient's room and ensure scrupulous daily cleaning of the isolation room/area.
- In the event that a pandemic results in death(s) that exceed community resources available to provide the necessary mortuary services, the MDOC facility will provide a temporary morgue, established by the Superintendent and the facility medical director. The coroner will be notified immediately once a death occurs. All bodies will be tagged and placed in body bags. The Morgue will remain in operation until attendant legal obligations are satisfied.

Patient placement for suspected influenza:

- Patient should be placed in a negative pressure room, if available (airborne infection isolation room or area).
- If a negative pressure room is not available or cannot be created with mechanical manipulation of the air, place patient in a single room.
- If a single room is not available, suspected and confirmed infected patients may be cohorted in designated multi-bed rooms or wards.
- Doors to any room or area housing suspected or confirmed infected patients must be kept closed when not being used for entry or egress.
- When possible, isolation rooms should have their own hand washing sink, toilet, and bath facilities.
- The number of persons entering the isolation room should be limited to the minimum number necessary for patient care and support.

Duration of Infection Control Precautions:

- The above referenced infection control placement of infected patients and those suspected of being infected will remain in effect until the patient is no longer infectious.
- Precautions should be implemented at the time of suspected infection and continued for seven (7) days beyond the resolution of fever.
- After a patient is deemed non-infectious by the medical provider, he/she may be released from isolation.

Treatment

- Vaccines (if available) and/or antiviral drugs will be made available to affected inmates based on availability and in accordance with CDC and HHS recommended priority populations. This information may change based on the particular strain and virulence of the causative pandemic virus.

Resolution – A wave of pandemic influenza will be considered the phase of returning to routine medical operations. Once the end of pandemic activity has been declared, staff will promptly be notified. Precautions will remain in effect while caring for any patients who are still potentially infectious. Respiratory precautions may cease after all patients who had been infected have been determined to be non-contagious and eligible to return to general population. However, medical staff should remain highly suspicious of individuals presenting with symptoms consistent with influenza. In effect, the end of the resolution phase will be considered the beginning of the next surveillance phase. This cycle will continue until the MDOC Chief Medical Officer, in consultation with the MSDH, determines that the pandemic risk has ceased.

DOCUMENTS REQUIRED:

Signage identifying isolation area(s)
Sign in sheet for staff and visitors who enter isolation area(s)
As required by this policy and through the chain of command.

ENFORCEMENT AUTHORITY		
Reviewed and Approved for Issuance	Gloria Perry, MD Chief Medical Officer	10/23/2009 Date
	 General Counsel	10/27/2009 Date
	Christopher Epps Commissioner	10/28/09 Date

Centurion Pandemic Preparedness and Emergency Response Plan

Purpose

Centurion will work with the Department of Corrections to provide an infectious communicable disease pandemic preparedness and response plan.

With emerging and reemerging infectious diseases, it is import to be prepared to respond to outbreaks, epidemics and pandemic. Pandemics are unpredictable. While history offers useful benchmarks, there is no way to know the characteristics of a pandemic before it emerges. Nevertheless, we must make assumptions to facilitate planning efforts. The event can be caused from different types of infections and can spread rapidly as the world has experienced in the past. This policy outlines the steps in preparing for a communicable disease or infection pandemic, and an emergency response to a pandemic event. This is a model outlining the steps and will be part of the overall facility procedure for a pandemic event. The plan incorporates current disaster preparedness plans already in place by the facility and agencies, and provides additional measures needed for a pandemic response. Centurion will collaborate and cooperate with the facility, agency, state, local and federal entities that may include local community / sheriff's offices, Department of Corrections, Department of Health, Office of Homeland Security, CDC in providing a response for safe response to staff and community members if a pandemic is declared.

Definitions

1. Pandemic: A global outbreak. A pandemic occurs when a communicable disease emerges for which there is little or no immunity in the human population, begins to cause serious illness and then spreads easily from person to person
2. Viral Infections: A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
3. Bacterial Infections: A disease/condition characterized by fever, headache, myalgia (muscle pain), prostration (exhaustion), coryza (symptoms of a head cold), sore throat and cough.
4. Bioterrorism agent: An intentional release of a virus or bacteria with intent of harm or death to unsuspecting persons for purpose of biological attack that can be transmitted to multiple persons.
5. Initial Commander: The Shift Commander will assume this role. This person is responsible for the entire facility and the emergency until relieved by Interim Commander or Ultimate Commander.
6. Interim Commander: The Interim Commander is the next person in the chain of command set by the facility or Facility / DOC Policy and Procedure. This person will assume the Commander's position in the event the Ultimate Commander is more than one (1) hour away from the facility.
7. Isolation: Separation and restriction of movement or activities of persons who are too ill but who have a contagious disease, for the purpose of preventing transmission to others.
8. Morbidity: A state of being diseased; or the relative incidence of disease.

9. Mortality: The state of being diseased: or the relative incidence of death.
10. Personal Protective Equipment (PPE): Equipment used by any person to prevent the acquisition or transmission of disease between persons. Examples of personal protective items include, but are not limited to gloves, masks, gowns, and etc.
11. Quarantine: The separation and restriction of movement or activities of ill infected persons who are believed to have been exposed to infection, for the purpose of preventing the transmission of disease. Individuals may be quarantined at home or in designated facilities, healthcare providers and other workers may be subject to quarantine when they are off duty.
12. Segregation/Social distancing: Housing exposed or infected persons away from other population at a distance to decrease or prevent the transmission of disease.
13. Infodemic: The distribution of accurate, inaccurate, and rumored information. The purpose for the recognition of this is to provide accurate, timely information from reliable sources to make appropriate decisions related to any outbreak
14. Ultimate Commander: This role will be assumed by the Warden/designee to have full authority during an emergency.

Procedures

1. The infection prevention and control program, policies and procedures, and clinical guidelines provide written protocols give disease/condition specific guidelines of the diagnosis, treatment, and management of conditions recognized as prevalent in the state or local area.

2. These include procedures for infection prevention, education, identification, surveillance, immunization (as applicable), treatment, follow-up, isolation (as indicated), and reporting requirements to applicable local, state, and federal agencies. A multidisciplinary team that includes clinical, security, environmental, maintenance, and administrative representative meets at least yearly to review and discuss communicable diseases and infection control activities.
    a. At minimum disease specific protocols will include:
        i. Prevention to include immunizations, when applicable
        ii. Surveillance (identification and monitoring)
        iii. Offenders education and staffing
        iv. Treatment to include medical isolation, when indicated,
        v. Follow-up care
        vi. Reporting requirements to applicable, local, state, and federal agencies
        vii. Confidentiality/protected health information
        viii. Monitoring current community/state/national trends
        ix. Appropriate safeguards for inmates and all staff
        x. Education and training on PPE
        xi. Maintain par levels of PPE
        xii. Post-exposure management protocols particularly for HIV and viral hepatitis

3. Review of all Emergency plans is an essential element of personnel training and retraining programs. All employees are to be familiar with all emergency plans prior to their permanent work assignments.

Preparedness

1. Cases (large outbreak outside United States
    a. Monitor reliable information on outbreak and transmission
    b. Type of infection/disease
    c. Evaluate outbreak plan, and emergency preparedness and response plan
    d. Specific screening tool available (risk factors & symptoms)

2. Case diagnosed in United States (not in your state)
    a. Monitor and provide reliable medical information on current situation
    b. Update Clinical guidance as recommended by Department of Health and CDC
    c. Disseminate information to healthcare providers
    d. Evaluate current par levels of PPE
    e. Routine communication with public health

3. Single Case diagnosed in your state
    a. Evaluate current local situation
    b. Reinforce Infection control measures
    c. Update information for healthcare providers
    d. Focus on disease surveillance
    e. Increase public health communication

4. Cluster linked to cases in your state
    a. Continue monitor of local situation
    b. Implement screening tool as indicated
    c. Continue public health communication
    d. Update information for healthcare providers

5. Multiple unlinked cases in your state
    a. Increase surveillance
    b. Implement screening tool
    c. Continue public health communication (emergency operation indicated)
    d. Update information for healthcare providers
    e. Strict infection control prevention
    f. Monitor PPE supplies

6. Multiple linked cases in your state
    a. Increase surveillance
    b. Implement screening tool
    c. Continue public health communication (emergency operation indicated)
    d. Update information for healthcare providers
    e. Strict infection control prevention
    f. Monitor PPE supplies
    g. Follow quarantine recommendations
    h. Limit access to facility

Security

1. The facility will maintain health and safety standards at the highest level possible during a pandemic communicable emergency. Once a pandemic outbreak is confirmed, the community immediately surrounding the institution is also affected. As a result, available resources and external assistance may become limited. This guide should be used in coordination and conjunction with Facility / DOC Policy and Procedure.

Locate and Verify

1. The County Public Health Office and/or the State Health Department will verify a pandemic outbreak within the community or at the facility and notify the FHA/designee.
2. This notification will then be passed to the Regional Office.

Isolate and Contain

1. Upon notification, isolation of confirmed cases is required. The Commander will initiate the Disease Specific Checklist. The Commander may initiate an emergency lockdown in accordance with the Facility / DOC Operational Procedures

2. On duty staff will be expected to remain on site until relieved. Exceptions will be determined by facility authorities on a case by case basis.

3. Inmates affected with the illness will be quarantined in the infirmary and/or detention cells. In the event of a mass epidemic, housing units will be evacuated and utilized to quarantine infected inmates based on the number of infected inmates, and suspected exposures and the custody levels of all involved inmates.

4. The Facility Health Administrator (FHA) will coordinate with the Warden/designee to ensure that standard PPE is available to all staff regardless of assignment.

Notifications

1. The following listing is supplement to the established facility disaster and emergency preparedness procedure, and is intended to include ancillary staff that is essential to the implementation and success of the pandemic plan.
    a. Warden/Deputy Warden
    b. Facility Duty Officer
    c. Food Service Manager and staff
    d. Facility Health Administrator
    e. Maintenance staff
    f. Facility TSU Team Leaders
    g. Facility Captain
    h. Off duty staff
    i. County Coroner
    j. Local Area Hospitals and EMS providers
    k. Local law enforcement agencies (PD and SO)
    l. Inmate population

Command Post

1. Activation of the facility Critical Incident Command Posts will occur in accordance with established procedure. The Commander shall ensure that staff is assigned to all essential Posts. Staff assignments will consist of both on duty staff and off duty staff called into the institution. In the event of staff shortages, likely resulting from staff becoming infected and the inability of off duty staff to return to the institution, assistance from other FACILITY / DOC sites may be requested. Essential Posts shall include:
    a. Security Posts necessary to maintain order and provide for controlled treatment of inmates from housing areas to necessary locations.
    b. Food Service Staffing. Staff shortages or the threat of the spread of disease may necessitate feeding inmates in cells or housing units. The Commander may initiate an Emergency Food Service Plan at this time. Food service staff will provide contingency meal planning and services for effected and non-effected areas including meals and services for staff.
    c. Food service will maintain a food and water supply of a minimum of three (3) days, on site.
    d. Medical Staffing.
    e. Centurion staff will:
        i. Initiate their disease specific protocol and will provide services contained in the contract, including diagnosis and treatment for affected staff and inmates inside the facility.
        ii. Contact local area hospitals giving a briefing on the facility communicable diseases status and request that they accept any critically ill inmate patients if deemed necessary.
        iii. Shall continue to monitor and treat confirmed or suspected cases. All new cases shall be reported to the Command Post as well as the department of health as required.
    f. Maintenance Staff. Maintenance supervisors will ensure that sanitation is maintained and that all contaminated waste is disposed of properly. They will also validate operation functions and temperatures of laundry equipment to ensure laundry is properly sanitized.
    g. Support staff needed to maintain and update inmate records, to provide Chaplain Services, and to complete any other necessary tasks. Any service or programs not deemed necessary to the operation of the institution shall be suspended during the duration of the pandemic status.

