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IN THE UNITED STATES DISTRICT COURT

FOR THE EASTERN DISTRICT OF CALIFORNIA

SACRAMENTO DIVISION

RALPH COLEMAN, et al., Plaintiffs, **v.** **GAVIN NEWSOM, et al.,** Defendants.	2:90-cv-00520 KJM-DB (PC) **DEFENDANTS' STRATEGIC COVID-19 MANAGEMENT PLAN**

Pursuant to the Court's April 10, 2020 order (ECF No. 6600), Defendants submit their strategic plan for preventing the spread of coronavirus disease (COVID-19) and managing it once the virus infects an institution. Defendants' plan addresses guidelines and recommendations provided by the United States Centers for Disease Control and Prevention (CDC) Interim Guidance on Management of Coronavirus Disease (2019) (COVID-19) in Correctional and Detention Facilities. (*Id*. at 2.) Defendants continue to manage this unprecedented and worldwide crisis with extensive, proactive, and thoughtful actions.

I. DEFENDANTS' COVID-19 STRATEGIC PLAN, DEVELOPED IN COLLABORATION WITH CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES, INCLUDES ACTIONS TAKEN, OBJECTIVES, AND TIMELINES REFLECTING ROBUST EFFORTS TO RESPOND TO THE GLOBAL PANDEMIC.

Defendants' strategic plan was developed by the California Department of Corrections and Rehabilitation (CDCR) in conjunction with California Correctional Health Care Services (CCHCS) and describes steps taken to address the COVID-19 global pandemic within California's prison system. The primary goals of CDCR and CCHCS are to ensure the safety and security of inmates, staff, and the public, minimize the spread of COVID-19, treat all patient healthcare needs, and communicate with inmates, staff, and the public about COVID-19 and steps taken by CDCR to minimize its spread. Part of CDCR and CCHCS's COVID-19 plan is to comply, to the extent possible in a correctional setting, with the CDC interim guidelines. As ordered, Defendants' plan includes a detailed comparison of CDCR and CCHCS's efforts with the CDC's guidelines and a timeline of CDCR and CCHCS's efforts to address COVID-19.

In addition to efforts taken to mitigate the spread of COVID-19, CDCR is taking a long list of actions to address the needs of patients with mental illnesses. Consistent with the overall goals of CDCR and CCHCS, CDCR's Statewide Mental Health Program is focused on preserving life, stabilizing acute mental health deterioration, and providing coping skills to the mental health population. CDCR mental health program leadership and the Division of Adult Institutions (DAI) developed guidance, in consultation with several of the Special Master's experts, regarding the provision of appropriate and adequate mental health care to patients during the present state of emergency, including continuity of care and attendant programming needs, taking into account potential staffing pressures and movement restrictions. This guidance was issued to CDCR's institutions after further consultation with the Special Master and Plaintiffs' counsel during the COVID task force meetings. Relevant memoranda and guidance demonstrating these actions and mental health care services plans are also attached to Defendants' strategic plan. Moreover, CDCR's COVID-19 strategic plan describes various steps taken to communicate with inmates and the public concerning pandemic response and management, preventive practices, population management, movement reduction, additional space utilization and physical distancing, staff

screening, and other preventive measures that Defendants are taking to respond to the pandemic. Memoranda issued to CDCR facilities addressing these actions are attached to Defendants' strategic plan.

II. DEFENDANTS ARE ENTITLED TO DEFERENCE IN FORMULATING A PLAN ADDRESSING THE GLOBAL PANDEMIC POSING AN UNPRECEDENTED RISK TO PUBLIC HEALTH.

Exercising appropriate authority, California leaders and public health officials have taken numerous steps over the past month in response to the COVID-19 pandemic. As the United States Court of Appeal for the Fifth Circuit recently noted, state authorities are entitled to great deference concerning responses to a public health crisis. *In re: Abbott*, Case No. 20-50264, Document No. 00515374865 (5th Cir., Apr. 7, 2020). "[W]hen faced with a society-threatening epidemic, a state may implement emergency measures that curtail constitutional rights so long as the measures have at least some 'real or substantial relation' to the public health crisis and are not 'beyond all question, a plain, palpable invasion of rights secured by the fundamental law.'" *Id.* at 13 (citing *Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11, 31 (1905)). "Courts may ask whether the state's emergency measures lack basic exceptions for 'extreme cases,' and whether the measures are pretextual—that is, arbitrary or oppressive. *Id.* (citing *Jacobson* at 38). At the same time, however, courts may not second-guess the wisdom or efficacy of the measures. *Id.* (citing *Jacobson,* 197 U.S. at 28, 30). Further, "[i]t is no part of the function of a court" to decide which measures are "likely to be the most effective for the protection of the public against disease." *Id.* (citing *Jacobson*, 197 U.S. at 30). A court's "fail[ure] to apply (or even acknowledge) the framework governing emergency exercises of state authority during a public health crisis, established over 100 years ago in *Jacobson v. Commonwealth of Massachusetts*, 197 U.S. 11 (1905)" is "extraordinary error." *Id.* at 10; *see also id.* at 13 ("*Jacobson* remains good law").

Similarly, an Illinois district court emphasized the deference due state officials in the prison context when responding to this pandemic. *Money v. Pritzker,* --- F. Supp. 3d ---, 2020 WL 1820660, at *1 (N.D. Ill. Apr. 10, 2020). Actions that require courts to get involved in prison management raise "serious concerns under core principles of federalism and the separation of

powers." *Id*. at *15. Federalism counsels against courts getting involved in state prison management, while the separation of powers commits the task of running prisons to the "executive and legislative branches." *Id*. at *16. The concerns about "institutional competence [are] especially great where, as here, there is an ongoing, fast-moving public health emergency." *Id*.

As world leaders continue to be in crisis management mode addressing this unprecedented pandemic as best they can, Defendants are entitled to deference as they work around the clock to respond to the rapidly evolving emergency impacting their operations of California's prisons. Like society in general, Defendants' goal is to prevent the spread of COVID-19. The Court should allow Defendants to meet that goal and continue implementing and operationalizing the various facets of their attached strategic plan, which is focused on protecting the health and safety of CDCR inmates, staff, and the public from COVID-19.

Dated: April 16, 2020

Respectfully submitted,

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/s/ Lucas L. Hennes

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April 16, 2020

Elise Thorn
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VIA EMAIL ONLY

Dear Elise:

Attached please find the California Department of Corrections and Rehabilitation's plan and supporting attachments to respond to the COVID-19 pandemic, as required by the Coleman Court's April 10, 2020 order.

Respectfully,

/s/ Melissa C. Bentz

Melissa C. Bentz
Attorney
Office of Legal Affairs
California Department of Corrections and Rehabilitation

CDCR COVID Plan

I. Introduction

The California Department of Corrections and Rehabilitation (CDCR), along with California Correctional Health Care Services (CCHCS) have taken, and continue to take, appropriate steps to address the COVID-19 global pandemic within the California prison system. The myriad of efforts undertaken by CDCR and CCHCS are informed by outside agencies, public health professionals, and the Centers for Disease Control and Prevention (CDC). Public safety remains CDCR's top priority, along with the health of the staff and inmates who work and live within CDCR institutions.

CDCR's goals are keeping the inmate population and staff working within CDCR safe and secure, minimizing the spread of COVID-19 as much as possible, treating patients for all their healthcare needs during the pandemic, to the greatest extent possible, and regularly communicating with staff, inmates, and the public about COVID-19 and the steps taken by CDCR to minimize its spread. With those goals in mind, CDCR has taken the following steps:

- Activated the Department Operations Center (DOC), jointly chaired by CDCR's Director of Division of Adult Institutions and CCHCS's Director of Healthcare Operations, on March 15, 2020, enabling centralized oversight and immediate response to any departmental impacts of COVID-19;
- Stopped inmate visitation and all large events within institutions beginning on March 11, 2020 and stopped all tours and family visits by March 16, 2020;
- Suspended all intake from county jails for at least sixty days beginning on March 24, 2020, which will result in a reduction of approximately 5,000-6,000 inmates;
- Released over 3,400 inmates from CDCR early, who were within sixty days of release;
- Transferred 630 inmates from dormitory housing to empty housing units within CDCR, and plans to transfer an additional 640 inmates from dormitory housing by April 16, 2020;
- Implemented robust staff screening measures, including temperature screenings for anyone entering an institution;
- Increased cleaning within the institution and made hand sanitizer and masks available to inmates and staff;
- Issued guidance to healthcare and correctional staff on the treatment and prevention of COVID-19, including guidance on quarantine, isolation, personal protection, and hygiene; and
- Issued guidance, via posters, handouts, videos, and Inmate Advisory Council Meetings, to inmates on physical distancing, hygiene, prevention techniques, and symptoms of COVID-19.

II. Compliance with the Centers for Disease Control and Prevention Guidelines

Part of CDCR and CCHCS's COVID-19 plan is to comply with CDC's guidelines, to the extent possible in a correctional setting. Indeed, CDCR and CCHCS's plans and policies have been made with guidance from public health experts and with reference to the guidelines on the prevention of COVID-19 in correctional settings issued by the CDC. CDCR implemented much of what CDC ultimately issued as guidelines before the CDC even issued its guidelines on March 23, 2020. CDCR and CCHCS have closely adhered to the guidelines and have complied with almost all of them. A detailed comparison of CDCR and CCHCS's efforts and the CDC's guidelines is laid out in Attachment A and a timeline of CDCR and CCHCS's efforts to address COVID-19 is in Attachment B.

While steps are being taken to mitigate the spread of COVID-19, CDCR is taking additional action to address the needs of patients with mental illness. In addition to the overall goals of CDCR and CCHCS,

CDCR's Statewide Mental Health Program is focused on preserving life, stabilizing acute mental health deterioration, and providing coping skills to the mental health population. To that end, Mental Health and its partners at CCHCS and the Division of Adult Institutions (DAI) have issued guidance to the field on providing mental health care during a state of emergency, taking into account potential staffing pressures and movement restrictions. CDCR has also issued policies on how and when to transfer patients to a higher level of care, and how to provide additional treatment and coping skills to patients who are awaiting a higher level of care. These policies have been developed in consultation with the *Coleman* Special Master and Plaintiffs, through numerous taskforce meetings convened since March 20, 2020.

Like the rest of the world, CDCR's plans to mitigate the spread of COVID-19 continue to evolve as additional scientific and medical information becomes available. The plans set forth below are those implemented by CDCR and CCHCS to date and are in line with guidance provided by public health agencies. CDCR and CCHCS are committed to reviewing and revising the plans as new information, treatments, and prevention techniques become available.

III. CDCR and CCHCS Plan to Prevent the Spread of COVID-19 in the Institutions

First and foremost in CDCR and CCHCS's plan is to prevent the spread of COVID-19 among inmates and staff, which has been done through communication and coordination, prevention practices, safe practices for our health care providers, increased cleaning and disinfecting, and overall pandemic guidance throughout every institution.

CDCR and CCHCS are dedicated to the safety of everyone who lives in, works in, and visits our institutions. CDCR and CCHCS have longstanding outbreak management plans in place to address communicable disease outbreaks such as influenza, measles, mumps, norovirus, and varicella, as well as preparedness procedures to address a variety of medical emergencies and natural disasters. While COVID-19 is a pandemic unlike the world has seen, CDCR and CCHCS have used past practices combined with new guidance from CDC and public health professionals to combat the spread of the virus. Details of the steps that have been taken and those that are in the process of being implemented are provided below.

A. Communication and Coordination

Part of CDCR and CCHCS's plan is to have ongoing, transparent, communication and coordination within CDCR and CCHCS and with the public. To that end, on March 11, 2020, CCHCS issued a memorandum regarding the 2019 Novel Coronavirus. (Attachment C). The memo discussed risk assessment and management of patients with respiratory illness, laboratory testing for COVID-19, surveillance and reporting requirements, and resources for up-to-date COVID-19 information. This was the first of many communications issued from CDCR to staff regarding COVID-19. Since that time, CDCR and CCHCS have taken numerous steps to keep staff, inmates, and the public informed of the steps taken to combat the spread of COVID-19.

i. Department Operations Center

An important part of the communication within CDCR and CCHCS and with the Administration is the DOC. On March 15, 2020, CDCR and CCHCS activated the DOC, which is a centrally-located command center where CDCR and CCHCS experts monitor information, prepare for known and unknown events, and exchange information centrally in order to make decisions and provide guidance quickly. The DOC is chaired by the Director of DAI and CCHCS's Director of Healthcare Operations. The DOC's goal is to implement measures and strategies to protect inmates and staff during the COVID-19 pandemic, to enhance social distancing in communal areas, and to review alternative housing options

that may be used to increase physical distancing between inmate cohorts in dorms where possible. Under the guidance of the DOC, both CDCR's DAI and CCHCS have issued numerous memoranda providing guidance to staff regarding housing, transfers, programming, and other aspects of institutional operations in light of COVID-19.

ii. CDCR COVID-19 Preparedness Webpage

One of the key goals of CDCR and CCHCS during this pandemic is transparency with staff, inmates, and the public. To facilitate information to the public, CDCR and CCHCS initiated a COVID-19 Preparedness website that provides almost daily updates regarding the steps CDCR and CCHCS have taken in response to the COVID-19 pandemic. (https://www.cdcr.ca.gov/covid19/). On March 26, 2020, as part of the COVID-19 Preparedness website, CDCR and CCHCS unveiled a COVID-19 tracking tool for inmate testing, cases, and results. (https://www.cdcr.ca.gov/covid19/population-status-tracking/). Data for the tracking tool is extracted directly from internal systems such as the Strategic Offender Management System (SOMS) and the Electronic Health Record System (EHRS), and provides near real time updates. CDCR and CCHCS have also provide a public tracking system for the number of employees that have self-reported positive COVID-19 cases at each institution. (https://www.cdcr.ca.gov/covid19/cdcr-cchcs-covid-19-status/). CDCR and CCHCS will continue to update these websites on a regular basis to outline the steps taken to mitigate and appropriately react to the spread of COVID-19.

iii. Communication with Inmate Population

Just as CDCR and CCHCS have made significant efforts to keep the public informed of the steps taken in light of COVID-19, CDCR and CCHCS have also taken numerous steps to ensure that the inmate population is informed of COVID-19, including the appropriate safety precautions that should be taken to minimize risk of contracting the virus, and the steps CDCR and CCHCS has taken to prevent the spread of COVID-19 in the institutions. This communication occurs in numerous ways, including by the hanging of posters throughout the institutions with information regarding symptoms, appropriate social distancing in communal areas, COVID-19 facts and frequently asked questions, and preventing the spread of illness. (Attachment D). In addition, both Secretary Diaz and the *Plata* Receiver, Clark Kelso, have recorded videos for the inmate population that have been added to the Division of Rehabilitative Programs institutional television wellness channel. The videos, which provide information regarding COVID-19 and the steps CDCR and CCHCS have taken in response, can be viewed on CDCR and CCHCS's COVID-19 Preparedness website. (https://www.cdcr.ca.gov/covid19/population-communications/). All printed material, as well as all videos, are available in both English and Spanish, including closed captioning.

In addition, Wardens, Captains, Public Information Officers, and other institution executives have been meeting regularly with their respective Inmate Advisory Councils (IAC), either individually or in small groups where social distancing can be maintained. These meetings allow institution executives to provide information to the IAC regarding COVID-19 and any steps CDCR and CCHCS are taking, as well as allowing the inmates to raise any questions or concern they may have. CDCR is also providing daily updates regarding COVID-19 to the Statewide Inmate Family Council and all institutional Inmate Family Councils.

Finally, CDCR and CCHCS have created a public email box at COVID19@cdcr.ca.gov where questions specific to COVID-19 can be answered for concerned family members or friends. The email address has been made available on CDCR's social media platforms, the CDCR website, and in daily updates to stakeholder groups.

B. Prevention Practices

As with the general public, a goal of CDCR and of CCHCS is to prevent the spread of COVID-19. This effort necessarily involves strategies targeted at inmates and staff, individually and collectively.

i. Inmates

CDCR and CCHCS have collectively taken numerous steps to prevent the spread of COVID-19 amongst the inmate population. This includes population management measures, mandatory modified programming, eliminating non-essential transfers, and transferring inmates out of dormitory settings to enhance physical distancing, and taking steps to enhance social distancing in communal areas. All plans related to social and physical distancing between inmates are being jointly developed by CDCR and the *Plata* Receiver. There are currently no plans to target specific portions of the population, such as *Coleman* class members or high risk inmates, for special movement or housing, except as detailed below in section III regarding the provision of Mental Health care. The approach taken by both CDCR and the *Plata* Receiver is a holistic approach that aims to protect and mitigate the spread of COVID-19 amongst the entire CDCR population.

a. Population Management

An important step in curbing the spread of COVID-19 is managing the prison population to allow for social distancing. Since March 25, 2020, CDCR has reduced its state prison population by 6,758 inmates, allowing more space and flexibility in housing inmates statewide. The reduction was achieved through CDCR's expedited release plan and through the suspension of intake of inmates from county jails.

1. Intake of New Inmates

One of the key guidelines from the CDC recommends restricting transfers of inmates to and from other jurisdictions and facilities unless necessary. (https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html). On March 24, 2020, Governor Newsom issued an executive order directing the Secretary of CDCR to use his emergency authority under California Penal Code section 2900, subdivision (b) to suspend intake of inmates into state facilities for 30 days. (Attachment E). The executive order also granted the Secretary the authority to issue one or more 30-day extensions of suspension of intake as needed to protect the health, safety, and welfare of inmates and staff at CDCR. On April 13, 2020, the Secretary indicated that he plans to use this authority to issue a 30-day extension on the suspension of intake into CDCR. *See Plata v. Newsom*, Case No. 01-cv-01351, ECF No. 3274, page 3, paragraph 6. The need for a further extension will be continually assessed based on the circumstances in the community, county jails, and CDCR's institutions.

