IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF MARYLAND

KEITH SETH, *et al*	:	
	:	
Plaintiffs	:	
	:	
v.	:	**Case No. 8:20-cv-01028-PX**
	:	
MARY LOU MCDONOUGH	:	
	:	
Defendant	:	

DIRECTOR MARY LOU MCDONOUGH'S
FIVE DAY RESPONSE TO THE COURT'S MAY 21, 2020 ORDER

Defendant Mary Lou McDonough, in her official capacity as Director of the Prince George's County Department of Corrections ("Director McDonough"), submits this Response to the Court's May 21, 2020 Order (ECF 85, the "Order") granting in part and denying in part Plaintiff's Motion for a Temporary Restraining Order and Preliminary Injunction (ECF 3-1).[1] This Response is meant to provide the submission of information required by the Order's five day deadline.

[1] Director McDonough expressly preserves any and all objections to the Court's Order and Memorandum Opinion (ECF 84, 85), and nothing in this Response shall be construed as an admission by or a waiver of any objection Director McDonough may have to the Order and Memorandum Opinion. Nothing in this Response shall be construed as an admission of any kind by Director McDonough that the provision of medical care or any other condition of confinement relating to detainees at the Jail is unconstitutional or deficient in any way. Furthermore, nothing in this Response shall be construed as an admission of any kind by Director McDonough that the measures, processes, procedures, and/or policies described and/or referenced in this Response reflect the constitutionally minimum standards of care for detainees at the Jail. In fact, the measures, processes, procedures, and/or policies described and/or referenced in this Response far exceed the minimum standards of care and conditions of confinement required by the United States Constitution.

INTRODUCTION

Director McDonough continues to work diligently to combat the spread of the novel Coronavirus Disease 2019 ("COVID-19") in the Prince George's County Department of Corrections ("the Jail" or "PGCDOC"). Director McDonough, her correctional officers, and medical services staff, remain committed to the effort to protect the detainees housed at the Jail from COVID-19 and provide appropriate medical care to the detainees, including those detainees at "'high risk' for suffering adverse outcomes if infected with COVID-19."[2] (ECF 85 at 1). Director McDonough's efforts continue to evolve as the United States Centers for Disease Control and Prevention ("CDC") continues to provide additional information and guidance on prevention and control of the disease. Nevertheless, Director McDonough and the Jail's medical services contractor, Corizon, LLC ("Corizon"), have invested and will continue to dedicate enormous resources and invest thoughtful analysis in the Jail's ongoing strategy for protecting detainees at the Jail from the COVID-19 pandemic.

Director McDonough worked diligently with her staff and the members of the leadership on the Jail's medical staff to draft a response to the Court's directive in the Order for a "plan or protocol" addressing various aspects of the Jail's efforts to combat the COVID-19 pandemic. This Response reflects Director McDonough's best effort to understand and respond to the Court's directive. However, the Order remains ambiguous, confusing, and seemingly inconsistent with current circumstances at the Jail in a variety of respects. For example, and as discussed in more detail below, certain criteria in the Order's definition of "high risk detainees" remains confusing

[2] For the sake of consistency with the Court's terminology, the term "high risk detainee" in this Response refers to the Order's definition of this term. (ECF 85 at 1). For the reasons set forth below, the definition of "high risk" set forth in the Order remains ambiguous and confusing for a variety of reasons.

and ambiguous. As another example, the directive to submit a plan "address[ing] training, education, and supervision of [the Jail's medical and security staff] on … rendering timely medical care to such detainees … [and] improving Sick Call response time for COVID-19 symptomatic detainees" remains unclear to Director McDonough. *Id* at 2. Director McDonough responds to the Court's Order based on her understanding of the Order but reserves the right to revise her response in light of further clarification.

This Response provides a comprehensive picture of the ongoing efforts by the Jail's medical and security staffs to respond to the COVID-19 pandemic in light of the evolving understanding the disease. As set forth more fully below, the Response outlines the following areas with respect to Director McDonough's plan for continuing to combat COVID-19 at the Jail:

(1) Director McDonough and her medical services leadership team will continue to ensure the appropriate identification, monitoring, treatment, and housing of "high risk detainees";

(2) Director McDonough and her medical services leadership team will ensure the continued "training, education, and supervision" related to the identification of detainees with symptoms of COVID-19 and medical care for symptoms of COVID-19; and

(3) Director McDonough, with the assistance of Corizon, will continue testing for COVID-19 and isolating COVID-19 positive detainees and symptomatic detainees as necessary.

As confirmed in this Response, Director McDonough and the members of the Jail's security and medical staffs continue to employ aggressive, comprehensive measures to combat the COVID-19 pandemic.

DIRECTOR MCDONOUGH'S RESPONSE

I. DIRECTOR MCDONOUGH WILL CONTINUE TO ENSURE THE APPROPRIATE IDENTIFICATION, MONITORING, TREATMENT, AND HOUSING OF "HIGH RISK DETAINEES."

As directed by the Court, Director McDonough's Response outlines a "comprehensive written plan … regarding identification, monitoring, treatment, and housing of detainees who are 'high risk' for suffering adverse outcomes if infected with COVID-19." (ECF 85 at 1).

A. The Court's Definition of "High Risk Detainees."

The Order defined "high risk" detainees as:

> Detainees who are aged 65 or over and/or who have any of the following conditions specifically identified by the [CDC]: (a) chronic lung disease including moderate to severe asthma, COPD, emphysema, chronic bronchitis, idiopathic pulmonary fibrosis and/or cystic fibrosis; (b) immunocompromised status, including status as a transplant recipient, on chemotherapy, HIV positive, prolonged use of corticosteroids, using immunosuppressive medication, and/or having an immune deficiency; (c) severe obesity (BMI of 40 or higher); (d) diabetes mellitus Type I or Type II; (e) gestational diabetes mellitus; (f) chronic kidney disease on dialysis; (g) chronic liver diseases, cirrhosis; and/or (g) serious heart conditions including congestive heart failure, coronary artery disease, congenital heart disease, cardiomyopathy, and/or pulmonary hypertension.

Id. Director McDonough understands that the Court derived this definition of a "high risk detainee" from the current information provided by the CDC concerning "Groups at Higher Risk for Severe Illness" from COVID-19.[3]

Director McDonough remains concerned with the Order's definition of "high risk detainees" for a variety of reasons. First, the Order's definition omits a critical phrase in the CDC's guidance for identifying possibly high-risk individuals which permitted the exercise of medical

[3] *See* https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html (last accessed on May 24, 2020).

judgment. In identifying certain medical conditions which "might [place someone] at higher risk for severe illness from COVID-19," the CDC qualified the list of medical conditions by noting a potential risk "***particularly if [the condition was] not well controlled***." *Id,* (emphasis added). Stated differently, the CDC expressly acknowledged that the listed medical conditions might not place someone at higher risk from COVID-19 if the condition were well controlled. By omitting this key qualifier, the Order's definition of "high risk detainees" prevents the members of the Jail's medical staff from exercising their medical judgment and determining that a detainee might not be at high risk from COVID-19 because his or her medical condition is well controlled.

