

Status of CCHCS/CDCR Implementation of CDC Guidance for Correctional Centers

<input type="checkbox"/> Continue adhering to recommended cleaning and disinfection procedures for the facility at large. (See above.)	Done.
<input type="checkbox"/> Reference specific cleaning and disinfection procedures for areas where a COVID-19 case has spent time (below).	Done.
Medical Isolation of Confirmed or Suspected COVID-19 Cases	
<input type="checkbox"/> As soon as an individual develops symptoms of COVID-19, they should wear a face mask (if it does not restrict breathing) and should be immediately placed under medical isolation in a separate environment from other individuals.	Done. All facilities have identified isolation and quarantine areas.
<input type="checkbox"/> Keep the individual's movement outside the medical isolation space to an absolute minimum. <ul style="list-style-type: none"> • Provide medical care to cases inside the medical isolation space. See Infection Control and Clinical Care sections for additional details. • Serve meals to cases inside the medical isolation space. • Exclude the individual from all group activities. • Assign the isolated individual a dedicated bathroom when possible. 	Done. See medical guidance document above.
Ensure that the individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters. Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet.	Done.
Facilities should make every possible effort to place suspected and confirmed COVID-19 cases under medical isolation individually. Each isolated individual should be assigned their own housing space and bathroom where possible. Cohorting should	Done. Cohorting is done as outlined for laboratory confirmed disease where single cells are not available. Patients do not transfer solely for isolation. Isolation cells follow the order of preference recommended. https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/03/R_CCHCS

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<p>only be practiced if there are no other available options.</p> <p>If cohorting is necessary:</p> <p>Only individuals who are laboratory confirmed COVID-19 cases should be placed under medical isolation as a cohort. Do not cohort confirmed cases with suspected cases or case contacts.</p> <p>Unless no other options exist, do not house COVID-19 cases with individuals who have an undiagnosed respiratory infection.</p> <p>Ensure that cohorted cases wear face masks at all times.</p> <p>In order of preference, individuals under medical isolation should be housed:</p> <p>Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully</p> <p>Separately, in single cells with solid walls but without solid doors</p> <p>As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing in the Prevention section above.</p> <p>As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing in the Prevention section above.</p> <p>As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)</p>	<p>-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/</p>
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<p>As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section above. Safely transfer individual(s) to another facility with available medical isolation capacity in one of the above arrangements (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)</p> <p>If the ideal choice does not exist in a facility, use the next best alternative.</p>	
<p><input type="checkbox"/> If the number of confirmed cases exceeds the number of individual medical isolation spaces available in the facility, be especially mindful of cases who are at higher risk of severe illness from COVID-19. Ideally, they should not be cohorted with other infected individuals. If cohorting is unavoidable, make all possible accommodations to prevent transmission of other infectious diseases to the higher-risk individual. (For example, allocate more space for a higher-risk individual within a shared medical isolation space.)</p> <ul style="list-style-type: none"> • Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See CDC’s website for a complete list, and check regularly for updates as more data become available to inform this issue. • Note that incarcerated/detained populations have higher prevalence of infectious and chronic diseases and are in poorer health than the general population, even at younger ages. 	<p>This situation has not yet developed. Our medical guidance document envisions this situation and outlines priorities to follow.</p> <p>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/</p>
<p><input type="checkbox"/> Custody staff should be designated to monitor these individuals exclusively where</p>	<p>Not currently in place due to staffing capabilities.</p>

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<p>possible. These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see PPE section below) and should limit their own movement between different parts of the facility to the extent possible.</p>	
<p><input type="checkbox"/> Minimize transfer of COVID-19 cases between spaces within the healthcare unit.</p>	Done.
<p><input type="checkbox"/> Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to:</p> <ul style="list-style-type: none"> • Cover their mouth and nose with a tissue when they cough or sneeze • Dispose of used tissues immediately in the lined trash receptacle • Wash hands immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked. 	Tissues available, no-touch trash receptacle not available. Cough hygiene instructions given.
<p><input type="checkbox"/> Maintain medical isolation until all the following criteria have been met. Monitor the CDC website for updates to these criteria.</p> <ul style="list-style-type: none"> • For individuals who will be tested to determine if they are still contagious: <p>The individual has been free from fever for at least 72 hours without the use of fever-reducing medications AND</p> <p>The individual's other symptoms have improved (e.g., cough, shortness of breath) AND</p>	We are currently following the California Department of Public Health (CDPH) on testing guidance for releasing patients from isolation, which are slightly different but are consistent with the spirit of these CDC recommendations.

