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

I, Ralph Diaz, declare:

1. I am the Secretary of the California Department of Corrections and Rehabilitation (CDCR). I was appointed by Governor Gavin Newsom as CDCR's Secretary on March 27, 2019.

Before my appointment as Secretary, I served in several positions at CDCR's headquarters, including Undersecretary of Operations, Deputy Director of Facility Operations, and Associate Director of High Security Institutions. And before I worked at CDCR's headquarters, I served as a prison Warden, Correctional Counselor Supervisor, and Correctional Counselor, after starting my career as a Correctional Officer in 1991. I submit this declaration to support Defendants' opposition to Plaintiffs' emergency motion regarding prevention and management of COVID-19.

2. I have reviewed Plaintiffs' emergency motion seeking relief from the Court related to the COVID-19 crisis. (ECF 3266.) I understand that Plaintiffs' request for relief is based on their claim that CDCR and State Officials have been deliberately indifferent to Plaintiffs' health and safety during this pandemic. Contrary to Plaintiffs' assertion, the Receiver, other State officials, and I have taken numerous bold, decisive, and effective actions to protect inmates and staff in California's prisons. Many of those actions are described below, and many more are described in the exhibits attached to this declaration.

3. Attached as Exhibit A is a table that the Receiver prepared that compares CDCR and CCHCS's response to the COVID-19 pandemic with the recommendations set forth in the Center for Disease Control and Prevention's (CDC) "Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities," dated March 23, 2020. The Receiver's table shows that CDCR and CCHCS's response to the pandemic comports with virtually every applicable CDC guideline for correctional facilities. Members of my executive staff and I have reviewed this table and we agree that it accurately reflects all measures that CDCR and CCHCS have taken to date in response to COVID-19, and demonstrates that CDCR and CCHCS have complied with almost all of the CDC's numerous suggested guidelines for correctional facilities.

4. I have worked collaboratively with the Receiver and CCHCS since the beginning of the pandemic and frequently consult with the Receiver and CCHCS staff about best practices and responses to COVID-19. In fact, Dr. Steven Tharratt—the Statewide Medical Executive at CCHCS—cochairs the Department Operations Center, along with Director Gipson, that was activated by CDCR to respond to the COVID-19 pandemic. Most recently, I have been working

with the Receiver to determine how to implement social distancing cohorts in dorm settings. I am grateful for the help and guidance the Receiver and CCHCS have provided throughout this crisis.

5. On March 24, 2020, the Governor issued an executive order (N-36-20) providing that individuals would not be admitted to state custody for 30 days, with the opportunity for CDCR to extend the policy for another 30 days if suspension continues to be necessary to protect the health, safety, and welfare of inmates and staff. In a typical month, CDCR accepts approximately 3,000 new inmates from county jails or other jurisdictions. With the Governor's order suspending admissions into the system, CDCR's prison population will drop significantly through CDCR's normal rate of attrition, which is approximately 3,000 inmates per month. This will help protect inmates during this pandemic in at least two ways. First, the decrease in population should better enable the practice of social distancing within the prisons. Second, the suspension of new inmates coming into the system eliminates one of the paths for the introduction of the virus.

6. Under the authority granted by the Governor's executive order, I intend to extend the suspension of intake for another 30 days. The suspension of intake for a total of 60 days should result in a substantial reduction in the prison population, particularly in conjunction with the measures described below.

7. On March 30, 2020, I exercised my independent authority under California Government Code § 8658 to direct the expedited release of about 3,496 inmates from CDCR's custody. This extraordinary and unprecedented step should further enable social distancing in the prisons. The expedited-release group is comprised of nonviolent inmates who had 60 days or less remaining on their sentences (as of March 30, 2020). As of April 12, 2020, a total of 3,418 inmates had been released under my March 30 directive. These releases will be complete as of today, April 13.

