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Attorneys for Defendants

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF CALIFORNIA
OAKLAND DIVISION

MARCIANO PLATA, et al.,

Plaintiffs,

v.

GAVIN NEWSOM, et al.,

Defendants.

01-cv-01351-JST

**EXHIBITS G-N TO DECLARATION OF
RALPH DIAZ IN SUPPORT OF
DEFENDANTS' OPPOSITION TO
PLAINTIFFS' EMERGENCY MOTION
REGARDING PREVENTION AND
MANAGEMENT OF COVID-19**

Exhibit G



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date: March 23, 2020

To: CDCR and CCHCS Extended Executive Staff
Institution Wardens
Institution Executive Staff
Connie Gipson (original signed by)
Director, Division of Adult Institutions
California Department of Corrections and Rehabilitation

From: Brant R. Choate, Ed.D
Director, Division of Rehabilitative Programs
California Department of Corrections and Rehabilitation

R. Steven Tharratt, MD, MPVM, FACP (original signed by)
Director, Health Care Operations
California Correctional Health Care Services

Subject: **COVID-19 Pandemic – Integrated Substance Use Disorder Treatment (ISUDT) Program Operational Guidance**

In response to the current coronavirus disease 2019 (COVID-19) pandemic, and out of an abundance of caution, the California Correctional Health Care Services (CCHCS) is taking necessary precautions to reduce exposure to both patients and staff. This memorandum provides guidance for ISUDT program operations with the understanding that based on COVID-19 impacts, some institutions may have fewer restrictions than others as we move through this difficult process.

Medication-Assisted Treatment (MAT)

Patients currently on MAT will continue to receive their MAT medication. Patients receiving methadone will continue to receive their MAT medication in accordance with Narcotic Treatment Program processes.

The likelihood that additional patients will seek MAT for opiate/heroin withdrawals due to movement restrictions and the stress associated with COVID-19 is possible, and may require medical/clinical staff to ramp up, rather than wind down, access to MAT. Our objectives to reduce morbidity related to substance use disorder (SUD), and prevent avoidable patient send-outs to emergency services and hospitals is invaluable during this current crisis.

ISUDT National Institute on Drug Abuse (NIDA) Quick Screen

NIDA Quick Screens for those with 15-24 months prior to release will be temporarily paused and re-evaluated in May 2020, for possible restart.



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ISUDT NIDA Modified Assist (MA)

ISUDT staff will continue to focus on the High-Risk/High-Need/Vulnerable populations, completing NIDA MA assessments, as necessary.

For those that have screened positive for SUD, a NIDA MA will be completed unless personnel resources are redirected to provide more essential services.

Health Care 7362 Requests

The 7362 process will remain in effect for inmates seeking ISUDT program services. These requests will be triaged consistent with triage for other health care services if the demand for health care services exceeds capacity.

Clinical Rounds

Clinical staff will follow exemplary nursing protocols to identify possible signs/symptoms of detoxification while making rounds in hopes of identifying inmates who may be withdrawing from illegal substances.

Cognitive Behavioral Interventions (CBI)

CBI for ISUDT is suspended until further notice.

Transition to Community

Patients transitioning back to the community who are on MAT will be provided a 30-day supply of medication and referred to a community MAT provider. All patients will be offered Naloxone upon release.

Institution ISUDT Steering Committee

A call will be held in the next two weeks with Chief Executive Officers and Wardens to provide further direction about the focus of this committee during COVID-19.