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<p>The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart</p> <ul style="list-style-type: none"> • For individuals who will NOT be tested to determine if they are still contagious: <p>The individual has been free from fever for at least 72 hours without the use of fever-reducing medications AND</p> <p>The individual’s other symptoms have improved (e.g., cough, shortness of breath) AND</p> <p>At least 7 days have passed since the first symptoms appeared</p> <ul style="list-style-type: none"> • For individuals who had a confirmed positive COVID-19 test but never showed symptoms: <p>At least 7 days have passed since the date of the individual’s first positive COVID-19 test AND</p> <p>The individual has had no subsequent illness</p>	
<p><input type="checkbox"/> Restrict cases from leaving the facility while under medical isolation precautions, unless released from custody or if a transfer is necessary for medical care, infection control, lack of medical isolation space, or extenuating security concerns.</p> <ul style="list-style-type: none"> • If an incarcerated/detained individual who is a COVID-19 case is released from custody during their medical isolation period, contact public health to arrange for safe transport and continuation of necessary medical care and medical isolation as part of release planning. 	<p>Done. We are moving patients only for medical treatment beyond the capability of the institution or to address safety/security concerns that can be met at the institution.</p> <p>Done via coordination with the receiving county’s local health department and medical care system.</p>

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<p>Cleaning Spaces where COVID-19 Cases Spent Time</p>	
<p><input type="checkbox"/> Thoroughly clean and disinfect all areas where the confirmed or suspected COVID-19 case spent time. Note – these protocols apply to suspected cases as well as confirmed cases, to ensure adequate disinfection in the event that the suspected case does, in fact, have COVID-19. Refer to the Definitions section for the distinction between confirmed and suspected cases.</p> <p>Close off areas used by the infected individual. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions (consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions), before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.</p> <p>Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in Prevention section).</p>	<p>Currently disinfection occurs; we do not currently wait to disinfect.</p>
<p><input type="checkbox"/> Hard (non-porous) surface cleaning and disinfection</p> <ul style="list-style-type: none"> • If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection. • For disinfection, most common EPA-registered household disinfectants should be effective. Choose cleaning products based on security requirements within the facility. <p>Consult a list of products that are EPA-approved for use against the virus that causes COVID-19external icon. Follow the manufacturer’s instructions for all cleaning</p>	<p>EPA registered disinfectants are used.</p>

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<p>and disinfection products (e.g., concentration, application method and contact time, etc.).</p> <p>Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing:</p> <p>5 tablespoons (1/3rd cup) bleach per gallon of water or</p> <p>4 teaspoons bleach per quart of water</p>	
<p><input type="checkbox"/> Soft (porous) surface cleaning and disinfection</p> <p>For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:</p> <p>If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.</p> <p>Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19^{external icon} and are suitable for porous surfaces.</p>	Done.
<p><input type="checkbox"/> Electronics cleaning and disinfection</p> <p>For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.</p> <p>Follow the manufacturer's instructions for all cleaning and disinfection products.</p>	Done. Alcohol based disinfectants are not currently in use.

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<p>Consider use of wipeable covers for electronics.</p> <p>If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.</p>	
<p><input type="checkbox"/> Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE. (See PPE section below.)</p>	Done.
<p><input type="checkbox"/> Food service items. Cases under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.</p>	This guidance has been passed to food services via the Department Operations Center.
<p>Laundry from a COVID-19 cases can be washed with other individuals' laundry.</p> <p>Individuals handling laundry from COVID-19 cases should wear disposable gloves, discard after each use, and clean their hands after.</p> <p>Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.</p> <p>Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.</p> <p>Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered</p>	Done.
<p><input type="checkbox"/> Consult cleaning recommendations above to ensure that transport vehicles are thoroughly cleaned after carrying a confirmed or suspected COVID-19 case.</p>	Done.