8. Attached as Exhibit B is a timeline that accurately outlines CDCR's responses to COVID-19, and which shows how responsive and dynamic CDCR's actions have been. This timeline is regularly updated on CDCR's website. The timeline shows that CDCR has addressed the COVID-19 crisis by adding new measures almost every day since March 11, 2020. But it does not include the fact that, in addition to the many actions reflected in the timeline, numerous

high-level CDCR staff have also collectively dedicated hundreds of hours of time in eleven COVID task force meetings, to date, that have been convened by the Coleman Special Master and have included Plaintiffs. And additional sub-group meetings have occurred on this topic as well, with the involvement of high-level CDCR staff.

9. Attached as Exhibit C is a printout of CDCR's COVID-19 Preparedness webpage. This webpage is frequently updated and includes an accurate overview of the steps CDCR has taken to address the pandemic.

10. Attached as Exhibit D is a March 11, 2020 memorandum issued by CCHCS to advise CCHCS's healthcare providers of the guidance released by the CDC, California Department of Public Health, and California Occupational Safety and Health Administration, and to share resources for future updates that come available.

11. Attached as Exhibit E is a March 13, 2020 joint message from the Receiver and myself to CDCR employees about the COVID-19 pandemic and CDCR's efforts to develop an appropriate response. The message also included sources of information regarding how to prevent the spread of COVID-19.

12. Attached as Exhibit F is the second version of a comprehensive set of guidelines titled "COVID-19: Interim Guidance for Health Care and Public Health Providers" that was compiled and originally published by CCHCS on March 19, 2020. The guidelines provide important information about COVID-19, including information about symptoms, testing, diagnosis, treatment, and safety.

13. Attached as Exhibit G is a March 23, 2020 memorandum issued by CCHCS and endorsed by CDCR's Division of Adult Institutions to provide guidance on how COVID-19 may impact the Integrated Substance Use Disorder Treatment program and patients receiving treatment under the program.

14. Attached as Exhibit H is a March 26, 2020 memorandum issued by CCHCS and endorsed by CDCR's Division of Adult Institutions requiring the immediate implementation of screening protocols for all staff and visitors entering the prisons. This action was taken to help prevent the introduction of COVID-19 into the prisons.

15. Attached as Exhibit I are guidelines for California's prisons issued by the California Department of Public Health concerning COVID-19. CDCR and CCHCS have considered and implemented recommendations contained in these guidelines.

16. Attached as Exhibit J is an April 1, 2020 joint message from the Receiver and myself advising CDCR's employees that CDCR would be transitioning a cohort of inmates to early parole or Post Release Community Supervision to mitigate the risks of COVID-19.

17. Attached as Exhibit K is an April 6, 2020 memorandum issued by CCHCS and endorsed by CDCR's Division of Adult Institutions to provide guidance to staff regarding the appropriate use and conservation of personal protective equipment. It also accurately describes CDCR and CCHCS's rigorous and ongoing efforts to obtain more protective equipment.

18. Attached as Exhibit L is an April 6, 2020 memorandum issued by CCHCS to CDCR and CCHCS staff regarding the appropriate use and conservation of personal protective equipment. It also discusses (a) the COVID-19 Quick Guide Poster, which follows CDC guidelines for COVID-19 management, (b) the COVID-19 Protective Equipment Guide Poster, which also comports with CDC guidelines for optimizing protective equipment, and (c) a COVID-19 Quick Reference Pocket Guide that staff can keep on person as a resource for guidance on responding to COVID-19 related situations.

19. On April 7, 2020, CDCR's Division of Adult Institutions issued a memorandum requiring a 14-day system-wide modified program to restrict movement in the prisons and to implement additional steps to ensure social distancing. The purpose of this modified program is to prevent opportunities for the spread of COVID-19 and to protect the health and safety of inmates and staff. A copy of this memorandum is attached as Exhibit B to Connie Gipson's declaration in support of Defendants' Opposition to Plaintiffs' Emergency Motion.

20. Attached as Exhibit M is an April 10, 2020 memorandum from the Receiver to me directing that no inmate transfers between institutions should be authorized or undertaken without approval from Health Care Placement Oversight Program (HCPOP) in consultation with the CCHCS public health team. I intend to comply with that directive. The Receiver's memorandum

also set forth a plan for achieving better social distancing in dorms, and I have already been collaborating with the Receiver on how to implement this plan.

