



**Expert Monitor's Report
COVID-19 Measures**

**Babu v. Ahern
Consent Decree Second Non-Confidential Status
Report
Case No. 5:18-cv-07677-NC
On-Site Review: October 25-27, 2022**

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Cover Letter

This document serves as an introduction of the attached report regarding my second monitoring report on the status of the Alameda County Sheriff's Office (ACSO) and the Adult Forensic Behavioral Health's (AFBH) implementation of the Babu, v. County of Alameda, Consent Decree within the Santa Rita Jail (SRJ). This report addresses the provisions that were assigned to me to monitor and rate. I have sought feedback from the Joint Experts as I prepared this report and provided feedback to the other Joint Experts on their individual reports.

This second monitoring report is based on document and data review, on-site touring, and interviews with staff and 15 incarcerated persons. Prior to and subsequent to conducting the tour, policies, station orders, the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan, and various documents were requested and reviewed.

The team of court-appointed Experts conducted the on-site tour of the SRJ on October 25-27, 2022. The on-site monitoring tour included walking through areas of the jail, interviewing staff and incarcerated persons, and assessing areas of the Consent Decree requirements through the on-site assessment of the SRJ.

The ACSO and Wellpath employees were open, transparent, candid, and willing to discuss both challenges and plans for improvement of the Consent Decree requirements. During the tour, the Expert was provided full access to the SRJ, information requested, and access to staff and incarcerated persons. Document requests were provided; however, in order for the Expert to effectively monitor out-of-cell time requirements of the Consent Decree, the ACSO must ensure the system used to track and log out-of-cell time for COVID-19 quarantine cases includes information related to the incarcerated person's COVID-19 status.

In the first monitoring report, the Expert recommended the following:

- The ACSO must house incarcerated persons who test positive for COVID-19 or who are showing symptoms of COVID-19 in housing units designated as isolation. ACSO must not house confirmed and suspected incarcerated persons within the same housing unit. The ACSO must house Dark Red "Symptomatic or Asymptomatic patient(s) with known COVID-19" and Yellow "Asymptomatic patient(s) with exposure to COVID-19" in areas that are physically separated (solid walls and a solid door that closes fully). Housing COVID-19 positive and exposed incarcerated persons in the same housing units with non-positive cases and housing positive COVID-19 cases in areas where the ventilation to/from the medical isolation/quarantine areas is not separated from ventilation to other spaces increases the risk of spreading the COVID-19 further and ultimately puts the incarcerated population at further risk of contracting COVID-19.

- The ACSO must provide educational material, including information on COVID-19 (how to limit the spread of COVID-19, laundry replacement, mask replacement, and distribution of cleaning supplies) in alternative formats as needed for individuals with disabilities (large print). Additionally, material related to Quarantine and Medical Isolation is not being provided.
- The Nighttime POD/Yard Time logs, Daytime POD/Yard Time logs, and Santa Rita Jail Administrative Separation Inmate Recreation Time logs must include sufficient information to identify the incarcerated persons who tested negative for COVID-19 on their first test (administered within the first forty-eight (48) hours upon intake) this did not allow the Expert to measure ACSO's compliance with the out-of-cell time requirements.

During this monitoring tour, the Expert notes that the ACSO and Wellpath continue to collaborate with the Alameda County Public Health Department (ACPHD) in managing COVID-19 within the SRJ. In a letter dated October 19, 2022, in response to ACSO/Wellpath's COVID-19 policies and practices at the SRJ, the ACPHD states, "The COVID-19 pandemic has taught us much about the risks of communicable diseases in congregate settings. We want to draw upon these lessons, so we are better prepared for expected future COVID-19 waves and other emerging health threats and prioritize actions that are most important. Layers of prevention provide an optimal approach to prevent and mitigate the impacts of COVID-19 outbreaks in correctional settings." The ACPHD response also states the following;

- Our single most powerful tool is COVID-19 vaccination;
- 66.5% of Santa Rita Jail ACSO staff and 25% of persons incarcerated in SRJ have received their primary vaccination against COVID-19.
- Suboptimal vaccination results in a substantial break in safeguards to protect people in any setting, and additional prevention steps are needed during periods of moderate or high community transmission when vaccination rates are low.
- Given the importance of vaccination, we recommend continued efforts to reach residents and staff to improve vaccine uptake, including providing information and access to vaccines and boosters.
- Numerous studies show that persons who are up to date on COVID-19 vaccination have substantially lower rates of hospitalization and death, regardless of past infection history.

The ACPHD recommended the following;

- In partnership with ACPHD, enhanced efforts to vaccinate residents and staff.
- Temperature screening can be discontinued.
- Masking is aligned with CDC as per the table and as set forth in CDPH requirements, which require masking at Medium or High CDC COVID-19 Community Levels and during outbreaks.

- The County facility masking policy remains in effect at the time of writing.
- COVID-19 screening testing weekly of staff at Medium or High CDC COVID-19 Community Levels and during outbreaks.
- Maintaining COVID-19 symptom screening and testing processes at intake.
- Routine practices for visiting, recreation, meetings, and other activities may resume.
- In the setting of a COVID-19 outbreak, continued use of spacing and other practices to mitigate spread in the facility, as needed.
- Continued availability and support for Paxlovid treatment at SRJ.

The Expert notes that since the last Monitoring Tour and Expert report, the ACPHD and the Centers for Disease Control and Prevention (CDC) revised the public health orders and guidance. On January 1, 2022, the ACPHD revised the Public Health Emergency Isolation Order (**Blanket Isolation Order No. 20-05g¹**) and on **August 24, 2022, revised** the Public Health Emergency Quarantine Order (Blanket Quarantine Order No. 20-06t²). On November 29, 2022, the CDC issued new "Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities."³ The updated CDC guidance:

- Combines and replaces previous CDC guidance documents for COVID-19 in homeless service sites and correctional and detention facilities.
- Describes tailored every day and enhanced COVID-19 prevention strategies.
- Recommends adding enhanced COVID-19 prevention strategies when the COVID-19 Community Levels are high (previously medium) or when there are facility-specific risks.
- No longer routinely recommends quarantining after someone is exposed to a person with COVID-19. Continues to provide considerations for facilities that prefer to continue implementing quarantine protocols.
- Includes an option to end isolation for people with COVID-19 after 7 days with a negative viral test.
- Emphasizes the importance of maximizing access to in-person visitation to promote correctional and detention facility residents' mental health and well-being.

The Expert further notes that the in a memorandum dated October 25, 2022, the County updated the COVID-19 protocols at the SRJ. These updates include the following:

- Social Distancing
 - Notwithstanding a COVID-19 outbreak, social distancing requirements in areas where employees and inmates congregate for the purposes of

¹ <https://covid-19.acgov.org/covid19-assets/docs/hoo/20-05g-blanket-isolation-eng.pdf>

² <https://covid-19.acgov.org/covid19-assets/docs/hoo/20-06t-blanket-quarantine-eng.pdf>

³ <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html>

consuming meals, attend meetings, or other activities have been lifted. We will continue to adhere to the SRJ COVID-19 & Influenza Outbreak Plan, which is still in effect.

- Temperature Screening
 - The temporal temperature screening of those entering the facility is no longer recommended. The exterior screening areas will be decommissioned and are no longer staffed.
- Masking
 - Currently, the Alameda County Face Covering Requirement remains in effect. As stated in the policy, "employees, regardless of vaccination status, must continue to wear a face covering while in County facilities and vehicles..." "In addition, all visitors or members of the public who enter County facilities are also required to continue to wear a face covering." While working at SRJ, you are required to wear a mask unless in a room alone, while eating or drinking, or outdoors. You must wear the face covering appropriate for the location you are working within the facility.
- COVID-19 Testing (Employees)
 - The County of Alameda COVID-19 Workforce Vaccination Policy, dated December 21, 2021, has been suspended. Although testing is no longer mandated, testing will be available in the event of an outbreak or if the County determines this process requires re-implementation.
- Vaccination
 - Employees assigned to an Out-Patient Housing Unit (OPHU) are still required to be fully up to date with their COVID-19 vaccinations.
- Visiting
 - Pre-COVID visiting practices will resume. This includes public visiting, the entry of Community-Based Organizations, volunteers, tour groups, etc.
- Intake Processing
 - All COVID-19 intake procedures for those being booked into custody at SRJ will remain in place until further notice. Staging of inmates in Intake, Transfer, and Release (ITR) as well as on transportation vehicles will return to pre-COVID procedures.

The Expert notes that the COVID-19 pandemic continues to create challenges that impact all areas of the jail's operations. There continues to be an ongoing risk from COVID-19, and the County must ensure that Consent Decree COVID-19 provisions remain in place and are followed to ensure that the incarcerated persons and staff are protected from the

ongoing COVID-19 threat and to reduce the possibility of COVID-19 outbreaks within the SRJ for so long as current science and public health guidance requires them to do so.

The ACSO and Wellpath continue to meet those challenges and based on their dedication, continue to be in substantial compliance with most of the COVID-19 Consent Decree provisions and the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan requirements.

This includes:

- Record Keeping
 - Creation and maintenance of COVID-19 and Influenza Linelists for staff and incarcerated persons to track positive cases, quarantined cases, quarantined units, vaccinations.
- Communication
 - Communication between Wellpath, ACSO, Adult Forensic Behavioral Health, and Alameda County Public Health
 - Provision of educational material (policies regarding quarantine, medical isolation, laundry replacement, mask replacement, and distribution of supplies to the incarcerated persons)
 - Maintaining the public-facing COVID-19 webpage on the ACSO website
- Supplies
 - Provision and requirements for the use of Personal Protective Equipment (PPE)
 - Availability of COVID-19 tests, medications, vaccinations
- Vaccinations
 - Influenza vaccinations
 - COVID-19 vaccinations for staff and incarcerated persons
- Staff and Incarcerated person protection
 - Prohibit staff, contractors, or visitors who display symptoms or who have had contact with confirmed COVID-19 positive cases from entering the SRJ
 - Requirement for incarcerated persons, staff, contractors, and visitors to wear PPE (masks and eye protection)
 - Requirements for social distancing (during outbreaks)
- Intake and Release Procedures
 - Supplemental COVID-19 screening and acceptance protocols for all arrestees during the intake process
 - Identification of incarcerated persons with increased risk for COVID-19 and Influenza complications
 - Provision of education material for incarcerated person releases
- Creation and implementation of a Color-Coded System
 - RED - Symptomatic patient(s) with suspected COVID-19 or Influenza
 - DARK RED - Symptomatic or Asymptomatic patient(s) with known COVID-19