We appreciate each and every one of you for your work and personal sacrifice.

cc: Renee Kanan
Barbara-Barney-Knox
Joseph Bick
Eureka Daye
Ron Davis
Ryan Souza
Kevin Hoffman
Lisa Heintz
Janene DelMundo



Exhibit H



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date: March 26, 2020

To: California Department of Corrections and Rehabilitation (CDCR) All Staff
California Correctional Health Care Services (CCHCS) All Staff

From:

Original Signed By
Connie Gipson
Director, Division of Adult Institutions
California Department of Corrections and Rehabilitation

Original Signed By
Barbara Barney-Knox, MBA, MA, BSN, RN
Deputy Director of Nursing (A), Statewide Chief Nurse Executive (A)
California Correctional Health Care Services

Original Signed By
Heather C. Bowlds Psy.D.
Deputy Director
Department of Corrections & Rehabilitation
Juvenile Justice, Health Care Services

Subject: **NOVEL CORONAVIRUS DISEASE 2019 (COVID-19) and INFLUENZA-LIKE-ILLNESS
FACILITY ENTRANCE SCREENING**

The purpose of this memorandum is to direct all staff and visitors entering California Department of Corrections and Rehabilitation (CDCR) correctional institutions shall be screened for Novel Coronavirus Disease 2019 (COVID-19) and Influenza-Like-Illness (ILI) symptoms. All staff and visitors shall have a measurement of their temperature prior to being allowed access into the correctional facility or any other assigned location. Staff shall follow all screening requirements for CDCR and our community partners.

The screening will begin on Friday, March 27, 2020, during third watch. At this time the CDC has not released any recommendations for the use of PPE for screening. Out of an abundance of caution, screeners shall be offered surgical masks, eye protection and hand sanitizer. Screening shall be performed at the points of entry agreed upon by CDCR and California Correctional Health Care Services (CCHCS). Each institution shall reduce points of entry to a minimum.

Nursing staff shall perform temperature measurements during the first two hours of every shift. Thereafter, Custody staff shall notify nursing if additional screening is required.

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Each point of entry shall have two touch free infrared thermometers. An additional thermometer shall be available as a backup unit in case of thermometer failure. This would make three thermometers per point of entry. Extra batteries for each unit shall be available at all times to the screeners. Training on the use of the touch free thermometers will be forthcoming on Lifeline.

- This screening shall include 1 and 2 below:
 1. Symptom questions:
 - Do you have a new or worsening cough?
 - Do you have a fever?
 - Do you have new or worsening difficulty breathing?
 2. Temperature measurement

Staff performing temperature screening shall use the following recommendations:

- Use of a surgical mask, eye protection and hand sanitizer.
- If there is no physical contact with an individual or body fluid contamination, the PPE does not need to be changed before the next check.
- Staff performing symptoms screening more than 6 feet away from the individual being screened do not need to wear PPE.
 - Individuals with no symptoms of COVID-19 or ILI, and a temperature measured less than 100.0 Fahrenheit shall be granted entry into in the CDCR correctional institution.
 - Individuals who respond “yes” to any COVID-19 or ILI questions and/or has a temperature measured equal or greater than 100.0 Fahrenheit shall be denied entry into in the CDCR correctional institution.
 - Individuals who respond “no” to any of the COVID-19 or ILI questions but have observed symptoms shall have further triage with a nurse. Based on the clinical judgement of the nurse, the employee may be denied entry into the CDCR correctional facility, and a recommendation to follow up with their personal medical provider given.
 - Individuals who respond “yes” to any COVID-19 or ILI questions that may be related to underlining medical conditions, shall have further triage with the nurse. Based on the clinical judgement of the nurse, the employee may be allowed entry into the CDCR correctional facility.
 - Individuals screened by a non-health care staff member with a temperature measuring 100.0 Fahrenheit or greater shall have a secondary evaluation by a licensed health care staff member.
- Employees denied entry will follow established procedure for notifying their supervisor of their absence.

Thank you all for your cooperation and support of this intervention to keep our staff and our patients healthy. By working together, we can guard against the spread of COVID-19 in our workplace, in our communities, and in our families.

Exhibit I

COVID-19 Guidance for Prisons
March 24, 2020

California Department of Public Health Guidance About Novel Coronavirus (COVID-19) for California Prisons March 24, 2020

The California Department of Public Health (CDPH) has developed guidance to assist California State prisons as they respond to the novel coronavirus disease 2019 (COVID-19) pandemic. Communicable disease in a prison setting poses a hazard to inmates, employees, and the community at large. It is essential that all possible steps be taken to prevent and control COVID-19 in California prisons. This guidance addresses non-clinical issues and does not address medical management issues such as decisions to test inmates for COVID-19. This is a rapidly evolving situation and CDPH will provide updated guidance as new information becomes available.