21. Attached as Exhibit N is an April 12, 2020 memorandum from the Receiver to me supplementing the Receiver's April 10, 2020 memorandum to clarify that he "had not intended for [his] April 10, 2020 memorandum to affect any inter-institution transfers that 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."

22. I have reviewed Plaintiffs' Emergency Motion Regarding Prevention and Management of COVID-19. (ECF 3266.) In their motion Plaintiffs argue that CDCR will be unable to transfer inmate-patients who are housed in rural and semi-rural prisons when or if they require transfer to hospitals for care. I disagree with Plaintiffs' assertion and believe that CDCR will be able to access higher levels of care in hospital settings when or if such services are necessary. And I believe that CDCR will be able to transfer inmates-patients in need of hospital care even if those inmate-patients are housed in institutions located in rural or semi-rural areas. CDCR and CCHCS have access to hospitals around the State and can transport inmate-patients to those hospitals by various modes including by ambulance and, when necessary, air ambulance or helicopter. CDCR would employ all necessary means to ensure inmate-patient health.

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23. In light of all of the measures that CDCR has already taken in response to COVID-19, and the additional measure that are planned, I am not currently considering transferring inmates to private prisons.

I declare under penalty of perjury that I have read this document, and its contents are true and correct to the best of my knowledge.

Executed on April 13, 2020, in Sacramento, California.

/s/ Ralph Diaz

RALPH DIAZ
(Original signature retained by counsel)

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Exhibit A

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

Data Current as of April 11, 2020

Centers For Disease Control and Prevention (CDC) Guidance	CCHCS/CDCR Implementation Status
Communication and Coordination	
Develop information-sharing systems with partners.	
☐ Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before cases develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.	Completed with respect to State and Local public health departments.
☐ Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.	CDCR has long-standing communications platforms and mechanisms to communicate with all stakeholders, and those platforms and mechanisms are being employed.
☐ Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.	CDCR institutions are regularly in contact with each other, with their respective regional offices, and with headquarters. The Department Operations Center (DOC) is also monitoring absenteeism.
☐ Where possible, put plans in place with other jurisdictions to prevent confirmed and suspected COVID-19 cases and their close contacts from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.	CDCR coordinated with local jails and closed intake on March 24, 2020. Internal movement has been suspended except for transfer necessary to save life or address a safety/security concern.
☐ Stay informed about updates to CDC guidance via the CDC COVID-19 website as more information becomes known.	Done on an ongoing basis.
Review existing pandemic flu, all-hazards, and disaster plans, and revise for COVID-19.	

☐ Ensure that physical locations (dedicated housing areas and bathrooms) have been identified to isolate confirmed COVID-19 cases and individuals displaying COVID-19 symptoms, and to quarantine known close contacts of cases. (Medical isolation and quarantine locations should be separate). The plan should include contingencies for multiple locations if numerous cases and/or contacts are identified and require medical isolation or quarantine simultaneously. See Medical Isolation and Quarantine sections below for details regarding individual medical isolation and quarantine locations (preferred) vs. cohorting.	Completed.
☐ Facilities without onsite healthcare capacity should make a plan for how they will ensure that suspected COVID-19 cases will be isolated, evaluated, tested (if indicated), and provided necessary medical care.	Not applicable to CDCR.
☐ Make a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity.	Completed. CDCR/CCHCS leadership have been considering, and continue to review and consider, all options to improve social distancing.
☐ Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the epidemiologic context changes.	CDCR/CCHCS activated the Department Operations Center on March 15, 2020 to coordinate all COVID-19 related activities.
Coordinate with local law enforcement and court officials.	
☐ Identify lawful alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of COVID-19 transmission.	Most out-to-court transfers were stopped on March 26, 2020. California's courts have reduced all unnecessary hearings.
☐ Explore strategies to prevent over-crowding of correctional and detention facilities during a community outbreak.	Being done on an ongoing basis.
Post signage throughout the facility communicating the following:	
☐ **For all:** symptoms of COVID-19 and hand hygiene instructions	Done.
☐ **For incarcerated/detained persons**: report symptoms to staff	Done.
☐ **For staff**: stay at home when sick; if symptoms develop while on duty, leave the facility as soon as possible and follow CDC-	Done. Also placed on system-wide website dedicated to the outbreak.

recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home, contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested, and contacting their supervisor.	
☐ Ensure that signage is understandable for non-English speaking persons and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.	Posted in multiple languages and available to those with disabilities.
Personnel Practices	
Review the sick leave policies of each employer that operates in the facility.	Done.
☐ Review policies to ensure that they actively encourage staff to stay home when sick.	In place.
☐ If these policies do not encourage staff to stay home when sick, discuss with the contract company.	Not applicable.
☐ Determine which officials will have the authority to send symptomatic staff home.	Done and disseminated.
Identify staff whose duties would allow them to work from home. Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of COVID-19 transmission.	Done pursuant to Governor's Executive Order.
☐ Discuss work from home options with these staff and determine whether they have the supplies and technological equipment required to do so.	Done. IT departments have made sure adequate equipment is available for work-from-home.
☐ Put systems in place to implement work from home programs (e.g., time tracking, etc.).	Done.
Plan for staff absences. Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.	
☐ Allow staff to work from home when possible, within the scope of their duties.	Done pursuant to Governor's Executive Order.
☐ Identify critical job functions and plan for alternative coverage by cross-training staff where possible.	This has not been an issue for CDCR/CCHCS to date. Trigger points for nursing and mental health services for additional coverage have been set.

☐ Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.	CDCR/CCHCS are monitoring this issue on a daily basis and have been identifying the full range of options to respond if this becomes a problem. Movement plans of staff between institutions have been developed.
☐ Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.	This was reviewed and pharmaceutical supplies are sufficient, so increasing this was not implemented. KOP meds are already set at a 30-day supply.
Consider offering revised duties to staff who are at higher risk of severe illness with COVID-19. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, heart disease, and diabetes. See CDC's website for a complete list, and check regularly for updates as more data become available to inform this issue.	Done pursuant to Governor's Executive Order and Cal HR guidance.
• Facility administrators should consult with their occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to COVID-19.	Done. Return to work plan in place.
☐ **Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season.** Symptoms of COVID-19 are similar to those of influenza. Preventing influenza cases in a facility can speed the detection of COVID-19 cases and reduce pressure on healthcare resources.	Flu vaccines are already available to all incarcerated/detained persons throughout the influenza season.
• **Reference the Occupational Safety and Health Administration websiteexternal icon for recommendations regarding worker health.**	Done.
• **Review CDC's guidance for businesses and employers** to identify	Done.

any additional strategies the facility can use within its role as an employer.	
OPERATIONS & SUPPLIES	
Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available, and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility.	CDCR/CCHCS procurement offices are constantly securing and monitoring supply contracts. The DOC communicates any additional needs to the State Operations Center.
☐ Standard medical supplies for daily clinic needs	No shortages identified.
☐ Tissue	Available.
☐ Liquid soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.	Additional soap available in institutions.
☐ Hand drying supplies	Available.
☐ Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)	California Prison Industry Authority (PIA) is manufacturing sanitizer and dispensers placed throughout the facilities where water is not readily available.
☐ Cleaning supplies, including EPA-registered disinfectants effective against the virus that causes COVID-19external icon	Available and in use. More frequent disinfection schedules in place.
☐ Recommended PPE (facemasks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See PPE section and Table 1 for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when face masks are acceptable alternatives to N95s. Visit CDC's website for a calculator to help determine rate of PPE usage.	Available and resupply mechanisms in place. Central monitoring of system-wide supply with redistribution as needed system-wide.
☐ Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated	Available throughout all facilities.
Make contingency plans for the probable event of PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.	

• See CDC guidance optimizing PPE supplies.	Done and in place.
☐ **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting where security concerns allow.** If soap and water are not available, CDC recommends cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty.	Restrictions on personal alcohol-based hand sanitizers were suspended in early March 2020. Staff allowed to possess sanitizer on grounds. CDCR approved alcohol-based sanitizers in secure settings in 2017.
• Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing.	Done.
If not already in place, employers operating within the facility should establish a respiratory protection program as appropriate, to ensure that staff and incarcerated/detained persons are fit tested for any respiratory protection they will need within the scope of their responsibilities.	Respiratory Protection Plan (RPP) was in place prior to outbreak. Staff not covered by the RPP were trained in the use of N95 type masks as needed.
☐ **Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.** See Table 1 for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with COVID-19 cases or their close contacts.	Done for both healthcare and custody prior to outbreak as part of annual training.