- PURPLE - Symptomatic patient(s) with known Influenza
- YELLOW - Asymptomatic patient(s) with exposure to COVID-19
- BRIGHT YELLOW - Asymptomatic patient(s) with close exposure to a COVID-19 case
- ORANGE - Asymptomatic patient(s) who are currently healthy but have increased risk for COVID-19 or Influenza complications
- GREEN - Asymptomatic patient(s) who are currently healthy
- Quarantine Procedures
 - New Books
 - Incarcerated persons with increased risk for COVID-19 or Influenza complications
 - Posting of signs displaying the quarantine status in each pod/housing unit
 - Social distancing requirements
- Sick Call Protocols
- COVID-19 Testing
 - Symptomatic testing
 - Testing of asymptomatic incarcerated persons housed in quarantine housing units
 - Testing of asymptomatic new bookings within 24 hours of arrival and day 5 of booking date
 - Testing of asymptomatic incarcerated persons at a minimum of 48 hours prior to release
 - Testing of asymptomatic incarcerated persons who reside in a housing unit or pod with a positive COVID-19 case
 - Serial point prevalence testing
 - Weekly testing of asymptomatic incarcerated person workers
 - Monthly testing of incarcerated persons with an Orange medical alert
 - Monthly testing of all incarcerated persons residing in dormitory-style housing
 - Provision of additional opportunities for incarcerated persons to complete a test when they initially refuse;
- Influenza Testing and Treatment Protocol
- COVID-19 Treatment Protocol, including Paxlovid
- Monitoring Protocol
 - Incarcerated persons in intake housing units monitored (temperature and symptom check) once per day.
 - Incarcerated persons who are Yellow status monitored (temperature and symptom check) once per day.
 - Incarcerated persons who are in a Red and Purple housing unit monitored (temperature and symptom check) daily.
 - Incarcerated persons who are in a Dark Red housing unit monitored (temperature and symptom check) twice a day.
 - Criteria for release back to general population
- Environmental Controls and Hygiene

- Enhanced schedule for laundry services
- Cleaning of staff equipment
- Availability of soap and importance of hand hygiene reinforced
- Provision of surgical masks for incarcerated persons
- Court
 - Modification and/or restriction of in-person court appearances for incarcerated persons who are on quarantine status
 - Restriction of court for incarcerated persons who are displaying COVID-19 and/or Influenza symptoms;
- Transfers during Quarantine
 - Restrictions of transfers for incarcerated persons housed in quarantined housing units
 - Symptom screening of incarcerated persons housed in non-quarantined housing units prior to transfer to other facilities;
- Release/Discharge Planning
 - Release protocols for incarcerated persons identified as Yellow, Dark Red, Purple, or Red
 - Provision of discharge instructions (information on isolation quarantine) for incarcerated persons identified as Yellow, Dark Red, Purple, or Red
 - Alameda County Public Health Department (ACPHD) notification for cases with pending or positive test results.

There are areas where the ACSO must continue to work to ensure compliance with the Consent Decree requirements, Centers for Disease Control and Prevention (CDC) guidance, and ACPHD recommendations.

- ACSO/Wellpath must identify and designate dedicated housing for medically vulnerable individuals in a manner that limits the risk of COVID-19 spread to these individuals to the extent possible.
- The Expert recommends that the Nighttime POD/Yard Time logs, Daytime POD/Yard Time logs, and Santa Rita Jail Administrative Separation Inmate Recreation Time logs include sufficient information to identify the incarcerated persons who tested negative for COVID-19 on their first test (administered within the first forty-eight [48] hours upon intake) this will allow the Expert to measure ACSO's compliance.
- The Expert recommends that ACSO work with the experts to explore opportunities to increase out-of-cell time and structured activities, including in-cell activities.
- The Expert recommends that the County provide the incarcerated persons with tablets as soon as possible upon placement in an intake quarantine housing unit to make phone calls and access educational materials, entertainment applications, therapeutic tools, and other Jail resources.

In presenting the attached report, I want to thank the Sheriff, ACSO and Wellpath staff, Counsel, and the incarcerated persons.

Summary of Ratings

Requirement	Rating
100. Continue to implement a robust and effective response to the COVID-19 pandemic pursuant to the current Outbreak Control Plan and in consultation with the Alameda County Public Health Department (“ACPHD”) and guided by State and Federal public health authorities, including the California Department of Public Health (“CDPH”) and Centers for Disease Control and Prevention (“CDC”)	SC
101. Masks, Personal Protective Equipment, Personal Hygiene, and Cleaning	SC
102. Testing	SC
103. Additional opportunities to complete a test for individuals who initially refuse testing	SC
104. Intake Procedures	SC
105. Medical Isolation and Quarantine	SC
106. Temperature and symptom screens for Staff, contractors, and visitors	SC
107. Prohibit Staff, contractors, or visitors displaying symptoms or who have had contact, or who have disclosed close contact with confirmed COVID-19 cases, inside or outside of the Jail, from entering the Jail	SC
108. Provide for housing of medically vulnerable individuals in a manner that limits the risk of COVID-19 spread to these individuals to the extent possible.	NC
109. Transportation and Court	SC
110. Provide incarcerated persons with educational materials regarding COVID-19 and the Jail’s policies to limit the spread of COVID-19 including policies regarding Quarantine, Medical Isolation, laundry replacement, mask replacement, and distribution of cleaning supplies in Spanish, English, Korean, Tagalog, Mandarin, Cantonese, Vietnamese, and alternative formats as needed for individuals with disabilities.	SC
111. Track and Recording	SC
112. Maintain the public-facing COVID-19 webpage on the ACSO website, including continuing the practice of daily updates of case numbers and other relevant information that is currently reflected on the ACSO website, for the duration of the pandemic	SC
113. Vaccinations of staff and incarcerated persons	SC
114. Additional steps to address the spread of COVID-19 and Outbreak Control Plan	SC
416. Out-of-cell for newly booked incarcerated persons	PC

Substantial Compliance = 14 Partial Compliance = 1 Non-Compliance = 1

Findings

1100 - COVID-19 Measures

100 - Defendants implemented extensive measures to contain the spread of COVID-19. These measures are set forth in the Outbreak Control Plan, which directs Defendants' response to COVID-19, and are described generally below. Defendants shall continue to implement a robust and effective response to the COVID-19 pandemic pursuant to the current Outbreak Control Plan and in consultation with the Alameda County Public Health Department ("ACPHD") and guided by State and Federal public health authorities, including the California Department of Public Health ("CDPH") and Centers for Disease Control and Prevention ("CDC"). Defendants' response to the COVID-19 pandemic is, however, subject to change as the scientific and public health communities learn more about this novel virus and their guidance evolves. Based on the measures Defendants have taken to date to contain the spread of COVID-19 in the Jail in conjunction with Plaintiffs' involvement, as well as the Court's oversight, to the parties' knowledge, no court has found Defendants' response to the pandemic to be deficient.

Finding: **Substantial Compliance**

Policies: Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics

1. Reviewed the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22)
2. Reviewed the Alameda County Health Services Agency Public Health Department Coronavirus Disease (COVID-19) <https://covid-19.acgov.org/index.page>
3. Reviewed the California Department of Public Health COVID-19 Guidelines <https://covid19.ca.gov/>
4. Reviewed the Guidance on Management of COVID-19 Homeless Service Sites and in Correctional and Detention Facilities (November 29, 2022) <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html>

Assessment:

ACSO/Wellpath continues to have measures in place to contain the spread of COVID-19. The measures are detailed in the Outbreak Control Plan. The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan aligns with the guidance and recommendations of the Alameda County Public Health Department (ACPHD), the California Department of Public Health (CDPH), and the Centers for Disease Control and Prevention (CDC).

ACSO/Wellpath revised the Outbreak Control Plan based on the public health guidance changing during each surge and the identification of COVID-19 variants and the changes in the behavior of the COVID-19.

Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, “The objective of this document is to guide our policies and procedures during the COVID-19 pandemic. The purpose of this guidance is to keep staff and incarcerated individuals safe while allowing the flexibility needed to limit the impact on legal processes and programming. As we monitor fluctuations in community transmission rates, our strategies may be adjusted accordingly in collaboration with the Alameda County Public Health Department and recommendations from the CDC. Therefore, periodic updates will be posted reflecting new versions of this document.”

The Expert notes that as the guidance and the recommendations of the ACPHD, CDPH, and CDC changed, ACSO/Wellpath modified the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan as required by the Consent Decree.

Recommendations:

As the guidance and the recommendations of the ACPHD, CDPH and CDC continue to change, it is recommended that ACSO/Wellpath continue to modify the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan.

101 - Masks, Personal Protective Equipment, Personal Hygiene, and Cleaning Defendants shall:

- (a) require contractors, staff, and visitors to the Jail to wear a facial covering and adequate Personal Protective Equipment (“PPE”), including gowns, goggles, face shields, and/or gloves;**
- (b) provide masks, including cloth masks, medical masks, surgical masks, or N95 masks, as appropriate, at no charge to all incarcerated persons, including all newly booked individuals upon entry into the Jail, and ensure masks are replaced as needed;**
- (c) provide for an enhanced schedule for cleaning common areas, including the pod/dayroom and shower facilities, and an enhanced schedule for laundry services; and**
- (d) ensure that cleaning supplies and soap are made available to incarcerated persons at no charge to allow them to clean themselves and inside their cells, for as long as these measures are recommended by public health authorities for correctional environments.**

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Station Order March 17, 2020 Entry Into Santa Rita Jail
Station Order March 26, 2020, Mandatory Use of N95 Mask
Station Order March 27, 2020, Mandatory Use of N95 Mask (Updated)
Station Order April 4, 2020 Use of N95 Mask and Eye Protection
Memorandum April 9, 2020, Housing Unit Operations – Social Distancing Protocols
Station Order May 26, 2020 Wearing of Cloth Masks
Station Order June 8, 2020 Wearing of Masks and Eye Protection
Station Order June 24, 2020 Wearing of Mask and Eye Protection-Updated
Station Order July 22, 2020 Wearing of Personal Protective Equipment (PPE) Masks and Eye Protection-Updated
Station Order July 15, 2021 Wearing of Masks and Eye Protection-Updated
Memorandum August 20, 2021, Mandatory COVID-19 Testing/Mask Protocols At Santa Rita Jail
Memorandum October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail

Training No training requirements

Metrics

1. On-site observations of the jail, including; housing units, intake/booking, staff entrances
2. Incarcerated person interviews
3. Staff interviews

Assessment:

The ACSO continues to have in place requirements for all persons entering SRJ to properly wear a cloth mask, surgical mask, or N95 mask. The Memorandum dated October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail states, Currently, the Alameda County Face Covering Requirement remains in effect. As stated in the policy, "employees, regardless of vaccination status, must continue to wear a face covering while in County facilities and vehicles..." "In addition, all visitors or members of the public who enter County facilities are also required to continue to wear a face covering." While working at SRJ, you are required to wear a mask unless in a room alone, while eating or drinking, or outdoors. You must wear the face covering appropriate for the location you are working within the facility.

- N95 - Quarantine areas, as well as whenever suspected COVID positive inmates are present.
- Surgical Mask - If you are exposed to someone who is COVID-positive, you are asymptomatic and are continuing to work. While working within the clinic or OPHU (unless housing COVID positives).
- Cloth Mask/Surgical Mask - All other areas of the facility.

The station order mandates that if staff are within six feet of a YELLOW medically classified incarcerated person or in a housing unit that houses YELLOW classified incarcerated persons, staff are required to wear a surgical or N95 mask (a cloth mask is not permitted in these circumstances). If staff are within six feet of a RED medically classified incarcerated person or in a housing unit that houses RED medically classified incarcerated persons, staff are required to wear an N95 mask and eye protection (a cloth or surgical mask is not acceptable in these situations). The incarcerated persons are also required to wear a surgical and/or cloth mask anytime they are outside of their assigned housing unit.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan requires that PPE supplies: masks, gloves, hand sanitizer, etc. should be secured for both staff and incarcerated persons, and eye protection and gowns should be available when needed. The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "All staff should wear appropriate PPE when in contact with potentially infected and/or exposed individuals. Staff should wear an N95 mask, goggles, and gloves and should don a gown if in close proximity to a patient, especially when performing procedures likely to expose them to aerosols. If N95 masks are not available, staff should wear surgical masks and eye protection and attempt to maintain distance from the patient. A surgical mask should be available for any incarcerated person at all times, and a mask will be required when the incarcerated person is out for pod/recreation time, or they are being moved outside of the housing unit. All inmates should be given surgical masks, and mask-wearing of inmates will be mandatory prior to any movement.