Deaths

1. Any deaths will be reported in accordance with facility /FACILITY / DOC Policy and Procedure.
2. Inmate deaths will only be released to the public in accordance with FACILITY / DOC Policy and Procedure.
3. Employee death will only be released to the public in accordance with FACILITY / DOC Policy and Procedures.

Portable Sanitation

1. Portable sanitation facilities such as portable toilets may be needed and should be considered where plumbing and availability of water may become an issue.

2. Classification and Housing Assignments: Classification and housing assignments may be impacted in the event of a pandemic, and consideration may be given to housing various custody levels together should isolation of ill inmates and/or quarantine of those not affected be deemed necessary.

On-Site Bivouac

3. Should it be necessary for staff to remain on site to ensure shift coverage or to control spread of disease, Centurion and the Facility / DOC will utilize a designated large area within the complex.

Facility Medical Response

1. The FHA shall be responsible for:
    a. Provision of updates on the number of infected individuals and their state;
    b. Any deaths believed to be related to the pandemic;
    c. Any other information requested by the Facility / DOC related to the event
    d. Required reporting to the Department of Health, or other agency, numbers of cases either suspected or confirmed.
    e. Necessary staff and resources to provide medical evaluation and treatment of routine health issues as well as pandemic related health care in all areas of the facility, including those designated as quarantined and non-quarantined. Examples of such services include, but are not limited to:
        i. Sick call
        ii. Medication management and delivery
        iii. Nursing services
        iv. Health assessments
        v. Mental health services
        vi. Pharmacy services

2. The Centurion staff shall be prepared to distribute PPE to all staff and inmates in the institution during a pandemic outbreak.

3. 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.

4. In addition, 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 Center for Disease Control (CDC), US Department of Health and Human Services (HHS) and the State Department of Health.

Pharmaceuticals

1. Vaccines (if available), and/or antiviral/antibacterial drugs will be made available to all institutional staff first. Vaccines (If available) and or antiviral drugs will be made available to inmates based on availability and in accordance with CDC and HHS

recommended priority populations. Although information may change based on the particular strain and virulence of the causative pandemic, the following represents the current information and priority for inmate populations:

a. Inmates over 65 with 1 or more high risk condition
b. Inmates under 65 with 2 or more high risk conditions
c. Inmates with history of hospitalization for pneumonia, flu, or symptoms of disease
d. Dormitory contacts of immune-compromised inmates who would not be vaccinated due to likely poor response to vaccine (transplant recipients, AIDS, cancer)
e. Healthy inmates 65 and older
f. Inmates under 65 with I high risk condition
g. Healthy inmates

2. Centurion will provide the available vaccine for inmates and staff.

In general, Centurion will establish a plan in conjunction with the v Facility / DOC for pandemic outbreaks and emergencies to include surveillance, quarantine and treatment, and resolution.

1. Each Centurion site will have specific areas and staff assignments based on facility location and any Facility / DOC emergency response plans.

2. Below are general statements that apply to medical services in general and apply to all sites. Centurion disease specific plans will be on file with the Warden at the respective facility.

Authority

The FHA (Facility Health Administrator (FHA) at the facility, at the direction of the Warden or their designee will be in charge of initiating and coordinating the medical portion of the response. In the absence of the FHA, the senior nurse on duty will be in charge of coordinating the medical services.

Implementation of the Procedure

Notification of pandemic status will be provided by the Facility Health Administrator who will have received it from the State Department of Health. Centurion staff will be notified by the FHA or designee.

Isolate and Contain

The first priority upon receiving notification of a pandemic will be to isolate anyone who has been exposed to the disease and contain the spread of the illness. If deemed necessary and appropriate, the medical staff will screen all staff reporting for duty for signs and symptoms of the disease. Entry can be denied based on display symptoms until such time as the staff member has been cleared by a physician to return to work. Inmate housing assignments may be temporarily altered to accommodate situations as they arise. This will be done in collaboration with the Warden/designee. Medical staff will work with the Facility / DOC to plan methods to clean and disinfect the treatment areas and rooms.

Staffing

The FHA will develop a staffing plan that takes into consideration staffing where possible with separate staff, those areas know to house inmates infected with the virus and those not affected to reduce the possible spread of the disease with the Warden should it become necessary to isolate and/or quarantine in place.

Resource Storage and Supplies

1. An assessment of necessary resources, including volume, storage requirements, availability, and utilization procedures will include the following, and be coordinated with Warden/designee:
    a. Medical Supplies:
    b. Disease specific medications (enough to cover all staff and inmates);
    c. PPE (masks, gloves, gowns, goggles, sanitizers, paper products);
    d. Medications and medical supplies (i.e., insulin, cardiac, respiratory, anti-viral medications, vaccines (pneumococcal, influenza, and new vaccines developed during pandemic), analgesic and antipyretic meds, LV. solutions and LV. supplies, blood collections tubes, vacutainers, specimen cups);
    e. Other supplies and equipment necessary to maintain medical operations for a period of forty-five (45) days. (Chemical disinfectants, syringes, needles, alcohol wipes);
    f. Disposable equipment (urinals, bedpans, wash basins, emesis basins, disposable instruments, biohazard waste bags [large and small).
    g. Paper products (plates, silverware, toilet paper, paper towels, etc.)
    h. Centurion will maintain sufficient PPE supplies to include the Facility / DOC staff;
    i. Soaps, rinse free hand sanitizers, rinse free soaps;
    j. Items will be stored in the facility warehouse and medical unit.

Coordination with Community Resources

Centurion shall maintain contact with local health authorities and service providers to coordinate any assistance should outside services be necessary. This will include off site local pharmacies in order to obtain medications should routine delivery methods be disrupted (i.e., UPS, FedEx etc.), use of local emergency rooms, off-site private provider clinics, and ancillary services such as radiology. All off-site provider agreements will be updated to include mention of possible assistance during a pandemic situation. Centurion maintain a relationship with local public health nursing offices to further coordination efforts in the event of a pandemic outbreak in the community where the facility is located.

Facility/Site Specific Plans

FHA at each the Facility / DOC will provide the Warden a copy of any site specific alterations to this pandemic plan. Adherence to this plan will vary based on type of service provided, availability to bivouac medical staff on site, use of water and consumables, and inmate population. These addendums will become attachments to this policy and procedure.

Updates and Revisions

As additional information becomes available through the CDC or other recognized health authority, the plans will be updated and/or modified to reflect the most current data and processes.

Education

Centurion will work with facility staff to prepare and provide appropriate education for both staff and inmates on proper identification and control of infectious diseases, to include benefits of appropriate vaccines, hand washing techniques, universal precautions, and wellness in general.

Reporting and Testing

Centurion will complete any reports and testing as required by the Department of Health, the CDC, HHS, or other health authority, as well as specific forms required by the facility or the Facility / DOC (yet to be determined) related to a pandemic.

Mortuary Services

1. Mortuary services in the event of a pandemic resulting in deaths that exceed community resources may require the institution to provide a temporary morgue.
2. In the event that outside temperatures are below zero (0), the industry bays will be utilized as a temporary morgue.

3. If outside temperatures do not support the use of the delivery corridor, then a maintenance bay shall be utilized with air conditioning and ice.

4. In the event that morgue services are needed for an extended period of time and appropriate refrigeration is unavailable, the practice of a mass burial will be implemented. Equipment will be utilized to dig a deep opening in the ground in the designated facility parking lots. The deceased will be tagged and placed in body bags taken to the burial site and covered with ice to maintain the integrity of the bodies. This process will operate in coordination with Centurion staff. Both medical aspects associated with storing a body, as well as the psychological impact on staff and inmates have been considered. The Coroner shall be notified immediately once a death occurs. The morgue shall remain in operation until attendant legal obligations are satisfied and the bodies may be removed.

Provided at time of Pandemic:
1. Condition Specific Screening Tool
2. Condition Specific Self-Triaging Algorithm
3. Actions Checklist-Yellow/Orange Alert Level
4. Actions Checklist-Red Alert

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, et al. **PLAINTIFFS**

VS. **CIVIL ACTION NO. 4:20-CV-07-DMB-JMV**

TOMMY TAYLOR, et al. **DEFENDANTS**

DECLARATION OF WILLIE KNIGHTEN

I, Willie Knighten, do hereby declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that this declaration is made of my own personal knowledge, that I am competent to testify as to the matters stated herein, and that the following statements are all true and correct.

1. My name is Willie Knighten and I am an adult resident citizen of the State of Mississippi.

2. I am over the age of 21 years and competent to testify with regard to the matters stated herein. I have personal knowledge of the facts and information contained in this declaration.

3. I am the Health Services Administrator at the Mississippi State Penitentiary ("MSP") for Centurion of Mississippi, LLC ("Centurion").

4. Centurion has a contract with the Mississippi Department of Corrections ("MDOC") to provide health care to inmates at various prison facilities in Mississippi, including MSP.

5. In addition to following directions from the Centers for Disease Control and Prevention ("CDC") and the Mississippi Department of Health related to COVID-19, Centurion

has implemented several precautionary measures at the prison facilities in the State of Mississippi where Centurion is the contracted healthcare provider, including at MSP.

MEASURES FOR INMATES

6. Centurion considers prompt identification and isolation of persons who might have COVID-19 infection essential for disease control. Patients/inmates entering the prison from county jail, community, or transfer from another facility are screened immediately with the following questions and actions, using the screening form attached at **Attachment A**:

- Have you traveled to any area with an outbreak of COVID-19 or to international areas with sustained (ongoing) transmission such as China, Iran, Italy, Japan, South Korea?
- Do you have a fever?
- Do you have a cough?
- Are you short of breath?
- Have you been in close contact (less than six feet) of someone exhibiting these symptoms or confirmed case of COVID-19?
- Take and record temperature.