The Order's definition of "high risk detainees" also contains ambiguity which creates uncertainty and confusion for Director McDonough and the members of the Jail's medical staff in seeking to comply with the Order. For example, the Order defines as "high risk" any detainee with a "chronic lung disease," "immunocompromised status," "prolonged use of corticosteroids," "chronic liver disease[ ]," or "serious heart condition[ ]." (ECF 85 at 1). Although the Order provides some examples of these conditions, it does not define these conditions or provide Director McDonough with any guidance in how to define these terms. This lack of certainty with respect to these terms will create challenges for identifying and, therefore, the monitoring, treating, and housing of detainees who might have such conditions. For example, without conducting a liver biopsy of every detainee, Director McDonough could not know whether a detainee has fatty liver disease. Similarly, the members of the Jail's medical staff could not conclusively determine whether a detainee had a "prolonged use of corticosteroids," particularly when the Order does not define what constitutes "prolonged" use. In short, the ambiguity in the Order's definition of "high risk detainees" places Director McDonough at risk of becoming non-compliant with the Court's Order by not knowing whether a detainee should be designated as "high risk."

B. Identifying "High Risk Detainees."

Notwithstanding Director McDonough's concerns regarding the Order's definition of "high risk detainees," the members of the Jail's medical staff will employ a multi-faceted approach to identify detainees potentially qualifying as "high risk detainees." This approach builds on the Chronic Care Clinic process utilized by the Jail's medical staff to provide a system for identifying "high risk detainees" to the greatest extent reasonably possible. As described below, the members of the Jail's medical staff will cross reference medication administration records with the list of patients currently enrolled in the Chronic Care Clinic process to identify any detainees who might qualify as "high risk" but are not in the Chronic Care Clinic. The Jail's medical staff will enroll these individuals in the Chronic Care Clinic process for close monitoring of their medical conditions. Furthermore, the members of the medical staff will continue to rely on the medical assessments and evaluations conducted as part of the Intake and Sick Call processes for identifying detainees who may begin exhibiting symptoms of a medical condition qualifying them as "high risk."

i. Chronic Care Clinic.

The Chronic Care Clinic process serves as the foundation for the process of identifying "high risk detainees." Patients at the Jail with chronic medical conditions are automatically enrolled in the Chronic Care Clinic. The members of the Jail's medical staff evaluate and treat certain pre-defined chronic medical conditions through the Chronic Care Clinic such as, for example, asthma, chronic lung diseases, severe obesity, hypertension, any serious heart condition, diabetes, gastroesophageal reflux disease, kidney diseases (including diseases requiring a patient to undergo dialysis), chronic obstructive pulmonary disease, liver diseases, hyperlipidemia, as well as others. In addition, as a general matter, the medical staff will enroll a patient in the Chronic

Care Clinic if the patient is elderly (65 years or older) or immunocompromised. Thus, the Jail's Chronic Care Clinic process includes, but is not limited to, those patients at the Jail who fall within the criteria issued by the CDC for identifying individuals "who might face a higher risk of severe illness from COVID-19." The Jail's medical staff maintains a log of the patients enrolled in the Chronic Care Clinic.

As a short-term measure, the members of the Jail's medical staff will cross reference the list of patients reflected in the chronic care log with the medication administration records for the Jail. If the medical staff identifies any detainee who is currently prescribed with a medication for treating one of the medical conditions qualifying the detainee as "high risk," the medical staff will enroll the detainee in the Chronic Care Clinic. Thus, the Chronic Care Clinic log will provide the long-term basis for tracking "high risk" detainees at the Jail.

The Intake and Sick Call processes provide the routine procedures for identifying "high risk detainees" and for enrolling in the Chronic Care Clinic process. A detainee is enrolled in the Chronic Care Clinic following an evaluation by a provider who then diagnoses, or verifies a pre-existing diagnosis, a chronic medical condition. The provider's decision to place a detainee on the chronic care list may occur during the Intake process or at any subsequent point during the patient's time at the Jail.

ii. Intake Process.

Every detainee undergoes a nursing assessment, medical history screening, and an evaluation by a medical provider during the Intake process. A nurse conducts a screening and assessment of each detainee within a few hours of his or her commitment into the Jail. **[See Exhibit One - Intake and Receiving Screening Form].** During the Intake assessment, the nurse will take the detainee's vital signs, including temperature, respiration, blood pressure, and will also

calculate the detainee's body mass index. Additionally, the nursing assessment includes a screening for symptoms of COVID-19 which has been updated to include all symptoms listed by the CDC. **[See Exhibit Two – COVID-19 Screening Form, updated 5/1/2020].** The Intake nurse will also ask the detainee about his or her medical history and prescribed medications, documenting the responses on the Intake Screening Form.

If the nursing assessment or medical history screening indicates a detainee may have a medical condition qualifying him or her as a "high risk detainee," the Intake nurse will refer the detainee to a medical provider for an evaluation without undue delay. **[See Exhibit Three - Health Assessment - History].** If the nursing assessment or medical history screening does not indicate a detainee has a medical condition qualifying him or her as a "high risk detainee," the detainee's medical history and physical by a provider must occur within fourteen (14) days of the detainee's arrival at the Jail. In any event, if the Intake evaluation by the provider leads to diagnosing a detainee with a medical condition qualifying the detainee as "high risk" or confirming such a pre-existing diagnosis reported by the detainee, the provider will enroll the detainee in the Chronic Care Clinic.

iii. Sick Call Process.

The members of the Jail's medical staff will also continue utilizing the Sick Call process for identifying "high risk detainees" who begin exhibiting signs of a "high risk" condition after their commitment to the Jail. The Sick Call process is initiated when a detainee places a Sick Call request slip in one of the various Sick Call boxes located at the Jail or by handing a slip to a member of the medical or correctional staff. To the extent that a detainee requires urgent medical care, he or she may make an oral request to a member of the medical or security staff at any point

in time. The members of the Jail's medical staff will respond to an urgent need for medical attention without undue delay upon learning of the need for care and provide appropriate attention.

As a general matter, a registered nurse (RN) on the nursing staff will triage written Sick Call requests within twenty-four (24) hours. A member of the nursing staff will inform the relevant members of the correctional staff of who needs to be seen for Sick Call, and the correctional staff will bring those patients to the Medical Unit. Typically, a member of the Jail's medical staff will see and, as necessary, begin treating a patient within forty-eight (48) hours after the nurse triaged the Sick Call request slip, or more quickly for urgent needs. If the nurse conducting the Sick Call screenings determines that a detainee exhibits symptoms of a "high risk" medical condition or otherwise requires a higher-level of treatment, the nurse will refer the detainee to a medical provider. A provider on the Jail's medical staff will evaluate the detainee without undue delay and enroll him or her in the Chronic Care Clinic if the provider diagnoses a "high risk" condition. In handling Sick Calls, medical staff try to process one housing unit per day (depending on the number of requests) in order to avoid mixing inmates from different housing units. Although it may take longer for medical staff to get to a unit, these are for triaged, routine requests only. For emergent issues that are reported to staff or indicated on a Sick Call request form, immediate attention will be provided. A nurse will either go the housing unit to see the patient, or have the inmate come to the Medical Unit.

Thus, the Chronic Care Clinic process, the review of the medication administration records, the Intake and Sick Call processes, and the health history assessment will provide a comprehensive system for identifying "high risk detainees."