PREVENTION

Operations	
Stay in communication with partners about your facility's current situation.	Department operations center in continuous communication with all state and federal partners.
☐ State, local, territorial, and/or tribal health departments	Done.
☐ Other correctional facilities	Done.

☐ **Communicate with the public about any changes to facility operations, including visitation programs.**	This is done both through the CDCR COVID-19 website, regular press releases and availability to telephone and email press inquiries.
Restrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding.	Done as of March 24, 2020. The issue of transfers to the Department of State Hospitals remains unresolved and is being discussed in the *Coleman* task force.
☐ Strongly consider postponing non-urgent outside medical visits.	Done as of March 24, 2020.
☐ If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the Screening section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to properly isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see Table 1) and that the transport vehicle is cleaned thoroughly after transport.	Done.
Implement lawful alternatives to in-person court appearances where permissible.	Not an issue for CDCR in light of reduced hearings in California and federal courts.
Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for respiratory symptoms.	Does not apply to CDCR since co-pays were previously abolished.
☐ **Limit the number of operational entrances and exits to the facility.**	Operational entrances for staff were reduced consistent with the physical plant.
Cleaning and Disinfecting Practices	
☐ **Even if COVID-19 cases have not yet been identified inside the facility or in the surrounding community, begin implementing intensified cleaning and disinfecting procedures according to the recommendations below. These measures**	Done.

may prevent spread of COVID-19 if introduced.	
Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response. Monitor these recommendations for updates.	Done.
☐ Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, and telephones).	Done. Enhanced cleaning schedules are operational at all facilities.
☐ Staff should clean shared equipment several times per day and on a conclusion of use basis (e.g., radios, service weapons, keys, handcuffs).	Done.
☐ Use household cleaners and EPA-registered disinfectants effective against the virus that causes COVID-19external icon as appropriate for the surface, following label instructions. This may require lifting restrictions on undiluted disinfectants.	EPA registered disinfectants are in use.
☐ Labels contain instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use.	Done.
☐ **Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**	Increased staff are being used for cleaning. Appropriate training is in place.
☐ **Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.**	Stock is available and resupply plans are in place.
Hygiene	
☐ **Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor**	Done.

entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).	
Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis. Sample signage and other communications materials are available on the CDC website. Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.	Done Both signage and informational videos play on inmate TV. Instructions for staff available on website and through links to public health messaging.
☐ **Practice good cough etiquette:** Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.	Done.
☐ **Practice good hand hygiene:** Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage.	Done.
☐ **Avoid touching your eyes, nose, or mouth without cleaning your hands first.**	Done.
☐ **Avoid sharing eating utensils, dishes, and cups.**	Done.
☐ **Avoid non-essential physical contact.**	Done
Provide incarcerated/detained persons and staff no-cost access to:	
☐ **Soap** – Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing.	Done.
☐ **Running water, and hand drying machines or disposable paper towels** for hand washing	Done.
☐ **Tissues** and no-touch trash receptacles for disposal	Done. No touch receptacles not in use statewide.

☐ **Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions.** Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.	Done.
☐ **Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.**	Part of ISUDT messaging.
Prevention Practices for Incarcerated / Detained Persons	
Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process, in order to identify and immediately place individuals with symptoms under medical isolation. See Screening section below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see PPE section below).	Intake screening procedures are in place for all new entrants, transfers, and returnees from outside medical visits.
If an individual has symptoms of COVID-19 (fever, cough, shortness of breath)**:**	
☐ Require the individual to wear a face mask.	Done. See Screening guidance.
☐ Ensure that staff who have direct contact with the symptomatic individual wear recommended PPE.	Done. See Screening guidance.
☐ Place the individual under medical isolation (ideally in a room near the screening location, rather than transporting the ill individual through the facility), and refer to healthcare staff for further evaluation. (See Infection Control and Clinical Care sections below.)	Done. See Screening guidance.
☐ Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.	Not applicable.