7. Should a patient answer YES to the above screening items or his temperature is greater than 100.4 F, the patient is designated as Person Under Investigation (PUI), and the following happens:

- Surgical mask is put on the patient.
- Patient is placed in a separate, closed room with closed door.
- Healthcare and custody staff wear Personal Protective Equipment (N-95 mask, eye shield, gown, gloves) when entering room or escorting patient.
- Patient is assessed for stability. For example, does he have shortness of breath, hypotensive, or need to transfer to hospital?
- Facility practitioner is contacted. A plan for monitoring, treatment or transfer is obtained and documented.
- If transfer to Emergency Department, a call is made to notify them prior to moving the patient that COVID-19 is suspected. Transport officers and EMS (if activated) are notified that COVID-19 is suspected.
- Security, medical administration and local health department are notified of PUI.
- Testing is to be done per local protocols and availability.
- A test for influenza is conducted, if not being transferred out.

8. If a patient is identified with COVID-19, a determination will be made for those who had potential exposure. Those persons will be placed in quarantine for a period of 14 days, coordinated with security.

9. After a patient is relocated, if coronavirus was deemed a possibility, a terminal cleaning will be performed of the patient's hospital room or room within the medical unit with hospital grade disinfectant Environmental Protection Agency (EPA) registered for disinfectant effective on human coronavirus.

10. 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 infirmary rooms exceeded, dedicated cell block) and will be provided at least twice daily monitoring and treatment assessments. They are not in contact with incarcerated persons without symptoms. Personal Protective Equipment is required for contact.

11. For patients who are asymptomatic, but a credible history of exposure to COVID-19 or hot spots, the patient is placed in a single room or dedicated cell block as quarantine. Staff will follow the local health department's current protocol for PUI, recognizing the incubation period is believed to be 2-14 days, with an average of 5 days. Quarantine lasts for 14 days.

MEASURES FOR STAFF

12. To reduce spread of respiratory infections including COVID-19, staff are not to come to work when sick. Centurion has instructed its staff not to enter MDOC facilities if they are: experiencing symptoms of COVID-19 (fever, cough, and/or difficulty breathing); traveled within the past 14 days to a high-risk area; or have been exposed to a confirmed case.

13. In addition, Centurion staff reporting to work at MSP undergo screening similar to that of new inmates to the facility, including a temperature check, as delineated in the Staff Screening Tool, attached as **Attachment B**. Staff members' temperature is checked upon each

subsequent return to work and they are instructed to notify the screener of any changes in their symptoms or other responses to the screening tool.

14. Should a staff member answer YES to a screening question or his/her temperature is greater than 100.4 F, he/she is prohibited from entering the facility and is instructed to follow local health department guidance or 14-day home quarantine. If a staff member tests positive for COVID-19, return to work requires evidence of two consecutive negative tests for COVID-19.

15. Centurion staff is also performing similar screening and temperature checks on all MDOC custody, administrative, and programs staff entering MSP.

ADDITIONAL MEASURES TO ADDRESS COVID-19

16. In addition to the screening and testing measures, Centurion MSP personnel and leadership have daily (Mon. - Fri.) calls to discuss educating staff, coordination of care with warden/superintendents, securing isolation areas, inventory of Personal Protective Equipment, and any other COVID-19 related issues as they arise.

17. In an effort to decrease the likelihood of transmission into the facilities, Centurion has suspended the non-emergency, onsite audiologist, optometry, and prosthetic services for a two-week period and all regional staff is working remotely until further notice.

18. Finally, Centurion is currently working with its pharmacy vendor to be prepared to stock pile the top 100+ utilized medications within the facilities it operates, should there be interruptions in the supply chain and shortages occur.

I declare under penalty of perjury and in accordance with 28 U.S.C. § 1746 that the foregoing is true and correct.

EXECUTED this the 19th day of March, 2019.

Willie Knighten, MS, CCHP
Health Services Administrator
Mississippi State Penitentiary
Centurion of Mississippi, LLC

COVID-19 (coronavirus) Screening

English

	Date: Time:			
	State: Facility:			
	Symptoms (check all that apply)	**Yes**	**No**	**Start date**
	Fever/chills (if on medications that lower temp, may not have fever)			
	Cough			
	Describe			
	Shortness of breath or trouble breathing			
	Describe			
	Other:			
	Vital Signs			
	B/P P R pSO2 Temp*			
	Patients with immune compromised conditions or taking fever reducing medications may not have a fever			
	In the past 14 days	**Yes**	**No**	**Note**
1	Have you traveled to or been in any outbreak areas in United States, or traveled internationally*? Many countries have out breaks, and large outbreaks in C*hina, Italy, Iran, South Korea.*			
	If yes: Where When			
2	Have you or any family or friends with whom you live been in such areas?			
	If yes: Where: When			
3	Have you had close contact with anyone who has tested positive to COVID-19 or experiencing fever or cough?			
	If yes: When			
	If yes to any symptoms **and yes to** any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider			
	Or if a person has a fever(≥100.4°), cough, shortness of breath, and lower respiratory infection, with unknown source of infection contact practitioner			
	Practitioner Notified(date/time) Practitioner Name:			
	Department of Health Notified (Name):			
	Comments			
	Nurse Signature:			
	☐ Patient accepted ☐ Patient Quarantined ☐ Patient Isolated ☐ Patient Referred to Hospital			
	☐ Patient Tested for COVID-19 Date: Results:			
	Patient Name	DOB	ID #	

Risk Area=Outbreak areas include United States , major airports, globally.

IPC-042-English

1/2020 revised 3/17/20

COVID-19 (coronavirus) Screening

Spanish

	Date: Time:			
	State: Facility:			
	Síntomas (marque todos los que correspondan)	**Yes**	**No**	**Start date**
	Fiebre / escalofríos			
	Tos			
	Describir			
	Falta de aliento/ Dificultad para respirar			
	Describir			
	Other:			

	Vital Signs
	B/P P R pSO2 Temp*
	**** Patients with immune compromised conditions or taking fever reducing medications may not have a fever***

	En los últimos 14 días	**Yes**	**No**	**Note**
1	¿Ha viajado o ha estado en áreas de brotes en los Estados Unidos, o ha viajado internacionalmente *? Muchos países tienen brotes y grandes brotes en China, Italia, Irán, Corea del Sur.			
2	¿Usted o alguna familia o amigo con quien vive ha estado en esas áreas?			
3	¿Has tenido contacto cercano con alguien que haya dado positivo a COVID-19 o que tenga fiebre o tos?			
	Si sí, cuándo			

	If yes to any symptoms **and yes to** any questions 1, 2, 3: Have patient don surgical/procedural mask, educate patient, and consult provider
	Or if a person has a fever(>100.4°), cough, shortness of breath, and lower respiratory infection, with unknown source of infection consult provider

	Provider Notified(date/time) Provider Name:
	Department of Health Notified (Name)
	Comments:
	Nurse Signature:
	☐ Patient accepted ☐ Patient Quarantined ☐ Patient Isolated ☐ Patient Referred to Hospital
	☐ Patient Tested for COVID-19 Date: Results:

Patient Name	DOB	ID #

Risk Area=Outbreak areas include United States , major airports, globally.

centurion

CORONAVIRUS DISEASE 2019 (COVID-19)

STAFF SCREENING TOOL

1. Assess the Risk Of Exposure	
☐ Yes ☐ No	Traveled from, or through, any of the locations identified by the CDC as increasing epidemiologic risk within the last 14 days?
	Describe:
☐ Yes ☐ No	Had close contact with anyone diagnosed with the COVID-19 illness within the last 14 days?
☐ Yes ☐ No	Deployed for COVID-19 response and back from deployment within the last 14 days?

If the answer to ALL the above risk of exposure questions is NO, then STOP here.
If the answer to ANY of the above risk of exposure questions is YES, then assess symptoms in step 2 and proceed to step 3.

2. Assess Symptoms		Date of Onset:
☐ Yes ☐ No	**Fever** (*Fever may not be present in some patients, such as elderly, immunosuppressed, or taking certain medications. Fever may be subjective or objective).*	
☐ Yes ☐ No	**Cough**	
☐ Yes ☐ No	**Shortness of Breath (SOB)**	
TEMPERATURE:		

3. Contact Central Office

If the staff member answers Yes to either question in section 1 (exposure risk), Yes to any question in symptoms; or Temperature >100.4F, contact:

_____ _____ _____

STAFF NAME (Last, First) **BADGE #** **DOB**

_____ _____

INTERVIEWED BY **DATE/TIME:**

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Yo Gotti has teamed up with the Roc Nation to demand the Mississippi Department of Corrections develop a plan to stop the spread of #CoronaVirus cmplx.co/15534JO

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zaayett @ZforZaayett · Mar 13
Replying to @Complex
Gotti for president!

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Replying to @Complex and @RocNation
@YoGotti should team up with @BernieSanders since hes the only one running for president that can help fight in the house & said "During a crisis we must make sure that we care for those who are currently incarcerated and in jails"

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Today, we say to the prison-industrial-complex that we are going to bring about real criminal justice reform. We are going to end the …
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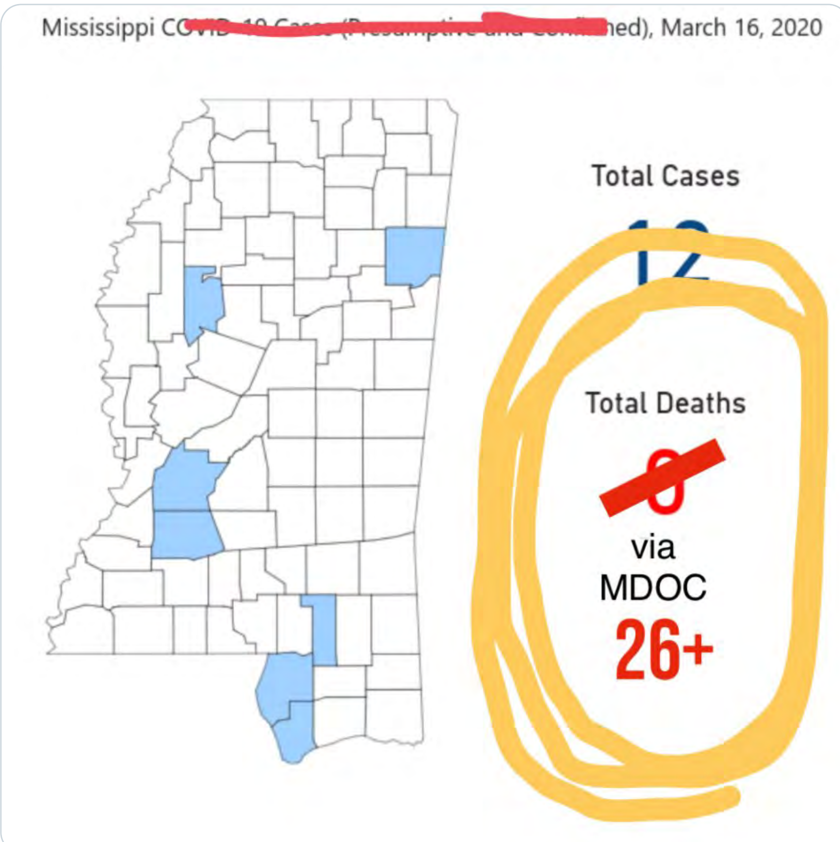
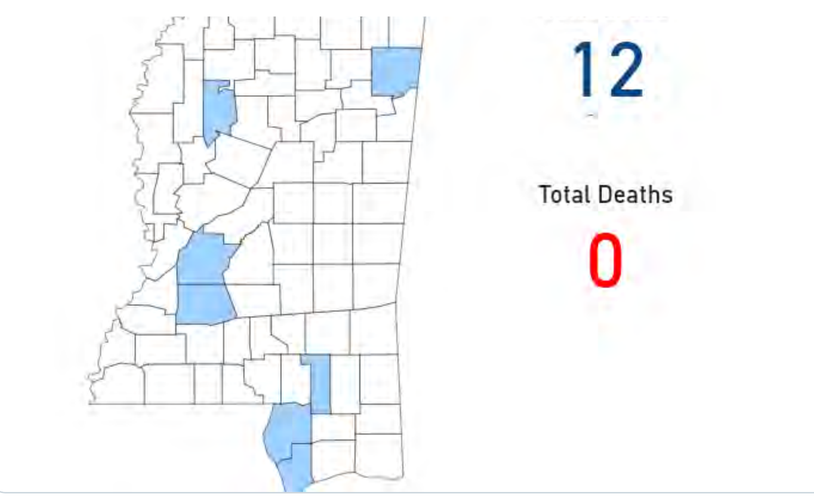
Don't forget. #Parchman @teamroc #MSPrisonReformNow



Jonathan Allen @jallen1985 · Mar 16

Does anyone else think it's irresponsible for @msdh to feature a death toll of zero in red font on their #COVID19 webpage?