C. Monitoring and Treatment of "High Risk Detainees."

The Chronic Care Clinic process will ensure the known "high risk" detainees receive close monitoring and treatment of their medical conditions. The Chronic Care Clinic is designed to monitor and evaluate detainees with specific conditions that persist for more than six (6) months, including "high risk" conditions. As such, the Chronic Care Clinic process provides the members of the Jail's medical staff with the tools for monitoring and treating the "high risk" detainees' medical needs. Once a detainee is enrolled in a Chronic Care Clinic, providers on the medical staff determine, based upon the condition of the detainee, whether a detainee is seen at intervals of thirty (30), sixty (60), or ninety (90) days.

During a chronic care visit, a detainee will undergo an evaluation by a provider on the Jail's medical staff. A detainee will also undergo a nurse screening during the chronic care visit to assess the detainee's vital signs. If either the evaluation or screening detects indications that the detainee may have COVID-19, the medical staff will test the detainee and place him or her in medical isolation pending the test's results. Medical staff also remind the detainees during the Chronic Care Clinic visits to alert the medical staff to any changes in the detainees' symptoms and expressly instruct them regarding symptoms of COVID-19. This is in addition to the posted information and general announcements made in the housing units to all inmates regarding COVID-19.

Furthermore, the members of the Jail's medical staff will continue to monitor the "high risk detainees" through other medical processes in addition to the Chronic Care Clinic. The Chronic Care Clinic's log assists the medical staff, including the nurses, in tracking and monitoring "high risk detainees." The members of the Jail's medical staff will respond without undue delay in the event that any "high risk detainee" reports or exhibits a symptom of COVID-19. For example, the Sick Call nurses will assess and triage without undue delay any "high risk detainee"

submitting a Sick Call request indicating that the patient is experiencing a possible symptom of COVID-19. Additionally, every detainee in every housing unit will receive a daily temperature check and will be screened for symptoms including cough, chills, sore throat, headache, muscle pain, nausea and vomiting, and new loss of taste or smell. **[See Exhibit Four - COVID Daily Screening Form].**

Furthermore, members of the Jail's nursing staff enter each housing unit at the Jail twice a day for purposes of administering medications. Most, if not all, of the "high risk detainees" take medications on at least a daily basis. During the twice-daily medication administration in the housing units, the nurses will ask the "high risk detainees" about, and otherwise look for, any symptoms indicating those patients might have COVID-19.

Additionally, the Jail's medical staff updated its guidance relating any detainee, including "high risk detainees," seeking medical attention for symptoms of COVID-19. This updated guidance calls for the medical staff to notify members of the correctional staff to provide any detainee reporting a symptom of COVID-19 with a surgical mask, and to escort the detainee to the medical unit as soon as possible.[4] Upon arrival in the Medical Unit, a member of the nursing staff will assess the detainee prior to other detainees. While in the Medical Unit, the correctional staff will keep the detainee away from other detainees. A member of the Jail's medical staff will assess any detainee reporting a symptom of COVID-19 utilizing the update COVID-19 assessment form.

If the medical assessment of a "high risk detainee" detects symptoms of COVID-19, the members of the Jail's medical staff will administer a test to the detainee and place him or her in medical isolation. The medical staff will require any detainee who has been tested to remain in

[4] Currently, every detainee has been provided a mask, and receives a new one every five days. If a detainee to be transported to Medical is missing his or her mask, correctional officers are to ensure that the detainees have a mask prior to transport.

medical isolation pending the test results. If the test results are negative, the detainee returns to his or her housing unit. If the test results are positive, the detainee will remain isolated for fourteen (14) days to ensure the detainee does not remain contagious, even though he or she might be asymptomatic.

Detainees in medical isolation receive ready access to the members of the medical staff. The medical isolation cells are located in the Medical Unit. Members of the Jail's nursing staff make rounds on the patients in medical isolation multiple times a day to check on their status, take vital signs, and assess any changes in their condition. Medical staff will remain acutely alert to any indications that a "high risk detainee" in medical isolation may be experiencing severe illness as a result of COVID-19. Furthermore, in the event that a "high risk detainee", or any other patient, develops a severe illness due to COVID-19 which requires specialized or emergency care which the Jail's medical staff could not provide, the medical staff will initiate the process of transporting the detainee to a hospital to receive the necessary care without undue delay.

D. Housing of "High Risk Detainees."

In consultation with Dr. Meskerem Asresahegn, the Jail's Medical Director, Director McDonough previously decided against housing all of the "high risk detainees" together in a common housing unit or units. Spreading the "high risk detainees" throughout the Jail into various housing units reduced the likelihood of an increased infection rate among the "high risk detainees" from the introduction of a single infected detainee into a housing unit. As discussed above, Director McDonough will house any "high risk detainee" who tests positive for COVID-19 or is awaiting testing results in a medical isolation cell.

At this point in time, almost all previously identified "high risk detainees" are each housed in his or her own cell within their housing units. Director McDonough is taking all the necessary

steps to relocate all "high risk detainees" to single cells whenever possible. Each "high risk" detainee has a note placed on their tracking file indicating he/she is to be housed alone whenever possible. Housing Unit Officers will single cell such inmates, provided that there is available space and there are no classification issues such as co-defendants, or "keep separates,"[5] preventing a single cell assignment. The State is accepting 25 inmates from PGCDOC on May 26, 2020, which should help with creating additional space to house high risk inmates in their own cells.

II. DIRECTOR MCDONOUGH WILL ENSURE THE CONTINUED "TRAINING, EDUCATION, AND SUPERVISION" RELATED TO THE IDENTIFICATION OF DETAINEES WITH SYMPTOMS OF COVID-19 AND MEDICAL CARE FOR DETAINEES WITH SYMPTOMS OF COVID-19.

Director McDonough's Response will ensure that members of the Jail's medical and security staff receive "training, education, and supervision … on (a) identifying symptoms of COVID-19 in detainees; (b) rendering timely medical care to such detainees; (c) improving sick call response time for COVID-19 symptomatic detainees; and (d) ensuring regularity and accuracy of temperature checks." (ECF 85 at 2).

A. Training, Education and Supervision of Medical Staff.

Corizon provides comprehensive training for all members of the Jail's medical staff on issues related to identifying symptoms of COVID-19 and providing appropriate care for patients with or suspected of having COVID-19. Corizon continues to update its training and educational materials as the medical community's understanding of the virus evolves. At the beginning of each week, the Health Services Administrator on the Jail's medical staff, Abu Kalokoh,

[5] A designation of "keep separate" indicates that an inmate has a conflict with another inmate that warrants a housing assignment that keeps those inmates apart, such as being co-defendants, a "victim" or "enemy" designation, a threat based on gang affiliation, court stay-away orders, or similar conflicts. If such a designation is made for one or more inmates to kept separate from a particular inmate, it limits the ability to classify certain detainees into certain housing units. A detainee cannot be moved into a housing unit if he/she has a "keep separate" there.

disseminates updated training information on COVID-19 to the members of the medical staff. Each member of the medical staff must sign a form acknowledging they received and reviewed the updated training and informational material. Additionally, while large in-person staff meetings remain unadvisable, members of the Jail's medical staff continue to meet in groups of three (3) to four (4) people to review and discuss updated training and educational materials.

