

**IN THE UNITED STATES DISTRICT COURT FOR  
THE DISTRICT OF NEW JERSEY**

RAYMOND LAMAR BROWN, et al.	:	
Plaintiffs	:	
	:	DOCKET NO. 1:20-cv-7907-NLH-AMD
v.	:	
	:	
CHARLES WARREN, et al.	:	Civil Action
Defendants	:	

**CONSENT ORDER ON COVID/PANDEMIC POLICY**

This matter having come before the Court on joint application of Plaintiffs, by counsel, Fox Rothschild LLP and Defendants, by counsel, The Zeff Law Firm, in order to implement health and safety procedures to be followed during the continuing COVID-19 pandemic; and the Parties having agreed to the form and substance of the COVID/Pandemic Preparedness Policy attached hereto as Exhibit A (the “Policy”); and the Court having considered the terms of the Policy and the consent of the Parties; and for good cause being shown,

It is on this 21<sup>st</sup> day of January, 2022 ORDERED:

1. The COVID/Pandemic Preparedness Policy, attached hereto as Exhibit A shall be implemented by the Cumberland County Jail, and shall be effective as of the date of entry of this Consent Order.
2. This Consent Decree in part addresses recommendations contained in the three Initial Reports and Recommendations of the Special Master in this matter.

3. The parties hereby agree that the Policy attached hereto adequately addresses the recommendations contained in the three Initial Reports and Recommendation relating to contact tracing, testing, quarantining, isolation, cleaning supplies and PPE.
4. The contents of this consent decree are the matters agreed upon by the parties solely to address certain recommendations of the Special Master in accordance with Paragraph 7 of the Consent Order for Appointment of a Federal Rule 54 Master (ECF No. 126). This is not intended to restrict, waive or limit any rights, remedies or defenses any party may have.
5. The Policy shall be binding upon Cumberland County and the Cumberland Jail.
6. If Defendants take the position that they cannot comply with the terms, conditions and procedures described in the Policy, the Defendant, County of Cumberland must file a motion seeking leave to amend the Policy from the Court before deviating from the Policy unless the conditions in the following paragraphs are met.
7. The Defendant, County of Cumberland may deviate from the Policy without notice to the Court or to Plaintiffs only in an emergency situation as determined at the discretion of the Warden. If an emergency arises that requires immediate deviation from this Policy, notice to Plaintiffs and the Court must be given as soon as possible of the deviation and the reason(s) for the deviation. Regardless of the emergency, notice must be provided within five (5) business days.
8. In the event Defendant, County of Cumberland seeks to modify the Policy in order to meet changed public health guidelines, notice of the intent to modify shall be filed and served five (5) business days before any modification may be implemented. The notice shall include the reason(s) for modification and any Center for Disease Control,

New Jersey Department of Public and/or Cumberland County Department of Health guidelines that have changed, as well as a copy of the proposed changes to the Policy.

In the event either Plaintiffs or the Special Master file an objection to the proposed modification within the (five) 5 business day notice period, no modification may be implemented until the Court enters an order resolving the objection.

9. As described in Policy part IV (20), the Defendant, County of Cumberland may automatically change the applicable isolation and quarantine periods prescribed by the CDC when the CDC recommendations are modified. However, upon such change, notice shall be provided to Plaintiffs' Counsel and the Special Master.

10. In the event that Defendants fail to comply with the Policy or this Consent Decree, Plaintiffs may immediately and without advance notice to Defendants apply to the Court for monetary or other sanctions against Defendant Cumberland County.

11. This Consent Order shall remain in effect until a final order of the Court in this matter is entered. This Consent Order may be extended beyond the final order in this matter or terminated before the final order for good cause.

s/ Noel L. Hillman  
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Hon. Noel L. Hillman, U.S.D.J.

The undersigned consent to the form and entry of the within Order.

Fox Rothschild LLP

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	Chapter: 11	Policy Number: 11.XX	Page 1 of <span style="background-color: yellow;">    </span>
	Subject: COVID/Pandemic Preparedness	Related Standards:	Date: <span style="background-color: yellow;">xxx</span> , 2022
Approved By:		Effective Date: <span style="background-color: yellow;">January</span> , <span style="background-color: yellow;">2022</span>	

THE POLICY AND PROCEDURES DESCRIBED HEREIN MUST BE FOLLOWED. THIS POLICY MAY ONLY BE ALTERED BY COURT ORDER. IF AN EMERGENCY ARISES THAT REQUIRES AN IMMEDIATE DEVIATION FROM THIS POLICY, NOTICE TO THE COURT MUST BE GIVEN AS SOON AS POSSIBLE OF THE DEVIATION.

### I. **POLICY**

The policy of the Cumberland County Department of Corrections (the "Department") is to ensure and maintain safety, security, and control at the facility during all stages and severities of a pandemic such as COVID-19 or other disease outbreaks, while still providing essential services and minimizing disruptions through a well-planned and coordinated response. This policy will be used to maintain a safe environment and protect all custody staff, civilians, and inmates. This policy will also be used to ensure safety, security, and control at the facility during all stages and severities of a pandemic disease.