There are already-infected Mississippians who will die from this virus, as will many Mississippians who aren't yet infected.
msdh.ms.gov/msdhsite/_stat...



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Lawyers demand coronavirus testing for inmates at Mississippi prison cbsn.ws/2w3kZME

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DH @Used_2B_Sane · Mar 16
Replying to @CBSNews
If you want healthcare as a human right, just get locked up...
3

Fork It @fishfanz · Mar 16
Replying to @CBSNews
There's probably more empathy and sympathy for those not committing crimes. Inmates might be a tad down the list. How about those providing front line health care first?
2

Devil Pup🇺🇸🐶 @DevilPup74 · Mar 16
Replying to @CBSNews
Seems appropriate. 👱‍♀️
1

marty @tcblues · Mar 16
Replying to @CBSNews
Duh, they ain't going anywhere. People come to them, assisted Living.

Dyran @buloy1971 · Mar 16
Replying to @CBSNews
why do they have to test them. do the people outside first. if they get it then so be it.
1

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@teamroc

🚨UPDATE🚨 An emergency relief motion has been filed on behalf of #ParchmanPrison inmates amid the global coronavirus outbreak demanding that officials establish quarantines and priority testing/care for vulnerable patients and those showing symptoms.

Lawyers demand coronavirus testing for inmates at Mississippi prison
Lawyers representing inmates at the Mississippi State Penitentiary, known as Parchman, filed a motion on Monday requesting emergency relief amid the glob…
teamroc.io

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10 Retweets **18** Likes

Jonathan Allen @jallen1985 · Mar 16
Replying to @teamroc
When will you post photographs and descriptions from your inspection of the prison?
1 1

Talkalotent @talkalotent · Mar 17
Replying to @teamroc
That sign should read Mississippi State Plantation.

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Team Roc on Twitter: "🚨UPDATE🚨 An emergency relief motion has been filed on behalf of #Parchman Prison inmates amid the global c…

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@marcybcroft

had to remind y'all #Parchman @teamroc #msprisonreformnow

REFORM Alliance @REFORM · Mar 17

Viruses don't respect borders or prison walls – they can spread everywhere. We need to stop the spread of #coronavirus in prisons before it spreads to our communities.

We need to make prisons, jails, and our communities SAFER #NoPrisonPandemic.

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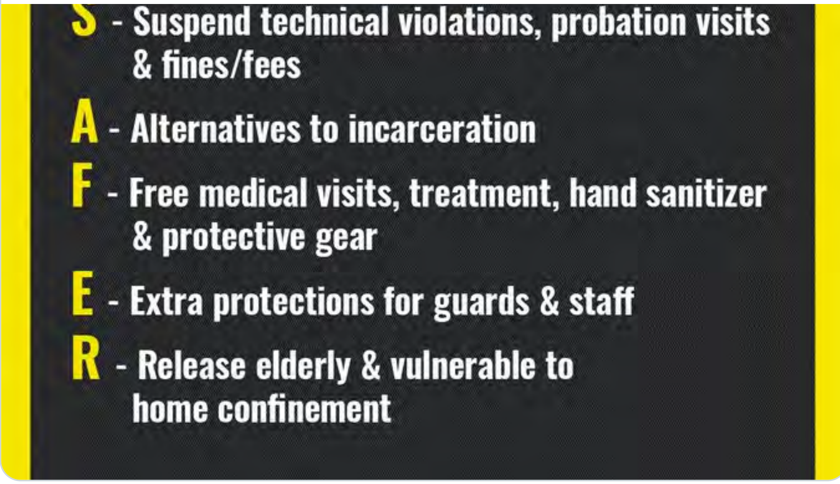

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Team Roc @teamroc Follow
"Not everything that is faced can be changed, but nothing can be changed until it is faced."- James Baldwin

REFORM Alliance @REFORM Follow
Reforming the criminal justice system by changing laws and policies while changing hearts and minds #REFORM #FightDifferent

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Mississippi Public Health Laboratory SARS-CoV-2 (virus that causes COVID-19) Specimen Collection and Shipping Guidance

The Mississippi Public Health Laboratory (MPHL) is currently authorized to perform diagnostic testing for COVID-19 infections in clinical respiratory specimens using the CDC 2019-nCoV (SARS-CoV-2) real-time RT-PCR Diagnostic Panel.

Patients That Should be Prioritized for Testing:

Specimens may be collected and submitted to the MPHL for testing from patients that meet one or more of the below clinical scenarios:

Patients, including healthcare personnel, who within 14 days of symptom onset had close contact with a suspect or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas (see https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html) within 14 days of their symptom onset.
Hospitalized patients who have signs and symptoms compatible with COVID-19, such as fever and/or symptoms of acute respiratory illness (e.g. cough and/or difficulty breathing) and do not have an alternative explanatory diagnosis (e.g., influenza).
Other symptomatic individuals at higher risk for poor outcomes, including those who are ≥ 65 years, immunocompromised or have chronic medical conditions (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).

For patients who do not meet the above clinical scenarios, clinicians may elect to submit samples to a commercial laboratory for SARS-CoV-2 testing.

Specimen Types and Requirements: A nasopharyngeal swab AND an oropharyngeal swab are mandatory for each patient. Sputum can be submitted for patients with productive coughs or Bronchoalveolar lavage (BAL)/tracheal aspirate (TA) if already collected for clinical diagnosis. The induction of sputum is not indicated, and a BAL or TA should NOT be collected ONLY for COVID-19 testing. Maintain proper infection control when collecting specimens.

Specimen Type	Specimen Source	Specimen Collection
Upper respiratory **REQUIRED SPECIMENS**	Nasopharyngeal Swab (NP)	Use only synthetic fiber swabs with plastic shafts. Insert a swab into a nostril parallel to the palate and leave the swab in place for a few seconds to absorb secretions; repeat on the second nostril using the same swab. Place the swab into a separate 2-3 ml vial of viral transport media (VTM such as M4 or M5 or a universal transport media appropriate for viruses) and carefully break the swab applicator stick at the preformation (swab tip will remain in VTM) before tightly sealing the tube.
Lower Respiratory **Submit Specimens ONLY if available**	Bronchoalveolar lavage or tracheal aspirate	Collect 2-3 ml into a leak-proof, sterile, screw cap sputum collection cup or sterile dry container.
	Sputum	Have the patient rinse their mouth with water and then expectorate deep cough sputum directly into a leak-proof, sterile, screw cap sputum collection cup.

Storage and Shipment: Specimens should be refrigerated at 2-8ºC immediately after collection. Specimens must be packaged as Biological Substance, Category B (UN3373) and must be shipped refrigerated (on ice packs) to the MPHL for overnight delivery. Specimens may be dropped off directly at the MPHL Monday-Friday, 8am-4:30 pm, or at a local MSDH clinic for delivery to the MPHL. Contact your local MSDH clinic prior to dropping off a specimen to confirm the

clinic's hours of operation. If an alternate MSDH drop-off location is required, contact the MSDH Office of Field Services at 601-576-7951 for assistance. Specimens must be received within 3 days of specimen collection and must be maintained at refrigerated temperatures. Please label the shipper with the following shipping address:

Mississippi Public Health Laboratory
Attention: Molecular Diagnostics Section/Thompson Facility
570 East Woodrow Wilson Drive
Jackson, MS 39216

Required Specimen Submission Forms: The submitter must complete a MSDH Form 1198, SARS-CoV-2 (Virus that causes COVID-19) Testing Requisition with each specimen set (one form per patient). Incomplete or illegible forms will result in reporting delays.

Test Performance and Turn-Around-Time: The MPHL will perform SARS-CoV-2 testing each working day, Monday-Friday. Testing turn-around-time will be dependent on testing volumes.

Result Interpretation:

Reported Result	Action
Presumptive positive	Specimen is referred to the CDC for additional testing. Confirmatory testing at the CDC is required.
Not Detected	Testing for SARS-CoV-2 is complete. Additional testing may be considered in consultation with the MSDH Office of Epidemiology.
Inconclusive	Specimen is referred to the CDC for additional testing. The absence or presence of SARS-CoV-2 RNA could not be determined with certainty after repeat testing of the specimen in the laboratory. Additional testing is required
Invalid	The absence or presence of SARS-CoV-2 RNA could not be determined with certainty after repeat testing of the specimen in the laboratory due to PCR inhibition. Consultation with the MSDH Office of Epidemiology is required to determine if a new specimen should be collected.

Result Reporting: The MPHL will verbally notify the MSDH Office of Epidemiology of all positive, inconclusive and invalid (abnormal) results immediately upon test completion. The MSDH Office of Epidemiology will contact the submitting clinician regarding abnormal results. All negative (normal) results will be reported to the submitter via the MPHL web portal or by fax. All final MPHL results will be reported electronically by fax or the MPHL web portal within 24 hours of testing completion. All results are immediately reported to the CDC upon testing completion using an electronic laboratory report.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF MISSISSIPPI
GREENVILLE DIVISION

MICHAEL AMOS, *et al.* **PLAINTIFFS**

VS. **CIVIL ACTION NO. 4:20-CV-07-DMB-JMV**

TOMMY TAYLOR, *et al.* **DEFENDANTS**

MEMORANDUM OF LAW IN SUPPORT OF DEFENDANTS' RESPONSE IN OPPOSITION TO PLAINTIFFS' EMERGENCY MOTION FOR TEMPORARY RESTRAINING ORDER AND PRELIMINARY INJUNCTION AS TO COVID-19

Despite having no facts and no apparent understanding of precautionary actions being taken by the Mississippi Department of Corrections ("MDOC") to protect inmates, staff, and the public from the potential spread of COVID-19 at the Mississippi State Penitentiary ("Parchman"), Plaintiffs ask the Court to intervene and order MDOC to take a litany of other measures—many of which MDOC is already taking. *See* Exhibits A, B, and C. Plaintiffs have no support for their assumption that their requested measures would be more effective in preventing the outbreak or spread of COVID-19 than those already being taken by MDOC. In fact, before filing their Motion, Plaintiffs did not even bother to confer with Defendants or inquire as to the current measures MDOC is taking. Instead, Plaintiffs allege that Defendants have a "woeful healthcare record," and speculate that Defendants therefore must not be taking measures to "confront the COVID-19 pandemic." Doc. 60 at 8. Plaintiffs present no evidence whatsoever to show that Defendants are acting with deliberate indifference to the impact of COVID-19 or that, absent Court intervention, Plaintiffs will be left "without any meaningful measures to protect them from the deadly pandemic unfolding on their doorstep." *Id.* Such conjecture and hyperbole

underscore the pretext of Plaintiffs' Motion – publicity, media attention, and inflaming the emotions of the public with misinformation.