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Quarantining Close Contacts of COVID-19 Cases	
<p><input type="checkbox"/> Incarcerated/detained persons who are close contacts of a <u>confirmed or suspected COVID-19 case</u> (whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days (see <u>CDC guidelines</u>).</p> <p>If an individual is quarantined due to contact with a suspected case who is subsequently tested for COVID-19 and receives a negative result, the quarantined individual should be released from quarantine restrictions.</p> <p><input type="checkbox"/> In the context of COVID-19, an individual (incarcerated/detained person or staff) is <u>considered a close contact</u> if they:</p> <p>Have been within approximately 6 feet of a COVID-19 case for a prolonged period of time OR</p> <p>Have had direct contact with infectious secretions of a COVID-19 case (e.g., have been coughed on)</p> <p>Close contact can occur while caring for, living with, visiting, or sharing a common space with a COVID-19 case. Data to inform the definition of close contact are limited. Considerations when assessing close contact include the duration of exposure (e.g., longer exposure time likely increases exposure risk) and the clinical symptoms of the person with COVID-19 (e.g., coughing likely increases exposure risk, as does exposure to a severely ill patient).</p>	<p>Done. Our quarantine guidelines follow CDC and CDPH current guidance.</p>
<p><input type="checkbox"/> Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.</p>	<p>Done, although some cohorted quarantined individuals have group feeding and share bathrooms.</p>

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<p>Provide medical evaluation and care inside or near the quarantine space when possible.</p> <p>Serve meals inside the quarantine space.</p> <p>Exclude the quarantined individual from all group activities.</p> <p>Assign the quarantined individual a dedicated bathroom when possible.</p>	
<p><input type="checkbox"/> Facilities should make every possible effort to quarantine close contacts of COVID-19 cases individually. Cohorting multiple quarantined close contacts of a COVID-19 case could transmit COVID-19 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.</p> <p>If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 should be placed under medical isolation</p> <p>If an entire housing unit is under quarantine due to contact with a case from the same housing unit, the entire housing unit may need to be treated as a cohort and quarantine in place.</p> <p>Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility’s general population as a general rule (not because they were exposed to a COVID-19 case). Under this scenario, avoid mixing individuals quarantined due to exposure to a COVID-19 case with individuals undergoing routine intake quarantine.</p>	<p>Currently the majority of quarantines are cohorted. All are monitored twice a day.</p>

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<p>If at all possible, do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.</p>	
<p>If the number of quarantined individuals exceeds the number of individual quarantine spaces available in the facility, be especially mindful of <u>those who are at higher risk of severe illness from COVID-19</u>. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the higher-risk individuals. (For example, intensify <u>social distancing strategies</u> for higher-risk individuals.)</p> <p><input type="checkbox"/> In order of preference, multiple quarantined individuals should be housed:</p> <p>Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully</p> <p>Separately, in single cells with solid walls but without solid doors</p> <p>As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions</p> <p>As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door</p> <p>As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)</p> <p>As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed</p>	<p>Done. Our quarantine guidance follows this prioritization schema.</p>

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<p>entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section to maintain at least 6 feet of space between individuals housed in the same cell.</p> <p>As a cohort, in individuals’ regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ social distancing strategies related to housing in the Prevention section above to maintain at least 6 feet of space between individuals.</p> <p>Safely transfer to another facility with capacity to quarantine in one of the above arrangements (NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)</p>	
<p><input type="checkbox"/> Quarantined individuals should wear face masks if feasible based on local supply, as source control, under the following circumstances (see PPE section and Table 1):</p> <p>If cohorted, quarantined individuals should wear face masks at all times (to prevent transmission from infected to uninfected individuals).</p> <p>If quarantined separately, individuals should wear face masks whenever a non-quarantined individual enters the quarantine space.</p> <p>All quarantined individuals should wear a face mask if they must leave the quarantine space for any reason.</p> <p>Asymptomatic individuals under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear face masks.</p>	<p>Done. Face coverings are made available via PIA for quarantined individuals. Surgical masks are utilized for those patients in isolation.</p>