2. Expedited Release Plan

The advance release of inmates to parole or community supervision was also an important component of the goal to reduce the spread of COVID-19. On March 31, 2020, CDCR announced an expedited release plan to improve the institutions' capacities to respond to the threat posed by COVID-19 by accelerating the release of eligible inmates who have 60 days or less to serve on their sentences, and who are not currently serving time for a violent crime as defined by law, required to register under Penal Code section 290, or serving a commitment for domestic violence. In total, CDCR has released over 3,400 inmates under this expedited release plan. Of those who were released through the accelerated release program, approximately 930 were in the Mental Health Services Delivery System as of April 2, 2020. On April 3, 2020, CDCR began releasing inmates under this plan. All inmates who were eligible under the expedited release criteria have been released.

b. Mandatory 14-Day Modified Program

An integral part of the prevention of the spread of COVID-19 is to minimize movement. Thus, on April 7, 2020, DAI issued a memorandum implementing a mandatory 14-day statewide modified program. (Attachment F). The memorandum provides direction regarding how movement will occur within the institution to maximize social distancing and prevent inmates from different housing units from coming into contact with one another. While these restrictive measures are mandatory, the inmate population will still have access to medication, health care services, yard time, canteen, packages, and cell-front religious programming, while allowing for physical distancing and proper cleaning and disinfecting. Showers and telephones will be disinfected between each use. Meals will be served in cells or housing units. Recreation and yard time will be available, but the schedules will be staggered by housing unit. If canteen cannot be accommodated during yard time, staff will facilitate delivery of canteen items to housing units. Only inmates classified as critical workers will be permitted to report to work. Implementation of these restrictions over the two-week period will further reduce potential staff and inmate exposure to COVID-19. On April 7, 2020, DAI and the Department of Rehabilitative Programs issued a memoranda to provide clarification to the institution schools regarding the modified program. (*Id.*)

c. Transfers

Just as with the limitation of movement imposed throughout the public by "stay-at-home" or "shelter-in-place" orders, CDCR has imposed limitations on movement to minimize the spread of COVID-19.

1. Elimination of Non-Essential Transfers

CDCR has taken many steps as the COVID-19 pandemic has spread to limit transfer in and out of state institutions, as each movement carries a potential for exposure not only to the inmate who is transferring, but also to those at the location to where the inmate transfers. As an initial action, on March 17, 2020, CDCR suspended all transfers of out-of-state parolees or inmates. On March 19, 2020, CDCR restricted non-essential transfer of inmates between CDCR facilities, only allowing transfer in the following scenarios: removal from restricted housing units; transfer from reception centers; transfers to and from mental health crisis beds, conservation camps, Male Community Reentry Programs (MCRP), Custody to Community Transitional Reentry Programs (CCTRP), Alternative Custody Programs (ACP); and transfers from Modified Community Correction Facilities due to deactivation efforts. Transfers required due to Health Care Placement Oversight Program (HCPOP) placement, court appearances, and medical emergencies was also allowed.

On March 23, the California Judicial Council issued a statewide order suspending all jury trials for 60 days, which significantly reduced the need to transfer inmates from CDCR to outside county jails or courts. On March 24, 2020, CDCR suspended transfers of inmates to the conservation camps, MCRP, CCTRP, and ACP. On the same day, Governor Newsom issued an executive order requiring the Secretary use his authority to suspend intake of inmates into CDCR for 30 days. (Attachment E). On April 7, 2020, CDCR took the additional step of suspending all transfers of inmates from Reception Centers through April 22, 2020. On April 10, 2020, CDCR's Statewide Mental Health Program issued transfer guidelines regarding inmates who need a higher level of care, the details of which are outlined in section III. On April 15, 2020, CDCR communicated with county sheriffs about changes to the transfer of state prison inmates to county jails for mandated court hearings. Inmates leaving CDCR custody to be housed in county jails for purposes of attending a court hearing will not be accepted back until intake is resumed. Inmates transferred for same-day court appearances will be allowed to return to CDCR, but will be provided a mask and will be screened by health care staff upon return to the institution.

2. Transfers Out of Dormitory Settings

Targeted moves of inmates out of dormitory settings is another tool CDCR has utilized to meet the goal of limiting the spread of COVID-19. On April 1, 2020, DAI issued a directive to transfer just over 800 inmates from several Level II dormitories to locations with vacant buildings within the system, including transferring 300 inmates from Chuckawalla Valley State Prison (CVSP) to Ironwood State Prison (ISP), 57 inmates from CVSP to California State Prison, Corcoran (COR), 361 inmates from California Rehabilitation Center (CRC), and 100 inmates from the Substance Abuse Treatment Facility and State Prison, Corcoran to COR. CDCR also transferred 43 inmates from Folsom Women's Facility to the Female Community Reentry Facility. In addition, CDCR transferred 228 inmates from California State Prison, Solano to Deuel Vocational Institution. All noted transfers were completed by April 16, 2020. Finally, CDCR has identified 426 inmates in Level I or Level II dorms at California Correctional Center and Sierra Conservation Center who will be transferred to fire camps. The transfer of these inmates is being coordinated at a local level with CAL FIRE based on need at each fire camp. As of April 13, 2020, 53 inmate have been transferred from California Correctional Center to fire camps. As of April 15, 2020, 159 inmates have been transferred from Sierra Conservation Center to fire camps.

On April 10, 2020, the *Plata* Receiver issued a memorandum to Secretary Diaz regarding CCHCS's Guidelines for Achieving and Maintaining Social Distancing in California Prisons. (Attachment G).[1] The memorandum explained that social distancing was already being achieved in single- and double-celled units, as cellmates constitute an appropriate "social distancing cohort" for correctional purposes and "are analogous to a family unit in the free world." With respect to dorm housing, the Receiver determined that "necessary social distancing can be achieved by creating 8-person housing cohorts" with at least six feet of distance in all direction between each cohort. In addition, the memorandum instructed that all movement of inmates out of dorms to achieve social distancing must be done in coordination and concurrence with the Health Care Placement Oversight Program to ensure that such movement does not contribute to the spread of COVID-19. Before the release of this memorandum, CDCR was developing plans to transfer inmates from San Quentin State Prison to COR. However, these plans have been temporarily paused. Upon completion of all currently scheduled transfers related to physical distancing, CDCR, in conjunction with the *Plata* Receiver, will assess the population in the dorms and determine what additional steps need to be taken, if any.

3. Utilization of Additional Vacant Space for Housing

CDCR and CCHCS are currently assessing whether there is additional space within the institutions that may be used to house inmates, such as gymnasiums. However, the State Fire Marshal must approve those spaces to be used for housing. Further, CDCR must ensure there are enough cots and assess the staffing needs for each location so that DAI can ensure that safety and security can be maintained and the inmates' essential needs, such as feeding, escorts, medication, and any mental health or medical needs, can be met. At this time, nineteen potential sites have been identified for use to house inmates. To date, the State Fire Marshal has approved occupancy for twelve gymnasiums and two visiting rooms located at Mule Creek State Prison, Central California Women's Facility, Pleasant Valley State Prison, Salinas Valley State Prison, San Quentin State Prison, California State Prison, Solano, and California State Prison, Los Angeles County. CDCR has procured 600 cots and can obtain more if needed. CDCR is working closely with the State Fire Marshal to get approval for additional space as soon as possible. CDCR, along with CCHCS, will work together to determine how these spaces might best be used to improve physical distancing.

[1] On April 12, 2020, the *Plata* Receiver issued a supplemental memorandum clarifying that the April 10, 2020 memorandum was not intended to affect any inter-institution transfers to address either medical, mental health, or dental needs that were not available at the sending institution. (Attachment G).

d. Social Distancing in Communal Areas

Social distancing is crucial in preventing the spread of COVID-19. One of CDCR's first directives to the institutions was to implement social distancing. The CDC defines social distancing as "keeping space between yourself and other people outside of your home." (https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html). Thus, CDCR's initial focus has been on ensuring appropriate distancing of inmates who do not live in the same cell or housing unit. Institutions implemented this directive by placing markings on the floor in communal areas marking six feet between each space. These markings were placed in the housing units near kiosks and telephones, and on the yard for medication pass. The markings serve as prompts and reminders for inmates to maintain physical distance from others as they wait for services in these areas. Pictures of these markings at various institutions are provided in Attachment H.

ii. Staff

An essential step in limiting the spread of COVID-19 is decreasing exposure points by limiting interaction between people who are not in the same family group. In the state of California, this step was implemented by Governor Newsom's shelter-in-place order. In CDCR, part of limiting exposure points was to limit unnecessary personnel from entering the institutions and appropriately screening those essential workers who entered the institutions.

a. Limitation of Staff Entering Institutions

On March 12, 2020, all tours of CDCR institutions statewide were cancelled. On March 15, 2020, in-person observers were no longer permitted at parole suitability hearings. On March 17, 2020, DAI provided a letter notifying rehabilitative program providers and volunteers that all inmate activity groups and programs were suspended until further notice. (Attachment I).

b. Telework and Administrative Time Off

To further the goal of preventing the spread of COVID-19, on March 19, 2020, Governor Newsom issued an executive order requiring Californians to stay at home or in their place of residence except as needed to maintain continuity of operations of critical infrastructure sectors. (Attachment J). In response, CDCR issued direction that all hiring authorities should maximize telework to the extent possible. (https://www.cdcr.ca.gov/covid19/360-2/). There are currently more than 8,500 CDCR staff successfully teleworking.

In addition, staff members whose job duties are not immediately critical to the continuity of operations and are not viable for telework, and who cannot be redirected to work that is critical or can be accomplished via telework, are provided Administrative Time Off. This allows employees to continue to earn wages without being required to work.

c. Verbal Screening and Temperature Protocols

Preventing the introduction of COVID-19 into CDCR facilities is also important to reducing the spread of the virus. On March 14, 2020, CDCR implemented mandatory verbal screening for all persons entering state prisons. Those attempting to enter a state prison or office building at any time are required to verbally respond if they currently have any new or worsening symptoms of a respiratory illness or fever. If the individual responds affirmatively, that person is restricted from entering the site that day. On March 27, 2020, touchless temperature screening was implemented as an additional precaution for all persons entering institutions and community correctional facilities. (Attachment K).

iii. Visitors

Another significant potential for the introduction of COVID-19 to institutions is through visitors who may have contracted the virus before entering an institution. Therefore, on March 11, 2020, CDCR suspended normal visiting. All overnight family visits were suspended effective March 16, 2020. CDCR, however, understands the need to ensure that all inmates have the ability to stay connected with friends and family during this trying time. Thus, CDCR has worked with partners Global Tel Link (GTL) and JPay to ensure that access continues.

On March 17, 2020, GTL announced that it would offer free phone calls to the inmate population on March 19th and March 26th. On the same day, JPay offered two free stamps per week for registered electronic message users through available kiosk or tablets.[2] On March 30, 2020, Secretary Diaz announced that GTL and JPay had agreed to provide three days of free phone calls per week on Tuesdays, Wednesdays, and Thursdays through the end of April 2020. In addition, JPay agreed to offer reduced-priced emails to registered electronic message users at the pilot institutions, and to provide free emails for those unable to pay.

On April 8, 2020, DAI provided a memorandum to the field increasing phone call privileges for all inmates housed in restricted housing, Reception Centers, and Psychiatric Inpatient Programs. (Attachment L). The memorandum increased phone call privileges as follows: (1) All non-disciplinary segregation inmates are allowed one phone call per week; (2) All other inmates in restricted housing are allowed a phone call every two weeks; (3) All C status inmates are allowed one call every two weeks; (4) All Reception Center inmates are provided one phone call a week; and (5) All Psychiatric Inpatient Program inmates are provided one phone call a week, unless restricted by the Interdisciplinary Treatment Team (IDTT). The memorandum was revised and re-released on April 13, 2020, to clarify that inmates in the above housing units will be provided at least the number of phone calls specified in the memorandum. (*Id*.)

Most recently, on April 8, 2020, CDCR partnered with JPay to provide inbound email print services to all institutions at a reduced rate by April 10, 2020. This service enables inmates' family and friends to use JPay to send e-correspondences, which mailroom staff then print and deliver with regular mail. While this will not eliminate physical mail, this process will reduce COVID-19 transmission risk from outside of the institution. This service is also a cost-effective way for inmates to maintain contact with family and friends, which is especially important while visiting is closed.

C. CCHCS Interim Guidance for Health Care and Public Health Providers

Providing up-to-date, best practices advice to heath care providers is an essential part of CDCR and CCHCS's plan. On March 20, 2020, CCHCS issued COVID-19 Interim Guidance for Health Care and Public Health Providers. The document addresses COVID-19 testing, treatment, transmission, reporting requirements, personal protective equipment use, precautions, and management of suspected and confirmed cases of COVID-19. On April 3, 2020, CCHCS issued revised interim guidance. (Attachment M).

[2] The following institutions are part of the JPay pilot which provide inmates with access to kiosks and tablets: High Desert State Prison, Kern Valley State Prison, California Institution for Women, Central California Women's Facility, and the Substance Abuse Treatment Facility and Prison, Corcoran. At some of these institutions, only certain yards have access to this technology.

i. Testing

The CDC has issued guidelines for COVID-19 testing, which divides the priority for testing into the four following tiers:[3]

PRIORITY 1 **Ensure optimal care options for all hospitalized patients, lessen the risk of nosocomial infections, and maintain the integrity of the healthcare system** • Hospitalized patients • Symptomatic healthcare workers
PRIORITY 2 **Ensure that those who are at highest risk of complication of infection are rapidly identified and appropriately triaged** • Patients in long-term care facilities with symptoms • Patients 65 years of age and older with symptoms • Patients with underlying conditions with symptoms • First responders with symptoms
PRIORITY 3 **As resources allow, test individuals in the surrounding community of rapidly increasing hospital cases to decrease community spread, and ensure health of essential workers** • Critical infrastructure workers with symptoms • Individuals who do not meet any of the above categories with symptoms • Health care workers and first responders • Individuals with mild symptoms in communities experiencing high COVID-19 hospitalizations
NON-PRIORITY • Individuals without symptoms

The CCHCS Interim Guidance for Health Care and Public Health Providers draws from the CDC recommendations regarding testing of patients and prioritizes testing for patients who are "close contacts of confirmed cases (should be in quarantine) who develop any symptoms of the illness, even if mild or not classic for COVID-19." (Attachment M, page 9). Any patient who is exhibiting symptoms of COVID-19 is also eligible for testing. Consistent with CDC guidelines, asymptomatic patients are not recommended for testing at this time. (*Id.*)

Recently, rapid testing has been developed. However, those tests are not currently available to CDCR. As those tests become available in large quantities, the recommendations regarding priorities for testing may be altered.

ii. Personal Protective Equipment

In early March, CDCR conducted an initial assessment of all necessary personal protective equipment (PPE) at each institution. Per this assessment, most institutions had an adequate supply to immediately address any potential COVID-19 exposures. When needed, institutions submitted orders of masks, gloves, and gowns. The DOC is continuously monitoring supply and demand of PPE to ensure the institutions have the resources needed to protect staff and inmates. CDCR is also working with the Governor's Office of Emergency Services to ensure adequate supplies of PPE are available at each institution.

[3] https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html (last updated March 24, 2020)

In addition to using resources outside of CDCR to increase the available supply of PPE, CDCR has partnered with the California Prison Industry Authority (CALPIA) to produce PPE. CALPIA has begun producing reusable cloth barrier masks to meet some of the supply needs of staff and inmates. The masks are being produced at CALPIA's Fabric enterprises at the California Institution for Women, Mule Creek State Prison, California Men's Colony, Sierra Conservation Center, Correctional Training Facility, California Correctional Institution, and Centinela State Prison. As of April 10, 2020, CALPIA is producing about 22,000 barrier masks per day, and has begun distributing the masks to the institutions for both staff and inmate use. All institutions will increase laundry services in order to accommodate proper washing and drying of barrier masks. (See Attachment N).

CALPIA is also producing hand sanitizer for sanitizer dispenser stations in housing units, dining halls, work change areas, and other areas where sinks and soap are not immediately available. The hand sanitizer is available to all CDCR and CCHCS facilities and locations. If CALPIA's inventory exceeds the needs of those two departments, CALPIA will make the product available to other state agencies.

The interim guidance issued by CCHCS provides guidance to staff on the use of PPE. (Attachment M, page 20-23). On April 6, CCHCS issued a memo with additional guidance on staff use of PPE to make clear what types of PPE are appropriate for each situation and guidance on the extended use of PPE. (Attachment O). Finally, a quick reference guide was provided to staff. (Attachment P).

On April 15, 2020, CDCR issued a memorandum which requires the use of cloth face coverings for both staff and inmates. (Attachment Q). While staff are allowed to bring in their own masks to wear while performing any duties on institutional grounds, all staff and inmates are being provided at least two CALPIA reusable cloth barrier masks. Inmates will be required to wear the CALPIA masks during any situation that requires movement outside of cell or while in a dorm setting, during interactions with other inmates, such as yard time or canteen, and during movement to or from health care appoints or medication administration areas.

D. Cleaning and Disinfecting Practices

Cleaning and disinfecting is another critical component to minimizing the spread of COVID-19. To address this, CDCR directed increased cleaning and disinfection procedures to all institutions and mandated cleaning a minimum of every three hours. (Attachment R). All CDCR institutions have been instructed to conduct additional deep-cleaning efforts in high-traffic, high-volume areas, including health care facilities. Communal areas such as dayrooms, showers, restrooms, and officers are cleaned a minimum of twice per shift during second and third watch, and more if needed. Inmates who assist with cleaning high-traffic areas of the institutions have received direct instruction on proper cleaning and disinfecting procedures in order to eliminate COVID-19. All critical inmate workers are screened and cleaning practices allow for physical distancing of staff and porters when possible. (Attachment S).