The ACSO produced Station Orders for the requirement for staff and incarcerated persons to wear PPE (gowns, goggles, face shields, and/or gloves). Additionally, the COVID-19 Cheat Sheet includes the requirement for staff to mask the patient and wear full PPE, "PPE yourself for incarcerated persons coded as Red, Dark Red, Purple, Yellow, Bright Yellow, and for Green and Blue PPE required."

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "Commissary will be allowed unless otherwise directed by extreme circumstances; however, custody staff and inmate workers who are delivering the packages must wear PPE and wash their hands in between units. All staff working in the quarantined area are required to wear appropriate PPE, and use careful hand hygiene, especially before entering other pods or housing units."

In a memorandum dated April 9, 2020, the ACSO details the enhanced cleaning for the housing units, pods, and dayrooms. The Memorandum states, "Each housing unit's common areas, including the pod and dayroom, will be cleaned by inmate workers before meal/recreation time and at the conclusion of meal/recreation time. All staff will adhere to the recent station order directing cleaning to be conducted twice daily at 0800 hours and 1800 hours. Inmates will be allowed access to cleaning supplies and have the ability to clean their cells during recreation time. Should circumstances arise where an inmate or

housing unit is not able to recreate, cleaning supplies should be provided upon request. This is to be documented in the housing control Redbook, which is to be signed by the sergeant responsible for that housing unit. Housing unit staff will also notify CP-1 for entry into the daily log. Inmates will be allowed access to cleaning supplies and provided soap when requested." ACSO staff reported the enhanced cleaning is still in place.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "High-touch surfaces in common areas (both inmate and staff areas) should be wiped with antiseptic wipes several times each day. If antiseptic wipes are not available, diluted bleach solution (5 tablespoons (1/3rd cup) bleach per gallon of water or 4 teaspoons bleach per quart of water) should be used. Staff should clean shared equipment (radios, keys, blood pressure cuffs, etc.) several times per day and at the end of each shift. Soap should be made available to all inmates and the importance of proper hand hygiene should be reinforced."

During the on-site monitoring tour, all staff were observed wearing facemasks; however, there were a few cases where incarcerated persons were observed not wearing facemasks as they were being escorted by staff. Additionally, visitors including all Experts were required to wear masks when inside the Santa Rita County Jail. When touring the housing units where incarcerated persons were coded Red, Dark Red, Purple, Yellow, and Bright Yellow, the Expert observed medical and custody staff wearing full PPE (gowns, goggles, and gloves). The Expert also confirmed that these housing units and the medical areas had PPE supplies available. The Expert also noted that there were replacement masks and cleaning supplies available in all housing units. The incarcerated persons interviewed reported that cleaning supplies were available at no charge for them to clean their cells and replacement masks are routinely provided. During the tour of the Intake and Release, the Expert observed staff provide face masks to the incarcerated persons upon entry into the SRJ. The COVID-19 Information Poster advises the incarcerated persons that due to the COVID-19 pandemic, ACSO has increased the frequency of laundry exchanges which now occurs twice a week (schedule varies depending on housing unit). Additionally, none of the incarcerated persons interviewed complained about the laundry services.

Staff interviewed reported that contractors, staff, and visitors to the Jail are required to wear a facial covering PPE, and the ACSO/Wellpath provides masks at no charge to all incarcerated persons. In addition, the ACSO has in place an enhanced cleaning schedule for common areas, including the pod/dayroom and shower facilities, and an enhanced schedule for laundry services, and cleaning supplies and soap are made available to incarcerated persons at no charge.

Recommendations:

Although the Expert finds the County in substantial compliance with this requirement, the County must ensure staff remains hyper-vigilant in requiring the incarcerated persons to wear a mask when escorted out of their assigned housing units.

102 - Testing

Defendants shall provide COVID-19 tests to all:

- (a) newly booked individuals within 48 hours of booking and again after ten (10)⁴ days of incarceration in the Jail;**
- (b) individuals at least forty-eight (48) hours prior to release from custody;**
- (c) individuals housed in a pod or housing unit who have had recent contact with an individual suspected of having COVID-19 (the "index patient"); and**
- (d) individuals who are placed in an "orange" housing unit from another housing area within the Jail due to their vulnerability to serious illness from COVID-19 for as long as this measure is recommended by public health authorities for correctional environments.**

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics 1. On-site observations of the intake screening process
2. Reviewed COVID-19 Line List (Red, Dark Red, Yellow, Orange, New Book and Release)
3. Incarcerated person interviews
4. Staff Interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "CDC recommendations will be followed to guide the testing strategy for inmates. According to current guidance, all inmates exhibiting symptoms of any severity will be tested for COVID-19." The CDC Overview of Testing for SARS-CoV-2, the virus that causes COVID-19 (September 28, 2022), identifies the following testing scenarios:

- Diagnostic testing is intended to identify current infection in individuals and is performed when a person has signs or symptoms consistent with COVID-19 or is asymptomatic but has recent known or suspected exposure to someone with suspected or confirmed SARS-CoV-2 infection.
- Screening testing is intended to identify people with COVID-19 who are asymptomatic or do not have any known, suspected, or reported exposure to

⁴ This requirement has been adjusted by public health as reflected in the updated outbreak control plan to testing again at Day 5 as permitted by the Consent Decree

SARS-CoV-2. Screening helps to identify unknown cases so that steps can be taken to prevent further transmission.

- Diagnostic Testing:
 - Testing persons with signs or symptoms consistent with COVID-19
 - Positive test results using a viral test (NAAT, antigen, or other tests) in persons with signs or symptoms consistent with COVID-19 indicate that the person has COVID-19, independent of vaccination status of the person. A negative antigen test in persons with signs or symptoms of COVID-19 should be confirmed by NAAT, a more sensitive test. For more information, see the Antigen Test Algorithm.

All persons (independent of vaccination status) with positive results should isolate at home or if in a healthcare setting, be placed on appropriate precautions. Some people should receive treatment. Most people with COVID-19 have mild illness and can recover at home without medical care. For more information, see CDC's COVID-19 isolation guidance.

- Testing asymptomatic persons who have had recent known or suspected exposure to SARS-CoV-2
 - Viral testing is recommended for individuals who have been exposed to persons with COVID-19. People who have had an exposure with someone known or suspected of having COVID-19 should be tested at least 5 days after the exposure. If symptoms develop before 5 days, they should get tested immediately.

In instances of higher pretest probability, such as high incidence of infection in the community, or a person with household or continuous contact with a person with COVID-19, clinical judgment should determine if a positive antigen result for an asymptomatic person should be followed by a laboratory-based confirmatory NAAT. Results from NAATs are considered the definitive result when there is a discrepancy between the antigen and NAAT test. For more information, see the antigen test algorithm.

Persons with positive results should follow CDC's COVID-19 isolation guidance.

- Testing persons who have recently tested positive and recovered from COVID-19
 - If someone has had exposure to someone with COVID-19 and is asymptomatic but has had COVID-19 within the past 30 days,* testing to identify a new infection is generally not recommended. If

someone has become newly symptomatic after having had COVID-19 within the past 30 days,* antigen tests should be used to identify a new infection. If they test negative, the antigen test should be repeated per FDA guidance.

- If someone had exposure to another person with COVID-19, but the exposed individual has had COVID-19 within the past 30-90 days,* consider using antigen tests (rather than an NAAT, such as a PCR test) to identify a new infection. They should not test until at least 5 days after their exposure. Whether they are symptomatic or asymptomatic, if they test negative with an antigen test, they should repeat the antigen test as recommended by FDA guidance.

*The clock starts from the day of your first positive test result or your original onset of symptoms, whichever came first.

Some adults with severe illness may produce replication-competent virus beyond 10 days that may warrant extending duration of isolation and precautions. A test-based strategy for ending isolation may be considered in consultation with infectious disease experts for persons with severe illness or who are severely immunocompromised. For more information, including on retesting persons previously infected with SARS-CoV-2, visit Ending Isolation and Precautions for People with COVID-19: Interim Guidance.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan details the following COVID-19 testing:

- Testing will be conducted on asymptomatic inmates who are housed in a quarantined housing unit. A COVID-19 test will be offered to all patients in the quarantined housing unit. This testing will be called mass testing. Patients who refuse mass testing will continue to be offered opportunities to test during the serial testing period that follows.
- Testing will be conducted on asymptomatic incarcerated persons within 48 hours of booking. All new bookings will continue to be screened through the intake process and housed in an intake housing unit for 5 days. On, or before the 48-hour mark, the incarcerated person will be offered a COVID-19 test. Additionally, the incarcerated person will be offered a second COVID-19 test at day 5 of new book quarantine.
- Testing will be conducted on asymptomatic incarcerated persons at a minimum of 48 hours prior to release from custody. All incarcerated persons identified at a minimum of 48 hours prior to release will be offered a COVID-19 test.

- Testing will be conducted on asymptomatic incarcerated persons who resided in a housing and/or pod with a positive COVID-19 index case. After phase two (mass testing) occurs, within the affected housing unit/pod, if the incarcerated person tests negative for COVID-19, then Wellpath will conduct serial point prevalence surveys (serial testing) in an affected unit every 5 days. Testing will conclude when two consecutive surveys do not detect any new positive cases.
- Testing will be conducted on asymptomatic incarcerated persons who are currently working as pod/inmate workers. All individuals who meet this criteria will be offered testing on a weekly basis.
- Testing will include testing offered to all patients with an Orange medical alert. This will be done monthly.
- Testing will include testing offered to all patients residing in dormitory-style settings. This will be done monthly.

In an e-mail dated September 29, 2022, the Alameda County Public Health Department provided the following testing guidance to ACSO/Wellpath:

Intake process:

- Test immediately for COVID (rapid ag test) and quarantine for at least 5 days after intake (unless court appearance required—follow guidance regarding court appearances in HOO)
- Quarantine can end after Day 5 if symptoms are not present and COVID test on day 5 is negative.
 - If symptoms are present and do not test, quarantine for at least 10 days. Can leave quarantine if symptoms better and no fever for at least 24 hours.
 - If symptoms are present and do test await test result. If positive, isolate.
- Comply with masking guidance
- Counseling on COVID vaccines and availability of vaccine/vaccine clinics
- If symptoms develop anytime in intake or in housing, test immediately.

The ACSO/Wellpath continues to maintain a COVID-19 Linelist that details COVID-19 testing data for incarcerated persons housed at the SRJ. The COVID-19 Linelist (10/26/22) includes testing data for incarcerated persons designated as Red, Dark Red, Yellow, Orange, New Book, and Release. The COVID-19 Linelist also includes archived data as well as totals. A review of the COVID-19 Linelist shows that a total of 34,819 COVID-19 tests have been performed at the SRJ. The archived spreadsheet reflects 53,433 entries (tested/refusals). The archived spreadsheet reflects the ACSO is testing the following incarcerated persons:

- Newly booked individuals within 48 hours of booking and again after five (5) days of incarceration in the Jail;
- Incarcerated persons being released from custody at least forty-eight (48) hours prior to release;

- Incarcerated persons housed in a pod or housing unit who have had recent contact with an individual suspected of having COVID-19;
- Incarcerated persons who are designated as "orange";
- Incarcerated persons housed in a dormitory;
- Incarcerated persons assigned to work positions;
- Symptomatic incarcerated persons;
- Incarcerated persons identified as close contact with COVID-19 positive case; and
- Point prevalence testing.