Correctional settings present unique challenges for control of communicable diseases such as COVID-19 because pathogens may be more easily transmitted in an institutional or congregate environment where people live in close proximity to others. If infected, inmates may be at increased risk for severe illness, particularly if they are older or immunocompromised or have chronic medical conditions (e.g., heart disease, diabetes, lung disease).

The following guidelines are complementary to the more general guidance provided by the Centers for Disease Control and Prevention for COVID-19 control in correctional settings, available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> .

1. Preventing, Decreasing, or Delaying the Introduction of COVID-19 into Facilities:

COVID-19 will most likely be introduced into a prison from infected employees or inmates admitted from jails. After COVID-19 has been introduced into a facility it can then be spread to other facilities when infected inmates or staff move from one facility to another.

Public health interventions such as the following should be taken to prevent entry of COVID-19 into the prison setting:

- All staff should be educated about COVID-19, including signs and symptoms, and the need to stay home when sick.
- Educational signage should be posted throughout the facility.
- To the extent possible, non-essential persons, such as vendors, volunteers and visitors should not enter the prison.

COVID-19 Guidance for Prisons
March 24, 2020

- All non-inmates entering the facility should be assessed for symptoms (fever, cough, shortness of breath) by documented self-attestation, and temperature check with a no-touch thermometer.
- Non-inmates with symptoms of an acute respiratory infection should not enter the prison.
- All inmates entering a prison should be screened for symptoms (fever, cough, shortness of breath) of acute respiratory infection and by temperature check and should have medical evaluation prior to placement in any type of housing.
- All non-essential activities as identified by prison warden, such as tours and visits should be cancelled.
- Encourage telework when possible.
- Consider implementation of alternative methods of communication with inmates for classes, family visiting, and other group activities.

2. Take steps to reduce likelihood of transmission in the prison setting:

- ***Among employees:***
 - CDCR should comply with general guidance for protection of workers during the COVID-19 emergency provided by CalOSHA for healthcare workers at <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html> and for non-healthcare workers at <https://www.dir.ca.gov/dosh/coronavirus/General-Industry.html>.
 - Provide education and a means to practice proper hand hygiene, cough etiquette, and social distancing.
 - In the event that an employee becomes ill while at work in a prison, they should be immediately provided a surgical mask and sent home.
 - Employees who develop COVID-19 symptoms should remain at home until at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 7 days have passed since symptoms first appeared, whichever is longer, according to current CDC guidelines and guidance from CalHR. Current CDC guidance for discontinuation of home isolation is available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>. (Please note, this is different from guidance for other respiratory infections).
 - As part of routine measures for the respiratory season, existing signs should be visible that remind staff, visitors, and incarcerated individuals to practice good health habits that include handwashing, sneeze/cough into their elbow, put used tissues in a waste receptacle, and to wash

COVID-19 Guidance for Prisons
March 24, 2020

hands immediately after using tissues, as well as to maintain social distancing.