E. DAI Pandemic Operational Guidelines

As a public institution responsible for the safety and well-being of those in its care, CDCR has plans in place to address a variety of circumstances. DAI has developed a 5-tiered system that explains operational programming in five different "operational conditions," *i.e.*, (i) Normal, (ii) Alpha, (iii) Bravo, (iv) Charlie, and (v) Delta. (Attachment T). Each condition reflects what kind of restrictions will be put in place depending on necessary movement restrictions and staffing levels at any given time. The plan explains how core functions (such as feeding, medications, health care, and showers), programs, privileges, and transportation will be modified in each of the five conditions.

The first operational condition titled "Normal" reflects the normal daily scenario in which the institution is able to sustain normal operations and perform all functions. The second operational condition, "Alpha," mandates some modifications to program activities to minimize exposure or to address staff limitations impacting daily operations. The third operational condition, "Bravo," mandates increased modifications to program activities and transportation to minimize exposure, address quarantines, or to address increased staff limitations, including custodial staffing, which impact daily operations. The fourth operational condition, "Charlie," mandates significant modifications to program activities, transportation, and core functions due to increased isolations and quarantines, and to address increased staff limitations, including custodial staffing, which impact daily operations. The fifth and last operational condition, "Delta," is the last resort scenario with the most extensive modifications. The purpose of the different operational levels is to allow CDCR the ability to incrementally increase the levels and severity of counter measures at each institution while still conducting mission-essential operations.

Which one of the five conditions applies to each institution is, in large part, guided by the number of custodial staff available on any given day. For instance, the fifth and last operational condition, "Delta," will only be triggered if the number of available custodial staff decreases to the skeleton staffing level of 50 to 59 percent of current second watch staffing. Currently, CDCR only expects institutions in remote locations to ever reach condition "Delta." Institutions located in more central areas can usually obtain resources from nearby institutions or CDCR's headquarters when coverage is needed. CDCR has also taken the proactive step of reaching out to recently-retired correctional peace officers who would be willing to return to service to address staffing shortages during this emergency, if needed.

Most CDCR institutions are currently operating in the third tier, "Bravo," except for mail and phone services. As detailed above, CDCR has expanded mail and phone privileges for inmates in segregated housing.

IV. CDCR's Plan to Provide Mental Health Care to Patients During COVID-19 Global Pandemic

Aside from the protections and services outlined above applicable to all CDCR institutions, inmates, and staff, over the past month, CDCR has worked to continue to provide adequate mental health care to its patients while balancing the need for treatment against the necessary restrictions in place to mitigate the spread of COVID-19. CDCR's Statewide Mental Health Program's goals are to preserve life, stabilize acute mental health deterioration, and provide coping skills to the mental health population. In furtherance of those goals, CDCR has issued policies on the delivery of mental health care during COVID-19, screening patients before referring to higher levels of care, and providing treatment to patients in need of a higher level of care while awaiting transfer.

A. Mental Health Program Pandemic Operational Guidelines

In response to COVID-19, Mental Health has modified its programs, with input from the Special Master and his team, to meet the needs of its patients. On March 25, 2020, CDCR issued a memorandum titled COVID 19 – Mental Health Delivery of Care Guidelines. (Attachment U). The memorandum directs clinical leadership at each institution to regularly assess their mental health program capacity to make determinations based on available staff, known exposures to COVID-19, individual patient needs, and facility and system patient flow. The policy makes clear the expectation that institutions should follow current Program Guide policies as much as possible, including access to groups, one-on-one treatment, emergent and urgent referral processes, crisis intervention, suicide prevention, and inpatient referrals.

The policy creates four tiers of care based on the available resources at each institution, as determined by its clinical leadership. The guidelines help ensure patients receive care while minimizing the risk of COVID-19 to staff and patients. The document provides institutional leadership with guidance on

determining which tier an institution may be in based on several factors including the availability of staff, the ease of patient movement between and within institutions, the availability of inpatient beds, and the availability of beds to provide suicide watch. For each of the four tiers, the plan discusses how to handle inpatient referrals, required suicide prevention practices, what level and types of treatment should be provided, including individual and group treatment, rounding practices, and how to handle evaluations for patients who are potentially paroling as Offenders with Mental Health Disorders.

The March 25, 2020, policy also includes guidance for providing education on COVID-19 to patients, isolation and quarantine practices, and ensuring physical distancing between staff and patients in treatment settings. To that end, the policy also encourages institutions to increase the use of telepsychiatry to help with physical distancing between clinician and patient.

B. Transfers and Screening of Patients Referred to a Higher Level of Care

Notwithstanding COVID-19, CDCR continues to refer patients to higher levels of mental health care, including Mental Health Crisis Beds (MHCBs) or Psychiatric Inpatient Units (PIPs), when clinically indicated. Restrictions have been put in place, however, to ensure COVID-19 is not spread between institutions. On April 5, 2020, CDCR issued a memorandum titled COVID-19 – Screening Prior to Mental Health Transfers. (Attachment V). The memorandum makes clear that while referrals must continue, transfers must take place in a way that minimizes the risk to patients and staff.

The policy requires a medical physician or psychiatrist to conduct the screening in consultation with a public health or infection control nurse. The screening must be documented before the patient leaves the institution and must include a minimum of 11 data points concerning the patient's physical health.

On April 10, 2020, after meeting and conferring with the *Coleman* Special Master and Plaintiffs' counsel, CDCR issued further guidance to the field in a memorandum titled COVID Emergency Mental Health Treatment Guidance and COVID Temporary Transfer Guidelines and Workflow. (Attachment W). The temporary Transfer Guidelines and Workflow immediately restricted all non-emergent movement between institutions. The policy sets forth instruction on referrals of patients to different institutions, including guidelines on which referrals require transfer to other institutions, how to obtain clearance for those transfers, the duties of the receiving institution, and the final transfer procedure. The policy also directs institutions to retain discharged patients at the same institution whenever possible. This is in accordance with department-wide direction on cessation of non-essential transfer first issued on March 24, 2020.

C. Provision of Treatment to Patients while Awaiting Transfer to a Higher Level of Care

Throughout the COVID-19 pandemic, CDCR has maintained its obligation to provide the appropriate level of metal heath care to each patient.

i. Access to MHCBs and PIPs, Temporary Mental Health Units, and Enhanced Level of Care Treatment

An important goal of CDCR throughout the COVID-19 pandemic is to communicate with mental health providers regarding the ongoing expected level of care for patients. Thus, on April 10, 2020, CDCR provided direction to the field on providing care to patients awaiting transfer to a higher level of care. (Attachment X). The memorandum provides the institutions direction on when a patient referred to a higher level of care should be transferred to a local MHCB or PIP bed, held in a Temporary Mental Health Unit (TMHU), or sent offsite to another institution's MHCB or PIP. When patients cannot be transferred to a local or external MHCB or PIP, TMHU placement must be considered. In some cases,

where a TMHU is not immediately available, the patient will receive Enhanced Level of Care Treatment in their cell.

TMHUs consist of a cluster of clearly-marked adjacent-celled housing where treatment can be provided to a group individuals who require similar inpatient treatment. The TMHUs will provide treatment team meetings within seventy-two hours of admission, and weekly thereafter. Suicide watch will be provided on the unit for patients with suicidality. Staff shall participate in daily interdisciplinary huddles. And out of cell time must be provided in accordance with the unit on which the TMHU is located. At a minimum, out of cell treatment must be offered daily, and confidentially, to each patient to be conducted by the psychiatrist or primary clinician. Group therapy may be provided in small groups where physical distancing is possible. Dayroom and evening yard shall also be considered, when appropriate, to enhance out of cell time. Rounding must also occur at least daily and patients will have equal access to yard, showers, and phone calls. Patients will be offered recreational therapy, individual treatment, access to entertainment devices, and in cell treatment. Patients are transferred or discharged from the TMHU when an appropriate MHCB or PIP bed becomes available based on the patient's acuity or the patient no longer meets clinical criteria for their referral.

In case a patient is unable to transfer to an MHCB, PIP, or TMHU, the patient will be retained in his housing unit and provided Enhanced Level of Care Treatment. The goal is to provide the maximum out of cell time available to the patient. When clinically indicated, the patient will be placed on suicide watch. Out of cell time should be provided daily, including daily clinical contact with a psychiatrist or primary clinician. Rounding shall also occur at least daily and, like TMHUs, patients shall have equal access to yard, showers, and phone calls, as compared with other inmates in the housing unit. Patients will also be offered recreational therapy, individual treatment, access to entertainment devices, group therapy, where feasible, and in cell treatment.

The TMHU and the Enhanced Level of Care Treatment will be monitored by Regional Mental Health Administrators.

ii. Temporary Mental Health Units for Patients in Restricted Housing Referred to MHCBs or PIPs

It is important to CDCR that patients on MAX custody status are appropriately accommodated during the COVID-19 pandemic. Therefore, during the week of April 13, 2020, CDCR developed a policy for providing care to patients on MAX custody who are referred to an MHCB or PIP. (Attachment Y). When transfer to a local or external MHCB or PIP is not possible, the policy requires the MAX custody patient be referred to a TMHU. First, the policy mandates that institutions work to resolve the reason the patient is on MAX custody in order to transfer the patient to a general population TMHU, as discussed above. If MAX custody cannot be suspended, the patient will be placed in a TMHU located within a restricted housing unit.

The policy sets forth the requirements for restricted housing in TMHUs, including mandates for minimum out of cell time and programming requirements. This treatment includes a minimum of five hours of structured groups each week, 15 hours yard each week, and daily out-of-cell individual treatment. Length of stay will be capped at 10 days. If a patient still requires inpatient care after seven days, an Interdisciplinary Treatment Team will order a transfer to an appropriate bed. Rounding must also occur at least daily and patients will have equal access to yard, showers, and phone calls. Patients will be offered recreational therapy, individual treatment, access to entertainment devices, and in cell treatment.

This policy was discussed in a COVID-19 task force meeting on April 15, 2020 with the Special Master and Plaintiffs' counsel. The final policy was sent to the Special Master and Plaintiffs' counsel on April 16, 2020 and will be issued to the field no later than Monday, April 20, 2020.

iii. Access to Enhanced Outpatient Program and Enhanced Treatment for Patients Who Cannot Transfer

To assist in meeting the goal of preventing the spread of COVID-19, during the week of April 13, 2020, CDCR developed a policy restricting the transfer of patients to Enhanced Outpatient Programs (EOP) except under the following circumstances: (1) where an imminent, life-threatening emergency necessitates transfer; or (2) a serious mental health decompensation necessitates transfer; and (3) the life threatening condition or serious decompensation cannot be reasonably treated at the institution. (Attachment Z).

In cases where the patient cannot transfer, the institution is directed to provide alternate strategies for managing the patient including, when staffing allows, updated individualized treatment plans to address the patient's current clinical needs and weekly clinical contacts. The tiered operations plan should be utilized to determine programming availability based on staffing resources.

This policy was discussed in a COVID-19 task force meeting on April 15, 2020 with the Special Master and Plaintiffs' counsel. The final policy was sent to the Special Master and Plaintiffs' counsel on April 16, 2020 and will be issued to the field no later than Monday, April 20, 2020.

D. Other COVID-19 Policies Ensure Patients with Mental Illness Receive Property, Privileges, and Access to Care

CDCR has issued several other policies since the start of the COVID-19 pandemic that touch on provisions of mental health care. On April 1, 2020, CDCR issued a memorandum titled COVID-19 – Electronic Appliance Program for Restricted Housing Inmates. (Attachment AA). The policy enhances in-cell activities for inmates, including *Coleman* class members, in segregated housing. The memorandum temporarily supersedes the January 22, 2014 memorandum titled Multi-Powered Radio Loaner Program in Administrative Segregation Units and the August 4, 2017 memorandum titled Electronic Tablet Loaner Program in Administrative Segregation and Short-Term Restricted Housing. The new policy guarantees access to a crank radio upon entry into restricted housing. Thereafter, the inmate may have access to a television, if available and if the cell has power. Otherwise, they will be issued a crank radio.

Also on April 1, 2020, CDCR issued a memorandum titled COVID-19 Programming Opportunities for Inmates Participating in the Mental Health Services Delivery System in Restricted Housing. (Attachment AB). The memo implements third watch programming for the duration of the COVID-19 pandemic. In order to maximize out of cell time and prevent suicides, the policy requires additional yard time when mental health groups or individual contacts are unable to occur in mental health restricted housing units.

On April 7, 2020, CDCR issued a memorandum titled Revised COVID-19 Mandatory 14-Day Modified Program, discussed in more detail above. (Attachment F). The memorandum makes clear that during the period of modified program and restricted movement, mental health groups and individual contacts remain classified as priority ducats. The policy also makes clear that canteen, packages, and phone calls remain available during the modified program.

On April 8, 2020, CDCR issued a memorandum titled Revised Restricted Housing, Reception Centers, and Psychiatric Inpatient Program Phone Calls, as discussed above. (Attachment L). The policy outlines expanded phone privileges for inmates including those with mental illness housed in Non-Disciplinary

Segregation (NDS), restricted housing, Reception Centers, C-Status housing, and Psychiatric Inpatient Units. NDS Privilege Groups A and B inmates will receive one phone call each week. Inmates in restricted housing will be given a phone call once every two weeks. C-Status inmates will be offered a phone call once every two weeks. Reception Center inmates will receive a weekly phone call. And PIP patients will receive one phone call per week unless restricted and documented by their treatment team. The memorandum was revised and re-released on April 13, 2020, to clarify that inmates in the above housing units will be provided at least the number of phone calls specified in the memorandum. (*Id.*)

ATTACHMENT A

Comparison of Centers for Disease Control and Prevention Guidance for Correctional Systems and Status of CCHCS/CDCR Implementation

Data Current as of April 15, 2020

OPERATIONAL PREPAREDNESS	
Centers For Disease Control and Prevention (CDC) Guidance	**CCHCS/CDCR Implementation Status**
COMMUNICATION AND COORDINATION	
Develop information-sharing systems with partners.	
• Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before cases develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.	Completed with respect to State and Local public health departments.
• Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.	CDCR has long-standing communications platforms and mechanisms to communicate with all stakeholders, and those platforms and mechanisms are being employed. Location in Plan: Pages 2- 3 Section III(A); Attachment C; Attachment D.
• Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.	CDCR institutions are regularly in contact with each other, with their respective regional offices, and with headquarters. The Department Operations Center (DOC) is also monitoring absenteeism. Location in Plan: Page 2-3, Section III(A)(i).
• Where possible, put plans in place with other jurisdictions to prevent confirmed and suspected COVID-19 cases and their close contacts from being transferred between jurisdictions and facilities unless	CDCR coordinated with local jails and closed intake on March 24, 2020. Internal movement has been suspended except for transfer necessary to save life or address a safety/security concern. Location in Plan: Page 4, Section III(B)(i)(a)(1); Page 5-6,

necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding. • Stay informed about updates to CDC guidance via the CDC COVID-19 website as more information becomes known.	Section III(B)(i)(c); Page 12, Section IV(B); Pages 13-14, Section IV(C)(ii) and (iii); Attachment E; Attachment G; Attachment V; Attachment W; Attachment Y; Attachment Z Done on an ongoing basis
Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19. • Ensure that physical locations (dedicated housing areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases. (Medical isolation and quarantine locations should be separate). The plan should include contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or quarantine simultaneously. See Medical Isolation and Quarantine sections below for details regarding individual medical isolation and quarantine locations (preferred) vs. cohorting. • Facilities without onsite healthcare capacity should make a plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care. • Make a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity.	Issued "CCHCS COVID-19 Interim Guidance for Health Care and Public Health Providers," which includes direction on quarantining patients. Location in Plan: Attachment M, referenced on pages 17 and 34. Not applicable to CDCR. CDCR/CCHCS leadership have been considering, and continue to review and consider, all options to improve social distancing. Location in Plan: Pages 5-7, Section III(B)(i)(c)(2)-(d); Attachment G; Attachment H

• Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the epidemiologic context changes.	CDCR/CCHCS activated the Department Operations Center on March 15, 2020 to coordinate all COVID-19 related activities. Location in Plan: Page 2-3, Section III(A)(i).
Coordinate with local law enforcement and court officials. • Identify lawful alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission. • Explore strategies to prevent over-crowding of correctional and detention facilities during a community outbreak.	Most out-to-court transfers were stopped on March 26, 2020. California's courts have reduced all unnecessary hearings. Location in Plan: Page 5, Section III(B)(i)(c)(1); see also https://newsroom.courts.ca.gov/news/court-emergency-orders-6794321 Being done on an ongoing basis. Location in Plan: Pages 5-7, Section III(B)(i)(c)(2)-(d); Attachment G; Attachment H
Post signage throughout the facility communicating the following: • For all: symptoms of COVID-19 and hand hygiene instructions • For incarcerated/detained persons: report symptoms to staff • For staff: stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor. • Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those	Provided handouts and posted information around institutions. Also put information on inmate television. Location in Plan: Page 1, Section I; Page 3, Section III(A)(iii); Attachment D. Done. Also placed on system-wide website dedicated to the outbreak. See https://www.cdcr.ca.gov/covid19/information/ Handouts and videos provided in multiple languages and available to those with disabilities.

with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.	Location in Plan: Page 1, Section I; Page 3, Section III(A)(iii); Attachment D.
PERSONNEL PRACTICES	
Review the sick leave policies of each employer that operates in the facility.	
• Review policies to ensure that they actively encourage staff to stay home when sick.	In place. Also implemented staff screening for symptoms of COVID 19 at all entrances. Location in Plan: Page 7, Section III(B)(ii)(c); Attachment K.
• If these policies do not encourage staff to stay home when sick, discuss with the contract company.	Not applicable.
• Determine which officials will have the authority to send symptomatic staff home.	Done and disseminated.
Identify staff whose duties would allow them to work from home.	
• Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.	Done. IT departments have made sure adequate equipment is available for work-from-home.
• Put systems in place to implement work from home programs (e.g., time tracking, etc.).	Done. Location in Plan: Page 7, Section III(B)(ii)(b); Attachment J.
Plan for staff absences.	
• Allow staff to work from home when possible, within the scope of their duties.	Done pursuant to Governor's Executive Order. Location in Plan: Page 7, Section III(B)(ii)(b); Attachment J.
• Identify critical job functions and plan for alternative coverage by cross-training staff where possible.	This has not been an issue for CDCR/CCHCS to date. Trigger points for nursing and mental health services for additional coverage have been set.

• Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels. • Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.	CDCR/CCHCS are monitoring this issue on a daily basis and have been identifying the full range of options to respond if this becomes a problem. Movement plans of staff between institutions have been developed. Location in Plan: Pages 10-11, Section III(E); Attachment T. This was reviewed and pharmaceutical supplies are sufficient, so increasing this was not implemented. KOP meds are already set at a 30-day supply.
Consider offering revised duties to staff who are at higher risk of severe illness with COVID-19. • Facility administrators should consult with their occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to COVID-19.	Done. Return to work plan in place. Process in place for allowing staff to work from, be reassigned, or take Administrative Time Off. Location in Plan: Page 7, Section III(B)(ii)(b); Attachment J.
Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season. • Symptoms of COVID-19 are similar to those of influenza. Preventing influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on healthcare resources.	Flu vaccines are already available to all incarcerated/detained persons throughout the influenza season.
Reference the Occupational Safety and Health Administration website for recommendations regarding worker health.	Done. CDCR and CCHCS regularly consult with relevant public health sources.
Review CDC's guidance for businesses and employers to identify any additional strategies the facility can use within its role as an employer.	Done. CDCR and CCHCS regularly consult with relevant public health sources.

OPERATIONS & SUPPLIES	
Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility. Standard medical supplies for daily clinic needs: • Tissue • Liquid soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing. • Hand drying supplies	No shortages identified. Central monitoring of system-wide supply with redistribution as needed system-wide. Location in Plan: Pages 9-10, Section III(C)(ii).
• Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)	California Prison Industry Authority (CALPIA) is manufacturing sanitizer and dispensers placed throughout the facilities where water is not readily available. Location in Plan: Pages 9-10, Section III(C)(ii).
• Cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19	More frequent disinfection schedules in place. Location in Plan: Page 10, Section III(D); Attachment R; Attachment S.
• Recommended PPE (facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See PPE section and Table 1 for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when face masks are acceptable alternatives to N95s. Visit CDC's website for a calculator to help determine rate of PPE usage.	Available and resupply mechanisms in place. Central monitoring of system-wide supply with redistribution as needed system-wide. Location in Plan: Pages 9-10, Section III(C)(ii).

• Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated	Available throughout all facilities
Make contingency plans for the probable event of PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers. See CDC guidance optimizing PPE supplies.	CDCR/CCHCS procurement offices are constantly securing and monitoring supply contracts. The DOC communicates any additional needs to the State Operations Center. Location in Plan: Pages 9-10, Section III(C)(ii); Attachment M; Attachment O; Attachment P.
Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow. • If soap and water are not available, CDC recommends cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty.	Restrictions on personal alcohol-based hand sanitizers were suspended in early March 2020. Staff allowed to possess sanitizer on grounds. CDCR approved alcohol-based sanitizers in secure settings in 2017. CALPIA is producing hand sanitizer for CDCR. Location in Plan: Pages 9-10, Section III(C)(ii).
Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing. • Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.	Done.
If not already in place, employers operating within the facility should establish a respiratory protection program as appropriate, to ensure that staff and incarcerated/detained persons are fit tested for any respiratory protection they will need within the scope of their responsibilities.	Respiratory Protection Plan (RPP) was in place prior to outbreak. Staff not covered by the RPP were trained in the use of N95 type masks as needed.
Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities. See	Done for both healthcare and custody prior to outbreak as part of annual training. Location in Plan: Pages 9-10, Section III(C)(ii);

Table 1 for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with COVID-19 cases or their close contacts.	Attachment M; Attachment O; Attachment P; Attachment Q.

PREVENTION	
Centers For Disease Control and Prevention (CDC) Guidance	**CCHCS/CDCR Implementation Status**
OPERATIONS	
1. Stay in communication with partners about your facility's current situation.	
Stay in communication with partners about your facility's current situation. • State, local, territorial, and/or tribal health departments • Other correctional facilities	Department Operations Center in continuous communication with all state and federal partners. CDCR institutions are regularly in contact with each other, with their respective regional offices, and with headquarters. The Department Operations Center (DOC) is also monitoring absenteeism. Location in Plan: Pages 2-3, Section III(A)(i).
Communicate with the public about any changes to facility operations, including visitation programs.	This is done both through the CDCR COVID-19 website, regular press releases and availability to telephone and email press inquiries. See https://www.cdcr.ca.gov/covid19/
Restrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.	Done as of March 24, 2020. The Department of State Hospitals will allow admissions starting April 17, 2020, subject to screening and referral guidelines developed as a response to the COVID 19 pandemic. Location in Plan: Pages 5-6 Section III(B)(i)(c); Pages 12-14 Section IV(B)-(C); Attachment E; Attachment G; Attachment V; Attachment W; Attachment X; Attachment Y; Attachment Z.
• Strongly consider postponing non-urgent outside medical visits.	Done as of March 24, 2020.
• If a transfer is absolutely necessary, perform verbal screening and a	Screening prior to mental health transfer policy put in place April 5, 2020 and reiterated

temperature check as outlined in the Screening section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to properly isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see Table 1) and that the transport vehicle is cleaned thoroughly after transport.	on April 10, 2020. Location in Plan: Page 12, Section IV(B); Attachment V; Attachment W.
Implement lawful alternatives to in-person court appearances where permissible.	Not an issue for CDCR in light of reduced hearings in California and federal courts.
Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for respiratory symptoms.	Does not apply to CDCR since co-pays were previously abolished.
Limit number of operational entrances and exits	Operational entrances for staff were reduced consistent with the physical plant.
CLEANING AND DISINFECTING PRACTICES	
Even if COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to the recommendations below. These measures may prevent spread of COVID-19 if introduced.	CDCR directed increased cleaning and disinfection procedures to all institutions and mandated cleaning at a minimum of every three hours. Location in Plan: Page 10, Section III(D); Attachment R; Attachment S.
Adhere to CDC recommendations for cleaning and disinfection during the COVID-	All CDCR institutions have been instructed to conduct additional deep-cleaning efforts in high-traffic, high-volume areas, including

19 response. Monitor these recommendations for updates. • Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones). • Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs). • Use household cleaners and EPA-registered disinfectants effective against the virus that causes COVID-19external icon as appropriate for the surface, following label instructions. This may require lifting restrictions on undiluted disinfectants. • Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.	health care facilities. Communal areas such as dayrooms, showers, restrooms, and officers are cleaned at a minimum of twice per shift during second and third watch, and more if needed. Location in Plan: Page 10, Section III(D); Attachment R; Attachment S. EPA registered disinfectants are in use. Location in Plan: Attachment R.
Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.	Increased staff are being used for cleaning. Appropriate training is in place. Inmates who assist with cleaning high-traffic areas of the institutions have received direct instruction on proper cleaning and disinfecting procedures in order to eliminate COVID-19. Critical inmate worker are screened. Location in Plan: Page 10, Section III(D); Attachment R; Attachment S.
Ensure adequate supplies to support intensified cleaning and disinfection	Stock is available and resupply plans are in place.

practices, and have a plan in place to restock rapidly if needed.	
HYGIENE	
Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).	CDCR has posted signs on hygiene throughout the institutions and has increased cleaning schedules to minimize the spread of COVID-19. Location in Plan: Page 1, Section I; Page 3, Section III(A)(iii); Page 10, Section III(D); Attachment D; Attachment R; Attachment S.
Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis. Sample signage and other communications materials are available on the CDC website. • Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision. • Practice good cough etiquette: Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use. • Practice good hand hygiene: Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.	Posters have been placed throughout the institution containing information regarding symptoms, appropriate social distancing in communal areas, COVID facts and frequently asked questions, and preventing the spread of illness. Both Secretary Diaz and the *Plata* Receiver, Clark Kelso, have recorded videos for the inmate population that have been added to the Division of Rehabilitative Programs institutional television wellness channel. The videos, which provide information regarding COVID-19 and the steps CDCR and CCHCS have taken in response, can be viewed on CDCR/CCHCS's COVID-19 Preparedness website. (https://www.cdcr.ca.gov/covid19/population-communications/). All printed material, as well as all videos, are available in both English and Spanish, including closed captioning. Staff also meet with Inmate Advisory Council on a regular basis. Location in Plan: Page 1, Section I; Page 3, Section III(A)(iii); Attachment D.

• Avoid touching your eyes, nose, or mouth without cleaning your hands first. • Avoid sharing eating utensils, dishes, and cups. • Avoid non-essential physical contact.	
Provide incarcerated/detained persons and staff no-cost access to: • Soap – Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing. • Running water, and hand drying machines or disposable paper towels for hand washing • Tissues and no-touch trash receptacles for disposal • Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions. Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.	CDCR provides inmates with no-cost access to soap, running water, paper towels, and tissue. No touch receptacles are not in use statewide. Hand sanitizer has been distributed at institutions. CALPIA is manufacturing sanitizer and dispensers placed throughout the facilities where water is not readily available. Location in Plan: Pages 9-10, Section III(C)(ii).
Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.	Part of ISUDT messaging. See https://www.cdcr.ca.gov/covid19/memos-guidelines-messaging/
PREVENTION PRACTICES FOR INCARCERATED / DETAINED PERSONS	
Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake **process**, in order to identify and immediately place individuals with symptoms under medical isolation. See	Intake screening procedures are in place for all new entrants, transfers, and returnees from outside medical visits. CDCR has stopped intake from county jails. Location in Plan: Page 4, Section III(B)(i)(a)(1); Attachment E.

Screening section below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see PPE section below). If an individual has symptoms of COVID-19 (fever, cough, shortness of breath)**:** • Require the individual to wear a face mask. • Ensure that staff who have direct contact with the symptomatic individual wear recommended PPE. • Place the individual under medical isolation (ideally in a room near the screening location, rather than transporting the ill individual through the facility), and refer to healthcare staff for further evaluation. (See Infection Control and Clinical Care sections below.) • Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care. If an individual is a close contact of a known COVID-19 case (but has no COVID-19 symptoms)**:** • Quarantine the individual and monitor for symptoms two times per day for 14 days. (See Quarantine section below.) • Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.	Facilities without onsite healthcare is not applicable. Medical isolation guidance in place in COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M. Facilities without onsite healthcare is not applicable. Quarantine guidance in place in COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet	Currently underway. CDCR and CCHCS have defined housing cohorts of 8 in dorm settings to increase social distancing in sleeping areas.

between all individuals, regardless of the presence of symptoms). Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:	Yard release is done with smaller groups and social distancing is encouraged. Location in Plan: Page 6, Section III(B)(i)(c)(2); Page 7, Section III(B)(i)(d); Attachment G; Attachment H.
• Common areas**:** Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)	Social distancing is encouraged in yard, chow, and dayroom. Many locations have tape or paint markings six feet apart – e.g. pill lines, telephone waiting areas. Location in Plan: Page 7, Section III(B)(i)(d); Attachment H.
• Recreation**:** Choose recreation spaces where individuals can spread out; Stagger time in recreation spaces; Restrict recreation space usage to a single housing unit per space (where feasible)	On April 7, 2020, DAI issued a memorandum implementing a mandatory 14-day statewide modified program impacting yard time and size. Location in Plan: Page 5, Section III(B)(i)(b); Attachment F.
• Meals**:** Stagger meals; Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table); Provide meals inside housing units or cells	Done with a mixture of in cell feeding and cohorted chow halls. Location in Plan: Attachment F.
• Group activities**:** Limit the size of group activities; Increase space between individuals during group activities; Suspend group programs where participants are likely to be in closer contact than they are in their housing environment; Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out	Done. All medical and rehabilitative group programming has been suspended. Mental health groups continue based on the mental health tier plan. Location in Plan: Pages 11-14, Section IV(A)-(C); Attachment F; Attachment U; Attachment W; Attachment X; Attachment Y; Attachment Z.
• Housing**:** If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a	Receiver memo of April 10, 2020, specifies that cohorts of 8 within dorms are sufficient for social distancing. Use of gyms and alternative housing being investigated. Inmates have been moved into the CIM

new occupant.); Arrange bunks so that individuals sleep head to foot to increase the distance between them; Rearrange scheduled movements to minimize mixing of individuals from different housing areas	gymnasium. Location in Plan: Pages 5-7, Section III(B)(i)(c)(2)-(d); Attachment G; Attachment H.
• Medical**:** If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call. Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.	Most health encounters are being performed cell front where appropriate to minimize clinic entrance. All clinics have designated space to evaluate suspected respiratory cases. Mental health care provided under tiered plan issued March 25, 2020, and Temporary Mental Health Units plan issued April 10, 2020. Location in Plan: Pages 11-14, Section IV(A)-(C); Attachment U; Attachment W; Attachment X; Attachment Y; Attachment Z.
Communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction.	Posters have been placed throughout the institution containing information regarding symptoms, appropriate social distancing in communal areas, COVID facts and frequently asked questions, and preventing the spread of illness. Both Secretary Diaz and the Plata Receiver, Clark Kelso, have recorded videos for the inmate population that have been added to the Division of Rehabilitative Programs institutional television wellness channel. The videos, which provide information regarding COVID-19 and the steps CDCR and CCHCS have taken in response, can be viewed on CDCR/CCHCS's COVID-19 Preparedness website. (https://www.cdcr.ca.gov/covid19/population-communications/). All printed material, as well as all videos, are available in both English and Spanish, including closed captioning. Staff also meet with Inmate Advisory Council on a regular basis. Location in Plan: Page 1, Section I; Page 3, Section III(A)(iii); Attachment D.

Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.	Mental Health program has identified alternatives to group therapy based on clinical needs. And mental health has developed a tiered plan for treatment. Location in Plan: Pages 11-12, Section IV(A)-(B); Attachment U; Attachment W; Attachment X.
Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.	Only critical food service, porters and essential on-site PIA assignments continue such as food production, production of cloth masks, cleaning of healthcare spaces, and laundry. Location in Plan: Page 5, Section III(B)(i)(b); Attachment F.
Provide updates on symptoms of COVID-19 to incarcerated/detained persons on a regular basis, including: • Symptoms of COVID-19 and its health risks • Reminders to report COVID-19 symptoms to staff at the first sign of illness	Posters have been placed throughout the institution containing information regarding symptoms, appropriate social distancing in communal areas, COVID facts and frequently asked questions, and preventing the spread of illness. Both Secretary Diaz and the Plata Receiver, Clark Kelso, have recorded videos for the inmate population that have been added to the Division of Rehabilitative Programs institutional television wellness channel. The videos, which provide information regarding COVID-19 and the steps CDCR and CCHCS have taken in response, can be viewed on CDCR/CCHCS's COVID-19 Preparedness website. (https://www.cdcr.ca.gov/covid19/population-communications/). All printed material, as well as all videos, are available in both English and Spanish, including closed captioning. Staff also meet with Inmate Advisory Council on a regular basis. Updated information will be provided as needed. Location in Plan: Page 1, Section I; Page 3, Section III(A)(iii); Attachment D.
Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.	Done two times/day on isolated and quarantined cases – see COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
PREVENTION PRACTICES FOR STAFF	

Remind staff to stay at home if they are sick. Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.	Done. See staff COVID-19 webpage. https://www.cdcr.ca.gov/covid19/information/
Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all staff daily on entry. See Screening section below for wording of screening questions and a recommended procedure to safely perform temperature checks. • In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone). • Send staff home who do not clear the screening process, and advise them to follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.	Done for all persons entering a facility. Location in Plan: Page 7, Section III(B)(ii); Attachment K. Not applicable Screening of all staff began March 14, 2020. Location in Plan: Page 7, Section III(B)(ii); Attachment K.
Provide staff with up-to-date information about COVID-19 and about facility policies on a regular basis, including: • Symptoms of COVID-19 and its health risks • Employers' sick leave policy • If staff develop a fever, cough, or shortness of breath while at work: immediately put on a face mask, inform supervisor, leave the facility, and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms. • If staff test positive for COVID-19: inform workplace and personal	Done. See communications detailed plan and COVID-19 webpages. Accessible at https://www.cdcr.ca.gov/covid19/memos-guidelines-messaging/ Done. We are following CDC guidance of return to work for critical healthcare workers

contacts immediately, and do not return to work until a decision to discontinue home medical isolation precautions is made. Monitor CDC guidance on discontinuing home isolation regularly as circumstances evolve rapidly. • If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community): self-quarantine at home for 14 days and return to work if symptoms do not develop. If symptoms do develop, follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.	for those with close contact with cases at this phase of the outbreak. Completed and monitored by CDCR/CCHCS Employee Wellness.
If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act. Employees who are close contacts of the case should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).	Completed and monitored by CDCR/CCHCS Employee Wellness.
When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.	Done.
Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.	Done.
PREVENTION PRACTICES FOR VISITORS	
Visitors	Currently no visitors or volunteers are permitted to enter facilities. Location in Plan: Page 7, Section III(B)(ii)(a); Page 8, Section III(B)(iii); Attachment I; Attachment L.

MANAGEMENT	
Centers For Disease Control and Prevention (CDC) Guidance	**CCHCS/CDCR Implementation Status**
OPERATIONS	
Implement alternate work arrangements deemed feasible in the Operational Preparedness	Done via Governor's Executive Order. Location in Plan: Page 7, Section III(B)(ii)(b); Attachment J.
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release where relevant), unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding. • If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the Screening section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see Table 1) and that the transport vehicle is cleaned thoroughly after transport.	Done March 24, 2020. Intake stopped for sixty days. Location in Plan: Page 5, Section III(B)(i)(c)(1); Attachment E. Done. See medical guidance plan. Location in Plan: Attachment M.
If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case).	This was in place until the closure of intake.