During the on-site review, the Expert observed the Wellpath COVID-19 team administering COVID-19 tests to the new arrivals. The COVID team also uses the tracking list to identify and offer/administer the five (5) day test in the housing units.

During the incarcerated person interviews, six (6) incarcerated persons interviewed stated they were not offered and/or administered a COVID-19 test during intake or prior to release from quarantine status. Wellpath provided the Expert with data/documentation reflecting the following:

- Case #1 – Patient confirmed to not have been tested while at intake
- Case #2 – No initial test seems to have been offered, and 5-day test was outside the quarantine period.
- Case #3 – Initial refusal documented outside the first 48 hours. It appears no 5-day test was offered, nor was a refusal documented.
- Case #4 – No initial test seems to be offered or a documented refusal. A 5-day test in the appropriate timeframe was refused.
- Case #5 – Patient offered twice appropriately in timing. Refused both attempts.
- Case #6 – It does not appear that the initial test was offered. The 5-day test was outside quarantine period.

These cases are not indicative of a systemic issue, however, ACSO/Wellpath must ensure the incarcerated persons are offered COVID-19 tests during the intake process and prior to removal from quarantine status.

Recommendations:

Although the Expert finds the County in substantial compliance, the Expert recommends that the ACSO/Wellpath continue to ensure all incarcerated persons are offered COVID-19 tests during the intake process and prior to removal from quarantine status.

The County has reported that this is occurring.

103 - Defendants shall also provide for additional opportunities to complete a test to individuals who initially refuse testing.

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics 1. Reviewed COVID-19 Line List (Red, Dark Red, Yellow, Orange, New Book, and Release)
2. Staff Interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, “Patients who refuse mass testing will continue to be offered opportunities to test during the serial testing period that follows.”

The ACSO/Wellpath continues to maintain a COVID-19 Linelist, which details COVID-19 testing data for incarcerated persons housed at the SRJ. The COVID-19 Linelist includes testing data for incarcerated persons designated as Red, Dark Red, Yellow, Orange, New Book, and Release. The COVID-19 Linelist also includes archived data as well as totals. A review of the COVID-19 Linelist shows that ACSO/Wellpath provides for additional opportunities for the incarcerated persons to complete a test in cases where they initially refuse testing. The spreadsheets reflect cases where incarcerated persons initially refused a COVID-19 test (during initial intake and as part of serial testing) and subsequently agreed to be tested.

Wellpath staff interviewed stated that in cases where an incarcerated person initially refuses to be tested, additional opportunities to complete a test are provided and documented in the COVID-19 Linelist tracking sheet.

Recommendations:

No recommendations

104 - Intake Procedures

Defendants shall:

(a) **screen newly booked individuals for COVID-19 symptoms, potential contact with COVID-19 positive individuals, and any conditions that make them medically vulnerable to COVID-19, as defined by the most recent CDC guidance and as may be modified by ACPHD, before they are brought inside the Jail facility;**

- (b) separate individuals who have COVID-19 symptoms or potential contact with COVID-19 positive individuals from individuals who have conditions that make them medically vulnerable to COVID-19 as defined by the Outbreak Control Plan and as may be modified by ACPHD; and
- (c) quarantine newly booked individuals for at least fourteen (14) days, for as long as these measures are recommended by public health authorities for correctional environments.

Finding: Substantial Compliance

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics

1. Reviewed Wellpath Coronavirus Supplemental Screening
2. Observation of the intake screening process
3. Reviewed COVID-19 Line List
4. Reviewed COVID-19 Cheat Sheet
5. Staff Interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan includes the following Intake and Release procedures:

- Arrestees who have not reported symptoms of COVID-19 or Influenza to the arresting agency will receive a Supplemental screening questionnaire in the tent outside the lobby during the outbreak.
- Arrestees reporting symptoms of COVID-19 or Influenza, or exposure risk, to the arresting agency will remain in the car for their initial medical screening.
- Arrestees will be questioned about current COVID-19 and Influenza symptoms (including fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), or about contact with known or suspected COVID-19 cases, or travel from areas with known high transmission rates.
- Arrestees arriving at ITR reporting concerning symptoms should be provided with appropriate PPE while being assessed for fitness for incarceration.
- Usual acceptance policies should be followed during an outbreak as long as the facility has current capacity to provide appropriate housing (isolation, OPHU, etc.) and medical care.

- If an arrestee with concerning symptoms or high-risk history is accepted past the bubble, they must be placed in an isolation room in ITR during processing, and the room should be sanitized after their departure.
- If there are not enough single-room isolation cells in ITR, then will follow CDC guidance on isolation and quarantine of inmates. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
- Ideally, incarcerated persons with increased risk for COVID-19 or Influenza complications should be identified during the pre-booking and/or intake medical screening process. These inmates will be assigned an orange medical alert. An alert will appear in the medical health record, and a notification of the alert will be placed in ATIMS. (ORANGE) (High risk for COVID-19: 65 and older, Pregnant, Asthma [Moderate-or- severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year, history of GERD, BMI of 30 or higher, atopic conditions such as atopic dermatitis or allergic rhinitis) or who have a risk for hospitalization for COVID-19 (i.e., aged 50 years or older)], Chronic Lung Disease (to include COPD), Diabetes aged 50 years and older or any diabetic who is insulin dependent or has uncontrolled diabetes, Serious Heart Conditions (to include heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension), Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis), Severe Obesity (BMI of 40 or above). Immunocompromised (to include patients receiving cancer treatment, organ transplants, immune deficiencies, HIV with low CD4 count, or not taking any HIV treatment), Liver Disease (to include cirrhosis), and Sickle Cell disease. (For further definition of high-risk vulnerable patients, refer to CDC guidance.) ORANGE patients with symptoms should be considered for OPHU housing as a RED patient. ORANGE patients, with symptoms should be started on Tamiflu pending the results of their PCR tests. Mood disorders, including Bipolar affective Disorder, and Depression, and Schizophrenia, have been added to the medically vulnerable population for COVID-19.

In an e-mail dated September 29, 2022, the Alameda County Public Health Department provided the following testing guidance to ACSO/Wellpath:

Intake process:

- Test immediately for COVID (rapid ag test) and quarantine for at least 5 days after intake (unless court appearance required—follow guidance regarding court appearances in HOO)
- Quarantine can end after Day 5 if symptoms are not present and COVID test on day 5 is negative.
 - If symptoms are present and do not test, quarantine for at least 10 days. Can leave quarantine if symptoms better and no fever for at least 24 hours.

- If symptoms are present and, do test await test result. If positive, isolate.
- Comply with masking guidance
- Counseling on COVID vaccines and availability of vaccine/vaccine clinics
- If symptoms develop anytime in intake or in housing, test immediately.

In an e-mail dated October 3, 2022, the Alameda County Public Health Department provided the following quarantine/isolation guidance to ACSO/Wellpath:

“We had a slightly different approach recommended given this is not truly quarantine due to exposure. We were only going to recommend the full 10 days if an exposure, 5 days should be sufficient otherwise (regardless of testing)—although the testing at day 5 is very helpful.”

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "New books who are GREEN, or ORANGE will be quarantined in a "new book" housing unit, or restrictive housing for 5 days before being introduced into the general population. They will receive a daily temperature check and symptom screen by medical staff. Within 48 hours of booking, the inmate will be offered a COVID-19 test. Additionally, the inmate will be offered a second COVID-19 test at day 5 using a rapid antigen test. Any inmate that tests positive during new book quarantine will be moved to medical isolation and changed to a DARK RED medical alert. Any inmate that has a known exposure to a suspected or confirmed COVID positive patient during new book quarantine will be changed to a YELLOW medical alert and will be quarantined for 10 days from the time of the exposure.”

The Wellpath Coronavirus Supplemental Screening includes the screening questions used by Wellpath staff to screen individuals being booked into the SRJ. Additionally, Wellpath medical staff identify individuals that have increased risk for COVID-19 or Influenza complications during the medical intake screening process using the criteria listed in the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan.

During the on-site monitoring tour, the Expert observed the intake screening process for three (3) individuals. The Expert noted that Wellpath staff used the Wellpath Coronavirus Supplemental Screening questions and used the criteria listed in the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan to identify individuals that have increased risk for COVID-19. In cases where an arrestee is identified with concerning symptoms or high-risk history is accepted past the bubble, staff reported they would be placed in an isolation room in ITR for processing. These cases would also be expedited through the ITR process.

During the incarcerated person interviews, all incarcerated persons interviewed reported they were screened for COVID-19 during the intake process; 11 incarcerated persons reported they were quarantined for five (5) days, two (2) incarcerated persons reported they were quarantined for 7 days and two (2) reported they were quarantined for 10 days.

Based on guidance from the ACPHD, newly arriving individuals are placed in dedicated housing units for five (5) days. The COVID-19 Cheatsheet (10.26.22) lists these dedicated housing units.

In cases where Wellpath medical staff identify individuals that have increased risk for COVID-19 or Influenza complications and they become symptomatic, they are considered for OPHU housing. The COVID-19 Cheatsheet (10.26.22) reflects these individuals are housed in OPHU.

Recommendations:

No recommendations

105 - Medical Isolation and Quarantine

Defendants shall:

- (a) house persons who test positive for COVID-19, or who are showing symptoms of COVID-19 in non-punitive Medical Isolation;**
- (b) quarantine incarcerated individuals housed in a pod or housing unit who have had recent contact with an individual suspected of having COVID-19 (the "index patient") for fourteen (14) days in non-punitive quarantine or until testing comes back negative on the index patient; and**
- (c) quarantine incarcerated individuals in non-punitive quarantine who have had contact with known COVID-19 cases for fourteen (14) days for as long as these measures are recommended by public health authorities for correctional environments.**

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics 1. Reviewed COVID-19 Line List
2. Reviewed COVID-19 Cheat Sheet
3. Staff Interviews

Assessment:

The ACDPH Blanket Isolation Order (Order No. 20-05g – In effect 1/10/2022) states, "A 10-day isolation period following the date of symptom onset OR date of the first positive test if asymptomatic remains the safest option. Testing on Day 5 or later to end isolation after 5 days or any time before 10 days is recommended but not required. Antigen testing is preferred. If the test is positive, the individual must complete the full 10-day isolation

period. Staff in correctional and detention facilities are strongly recommended to isolate for 10 days. Residents in Correctional and Detention Facilities must isolate for 10 days.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan includes the following Medical Isolation and Quarantine procedures:

- Incarcerated persons displaying symptoms consistent with COVID-19 or Influenza will be housed in the OPHU or isolated in cells around the base = RED.
- Incarcerated persons with increased risk for COVID-19 or Influenza complications (i.e., as noted above in ITR 8) will be identified during the intake process or at a later time determined by a provider. If an Orange patient becomes symptomatic, then they should be considered for OPHU housing.
- Incarcerated persons who have had contact with known or suspected COVID-19 or persons with a high-risk travel history should be cohorted for a 10-day quarantine period in a special housing unit = YELLOW. An incarcerated person with direct close contact (refer to CDC guidance for definition of a close contact) with a known or suspected COVID-19 person should be quarantined for a 10-day period in isolation- BRIGHT YELLOW (High-risk solo).
- Any pod or housing unit that was previously healthy (GREEN) but develops a symptomatic case will have the index case removed to isolation cells (RED), and the housing unit/pod will be placed on quarantine for 10 days (YELLOW) or until testing comes back negative for COVID-19 on the index patient. If the index case is positive for Influenza, and there are two or more symptomatic individuals within a 24-hour period from the same housing unit/pod, then the quarantine will be changed to 5 days (YELLOW). If they are negative for both, then the quarantine will be lifted.
- During quarantine, there should be no new incarcerated persons transferred into the pod or housing unit.
- Patients that are to be seen in the medical clinic that are coming from a quarantined or medical isolation setting should be considered for medical necessity. If the patient is deemed medically necessary, the patient will be moved in a safe way with appropriate PPE worn by staff and the patient. For those patients where the medical needs are not immediate, the patient will be scheduled for their medical appointment after they have completed their period in quarantine or medical isolation. The clinic sergeant will be made aware of patients that are deemed medically necessary to come to the clinic during quarantine or medical isolation to ensure this is done safely. Appropriate PPE should be worn by the patient, custody, and medical staff during the appointment.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan outlines ACSO's criteria for housing COVID-19 cases:

- RED= Symptomatic patient(s) with suspected COVID-19 or Influenza.
- DARK RED= Symptomatic or Asymptomatic patient(s) with known COVID-19.
- PURPLE= Symptomatic patient(s) with known Influenza.
- YELLOW= Asymptomatic patient(s) with exposure to COVID-19.
- BRIGHT YELLOW= Asymptomatic patient(s) with close exposure to a COVID-19 case.
- ORANGE = Asymptomatic patient(s) who are currently healthy but have increased risk for COVID-19 or Influenza complications.
- GREEN = Asymptomatic patient(s) who are currently healthy.