- ***Among Inmates:***

- Educate inmates about general hygiene and preventive methods for reducing transmission of communicable diseases. Provide education and means to practice proper hand hygiene and cough etiquette. Ensure that all water supplies for hand washing allow flow of water for at least 20 seconds. Educate inmates about risk of transmission associated with close contact within 6 feet and encourage social distancing.
- Encourage inmates to clean their personal cell environments and provide them with materials to allow them to do so.
- Educate inmates about COVID-19 and encourage them to self-report symptoms of acute respiratory infection including fever, cough, and shortness of breath.
- Provide surgical masks to residents with respiratory symptoms if they need to leave their cells.
- At every medical encounter, including medical, dental and mental health clinics, screen patients for symptoms of COVID-19 infection.
- Establish and maintain increased cleaning of common spaces, including tables, chairs, handrails, exercise equipment, etc.
- Implement cleaning of mobility equipment (wheelchairs, etc.) used by elderly inmates.
- Support Social Distancing by:
 - Wherever possible, movement, housing, and group activities of inmates should allow social distancing of 6 feet between each person. This would include movement from one area to another (such as to and from dining facilities), and in chow halls, classrooms, clinics, and housing. Total number of people gathered closely in a single area should not exceed CDC guidelines.
 - Waiting areas for clinics should be set up so that patients with respiratory symptoms and fever are separated from patients without such symptoms. The patients with respiratory symptoms should be wearing medical/surgical masks, and be at the appropriate social distance for isolation of a sick person from others of at least 6 feet.
 - Prioritize social distancing to ensure that high risk groups such as the elderly and those with underlying medical conditions are adequately distanced.

COVID-19 Guidance for Prisons
March 24, 2020

3. Additional Actions Once COVID-19 Has Entered a Facility

In the event that active or suspected cases of COVID-19 are present at the facility, the following are examples of actions that should occur:

- Facilities should take steps to isolate ill patients and quarantine exposed inmates. Ill patients should be separated by at least six feet from well inmates.
- All suspected cases of COVID-19 should be reported immediately to the facility's designated public health representative, as well as to the local health jurisdiction in which the facility is located.
 - Depending on the extent of transmission within the facility, cellmates of sick individuals will be separated to the extent possible until it is determined that those individuals are free of COVID-19 symptoms.
 - Ill patients with COVID-19 symptoms should be separated from their well cellmates and others for 72 hours until they have been fever-free without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND** 7 days have passed since symptoms have first appeared, whichever is longer. Current CDC guidance for discontinuation of home isolation is available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.
- CDCR medical staff should make COVID-19 testing decisions based on clinical judgment and in consultation with CDCR public health staff. If testing capacity is limited, priority should be given to those for whom a positive test would change the course of action (such as those with the highest contacts).
- CDCR should consult with CDPH in implementing control measures. Interventions may include:
 - Restricting movement of incarcerated individuals
 - Suspending non-critical programming (such as education, self-help groups, and many prison jobs).
 - Changing the way meals are provided to incarcerated individuals.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals according to CDC guidelines and Cal/OSHA regulations, including specifically the Aerosol Transmissible Disease standard.
- Minimize transfers in and out of the prison to the extent possible.
- Restrict inmate transportation to only those outside appointments that are medically urgent or legally required. Cancel any elective appointments that are not urgent.

COVID-19 Guidance for Prisons
March 24, 2020

This is a rapidly evolving pandemic and new information is being learned daily. We ask that facilities stay up to date and monitor public health updates from:

- Local Public Health Department
- California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- California Department of Corrections and Rehabilitation
<http://intranet/ADM/DSS/hr/oew/Pages/Coronavirus-COVID-19.aspx>
- US Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Please note: this fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

Further information is available on:

CDCRNET, <http://intranet/ADM/DSS/hr/oew/Pages/Coronavirus-COVID-19.aspx>.

LifeLine, <http://lifeline/Pages/Home.aspx>, Coronavirus (COVID-19), which contains multiple links.

State of CA, Dept. of Social Services, Guidance for all adult and senior care program licensees: https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/ASC/PIN%2020-04-ASC_Coronavirus_ASCFacilities.pdf

CDC, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

NYC Health, <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>

Cal/OSHA, Interim Guidance for Protecting Health Care Workers from Exposure to Coronavirus Disease (COVID-19), <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>

Cal/OSHA, Aerosol Transmissible Disease Standard,
<https://www.dir.ca.gov/title8/5199.html>

Exhibit J

State of California

Department of Corrections and Rehabilitation

Memorandum

Date: April 1, 2020

To: CDCR Employees Statewide
CCHCS Employees

Subject: **UPDATED MESSAGE TO EMPLOYEES REGARDING THE DEPARTMENTS RESPONSE TO COVID-19**

This is a brief message to all California Department of Corrections and Rehabilitation (CDCR) and California Correctional Health Care Services staff, regarding our efforts to address the COVID-19 pandemic. We are so proud of the steps that have been implemented over the last several weeks as we respond to the threat posed by the COVID-19 pandemic. The work you are doing is literally saving lives, and we appreciate each and every one of you. At this stage, however, even all of the preparations taken to date are insufficient to reduce the risk of transmission to an acceptable level.