Subsequently in this document, this practice is referred to as routine intake quarantine**.**	
When possible, arrange lawful alternatives to in-person court appearances.	Most out-to-court transfers were stopped on March 26, 2020. California's courts have reduced all unnecessary hearings. See https://newsroom.courts.ca.gov/news/court-emergency-orders-6794321 Location in Plan: Page 5, Section III(B)(i)(c)(1).
Incorporate screening for COVID-19 symptoms and a temperature check into release planning. • Screen all releasing individuals for COVID-19 symptoms and perform a temperature check. (See Screening section below.) • If an individual does not clear the screening process, follow the protocol for a suspected COVID-19 case – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. • If the individual is released before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care. • Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a	Done. Done. Done. All positive releases and releases of those in quarantine are coordinated with the local public health department via notification. Medical coordination with the receiving county is made for those with known medical needs. All coordination is done in conjunction with paroles or county probation depending on which entity will be responsible for post-release supervision. Done. See above.

homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.	
Coordinate with state, local, tribal, and/or territorial health departments • When a COVID-19 case is suspected, work with public health to determine action. See Medical Isolation section below. • When a COVID-19 case is suspected or confirmed, work with public health to identify close contacts who should be placed under quarantine. See Quarantine section below. • Facilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate closely with state, local, tribal, and/or territorial health departments when they encounter a confirmed or suspected case, in order to ensure effective medical isolation or quarantine, necessary medical evaluation and care, and medical transfer if needed. See Facilities with Limited Onsite Healthcare Services section.	Done using CCHCS public health team in conjunction with the local public health departments. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
HYGIENE	
Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility. (See above.)	Additional soap available in institutions. California Prison Industry Authority (CALPIA) is manufacturing sanitizer and dispensers placed throughout the facilities where water is not readily available. Location in Plan: Pages 9-10, Section III(C)(ii).

Continue to emphasize practicing good hand hygiene and cough etiquette. (See above.)	Done. Posted signage on hand hygiene and on cough etiquette. Location in Plan: Attachment D.
CLEANING AND DISINFECTING PRACTICES	
Continue adhering to recommended cleaning and disinfection procedures for the facility at large. (See above.)	CDCR directed increased cleaning and disinfection procedures to all institutions and mandated cleaning at a minimum of every three hours. Location in Plan: Page 10, Section III(D); Attachment R; Attachment S.
Reference specific cleaning and disinfection procedures for areas where a COVID-19 case has spent time (below).	All CDCR institutions have been instructed to conduct additional deep-cleaning efforts in high-traffic, high-volume areas, including health care facilities. Communal areas such as dayrooms, showers, restrooms, and officers are cleaned at a minimum of twice per shift during second and third watch, and more if needed. Location in Plan: Page 10, Section III(D); Attachment R; Attachment S.
MEDICAL ISOLATION OF CONFIRMED OR SUSPECTED COVID-19 CASES	
As soon as an individual develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and should be immediately placed under medical isolation in a separate environment from other individuals.	Done. All facilities have identified isolation and quarantine areas. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Keep the individual's movement outside the medical isolation space to an absolute minimum. • Provide medical care to cases inside the medical isolation space. See Infection Control and Clinical Care sections for additional details.	Done. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

• Serve meals to cases inside the medical isolation space. • Exclude the individual from all group activities. • Assign the isolated individual a dedicated bathroom when possible.	
Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters. Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet.	See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. Each isolated individual should be assigned their own housing space and bathroom where possible. Cohorting should only be practiced if there are no other available options. If cohorting is necessary: • Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts. • Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection. • Ensure that cohorted cases wear face masks at all times. In order of preference, individuals under medical isolation should be housed: • Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully	Done. Cohorting is done as outlined for laboratory confirmed disease where single cells are not available. Patients do not transfer solely for isolation. Isolation cells follow the order of preference recommended. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

• Separately, in single cells with solid walls but without solid doors • As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing in the Prevention section above. • As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing in the Prevention section above. • As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.) • As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section above.Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.) If the ideal choice does not exist in a facility, use the next best alternative.	
If the number of confirmed cases exceeds the number of individual medical isolation spaces	This situation has not yet developed. Our medical guidance document envisions this

available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.) • Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue. • Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages.	situation and outlines priorities to follow. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Custody staff should be designated to monitor these individuals exclusively where possible. • These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see PPE section below) and should limit their own movement between different parts of the facility to the extent possible.	Not currently in place due to staffing capabilities.
Minimize transfer of COVID-19 cases between spaces within the healthcare unit.	Patients who have been exposed to COVID-19 or are showing symptoms or have a confirmed case of COVID-19 are put on quarantine or isolation as clinically appropriate. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to: • Cover their mouth and nose with a tissue when they cough or sneeze • Dispose of used tissues immediately in the lined trash receptacle • Wash hands immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked.	Tissues available, no-touch trash receptacle not available. Cough hygiene instructions given. Posted signage on cough etiquette. Location in Plan: Attachment D.
Maintain medical isolation until all the following criteria have been met. Monitor the CDC website for updates to these criteria. For individuals who will be tested to determine if they are still contagious**:** • The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND** • The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND** • The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart For individuals who will NOT be tested to determine if they are still contagious**:** • The individual has been free from fever for at least 72 hours without the	CDCR and CCHCS are currently following the California Department of Public Health (CDPH) on testing guidance for releasing patients from isolation, which are slightly different but are consistent with the spirit of these CDC recommendations.

use of fever-reducing medications **AND** • The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND** • At least 7 days have passed since the first symptoms appeared For individuals who had a confirmed positive COVID-19 test but never showed symptoms**:** • At least 7 days have passed since the date of the individual's first positive COVID-19 test **AND** • The individual has had no subsequent illness	
Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns. • If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning.	CDCR is moving patients only for medical treatment beyond the capability of the institution or to address safety/security concerns that can be met at the institution. Done via coordination with the receiving county's local health department and medical care system.
CLEANING SPACES WHERE COVID-19 CASES SPENT TIME	
Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note – these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19. Refer to the Definitions section	Currently disinfection occurs; CDCR does not wait to disinfect. CDCR has directed increased cleaning and disinfection procedures to all institutions and mandated cleaning at a minimum of every three hours. Location in Plan: Page 10, Section III(D); Attachment R.

for the distinction between confirmed and suspected cases. • Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions (consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions), before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets. • Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in Prevention section).	
Hard (non-porous) surface cleaning and disinfection If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. For disinfection, most common EPA registered household disinfectants should be effective. Choose cleaning products based on security requirements within the facility. • Consult a list of products that are EPA-approved for use against the virus that causes COVID-19. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). • Diluted household bleach solutions can be used if appropriate for the	All CDCR institutions have been instructed to conduct additional deep-cleaning efforts in high-traffic, high-volume areas, including health care facilities. Communal areas such as dayrooms, showers, restrooms, and officers are cleaned at a minimum of twice per shift during second and third watch, and more if needed. EPA registered disinfectants are used. Location in Plan: Page 10, Section III(D); Attachment M at page 39; Attachment R.

surface. Follow the manufacturer's instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing: o 5 tablespoons (1/3rd cup) bleach per gallon of water or o 4 teaspoons bleach per quart of water	
Soft (porous) surface cleaning and disinfection For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning: • If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. • Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19external icon and are suitable for porous surfaces.	All CDCR institutions have been instructed to conduct additional deep-cleaning efforts in high-traffic, high-volume areas, including health care facilities. Communal areas such as dayrooms, showers, restrooms, and officers are cleaned at a minimum of twice per shift during second and third watch, and more if needed. EPA registered disinfectants are used. Location in Plan: Page 10, Section III(D); Attachment M at page 40; Attachment R.
Electronics cleaning and disinfection For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.	Done. Alcohol based disinfectants are not currently in use.

Follow the manufacturer's instructions for all cleaning and disinfection products. • Consider use of wipeable covers for electronics. • If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.	
Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE. (See PPE section below.)	Done.
Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.	This guidance has been passed to food services via the Department Operations Center.
Laundry from a COVID-19 cases can be washed with other individuals' laundry. • Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after. • Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air. • Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.	All institutions will increase laundry services in order to accommodate proper washing and drying of barrier masks. Location in Plan: Pages 9-10, Section III(C)(ii); Attachment N.

• Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered	
Consult cleaning recommendations above to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.	Done.
QUARANTINING CLOSE CONTACTS OF COVID-19 CASES	
Incarcerated/detained persons who are close contacts of a confirmed or suspected COVID-19 case (whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days (see CDC guidelines). • If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.	Done. CCHCS quarantine guidelines follow CDC and CDPH current guidance. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
In the context of COVID-19, an individual (incarcerated/detained person or staff) is considered a close contact if they**:** • Have been within approximately 6 feet of a COVID-19 case for a prolonged period of time **OR** • Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on) Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact	Done. CCHCS quarantine guidelines follow CDC and CDPH current guidance. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).	
Keep a quarantined individual's movement outside the quarantine space to an absolute minimum. • Provide medical evaluation and care inside or near the quarantine space when possible. • Serve meals inside the quarantine space. • Exclude the quarantined individual from all group activities. • Assign the quarantined individual a dedicated bathroom when possible.	Done, although some cohorted quarantined individuals have group feeding and share bathrooms. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually. Cohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options. • If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 should be placed under medical isolation • If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.	Currently the majority of quarantines are cohorted. All are monitored twice a day. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

• Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to a COVID-19 case). Under this scenario, avoid mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine. • If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.	
If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of those who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify social distancing strategies for higher-risk individuals.) In order of preference, multiple quarantined individuals should be housed**:** • Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully • Separately, in single cells with solid walls but without solid doors • As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions	Done. CCHCS's quarantine guidance follows this prioritization schema. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

• As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door • As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.) • As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section to maintain at least 6 feet of space between individuals housed in the same cell. • As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ social distancing strategies related to housing in the Prevention section above to maintain at least 6 feet of space between individuals. • Safely transfer to another facility with capacity to quarantine in one of the above arrangements (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)	

Quarantined individuals should wear face masks if feasible based on local supply, as source control, under the following circumstances: • If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals). • If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space. • All quarantined individuals should wear a face mask if they must leave the quarantine space for any reason. • Asymptomatic individuals under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear face masks.	Done. Face coverings are made available via PIA for quarantined individuals. Surgical masks are utilized for those patients in isolation. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties (see PPE section and Table 1). • Staff supervising asymptomatic incarcerated/detained persons under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear PPE.	PPE is reserved for isolated individuals based on our current supply. Face coverings are available for staff and quarantined patients. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks. • If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See Medical Isolation section above.)	Done. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

• See Screening section for a procedure to perform temperature checks safely on asymptomatic close contacts of COVID-19 cases.	
If an individual who is part of a quarantined cohort becomes symptomatic: • If the individual is tested for COVID-19 and tests positive: the 14-day quarantine clock for the remainder of the cohort must be reset to 0. • If the individual is tested for COVID-19 and tests negative**:** the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period. • If the individual is not tested for COVID-19**:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.	Treatment and quarantine practices are consistent with CCHCS COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.	Quarantine shall last at least fourteen days. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M at page 24, 36.
Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.	Quarantine shall last at least fourteen days. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M at page 24, 36.
Meals should be provided to quarantined individuals in their quarantine spaces. Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be	Quarantined individuals either receive cell feeding or eat as a quarantined cohort based on facility design. Quarantine shall last at least fourteen days. See COVID-19 Interim Guidance for Health Care and Public Health

handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.	Providers. Location in Plan: Attachment M at page 34.
Laundry from quarantined individuals can be washed with other individuals' laundry. • Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after. • Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air. • Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. • Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.	Laundry process follows CDC recommendations. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M at page 40-41.
MANAGEMENT OF INCARCERATED / DETAINED PERSONS WITH COVID-19 SYMPTOMS	
If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.	Done. Most evaluations are conducted cell front or in a designated area.
Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing. See Medical Isolation section above.	See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated. Refer to CDC guidelines for information on evaluation and testing. See Infection Control and Clinical Care sections below as well.	See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
If testing is indicated (or if medical staff need clarification on when testing is indicated), contact the state, local, tribal, and/or territorial health department. Work with public health or private labs as available to access testing supplies or services. • If the COVID-19 test is positive, continue medical isolation. (See Medical Isolation section above.) • If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.	CCHCS uses contract testing via Quest, and current tests return results in 48-72 hours. We are working with the Governor's Office to obtain in-house rapid testing capability.
MANAGEMENT STRATEGIES FOR INCARCERATED / DETAINED PERSONS WITHOUT COVID-19 SYMPTOMS	
Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions. • Consider having healthcare staff perform regular rounds to answer questions about COVID-19. • Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual	Posters have been placed throughout the institution containing information regarding symptoms, appropriate social distancing in communal areas, COVID facts and frequently asked questions, and preventing the spread of illness. Both Secretary Diaz and the Plata Receiver, Clark Kelso, have recorded videos for the inmate population that have been added to the Division of Rehabilitative Programs institutional television wellness channel. The videos, which provide information regarding COVID-19 and the steps CDCR and CCHCS have taken in response, can be viewed on CDCR/CCHCS's COVID-19 Preparedness website. (https://www.cdcr.ca.gov/covid19/population-communications/). All printed material, as

disabilities and those who are deaf, blind, or low-vision.	well as all videos, are available in both English and Spanish, including closed captioning. Staff also meet with Inmate Advisory Council on a regular basis. Location in Plan: Page 1, Section I; Page 3, Section III(A)(iii); Attachment D.
Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms. See Screening section for a procedure to safely perform a temperature check.	Twice daily evaluations including temperature checks are done on isolated and quarantined individuals. They are not being done in the general population. Location in Plan: Attachment M.
Consider additional options to intensify social distancing within the facility.	CDCR continues to move inmates out of dorm housing and educating the population about the importance of communal social distancing. CDCR and CCHCS continue to assess the institutions and determine what more may need to be done. Location in Plan: Pages 4-7, Section III(B)(i)(a)-(d); Attachment E; Attachment F; Attachment G; Attachment H.
MANAGEMENT STRATEGIES FOR STAFF	
Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce social distancing and encourage hygiene precautions. Consider having healthcare staff perform regular rounds to answer questions about COVID-19 from staff.	Posters have been placed throughout the institution containing information regarding symptoms, appropriate social distancing in communal areas, COVID facts and frequently asked questions, and preventing the spread of illness. Information for staff is available at https://www.cdcr.ca.gov/covid19/information/. Information regarding positive inmate cases in the institutions is available at https://www.cdcr.ca.gov/covid19/population-status-tracking/. Information regarding positive staff cases at the institutions is available at https://www.cdcr.ca.gov/covid19/cdcr-cchcs-covid-19-status/.

Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop. See above for definition of a close contact. Refer to CDC guidelines for further recommendations regarding home quarantine for staff.	Currently following CDPH guidance regarding return to work for critical healthcare workers for all facility staff.
INFECTION CONTROL	
All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Monitor these guidelines regularly for updates. • Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs. • Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).	Done. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

Staff should exercise caution when in contact with individuals showing symptoms of a respiratory infection. Contact should be minimized to the extent possible until the infected individual is wearing a face mask. If COVID-19 is suspected, staff should wear recommended PPE (see PPE section).	Done. PPE policy memos and quick reference guide distributed April 6, 2020, with link to CDC guidelines. Location in Plan: Pages 9-10, Section III(C)(ii); Attachment M; Attachment O; Attachment P.
Refer to PPE section to determine recommended PPE for individuals persons in contact with confirmed COVID-19 cases, contacts, and potentially contaminated items.	Done. PPE policy memos and quick reference guide distributed April 6, 2020, with link to CDC guidelines. Location in Plan: Pages 9-10, Section III(C)(ii); Attachment M; Attachment O; Attachment P.
CLINICAL CARE OF COVID-19 CASES	
Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms. • If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital. • The initial medical evaluation should determine whether a symptomatic individual is at higher risk for severe illness from COVID-19. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.	Done. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.
Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)	Done. See COVID-19 Interim Guidance for Health Care and Public Health Providers. Location in Plan: Attachment M.

and monitor the guidance website regularly for updates to these recommendations.	
Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing recommended PPE and ensuring that the suspected case is wearing a face mask. If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.	Done. PPE policy memos and quick reference guide distributed April 6, 2020, with link to CDC guidelines. Location in Plan: Pages 9-10, Section III(C)(ii); Attachment M; Attachment O; Attachment P.
Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).	Done. Local influenza testing capability in place on site.
The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.	CDCR is able to transfer patients to an outside hospital if clinically necessary.
When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.	Done under existing procedures including sign language interpreters.
RECOMMENDED PPE AND PPE TRAINING FOR STAFF AND INCARCERATED / DETAINED PERSONS	
Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases. • Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g.,	Done. PPE policy memos and quick reference guide distributed April 6, 2020, with link to CDC guidelines. Location in Plan: Pages 9-10, Section III(C)(ii); Attachment M; Attachment O; Attachment P.

N95s) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program. • For PPE training materials and posters, please visit the CDC website on Protecting Healthcare Personnel.	
Ensure that all staff are trained to perform hand hygiene after removing PPE.	Done. PPE policy memos and quick reference guide distributed April 6, 2020, with link to CDC guidelines. Location in Plan: Pages 9-10, Section III(C)(ii); Attachment M; Attachment O; Attachment P.
If administrators anticipate that incarcerated/detained persons will request unnecessary PPE, consider providing training on the different types of PPE that are needed for differing degrees of contact with COVID-19 cases and contacts, and the reasons for those differences (see Table 1). Monitor linked CDC guidelines in Table 1 for updates to recommended PPE.	CDCR and CCHCS have provided extensive education regarding this topic to both patients and staff. PPE policy memos and quick reference guide distributed April 6, 2020, with link to CDC guidelines. Further, posters have been provided to the institutions regarding PPE and differing degrees of contact with persons with COVID-19. Location in Plan: Page 3, Section III(A)(iii); Pages 9-10, Section III(C)(ii); Attachment D; Attachment M; Attachment O; Attachment P.
Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency.	PPE is currently secured to prevent theft.
Recommended PPE for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with COVID-19 cases and their contacts (see Table 1). Each type of recommended PPE is defined below. As above, note that PPE shortages are anticipated in every category during the COVID-19 response. N95 respirator • See below for guidance on when face masks are acceptable alternatives for	Current PPE procedures are consistent with this guidance. Location in Plan: Attachment M.