The Expert notes that the ACSO has identified designated housing units for cases identified as RED and DARK RED. In cases where an incarcerated person has had recent contact with an individual suspected of having COVID-19 or in cases where an incarcerated person has had contact with known COVID-19 cases, the ACSO designates the housing unit as YELLOW/BRIGHT YELLOW, and the incarcerated persons are quarantined in these housing units for 10 days.

During the on-site review, the Expert noted that the housing units that were dedicated as quarantine and as Isolation, with three (3) positive cases being housed. The Expert notes that during the on-site monitoring tour, there were no female COVID-19 positive cases. ACSO/Wellpath reported that COVID-19 positive female cases would be housed in the OPHU.

The ACSO is housing incarcerated persons in quarantine and isolation housing units consistent with the ACPHD and CDC guidelines and the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan.

Recommendations:

No recommendations

Miscellaneous

Defendants shall also take the following measures, for as long as these measures are recommended by public health authorities for correctional environments:

106 - Provide for temperature and symptom screens for Staff, contractors, and visitors, based on the most recent CDC recommendations and as may be modified by the State and/or ACPHD, to be performed before they are allowed to enter the Jail.

Finding: Substantial Compliance

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan
Station Order March 17, 2020 Entry Into Santa Rita Jail
Station Order July 8, 2020, Medical Screening Confirmation Stickers
Memorandum October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail

Training No training requirements

Metrics Observation of the staff/visitor entrance process

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "All staff will have their temperature taken and a symptom screen done before entering the facility. Persons with temperature $\geq 100^{\circ}$ or symptoms of fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea will be sent home until they are afebrile for at least 24 hours, symptoms have improved, and at least 10 days have passed since onset of their symptoms. Refer to County Guidance documents for additional information. If the employee is positive for COVID-19, then current CDC guidance for medical isolation would be followed."

However, in a letter dated October 19, 2022, the Alameda Public Health Officer Advised ACSO that temperature screening could be discontinued. The letter states, "Discontinuing the use of temperature scanning is a reasonable step as it is not sensitive enough to detect all infectious persons, but procedures and signage to ensure staff and visitors stay home if they are feeling unwell should continue to be used."

In a Memorandum dated October 25, 2022, "Updated COVID-19 Protocols at Santa Rita Jail", the ACSO issued the following directive,

- "TEMPERATURE SCREENING:
 - The temporal temperature screening of those entering the facility is no longer recommended. The exterior screening areas will be decommissioned and are no longer staffed.

During the on-site monitoring tour, the Expert observed signage regarding symptom screening prior to entering the SRJ.

Recommendations:

No recommendations

107 - Prohibit Staff, contractors, or visitors displaying symptoms or who have had contact, or who have disclosed close contact with confirmed COVID-19 cases, inside or outside of the Jail, from entering the Jail for a period of time to be determined based on the most recent CDC guidelines and as may be modified by ACPHD.

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan
Station Order March 17, 2020 Entry Into Santa Rita Jail
Station Order July 8, 2020, Medical Screening Confirmation Stickers

Training No training requirements

Metrics Observation of the staff/visitor entrance process

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, “All staff will have their temperature taken and a symptom screen done before entering the facility. Persons with temperature $\geq 100^{\circ}$ or symptoms of fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea will be sent home until they are afebrile for at least 24 hours, symptoms have improved, and at least 10 days have passed since onset of their symptoms. Refer to County Guidance documents for additional information. If the employee is positive for COVID-19, then current CDC guidance for medical isolation would be followed. Any staff displaying signs of illness should not be allowed to enter the facility and should follow up with their respective leadership and Human Resources team for further guidance, which may include a recommendation to quarantine and/or be tested.”

The ACDPH Blanket Quarantine Order (Order No. 20-06t - In effect 8/24/22) states, “Staff in correctional and detention facilities should follow state guidance for High-Risk settings except as specified below. If the employer of staff in correctional or detention facilities is facing critical staffing shortages, asymptomatic staff may return to work before satisfying the 5-day work exclusion conditions recommended in the state guidance, provided that such staff (a) remains asymptomatic, and (b) has a daily negative antigen or nucleic acid amplification test on workdays until the work-exclusion period is completed. For the purposes of this Order, critical staff shortages occur when there are no longer enough staff to provide safe care for incarcerated or detained persons or protect public safety and the shortages cannot be alleviated absent the return of the otherwise-quarantined employee to work. Correctional and detention staff who return to work before 10 days

have passed must continue wearing surgical masks or respirators at all times during work and must also continue to self-monitor for symptoms each day. If COVID-19 symptom develop at any point during the 10 days after exposure (including if the employee develops symptoms while at work), the employee must immediately return to and remain at home, not return to work, and follow the Health Officer's Isolation Order and Guidance. Residents in Correctional and Detention Facilities must quarantine for 10 days following exposure to an infectious person, regardless of vaccination status. Asymptomatic individuals who had COVID-19 in the past 90 days are not required to quarantine after a new exposure."

However, in a letter dated October 19, 2022, the Alameda Public Health Officer Advised ACSO that temperature screening could be discontinued. The letter states, "Discontinuing the use of temperature scanning is a reasonable step as it is not sensitive enough to detect all infectious persons, but procedures and signage to ensure staff and visitors stay home if they are feeling unwell should continue to be used."

Station Order March 17, 2020 Entry Into Santa Rita Jail and Station Order July 8, 2020, Medical Screening Confirmation Stickers outline the process staff, contractors, and visitors must follow if the event they display symptoms or have had contact or have disclosed close contact with confirmed COVID-19 cases.

During the on-site monitoring tour, the Expert noted that signage was displayed at the entrances of the SRJ advising staff, visitors, and contractors of the entrance screening process and symptoms they must disclose during the entrance process.

Staff interviewed stated in cases where staff, contractors, or visitors display symptoms or who have had contact or who have disclosed close contact with confirmed COVID-19 cases; they are not allowed entry into the Jail.

Recommendations:

No recommendations

108 - Provide for housing of medically vulnerable individuals in a manner that limits the risk of COVID-19 spread to these individuals to the extent possible.

Finding: Non-Compliance

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Reviewed COVID-19 Line List
Reviewed COVID-19 Cheat Sheet

Staff Interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "Ideally incarcerated persons with increased risk for COVID-19 or Influenza complications should be identified during the pre-booking and/or intake medical screening process. These inmates will be assigned an orange medical alert. An alert will appear in the medical health record and notification of the alert will be placed in ATIMS. (ORANGE) (High risk for COVID-19: 65 and older, Pregnant, Asthma [Moderate-or- severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year, history of GERD, BMI of 30 or higher, atopic conditions such as atopic dermatitis or allergic rhinitis) or who have a risk for hospitalization for COVID-19 (i.e., aged 50 years or older)], Chronic Lung Disease (to include COPD), Diabetes aged 50 years and older or any diabetic who is insulin dependent or has uncontrolled diabetes, Serious Heart Conditions (to include heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension), Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis), Severe Obesity (BMI of 40 or above), Immunocompromised (to include patients receiving cancer treatment, organ transplants, immune deficiencies, HIV with low CD4 count, or not taking any HIV treatment), Liver Disease (to include cirrhosis), and Sickle Cell disease. (For further definition of high-risk vulnerable patients, refer to CDC guidance.) ORANGE patients with symptoms should be considered for OPHU housing as a RED patient. ORANGE patients, with symptoms, should be started on Tamiflu pending the results of their PCR tests. Mood disorders, including Bipolar affective Disorder, and Depression, and Schizophrenia, have been added to the medically vulnerable population for COVID-19.

Incarcerated persons with increased risk for COVID-19 or Influenza complications (i.e., as noted above in ITR 8) will be identified during the intake process or at a later time determined by a provider. If an Orange patient becomes symptomatic, then they should be considered for OPHU housing."

The COVID-19 Cheatsheet (10.26.22) does not identify dedicated housing units for incarcerated persons identified as medically vulnerable to COVID-19.

Recommendations:

1. ACSO/Wellpath must identify and designate dedicated housing for medically vulnerable individuals in a manner that limits the risk of COVID-19 spread to these individuals to the extent possible.

109 - Provide for the safe transportation of individuals to and from the Jail to prevent the spread of COVID-19 to the extent reasonably possible. Incarcerated persons who are positive for COVID-19 or display symptoms of COVID-19 shall not

make in-person or video court appearances. Incarcerated persons who claim contact with a person with known or suspected COVID-19, with high-risk travel history, or are otherwise in quarantine status shall be prevented from making in-person court appearances until they are no longer on quarantine status. Precautions shall be taken to mitigate the spread of COVID-19 during all video-court appearances, including masking, social distancing, and cleaning of the area before and after such appearances.

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Reviewed ATIMS Reports

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan includes the following process for transportation and court:

- The access to in-person court appearances may change throughout the pandemic. This in-person court appearance will be limited to those patients who are not currently in medical isolation or quarantine. New-book quarantine patients will be permitted to go to their first appearance in person after a negative COVID-19 test. This process will be guided by recommendations from each jurisdiction, such as county or federal court.
- Patients displaying symptoms of COVID-19 or Influenza (RED), positive for COVID-19 (DARK RED), and/or positive for influenza (PURPLE) will be prevented from going to court until they are out of medical isolation.
- Persons under quarantine (YELLOW) may be allowed to go to a court appearance if this can be done safely. Any incarcerated patient that leaves a quarantined area will undergo a rapid test prior to the court appearance and must have a symptom screen prior to movement. Those patients that are found to be symptomatic will be changed to a RED medical status and medically isolated, making them unavailable to go to court until they clear medical isolation.

The ACDPH Blanket Quarantine Order (Order No. 20-06t - In effect 8/24/22) states, "Residents in quarantine without current COVID-19 symptoms can attend court. The following measures are recommended to limit the risk of transmission while at court or during transport to the extent practicable:

- COVID-19 antigen testing within 24 hours before court attendance
- Screening for COVID-19 symptoms before transport

- Enforcement of masking requirements during transport and while at court
- Transporting residents in quarantine separately or in separate compartments from those not in quarantine
- Housing residents in quarantine at court facilities in separate areas from those not in quarantine

In a letter dated October 19, 2022, the Alameda Public Health Officer advised ACSO that in the setting of a COVID-19 outbreak, continued use of spacing and other practices to mitigate spread in the facility, as needed.