### II. **PURPOSE**

To establish at the Cumberland County Department of Corrections Department a Pandemic Disease Preparedness Plan for responding to pandemic emergencies to limit exposure of personnel, civilians, and inmates to airborne pathogens such as COVID-19, to protect personnel, civilians, and inmates and maintain operational continuity during national emergencies.

### III. **DEFINITIONS**

The following terms, when used in this policy, shall have the following meanings, unless context clearly indicates otherwise:

**Arrestees:** Inmates that arrive at the facility are deemed "arrestees" until they are deemed accepted into the facility. For the purposes of this Policy all will be called "inmates."

**Asymptomatic:** a person that has become infected with a pathogen, but that displays no signs or symptoms. Although they display no signs or symptoms from the pathogen, carriers can transmit the pathogen to others.



**Centers for Disease Control and Prevention (CDC):** The leading, national public health institute of the United States. It is a United States federal agency, under the Department of Health and Human Services, and is headquartered in Atlanta, Georgia.

**Close Contact:** The CDC defines “close contact” as:

“Someone who was less than 6 feet away from infected person (laboratory-confirmed or a clinical diagnosis) for a cumulative total of 15 minutes or more over a 24-hour period (for example, *three individual 5-minute exposures for a total of 15 minutes*). An infected person can spread SARS-CoV-2 starting from 2 days before they have any symptoms (or, for asymptomatic people, 2 days before the positive specimen collection date), until they meet the criteria for ending isolation.”

**Cohorting:** Housing inmates together in a dedicated unit or area who have or present with similar or like symptoms of an infectious disease or those potentially exposed to an infectious disease to avoid further transmission to non-infected individuals.

**Command Post Supervisor:** A designated supervisory custody staff member of Lieutenant or higher rank, who is responsible for managing the Command Post of the facility/ operations unit and coordinating all emergency responses and all related communications notifications.

**Correctional Facility:** The facility referred to herein as the Department.

**Custody Post:** A location, an area, or an accumulation of tasks, requiring supervision or control by a custody staff member.

**Custody Staff:** Custody Supervisors and Correctional Police Officers who have been sworn in as peace officers.

**Essential Employees:** Staff members that are designated critical to the mission of the Cumberland County Department of Corrections. The Department depends on Essential Employees to maintain vital services 24 hours per day, 7 days per week.

**Fully vaccinated:** According to the CDC, an individual is considered fully vaccinated after receiving their second dose in a 2-dose series or two weeks (14 days) after receiving a single-dose vaccine.

**Inside:** an interior or internal part or place: the part within, such as inside a jail.

**Isolation:** the separation and restriction of movement or activities of all infected persons who have an infectious disease for the purpose of preventing transmission to others.

**Medical Provider:** The designated person within a correctional facility who shall be a physician, advanced practice nurse, nurse or health administrator responsible for arranging health services to all inmates.

**Normal Operations:** Is defined in this Policy only as a situation where capacity and staffing issues permit safe and secure operation of the Jail permitting "normal" COVID-19 procedures to be implemented as described in this Policy. The Warden shall have sole discretion in determining when normal operations exist.

**Outside:** a place or region beyond an enclosure or boundary: such as  
(1): the world beyond the confines of an institution (such as a prison)

**Outbreak:** two (2) or more persons, in the same unit, test positive for an infectious disease like COVID-19. This definition includes inmates and staff.

**Pandemic Disease:** an epidemic that spreads throughout a country, continent, or the world and infects a large proportion of the human population.

**Personal Protective Equipment (PPE):** equipment including, among other things, disposable gloves, fluid impervious gowns, goggles, masks and other equipment used by any person to prevent the acquisition or transmissions of an infectious disease.

**Quarantine:** the separation and restriction of movement or activities of person(s) who are not ill but who may have been exposed to infection, for the purpose of preventing further transmission of disease to unexposed persons.

**Report:** A written or spoken description of a situation, event, etc.

**Shift Commander Report:** A form for detailing a chronological log of all activities associated with the facility's Command Post.

**Social Distancing:** remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible.

**Transmission level(s)** COVID-19 spreads easily between people. CDC tracks how much COVID-19 is spreading as well as how likely people are to be exposed to it with a measurement known as the "level of community transmission."

**Warden:** An administrator who serves as the chief executive officer of the Cumberland County Department of Corrections.