If Plaintiffs had bothered to simply confer with Defendants to discuss MDOC's current COVID-19 measures before filing their Motion and involving the Court, Plaintiffs would have learned that MDOC is already actively engaged in significant courses of action to protect inmates and staff from COVID-19, including many of the measures identified by Plaintiffs.[1] MDOC and its third-party healthcare provider, Centurion of Mississippi, LLC ("Centurion"), are currently engaged in the following:

1. **Internal and External Consultation/Monitoring:** MDOC officials have been meeting internally and consulting externally with the proper officials and agencies to ensure appropriate preventative measures regarding COVID-19. MDOC is consulting with top public health and other officials, including the Mississippi Department of Health and the U.S. Department of Homeland Security's Office for State and Local Law Enforcement, regarding the appropriate precautions to be taken concerning COVID-19. *See* Agenda of Telephone Conference with DHS, attached as Ex. 1 to the Declaration of Jeworski Mallett (Ex. A). MDOC, in consultation with health officials, continues to monitor new developments and implement preventative and responsive measures related to COVID-19. *See* Declaration of Dr. Gloria Perry (Ex. B).[2]

2. **Collaboration between MDOC and Centurion:** MDOC is working closely with Centurion to implement the provisions of Centurion's Pandemic Preparedness and Emergency Response Plan (the "Centurion Plan"). *See* Ex. 2 to Mallett Declaration (Ex. A); *see also* Declaration of Willie Knighten of Centurion (Ex. C). The Centurion Plan provides written protocols or best practices for the diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19. The Centurion Plan includes, but is not limited to, protocols or guidance for: prevention; surveillance; inmate education; treatment, including medical insolation; follow-up treatment; reporting; monitoring current community and national trends; appropriate safeguards for inmates and staff; providing personal protective equipment ("PPE");

[1] Had Plaintiffs conferred with Defendants before filing their Motion, the parties could have also saved valuable time and resources that should be instead aimed at addressing the impact of COVID-19.

[2] The gravity and breadth of the potential impact of COVID-19 continues to evolve. MDOC and Centurion are actively engaged in following the recommendations and guidelines issued by global, national, and local health authorities and leaders, which change and develop daily. MDOC and Centurion have been monitoring the development of COVID-19 and adapting their prevention and response plans as necessary to protect inmates, staff, and the public. Updated recommendations, practices, and guidance materials are being assessed and implemented where appropriate.

education and training regarding PPE; and post-exposure management. The Centurion Plan sets "preparedness" action items based on the severity of the virus outbreak, and MDOC is following those action items. MDOC is also implementing Centurion's "Coronavirus Awareness" guide, attached as Ex. 3 to the Mallett Declaration (Ex. A), which includes, among other things, procedures for screening staff and other visitors and restrictions on staff from entering the facility with symptoms of the virus or if they have traveled to a high-risk area. *See* also Ex. C, discussing screening measures.

3. **Staff Screening:** MDOC officers and other staff are screened daily upon entering Parchman for symptoms and other indicators of exposure to COVID-19. Specifically, staff members are screened pursuant to a COVID-19 screening form provided by Centurion, attached as Ex. 4 to the Mallett Declaration. MDOC staff are routed to an alternative screening area at the visitation center to facilitate safe screening. The screening process includes questions about each staff member's symptoms, if any, including headaches, fevers, coughing, shortness of breath, and trouble breathing. MDOC subjects staff members to daily temperature screenings before they are permitted on the grounds. *Id.*

4. **Inmate Monitoring/Testing:** As discussed above, the Centurion Plan provides written guidance for diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19, including protocols for prevention, surveillance, and treatment, including medical insolation. In addition to implementing the Centurion Plan, MDOC officers are currently actively monitoring inmates for symptoms of COVID-19, such as headaches, fevers, coughing, shortness of breath, and trouble breathing. Should healthcare staff determine an inmate is exhibiting signs or symptoms of COVID-19, through screening or otherwise, specific measures will be taken as described in the declaration of Health Services Administrator Willie Knighten, attached as Exhibit C, and COVID-19 testing will be administered per local and Centers for Disease Control protocols and availability. *See* Ex. B and C.

5. **Inmate Quarantine/Isolation:** At this time, there are no confirmed cases of COVID-19 at Parchman. Should MDOC learn that an inmate or staff member has contracted COVID-19, MDOC will apply the Centurion Plan as well as its own policies developed to combat the spread of COVID-19. Under these plans and policies, inmates who either test positive for COVID-19 or is suspected of having COVID-19 will be isolated and any inmate or staff member suspected of being exposed will be quarantined. Further precautionary steps will also be taken, as more specifically described in the declaration of Willie Knighten, attached as Ex. C, including the use of personal protective equipment. In the unfortunate event there are insufficient numbers of negative-pressure rooms, MDOC will quarantine and isolate inmates from the remainder of the general population in alternative cells or housing areas. Ex. A.

6. **Suspension/Restriction of Transfers:** MDOC has suspended all transfers of inmates from county jails to MDOC facilities for the next 30 days. *See* Ex. 5 to Mallett Declaration (Ex. A). MDOC is monitoring conditions and developments and will extend the restriction as necessary to protect inmates and staff. MDOC has also substantially restricted all transfers between MDOC facilities for the next 30 days.

Transfers between facilities will be limited to those absolutely necessary. For those transfers that have been necessary, MDOC has screened inmates for COVID-19 symptoms upon arrival. Even if transferred inmates do not currently have symptoms, MDOC isolates those inmates so as to reduce the risk to the general population. MDOC is monitoring conditions and developments and will extend the restriction as necessary to protect inmates and staff. Ex. A.

7. **Suspension of In-Person Visitation / Increased Sanitation for Essential Visitations:** MDOC has temporarily suspended visitation at all MDOC facilities "in order to establish sanitation and prevention protocols to prevent the spread of COVID-19." *See* Ex. 6 to Mallett Declaration (Ex. A). MDOC is currently permitting visitation by attorneys who satisfy MDOC screening requirements and has established protocols requiring all visitation areas to be effectively sanitized at the completion of each visit.

8. **Non-Contact Visitation:** MDOC has undertaken measures to ameliorate the effects of the denial of in-person visitation. For instance, MDOC has implemented a policy permitting inmates to make two free phone calls per week. *See* Exhibit 7 to Mallett Declaration (Ex. A). According to Interim Commissioner Tommy Taylor, "[t]his is another way to help inmates stay connected with their loved ones and to be reassured of their welfare during this trying time." *Id.*

9. **Common Health Practices:** MDOC is recommending and reinforcing common health practices and other guidelines provided by the Mississippi Department of Health and the CDC, including:

   - Coughing or sneezing into the bend of the arm, not the hand;
   - Frequent hand washing for at least 20 seconds or use of hand sanitizer;
   - Avoiding touching of eyes, nose, or mouth with unwashed hands;
   - Avoiding social contact such as shaking hands, hugging, or sharing personal items; and
   - Use of disinfectants to sanitize high-touch surfaces, such as workstation surfaces, computer keyboards, countertops, doorknobs, light switches, handrails, control panels, buttons, and tabletops. Ex. A.

10. **Education of Staff and Inmates:** MDOC is educating staff and inmates regarding the above-referenced universal common health practices. MDOC has distributed materials outlining the above common health practices to the inmates. These materials are posted in all inmate housing units as well as on bulletin boards in hallways and other common areas. Further, wardens, deputy wardens, and other MDOC officers have visited each housing unit to verbally inform inmates of the above-referenced common health practices. *Id.*

11. **Institutional Hygiene:** MDOC is ensuring that additional chemicals and other cleaners are available to providing additional sanitation at Parchman. MDOC has thoroughly cleaned and sanitized all areas at Parchman and will continue to do so to ensure proper sanitation is achieved. *Id.*

12. **Personal Hygiene:** MDOC has provided extra supplies of liquid and solid soap to inmates to ensure that each inmate's supply is sufficient to follow the recommended universal common health practices outlined above. *Id.* MDOC, like other correctional agencies across the country, does not provide inmates with their own bottles of hand sanitizer containing at least 60% alcohol because it can be used to make drinking alcohol. However, hand sanitizer is available to MDOC staff. According to the Centers for Disease Control and Prevention, the most effective method of good hand hygiene is handwashing with soap and water for 20 seconds. *See* Ex. B.

MDOC's COVID-19 measures are consistent with, if not more preventative than, those being taken by other correctional agencies and institutions across the country, including the federal bureau of prisons. *See* Ex. A, B, and C. The attached declarations refute Plaintiffs' baseless claim that MDOC's response "has been merely to cancel visitation and limit transfers." Doc. 60 at 3. Plaintiffs offer no factual support whatsoever to show that their points of requested emergency relief are not already being addressed by MDOC to the extent feasible and appropriate. *Id.* at 3-6. Plaintiffs also offer no support to show that their requested measures are as effective or are more effective than MDOC's current actions. In fact, the only exhibit utilized by Plaintiffs that even mentions their specific requests is a declaration from Dr. Marc Stern, but Dr. Stern does not allege that MDOC's current preventative measures are inadequate. *See* Doc. 59-6. It does not appear that Dr. Stern is even aware of the current measures being taken by MDOC and Centurion. *Id.* Moreover, Dr. Stern is not an infectious disease specialist, and he admits he has only "recently familiarized [himself] with the virus." *Id.*

To be clear, Defendants do not dispute that COVID-19 presents serious health risks, but MDOC is currently taking the proper and reasonable proactive measures to prevent infiltration of COVID-19 into Parchman and to be prepared to respond to any outbreak at Parchman. *See* Ex. A, B, and C. Accordingly, Plaintiffs' Motion is unfounded and improper; it fails to even present a claim to be addressed by the Court and should be denied.