The Memorandum dated October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail states staging of inmates in Intake, Transfer, and Release (ITR) as well as on transportation vehicles will return to pre-COVID procedures. Staff interviewed stated that incarcerated persons who meet the criteria to be transported to court are transported in a vehicle (bus and van). Staff interviewed also stated that transportation staff reviews the COVID-19 color code designation of the incarcerated persons in ATIMS the night before the scheduled transport to determine if the incarcerated persons meet the criteria for transport. Any incarcerated person who does not meet the COVID-19 color code designation criteria and display symptoms of COVID-19 or Influenza are not transported.

Recommendations:

No recommendations

110 - Provide incarcerated persons with educational materials regarding COVID-19 and the Jail's policies to limit the spread of COVID-19, including policies regarding Quarantine, Medical Isolation, laundry replacement, mask replacement, and distribution of cleaning supplies in Spanish, English, Korean, Tagalog, Mandarin, Cantonese, Vietnamese, and alternative formats as needed for individuals with disabilities.

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Reviewed Symptoms of Coronavirus Disease 2019 Flyer (English and Spanish)
Reviewed COVID-19 Mask Requirement Flyers (English)
Reviewed COVID-19 Information Flyer (laundry, masks, cleaning supplies, tablets)
Reviewed COVID-19 Flyer (Chinese, Korean, Spanish, Tagalog, Vietnamese)

CDC Flyer Vaccines (English)
Alameda County Public Health Department Brochure COVID-19 Update (6 pages)
California Department of Public Health Vaccine Information (10 pages)
Reviewed CDC Vaccination Posters (three)
Reviewed CDC mRNA COVID-19 Vaccine poster
Reviewed CDC Viral Vector COVID-19 Vaccine poster
ACSO Mask Wearing Flyer
CDC Mask Poster
CDC Share Facts About COVID-19 poster (English and Spanish)
Reviewed the COVID-19 educational material on the tablets

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, “Educational material will be available to the incarcerated population that will provide them information as to how to request the vaccine while in-custody, address vaccine hesitancy, and provide ways for the patient to access healthcare staff members so that they may have questions answered regarding the COVID-19 vaccine. ACPHD staff will be utilized specifically to address vaccine hesitancy, but will also assist in vaccine administration, post administration monitoring, and registration of the vaccine administration in the CAIRS. ACPHD staff will assist based on availability.”

The ACSO provided the Expert copies of educational material provided to incarcerated persons and posted throughout the jail. The educational material includes information on COVID-19 (how to limit the spread of COVID-19, laundry replacement, mask replacement, and distribution of cleaning supplies). The material is provided in English, Spanish, Korean, Tagalog, Mandarin, and Vietnamese. During the previous monitoring tour, the Expert noted that the material is not provided in alternative formats as needed for individuals with disabilities (large print). However, the County reports that this information is available on the tablets and the incarcerated persons are able to change the font and expand the screen on all information to view the information in large print. During the on-site review, the Expert confirmed this. In addition, ACSO staff reported that in cases where an incarcerated person cannot read the educational material due to an intellectual, learning, or physical disability, staff reads and explains the material to the incarcerated person. All incarcerated persons interviewed reported they were provided access to COVID-19 and Influenza educational material.

Recommendations:

No recommendations

111 - Track and record: (1) all individual COVID-19 cases and the units under Quarantine as soon as they are identified; (2) all Staff and contractor COVID-19

cases; (3) all detainees who have been exposed to COVID-19, if possible; (4) all hospitalizations for COVID-19 and/or complications caused by COVID-19; and (5) all deaths from COVID-19.

Finding: Substantial Compliance

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Reviewed COVID-19 Line List
Reviewed COVID-19 Cheat Sheet
Incarcerated person interviews
Staff Interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan requires the following information to be tracked and recorded:

- A COVID-19 line list should be kept and updated daily with new cases and new quarantined units as soon as they are identified. The line list should include those patients that are hospitalized and those patients that are considered a COVID-19 related mortality.
- A separate Influenza line list should be kept and updated daily with new confirmed cases, persons who have an influenza-like illness, and new quarantined units as soon as they are identified. The line list should include those patients that are hospitalized and those patients that are considered an Influenza related mortality.
- A separate staff line list should track staff who are on leave related to a confirmed positive COVID-19 test or those on leave related to exposure to a person with a confirmed positive COVID-19 test.
- The line lists should be reviewed daily, and new details added every 24 hours.

The ACSO/Wellpath produced the following spreadsheets that track and record COVID-19 data:

- COVID-19 Cheatsheet (10.26.22) – Identifies all housing units color code designations (Red, Dark Red, Purple, Yellow, Bright Yellow, Orange, Green, and Blue).
- COVID-19 Linelist (10.26.22) – location of origin, current location, PFN, name, date of birth, age, date of onset of symptoms, date of testing, results

of testing, temp, cough, shortness of breath, other, contact tracing, symptomatic, asymptomatic, additional notes.

- Wellpath Staff Tracking – name, symptoms, test date, test result, left work date, COVID-19 leave, return to work, recovered date, and comments.

The Expert notes the “comments” and “additional notes” column of the COVID-19 Linelist and Wellpath Staff Tracking spreadsheets include archived/historical information of COVID-19 cases (staff and incarcerated persons), incarcerated persons who have been exposed to COVID-19, hospitalizations for COVID-19 and/or complications caused by COVID-19. The Expert also notes there have been no deaths related to COVID-19 reported. The COVID-19 Cheatsheet includes information for units placed on quarantine as they are identified.

Recommendations:

No recommendations

112 - Maintain the public-facing COVID-19 webpage on the ACSO website, including continuing the practice of daily updates of case numbers and other relevant information that is currently reflected on the ACSO website for the duration of the pandemic.

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Reviewed the ACSO COVID-19 stats webpage
<https://www.alamedacountysheriff.org/about-us/covid-19-stats>

Assessment:

The ACSO maintains a COVID-19 stats webpage with daily updates. The updates include the following data/information:

- Current Statistics Incarcerated Persons - Positive cases (Asymptomatic and Symptomatic).
- Aggregate Statistics Incarcerated Persons - Tests completed (negative, positive, pending, recovered in custody, recovered out-of-custody, incarcerated person hospitalized, deaths).
- Staff and Contractor Statistics (current and historical) – Positive and recovered cases.

- SRJ Population – total population, number of Red and Dark Red designated incarcerated persons, units currently on quarantine status, number of incarcerated persons designated as "Orange."
- Incarcerated Person Vaccinations – fully vaccinated, fully vaccinated in custody, partially vaccinated, partially vaccinated in custody, boosters, boosters in custody, bivalent boosters, bivalent boosters in custody.

Recommendations:

No recommendations

113 - Defendants shall continue to offer vaccinations to all incarcerated persons and staff on a regular basis, consistent with CDPH and ACPHD public requirements and guidance, and shall continue to provide education and take other necessary steps to encourage vaccinations.

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Reviewed COVID-19 Vaccination Tracking
Reviewed Wellpath COVID-19 Vaccine Log
Reviewed Wellpath COVID-19 Vaccine Flyer
Staff Interviews
Incarcerated Person Interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan includes the following COVID-19 and Influenza vaccination requirements:

COVID-19

- The COVID-19 Vaccine is no longer subject to a prioritization criteria, and all incarcerated patients are recommended to be offered the COVID-19 vaccine. All patients who are eligible for the COVID-19 booster will be offered the booster as soon as they are eligible. Patients who initially refuse the booster will be offered the booster upon request at any future opportunity once requested. Moderna or Pfizer remain the recommended COVID-19 vaccine to use as the booster regardless of the initial vaccine accepted. Booster eligibility will be aligned with current recommendations by the CDC and the ACPHD.

- Vaccine status will be assessed for all newly booked patients during the intake process.
- The CAIRS registry will be used to verify and identify each newly booked inmate to determine their vaccination status.
- A vaccination log will be kept for all patients by Wellpath, and Vaccine Status for fully vaccinated and partially vaccinated patients will also be included as an alert in the jail management software ATIMS.
- Phase 1: ORANGE patients should be offered Influenza vaccines as a first priority.
- Phase 2: Age criteria (ages 55 and older) should be offered the Influenza vaccine if supply allows.
- Phase 3: All other inmates in the facility should be offered the Influenza vaccine if supply allows. Bi-weekly, base-wide vaccination will be offered, if supply allows, for all patients who initially refused or were not offered.
- Phase 4: All ORANGE inmates at time of booking should be offered the Influenza vaccine if supply allows.
- County employees and all contractor staff should be encouraged to receive the seasonal influenza vaccine prior to the Influenza season. If healthcare staff do not receive their Influenza vaccine, mask-wearing will continue to be mandatory for these staff members regardless of the current station order status for mask mandate during the time period considered to be the Influenza season, typically the beginning of October until the middle of May for the following year. Healthcare workers' Influenza vaccine status will be tracked, and de-identified reporting should be available upon request.
- County employees and all contracted staff should be encouraged to be fully vaccinated against COVID-19 if they are not already required to be by federal, state, or county mandates. COVID-19 vaccine status for all county employees and contractors will be tracked by their respective human resources teams for reporting purposes if requested.
- Vaccination: Influenza vaccine will be secured per the allotment from Wellpath, Public Health, and Maxor pharmacy.
- Patients set to be released, transferred, or sent to a program will be provided education and/or screening based on their situation. If they are currently (YELLOW) or (RED) or have been provided the COVID-19 vaccine in a form that requires a second dose, they will be provided an instruction sheet giving them information for necessary precautions or follow-up. Vaccine recipients will be provided a copy of their vaccination card.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, “Educational material will be available to the incarcerated population that will provide them information as to how to request the vaccine while in-custody, address vaccine hesitancy, and provide ways for the patient to access healthcare staff members so that they may have questions answered regarding the COVID-19 vaccine. ACPHD staff will be utilized specifically to address vaccine hesitancy, but will also assist in vaccine administration, post

administration monitoring, and registration of the vaccine administration in the CAIRS. ACPHD staff will be assist based on availability.”

The ACSO COVID-19 stats webpage reflects the following data for the incarcerated person vaccinations:

Stats as of December 26, 2022:

- Fully Vaccinated 2,130
- Fully Vaccinated in Custody 519
- Partially Vaccinated 145
- Partially Vaccinated in Custody 15
- Boosters 701
- Boosters in Custody 327
- BIVALENT Boosters 176
- BIVALANT Boosters in Custody 128

The ACSO/Wellpath also maintains a COVID-19 Vaccination Tracking Log (10.24.22) with details of COVID-19 vaccinations (Moderna, Janssen, and Pfizer) for incarcerated persons. The spreadsheet reflects the following:

- Moderna
 - 1st Dose – 1,125
 - 2nd Dose – 962
 - Booster – 379
- Janssen
 - 1st Dose – 726
 - Booster – 39
- Pfizer
 - 1st Dose – 302
 - 2nd Dose – 260
 - Booster – 125

During the previous monitoring tour, Wellpath provided the Expert with information for Wellpath staff COVID-19 vaccinations. The data reflected of the 205 Wellpath staff, 190 have received a COVID-19 vaccine, 12 were exempt, and three (3) were on a leave of absence.