**IV. PROCEDURES:**

*Note: The following procedures shall be implemented during a pandemic disease until rescinded by the Warden or designee in writing.*

1. A pandemic disease preparedness plan will be coordinated based on CDC recommendations to protect staff, inmates, and visitors from infectious diseases.
2. Staff shall ensure that adequate supplies are maintained in the facility including but not limited to:
  - a. Disinfectant, Masks, Antibacterial hand sanitizer, Soap, Paper towels, Sanitizing wipes, Trash bags, and Gloves; etc, all of which are available to the inmates.
3. Hand Sanitizer and Disinfectant are located throughout the facility. Suitable Hand Sanitizer and Disinfectant products used in the facility must have demonstrated effectiveness against infectious diseases such as COVID-19 when used in accordance with the directions accompanying the Hand Sanitizer or Disinfectant.
4. All staff shall sanitize their hands and wear an approved mask prior to entering the facility.
5. No one not assigned or scheduled shall enter the facility without prior approval from the Warden. All visitors shall have proof of COVID-19 vaccination or negative PCR test within 72 hours.
6. Pandemic Disease screenings and temperature checks shall be conducted on everyone entering the facility in accordance with CDC recommendations.
7. Prior to entering the facility, authorized visitors will also be required to sanitize their hands and wear a face mask.
8. Temperature checks will be conducted upon entering the facility. Anyone with a temperature of 100.4 or more will be denied entrance and they will be instructed to contact their doctor for further instructions.
9. Due to possible asymptomatic transmission of airborne pathogens, such as COVID-19, all staff shall be issued and required to wear a mask (N95/KN95) or other CDC approved masks such as surgical masks, while on duty. Staff shall wear the N95/KN95 mask if working in admissions, working in quarantine unit, in a county vehicle with another person, or within six feet of any person. Staff shall be fitted for the N95/KN95 mask.



10. Whenever an inmate is to be transported, inmate shall wear an approved mask during transport. Staff shall wear the N95/KN95 mask. All inmates are issued masks approved for use by CDC and are provided replacement masks when necessary.
11. Employees are to follow Universal Precautions and the best practices as recommended by the CDC, which are provided via training bulletins. Universal Precautions include:
  - a. Wash your hands often with soap and water for at least 20 seconds, including before meals and after using the restroom.
  - b. Clean and disinfect frequently touched objects and surfaces.
  - c. Avoid touching your eyes, nose, and mouth.
  - d. Avoid close contact with people who are sick.
  - e. Cover your cough/sneeze by coughing/sneezing into a tissue or into the inside of your elbow. Immediately throw the tissue in the trash.
  - f. Change gloves frequently.
12. All staff shall utilize "Social Distancing" during meal breaks.
13. The Cumberland County Correctional Facility is contracted with a private vendor to provide cleaning and disinfecting services for the facility on a daily basis.
14. Any vehicles used during a shift shall be cleaned and disinfected before and after each use.
15. All staff entering the kitchen shall immediately wash their hands and wear hair nets.
16. The inmates shall clean their respective areas. This will include using disinfectant to wipe down all surfaces frequently including, but not limited to:
  - a. Tables, Phones, Door handles, Railings, Showers, and assigned cell/bunk.
17. Educational information will be provided to the inmate population on Universal Precautions and proper handwashing as recommended by the CDC.
18. Medical provider will conduct weekly rounds to educate and offer vaccines to inmates.
19. Primary series of the COVID vaccine, 3<sup>rd</sup> dose, booster and additional doses when recommended by CDC will be offered to those who are eligible.
20. As set forth in this Policy, isolation and quarantine periods are based on current CDC guidance as of January 4, 2022. If CDC guidance changes, isolation and quarantine periods will be based on the CDC guidance at the time of the incidence.

**V. DEPARTMENT RESPONSIBILITIES**

The unique characteristics and events of any pandemic disease outbreak will not only strain departmental resources, but will also strain local, State, and Federal resources. The Department recognizes these challenges will impact staffing, maintenance, food service and medical services.

**A. ARRIVAL OF INMATE**

1. Upon arrival, the transporting officer(s) will enter the Rear Control vestibule; both the officer and inmate shall be masked. Both the officer and arrestee shall remain in the vestibule until a temperature reading can be obtained to look for a reading 100.4 or above. All new inmate arrivals shall be issued a mask and a replacement mask shall be issued as necessary.
2. Any reading 100.4 or above shall be cause for denial into the facility. (The arresting agency will be required to have the prisoner evaluated by the local hospital to determine if he/she has COVID-19 or any other condition that would not allow the hospital to clear them for incarceration.)
3. Any new inmate arriving from another institution or facility shall not be accepted unless committing agency has verification of negative COVID testing. They shall provide documentation of a negative PCR test within 72 hours and a negative rapid antigen test within 24 hours of acceptance.

**B. AFTER ACCEPTANCE OF INMATE**

1. All new inmates will be issued a mask, quarantined and housed away (different tiers/cells apart) from any positive inmates. Inmates shall be issued a new mask as needed.
2. All new inmates shall be asked about their vaccine status and if unvaccinated, shall be offered the vaccine along with the fact sheets pertaining to the vaccine they can receive as soon as practical.
3. Medical provider will confirm the reliability of the vaccine status by reaching out to the facility that performed the inoculation as well as the Cumberland County Department of Health and providing a written confirmation of the vaccine status to the Warden's office.
4. If accepted into the facility, the inmate will be asked the following questions by the intake and medical staff:
  - a. Have you had any close contact with a Covid-19 positive person?
  - b. Do you have a fever or chills?
  - c. Do you have a cough?
  - d. Are you experiencing shortness of breath or difficulty breathing?
  - e. Are you fatigued?
  - f. Are you experiencing muscle or body aches?