Corizon will ensure the Jail's medical staff receive training and education on identifying symptoms of COVID-19, providing timely, appropriate medical care for symptomatic detainees, responding to Sick Call requests reporting symptoms of COVID-19 as quickly as possible, and ensuring the regularity and accuracy of temperature checks. The weekly training will include these training topics as necessary to ensure the members of the Jail's medical staff undergo appropriate training. For example, Corizon will ensure the members of the medical staff continue receiving training and guidance on utilization of the updated COVID-19 screening form and the updated process for triaging requests for care by patients exhibiting or reporting symptoms of COVID-19.

The supervisors on the Jail's medical staff will continue providing oversight as the members of the medical staff work to identify and provide care to detainees exhibiting symptoms of COVID-19. The Health Services Administrator will direct the quality assurance process to conduct a weekly review of documentation related to the care sought by and provided to patients reporting symptoms of COVID-19 to address the appropriateness and timeliness of care. For example, the supervisors on the Jail's medical staff will review selections of completed COVID-19 screening forms to assess the thoroughness of the screenings and measures taken in response to the information gleaned from the screenings. The supervisors will take any corrective action as necessary to provide additional instruction for members of the nursing staff who fail to correctly screen for the virus. Similarly, the Health Services Administrator and the Director of Nursing will

review a sample of the Sick Call requests and the Sick Call log to determine the timeliness and appropriateness of responses to requests for care.

They will also review the logs for temperature checks to ensure the members of the nursing staff complete timely, accurate checks. Thermometers will be inspected daily for accuracy and proper calibration. Twelve additional thermometers have been ordered by PGCDOC as a backup to the current infrared thermometers.

In addition to reviewing documentation, supervisors will observe members of the medical staff as they engage in the various functions related to identifying and treating symptomatic patients. The supervisors will take appropriate follow-up action, including providing additional training and education, as necessary.

B. Training, Education and Supervision of Correctional Officers.

Each correctional officer will undergo a two-hour training module through e-Learning that will provide information about COVID-19 symptoms, transmission, and safety measures to employ personally and in the work place. This training will include instruction on the use of personal protective equipment, identifying signs and symptoms of COVID, cohorting and protocols to follow if he/she believes someone has been exposed to COVID-19. Upon completing the training, a test will be administered, and officers must obtain an 80% or better as a passing score. Correctional supervisors will ensure that officers under their command take the training in a timely fashion. Similar training modules will be administered on a quarterly basis specific to COVID-19 until the pandemic has abated. In addition, officers will receive bulletins by email with any updated CDC guidance or information, for which he/she must indicate receipt electronically or manually provide a signature to a staff member.

A supervisor (a sergeant or higher) will visit each housing unit a minimum of three (3) times per shift. During the visit, he/she will inspect all log entries, ensure that proper observations and symptom checks are occurring and are documented in the Offender Management System ("OMS"), that cohort integrity is being upheld on each break, and that proper social distancing protocols are being observed. If there are any issues noted in the log book regarding the provision of PPE, hygiene or cleaning supplies, or other safety protocols related to COVID-19, the supervisor will make personal contact with the inmate to ensure the inmate has all appropriate supplies or follow up as appropriate. The supervisor will also ensure there is an ample supply of Sick Call, Inmate Request and Grievance Forms in each housing unit.

III. DIRECTOR MCDONOUGH WILL CONTINUE TESTING FOR COVID-19 AND ISOLATING COVID-19 POSITIVE DETAINEES AND SYMPTOMATIC DETAINEES AS NECESSARY.

A. Testing Current and New Detainees for COVID-19.

The recent nationwide expansion in testing capability and increased supply of COVID-19 tests provided additional testing capability at the Jail that was previously unavailable. On Monday May 18, 2010, 300 COVID-19 viral test kits [6] were received through the assistance of Corizon. These test kits allowed for PGCDOC to begin testing asymptomatic inmates assigned to the four housing Units, as recommended by Dr. Carlo Franco-Paredes. On Friday, May 26, 2020, another 300 test kits were delivered to the Jail.

As a voluntary measure far exceeding constitutional requirements, Director McDonough recently decided to take advantage of the increased supply of testing kits to greatly expand testing at the Jail, authorizing the testing of all detainees currently at the Jail. As of the filing of this Response, the Jail had obtained sufficient testing kits to test all of the detainees at the Jail. The

[6] A viral test is used to determine whether a current COVID-19 infection is present.

Jail's medical staff currently anticipates completing this testing before June 1, 2020. Additionally, Director McDonough directed that all incoming detainees undergo testing in Processing, prior to placement in a permanent housing unit. It takes 48-72 hours for test results to come back. The recent increase in testing availability in the State may slow result times, as do weekends. All test results are reported to the Prince George's County Health Department.

Once testing in the two Initial Housing units (H2 and H8) was completed, PGCDOC began the ongoing process of testing all newly committed inmates in Processing before being moved to an Initial Housing Unit. Any inmates with positive results will be moved to the Medical Unit for isolation and treatment. As of May 21, 2020, all current inmates in these two Housing Units were tested. Any new inmates arriving in the Unit are now tested in Processing.

While awaiting test results, detainees are separated and housed individually in cells in the downstairs area of the Housing Unit.[7] Until results are returned, detainees remain on 23-hour lockdown, with the exception of being allowed access to phones and showering daily. All inmates in these Initial Housing Units will be quarantined and continue to be screened for symptoms twice per day by medical personnel for at least 14 days before being moved to any permanent Housing Unit. **[See Exhibit Four].** If a test results in a positive case, the remaining inmates are quarantined for an additional 14 days after exposure. If a test comes back negative and the inmate is asymptomatic, the detainee can be let out of his or her cell in a cohort of no more than 10 detainees at a time during the remainder of the 14-day quarantine period. Once the initial quarantine period has been completed, the detainee is assigned to a housing unit.

[7] Providing single cells for detainees pending return of their test results is possible because of the current number of arrests. Should those numbers rise and providing single cells pending results no longer be feasible in light of space, Director McDonough will consider alternative methods to ensure incoming inmates do not pose a risk of exposure to the existing population of the Jail.

B. Plan for Obtaining Additional Test Kits.

Director McDonough expects to receive sufficient testing kits through Corizon to continue testing detainees going through the Intake process so long as the current rate of approximately twenty (20) new inmates a day remains the same.[8] If more test kits are required to meet PGCDOC's needs beyond what Corizon is able to provide, Director McDonough will again make requests to County and State Health Departments for those resources. Incoming detainees will continue to be isolated from the general population of inmates for fourteen (14) days, pending confirmation of a negative test.

C. Criteria for Isolating and Releasing COVID-19 Positive and Symptomatic Detainees.

The members of the Jail's medical staff will continue relying on guidelines provided by Corizon's clinical leaders and the CDC as testing becomes necessary following this initial round of testing for all detainees and the testing during the Intake process. If a detainee exhibits symptoms of COVID-19, including a temperature measuring above 100.4 degrees, the medical staff will request for the patient to be brought to the Medical Unit. Once the detainee arrives in the Unit, the medical staff will check his or her temperature a second time and assess for other symptoms. **[See Exhibit Two].** If the detainee exhibits symptoms consistent with COVID-19, the medical staff will administer a test and isolate the detainee. If the detainee tests negative, he or she is returned to their housing unit.

[8] This testing of new intakes remains subject to the availability of testing supplies. While Corizon currently has access to sufficient supplies, future events out of the control of Director McDonough and Corizon could interrupt access to these supplies, including a spike in demand for testing kits.

i. Medical Isolation.