The ACSO provided the Expert with the following vaccination data as of 10/14/22:

- Total ACSO Employees - 1758
 - 1073 Sworn
 - 685 Professional

- Total Fully Vaccinated (reported to ACSO HR): 1324 (75.3%)
 - 726 sworn
 - 76 people boosted
 - 642 people booster eligible
 - 8, not booster eligible
 - 598 professionals
 - 94 people boosted
 - 4 people booster eligible
 - 0 not booster eligible
- Total Unvaccinated (includes incomplete/unverified/no proof or disclosure submitted/off on extended leave): 434 (24.6%)
 - 347 sworn
 - 87 professionals
- SRJ Only: Staff Count
 - SRJ: 766
 - 507 sworn
 - 259 professionals
- Total SRJ Vaccinated:
 - SRJ: 539 (70.3%)
 - 327 sworn
 - 212 professionals
- All DSA Only Vaccinated: 673/1011 =66.5%
 - Sergeant: 99/147 = 67.3%
 - Deputy Sheriff I/II: 536/809 = 66.2%
 - Recruit: 38/55 = 69.0%

In a letter dated October 19, 2022, the Alameda Public Health Officer reports the following; "at this time, 66.5% of Santa Rita Jail ACSO staff and 25% of persons incarcerated in SRJ have received their primary vaccination against COVID-19. Suboptimal vaccination results in a substantial break in safeguards to protect people in any setting, and additional prevention steps are needed during periods of moderate or high community transmission when vaccination rates are low. Given the importance of vaccination, we recommend continued efforts to reach residents and staff to improve vaccine uptake, including providing information and access to vaccines and boosters. Numerous studies show that persons who are up to date on COVID-19 vaccination have substantially lower rates of hospitalization and death, regardless of past infection history. By achieving higher vaccination of both staff and persons incarcerated with a goal of at least 70% COVID-19 vaccination, the risks of serious outcomes from COVID-19 could be substantially reduced."

In the SRJ ACSO/Wellpath /ACPHD COVID Corrections Team Meeting Notes 10/11/22, the Expert notes that during the meeting, a discussion of potential support needs addresses the following:

- Follow-up CDPH vaccination clinic
- 2 days approved: Influenza and COVID Vaccine Clinic on 10/26/2022 and 10/27/2022.
- CDPH will administer Influenza vaccines provided by Wellpath
- Wellpath needs an updated flyer to upload to resident tablets. Flyer should include updated booster info for resident clinic advertisement and pre-registration a week ahead of time.
- Proactive approach to address resident COVID questions as they arise. Team should be on the ground to maximize opportunity before the event.
- Possibility of going to the HU's to provide education but will need dedicated deputy for the nurses, but SRJ is short-staffed. Possibility of going to the resident classes to spread the word, although there are not that many students in the classes.

During the incarcerated person interviews, 10 incarcerated persons reported they had been offered vaccinations and/or they had already been vaccinated.

The County is offering vaccinations to all incarcerated persons and staff as required by the Consent Decree, which is consistent with CDPH and ACPHD public requirements and guidance. Additionally, the County is providing COVID-19 vaccination education and is taking steps to encourage vaccinations (vaccination clinics).

Recommendations:

Although the Expert finds that the County is in substantial compliance with the Consent Decree vaccination requirements, the Expert recommends that the County continue to try to reach the goal of 70 percent vaccination for staff and incarcerated persons as recommended by the ACPHD.

114 - Notwithstanding the above, nothing prohibits Defendants from taking additional steps above and beyond those listed herein to address the spread of COVID-19 or from modifying their response consistent with local, State, and/or Federal public health guidance. Defendants shall continue to comply with the Outbreak Control Plan for the duration of the pandemic and consistent with guidance from ACPHD.

Finding: **Substantial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Staff interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan includes the following additional steps and protocols to address and mitigate the spread of COVID-19 in the SRJ:

- Record Keeping
 - COVID-19 Line List
 - The ACSO/Wellpath maintain a COVID-19 Line List of all incarcerated person COVID-19 cases (Copy of Line List 10.26.22)
 - Influenza line list
 - The ACSO/Wellpath maintains an Influenza Line List of all incarcerated person Influenza cases (Copy of Line List 10.26.22)
 - Staff Line list
 - The ACSO/Wellpath maintains a staff Line List of all staff COVID-19 cases (COVID Status 2022 Excel Spreadsheet)
- Communication requirements
 - COVID-19 cases
 - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed 10/26/22 email distribution list produced by Wellpath)
 - Units/pods being quarantined.
 - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed 10/26/22 email distribution list produced by Wellpath)
 - Distribution of line lists
 - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed 10/26/22 email distribution list produced by Wellpath)
 - Daily communication
 - The ACSO/Wellpath conducts daily and weekly communication between key staff via email, phone, and in-person (reviewed sample SRJ ACSO/Wellpath/ACPHD Corrections Team Meeting Notes 10/11/22)
 - Communication with ACPHD (including distribution of line lists)
 - The ACSO/Wellpath communicates with ACPHD, including distribution of COVID-19 Line Lists (reviewed

- sample 10/26/22 email distribution of Line List and Meeting Notes and Agenda of meetings with ACDPH)
- Employee notification of an outbreak
 - The ACSO/Wellpath uses the Cheatsheet to notify staff of the outbreak (reviewed copy of COVID Cheat Sheet 10.26.22 used to notify staff)
- Notification requirements for COVID-19 positive cases
 - The ACSO notifies staff of positive COVID-19 cases (reviewed COVID Positive Staff Reporting notification email 10/26/22)
- Posting of quarantine status (start date and possible release date) of quarantined units
 - Observed the postings posted in the housing units on-site
- Supplies
 - PPE supply availability
 - Observed stock of PPE supplies (masks, gloves, gowns, goggles on-site)
 - Testing supply availability
 - Observed stock of testing supplies on-site)
 - Medication availability
 - Observed the medication availability and process to secure medication on-site
- Social distancing requirements
 - Memorandum October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail - SOCIAL DISTANCING: Notwithstanding a COVID-19 outbreak, social distancing requirements in areas where employees and inmates congregate for the purposes of consuming meals, attend meetings, or other activities have been lifted
- Sick call protocol
- Influenza testing protocol
 - ACSO/Wellpath conducts Influenza testing (reviewed images of Influenza Testing Supplies and practice guide)
- Influenza treatment protocol
 - ACSO/Wellpath reported there has not been a confirmed Influenza case since prior to the COVID-19 pandemic. Treatment was procured by Maxor pharmacy and is available when needed.
- COVID-19 treatment protocol
 - ACSO/Wellpath produced a Copy of Paxlovid Usage at SRJ, which reflects 34 prescriptions given
- COVID-19 incarcerated person monitoring protocol

- ACSO/Wellpath produced images (six (6) medical progress notes) from CorEMR of monitoring and release from quarantine
- Management of incarcerated person workers during quarantine
- Programs/Visiting/Attorney Visits
- Weekenders
- Transfers during quarantine
- Release/discharge planning

Recommendations:

No recommendations

416- All newly-booked inmates who are quarantined for COVID-19 and who test negative for COVID-19 on their first test (administered within the first forty-eight (48) hours upon intake) shall also be offered the maximum amount of out-of-cell time consistent with evolving public health guidance to shower and exercise. Inmates in COVID-19 intake quarantine will also be provided with tablets as soon as possible upon placement in an intake quarantine housing unit to make phone calls and access educational materials, entertainment applications, therapeutic tools, and other Jail resources. Out-of-cell time in the intake quarantine units may be curtailed for inmates who refuse to comply with COVID-19 protocols imposed by public health in these units.

Finding: **Partial Compliance**

Policies Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan

Training No training requirements

Metrics Reviewed Nighttime POD/Yard Time logs
Reviewed Daytime POD/Yard Time logs
Reviewed Santa Rita Jail Administrative Separation Inmate Recreation Time logs

Assessment:

Based on guidance from the ACPHD, newly arriving individuals are placed in dedicated housing units for five (5) days. The COVID-19 Cheatsheet (10.26.22) lists these dedicated housing units. A review of Nighttime POD/Yard Time logs, Daytime POD/Yard Time found that the logs do not contain sufficient information to identify the incarcerated persons who tested negative for COVID-19 on their first test (administered within the first forty-eight (48) hours upon intake). The logs reflect the following out-of-cell time provided to the

incarcerated persons housed in the dedicated quarantine housing units. Listed below is a summary of the out-of-cell time provided:

Daytime POD/Yard Time Logs

- 5/1/22 – 5/7/22
 - No data/entries were recorded
- 5/15/22 – 5/21/21
 - No data/entries were recorded
- 5/22/22 – 5/28/22
 - No data/entries were recorded
- 5/29/22 – 6/4/22
 - No data/entries were recorded
- 6/5/22 – 5/11/22
 - No data/entries were recorded
- 6/19/22 – 6/25/22
 - No data/entries were recorded
- 7/3/22 – 7/9/22
 - No data/entries were recorded
- 7/10/22 – 7/16/22
 - No data/entries were recorded
- 7/17/22 – 7/23/22
 - No data/entries were recorded
- 7/24/22 – 7/30/22
 - No data/entries were recorded
- 7/31/22 – 8/6/22
 - 0 – 9 cases
 - 1 hour – 5 cases
 - 2 hours – 5 cases
 - 3 hours – 2 cases
 - 4 hours – 8 cases
 - 5 hours – 1 case
- 8/7/22 – 8/13/22
 - 0 – 1 case
 - 1 hour – 4 cases
 - 2 hours – 5 cases
 - 3 hours – 5 cases
 - 4 hours – 3 cases
 - 5 hours – 6 cases
 - 6 hours – 1 case
- 8/14/22 – 8/20-22
 - 0 – 2 cases
 - 1 hour – 3 cases
 - 2 hours – 2 cases
 - 3 hours – 4 cases

- 4 hours – 2 cases
 - 5 hours – 5 cases
 - 7 hours – 1 case
 - 8 hours – 1 case
 - 9 hours – 1 case
- 8/21/22 – 8/27/22
 - 0 – 8 cases
 - 1 hour – 10 cases
 - 2 hours – 1 case
 - 3 hours – 4 cases
 - 4 hours – 3 cases
 - 5 hours – 3 cases
 - 6 hours – 1 case
- 8/28/22 – 9/3/22
 - 0 – 4 cases
 - 1 hour – 8 cases
 - 2 hours – 5 cases
 - 3 hours – 5 cases
 - 4 hours – 1 case
 - 6 hours – 1 case
 - 8 hours – 1 case
- 9/4/22 – 9/10/22
 - 0 – 2 cases
 - 1 hour – 5 cases
 - 2 hours – 1 case
 - 4 hours – 2 cases
 - 5 hours – 2 cases
 - 6 hours – 3 cases
 - 9 hours – 1 case
- 9/11/22 – 9/17/22
 - 0 – 4 cases
 - 1 hour – 2 cases
 - 2 hours – 1 case
 - 3 hours – 2 cases
 - 4 hours – 4 cases
 - 5 hours – 1 case
 - 6 hours – 3 cases
 - 7 hours – 1 case
 - 8 hours – 1 case
 - 9 hours – 1 case
- 9/18/22 – 9/24/22
 - 0 – 4 cases
 - 1 hour – 11 cases
 - 2 hours – 3 cases

- 3 hours – 5 cases
- 4 hours – 4 cases
- 5 hours – 4 cases
- 6 hours – 2 cases
- 7 hours – 1 case
- 9/25/22 – 10/1/22
 - 0 – 13 cases
 - .5 hours – 1 case
 - 1 hour – 15 cases
 - 2 hours – 4 cases
 - 3 hours – 5 cases