ARGUMENT

Plaintiffs are correct that "Defendants are charged by law with protecting the inmates under their care and custody," Doc. 60 at 3, but there are guidelines for determining the extent and reasonableness of the measures to be taken. The Prison Litigation Reform Act ("PLRA") was enacted to limit court involvement in directing state prison operations. Plaintiffs are asking the Court for an order of so-called "relief" that is premature, unsupported by any evidentiary basis, inconsistent with the PLRA, and fails under the deliberate-indifference and preliminary-injunction standards. As shown below, Plaintiffs have failed to meet their "heavy burden" to demonstrate entitlement to the extraordinary remedy of granting preliminary injunctive relief.[3]

I. The "relief" requested by Plaintiffs is not appropriate under the PLRA.

Congress enacted the Prison Litigation Reform Act in 1996 to bring prison condition litigation under control and "restrict the authority of federal courts to issue and enforce compliance with orders for prospective relief, and thus to curb the involvement of the federal judiciary in prison management." *United States v. Territory of the Virgin Islands*, 884 F. Supp. 2d 399, 406–08 (D.V.I. 2012) (quoting *Gilmore v. California*, 220 F.3d 987, 991 (9th Cir. 2000) ("It is clear that Congress intended the PLRA to revive the hands-off doctrine," the former "rule of judicial quiescence" that the federal judiciary not be involved with the problems of state-run prisons)); *Inmates of Suffolk Cty. Jail v. Rouse*, 129 F.3d 649, 655 (1st Cir. 1997).

The purpose of a temporary restraining order ("TRO") is typically "to preserve the status quo and prevent irreparable harm, but only until the court can hold an adversarial hearing for a

[3] Plaintiffs offer no factual support for their assertion that MDOC's response to COVID-19 is "feckless." Doc. 60 at 2. Instead, it is clear that Plaintiffs' Motion, filed without first making any good-faith effort to determine the measures being implemented by MDOC, is about garnering attention in the media. *See id.*; *see also* Exhibit D, a collection of Plaintiffs' counsel's recent social media postings related to their COVID-19 Motion for preliminary relief. At the February 3, 2020 motion hearing, the Court was clear that counsel should not interject this case into the media. *See* hearing transcript at page 118, lines 11–20.

preliminary injunction[,]" and the purpose of a preliminary injunction is typically to "preserve the status quo during the course of litigation until the court can hold a trial on the matter." *Walker v. Turner*, 2019 WL 615360, at *1 (N.D. Miss. Feb. 11, 2019). However, Plaintiffs do not seek to preserve the status quo. Rather, Plaintiffs seek affirmative "relief" from a problem that has not been shown to exist and from constitutional violations that they have not established. A request for a mandatory injunction, seeking relief well beyond the status quo, is "particularly disfavored, and should not be issued unless the facts and the law clearly favor the [Plaintiffs]." *Martinez v. Mathews*, 544 F.2d 1233, 1243 (5th Cir. 1976).). Here, they do not.

The PLRA "greatly limits the ability of a court to fashion injunctive relief." *Dockery v. Hall*, No. 13-cv-326, Doc. 850 at 14 (S.D. Miss. Dec. 31, 2019). It provides that "prospective relief in any civil action with respect to prison conditions shall extend no further than necessary to correct the violation of the Federal right of a particular plaintiff or plaintiffs." 18 U.S.C. § 3626(a)(1)(A) (emphasis added). It follows that under the PLRA, the Court must first find a "violation of [a] Federal right" to "correct." *Id.* Next, before preliminary injunctive relief can issue, a district court must find that such relief is "narrowly drawn, extend[s] no further than necessary to correct the harm the court finds requires preliminary relief, and [is] the least intrusive means necessary to correct that harm." *Id*. at § 3626(a)(2).

There is no harm or violation here to be addressed by the Court because MDOC's measures are a reasonable response to the COVID-19 crisis, which is all that is required under the deliberate indifference standard, and Plaintiffs have offered no evidence to the contrary. *See* Ex. A, B, C. Even if there were some harm to be remedied, which there is not, the so-called "relief" requested by Plaintiffs is not the "least intrusive means necessary" to prevent harm. Thus, Court intervention is not warranted or appropriate.

The "relief" requested in Plaintiffs' Motion and memorandum seeks to require Defendants to implement measures that are either already being undertaken, that are in many respects not possible or recommended (such as testing every single inmate), or that have not been shown by Plaintiffs to have any reasonable relation to preventing the alleged harm:

a. **Immediate Testing:**[4] Plaintiffs request that MDOC immediately "implement testing protocols for the identification and containment of COVID-19," and further demand that such protocols include "the immediate testing of all inmates, Parchman employees, and all other individuals entering Parchman." Doc. 60 at 3. Testing protocols have been implemented by Centurion, but it is not feasible or recommended that every inmate, employee, or other person entering Parchman be tested for COVID-19. The shortage of tests has been widely reported by the national and local media and acknowledged by numerous Federal and State officials.[5] *See also* Ex. B. There are approximately 2,700 inmates and MDOC staff at Parchman. Ex. A. Even if testing every one of these individuals were advisable, it is doubtful the CDC would appropriate such testing resources. Current guidance from public health officials requires physicians to issue tests as needed only to individuals who meet certain criteria, including "symptomatic individuals at higher risk for poor outcomes."[6] Centurion is responsible for inmate testing for COVID-19. Testing is done per local protocols and availability. It is currently not feasible, advisable, or recommended under any applicable guidelines to test individuals unless they have traveled to any area with an outbreak of COVID-19 or with sustained (ongoing) transmission; have a fever or cough; are short of breath; have been in close contact (less than six feet) with someone exhibiting COVID-19 symptoms or a confirmed case of COVID-19; or have a temperature of greater than 100.4 F. *See* Ex. B. And even if one or more of those factors applies, a test for influenza must also be conducted. *Id.* Plaintiffs' mere disagreement with these testing protocols is not a basis for finding deliberate

[4] For ease of reference, Defendants use the headings included in Plaintiffs' Motion with no admission as to their validity or legitimacy.

[5] *E.g.*, Peter Whoriskey and Neena Satija, *How U.S. Coronavirus Testing Stalled*, THE WASHINGTON POST (Mar. 16, 2020), online at https://www.washingtonpost.com/business/2020/03/16/cdc-who-coronavirus-tests/ (last visited March 18, 2020).

[6] Guidance from the CDC and Mississippi Department of Health make clear that not all individuals should be tested. Physicians, in their best judgment, "may" choose to test patients who: "within 14 days of symptom onset had close contact with a suspected or laboratory-confirmed COVID-19 patient, or who have a history of travel from affected geographic areas;" "[h]ospitalized patients who have signs and symptoms compatible with COVID-19, such as fever and/or symptoms of acute respiratory illness . . . and do not have an alternative explanatory diagnosis;" and "[o]ther symptomatic individuals at higher risk for poor outcomes." Mississippi Public Health Laboratory SARS-CoV-2 (virus that causes COVID-19) Specimen Collection and Shipping Guidance, attached as Ex. E. As of March 17, 2020, the MSDH Public Health Laboratory has performed only 389 tests. Coronavirus Disease 2019 (COVID-19), online at https://msdh.ms.gov/msdhsite/_static/14,0,420.html (last visited March 18, 2020).

indifference.[7] Plaintiffs offer no proof that any Plaintiff would fall within the accepted criteria for testing, and Plaintiffs do not allege that any Plaintiff has requested and warranted testing but been refused.

b. **Immediate Screening:** MDOC is already conducting the screening requested by Plaintiffs. Ex. A, B, C. As described above, under its current protocols, MDOC screens each employee or other person entering Parchman every day to determine whether the individual has any symptoms of COVID-19, including headaches, fevers, cough, shortness of breath, and trouble breathing. The individuals are also questioned regarding their recent travel, the travel of their friends and family, and whether they have been exposed to individuals who are experiencing COVID-19 symptoms. MDOC subjects each employee or other person entering Parchman to daily temperature screenings before they are permitted on the grounds. Moreover, if inmate transfers are necessary, those inmates are screened and then isolated even if they do not currently have symptoms.

c. **Current Inmate Quarantine:** Plaintiffs ask that the Court require MDOC to establish non-punitive quarantine "for all individuals who test positive for COVID-19, who were directly exposed to individuals who test positive for COVID-19, or who exhibit symptoms of the virus." Doc. 60 at 4. Plaintiffs make additional requests regarding where such inmates should be quarantined and what PPE should be worn by individuals interacting with such inmates. *Id*. at 4, 5. Again, the Centurion Plan implemented by MDOC provides best practices for diagnosis, treatment, and management of conditions related to infectious diseases such as COVID-19, including protocols or guidelines for, among other things: surveillance; treatment, including medical quarantine and insolation; follow-up treatment; safeguards for inmates and staff; providing PPE, education and training regarding PPEs; and post-exposure management. *See* Ex. A, B, C. MDOC, in conjunction with Centurion, have developed appropriate protocols for isolating inmates who contract the virus. These protocols include isolating symptomatic and virus-positive inmates in negative-pressure rooms and isolated housing units at Parchman. Additionally, all scheduled releases from Parchman will occur as planned, with necessary precautions taken. *Id.* Plaintiffs offer no evidence that their suggested protocol is not being followed.

d. **New Inmate Quarantine:** Plaintiffs request that MDOC establish a 14-day, non-punitive quarantine for all new inmates entering Parchman. Doc. 60 at 4. MDOC has suspended all transfers of inmates from county jails to MDOC facilities for the next 30 days and will extend the restriction as necessary to protect inmates and staff. MDOC has also substantially restricted all transfers between MDOC facilities for the

[7] A prisoner's belief that he should have received *different* treatment does not implicate the Eighth Amendment because a mere disagreement with the treatment that was provided, absent exceptional circumstances that do not exist here, does not support a claim of deliberate medical indifference. *Gobert v. Caldwell*, 463 F.3d 339, 346 (5th Cir. 2006). To succeed on a Section 1983 claim for lack of medical care under the deliberate indifference standard, a prisoner must establish that the defendants "refused to treat him, ignored his complaints, intentionally treated him incorrectly, or engaged in any similar conduct that would clearly evince a wanton disregard for any serious medical needs." *Domino v. Texas Dept. of Crim. Justice*, 239 F.3d 752, 756 (5th Cir. 2001) (quoting *Estelle v. Gamble*, 429 U.S. 97, 107 (1976)).

next 30 days and will extend that restriction as necessary to protect inmates and staff. Transfers between MDOC facilities have been limited to those absolutely necessary. In the event such a transfer is necessary, MDOC has and will screen arriving inmates for COVID-19 symptoms and temporarily isolate those inmates even if they do not have symptoms. *See* Ex. A.

e. **Institutional Hygiene:** Plaintiffs ask that the Court order MDOC to increase the sanitation and cleaning protocol and frequency for all public spaces, highly traveled areas, and cells. Doc. 60 at 4. As stated above, MDOC is already taking precautionary measures to ensure that additional chemicals and other cleaners are made available at Parchman for the purpose of providing additional sanitation. *See* Ex. A. MDOC has thoroughly cleaned and sanitized all areas at Parchman, and its staff will continue to do so to ensure proper sanitation is achieved. *Id*.