- g. Do you have a headache?
- h. Have you recently/currently experienced loss of taste or smell?
- i. Do you have a sore throat?
- j. Are you congested or have a runny nose?
- k. Are you experiencing nausea or vomiting?
- l. Have you experienced diarrhea recently?

5. If the answer to any of the above questions by the inmate is 'yes' then administer a Rapid test and if negative, move to quarantine as described in Section VI.

6. If the answer to all of the above questions by the inmate is "no", then:

i. Normal Operations:

- a. Keep the newly admitted inmate in quarantine for 14 days
- b. 14-day quarantine is more important when community spread is high or if there is a current CCDOC outbreak. Outbreak is defined as two (2) or more persons in the unit test positive including staff working in the unit.
- c. If asymptomatic after 14 days, release to general population
- d. Testing in order to return to the general population would not be required if they achieved the full 14-day quarantine (no one else in the cell with them).

ii. If there is a capacity issue and 14 days is not feasible, the Warden or designee can approve the following:

- a. Perform a rapid test and if negative, move to quarantine.
- b. Keep inmate in quarantine for 10 days.
- c. 10-day quarantine is more acceptable when community spread is low or moderate and there is not a CCDOC outbreak.

iii. If there is a capacity issue and 10 days is not feasible, the Warden or Designee can approve the following:

- a. Perform a rapid test and PCR test. If the rapid test is negative, move to quarantine and await PCR results. If the PCR test is negative, move out of quarantine.
- b. If feasible, perform rapid test again on day 5-7, if negative release inmate to general population.
- c. If another PCR test is not feasible and/or inmate cannot remain in quarantine through day 7, keep inmate in quarantine for as many days as possible, perform a rapid test on the day that the inmate is to move to the general population. If the rapid test is negative, release only upon the approval of a medical staff.
- d. An inmate that who symptomatic after 10 days shall not be released from isolation until cleared by medical staff.

**C. INTAKE OF INMATE WITH A POSITIVE TEST**

1. Keep the newly admitted inmate in isolation for 10 days
2. If asymptomatic after 10 days, release to general population.
3. Testing in order to return to the general population would not be required if they achieved the full 10-day quarantine (no one else in the cell with them)

**VI. QUARANTINE PROTOCOLS**

**A. REPORT OF CLOSE CONTACT EXPOSURE TO COVID-19**

1. When there is a report of close contact exposure, Medical provider will be notified, and Unit will be placed on quarantine, as soon as Department is made aware, and all inmates returned to their cells. The Medical provider shall submit a written report of placing unit in quarantine and provide a written report to the Warden's office.
2. The quarantine protocols will be put in place and remain until testing is complete with negative PCR. The Medical provider shall submit a written report to the Warden's office, clearing inmates from quarantine.
3. Staff working the Unit, upon being notified, will put on their assigned additional personal protection equipment: Masks, Face Shields; Medical Gown, Gloves, Shoe Booties. Staff working the unit will also be tested.
4. The Shift Commander and Area Supervisor will note each report of close contact exposure, quarantine and lifting of quarantine event in their shift log and tour reports. All written reports shall be provided to the Warden or designee.
5. At the completion of all isolation and quarantine periods, the Unit shall be cleaned and disinfected.

**VII. REPORT OF SYMPTOMS**

1. If any inmate presents to staff any of the following symptoms Medical is to be immediately notified and determine if quarantine protocols as described in Section VI are to be enacted:



- a. Recent exposure to COVID-19 positive person
- b. Fever or chills
- c. Cough
- d. Shortness of breath or difficulty breathing
- e. Fatigue
- f. Muscle or body aches
- g. Headache
- h. New loss of taste or smell
- i. Sore throat
- j. Congestion or runny nose
- k. Nausea or vomiting
- l. Diarrhea

#### **VIII. INMATES THAT ARE SUSPECTED OF HAVING COVID-19 OR TEST POSITIVE FOR COVID-19**

1. When an inmate tests positive for COVID-19 or is suspected to be positive for COVID-19 the medical provider receiving the results must immediately notify the Warden and Shift Commander.
2. All positive or suspected positive inmates should be allocated to single cells, (isolated) when feasible. However, if necessary, maintaining COVID-19 suspected cases in single cells should take precedence over COVID-19 positive individuals who can be placed two to a cell.
3. When an inmate is suspected to be positive, that inmate must be informed as soon as feasible of their COVID-19 status.
4. When an inmate is suspected to be positive, the unit officer must be informed as soon as feasible of the COVID-19 status.
5. The unit officer must provide a mask to the inmate if not already being worn, covering the inmate's nose and mouth.
6. The inmate should be separated from other inmates as soon as possible, even while waiting transfer to an isolation area.
7. An inmate who tests positive for COVID-19 shall be isolated for a period of time as recommended by the CDC, State and Local Departments of Health which as of January 4, 2022 is 10 days after the onset of symptoms or a positive COVID-19 test result. Inmate must be fever free for at least 24 hours and other symptoms greatly resolved before coming out of isolation.
8. Positive inmates shall be tested in accordance with CDC, State and Local Department of Health and Medical guidelines.
9. Inmates placed in isolation shall be provided with similar or increased access to items that would normally be available to inmates in their regular unit. For example, increased access to TV, reading materials, telephone and commissary.