We have therefore jointly determined that, pursuant to Government Code Section 8658, an emergency has occurred endangering the lives of inmates and staff through all institutions of CDCR. In order to reduce the spread of COVID-19, and avoid the dangerous consequences of transmission, we have determined that it is necessary to accelerate the release of certain nonviolent inmates who are within 60 days of release, and some patients receiving hospice care.

Immediate implementation of this determination is an urgent priority and work is currently under way to achieve this goal. There may be further steps at population reduction which may need to be taken in the next days or weeks, and we will inform you of those decisions if and when they are made. We thank all of you again for your commitment to the citizens of California during these challenging times.

RALPH M. DIAZ
Secretary

J. CLARK KELSO
Receiver

Exhibit K



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES



MEMORANDUM

Date: April 6, 2020

To: California Department of Corrections and Rehabilitation (CDCR) All Staff
California Correctional Health Care Services (CCHCS) All Staff

From: *Original Signed By*
Connie Gipson
Director, Division of Adult Institutions
California Department of Corrections and Rehabilitation

Original Signed By
R. Steven Tharratt, MD, MPVM, FACP
Director of Health Care Operations and Statewide Chief Medical Executive
California Correctional Health Care Services

Subject: STAFF USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE)

We understand the importance and urgency surrounding the availability and use of personal protective equipment (PPE), particularly masks, for CDCR/CCHCS staff and the incarcerated population. Our top priority is doing everything we can to provide appropriate protection to slow the spread of COVID-19 within our institutions.

We must face the reality that during this global pandemic, CDCR and CCHCS are not immune from the unprecedented demand for more PPE to protect those on the frontlines. While we are not the only organization impacted by this shortage, we are working every day to increase our supplies, including reusable barrier cloth masks manufactured by the California Prison Industry Authority (CALPIA). While we work to expand our supply, we all need to do our part to make sure that PPE, especially masks, are utilized in the most appropriate and efficient way possible. We need a mutual understanding of PPE and develop innovative solutions to help increase our supply.

See [COVID-19 Personal Protective Equipment \(PPE\) Guidance and Information](#) from CDCR/CCHCS Public Health.

PPE including “medical grade” masks (N95 and surgical) should only be used by both CDCR and CCHCS staff as recommended in the memo above. The [Centers for Disease Control and Prevention \(CDC\)](#) and [California Department of Public Health \(CDPH\)](#) issued guidance recommending face cloth covering in the general public and in close quarters. We understand that additional facial protection can potentially limit “droplet” transmission while also offering some peace of mind to our staff, their families, stakeholders and our population. To help address this moment of need, CALPIA has

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started manufacturing two-ply, cotton, reusable barrier masks that we will start distributing to our population in quarantine settings this week. Distribution of the masks will begin for inmates in quarantine and medically fragile inmates. As CALPIA continues to expand the production of these masks, we will also make them available to the general population and staff who do not have access to face coverings as a precautionary measure as supply allows. CALPIA is making 800 masks per day between two locations and will continue to ramp up to full production to meet the expected needs.

CALPIA also began ramping up their brand new production of hand sanitizer, which has already started arriving at most institutions and locations. We are extremely grateful for CALPIA and our population workers providing these valuable services in such a short time frame.