If a test result is positive, a symptomatic detainee will remain isolated for fourteen (14) days in the Medical Unit. Once they become asymptomatic, they will be moved to Housing Unit 6, which only houses inmates that have tested positive for COVID-19 that are not displaying symptoms. An asymptomatic detainee with a positive test result will remain isolated in Housing Unit 6 in his/her own cell to ensure the patient does not remain contagious. The inmate's symptoms and temperature will be taken twice a day and if any symptoms occur, he/she will be moved back to the Medical Unit. Housing Unit 6 is equipped with showers, inmate telephones and a recreation yard, as well as a large common space for relaxation and reading. Inmates housed in this Unit have access to these features while maintaining isolation from inmates in other housing units who have not tested positive. Mental health treatment will still be provided to inmates, on a one on one basis, during medical isolation. Inmates will remain in medical isolation for at least fourteen days with no symptoms, which is four days longer than recommended by CDC.

ii. ***Quarantine***.

Quarantine will be used for those inmates who have had close contact with another inmate who tested positive for COVID-19. Despite having a negative result from the test performed in Processing, any inmate that later displays symptoms of COVID-19 will be tested. In the event a negative test result is received for an asymptomatic inmate, but a concern exists that he/she may have been exposed, a 14-day quarantine will be imposed.

In the case of a positive case in a Housing Unit (not Initial Housing), all inmates in the same Housing Unit will be quarantined, regardless of whether they reside on the top or bottom level of the unit. Quarantined inmates will remain in the Housing Unit in which they are currently living, but will undergo twice-daily screenings for all symptoms, as recommended by the CDC,

for 14 days. **[See Exhibit Four].** During this screening, special attention will be given to "high risk detainees," whose names will be highlighted on the unit rosters for medical staff to ensure close monitoring of their health conditions as described above. Inmates will only be allowed out of their quarantined unit to go to the Medical Unit. Quarantined inmates will have access to showers, inmate phones, televisions, recreation yards and the large common room areas within their own Housing Units. Similar to medical isolation, mental health treatment is provided to inmates during this time. At the end of the quarantine period, inmates will be re-tested for COVID-19. Upon receiving a negative test result, the inmate will be released from quarantine status.

If the positive inmate had a cellmate, the cellmate will be moved to another cell by himself, and the previous cell will be locked and kept empty until it is thoroughly cleaned by a contracted cleaning crew using CDC recommended cleaning and disinfecting methods. Cellmates of infected inmates who have tested negative will be thoroughly screened by medical personnel and then placed on the twice per day screening protocol like all other inmates in the Unit.

In the case of a detainee who makes bond or is released prior to a positive test result being returned, PGCDOC will contact the Prince George's County Health Department, who will make the necessary notifications. Under no circumstances would an individual be held by the Jail contrary to a court order pending test results or quarantine completion.

All protocols for quarantine, medical isolation and testing will be subject to regular review by the Jail's Medical Director and subject to change based on new information made available about COVID-19. Any deviation from CDC guidance by the Jail, if any, would only be done at the direction of the Medical Director.

Respectfully submitted,

RHONDA L. WEAVER
COUNTY ATTORNEY

ANDREW J. MURRAY
DEPUTY COUNTY ATTORNEY

_____/s/_____
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Filed: 05/26/2020

Exhibit One

CORIZON HEALTH

Intake and Receiving Screening

Last Name:	First:	MI:	ID:
Date:	Time: ○ AM ○ PM	DOB:	Age:
Sex: ○ Male ○ Female	Alias:		

Have you ever been incarcerated: ○ No ○ Yes, most recent: Where:

Intake refused: ○ No ○ Yes If yes complete Refusal Form.

Interpreter used: ○ No ○ Yes Name: Service:

Inmate transfer: ○ No ○ Yes Records received:

Private insurance: ○ No ○ Yes (Name):

VITAL SIGNS ☐ One or more refused

Height	Weight	Temperature	Pulse ○ A ○ P *Recheck if indicated	Respirations *Recheck if indicated	Blood Pressure *Recheck if indicated	Pulse Ox (optional) *Recheck if indicated
○ Act ○ Rptd	○ Act ○ Rptd	☐ Not taken	*Recheck	*Recheck	*Recheck	*Recheck

Body Mass Index (BMI): (Weight x 703) / (Height in inches x Height in inches): If >25 do random fingerstick:

Physical Build/Characteristics:

☐ Average ☐ Thin ☐ Slender ☐ Muscular ☐ Large in stature ☐ Overweight ☐ Obese

CRITICAL OBSERVATIONS

Urgent/Emergent Medical Referral: ○ None identified **For Jails:** ○ Accept ○ Reject ○ Yes, check all that apply

☐ Severe injury ☐ Life threatening illness ☐ Uncontrolled bleeding ☐ Severe pain

☐ Head trauma with mental status changes ☐ Other:

☐ Patient immediately referred to ER and must have "clearance" to return to facility

Urgent/Emergent Mental Health Referral: ○ None identified ○ Yes, check all that apply

☐ Active hallucinations ☐ Active delusions ☐ Actively Suicidal ☐ Other:

Responsiveness: (Choose one)

○ Alert ○ Lethargic ○ Verbal stimulus ○ Painful stimulus ○ Unresponsive (call 911) Describe:

Oriented to Person, Place and Time: ○ Yes ○ No

Skin Observations: Check all that apply and describe below: ☐ No abnormal skin conditions visualized

☐ Tattoos ☐ Blisters ☐ Draining areas ☐ Lice/Pediculosis ☐ Jaundice ☐ Needle marks

☐ Surgical scars ☐ Open lesions ☐ Pallor ☐ Sores ☐ Lacerations ☐ Tracks

☐ Other:

Describe:

Mobility Restrictions/Physical Disabilities /Impairments: ○ No ○ Yes, check all that apply

☐ Deformity ☐ Cast ☐ Paraplegic ☐ Wheel chair ☐ CPAP ☐ Brace ☐ Blind ☐ Deaf ☐ Amputation ☐ Splint

☐ Quadriplegic ☐ Crutches/Cane ☐ Other: Comments:

HISTORY

Major surgery or medical hospitalization within past year: ○ No ○ Yes, check all that apply and include date

☐ Brain surgery ☐ Heart surgery ☐ Abdominal surgery ☐ Stroke

☐ MI ☐ Transplant ☐ Due to traumatic injury ☐ Other

Female History

Date of LMP: ○ Unknown ○ N/A

Are you currently pregnant: ○ Yes ○ No ○ Maybe / don't know

Pregnancy test: ○ Yes ○ No ○ Scheduled Test result: ○ (+) ○ (-) Fingerstick result (if pregnant):

Last Name: First: MI: ID:

MEDICATION REPORTED ○ None ○ Unknown ○ See below ○ See attached

Name / Dose	Frequency/Last Taken		Prescribed by and Reason	Verification Through
	Freq:			○ Practitioner ○ Pharmacy ○ Unable to verify
	Last:			
	Freq:			○ Practitioner ○ Pharmacy ○ Unable to verify
	Last:			
	Freq:			○ Practitioner ○ Pharmacy ○ Unable to verify
	Last:			
	Freq:			○ Practitioner ○ Pharmacy ○ Unable to verify
	Last:			

Allergies: Do you have any allergies (food, medications, environmental)? ○ No ○ Yes ☐ See attached

Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis)	Allergy	Reaction Type (Hives, rash, SOB, anaphylaxis)

SUBSTANCE USE / ABUSE

Ever been hospitalized for substance abuse: ○ No ○ Yes
Dates:

Detoxification or outpatient treatment: ○ No ○ Yes
Dates:

Alcohol Use: Do you drink alcohol: ○ No ○ Yes Type: _____ Last use: _____
How much: _____ How often: _____

If 2 or more "Yes" answers complete CIWA and mental health referral
Ever had alcohol withdrawals, tremors, seizures or DTs when you stopped drinking: ○ No ○ Yes (CIWA) when: _____
Have you ever felt you should cut down on your drinking? ○ No ○ Yes
Have people annoyed you by criticizing your drinking? ○ No ○ Yes
Have you ever felt bad or guilty about your drinking? ○ No ○ Yes
Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover: ○ No ○ Yes

Substance / Drug Use / Rx: Do you use drugs: ○ Yes ○ No
Do you use injectable drugs: ○ No ○ Yes Last injectable use:

Rx or Street	How often?	How much?	Last use?
Heroin			☐ Hx of withdrawal
Narcotics			☐ Hx of withdrawal
Benzodiazepine			☐ Hx of withdrawal

☐ Methamphetamines ☐ Cocaine ☐ Other:

COMMUNICABLE DISEASES

HIV/AIDS Do you have HIV infection or AIDS: ○ No ○ Yes Are you taking medications: ○ No ○ Yes

TB Symptoms: Ask each question
Do you have any of the following: Weight loss: ○ Yes ○ No Night sweats: ○ Yes ○ No
Appetite loss: ○ Yes ○ No Fever: ○ Yes ○ No Persistent cough 3+ weeks: ○ Yes ○ No
Coughing up blood: ○ Yes ○ No Weak/tired: ○ Yes ○ No

TB Skin Test: Prior +PPD: ○ No ○ Yes Plant PPD now: ○ Yes ○ No Date & Time: Location: ○ LFA ○ RFA
Manufacturer: Lot: XDate: Planter's initials

Last Name: First: MI: ID:

MEDICAL PROBLEMS

Do you have any current ongoing medical problems we should know about: ○ Yes, complete applicable ○ No, proceed to BH section

Do you have any special dietary needs: ○ No ○ Yes, describe:

☐ Asthma

How long: _____ Last asthma attack: _____ ER visit in last 90 days: ○ Yes ○ No

If yes, when: _____ Hospitalization in the last year: ○ No ○ Yes, when: _____

Have you ever had a tube put down your throat so that a machine breathes for you? ○ No ○ Yes, when: _____

Currently on steroids: ○ Yes ○ No Peak Flow: ○ Yes ○ No, reason: _____

Peak flow #1: Peak flow #2: Peak flow #3:

☐ COPD / Emphysema

O_2 dependent: ○ Yes ○ No Peak flow: ☐ Not done, reason:

☐ Cardiovascular/ Cerebrovascular

Ask each question

Angina	○ Yes	○ No	Atrial fibrillation	○ Yes	○ No	Stents	○ Yes ○ No
Pacemaker	○ Yes	○ No	Heart attack	○ Yes	○ No	Internal defibrillator	○ Yes ○ No
Bypass surgery	○ Yes	○ No	Endocarditis	○ Yes	○ No	CHF	○ Yes ○ No

Blood clot in lungs or legs: ○ Yes ○ No Last CVA: _____ Last TIA: _____

Are you taking Warfarin, Coumadin or Jantoven: ○ Yes ○ No Are you taking another blood thinner: ○ Yes ○ No

Date of onset: _____ Last episode: _____

Comments:

☐ Hypertension

How long: _____

Are you currently taking three or more anti-hypertensives: ○ Yes ○ No

☐ Diabetes

How long: _____ Fingerstick: _____ ☐ Not done, reason: _____

Are you currently taking medication(s): ○ Yes ○ No Are you taking insulin: ○ Yes ○ No

If Fingerstick > 300, ask the following: Nausea: ○ Yes ○ No Vomiting: ○ Yes ○ No

Excessive thirst: ○ Yes ○ No Urine ketones (if taken) ○ Yes ○ No ☐ Not taken, reason: _____

Have you ever been hospitalized for your diabetes: ○ No ○ Yes, dates: _____

Comments:

☐ Epilepsy/Seizure

Last seizure: _____

More than one seizure a month: ○ Yes ○ No Two or more anticonvulsants: ○ Yes ○ No

☐ Gastrointestinal

GERD: ○ Yes ○ No Hiatal hernia: ○ Yes ○ No

Have you ever vomited blood: ○ No ○ Yes Frequency: _____ Last: _____

Comments: _____

Have you ever had dark, black stools from bleeding: ○ No ○ Yes Frequency: _____ Last: _____

Comments:

☐ Cancer

Do you currently have cancer: ○ No ○ Yes Are you currently being treated for cancer: ○ No ○ Yes

Type: Comments:

☐ Dialysis

Type: ○ Hemodialysis ○ Peritoneal Number of times per week: _____

Last dialyzed:

☐ HCV ○ Yes ○ No

☐ Other:

BEHAVIORAL HEALTH

Do you have any current mental health complaints: ○ Yes ○ No Do you feel vulnerable because you are incarcerated: ○ Yes ○ No

Have you ever been diagnosed with a mental illness: ○ No ○ Yes, check which illness: ☐ Schizophrenia ☐ Bipolar ☐ Other

History of outpatient treatment: ○ Yes ○ No Within the last year: ○ Yes ○ No History of psychotropic medications: ○ Yes ○ No

History of psych hospitalization: ○ Yes ○ No Within the last year: ○ Yes ○ No

History of hearing things: ○ Yes ○ No History of seeing things: ○ Yes ○ No

History of suicide attempts: ○ Yes ○ No Last attempt:

Last Name: First: MI: ID:

Are you thinking of suicide now: ○ No ○ Yes, if yes: Do you have a plan: ○ Yes ○ No

☐ Emergent Mental Health ☐ Placed on Suicide Watch

Family/friends history of suicide: ○ Yes ○ No Recent significant loss: ○ Yes ○ No

Do you feel like there is nothing to look forward to (hopeless/helpless): ○ Yes ○ No

Have you ever hurt yourself on purpose: ○ Yes ○ No Are you thinking of hurting yourself now: ○ Yes ○ No

Are you thinking of hurting others now: ○ Yes ○ No

Ever been hospitalized for head trauma: ○ Yes ○ No Criminal history of violent behavior: ○ Yes ○ No

History of sexual victimization: ○ Yes ○ No History of sex offenses: ○ Yes ○ No

History of: ☐ Special education placement ☐ Development disability ☐ Intellectual disability

PERSONAL INFORMATION

Do you identify as, or do others perceive you to be: ☐ Gay ☐ Lesbian ☐ Bisexual ☐ Transgender ☐ Intersex ☐ Gender Non-conforming ☐ Straight or heterosexual ☐ Other:

ADDITIONAL OBSERVATION

General Appearance: ☐ No apparent distress ☐ Other:

Oral Screening: ☐ Unremarkable ☐ Missing teeth ☐ Abscesses ☐ Lesions ☐ Dentures loose ☐ Swelling ☐ Dentures/partials ☐ Other:

DISPOSITION

Placement: ○ GP ○ Infirmary ○ Suicide Watch ○ Isolation ○ Observation ○ Other:

Referral:

☐ H & P	○ Routine	○ Expedited	☐ Nursing Sick Call	○ Routine	○ Expedited
☐ Practitioner Sick Call	○ Routine	○ Expedited	☐ Behavioral Health	○ Routine	○ Expedited
☐ Chronic Care Clinic	○ Routine	○ Expedited	☐ Dental Referral	○ Routine	○ Expedited

Notification: ☐ Immediate supervisor ☐ Practitioner on call ☐ ER for transport

Consent for treatment signed: ○ Yes ○ No, reason:

Access to care reviewed: ○ Yes ○ No, reason:

Grievance process explained: ○ Yes ○ No, reason:

Implement (check all that apply): ☐ CIWA ☐ COWS ☐ BWS-C ☐ Pregnancy test if reports opiate use

ADDITIONAL COMMENTS

I understand that withdrawal from alcohol and other drugs could be fatal. I have been provided with information related to alcohol and drug withdrawal and the information I provided related to my alcohol and drug use is accurate and complete. My information is correct and I accept the provision of medical, dental and mental health care.

Patient's Signature	Interviewer's Name (Printed)	Interviewer's Signature	Date

Secondary review (if indicated)

Name (Print)	Signature	Date

Exhibit Two

CORIZON HEALTH

Clinical Services / Nursing Services
Coronavirus (COVID-19) Screening Form - 2020

DEMOGRAPHICS			
Facility Name (Do Not Abbreviate)		Facility Number	Date of Screening:
Patient Name Last	First	MI	Time Screened:
Patient Number	Sex ☐ Male ☐ Female	Birth Date	Location Screened: (Intake, Other, etc.)

Screening Questions		Additional Information
Has the patient traveled outside of the current state within the last 14 days?	☐ No ☐ Yes	Where:
In the past 14 days, has the patient had close contact with a person who is under investigation for, or positive with, COVID-19?	☐ No ☐ Yes	
Has the patient been incarcerated in another jail or prison in the past 30 days?	☐ No ☐ Yes	Where:

Does the patient have either symptom from **Group A** below?

Cough? ☐ No ☐ Yes | Shortness of Breath? ☐ No ☐ Yes

Does the patient have any symptoms from **Group B** below?

Fever (temp ≥ 100.4 oral)? ☐ No ☐ Yes, If Yes: F/C | Chills/Repeated shaking with chills? ☐ No ☐ Yes

Muscle Pain? ☐ No ☐ Yes | Headache? ☐ No ☐ Yes | Sore Throat? ☐ No ☐ Yes

New loss of taste or smell? ☐ No ☐ Yes, If yes, onset: | Nausea/vomiting? ☐ No ☐ Yes

If the patient has one or both symptoms from Group A and/or at least two symptoms from Group B: contact the provider for orders.

If the patient has traveled or has a known/suspected exposure to a confirmed positive or person under investigation, notify the provider regardless of whether the patient has symptoms or not.

*Note: Symptoms may appear 2-14 days after exposure.

Per the CDC:

- Healthcare Providers should immediately notify their local or state health department in the event of a person under investigation (PUI) for COVID-19, to be advised on necessary interventions and treatment
- Suspected patients should be given a surgical/procedural mask to wear during transport
- Suspected patients should be placed in Airborne Infection Isolation Room (AIIR) or negative pressure room with proper precautions, if available
- Treating staff should wear N95 and PPE and perform hand hygiene before and after all patient contact

Provider Contacted	☐ Yes ☐ No ☐ N/A Provider Name:	Time:
If provider contacted	Orders Given ☐ Yes ☐ No ☐ See Medical Records Patient Placed in Isolation ☐ Yes ☐ No Health Department Contacted ☐ Yes ☐ No ☐ N/A	Disposition: ☐ Transported Offsite/Hospital ☐ Transport to Medical Unit/Infirmary ☐ Treatment - See Medical Records

Signature	Print Name	Title	Date

Exhibit Three

CORIZON HEALTH

Health Assessment - History

Last Name:	First:	MI:	ID:
Date: Time: ○ AM ○ PM	Sex: ○ Male ○ Female	DOB:	Alias:
Intake form reviewed: ○ Yes ○ No If no, reason:			History & Physical refused: ○ Yes ○ No
Interpreter used: ○ Yes ○ No Name:		Service:	
Is there anything you forgot to mention or felt uncomfortable bringing up in your intake screening: ○ No ○ Yes:			

HISTORY

Major Surgical History (within past year) ○ Yes ○ No

☐ Due to traumatic injury ☐ Brain surgery ☐ Heart surgery

☐ Abdominal Surgery ☐ Other _____

Give dates:

Medical Hospitalizations (within past year)

○ No ○ Yes:

Ever had transplant surgery: ○ No ○ Yes

☐ Kidney ☐ Other:

Past Significant Surgery: ○ No ○ Yes: _____

Female History ☐ N/A

Date of last menstrual period? _____

Are you currently pregnant: ○ Yes ○ No ○ Maybe/Don't Know

Pregnancy Test Result: ○ Refused ○ Pos ○ Neg

○ Schedule ○ N/A

Describe N/A: _____

Fingerstick result (if pregnancy test Positive) :

Pregnancies: ○ No ○ Yes

Full term _____

Last pregnancy: _____

Premature: _____

Abortions: _____

Last abortion: _____

Living children:

Pap smear: ○ Unknown ○ None

Date of last: _____

Result: ○ Normal ○ Abnormal ○ Don't know

Mammogram: ○ Unknown ○ None

Date of last: _____

Result: ○ Normal ○ Abnormal ○ Don't know

MEDICATIONS: Are you currently taking any medications: ○ No ○ Yes ☐ See Additional Comments

NAME/DOSE	SIG	ROUTE	LAST DOSE	REASON

ALLERGIES - Do you have any allergies (food, medication, environmental) ○ No ○ Yes ☐ See attached

ALLERGY	REACTION TYPE	ALLERGY	REACTION TYPE

Tobacco Use

Do you smoke: ○ Current ○ Former ○ Never Amount: packs/day How long:

Alcohol Use

Do you drink alcohol? ○ Yes ○ No What: _____

Last use: _____ How much: _____

How often: _____

Prior treatment program: ○ Yes ○ No

Excessive Drinker: ○ Yes (CIWA) ○ No

Ever had alcohol withdrawals, tremors, seizures, or DTs associated with stopping alcohol: ○ Yes (CIWA) ○ No

If yes, when:

Substance/Drug Use

Do you use drugs: ○ Yes ○ No Do you use injectable drugs: ○ Yes ○ No

Last use of injectable drugs: _____

Rx or Street	How often?	How much?	Last use?	
☐ Heroin				☐ Hx of withdrawal
☐ Narcotics				☐ Hx of withdrawal
☐ Benzodiazepines				☐ Hx of withdrawal

☐ Methamphetamines ☐ Cocaine ☐ Other:

Prior treatment program: ○ Yes ○ No

COMMUNICABLE DISEASE

Hepatitis

Have you ever had hepatitis: ○ Yes ○ No

Hep B: ○ Yes ○ No

Hep C: ○ Yes ○ No

Other: _____

STD's

Have you ever had an STD	○ Yes	○ No	○ Treated
Syphilis	○ Yes	○ No	○ Treated
Gonorrhea	○ Yes	○ No	○ Treated
Chlamydia	○ Yes	○ No	○ Treated
Herpes	○ Yes	○ No	○ Treated

Do you currently have symptoms?