f. **Personal Hygiene:** Plaintiff asks that MDOC be required to "provide hand sanitizer with 60% or more alcohol, antibacterial soap, antibacterial wipes and other hygiene products to each inmate free of charge and ensure replacement products are available as needed." Doc. 60 at 4-5. Plaintiff further requests that the Court order MDOC to declassify hand sanitizer with 60% or more alcohol as contraband, since it is "one of the only methods proven to slow and prevent the spread of coronavirus." *Id*. at 5. MDOC has distributed additional solid and liquid soap to inmates in sufficient qualities to ensure all are able to adhere to the common health practices outlined by the CDC and others. Ex. A. MDOC has not and cannot safely de-classify as contraband hand sanitizer with 60% or more alcohol. *Id.* Given that the CDC's common health practices state that proper hygiene is achieved primarily through hand washing, the security risk of permitting use of individual hand sanitizer outweighs the alleged health concern in not providing bottles of it to inmates. Ex. B. MDOC's policy in this regard is consistent with other institutions across the nation. *Id.*

g. **Limit Contact Visitation:** Plaintiffs acknowledge MDOC has already limited physical contact visitation, but claims MDOC "must be required to implement or increase non-contact visitation options such as video conferencing and/or telephone calls for all types of visits[.]" Doc. 60 at 5. MDOC has undertaken measures to mitigate the effect of the denial of in-person visitation, in part by implementing a policy permitting inmates to make two free phone calls per week "to help people contact their loved ones." *See* Ex. A. Plaintiffs have no constitutional right to video conferencing, and it is not deliberate indifference for MDOC not to provide it.[8] Furthermore, requiring MDOC to provide video conferencing services, which are not currently available at Parchman, would not be narrowly drawn or the least intrusive means necessary to "correct" any alleged violation. 18 U.S.C. § 3626(a)(2).

[8] "Convicted prisoners have no absolute constitutional right to visitation." *Lynott v. Henderson*, 610 F.2d 340, 342 (5th Cir. 1980). "The very object of imprisonment is confinement," and therefore restrictions on visitation do not violate the Constitution so long as they "bear a rational relation to legitimate penological interests." *Overton v. Bazzetta*, 539 U.S. 126, 131–32 (2003). The Court "must accord substantial deference to the professional judgment of prison administrators" in this regard. *Id.* at 132.

h. **Waive Copays:** Plaintiffs claim MDOC and "healthcare providers working under [its] direction" "must be required to waive copays for inmate medical evaluation and care related in any way to COVID-19 and/or its symptoms." Doc. 60 at 5. As stated above, even though non-indigent inmates have no constitutional right to a waiver of copays, and it is not deliberate indifference for MDOC to not waive copays, MDOC has already decided to waive copays related to COVID-19.[9] *See* Ex. B.

i. **Supply Chain:** Plaintiffs ask that the Court require MDOC to "identify the supplies and other materials upon which the institution is dependent … and prepare for shortages of these items, and delays or disruptions in the supply chain." Doc. 60 at 5-6. This is a perfect example of Plaintiffs' desire to have the Court "micromanage" MDOC, an impermissible exercise even if Plaintiffs had proven a constitutional deprivation, which they have not.[10] The request is premature and based solely on the unsupported assertion that MDOC will run out of supplies. MDOC has already been taking inventory of their current supplies and planning for potential shortages and delays. MDOC has adequate stockpiles and has adequate plans in place to maintain necessary food and supplies. Ex. A. Plaintiffs' proposed micromanagement is not the least intrusive means of preventing any perceived, but nonexistent, constitutional violation with regard to COVID-19 measures.

j. **Reporting:** Plaintiffs want the Court to require MDOC to report weekly "to apprise the Court of the progress made in implementing the foregoing and the results of testing of employees and inmates; the numbers of COVID-19 cases at Parchman, if any; and the measures in place to separate inmates who have tested positive, or who may have been exposed, from the general population." Doc. 60 at 6. This is the type of court involvement the PLRA sought to limit, particularly where there has been no showing whatsoever to justify the proposed reporting requirements.

Accordingly, the requested "relief" is redundant to the protocols, best practices, and guidelines already being implemented by MDOC, and such "relief" is premature, inappropriate, and unnecessary under the PLRA. Thus, the Court should deny the Motion.

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[9] *See Morris v. Livingston*, 739 F.3d 740, 746–47 (5th Cir. 2014) (upholding inmate charges for medical services).

[10] The Fifth Circuit has explained that federal courts "are not to micromanage state prisons." *Gates v. Cook*, 376 F.3d 323, 338 (5th Cir. 2004) (citing *Bell v. Wolfish*, 441 U.S. 520, 562 (1979)). The Fifth Circuit has further noted that "courts are ill-equipped to deal with the increasingly urgent problems of prison administration . . . and that it is not wise . . . to second-guess the expert (or any other) administrators on matters on which they are better informed." *Jones v. Diamond*, 636 F.2d 1364, 1368 (5th Cir. 1981) (quoting *Procunier v. Martinez*, 416 U.S. 396, 405 (1974)). Problems associated with operating prison facilities "are complex and intractable, and, more to the point, they are not readily susceptible of resolution by decree." *Procunier*, 416 U.S. at 405.

II. Plaintiffs have failed to satisfy their burden to show that the Court should grant the requested temporary and preliminary injunctive relief.

Even if Plaintiffs' requests complied with the PLRA, which they do not, Plaintiffs fail to satisfy their heavy burden under the test for allowing the extraordinary remedy of preliminary injunctive relief. In *Canal Auth. of State of Fla. v. Callaway*, 489 F.2d 567, 572 (5th Cir. 1974), the Fifth Circuit established the four prerequisites for granting a preliminary injunction:

> (1) a substantial likelihood that plaintiff will prevail on the merits;
>
> (2) a substantial threat that plaintiff will suffer irreparable injury if the injunction is not granted;
>
> (3) that the threatened injury to plaintiff outweighs the threatened harm the injunction may do to defendant; and
>
> (4) that granting the preliminary injunction will not disserve the public interest.

Id. "In considering these four prerequisites, the court must remember that a preliminary injunction is an extraordinary and drastic remedy which should not be granted unless the movant clearly carries the burden of persuasion." *Id.* at 573. To obtain temporary or preliminary injunctive relief, Plaintiffs "must carry 'a heavy burden of persuading the district court that all four elements are satisfied,' and failure to carry the burden on any one of the four elements will result in the denial of the preliminary injunction.'" *Leachman v. Harris Cty., Texas*, 779 F. App'x 234, 237 (5th Cir. 2019), as revised (Oct. 2, 2019) (quoting *Enter. Int'l, Inc. v. Corporacion Estatal Petrolera Ecuatoriana*, 762 F.2d 464, 472 (5th Cir. 1985)).

It is critical to bear in mind that Plaintiffs are not just asking the Court to maintain the status quo—they are asking for mandatory relief in the form of an order requiring MDOC to take specific actions regarding COVID-19. Doc. 59; Doc. 60. Again, Plaintiffs' request for preliminary relief, which "goes beyond maintaining the *status quo*," is "particularly disfavored,

and should not be issued unless the facts and the law clearly favor the moving party." *Martinez*, 544 F.2d at 1243. As discussed below, Plaintiffs are not "substantially likely" to prevail on the merits of their claims, particularly given the "deliberate indifference" standard. Accordingly, Plaintiffs have failed to carry their burden on all four *Canal* prerequisites, and therefore, the Court should deny Plaintiffs' motion for temporary and preliminary injunctive relief.[11]

a. Plaintiffs are not substantially likely to succeed on the merits of their claims.

It is clear that Plaintiffs do not understand the standard for prevailing on a motion for preliminary relief related to a constitutional claim under the Eighth Amendment. Plaintiffs state: "Given that the entire World is in a state of emergency, there is substantial likelihood that Plaintiffs will succeed on the merits of their motion seeking reasonable protections for themselves and the other inmates, who are particularly at risk, but who are not allowed the means available to other citizens to protect themselves." Doc. 60 at 7.[12] First, Plaintiffs do not represent "other inmates." Second, to show that they are "substantially likely to succeed on the merits of their claims," Plaintiffs must show that it is substantially likely they will be able to prove that Defendants are acting with "deliberate indifference" to their health or safety. *Wilson v. Seiter*,

[11] The grant or denial of a preliminary injunction is within the discretion of the trial court. *Apple Barrel Productions, Inc. v. Beard*, 730 F.2d 384, 386 (5th Cir. 1984).

[12] Plaintiffs' burden to prove deliberate indifference is even greater given that COVID-19 virus is an "emergency". Doc. 60 at 7. "In deciding whether the [Defendants] were deliberately indifferent to the needs of the plaintiffs, however, [the Court] must also consider any relevant constraints." *Alberti v. Sheriff of Harris Cty.*, 937 F.2d 984, 998 (5th Cir. 1991). The Supreme Court has made clear that in the deliberate indifference analysis, the Court must look to the "constraints facing the official." *Wilson v. Seiter*, 501 U.S. 294, 303 (1991). If a widespread emergency is facing the official, courts are far less likely to find deliberate indifference. *E.g.*, *Francis v. United States*, 2007 WL 2332322, at *2 (E.D. La. Aug. 13, 2007) (finding no deliberate indifference in conditions of confinement claim because "[p]etitioner, his jailers, and many free residents of Greater New Orleans area suffered substantially similar conditions in the aftermath of Hurricane Katrina").

501 U.S. 294, 302–03 (1991).[13] "Deliberate indifference is an extremely high standard to meet." *Sanchez v. Young Cty.*, 866 F.3d 274, 280 (5th Cir. 2017).

To satisfy "deliberate indifference," it must be shown that a prison official "knows of and disregards an excessive risk to inmate health or safety; the official must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference." *Farmer v. Brennan*, 511 U.S. 825, 837 (1994).[14] "A prison official acts with deliberate indifference 'only if he knows that inmates face a substantial risk of serious harm and disregards that risk by failing to take reasonable measures to abate it.'" *Jones v. Texas Dep't of Criminal Justice*, 880 F.3d 756, 759 (5th Cir. 2018) (quoting *Farmer*, 511 U.S. at 847) (emphasis added); *see also Dockery*, 3:13-cv-326-WHB-JCG, Doc. 850 at 23, 36.

There are simply no factual allegations, much less evidence to support, that Defendants are actively disregarding the risks posed by COVID-19 or ignoring the impact that COVID-19 could have on the prison population. Quite the contrary, MDOC is actively engaged in attempting to prevent the infiltration of COVID-19 and implementing measures to protect inmates and MDOC staff should the virus infect those at Parchman. *See* Ex. A, B, and C. As shown by the declarations from MDOC and Centurion, the prison officials have continuously and dutifully taken reasonable measures in an effort to address risks. *Id.* Prison officials cannot be deemed to be deliberately indifferent if they "responded reasonably" to substantial risks to

[13] "[O]nly the 'unnecessary *and wanton* infliction of pain' implicates the Eighth Amendment." *Wilson*, 501 U.S. at 297. "It is *obduracy and wantonness, not inadvertence or error in good faith*, that characterize the conduct prohibited by the Cruel and Unusual Punishments Clause, whether that conduct occurs in connection with establishing conditions of conditions of confinement, supplying medical needs, or restoring official control over a tumultuous cellblock." *Id.* at 299 (quoting *Whitley v. Albers*, 475 U.S. 312, 319 (1986) (emphasis in *Wilson*)).