10. Inmates placed in medical isolation shall have an additional schedule of communication with officer, medical staff and mental health services to ensure that medical isolation is not seen as solitary confinement.

#### **IX. TESTING INMATES**

1. All inmate testing shall take place weekly regardless of vaccine status. A rapid test of each inmate will be conducted one time per week by the Medical provider. 10% of inmate population on each group unit shall be randomly tested by PCR weekly.
2. Testing will be conducted by Medical staff with assistance from custody staff. Any inmate who tests positive shall be isolated as soon as possible and housed alone and away (different tiers / cells apart) from any negative inmates.
3. Medical provider will notify and document in writing to the Warden or designee, the test results and quarantine status of all units affected.
4. If the unit is experiencing an outbreak of 2 or more people, Random PCR testing shall be conducted daily of 10% of the group unit until the Cumberland County Department of Health ("CCDOH") declares that the outbreak is resolved.
5. Medical provider shall consult with the CCDOH to determine the type of test to be utilized and the frequency of testing when needed. Medical provider shall upload all positive test results into CDRSS and provide CCDOH with documentation as needed.

#### **X. TESTING OF STAFF**

1. All staff members of the Jail shall be tested for COVID-19 at least once a week.
2. A rapid test of each staff member will be conducted one time per week by the Medical provider. 10% of staff population shall be randomly tested by PCR weekly.
3. Testing will be conducted by Medical staff with assistance from custody staff. Any staff member who tests positive will immediately be sent home.
4. All staff members that test positive, whether through inside testing or outside testing will only be cleared to return to work by Cumberland County Human Resources after consultation with CCDOH.
5. Records of all staff testing shall be maintained by Human Resources.

#### **XI. CONTACT TRACING**

**A. The Department shall designate a contract tracing leader who shall have two deputies (the "team").**

1. The team shall be trained by CCDOH in proper contact tracing.
2. The contact tracing leader will be responsible for:
  - a. receiving from medical, CCDOH and Cumberland County Human Resources all notices of suspected and confirmed cases of COVID-19 that may affect the Department;
  - b. conducting contact tracing within the Jail related to all inmates and staff but limited to the inside of the Jail; and
  - c. contact tracing for staff movement outside the Jail shall be conducted as described below in section C.
3. The team's contact tracing shall include when feasible:
  - a. an interview with the positive inmate or staff member regarding their close contacts;
  - b. completion of the contact tracing form for staff below;
  - c. if the suspected or positive person is an inmate, a written report of all close contacts, including all inmates and staff; and
  - d. review of internal security camera footage to confirm close contacts.

**B. CONTACT TRACING – Inmate Positive Procedure**

1. Inmate testing positive will be questioned by a member or members of the contact tracing team of the Department about persons with whom they had close contact with during the proceeding days. Staff shall complete the in-house contact tracing form and submit it to the supervisor, who will forward the form to the Medical provider, CCDOH and Warden or designee.
2. Any inmate who was in close contact with a person who tested positive will be notified in writing, quarantined, and provided a PCR COVID-19 test.
  - a. All unvaccinated or partially vaccinated close contact inmates shall be quarantined for 10 days and tested immediately. If the test is negative, the close contact should get a repeat test 5 to 7 days after the exposure. If the repeat test is negative, the close contact continues to quarantine for a total of 10 days. If the repeat test is positive, the close contact needs to be isolated for a total of 10 days after the onset of symptoms. If the inmate is asymptomatic, the 10-day isolation period starts on the date of the test.
  - b. Close contacts who are fully vaccinated do not need to quarantine and shall be tested 5 to 7 days after the last day of exposure. If they are symptomatic, testing needs to be completed immediately.

3. .