If an individual is a close contact of a known COVID-19 case (but has no COVID-19 symptoms):	
☐ Quarantine the individual and monitor for symptoms two times per day for 14 days. (See Quarantine section below.)	In place. See current COVID19 medical guidelines.
☐ Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.	Not applicable.
Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms). Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:	Currently underway. We have defined housing cohorts of 8 in dorm settings to increase social distancing in sleeping areas. Yard release is done with smaller groups and social distancing is encouraged.
☐ **Common areas:** • Enforce increased space between individuals in holding cells, as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area)	Social distancing is encouraged in yard, chow, and dayroom. Many locations have tape or paint markings six feet apart – e.g. pill lines, telephone waiting areas.
☐ **Recreation:** • Choose recreation spaces where individuals can spread out • Stagger time in recreation spaces • Restrict recreation space usage to a single housing unit per space (where feasible)	Done.
☐ **Meals:** • Stagger meals • Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table)	Done with a mixture of in cell feeding and cohorted chow halls.

• Provide meals inside housing units or cells	
☐ **Group activities:** • Limit the size of group activities • Increase space between individuals during group activities • Suspend group programs where participants are likely to be in closer contact than they are in their housing environment • Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out	Done. All group programming has been suspended. Except for mental health groups, which continue based on the mental health tier plan.
☐ **Housing:** • If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.) • Arrange bunks so that individuals sleep head to foot to increase the distance between them • Rearrange scheduled movements to minimize mixing of individuals from different housing areas	Receiver memo of April 10, 2020, specifies that cohorts of 8 within dorms are sufficient for social distancing. Use of gyms and alternative housing being investigated. Inmates have been moved into the CIM gymnasium.
☐ **Medical:** • If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering sick call. • Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or	Done. Most health encounters are being performed cell front where appropriate to minimize clinic entrance. All clinics have designated space to evaluate suspected respiratory cases.

case contact, before they move to other parts of the facility.	
☐ **Communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction.**	Done. Both written and video messages. Inmate councils are involved in information dissemination.
• **Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.**	Mental Health program has identified alternatives to group therapy based on clinical needs. And mental health has developed a tiered plan for treatment.
☐ **Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.**	Only critical food service, porters and essential on-site PIA assignments continue such as food production, production of cloth masks, cleaning of healthcare spaces, and laundry.
☐ **Provide up-to-date information about COVID-19 to incarcerated/detained persons on a regular basis, including:** • Symptoms of COVID-19 and its health risks • Reminders to report COVID-19 symptoms to staff at the first sign of illness	Communications has detailed inmate communication plan.
☐ **Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.**	Done two times/day on isolated and quarantined cases – see medical monitoring guidelines.
Prevention Practices for Staff	
☐ **Remind staff to stay at home if they are sick.** Ensure that staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.	Done. See staff COVID-19 webpage.
Perform verbal screening (for COVID-19 symptoms and close contact with cases) and temperature checks for all staff daily on entry. See Screening section below for	Done for all persons entering a facility.

wording of screening questions and a recommended procedure to safely perform temperature checks.	
☐ In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).	Not applicable.
☐ Send staff home who do not clear the screening process, and advise them to follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.	Done.
☐ **Provide staff with up-to-date information about COVID-19 and about facility policies on a regular basis, including:** • Symptoms of COVID-19 and its health risks • Employers' sick leave policy • **If staff develop a fever, cough, or shortness of breath while at work**: immediately put on a face mask, inform supervisor, leave the facility, and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms. • **If staff test positive for COVID-19:** inform workplace and personal contacts immediately, and do not return to work until a decision to discontinue home medical isolation precautions is made. Monitor CDC guidance on discontinuing home isolation regularly as circumstances evolve rapidly. • **If a staff member is identified as a close contact of a COVID-19 case (either within the facility or in the community):** self-quarantine at home for 14 days and return to work if symptoms do not develop. If symptoms do develop, follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.	Done See communications detailed plan and COVID-19 webpages. Accessible at https://www.cdcr.ca.gov/covid19/memos-guidelines-messaging/ Done. See employee return to work guidance plan. We are following CDC guidance of return to work for critical healthcare workers for those with close contact with cases at this phase of the outbreak.