N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case. Face mask Eye protection • Goggles or disposable face shield that fully covers the front and sides of the face A single pair of disposable patient examination gloves • Gloves should be changed if they become torn or heavily contaminated. Disposable medical isolation gown or single-use/disposable coveralls, when feasible. • If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label. • If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.	
Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC's website: • Guidance in the event of a shortage of N95 respirators	Done. At present, we do not have a shortage of N95 masks.

○ Based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk. • Guidance in the event of a shortage of face masks • Guidance in the event of a shortage of eye protection • Guidance in the event of a shortage of gowns/coveralls	
VERBAL SCREENING AND TEMPERATURE CHECK PROTOCOLS FOR INCARCERATED/DETAINED PERSONS, STAFF, AND VISITORS	
Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions: Today or in the past 24 hours have you had any of the following symptoms? • Fever, felt feverish, or had chills? • Cough? • Difficulty Breathing? In the past 14 days have you had contact with a person known to be infected with COVID-19?	All CCHCS and CDCR locations currently conduct screening. All CDCR institutions conduct touchless temperature testing. Location in Plan: Page 7, Section III(B)(ii)(c); Attachment K.
The following is a protocol to safely check an individual's temperature:	All CCHCS and CDCR locations currently conduct screening. All CDCR institutions

• Perform hand hygiene • Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves • Check individual's temperature • If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned between each check. If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control. • Remove and discard PPE • Performa hand hygiene	conduct touchless temperature testing. Location in Plan: Page 7, Section III(B)(ii)(c); Attachment K.

ATTACHMENT B

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION COVID-19 RESPONSE TIMELINES AS OF APRIL 15, 2020

The below is a comprehensive timeline of all of CDCR's efforts to respond to the COVID-19 pandemic:

March 11, 2020:

- CDCR suspended Normal Contact Visiting statewide, along with all events of 250 attendees or more.
- CDCR also delivered messaging information (Fact Sheets and Posters) on the COVID-19 pandemic to inmate population.
- All CDCR institutions were instructed to order 10 additional hand sanitizer dispenser stations. The purchased dispensers have begun arriving at the institutions and are being placed inside institution dining halls, work change areas, housing units, and where sinks/soap are not immediately available. The dispensers contain the type of alcohol-based hand sanitizer recommended by the Centers for Disease Control and Prevention to help eliminate coronavirus. Additional dispensers may be placed in high-need areas where they can be monitored for safety and security of the institution.

March 12, 2020:

- CDCR cancelled all tours within the prisons.

March 13, 2020:

- To ensure social distancing amongst our employees, CDCR postponed the March 21, 2020 Correctional Sergeant written examination until further notice.

March 14, 2020:

- Expanded precautions at institutions by implementing mandatory verbal screening for all entering state prisons.

March 15, 2020:

- Activated the Department Operations Center.
- Suspended in-person observers at parole suitability hearings.

March 16, 2020:

- Suspended the family visiting program statewide.
- Cancelled all Advanced Learning Institute trainings to afford staff the ability to better social distance.
- Disseminated updated guidance to employees who are 65 and up or who have chronic health conditions.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION COVID-19 RESPONSE TIMELINES AS OF APRIL 15, 2020

March 17, 2020:

- Suspended all transfers of all parolees to other states or receiving parolees from other states into California for 30 days.
- Suspended all volunteers or rehabilitative program provider to enter prisons.
- Secured two days of free telephone calls for March 19 and March 26 through GTL. JPay agrees to provide two free electronic stamps per week for all inmates registered at the pilot institutions: High Desert State Prison, Kern Valley State Prison, California Institution for Women, Central California Women's Facility, and Substance Abuse Treatment Facility.
- Released updated guidance for our staff who reside in the Bay Area.
- Parole suitability hearings postponed through April 6, 2020.
- COVID19@cdcr.ca.gov email address goes live.

March 18, 2020:

- All CDCR/CCHCS staff given verbal screenings before entering all CDCR/CCHCS work locations.
- Implemented temporary travel and meeting restrictions.

March 19, 2020:

- Secretary Diaz initiated a task force to start developing all options for inmate releases to allow more social distancing within the institutions. The task force was to look at all inmates who were within 12 months of release.
- Postponed written peace officer exams through April 6, 2020.
- Limited Inmate transfers to only essential movement.
- To ensure appropriate social distancing, directed Ramadan, Passover, and Easter services to be provided in-cell.
- Standardized academic testing postponed.

March 20, 2020:

- CCHCS issues Interim Guidance for Health Care and Public Health Providers.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION COVID-19 RESPONSE TIMELINES AS OF APRIL 15, 2020

March 21, 2020:

- Directed all inmates received into Reception Centers to be quarantined for 14 days to ensure they are not showing symptoms.
- Basic Correctional Officer Academy scheduled for March 24 postponed.
- Current Basic Correctional Officer Academy accelerated.

March 22, 2020:

- First CDCR inmate tests positive for COVID-19.

March 23, 2020:

- Social Distancing posters to message staying at least 6 feet apart was provided to prisons for posting.
- All TB testing for staff was postponed to later in the year.
- CDCR/CCHCS-created educational video released for population, which provides the inmate population information on COVID-19 and how to prevent the spread.

March 24, 2020:

- Further limited inmate movement by stopping all transfers of inmates to and from Conservation Camps, MCRPs, CCTRP, and ACPs.
- Reached out to CALFIRE to devise strategies to continue populating the Fire Camps and to continue training in anticipation of the Fire Season.
- Governor issues Executive Order with directives to CDCR to suspend Adult, DJJ intake from counties for 30 days, BPH to develop process for videoconferencing parole hearings, and In-person parole hearings suspended for 60 days.

March 25, 2020:

- Population COVID-19 Tracking released.
- CDCR Statewide Mental Health Program issues tiered plan to provide guidance for the delivery of mental health care during COVID-19.
- Secretary Diaz releases video message to staff and inmate population.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION COVID-19 RESPONSE TIMELINES AS OF APRIL 15, 2020

March 26, 2020:

- CDCR secured 3 days of free calls per week from GTL from March 31, 2020 through April 30, 2020. CDCR Is also developing a solution for increased access to calling for offenders in restricted housing or hospice beds, similar to how calls are delivered in condemned housing.

- CALPIA was licensed by the California Department of Public Health to begin producing hand sanitizer at its chemical enterprise in California State Prison-Los Angeles County.

- CALPIA has designed and initiated production of barrier masks to be utilized by CALPIA mission critical operations and for CCHCS to supply currently quarantined offenders. CALPIA began shipping barrier masks. CDCR is working CALPIA to expand barrier mask production for staff use.

March 27, 2020:

- Temperature screenings were implemented for all entering prisons and community correctional facilities.

- CDCR released guidance for COVID-19 for PPE controls.

March 29, 2020:

- CALPIA announces new production of both alcohol- and non-alcohol-based hand sanitizer. CALPIA has shipped the first delivery, 3852 bottles (1,000 Gallons) of the alcohol-based product to 28 CDCR locations.

March 30, 2020:

- CDCR announces free phone calls through GTL for inmates three days per week beginning March 31, 2020 through the end of April 2020.

- JPay announces reduced-priced emails to registered users at pilot institutions. Free emails will be available for those are unable to pay.

March 31, 2020:

- Plan announced to expedite transition to parole for certain eligible inmates with 60 days or less to serve.

- *Plata* Receiver Clark Kelso releases video message to all staff.

April 1, 2020:

- CCHCS launches internal patient registry to assist in monitoring patients with suspected or confirmed COVID-19.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION COVID-19 RESPONSE TIMELINES AS OF APRIL 15, 2020

- CDCR issues a memoranda implementing an Electronic Appliance Loaner Program in all restricted housing areas.
- CDCR issues a memoranda allowing evening yard for patients in the Mental Health Services Delivery System.
- DAI issues directive to transfer inmates from Level II dormitories to vacant housing units.

April 3, 2020:

- CCHCS provides revised guidelines related to COVID-19.

April 5, 2020:

- CDCR issues a memoranda requiring COVID-19 screening prior to mental health transfers.

April 6, 2020:

- CCHCS provides guidance to staff regarding PPE.
- CALPIA to continue only critical operations effective April 8, 2020.

April 7, 2020:

- Transfers from Reception Centers are suspended through April 22, 2020.

April 8, 2020:

- CDCR partners with JPay to provide inbound email print services to all institutions at a reduced rate.
- CDCR implements a mandatory statewide 14-day modified program.
- CDCR issues a memoranda to increase telephone call privileges for the following inmates: non-disciplinary segregation inmates; all other inmates in restricted housing; C status inmates; reception center inmates; inmates housed in the Psychiatric Inpatient Program.

April 9, 2020:

- Secretary Diaz releases video messages to staff, stakeholders, and inmate population on steps CDCR is taking to combat the spread of COVID-19.

April 10, 2020:

- All institutions increase laundry services.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION COVID-19 RESPONSE TIMELINES AS OF APRIL 15, 2020

- The *Plata* Receiver issue memoranda to Secretary Diaz with recommendation for 8-person cohorts and direction that transfers to facilitate physical distancing shall occur in consultation and concurrence with the Health Care Placement Oversight Program.

- CDCR Statewide Mental Health Program issues a memo providing guidelines for patient transfer to higher levels of mental health care and mental health treatment.

- CDCR issues direction regarding screening of critical inmate workers.

April 12, 2020:

- The *Plata* Receiver issues a supplement memoranda to his April 10, 2020 memoranda clarifying that the cessation of movement does not affect any inter-institution transfers that are necessary to address medical, mental health, or dental treatment needs that are not available at the inmate's current institution.

April 13, 2020:

- CDCR re-issued the memoranda increase telephone call privileges clarifying that inmates will be provided call at least at the frequency required by the memoranda.

April 14, 2020:

- CDCR and CCHCS launch an enhanced version of the population case tracker to provide further details by institution.

- CDCR announces that inmates who transfer to county jails pending court hearings will not be accepted back into CDCR custody until intake is resumed.

April 15, 2020:

- Expedited release of inmates completed.

- CDCR issues a memoranda requiring staff and inmates to wear a mask at all times when in the vicinity of others.

- As of this date, 69 inmates have tested positive for COVID-19. The inmates are located at the following institutions: 69 at California Institution for Men; 18 at California State Prison – Los Angeles County; 1 at Centinela State Prison; 1 at California Institution for Women; 1 at California Men's Colony; 1 at North Kern State Prison; and 1 at the Substance Abuse Treatment Facility and State Prison – Corcoran.

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION COVID-19 RESPONSE TIMELINES AS OF APRIL 15, 2020

- As of this date, 81 staff members have self-reported positive for COVID-19. The staff members work at the following locations: 1 at California Correctional Institution, 5 at California Heath Care Facility; 21 at California Institution for Men; 2 at California Institution for Women; 12 at California State Prison – Los Angeles County; 5 at California State Prison – Sacramento; 2 at Calipatria State Prison; 3 at CDCR/CCHCS Worksite Location – Sacramento County; 2 at CDCR/CCHCS Worksite Location – San Bernardino County; 2 at Centinela State Prison; 1 at Central California Women's Facility; 4 at Folsom State Prison; 1 at Mule Creek State Prison; 1 at North Kern State Prison; 2 Northern California Youth Correctional Center; 3 at Richard A. McGee Correctional Training Center; 6 at San Quentin State Prison; 1 at Salinas Valley State Prison; 2 at the Substance Abuse Treatment Facility and State Prison – Corcoran; 1 at Valley State Prison; and 4 at Wasco State Prison.

ATTACHMENT C

CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

MEMORANDUM

Date:	March 11, 2020
To:	Regional Health Care Executives Deputy Medical Executives Chief Nurse Executives Chief Executive Officers Chief Medical Executives Chief Nurse Executives Chief Physician & Surgeons Chief Support Executives Infection Control Nurses Public Health Nurses
From:	Heidi M. Bauer, MD MS MPH Public Health Epi/Surveillance Lead Public Health Branch Diane O'Laughlin, FNP-BC, DNP Headquarters Chief Nurse Executive Public Health and Infection Prevention
Subject:	**2019 NOVEL CORONAVIRUS (COVID-19)**

The 2019 Novel Coronavirus (COVID-19 related virus, aka SARS-CoV-2) was identified in Wuhan, Hubei Province, China, in December 2019 and is now being detected in many parts of the world, including the United States. For up-to-date information regarding the novel coronavirus, see the Centers for Disease Control (CDC) Novel Coronavirus webpage.

Currently, there is no vaccine or pharmaceutical treatments for COVID-19. Person-to-person transmission has been demonstrated and is thought to occur by respiratory droplets, similar to how influenza or a cold is transmitted. At this time, the health risk to the general public in California from novel coronavirus remains low and there are no confirmed cases of COVID-19 among patients or staff within the California Department of Corrections & Rehabilitation (CDCR).

The purpose of this memorandum is to advise California Correctional Health Care Services (CCHCS) healthcare providers of new guidance released by the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH) and California Occupational Safety and Health Administration (CalOSHA) and to share resources for future updates that come available.

1. Risk assessment and initial management of patients with respiratory illness
2. Laboratory testing for COVID-19 related virus (SARS-CoV-2)
3. Surveillance and reporting requirements
4. Resources for up to date information (COVID-19 page on Lifeline and others)

RISK ASSESSMENT AND INITIAL MANAGEMENT OF PATIENTS WITH RESPIRATORY ILLNESS

- Risk factors for COVID-19: Close contact to a laboratory-confirmed COVID-19 patient in the past 14 days, or exposure in an affected geographic area or cruise ship are the strongest risk factors. To date, there are no confirmed cases of COVID-19 among CDCR patients or staff; however, community transmission is now recognized in at least 7 counties in California.
- Incubation period: People with COVID-19 generally develop signs and symptoms on average 5 days after exposure (range 2-14 days).
- Clinical spectrum of COVID-19 ranges from mild disease with non-specific signs and symptoms of acute respiratory illness, to severe pneumonia with respiratory failure and septic shock.
- Signs and symptoms of COVID-19 typically include:
  - Fever (100.4° F, 38° C)
  - Cough, dry or productive
  - Fatigue
  - Myalgia
  - Dyspnea occurs in a third of patients hospitalized for COVID-19
  - Upper respiratory symptoms (sore throat, congestion) are less common
  - Nausea, vomiting and diarrhea also have been reported
- COVID-19 is an influenza-like illness (ILI). Be alert to clusters of patients with ILI who test negative for influenza and other respiratory pathogens as they could represent an outbreak of COVID-19.
  - Ensure that infection control recommendations are followed for all ILI patients awaiting diagnosis and disposition:
    - The patient is using a surgical mask
    - The patient is isolated in an airborne isolation or **single room with closed door**
    - Standard, contact, and airborne precautions are followed
    - Personal protective equipment for health care workers includes fit-tested N-95 mask, gloves, gown, and eye protection (face shield or goggles)

LABORATORY TESTING FOR COVID-19 RELATED VIRUS (SARS-COV-2)

- Testing for patients with ILI:
  - COVID-19 related and influenza viral testing is important for establishing the etiology of ILI.
  - Patients with laboratory-confirmed influenza or other etiology are unlikely to be co-infected with COVID-19 related virus.

  - While influenza remains prevalent, patients with fever (>100° F) and cough who are not at high risk for severe disease (below) may undergo testing for influenza as a first-line test, with reflex to COVID-19 testing if negative for influenza. Rapid Influenza Diagnostic Tests (RIDTs) are valuable in identifying patients infected with influenza.
  - Who to consider immediate testing for COVID-19 related virus:
    - Patients of Concern: Because early diagnosis may improve clinical outcomes, priority for COVID-19 related virus testing should be given to symptomatic individuals who are **older (age ≥ 65 years)** or have **chronic medical conditions and/or an immunocompromised** state that may put them at higher risk for poor outcomes (e.g., diabetes, heart disease, receiving immunosuppressive medications, chronic lung disease, chronic kidney disease).
    - Clinicians should use their judgment in testing patients with ILI for other respiratory pathogens.
- Quest is now accepting specimens for SARS-CoV-2 RNA, Qualitative Real-Time RT-PCR testing:
  - Quest Test Code: **39433**
  - Preferred specimen: Nasopharyngeal (NP) Swab or Oropharyngeal (OP) swab collected in multi microbe media (M4), VCM medium (green-cap) tube or equivalent (UTM) (one swab per tube)
  - Use a separate NP or OP swab for COVID-19 testing; use a separate NP or OP swab for other tests (i.e. influenza). Do not combine swabs in the same tube.
  - Storage & Transport: SARS-CoV-2 RNA specimens must be refrigerated (refrigerated stability is up to 72 hour)
  - Follow standard procedure for storage and transport of refrigerated samples
  - Cold packs/pouches must be utilized if samples are placed in a lockbox
  - SARS-CoV-2 RNA is not a STAT test and a STAT pick-up cannot be ordered
  - Turnaround time (TAT) may be delayed: TAT (published as 3-4 days) may be impacted initially due to high demand
  - The induction of sputum is not recommended
- **Precaution for specimen collection:**
  - When collecting diagnostic respiratory specimens (e.g., nasopharyngeal swab) from a possible COVID-19 patient, the following should occur: Heath Care Personnel (HCP) in the room should wear an N-95 or higher-level respirator (or facemask if a respirator is not available), eye protection, gloves, and a gown.
  - The number of HCP present during the procedure should be limited to only those essential for patient care and procedure support. Visitors should not be present for specimen collection. Specimen collection should be performed in a normal examination room with the door closed.
  - Clean and disinfect procedure room surfaces promptly as described in the section on environmental infection control below. CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

- Laboratory-confirmed cases of COVID-19 should be reported immediately to the institution public health nurse, who will conduct a contact investigation and institute quarantine for those exposed. Institution leadership should also be notified immediately.