FACE COVERINGS (REUSABLE BARRIER CLOTH MASKS)

While we continue internal production and procurement of PPE, CDCR and CCHCS will also follow the recently released [guidance](#) from The Joint Commission (TJC), a trusted health care accreditation organization, by allowing staff to bring in a personal supply of reusable barrier (cloth) masks and approved medical masks if supply is not readily available. Any personally provided mask must be appropriate for the workplace and cannot contain any inherently offensive logos, graphics or text. Designer face masks that have skulls, "gate keeper," "punisher," logos, etc. on them (motorcycle type) would not be appropriate and employees will not be permitted to wear while on duty. The Department assumes no responsibility for personally owned face coverings. Staff will be required to remove face coverings for identification purposes at entry points.

Recommended PPE as described should be utilized first; if recommended PPE is not available use the most comparable coverage.

EXPANDING SUPPLY

The CDCR and CCHCS procurement teams are rigorously searching for PPE supplies, especially masks, to purchase. If you have a lead, please send the information to COVID19@cdcr.ca.gov. We are looking into innovative solutions we may never have considered before, such as smaller supply vendors and more. Our top priority is the safety of all those who live and work in our facilities, and we are doing all we can to get you the protection you need.

Please continue to provide feedback to the local leadership at your facility, headquarters and the CDCR/CCHCS COVID-19 Department Operations Center.

We truly appreciate all of our staff working hard on the front lines as we are making unprecedented changes to our operations to keep everyone healthy and safe. There are sure to be changes over the next several weeks, and so we thank you for the flexibility, patience and support for that you all have provided to each other. We are all CDCR Strong.

Exhibit L



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: April 6, 2020

To: California Department of Corrections and Rehabilitation (CDCR) - All Staff
California Correctional Health Care Services (CCHCS) - All Staff

From: *Original signed by:*
Heidi M. Bauer, MD MS MPH
Public Health Epi/Surveillance Lead
Public Health Branch

Original signed by:
Diane O'Laughlin, FNP-BC, DNP
Headquarters Chief Nurse Executive
Public Health and Infection Prevention

Subject: COVID-19 Personal Protective Equipment (PPE) Guidance and Information

The purpose of this memo is to provide information and resources related to COVID-19 and the continuously evolving status personal protective equipment (PPE) supply availability. The information below is intended to guide the use of PPE as we move forward in responding to this pandemic. In-depth guidance is provided in the [COVID-19: Interim Guidance for Healthcare and Public Health Providers](#).

TYPES OF MASKS

Filtering facepiece respirator N95: An "N95" is a type of respirator which removes at least 95 percent of particles from the air that are breathed through it. An N95 currently has two recommended uses:

- Staff person accompanying individuals with respiratory symptoms in a transportation vehicle.
- A staff person less than six feet from a [confirmed COVID-19 case](#) when also conducting "aerosol producing procedures" such as COVID-19 testing, CPR, etc. or providing high-contact patient care such as bathing someone confirmed to have COVID-19.

More information about N95 and surgical masks:

- [Understanding the difference between N95 and Surgical Masks](#)
- [Proper use and disposal of PPE](#)
- [Facial hair and PPE use](#)

Use of Privately Owned Masks and Respirators and Reusable barrier masks (cloth/washable): "The Joint Commission (TJC) issued a [statement](#) on March 31, 2020, supporting the use of standard face masks and/or respirators provided from home when health care organizations cannot provide access to protective equipment that is commensurate with the risk health care workers are exposed to amid the COVID-19 pandemic. The CDCR/CCHCS will follow the TJC recommendations for privately owned PPE,

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including N95 and surgical masks. Please wash reusable cloth masks between each use using hot water with regular detergent and dry completely on hot setting.

EXTENDING THE USE OF PPE (MEDICAL EQUIPMENT MASKS)

The CDC has put out [guidance](#) on extending the use of medical equipment masks. There is not an exact determination on the number of safe reuses for these masks and those decisions must be made based on a number of variables per CDC guidelines such as impact respirator function and contamination over time.