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<p><input type="checkbox"/> Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties (see PPE section and Table 1).</p> <p>Staff supervising asymptomatic incarcerated/detained persons under routine intake quarantine (with no known exposure to a COVID-19 case) do not need to wear PPE.</p>	<p>PPE is reserved for isolated individuals based on our current supply. Face coverings are available for staff and quarantined patients.</p>
<p><input type="checkbox"/> Quarantined individuals should be monitored for COVID-19 symptoms twice per day, including temperature checks.</p> <p>If an individual develops symptoms, they should be moved to medical isolation immediately and further evaluated. (See Medical Isolation section above.)</p> <p>See Screening section for a procedure to perform temperature checks safely on asymptomatic close contacts of COVID-19 cases.</p>	<p>Done. See current medical guideline document.</p>
<p><input type="checkbox"/> If an individual who is part of a quarantined cohort becomes symptomatic:</p> <p>If the individual is tested for COVID-19 and tests positive: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.</p> <p>If the individual is tested for COVID-19 and tests negative: the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period.</p> <p>If the individual is not tested for COVID-19: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.</p>	<p>Consistent with our medical guideline document.</p> <p>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/</p>
<p><input type="checkbox"/> Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day</p>	<p>Done.</p>

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<p>quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.</p>	
<p><input type="checkbox"/> Quarantined individuals can be released from quarantine restrictions if they have not developed symptoms during the 14-day quarantine period.</p>	Done.
<p><input type="checkbox"/> Meals should be provided to quarantined individuals in their quarantine spaces. Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands after removing gloves.</p>	Not done. Quarantined individuals either receive cell feeding or eat as a quarantined cohort based on facility design.
<p><input type="checkbox"/> Laundry from quarantined individuals can be washed with other individuals' laundry.</p> <p>Individuals handling laundry from quarantined persons should wear disposable gloves, discard after each use, and clean their hands after.</p> <p>Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.</p> <p>Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.</p> <p>Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.</p>	Done.
<p>Management of Incarcerated / Detained Persons with COVID-19 Symptoms</p>	

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<p><input type="checkbox"/> If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.</p>	<p>Done. Most evaluations are conducted cell front or in a designated area.</p>
<p>Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing. See Medical Isolation section above.</p>	<p>Done.</p>
<p><input type="checkbox"/> Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated. Refer to CDC guidelines for information on evaluation and testing. See Infection Control and Clinical Care sections below as well.</p>	<p>Done. See medical guidance document. 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/</p>
<p><input type="checkbox"/> If testing is indicated (or if medical staff need clarification on when testing is indicated), contact the state, local, tribal, and/or territorial health department. Work with public health or private labs as available to access testing supplies or services.</p> <p>If the COVID-19 test is positive, continue medical isolation. (See Medical Isolation section above.)</p> <p>If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.</p>	<p>CCHCS uses contract testing via Quest, and current tests return results in 48-72 hours. We are working with the Governor's Office to obtain in-house rapid testing capability.</p>

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Management Strategies for Incarcerated / Detained Persons without COVID-19 Symptoms	
<p><input type="checkbox"/> Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.</p> <p>Consider having healthcare staff perform regular rounds to answer questions about COVID-19.</p> <p>Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or low-vision.</p>	Done. See communications plan.
<p>Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms. See Screening section for a procedure to safely perform a temperature check.</p>	Twice daily evaluations including temperature checks are done on isolated and quarantined individuals. They are not being done in the general population.
<p><input type="checkbox"/> Consider additional options to intensify social distancing within the facility.</p>	In progress.
Management Strategies for Staff	
<p><input type="checkbox"/> Provide clear information to staff about the presence of COVID-19 cases within the facility, and the need to enforce social distancing and encourage hygiene precautions.</p> <p>Consider having healthcare staff perform regular rounds to answer questions about COVID-19 from staff.</p>	Done. See communications plan.
<p><input type="checkbox"/> Staff identified as close contacts of a COVID-19 case should self-quarantine at home for 14 days and may return to work if symptoms do not develop.</p>	Currently following CDPH guidance regarding return to work for critical healthcare workers for all facility staff.