○ Yes ○ No

Describe: _____

Would you like to be tested for syphilis?

	Other:	○ Yes ○ No ○ Treated	○ Yes ○ Declined		

Last Name: First: M: ID:

HIV/AIDS	Viral load	T-Cell(CD4)	History of opportunistic infections?
Do you have HIV infection or AIDS: ○ Yes ○ No	○ Yes ○ No	○ Yes ○ No	☐ None ☐ Thrush ☐ PCP ☐ Toxo
Are you currently getting medication(s):	Viral Load #	Count:	☐ Zoster ☐ Cryptococcal Menigitis
○ Yes ○ No	When:	When:	Have you been treated? ○ Yes ○ No
When diagnosed:	☐ Unknown	☐ Unknown	Are you currently receiving OI meds: ○ Yes ○ No

TB Symptoms		TB		
Do you have:		Have you ever had a skin test for TB:		Have you ever had active TB: ○ Yes ○ No
Weight loss	○ Yes ○ No	○ Yes ○ No ○ Don't Know		If yes, where diagnosed:
Night sweats	○ Yes ○ No	Prior + PPD:		Date of diagnosis: Treated: ○ Yes ○ No
Fever	○ Yes ○ No	○ Yes ○ No ○ Don't Know ○ Pending		Duration of treatment:
Persistent cough>2 weeks	○ Yes ○ No	Date of last PPD:		Have you had a chest x-ray in the past year: ○ Yes ○ No
Coughing Blood	○ Yes ○ No	Have you ever been treated for LTBI:		Date of last chest x-ray:
Weak/Tired	○ Yes ○ No	○ Yes ○ No		Result: ○ Normal ○ Abnormal
Loss of appetite	○ Yes ○ No	Duration of treatment:		○ Pending ○ Don't know

CHRONIC ILLNESSES

Asthma (If no, next section)

Do you have asthma: ○ Yes ○ No

How long:

Last episode:

Last ER date:

Last hospitalization:

Have you ever had a tube put down your throat so that a machine breathes for you: ○ Yes ○ No

Currently on steroids: ○ Yes ○ No

Peak Flow: ○ Yes #:

○ Not taken Why:

Cardiovascular Disease (ask each question)

Have you ever had any of the following problems with your heart:

Angina	○ No ○ Yes	Stents	○ No ○ Yes
CHF	○ No ○ Yes	Atrial fibrillation	○ No ○ Yes
Endocarditis	○ No ○ Yes	Blood clots in legs or lungs:	○ No ○ Yes
Heart attack:	○ No ○ Yes	Date of onset:	
Internal defibrillator:	○ No ○ Yes	Date:	
Pacemaker:	○ No ○ Yes	Date:	
Bypass surgery:	○ No ○ Yes	Date:	
Heart valve replacement:	○ No ○ Yes	Date:	

Are you getting Warfarin, Jantoven or Coumadin? ○ No ○ Yes

Cerebrovascular Disease (If no, next section)

Have you ever had:

CVA (Stroke): ○ Yes ○ No

When was last:

TIA (Mini – Stroke): ○ Yes ○ No

When was last:

Comments:

Diabetes (If no, next section)

Have you ever had diabetes or a problem with high blood sugar? ○ Yes ○ No

How long?

Have you been getting your fingersticks?

○ No ○ Yes Result:

Are you currently getting medications: ○ Yes ○ No

Are you currently getting insulin: ○ Yes ○ No

Ever hospitalized for diabetes: ○ Yes ○ No

Hypertension (If no, next section)

Have you ever had high blood pressure or hypertension: ○ Yes ○ No

How long:

Are you currently getting medication(s): ○ Yes ○ No

Three or more anti-hypertensives: ○ Yes ○ No

Epilepsy/Seizure (If no, next section)

Have you ever had a seizure or convulsion: ○ Yes ○ No

Frequency greater than once a month: ○ Yes ○ No

Two or more anticonvulsants: ○ Yes ○ No

Are you getting medication for seizure: ○ Yes ○ No

Last seizure:

Comments:

Gastrointestinal (If no, next section)

Have you ever been treated for problems with stomach or bowels: ○ Yes ○ No

Have you ever vomited blood: ○ Yes ○ No Frequency: Last: Comments:

Ever had dark, black stools from bleeding: ○ Yes ○ No Frequency: Last: Comments:

Have you ever been told you have cirrhosis: ○ Yes ○ No

Comments:

COPD/Emphysema (If no, next section)

Do you have COPD or emphysema: Yes No O_2 Dependent: Yes No Hospitalization: Yes No

Ever been on a respirator: Yes No CPAP: Yes No Date:

Last Name: First: MI: ID:

Cancer (If no, next section)

Have you ever had cancer: Yes No

Do you currently have cancer: Yes No

What type of cancer: _____

Are you currently being treated for cancer: Yes No

When diagnosed: _____

Treatment: None Chemo Radiation Surgery Other:

Dialysis (If no, next section)

Are you currently on dialysis: Yes No

Are you getting your dialysis treatments: Yes No

Type: Hemodialysis Peritoneal

Number of times per week: _____

Last dialyzed:

Other Current Significant Medical Conditions: _____

Referral Needed: Yes No

BEHAVIORAL HEALTH

Past or current mental illness complaint: Yes No Describe:

Do you have a history of a mental health disorder: Yes No

Family history of mental illness: Yes No

Diagnosed with a mental illness: No Yes: What is your disease: Bipolar Major Depression Schizophrenia Other:

Do you feel like there is nothing to look forward to (hopeless or helpless): Yes No

Do you have thoughts about hurting yourself: Yes No

Family/friends history of suicide: Yes No

Recent significant loss: Yes No

History of suicide attempt(s): No Yes: Last attempt:

Are you thinking of suicide now: Yes No

History of psych hospitalization: No Yes: Within last year: Yes No

History of outpatient psychotherapy / group therapy: No Yes Within last year: Yes No

Are you currently getting psychotropic medications: Yes No

History of hearing things: Yes No

History of seeing things: Yes No

Do you have thoughts of hurting others: Yes No

History of violent behavior: Yes No

History of victimization: Yes No

History of sex offenses: Yes No

Neurological deficit: Yes No If yes, describe:

ADDITIONAL COMMENTS

SIGNATURE (Signature required if history completed separately.)

Interviewer's Name (Print/Stamp)	Interviewer's Signature	Date	Time

Exhibit Four

COVID-19 SYMPTOM SCREENING TOOL

DATE_____ NURSE COMPLETING SCREEN _____UNIT _____ SHIFT_____

If yes to Cough/SOB and/or yes to at least 2 of the additional symptoms , place surgical mask on patient and send to Medical Unit for further assessment.

SYMPTOMS: Please note (Y) for YES or (N) for No, (NA) for not applicable

					Additional Symptoms						
Patient Last Name	**Patient First Name**	**INMATE NUMBER**	**CHRONIC CARE CONDITION/ HIGH RISK**	**Cough and/or SOB?**	***ENTER TEMP***	***CHILLS***	***SORE THROAT***	***HEADACHE***	***MUSCLE PAN***	***N/V***	***NEW LOSS of TASTE or SMELL***