**C. CONTACT TRACING – Staff Positive Procedure**

1. Positive staff should report to their supervisor immediately upon receipt of positive test results.
2. Positive staff shall complete the in-house contact tracing form and identify all work close contacts on form. This form shall be submitted to the supervisor, who will forward the form to Cumberland County DOH and Warden or designee.
3. The supervisor or designee shall investigate to ensure all work close contacts have been identified. If additional staff members are identified, an additional contact tracing form shall be completed and submitted to Cumberland County DOH and Warden or designee.
4. Anyone who was within 6 feet for a cumulative period of 15 minutes per day with a person who tested positive will be notified of their exposure. All unvaccinated or partially vaccinated close contact of the positive case should quarantine for 10 days and get tested immediately. If the test is negative, close contacts should obtain a repeat test 5 to 7 days after the exposure. If the repeat test is negative, the close contact continues to quarantine for a total of 10 days. If the repeat test is positive, the close contact now becomes a positive case and needs to isolate for a total of 10 days. If staffing levels are insufficient, the Warden or designee may decrease quarantine days of partially vaccinated, then unvaccinated staff.
5. Close contacts who are fully vaccinated do not need to quarantine, but should be tested 5 to 7 days after the last day of exposure. If they are symptomatic, testing needs to be completed immediately.
6. If CCDOH deems vaccinated staff quarantine is necessary, they would then notify Human Resources and inform staff of their return-to-work date. Human Resources will approve employee to return to duty.

## **XII. STATUS LEVELS DURING A PANDEMIC**

- A. All status levels shall be designated and/or approved by the Warden or designee. Once a Level III status has been designed, all subsequent information, to include status changes, shall be disseminated through the Command Post.
  1. **Level One** – Confirmed medical illness or symptoms relating to Pandemic Disease (COVID 19) within the facility and/or Department Preparations for multiple inmate and staff sickness shall begin, to include, but not limited to, designating and preparing necessary supplies and equipment for isolation areas within the facility to cohort inmates greater than the typical infirmary holding capacity. Normal baseline staffing level shall be maintained. Daily reports shall be submitted to Warden and shall include the total number of inmate illnesses related to the pandemic disease, the number of new cases reported, and areas of operations affected and impacted and any

suspected or confirmed employee absenteeism due to the pandemic disease.

2. **Level Two** – Confirmed medical illness or symptoms relating to Pandemic Disease (COVID 19) have spread throughout the facility and/Department. “Reduced Activity Day” (RAD) scheduling and procedures may be implemented upon approval of the Warden or designee until further notice. Additionally, social distance measures may be implemented to limit large inmate gatherings (such as group meal, recreation and common areas). Daily report requirements as detailed in status Level One shall continue.

The quarantine or “lockdown” of individual housing units may be employed based on recommendations by the Responsible Health Authority and/or if deemed necessary by Administrative staff due to operational necessity.

3. **Level Three** – An epidemic is acknowledged the facility and/or Department and staffing levels are at emergent conditions. “Lock-down” procedure shall be implemented, an Emergency Baseline Staffing Roster” shall be utilized and emergency baseline staffing shall be maintained. Daily report requirements as detailed in status Level One shall continue.

### **XIII. ESSENTIAL EMPLOYEE PLAN DURING STATUS LEVELS**

- A. If the Correctional Facility is determined to be at a Level Three status, and/or a State of Emergency is declared by the Governor of the State of New Jersey, the following Essential Employee Attendance Plan shall be implemented immediately:

1. All on-duty Essential Employees shall be notified and held until further notice, consistent with N.J.A.C. 4A:6-2.5. Critical and key posts shall be maintained as detailed in the Emergency Baseline Staffing Roster.
2. The “Emergency Re-Call Procedure” shall be implemented immediately. Under the Emergency Re-Call Procedure, all off-duty Essential Employees, to include employees on certain previously approved leave, shall be called and ordered to report to duty as soon as possible, to include instructions on reporting location if necessary.
3. Certain scheduled and requested leave, such as but not limited to Regular Days Off (RDOs) may be cancelled / denied until further notice; and
4. Staff currently on 8-hour shifts may be assigned to 12-hour shifts. Essential Employees may be utilized to perform necessary tasks



outside of their normal job functions or routinely assigned duties and may be regionalized if necessary.

#### **XIV. STORAGE LOCKERS AND OFFICER SUPPLY DISTRIBUTION TO INMATE LOG**

In accordance with CCDOC Policy 14.6, which outlines general sanitation requirements and sets forth the provisions for facility cleaning and a sanitation plan, the Cumberland County Jail shall place storage lockers containing cleaning supplies in a secure area, visible by video surveillance, where only Correctional Officers and Supervisors have access.

- A. Each locker shall have a separate log (SUPPLY DISTRIBUTION TO INMATE LOG – Attached Addendum) upon which the Correctional Officer on duty shall, each and every shift log EACH item, taken, returned, replaced, removed, and put into the cleaning locker, and such logging must state:
  1. The name of the inmate who received the cleaning solution/supplies;
  2. The time received; and
  3. The time returned.
- B. In the POD areas, the locker shall be placed behind the “red tape” in the area inmates are not permitted to enter, and in view of video surveillance.
- C. In the DORMITORY areas, the lockers shall be placed outside of the cell area by the Corrections Officer in charge of the unit, and in view of video surveillance.
- D. In the medical areas, the locker may remain in a closed cleaning closet that is not within the view of video surveillance, so long as no inmate can have access to the cleaning closet without supervision of a Corrections Officer.
- E. During their shift and on a daily basis, the Corrections Officer in charge of each unit shall be responsible for the distribution of adequate cleaning supplies to the inmates in that unit in a manner that ensures that required items are available in adequate supply and that there is no waste, pilferage, or destruction of cleaning supplies.
- F. When the Corrections Officer in charge of each housing unit distributes cleaning supplies to an individual inmate, the Corrections Officer must ensure as to each distribution that the cleaning supplies are returned to the locker before another inmate may receive and use the cleaning supplies.
- G. The Corrections Officer in charge of a housing unit is responsible for ensuring that no inmate who uses the cleaning solution to clean their cell or personal area is in possession of such supplies for any more than fifteen (15) minutes.