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<p>See above for definition of a close contact.</p> <p>Refer to CDC guidelines for further recommendations regarding home quarantine for staff.</p>	
<p>Infection Control</p>	
<p><input type="checkbox"/> All individuals who have the potential for direct or indirect exposure to COVID-19 cases or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Monitor these guidelines regularly for updates.</p> <p>Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.</p> <p>Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).</p>	<p>Done.</p>
<p>Staff should exercise caution when in contact with individuals showing symptoms of a respiratory infection. Contact should be minimized to the extent possible until the infected individual is wearing a face mask. If COVID-19 is suspected, staff should wear recommended PPE (see PPE section).</p>	<p>Done.</p>

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<input type="checkbox"/> Refer to <u>PPE</u> section to determine recommended PPE for individuals persons in contact with confirmed COVID-19 cases, contacts, and potentially contaminated items.	<p>Done via PPE policy memo distributed April 6, 2020, with link to CDC guidelines.</p>
Clinical Care of COVID-19 Cases	
<input type="checkbox"/> Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms. <p>If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital.</p> <p>The initial medical evaluation should determine whether a symptomatic individual is at <u>higher risk for severe illness from COVID-19</u>. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes. See <u>CDC's website</u> for a complete list, and check regularly for updates as more data become available to inform this issue.</p>	<p>Done. See current medical guidelines (currently version 2).</p> <p>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/</p>
<input type="checkbox"/> Staff evaluating and providing care for confirmed or suspected COVID-19 cases should follow the <u>CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)</u> and monitor the guidance website regularly for updates to these recommendations.	<p>Done. See current medical guidance, version 2.</p> <p>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/</p>
<input type="checkbox"/> Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing	<p>Done.</p>

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<p><u>recommended PPE</u> and ensuring that the suspected case is wearing a face mask.</p> <p>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.</p>	
<p><input type="checkbox"/> Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).</p>	Done. Local influenza testing capability in place on site.
<p><input type="checkbox"/> The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.</p>	In place.
<p><input type="checkbox"/> When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.</p>	Done under existing procedures including sign language interpreters.
<p>Recommended PPE and PPE Training for Staff and Incarcerated / Detained Persons</p>	
<p><input type="checkbox"/> Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with confirmed and suspected COVID-19 cases.</p> <p>Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95s) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program.</p> <p>For PPE training materials and posters, please visit the CDC website on Protecting Healthcare Personnel.</p>	Done.
<p><input type="checkbox"/> Ensure that all staff are trained to perform hand hygiene after removing PPE.</p>	Done.

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<p><input type="checkbox"/> If administrators anticipate that incarcerated/detained persons will request unnecessary PPE, consider providing training on the different types of PPE that are needed for differing degrees of contact with COVID-19 cases and contacts, and the reasons for those differences (see Table 1). Monitor linked CDC guidelines in Table 1 for updates to recommended PPE.</p>	<p>Done. Communications has provided extensive education regarding this topic to both patients and staff.</p>
<p><input type="checkbox"/> Keep recommended PPE near the spaces in the facility where it could be needed, to facilitate quick access in an emergency.</p>	<p>PPE is currently secured to prevent theft.</p>
<p><input type="checkbox"/> Recommended PPE for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with COVID-19 cases and their contacts (see Table 1). Each type of recommended PPE is defined below. As above, note that PPE shortages are anticipated in every category during the COVID-19 response.</p> <p>N95 respirator See below for guidance on when face masks are acceptable alternatives for N95s. N95 respirators should be prioritized when staff anticipate contact with infectious aerosols from a COVID-19 case.</p> <p>Face mask</p> <p>Eye protection – goggles or disposable face shield that fully covers the front and sides of the face</p> <p>A single pair of disposable patient examination gloves Gloves should be changed if they become torn or heavily contaminated.</p> <p>Disposable medical isolation gown or single-use/disposable coveralls, when feasible If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that</p>	<p>Current PPE procedures are consistent with this guidance.</p>