SURVEILLANCE AND REPORTING REQUIREMENTS

Effective immediately, California Correctional Health Care Services (CCHCS) Public Health Branch (PHB) will be assessing, monitoring and making a statewide report for leadership. This will require the institutions experiencing an outbreak or monitoring contact to report COVID-19 data *seven days a week, including holidays*. Reporting will be done via a SharePoint system described later in this memo.

Use the COVID-19 Case Definitions below to guide data reporting:

- **Confirmed COVID-19 Case**
  - A positive laboratory test for the virus that causes COVID-19 in at least one respiratory specimen (whether or not the positive test has been confirmed by the CDC).
- **Suspected COVID-19 Case**
  - Fever and cough or shortness of breath (dyspnea) with evidence of a viral syndrome (influenza-like illness [ILI]) in a person without high risk exposure and without a positive test for influenza **OR**
  - Any fever, respiratory symptoms, or evidence of a viral syndrome in a patient with epidemiologic linkage to a confirmed case of COVID-19 or linkage to a group defined by public health during an outbreak.
- **Close Contact to COVID-19 Case**
  - Close proximity (within approximately 6 feet) to an individual with confirmed COVID-19 for a prolonged period of time without the use of recommend Personal Protective Equipment
  - Direct contact with infectious secretions from an individual with confirmed COVID-19

Reporting: Every institution shall report daily, *seven days a week including holidays*:

- Notify CCHCS PHB **immediately** at CDCRCCHCSPublicHealthBranch@cdcr.ca.gov if there are significant developments at the institution, e.g., first time the institution is monitoring one or more contacts, first suspect case at the institution, first confirmed case at the institution, first COVID-19 contact investigation at the institution.
- By noon, report all new suspected and confirmed COVID-19 cases and all new COVID-19 contacts to the COVID-19 SharePoint: https://cdcr.sharepoint.com/sites/cchcs_ms_phos
- By noon, update all case records on the COVID-19 SharePoint to reflect up-to-date information on lab results, symptoms, and patient status.

- By noon, update all contact records on the COVID-19 SharePoint to reflect up-to-date information on date of last exposure and monitoring status.

Training on use of the COVID-19 SharePoint reporting tool will be provided several times over the course of the next two weeks. Currently, institution Chief Nurse Executives, Public Health Nurses (PHN), PHN backup (including Infection Prevention and Control Nurses), Utilization Management (UM) nurses, and UM backup have access to the SharePoint. To ensure seven-day a week, including holiday coverage for SharePoint reporting, institutions should request SharePoint access for additional nurses who will be reporting the above data by sending their email addresses to CDCRCCHCSPublicHealthBranch@cdcr.ca.gov. Please allow one business day for SharePoint access to be granted.

RESOURCES FOR UP TO DATE INFORMATION

COVID-19 PAGE ON LIFELINE:
For updates and guidance, please visit:

- COVID-19 Page on Lifeline

CDC GUIDANCE FOR COVID-19:

- Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)
- Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings
- Interim Guidance for Healthcare Facilities: Preparing for Community Transmission of COVID-19 in the United States

CDPH GUIDANCE FOR COVID-19:

- Guidance Documents: Coronavirus Disease 2019 (COVID-19)

CDPH ALL FACILITIES COVID-19 LETTERS:

- CDPH AFL 20-17: Guidance for Healthcare Facilities on Preparing for Coronavirus Disease 2019 (COVID-19)
- CDPH AFL 20-15: Infection Control Recommendations for Facilities with Suspect Coronavirus (COVID-19) Patients
- CDPH AFL 20-14: Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19)

CalOSHA GUIDANCE:

- Interim Guidance for Protecting Health Care Workers from Exposure to 2019 Novel Coronavirus (2019-nCoV)
- Interim Guidance on Coronavirus for Health Care Facilities: Efficient Use of Respirator Supplies

MEMORANDUM

Cc: Diana Toche, Undersecretary, Healthcare Services
Steven Tharratt, MD, MPVM, FACP, Director of Health Care Operations
Renee Kanan, MD, MPH, Chief Quality Officer, Deputy Director of Medical Services
Barbara Barney-Knox, Deputy Director of Nursing Services (A)
Morton Rosenberg, Deputy Director of Dental Service
Deputy Medical Executives
Wardens

ATTACHMENT D

Help prevent the spread of illness... Wash your Hands!

PREVENT THE SPREAD OF ILLNESS

Good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses. Protect yourself and others from viral illnesses and help stop the spread of germs.

Avoid close contact

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

Keep your germs to yourself

As much as possible, stay in your housing area away from others when you are sick. This will help prevent spreading your illness to others.

Cover your nose and mouth

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Flu and other serious respiratory illnesse are spread by cough, sneezing, or unclean hands.

Handwashing: clean hands save lives!

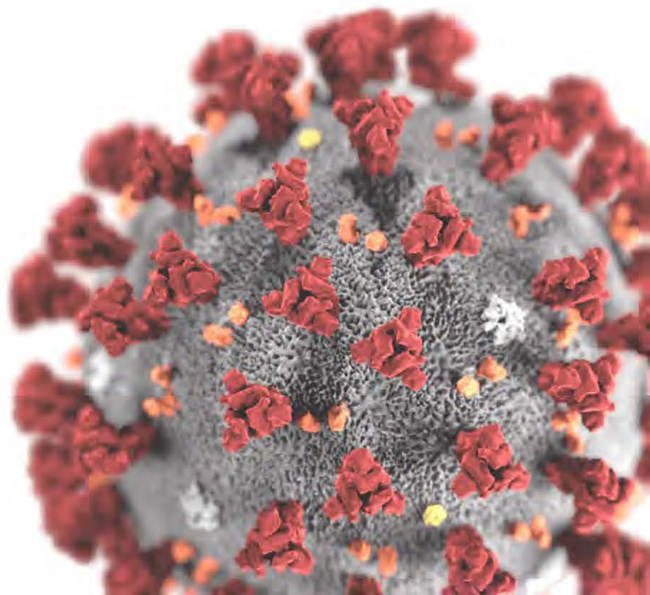
Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community. If soap and water are not available, use hand sanitizer.

Avoid touching your eyes, nose or mouth

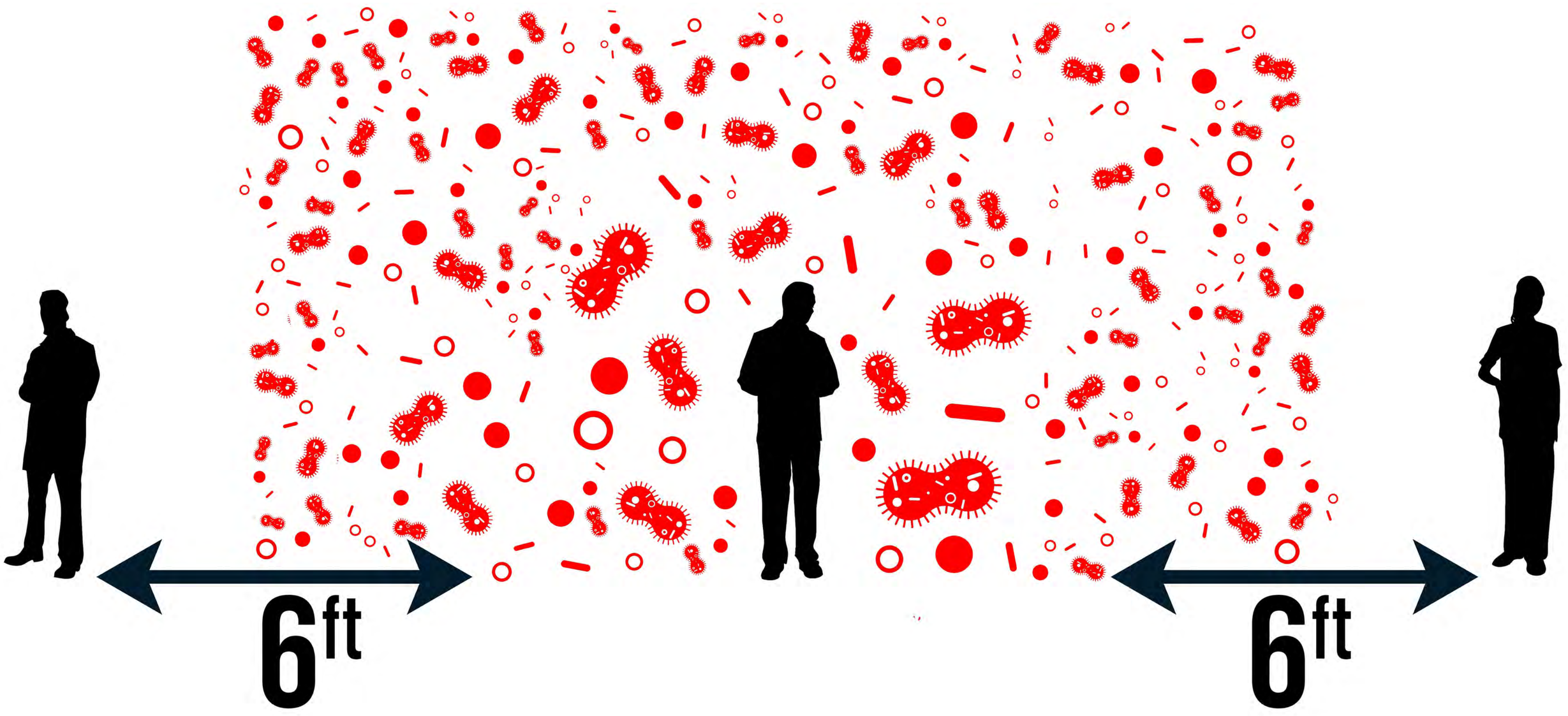
Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Practice other good health habits

Clean frequently touched surfaces especially when you or someone you share space with is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.



SOCIAL DISTANCING

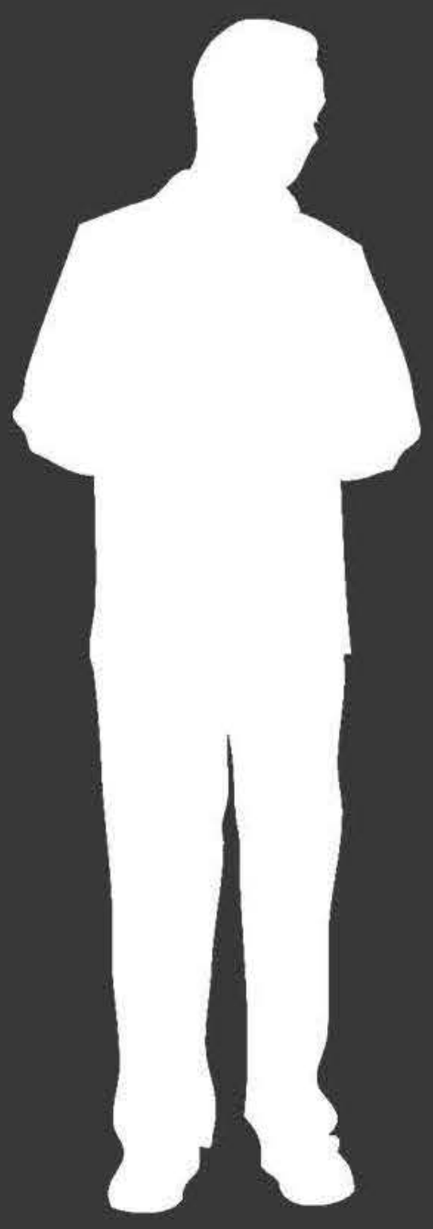


The distance between you and COVID-19 is

SIX FEET

PRACTICE SOCIAL DISTANCING

THE DISTANCE BETWEEN YOU AND COVID-19 IS



SIX FEET

To curb the spread of COVID-19, CDCR and the California Department of Public Health recommend keeping a six foot distance between yourself and others at all times.

COVID 19 CORONAVIRUS DISEASE

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

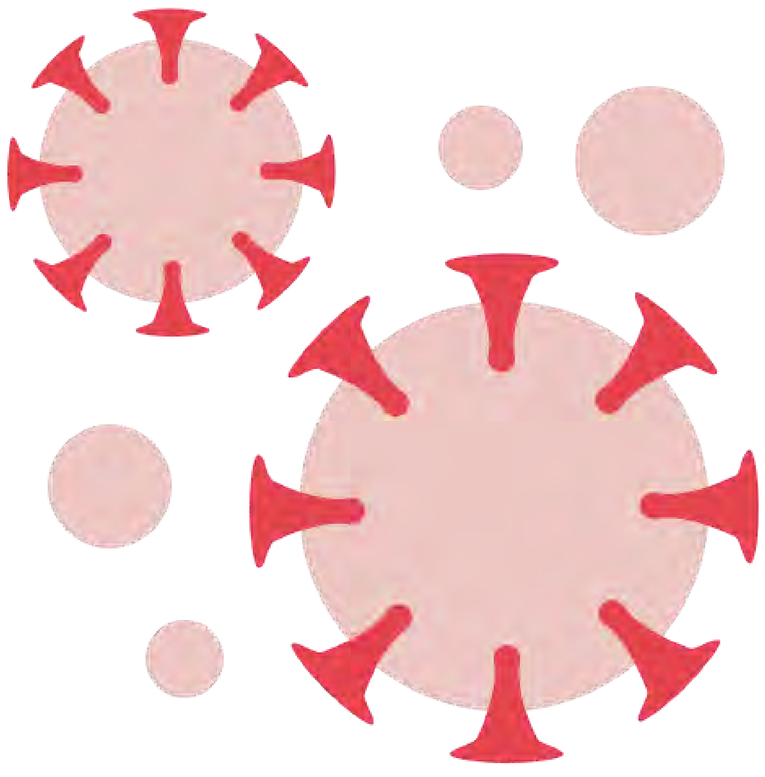
Symptoms* can include

*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

If you have symptoms of COVID-19, please complete a form 7362 and let someone know immediately.

COVID-19 QUICK GUIDE



QUARANTINED

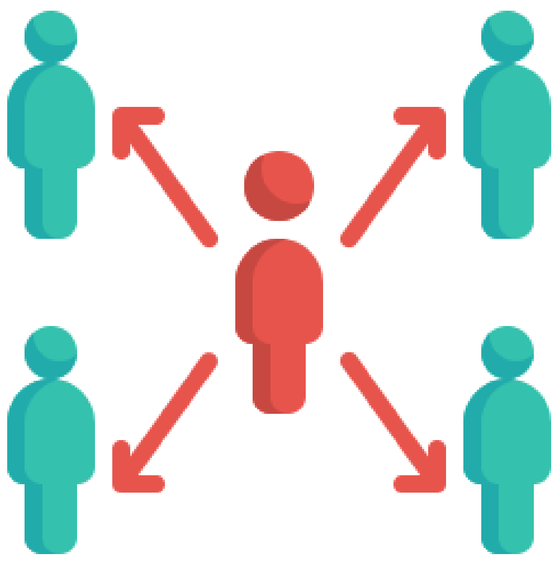
Exposed to confirmed COVID-19 case with no signs or symptoms.

Screening questions and temperatures twice daily. In cases of extreme hardship, screening and temperatures a minimum of once daily may be approved jointly by the local CEO, CNE and CME.

SUSPECTS: ISOLATED ALONE

Sick – Individuals with signs and symptoms.

Test for Influenza and COVID-19 immediately. Vital signs and 02 SATS twice daily. Await diagnoses & monitor symptoms. (DO NOT house with other sick people, as we DO NOT know the pathogen). If suspect confirmed as positive for COVID-19, move to COVID-19 CASE status below.



COVID-19 CASE: ISOLATED

Sick – Individuals with confirmed COVID-19 diagnosis.

Vitals signs and 02 SATS twice daily. Assess for worsening symptoms & recovery. (DO isolate CONFIRMED COVID-19 together, as we DO know the pathogen. DO NOT house COVID-19 cases with influenza cases).

Lo que necesita saber sobre la enfermedad del coronavirus 2019 (COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

Sí. El COVID-19 se está propagando de persona a persona en partes de los Estados Unidos. El riesgo de infección con COVID-19 es mayor en las personas que son contactos cercanos de alguien que se sepa que tiene el COVID-19, por ejemplo, trabajadores del sector de la salud o miembros del hogar. Otras personas con un riesgo mayor de infección son las que viven o han estado recientemente en un área con propagación en curso del COVID-19.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero ahora se está propagando de persona a persona. Se cree que el virus se propaga principalmente entre las personas que están en contacto cercano unas con otras (dentro de 6 pies de distancia), a través de las gotitas respiratorias que se producen cuando una persona infectada tose o estornuda. También podría ser posible que una persona contraiga el COVID-19 al tocar una superficie u objeto que tenga el virus y luego se toque la boca, la nariz o posiblemente los ojos, aunque no se cree que esta sea la principal forma en que se propaga el virus.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Algunos pacientes presentan neumonía en ambos pulmones, insuficiencia de múltiples órganos y algunos han muerto.

¿Qué puedo hacer para ayudar a protegerme?

Las personas se pueden proteger de las enfermedades respiratorias tomando medidas preventivas cotidianas.

- Evite el contacto cercano con personas enfermas.
- Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Use un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.

Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:

- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si he regresado recientemente de un viaje a un área con propagación en curso del COVID-19?