- H. Every OFFICER SUPPLY DISTRIBUTION TO INMATE LOG is to be collected and reviewed at the conclusion of EVERY SHIFT by a Supervisor to ensure accuracy and truth. It will be signed and dated.
  - I. After the Supervisor reviews and verifies the OFFICER SUPPLY DISTRIBUTION TO INMATE LOG, as required by paragraph 9 hereof, the Supervisor will, in this order:
    - 1. Direct a Correctional Officer to replace and replenish all items that require so immediately;
    - 2. If nothing needs replacement, the Supervisor will write "no changes";
    - 3. Certify the OFFICER SUPPLY DISTRIBUTION TO INMATE LOG (Sign and Date);
    - 4. The Shift's highest-ranking Supervisor will then review and also certify the OFFICER SUPPLY DISTRIBUTION TO INMATE LOG (Sign and Date);
    - 5. Return the OFFICER SUPPLY DISTRIBUTION TO INMATE LOG to the locker;
    - 6. Send the OFFICER SUPPLY DISTRIBUTION TO INMATE LOG via electronic mail to the Warden and designee to include the Jail's Administrative Secretary, and;
    - 7. Keep a second copy for the Jail records.
  - J. The Supervisor shall be responsible for replacing the OFFICER SUPPLY DISTRIBUTION TO INMATE LOG when it is complete with a new OFFICER SUPPLY DISTRIBUTION TO INMATE LOG sheet. The original of every completed OFFICER SUPPLY DISTRIBUTION TO INMATE LOG shall be maintained by the Administrative Secretary in their regular course of record keeping.
  - K. Supervisors have an independent responsibility to ensure that cleaning supplies are fully stocked at the beginning of each shift. Supervisors must record any supplies the supervisor personally re-stocks in the Sanitation Log-Officer Housing Unit Supplies Replacement Log and Daily Cleaner Log including supervisor's signature and date.
  - L. Logs for Saturday and Sunday will be sent out on the following Monday.
- XV. FORMS ATTACHED HERETO FOR IN FACILITY STAFF CONTACT TRACING, REPORT OF POSSIBLE EXPOSURE AND MEDICAL DEPARTMENT REQUEST FORM (FOR INMATES) SHALL BE UTILIZED**

(Remainder of Page left intentionally blank)



**COUNTY OF CUMBERLAND****DEPARTMENT OF CORRECTIONS**

**Eugene J. Caldwell, II**  
**Warden**

54 West Broad Street  
Bridgeton, NJ 08302  
(856) 453-4883  
Fax: (856) 453-9501

**Loren Joynes**  
**Captain**

**In Facility Contact Tracing**

This form must be completed for Inmates and Staff who test positive for the Novel Corona Virus / Sars-Cov 2 also known as COVID-19. Please Identify everyone in the facility with whom you have been in close proximity (Closer than 6 feet and for more than 15 minutes) of within the last 72 hours; Upon completion this form is to be sent to the Administrative Sergeant, in the absence of the Administrative Sergeant, the form is to be sent to the Administrative Captain via email. This form is to be forward to the Local County Health Department.

Please list all Individuals you have been around in the last 72 hours

Staff Name SWORN or CIVILIAN (please list for each name)

1. Phone Number: \_\_\_\_\_
2. Phone Number: \_\_\_\_\_
3. Phone Number: \_\_\_\_\_
4. Phone Number: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Phone Number: \_\_\_\_\_

Detainee Unit (attached additional page if necessary)

- 7.
- 8.
- 9.

Name, Address/Phone of the person testing positive: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Staff recording this information: \_\_\_\_\_ Date: \_\_\_\_\_

**REPORT OF POSSIBLE EXPOSURE**

Employee's Preliminary Report of Work-Related Injury to Employer

Employee's name \_\_\_\_\_

Date of exposure \_\_\_\_\_ Date reported \_\_\_\_\_

Time employee started work \_\_\_\_\_ Time of incident \_\_\_\_\_

Place where injury happened \_\_\_\_\_

Detailed description of how exposure occurred and if PPE equipment was being used:

Did you recently travel? \_\_\_\_\_ Location \_\_\_\_\_

Symptoms: \_\_\_\_\_

Tested Yes \_\_\_\_\_ No \_\_\_\_\_ Date of Test \_\_\_\_\_ Results \_\_\_\_\_

Self Quarantined \_\_\_\_\_ Mandatory Quarantined \_\_\_\_\_ Hospitalized \_\_\_\_\_