☐ **If a staff member has a confirmed COVID-19 infection, the relevant employers should inform other staff about their possible exposure to COVID-19 in the workplace, but should maintain confidentiality as required by the Americans with Disabilities Act.** • Employees who are close contacts of the case should then self-monitor for symptoms (i.e., fever, cough, or shortness of breath).	Done by employee wellness.
☐ **When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with respiratory symptoms while interviewing, escorting, or interacting in other ways.**	Done.
☐ **Ask staff to keep interactions with individuals with respiratory symptoms as brief as possible.**	Done.
Prevention Practices for Visitors	Currently no visitors or volunteers are permitted to enter facilities.

MANAGEMENT

Operations	
☐ **Implement alternate work arrangements deemed feasible in the Operational Preparedness**	Done via Governor's Executive Order.
Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release where relevant), unless necessary for medical evaluation, medical isolation/quarantine, care, extenuating security concerns, or to prevent overcrowding.	Done March 24, 2020.
If a transfer is absolutely necessary, perform verbal screening and a temperature check as outlined in the Screening section below, before the individual leaves the facility. If an	Done. See medical guidance plan.

individual does not clear the screening process, delay the transfer and follow the protocol for a suspected COVID-19 case – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing. If the transfer must still occur, ensure that the receiving facility has capacity to appropriately isolate the individual upon arrival. Ensure that staff transporting the individual wear recommended PPE (see Table 1) and that the transport vehicle is cleaned thoroughly after transport.	
☐ **If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case).** Subsequently in this document, this practice is referred to as **routine intake quarantine**.	This was in place until the closure of intake.
☐ **When possible, arrange lawful alternatives to in-person court appearances.**	Done.
Incorporate screening for COVID-19 symptoms and a temperature check into release planning.	In place in our release documents.
Screen all releasing individuals for COVID-19 symptoms and perform a temperature check. (See Screening section below.)	Done.
☐ If an individual does not clear the screening process, follow the protocol for a suspected COVID-19 case – including putting a face mask on the individual, immediately placing them under medical isolation, and evaluating them for possible COVID-19 testing.	Done.
☐ If the individual is released before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct	Done. All positive releases and releases of those in quarantine are coordinated with the local public health department via notification. Medical coordination with the receiving county is made for those with known medical needs. All coordination is done in conjunction with paroles or county

linkages to community resources to ensure proper medical isolation and access to medical care.	probation depending on which entity will be responsible for post-release supervision.
☐ Before releasing an incarcerated/detained individual with COVID-19 symptoms to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation, or contact local public health to explore alternate housing options.	Done. See above.
☐ Coordinate with state, local, tribal, and/or territorial health departments .external icon • When a COVID-19 case is suspected, work with public health to determine action. See Medical Isolation section below. • When a COVID-19 case is suspected or confirmed, work with public health to identify close contacts who should be placed under quarantine. See Quarantine section below. • Facilities with limited onsite medical isolation, quarantine, and/or healthcare services should coordinate closely with state, local, tribal, and/or territorial health departments when they encounter a confirmed or suspected case, in order to ensure effective medical isolation or quarantine, necessary medical evaluation and care, and medical transfer if needed. See Facilities with Limited Onsite Healthcare Services section.	Done using our public health team in conjunction with the local public health departments. See current medical guidance plan (currently version 2). https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/03/R_CCHCS-COVID-19-Interim-Guidance-3.19.2020.pdf?label=COVID-19:%20Interim%20Guidance%20for%20Health%20Care%20and%20Public%20Health%20Providers&from=https://www.cdcr.ca.gov/covid19/memos-guidelines-messaging/&label=COVID-19:%20Interim%20Guidance%20for%20Health%20Care%20and%20Public%20Health%20Providers&from=https://www.cdcr.ca.gov/covid19/memos-guidelines-messaging/
Hygiene	
☐ **Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.** (See above.)	Done.
☐ **Continue to emphasize practicing good hand hygiene and cough etiquette.** (See above.)	Done.
Cleaning and Disinfecting Practices	