[14] The "same subjective deliberate indifference standard has been applied to pre-trial detainees under the Fourteenth Amendment as well as convicted inmates under the Eighth Amendment." *Caston v. Harris*, 2013 WL 5724127, at *1 (N.D. Miss. Oct. 21, 2013) (citing *Hare v. City of Corinth*, 74 F.3d 633, 648 (5th Cir. 1996)). The Eighth Amendment applies to the states via the Fourteenth Amendment. *See State of Louisiana ex rel. Francis v. Resweber*, 329 U.S. 459, 463 (1947).

inmate health or safety, "even if the harm ultimately was not averted." *Farmer*, 511 U.S. at 844-45. In other words, MDOC cannot guarantee that COVID-19 will not eventually infiltrate Parchman. But as required, MDOC is taking all necessary and reasonable precautions to protect inmates and MDOC staff. Plaintiffs have presented no evidence to show otherwise, much less evidence that Parchman officials are ignoring the issue and failing to take reasonable measures.[15]

While there is limited case law in the Fifth Circuit discussing and applying the deliberate indifference standard to viral outbreaks on the scale of COVID-19, some guidance can be found in cases arising out of the swine flu epidemic that impacted prisons in 2009. Courts have recognized that prisons may not ultimately be able to prevent the introduction of diseases like COVID-19 into the population, but corrections officials are expected to take reasonable steps to prevent inmates from being exposed, just like MDOC is doing now. "Absent any indication that the defendants ignored willfully the swine flu outbreak in their facilities, the plaintiff's infection, though unfortunate, is insufficient to support an Eighth Amendment claim." *Ayala v. NYC Dep't of Corr.*, 2011 WL 2015499, *2 (S.D.N.Y. May 9, 2011) (prisoner who contracted swine flu could not prevail on deliberate indifference claim because prison officials took reasonable measures to sanitize contaminated facility and prevent inmate infections); *Jackson v. Rikers Island Facility*, 2011 WL 3370205, *2–3 (S.D.N.Y. Aug. 2, 2011) (corrections officials were not deliberately indifferent to prisoner's medical needs when they responded timely to request for swine flu treatment); *Washington v. Harrington*, 2012 WL 3763964, *2–6 (E.D. Cal. Aug. 29, 2012), *aff'd*, 549 F. App'x 679 (9th Cir. 2013) (inmate suffering from asthma could not state

[15] As stated, "there is no Eighth Amendment violation if the official 'responded reasonably to the risk, even if the harm ultimately was not averted." *Johnson*, 385 F.3d at 525 (quoting *Farmer*, 511 U.S. at 844). "Prison administrators . . . should be accorded wide-ranging deference in the adoption and execution of policies and practices that in their judgment are needed to preserve internal order and discipline and to maintain institutional security." *Bell v. Wolfish*, 441 U.S. 520, 547 (1979).

deliberate indifference claim where symptoms of swine flu were recognized and monitored and inmate was transferred outside of prison for medical treatment).

It is clear that MDOC is working dutifully to prevent the infiltration of COVID-19 and to install effective protocols should inmates or MDOC staff become infected. *See* Ex. A, B, and C. Accordingly, it is not substantially likely that Plaintiffs will be able to show that MDOC or Defendants have acted with deliberate indifference to the risks of COVID-19. For that reason alone, the Court should deny the Motion.

b. Plaintiffs have not established a substantial threat that they will suffer irreparable harm unless their requested "relief" is granted.

"Perhaps the single most important prerequisite for the issuance of a preliminary injunction is a demonstration that if it is not granted the applicant is likely to suffer irreparable harm before a decision on the merits can be rendered." *Trinity USA Operating, LLC v. Barker*, 844 F. Supp. 2d 781, 786 (S.D. Miss. 2011) (quotation omitted). The test is whether there is a substantial threat that Plaintiffs will suffer irreparable harm unless the Court grants the requested relief. But Plaintiffs have offered no support to show that their requested relief would operate to prevent COVID-19 better than the measures currently being implemented by MDOC and Centurion. *See* Ex. A, B, and C. Plaintiffs' many, conclusory allegations are wholly insufficient to meet the "heavy burden" under this element.

"Without question, the irreparable harm element must be satisfied by independent proof, or no injunction may issue." *White v. Carlucci*, 862 F.2d 1209, 1211 (5th Cir. 1989) (emphasis added). Plaintiffs set forth no such "independent proof" of irreparable harm. "Indeed, where no irreparable injury is alleged and proved, denial of a preliminary injunction is appropriate." *Canal Auth.*, 489 F.2d at 574. Plaintiffs have simply not shown that there is a substantial threat that they will suffer irreparable harm unless their requested "relief" is granted. Plaintiffs offer no support

to show that their requested measures are as effective or are more effective than MDOC's current protocols. In fact, the only exhibit utilized by Plaintiffs that mentions their specific requests is a declaration from Dr. Marc Stern, but Dr. Stern does not allege that MDOC's current preventative measures related to COVID-19 are inadequate. *See* Doc. 59-6.[16] In other words, Plaintiffs have not shown, or even alleged, that MDOC's actions regarding COVID-19 are inadequate and will cause harm to Plaintiffs absent Court intervention. Therefore, the Court should deny the Motion.

c. Interfering with MDOC internal operations based only on Plaintiffs' suggestion, without factual backing, that MDOC should take alternative measures to protect inmates is harmful to the public and unlawful.

Because Mississippi's interest is indistinguishable from the "public's interest," the final two prerequisites of the *Canal Authority* test are considered together. Plaintiffs must make a "clear showing," *White*, 862 F.2d at 1211, "that the threatened injury to plaintiff outweighs the threatened harm the injunction may do to defendant; and . . . that granting the preliminary injunction will not disserve the public interest." *Canal Auth.*, 489 F.2d at 572. The public interest would be best served by implementing MDOC's own measures without further interference, and Plaintiffs have failed to make a "clear showing" that their proposed measures would serve the public (or even their own) interest. *White*, 862 F.2d at 1211.

As Congress's passage of the PLRA demonstrates, it is in the public's interest that prison officials are free to institute measures to promote the safety of inmates, staff, and the public without "micromanage[ment]" from plaintiffs or federal courts. *Gates*, 376 F.3d at 338; *Bell*, 441 U.S. at 562. With regard to public interest analysis, "[c]onsiderations of federalism weigh heavily against interference by federal courts through the issuance of preliminary injunctions against state agencies." *Edwards v. Livingston*, 2016 WL 7674806, at *2 (E.D. Tex. Nov. 14,

[16] Plaintiffs have offered nothing to show that any of the Plaintiffs are of a particular age, or have a particular health history, that makes them especially susceptible to contracting COVID-19. In fact, of the named Plaintiffs who are still residing at Parchman, the oldest is 53 years old.

2016). Even before the PLRA, the Fifth Circuit stated "courts are ill-equipped to deal with the increasingly urgent problems of prison administration . . . and that it is not wise . . . to second-guess the expert (or any other) administrators on matters on which they are better informed." *Jones*, 636 F.2d at 1368 (quotation omitted). "Proper respect for the State and for its governmental processes requires that the . . . court exercise its jurisdiction to accord the State considerable latitude to find mechanisms and make plans to correct the violations in a prompt and effective way consistent with public safety." *Brown v. Plata*, 563 U.S. 493, 543 (2011); *Lewis v. Casey*, 518 U.S. 343, 362 (1996) (federal courts should not allow themselves to become "enmeshed in the minutiae of prison operations").

To be frank, the exigencies of COVID-19 require that prison officials devote all their resources to meeting the COVID-19 threat head-on, not to responding to requests for measures that MDOC is already implementing, that are inappropriate, or that are not feasible. To be sure, the threatened injury to the public, inmates, and staff from COVID-19 is significant, and MDOC is acting reasonably to attempt to prevent the infiltration of COVID-19 into Parchman and to ameliorate damage of any infiltration. Yet, having the Court interfere with MDOC operations every time Plaintiffs believe they might do something differently than MDOC is harmful and unlawful. Here, as in other cases, "interference with prison operations in such circumstances would not be in the public's interest as it would be a waste of judicial resources micromanaging prison affairs." *Valigura v. Mendoza*, 2005 WL 3279275, at *2 (S.D. Tex. Dec. 2, 2005).

As shown, the public interest, as well as the interests of Plaintiffs, will be best served by permitting MDOC to continue to implement their protocols. *See* Ex. A, B, and C. The Fifth Circuit requires that courts do not "second-guess the expert (or any other) administrators on matters on which they are better informed." *Jones*, 636 F.2d at 1368. Here, MDOC is far more

informed than Plaintiffs with regard to appropriate COVID-19 measures at Parchman. MDOC is on the front lines of prevention and has been collaborating with top health officials, including the CDC, Mississippi Department of Health, and United States Department of Security regarding measures to prevent and reduce COVID-19. Ex. A. MDOC is collaborating with Centurion to ensure that the most up-to-date data and guidance from public health officials is gathered, studied, and followed if appropriate. Ex. B and C. The public interest would not be better served by following Plaintiffs' uninformed recommendations. Accordingly, the Court should deny Plaintiffs' motion for preliminary injunction.

CONCLUSION

For the reasons discussed above, Defendants respectfully request that the Court deny Plaintiffs' motion for temporary restraining order and mandatory preliminary injunction as to COVID-19 and request such other and further relief as the Court deems appropriate under the circumstances.

Date: March 19, 2020.

Respectfully submitted,

TOMMY TAYLOR, in his official capacity as the Interim Commissioner of the Mississippi Department of Corrections, and MARSHAL TURNER, in his official capacity as the Superintendent of the Mississippi State Penitentiary

By: */s/ Trey Jones*
William Trey Jones, III
One of Their Attorneys

OF COUNSEL:

R. David Kaufman (MSB #3526)
dkaufman@brunini.com
William Trey Jones, III (MSB #99185)
tjones@brunini.com
Karen E. Howell (MSB #102243)
khowell@brunini.com
Cody C. Bailey (MSB #103718)
cbailey@brunini.com
Jacob A. Bradley (MSB #105541)
jbradley@brunini.com
BRUNINI, GRANTHAM, GROWER & HEWES, PLLC
The Pinnacle Building, Suite 100
190 East Capitol Street (39201)
Post Office Drawer 119
Jackson, Mississippi 39205
Telephone: (601) 948-3101
Facsimile: (601) 960-6902

CERTIFICATE OF SERVICE

I, Trey Jones, hereby certify that on March 19, 2020, I caused the foregoing pleading to be electronically filed with the Clerk of the Court using the CM/ECF system, which will send notification of such filing to all counsel of record and registered participants.

/s/ Trey Jones
William Trey Jones, III
One of the Attorneys for the Defendants