If quarantined, how long? \_\_\_\_\_

Reported to Health \_\_\_\_\_ Written results from test \_\_\_\_\_

When did the you experience the first symptoms? \_\_\_\_\_

Who were you in direct contact with that tested positive for COVID-19 or presented with symptoms of the virus? \_\_\_\_\_

How long were you in direct contact with the positive source? \_\_\_\_\_

How close in proximity? \_\_\_\_\_

Job Title \_\_\_\_\_ Department \_\_\_\_\_

Employee's home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell phone number \_\_\_\_\_

Social Security Number (**must** put entire SS # on form) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Name (please print) \_\_\_\_\_





## CUMBERLAND COUNTY JAIL

## MEDICAL DEPARTMENT REQUEST FORM



Please print

Name \_\_\_\_\_ ID# \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Housing Unit \_\_\_\_\_ Today's Date \_\_\_\_\_  
 Check Request: ☐ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH  
 Reason for the request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**I CONSENT TO BE TREATED BY THE STAFF FOR THE CONDITION(S) DESCRIBED.**

1. I understand that my requesting health services may result in having my account charged for health care services requested.
2. I understand that I may be charged a \$5.00 fee for any visit to health care staff.
3. I understand that I will be charged a \$1.00 fee for each OTC medication and a \$5.00 fee for each prescription medication for each medication I receive.
4. If I disagree with any charged assessed, I understand that I may file a grievance.

NO INMATE WILL BE DENIED NECESSARY MEDICAL SERVICES DUE TO AN INABILITY TO PAY.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Date & Time request received \_\_\_\_\_ Triaged by: \_\_\_\_\_ Date & Time \_\_\_\_\_  
☐ 24 HR Face to Face  
 Visit Completed on: \_\_\_\_\_ 24HR Face to Face Disposition: ☐ Non Symptom Sick Call Request  
 Referred to: ☐ Nurse Sick call ☐ Mental Health ☐ Dental ☐ Provider Clinic ☐ ICN  
☐ Symptom Based Sick Call Request  
 Priority Status  
☐ Emergent \_\_\_\_\_ 1. Previous visit on \_\_\_\_\_  
☐ Priority \_\_\_\_\_  
☐ Routine \_\_\_\_\_ Inmate/Detainee seen on: \_\_\_\_\_ Inmate/Detainee seen by: \_\_\_\_\_ 2. Previous visit on \_\_\_\_\_  
 (S)ubjective \_\_\_\_\_  
 (O)bjective BP: \_\_\_\_\_ PULSE: \_\_\_\_\_ TEMP: \_\_\_\_\_ RESP: \_\_\_\_\_ O2 SAT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_  
 Assessment of affected body system: \_\_\_\_\_  
 (A)ssessment \_\_\_\_\_  
 (P)lan ☐ Inmate education reviewed with and given to patient  
 Referred to ☐ Nurse Sick call ☐ Mental Health ☐ Dental ☐ Provider Clinic ☐ ICN  
 (indicate date to be seen) (indicate date to be seen) (indicate date to be seen)

RN Signature \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_





## CCDOC INMATE REQUEST FORM

This Form Must Be Signed and dated by the Area Supervisor Upon Submission

Complete One Form for Each Department / Program / Inquiry

(MARQUE SOLAMEME UN DEPARTAMENTO / PROGRAMA / SERVICIO POR FORMULARIO)  
(CIRCLE YOUR CHOICE)ADMINISTRATION

Disciplinary Appeals

Special Visit Request

Reinstate Visits

Other: \_\_\_\_\_

CUSTODY / MAILROOM

Housing Unit / Cell Change

Legal / Certified Mail

Property / Property claims

Other: \_\_\_\_\_

SU

Special Housing

STG / Visit Ban

CLASSIFICATION

Status / Work Assignment

Open Charges / Detainers

County Calculation

Citizenship

Parole / Opt-out Panel Hearing

Drug Court

Other: \_\_\_\_\_

EDU/SS/RELIGIOUS

GED / Certificate

Legal Call / Law Library

Paralegal Assist / Supplies

Funeral Trip / Emergency

SSI / SSDI / Release Plans

MAT / Project PRIDE

Drug Court Programs

Religious items / Issues

COMMISSARY

Order / Issues

Account Balance

Other: \_\_\_\_\_

MEDICAL / MENTAL HEALTH

Emergency / Medication / Medical Release Form

Dental / Eye Glasses / Referrals

Co-Pay Issues / Diets - Food Allergies

## THIS SECTION TO BE COMPLETED BY DETAINEE

Detainee Name:

Booking Number:

SB/#:

Unit:

Date:

Request:

FOR OFFICIAL USE ONLY - DO NOT WRITE BELOW THIS LINE

Received by:

Date:

Dept. Forwarded to:

Date:

Staff Response:

Staff Signature:

Admin Reviewer:

White and Yellow to Custody • Pink to Inmate

Form IRF - S21 rev. 07/21