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<p>duty belt and gear are disinfected after close contact with the individual. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.</p> <p>If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.</p>	
<p><input type="checkbox"/> Note that shortages of all PPE categories are anticipated during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category can be found on CDC’s website:</p> <p><u>Guidance in the event of a shortage of N95 respirators</u></p> <p>Based on local and regional situational analysis of PPE supplies, face masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.</p> <p><u>Guidance in the event of a shortage of face masks</u></p> <p><u>Guidance in the event of a shortage of eye protection</u></p> <p><u>Guidance in the event of a shortage of gowns/coveralls</u></p>	<p>Done. At present, we do not have a shortage of N95 masks.</p>

Exhibit B

Updates

For the latest CDCR COVID-19 information and updates, visit the CDCR COVID-19 Preparedness webpage (<https://www.cdcr.ca.gov/covid19/>).

4/10/20: All institutions increase laundry services

4/9/20: Secretary Diaz releases video messages to staff (<https://vimeo.com/cchcs/covid19-cdcrsec-staff-04072020>), stakeholders (<https://vimeo.com/cchcs/covid19-cdcrsec-sh-04072020>), and population (<https://vimeo.com/cchcs/covid19-cdcrsec-pop-0472020>)

4/9/20: University of California, San Francisco AMEND webinar (<https://vimeo.com/403558684>) on COVID-19 in jails and prisons released to staff

4/8/20: CDCR partners with JPay to provide inbound email print services to all institutions at a reduced rate

4/8/20: Mandatory 14-day modified program (<https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/04/COVID19-Modified-Program.pdf?label=Mandatory%2014-day%20Modified%20Program&from=https://www.cdcr.ca.gov/covid19/memos-guidelines-messaging/>) implemented

4/8/20: CALPIA to continue only critical operations

4/7/20: Transfers from Reception Centers suspended through April 22

4/7/20: DJJ education to be provided via distance learning

4/6/20: Staff use of PPE memo (https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/04/R_STAFF-USE-PPE.pdf) issued

4/6/20: PPE guidance and information (https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/04/R_PH-PPE-GUIDANCE.pdf) issued

4/3/20: Tiffany Haddish (https://www.facebook.com/cacorrections/posts/10157393591397061?__cft__%5b0%5d=AZVJAbgnas0wYDju9W2H2-F2BIfQ_ZOI9p_HfmOMuXIRCWNACXckQTj9k0aF76OrBwn-zQ4ngkwclK9irqhdz5esnhy0f40zGtsDeOkI4eOzmy2Aj0R4rc1bzJUum-zupxBHF4HVRSR1WBAWwINQ3Gf61_MxAaivjxd7hDpT4AACdBQ&__tn__=%2C0%2CP-R) speaks to incarcerated youth via Skype

4/1/20: Internal patient registry launched to assist in monitoring patients with suspected or confirmed COVID-19

3/31/20: Federal Receiver J. Clark Kelso releases video message (<https://www.cdcr.ca.gov/insidecdcr/2020/03/31/message-to-all-cdcr-cchcs-staff-from-receiver-j-clark-kelso/>) to all staff

3/31/20: CDCR announces plan to expedite transition to parole (<https://www.cdcr.ca.gov/news/2020/03/31/cdcr-announces-plan-to-further-protect-staff-and->

inmates-from-the-spread-of-covid-19-in-state-prisons/) for certain eligible inmates with 60 days or less to serve

3/31/20: FAQs (<https://www.cdcr.ca.gov/covid19/frequently-asked-questions-for-plan-on-expedited-release-and-increased-physical-space-within-state-prisons/>) for expedited release and increased physical space published

3/30/20: Free phone call days, reduced-price emails announced (<https://www.cdcr.ca.gov/covid19/cdcr-gtl-jpay-expand-communication-access/>)

3/29/20: CALPIA announces hand sanitizer production

3/29/20: Inmates allowed alcohol-based hand sanitizer in approved areas under supervision