Si ha llegado de viaje proveniente de un área afectada, podrían indicarle que no salga de casa por hasta 2 semanas. Si presenta síntomas durante ese periodo (fiebre, tos, dificultad para respirar), consulte a un médico. Llame al consultorio de su proveedor de atención médica antes de ir y dígales sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

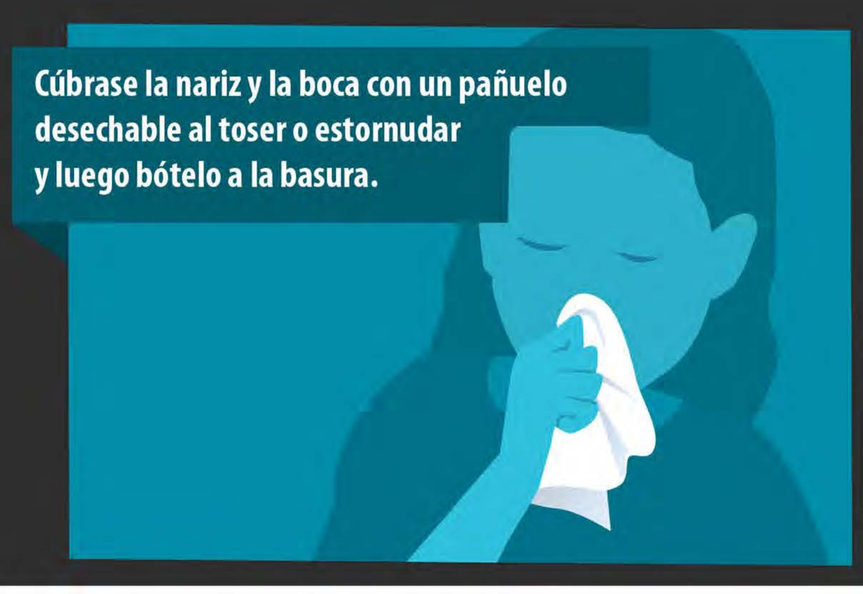
En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir infecciones es tomar medidas preventivas cotidianas, como evitar el contacto cercano con personas enfermas y lavarse las manos con frecuencia.

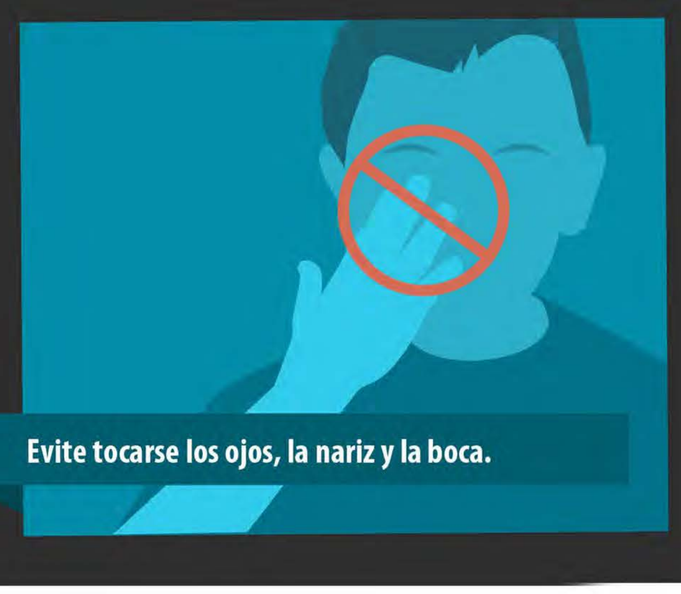
¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

DETENGA LA PROPAGACIÓN DE LOS MICROBIOS

Ayude a prevenir la propagación de virus respiratorios como el nuevo COVID-19.





COVID-19 SICK TIPS

S

Symptoms

Interview Patient Immediately!
Assess for coughing, fever, shortness of breath, fatigue. Ask patient how long they have had these symptoms & who they have had contact with.

I

Isolate & Instruct

Instruct to remain in cell or isolation area, wash hands in & out of cell, when coughing use tissue & discard or cover mouth with elbows. Complete a 7362 if symptoms worsen.

C

Calls & Cancellations

Cancel all appointments and patient movement. Call and notify the PHN, PCP and Custody of patient restrictions. Screen roommates.

K

Keep patients protected

Keep patient isolated & roommates quarantined. Keep screening and monitoring patients/roommates for worsening symptoms. Take temperatures twice daily.

Quick Tips

•See all patients immediately, regardless of refusals. A cell front assessment is required.

•Provide a mask to coughing patients prior to any interviews or interaction.

•Teach proper handwashing & ensure patients have hand soaps and tissue in cell and dorms.

•Educate patients on social distancing.

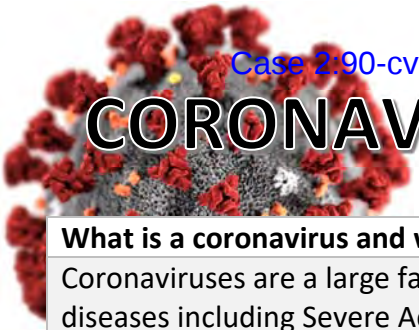
•Explain to patient the importance of preventing the disease from spreading (Quarantine Vs. Isolation).

•Provide reassurance to the patient.

•Utilize current processes for identifying patients i.e. 7362, clinical rounds etc.

•Remember to quarantine patients for 14 days who have been in contact with someone who had symptoms of ILI or is in isolation for COVID-19.

•Isolate patients with new or worsening symptoms or temperatures of 100 F and above.



CORONAVIRUS/COVID-19 FACTS AND FAQS

What is a coronavirus and what is COVID-19?

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

How did this virus get its name?

On Feb. 11, 2020, the World Health Organization announced the official name for the new coronavirus virus would be COVID-19. "CO" stands for "corona," "VI" stands for "virus," D stands for "disease" and 19 indicates the year the virus was first discovered. Before this, the virus was referred to as the "2019 novel coronavirus," which means it was a new strain not previously identified in humans.

Where did COVID-19 come from?

The World Health Organization states that coronaviruses are zoonotic, which means they are transmitted from animals to people. A specific animal source of COVID-19 has not been identified, but the virus has been linked to a large seafood and live animal market.

What are the symptoms of COVID-19?

According to the Center for Disease Control (CDC), individuals diagnosed with this coronavirus experience a mild to severe respiratory illness. Symptoms include fever, cough and shortness of breath. Individuals with severe complications from the virus often develop pneumonia in both lungs.

How does the virus spread?

The virus is spread person-to-person. According to the CDC, spread is happening mainly between people who are in close contact (within 6 feet) of each other via respiratory droplets produced when an infected person coughs or sneezes. The droplets land on the noses and mouths of other people, who then inhale them. The CDC says it may be possible for the virus to spread by touching a surface or object with the virus and then a person touching their mouth, nose or eyes, but this is not thought to be the main method of spread. As the virus was discovered just a few months ago, more research is required to learn more about the spread pattern of the virus. The incubation period ranges from 2 to 14 days after exposure (most cases occurring at approximately 5 days.) People are thought to be most contagious when they are most symptomatic (the sickest.) Some spread might be possible before people show symptoms.

Do I need to wear a protective mask?

There is no need for healthy individuals to wear surgical masks to guard against coronavirus. Individuals should only wear a mask if they are ill or if it is recommended by a health care professional. Masks must be used and disposed of properly to be effective.

Is there a cure for the virus?

There is no specific medication to treat COVID-19; supportive care is provided to treat symptoms. There is currently no vaccine to protect against COVID-19. Individuals should take care to avoid being exposed to the virus through hygiene and sanitary practices. Please seek immediate medical care to relieve symptoms if infected with the virus.

How do I protect myself and others?

There is currently no vaccine to prevent COVID-19 or medication to directly treat COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19. The CDC recommends maintaining personal preventative actions such as:

- Avoiding close contact with those who are sick
- Not touching your eyes, mouth or nose, especially with unwashed hands
- Washing your hands often with soap and warm water for last least 20 seconds
- Clean objects and surfaces that are frequently touched
- Limit your exposure to others if you are sick
- Cover your coughs and sneezes with a tissue
- Do not share food, drinks, utensils, or toothbrushes

What should I do if I think I have COVID-19?

Avoid direct contact with other people and immediately request to be seen by health care if you feel sick with a fever, cough or difficulty breathing. Make sure to give your provider details of any symptoms and potential contact with individuals who may have recently traveled.

Will I be tested for COVID-19?

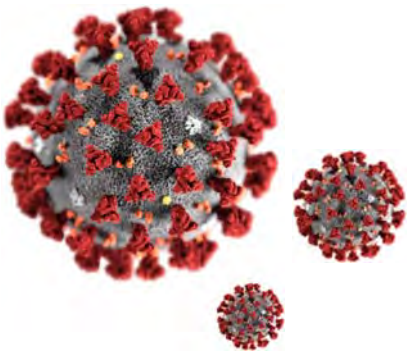
You will be tested if your provider suspects you have COVID-19.

What is CDCR/CCHCS doing to prepare for a potential outbreak?

CDCR and CCHCS are dedicated to the safety of everyone who lives, works, and visits our state prisons. We have longstanding emergency response plans in place to address communicable disease outbreaks such as influenza, measles, mumps, norovirus, as well as coronavirus. Based on guidance from the CDC, and to ensure we are as prepared as possible to respond to any exposure to COVID-19 specifically, we are building upon the robust influenza infection control guidelines already in place at each institution. These guidelines clearly define procedures for prevention of transmission, management of suspected and confirmed cases including isolation and quarantine protocols, surveillance of patients, and routine cleaning and disinfection procedures.

If there is a suspected case of COVID-19, we will follow the policies and procedures already in place for modified programming for any affected housing units and areas. We will continue to update guidelines for COVID-19 response based on CDC recommendations and will maintain cooperation with local and state health departments and the law enforcement community.

COVID-19 is new, but the most important aspect of preparedness is remaining calm. Don't panic. We understand staff, families, and those who visit state prisons as program providers or volunteers may have concerns and anxiety about COVID-19, but please be assured that there is no need for alarm. All should follow the precautions recommended by CDC, which expand upon precautions advised during cold and flu season. The spread of COVID-19 can be significantly reduced with proper infection control measures and good individual hygiene practices.



ATTACHMENT E

EXECUTIVE DEPARTMENT
STATE OF CALIFORNIA

EXECUTIVE ORDER N-36-20

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

WHEREAS despite sustained efforts, COVID-19 continues to spread and is impacting nearly all sectors of California; and

WHEREAS, state and local correctional and public safety leaders are building on their longstanding partnership, to protect public health and safety in the context of the COVID-19 crisis; and

WHEREAS the California Department of Corrections and Rehabilitation (CDCR) has infectious disease management plans in place to address communicable disease outbreaks such as influenza, measles, mumps, norovirus, and varicella, and CDCR has taken a series of additional proactive steps to reduce the risk of introducing and spreading COVID-19 in CDCR facilities, including:

- educating staff, inmates, and visitors regarding ways they can protect themselves and those around them from COVID-19;
- screening staff before they enter work locations;
- increasing cleaning and sanitation of CDCR facilities and providing staff and inmates with access to additional soap and sanitizing products;
- quarantining inmates arriving from county jails;
- restricting visitors and volunteers, and offering free methods for inmates to communicate with family members, friends, and attorneys;
- limiting inmate transfers including suspending out-of-state parole or inmate transfers to California for 30 days; and
- suspending scheduled in-person parole visits, except when statutorily required, for critical needs, or in emergencies; and
- eliminating parole revocations in many cases; and

WHEREAS the Governor's Office of Emergency Services has operated and continues to operate a multi-agency correctional task force to identify additional steps necessary, as this emergency develops, for action to protect health and safety; and

WHEREAS many inmates who are confined in state prison are entitled to timely parole hearings under the California Constitution, the Penal Code, and a federal three-judge court order; and

WHEREAS COVID-19 and the response thereto have impaired the Board of Parole Hearings' ability to meet the usual statutory and regulatory requirements to timely conduct parole hearings in person; and

WHEREAS inmates, inmates' counsel, victims and their representatives, and representatives of the people have the right to be heard at parole hearings, but such hearings must be secure and safe for all participants; and

WHEREAS under the provisions of Government Code section 8571, I find that strict compliance with various statutes and regulations specified in this order would prevent, hinder, or delay appropriate actions to prevent and mitigate the effects of the COVID-19 pandemic.

NOW, THEREFORE, I, GAVIN NEWSOM, Governor of the State of California, in accordance with the authority vested in me by the State Constitution and statutes of the State of California, and in particular, Government Code sections 8627, 8567, and 8571, do hereby issue the following order to become effective immediately:

IT IS HEREBY ORDERED THAT:

1. To protect the health, safety, and welfare of inmates in the custody of CDCR and staff who work in the facilities, I direct the Secretary of CDCR to use his emergency authority under California Penal Code section 2900(b) to suspend intake into state facilities for 30 days by directing that all persons convicted of felonies shall be received, detained, or housed in the jail or other facility currently detaining or housing them for that period. Consistent with California Penal Code section 2900(b), the time during which such person is housed in the jail or other facility shall be computed as part of the term of judgment. I further order the Secretary to suspend intake into Division of Juvenile Justice (DJJ) facilities for 30 days. To the extent that any statutory or other provisions require DJJ to accept new juveniles into its facilities, such provisions are waived or suspended. The Secretary may grant one or more 30-day extensions of the suspension of intake or commitment if suspension continues to be necessary to protect the health, safety, and welfare of inmates and juveniles in CDCR's custody and staff who work in the facilities.

2. The Board of Parole Hearings is directed to develop a process for conducting parole hearings by videoconference and shall confer with stakeholders in developing this process. The Board of Parole Hearings shall endeavor to make parole hearings conducted via videoconference accessible to all participants specified in the Penal Code and the California Code of Regulations. This process shall be operational no later than April 13, 2020.

3. To protect the health and welfare of inmates, hearing board officers, inmates' counsel, victims and their representatives, and representatives of the people, the Board of Parole Hearings is directed to cease conducting in-person parole hearings for 60 days and shall postpone any scheduled parole hearings until April 13, 2020, or an earlier date at which it is able to accommodate conducting parole hearings by video conference. The Secretary may grant one or more 30-day extensions of the prohibition on in-person parole hearings if it continues to be necessary to protect the health, safety, and welfare of inmates in CDCR's custody, staff who work in the facilities, hearing officers, victims and their representatives, and representatives of the people.

4. For the next 60 days, and for the term of any extensions, inmates scheduled for a parole hearing can elect to continue with their timely parole hearing by videoconference, to accept a postponement of their parole hearing, or to waive their hearing.
    a. Any parole hearing postponed under this provision shall be rescheduled for the earliest practicable date.

    b. All rights for all participants delineated by state law will be applied to hearings postponed and rescheduled.

    c. To the extent that an inmate is required to show good cause to waive or postpone his or her hearing under California Code of Regulations, title 15, section 2253, subdivisions (b)(3) and (d)(2), such requirements are suspended for the next 60 days, and for the term of any extensions.

5. For the next 60 days, and for the term of any extensions, to the extent that any law or regulation gives any person the right to be present at a parole hearing, that right is satisfied by the opportunity to appear by videoconference. Specifically:
    a. For inmates who choose to go forward with their parole hearing by videoconference during the next 60 days, and during the term of any extensions, the inmate's right to be present and to meet with a Board of Parole Hearing's panel under Penal Code sections 3041, subdivision (a)(2), 3041.5, subdivision (a)(2), and California Code of Regulations, title 15, section 2247, is satisfied by appearance through videoconference.

    b. For inmates who choose to go forward with their parole hearing by videoconference during the next 60 days, and during the term of any extensions, Penal Code section 3041.7 and California Code of Regulations, title 15, section 2256, which provide that an inmate has the right to be represented by an attorney at parole hearings, will be satisfied by the attorney appearing by videoconference and by providing for privileged teleconferencing between the inmate and attorney immediately before and during the hearing. Such inmates will also be provided reasonable time and opportunity for privileged communications by telephone with their retained or appointed counsel prior to the hearing at no charge to either party.

    c. For hearings conducted by videoconference during the next 60 days, and during the term of any extensions, the right of victims, victims' next of kin, members of the victims' family and victims' representatives to be present at a parole hearing will be satisfied by the opportunity to appear by videoconference, teleconference, or by written or electronically recorded statement, consistent with California Constitution, Article I, section 28, subdivision (b)(7), Penal Code section 3043, subdivision (b)(1) and California Code of Regulations, title 15, section 2029, and as provided in Penal Code sections 3043.2 and 3043.25.

d. For hearings conducted by videoconference during the next 60 days, and during the term of any extensions, Penal Code section 3041.7 providing that the prosecuting attorney may represent the interests of the people at the hearing will be satisfied by the opportunity to appear by videoconference, teleconference, or a written statement.

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

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

IN WITNESS WHEREOF I have hereunto set my hand and caused the Great Seal of the State of California to be affixed this 24th day of March 2020.

GAVIN NEWSOM
Governor of California

ATTEST:

ALEX PADILLA
Secretary of State

ATTACHMENT F

Memorandum

Date: April 7, 2020

To: Associate Director, Division of Adult Institutions
Wardens

Subject: **COVID-19 MANDATORY 14-DAY MODIFIED PROGRAM**

The California Department of Corrections and Rehabilitation's priority is to protect the health and well-being of our staff and the offender population as well as providing a safe environment. The purpose of the memorandum is to reduce staff and inmate exposure to the coronavirus (COVID-19) by increasing more restrictive measures.

Effective Wednesday, April 8, 2020, all institutions will implement a mandatory 14-day modified program. Each institution will be responsible for either creating or amending their current Program Status Report taking all of the following information into consideration:

- The entire institution will be affected, except for Restricted Housing Units, Correctional Treatment Centers, and Psychiatric Inpatient Programs, etc.
- Movement will be via escort - maintain increased social distancing unless security would dictate otherwise (i.e. Administrative Segregation Unit placement). Movement will be in such a fashion as to not mix inmates from one housing unit with another housing unit.
- Feeding – Cell feeding or one housing unit at a time, maintaining social distancing and disinfecting tables between each use
- Ducats – priority only – includes mental health groups and individual clinical contacts
- Visiting – none
- Family visiting – none
- Legal visits – urgent/emergency, via telephone or video conference where available. Board of Parole Hearings will continue with attorney contacts as required
- Workers – critical and porters
- Showers – maintain distancing and disinfect between each use
- Health care services - conduct rounds in housing units
- Medication(s) distribution – cell front or at podium
- Law Library – PLU or paging option while maintaining social distancing in library
- Dayroom – numbers need to be reduced to allow for increased social distancing which may result in no dayroom activities if unable to maintain social distancing numbers to accommodate showers and phones
- Recreation - One housing unit/dorm at a time
- Canteen is permitted – if unable to accommodate during scheduled yard time facilitate delivery method