RESOURCES

The [COVID-19 Quick Guide Poster](#) follows Center for Disease Control (CDC) guidelines for COVID-19 management. This quick guide defines quarantine, who to isolate, COVID-19 case actions and how to perform appropriate surveillance during the COVID-19 pandemic. The COVID-19 Quick Guide Poster pairs with the Personal Protective Equipment (PPE) Guide Poster, number 2 below, to inform staff on what type of PPE they will need.

The [COVID-19 Protective Equipment \(PPE\) Guide Poster](#) adopts CDC guidelines as of March 29, 2020, which reflect the CDC's recommendations for optimizing PPE supplies (link below). The PPE guide poster reinforces 6 foot social distancing, and gives guidance for individuals who must be within 6 feet for a prolonged period of time of suspected/confirmed COVID-19 individuals.

A [COVID-19 Quick Reference Pocket Guide](#) is intended to keep on person as a resource for PPE, quarantine, isolation and surveillance.

The CDC's also provides [recommendations for optimizing PPE supplies](#).

These resource tools, TJC statement on privately owned face masks, and current available supplies should all be considered when determining the type of PPE staff will use for the safety of staff and the population. Please place the posters in high traffic staff areas to remind staff of these key concepts for COVID-19 management. Please assure your staff is aware of these resource tools.

Thank you all for your cooperation, as we continue to work together to guard against the spread of COVID-19 and to keep our staff and patients protected.

Exhibit M



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date:	April 10, 2020
To:	Secretary Ralph Diaz
From:	J. Clark Kelso, Receiver 
Subject:	CCHCS Guidelines for Achieving and Maintaining Social Distancing in California Prisons

In the face of the ongoing COVID-19 pandemic, California Correctional Health Care Services (CCHCS) will continue to be guided by the developing scientific and medical consensus regarding social distancing in correctional settings, as well as by the Receiver's authority under the Order Appointing Receiver and the applicable regulatory provisions of Title 15 of the California Code of Regulations. Accordingly, the Receiver has determined that CCHCS and California Department of Corrections and Rehabilitation (CDCR) should implement the following steps in their ongoing efforts to mitigate the risks associated with transmission of the COVID-19 coronavirus.

1. CDCR should not authorize or undertake any further movements of inmates between institutions to achieve necessary social distancing without the approval of Health Care Placement Oversight Program (HCPop) in consultation with the CCHCS public health team. Inter-institution moves risk carrying the virus from one institution to another.
2. The Center for Disease Control's "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities," dated March 23, 2020 (<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>), recommends maintaining social distance of 6 feet between inmates while acknowledging that "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." Necessary social distancing is already being achieved in both single- and double-celled units. In double cells, cell mates constitute one another's "social distancing cohort" for correctional purposes and are analogous to a family unit in the free world. With respect to housing in dorm settings, the Receiver has determined that necessary social distancing can be achieved by creating 8-person housing cohorts. Each cohort is to be separated from the others by a distance of at least six feet in all directions.
3. Any movement of inmates out of the dorms to achieve necessary cohort social distancing must be coordinated with, and may not occur without the concurrence of,

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HCPOP to ensure to the extent feasible that such movement does not cause, contribute to or exacerbate the potential spread of the disease.

4. CCHCS will continue to monitor developments closely and will modify these guidelines as necessary and appropriate.

Exhibit N



CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

MEMORANDUM

Date: April 12, 2020

To: Secretary Ralph Diaz

From: J. Clark Kelso, Receiver *[Signature]*

Subject: CCHCS Guidelines for Achieving and Maintaining Social Distancing in California Prisons

This memorandum supplements my memorandum dated April 10, 2020 and clarifies my intention regarding the steps set forth in that memorandum.

I had not intended for my April 10, 2020 memorandum to affect any inter-institution transfers that are to address either medical, mental health, or dental treatment needs that are not available at the sending institution, such as to provide a higher level of care or to reduce or prevent morbidity or mortality, or a safety or security issue that cannot be managed by the sending institution.

If you have any questions, please do not hesitate to contact me.