3/29/20: Inmate cases reported at CIM (1) and LAC (2)

3/27/20: Temperature screenings (https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/03/R_COVID-19-Facility-Entrance-Final-v6.pdf) implemented for all entering prisons and community correctional facilities

3/26/20: Population tracking press release (<https://www.cdcr.ca.gov/news/2020/03/26/cdcr-and-cchcs-unveil-covid-19-tracking-tool-for-incarcerated-population-testing-cases-and-results/>) issued

3/26/20: Large-scale construction projects suspended inside secure perimeters

3/26/20: DJJ provides free Skype visits (<https://www.cdcr.ca.gov/juvenile-justice/visiting-your-loved-one-with-skype-for-business/>) at Pine Grove Youth Conservation Camp

3/25/20: Population COVID-19 Tracking (<https://www.cdcr.ca.gov/covid19/population-status-tracking/>) released

3/25/20: Secretary Diaz releases video message to staff (<https://www.cdcr.ca.gov/insidecdcr/2020/03/26/secretary-diaz-addresses-cdcr-staff/>)

3/25/20: Secretary Diaz releases video message to population (<https://vimeo.com/400758862/824c4cf567>)

3/25/20: All in-service training postponed until July

3/24/20: Governor issues Executive Order (<https://www.gov.ca.gov/2020/03/24/governor-newsom-issues-executive-order-on-state-prisons-and-juvenile-facilities-in-response-to-the-covid-19-outbreak/>) with directives to CDCR

- o Adult, DJJ intake from counties suspended for 30 days
- o BPH to develop process for videoconferencing parole hearings
- o In-person parole hearings suspended for 60 days

3/24/20: Transfers into MCRP, CCTRP, ACP suspended through April 6

3/24/20: Transfers to Conservation Camps suspended until further notice

3/23/20: Social distancing posters (1 (<https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/03/COVID-19-SD-Poster-Germ-cloud-PORTRAIT.pdf>) and 2 (<https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/03/COVID-19-SD-Poster-SIX-FEET-PORTRAIT.pdf>)) provided to institutions

3/23/20: All staff TB testing delayed

3/23/20: CDCR/CCHCS-created educational video (<https://vimeo.com/399285302/3f5516409d>) released for population

3/22/20: First inmate tests positive (<https://www.cdcr.ca.gov/news/2020/03/22/cdcr-and-cchcs-confirm-first-inmate-tests-positive-for-covid-19/>)

3/21/20: Basic Correctional Officer Academy scheduled for March 24 postponed

3/21/20: Current Basic Correctional Officer Academy accelerated

3/21/20: Reception Center inmates to be quarantined for 14 days

3/20/20: Interim Guidance for Health Care and Public Health Providers (https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/03/R_CCHCS-COVID-19-Interim-Guidance-3.19.2020.pdf) issued

3/20/20: Two confirmed staff cases (<https://www.cdcr.ca.gov/covid19/cdcr-cchcs-covid-19-status/>)

3/19/20: Standardized academic testing postponed

3/19/20: Ramadan, Passover, Easter services to be provided in-cell

3/19/20: Inmate transfers limited to only essential movement

3/19/20: Parole suitability hearings postponed through April 6

3/19/20: Written peace officer exams postponed through April 6

3/18/20: Temporary travel and meeting restrictions (<https://www.cdcr.ca.gov/covid19/wp-content/uploads/sites/197/2020/03/2020-03-18-R-Temporary-Travel-and-Meeting-Restrictions.pdf>)

3/18/20: All CDCR/CCHCS staff given verbal screenings before entering any work locations

3/17/20: COVID19@cdcr.ca.gov (<mailto:COVID19@cdcr.ca.gov>) email address goes live

3/17/20: JPay offers two free stamps per week to registered electronic messaging users

3/17/20: Global Tel Link to offer free phone calls March 19 and 26

3/17/20: No volunteers or rehabilitative program providers allowed to enter prisons

3/17/20: Parole suitability hearings postponed through March 20

3/17/20: All transfers of out-of-state parolee1s or inmates to California stopped for 30 days