Daytime POD/Yard Time Logs

- 5/1/22 – 5/7/22
 - 0 – 5 cases
 - .5 hours – 1 case
 - 1 hour – 7 cases
 - 2 hours – 3 cases
 - 3 hours – 5 cases
 - 4 hours – 1 case
 - 5 hours – 2 cases
 - 6 hours – 1 case
- 5/15/22 – 5/21/21
 - 0 – 12 cases
 - 1 hour – 4 cases
 - 2 hours – 4 cases
 - 3 hours – 1 case
 - 4 hours – 1 case
 - 4.5 hours – 2 cases
 - 7.5 hours – 1 case
 - 8 hours – 3 cases
- 5/22/22 – 5/28/22
 - 0 – 2 cases
 - 1 hour – 3 cases
 - 2 hours – 1 case
 - 3 hours – 1 case
 - 4 hours – 2 cases
 - 5 hours – 1 case
 - 10 hours – 1 case
 - 11 hours – 1 case
 - 13 hours – 1 case
- 5/29/22 – 6/4/22
 - 0 – 5 cases
 - 1 hour – 2 cases

- 2 hours – 3 cases
 - 3 hours – 1 case
 - 4 hours – 2 cases
 - 4.5 hours – 1 case
 - 6 hours – 1 case
 - 8 hours – 1 case
 - 11 hours – 1 case
- 6/5/22 – 5/11/22
 - 0 – 3 cases
 - 1 hour – 2 cases
 - 3.5 hours – 1 case
 - 4 hours – 1 case
 - 5 hours – 3 cases
 - 6 hours – 1 case
 - 8 hours – 1 case
 - 9 hours – 1 case
 - 10 hours – 1 case
 - 12 hours – 1 case
 - 18 hours – 1 case
- 6/19/22 – 6/25/22
 - 0 – 9 cases
 - 1 hour – 2 cases
 - 2 hours – 2 cases
 - 3 hours – 2 cases
 - 4 hours – 3 cases
 - 5 hours – 1 case
 - 6 hours – 3 cases
 - 9 hours – 1 case
 - 11 hours – 1 case
 - 21 hours – 1 case
- 7/3/22 – 7/9/22
 - 0 – 3 cases
 - 1 hour – 4 cases
 - 2 hours – 1 case
 - 3 hours – 1 case
 - 4 hours – 3 cases
 - 5 hours – 3 cases
 - 6 hours – 1 case
 - 19 hours – 1 case
- 7/10/22 – 7/16/22
 - 0 – 6 cases
 - 1 hour – 3 cases
 - 1.5 hours – 1 case
 - 3 hours – 1 case

- 4 hours – 1 case
- 6 hours – 1 case
- 8 hours – 1 case
- 11 hours – 2 case
- 21 hours – 1 case
- 7/17/22 – 7/23/22
 - 0 – 6 cases
 - 1 hour – 6 cases
 - 2 hours – 1 case
 - 3 hours – 2 cases
 - 4 hours – 2 cases
 - 6 hours – 1 case
 - 9 hours – 1 case
 - 11 hours – 1 case
 - 18 hours – 1 case
- 7/24/22 – 7/30/22
 - 0 – 3 cases
 - 1 hour – 4 cases
 - 2 hours – 6 cases
 - 3 hours – 4 cases
 - 7 hours – 1 case
 - 13 hours – 1 case
 - 24 hours – 1 case
- 7/31/22 – 8/6/22
 - 0 – 5 cases
 - 1 hour – 2 cases
 - 2 hours – 2 cases
 - 3 hours – 2 cases
 - 5 hours – 1 case
 - 6 hours – 1 case
 - 8 hours – 1 case
 - 13 hours – 1 case
 - 26 hours – 1 case
- 8/7/22 – 8/13/22
 - 0 – 23 cases
 - 1 hour – 1 case
 - 3 hours – 1 case
 - 6 hours – 1 case
- 8/14/22 – 8/20-22
 - 0 – 4 cases
 - 1 hour – 7 cases
 - 2 hours – 3 cases
 - 4 hours – 2 cases
 - 6 hours – 2 cases

- 21 hours – 1 case
- 8/21/22 – 8/27/22
 - 0 – 10 cases
 - 1 hour – 4 cases
 - 2 hours – 3 cases
 - 3 hours – 3 cases
 - 6 hours – 1 case
 - 10 hours – 1 case
- 8/28/22 – 9/3/22
 - 0 – 4 cases
 - 1 hour – 9 cases
 - 2 hours – 4 cases
 - 3.5 hours – 1 case
 - 4 hours – 2 cases
 - 4.5 hours – 1 case
- 9/4/22 – 9/10/22
 - 0 – 8 cases
 - 1 hour – 6 cases
 - 2 hours – 1 case
 - 3 hours – 2 cases
 - 4 hours – 2 cases
 - 5 hours – 1 case
 - 7 hours – 2 cases
 - 24 hours – 1 case
- 9/11/22 – 9/17/22
 - 0 – 1 case
 - 1 hour – 1 case
 - 2 hours – 3 cases
 - 3 hours – 5 cases
 - 4 hours – 1 case
 - 5 hours – 2 cases
 - 6 hours – 1 case
 - 7 hours – 2 cases
 - 14 hours – 1 case
- 9/18/22 – 9/24/22
 - 1 hour – 7 cases
 - 2 hours – 1 case
 - 3 hours – 1 case
 - 4 hours – 1 case
 - 6 hours – 1 case
 - 9 hours – 2 cases
 - 19 hours – 1 case
- 9/25/22 – 10/1/22
 - 0 – 11 cases

- 1 hour – 4 cases
- 2 hours – 4 cases
- 3 hours – 1 case
- 4 hours – 2 cases
- 4.5 hours – 1 case
- 11 hours – 1 case
- 13 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 8 cases
 - 1 hour – 10 cases
 - 2 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 13 cases
 - 1 hour – 8 cases
 - 2 hours – 1 case
 - 3.75 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 21 cases
 - 1 hour – 12 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 20 cases
 - 1 hour – 9 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 16 cases
 - 1 hour – 6 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 15 cases
 - 1 hour – 8 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22
 - 0 – 1 case

- 1 hour – 6 cases
- 2 hours – 9 cases
- 3 hours – 6 cases
- 4 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22
 - 0 – 2 cases
 - 1 hour – 7 cases
 - 2 hours – 8 cases
 - 3 hours – 5 cases
 - 1 hour – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22
 - 0 – 3 cases
 - 1 hour – 14 cases
 - 1.5 hours – 2 cases
 - 1.75 hours – 1 case
 - 2 hours – 7 cases
 - 3 hours – 2 cases
 - 3.5 hours – 1 case
 - 4 hours – 3 cases
 - 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22
 - 0 – 2 cases
 - 1 hour – 7 cases
 - 1.5 hours – 2 cases
 - 2 hours – 4 cases
 - 3 hours – 6 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22
 - 0 – 15 cases
 - 1 hour – 5 cases
 - 2 hours – 2 cases
 - 3 hours – 2 cases
 - 4 hours – 4 cases
 - 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22

- 0 – 4 cases
- .5 hours – 1 case
- 1 hour – 5 cases
- 2 hours – 9 cases
- 3 hours – 4 cases
- 4 hours – 1 case
- 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/9/22 – 10/15/22
 - 0 – 1 case
 - 1 hour – 7 cases
 - 2 hours – 6 cases
 - 3 hours – 2 cases
 - 4 hours – 2 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/9/22 – 10/15/22
 - 0 – 2 cases
 - 1 hour – 6 cases
 - 2 hours – 9 cases
 - 3 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/9/22 – 10/15/22
 - 1 hour – 3 cases
 - 2 hours – 3 cases
 - 3 hours – 4 cases
 - 4 hours – 4 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/9/22 – 10/15/22
 - 0 – 6 cases
 - 1 hour – 6 cases
 - 1.25 hours – 1 case
 - 2 hours – 6 cases
 - 3 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/9/22 – 10/15/22
 - 2 hours – 1 case
 - 3 hours – 1 case
 - 4 hours – 2 cases
 - 5 hours – 3 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/9/22 – 10/15/22
 - 0 – 4 cases
 - .5 hours – 1 case
 - 1 hour – 5 cases
 - 2 hours – 9 cases
 - 3 hours – 4 cases
 - 4 hours – 1 case
 - 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22
 - 0 – 4 cases
 - .25 hours – 1 case
 - 1 hour – 12 cases
 - 2 hours – 5 cases
 - 3 hours – 8 cases
 - 4 hours – 1 case
 - 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22
 - 0 – 3 cases
 - 1 hour – 9 cases
 - 2 hours – 3 cases
 - 3 hours – 6 cases
 - 4 hours – 3 cases
 - 5 hours – 2 cases
 - 6 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22
 - 0 – 5 cases
 - 1 hour – 8 cases
 - 2 hours – 10 cases
 - 2.5 hours – 1 case
 - 3 hours – 5 cases
 - 4 hours – 4 cases
 - 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22

- 0 – 13 cases
- 1 hour – 11 cases
- 2 hours – 4 cases
- 3 hours – 4 cases
- 4 hours – 1 case
- 4.5 hours – 1 case
- 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22
 - 0 – 5 cases
 - 1 hour – 5 cases
 - 1.5 hours – 2 cases
 - 2 hours – 6 cases
 - 2.5 hours – 3 cases
 - 4 hours – 4 cases
 - 6 hours – 2 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22
 - 0 – 3 cases
 - 1 hour – 6 cases
 - 2 hours – 9 cases
 - 2.5 hours – 1 case
 - 3 hours – 3 cases
 - 4 hours – 1 case
 - 5 hours – 1 case
 - 6 hours – 1 case
 - 17.5 hours – 2 cases
 - 18.5 hours – 2 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - 0 – 2 cases
 - 1 hour – 7 cases
 - 2 hours – 4 cases
 - 3 hours – 1 case
 - 4 hours – 5 cases
 - 5 hours – 4 cases
 - 7 hours – 4 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - 0 – 4 cases

- 1 hour – 11 cases
- 2 hours – 3 cases
- 3 hours – 3 cases
- 4 hours – 3 cases
- 5 hours – 5 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - 0 – 7 cases
 - .25 hours – 1 case
 - 1 hour – 6 cases
 - 2 hours – 9 cases
 - 3 hours – 2 cases
 - 4 hours – 3 cases
 - 5 hours – 4 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - 0 – 4 cases
 - 1 hour – 12 cases
 - 2 hours – 10 cases
 - 3 hours – 5 cases
 - 4 hours – 4 cases
 - 5 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - 0 – 4 cases
 - 1 hour – 8 cases
 - 2 hours – 5 cases
 - 3 hours – 7 cases
 - 4 hours – 3 cases
 - 5 hours – 2 cases
 - 6 hours – 1 case
 - 7 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - 0 – 4 cases
 - 1 hour – 4 cases
 - 2 hours – 8 cases
 - 3 hours – 7 cases
 - 3.5 hours – 1 case
 - 4 hours – 5 cases

- 5 hours – 1 case
- 6 hours – 1 case
- 87 hours – 1 case
- 88 hours – 2 cases
- 89 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/4/22 – 9/10/22
 - 0 – 3 cases
 - .25 hours – 7 cases
 - 1 hour – 3 cases
 - 2 hours – 3 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/4/22 – 9/10/22
 - 0 – 4 cases
 - .25 hours – 4 cases
 - 1 hour – 7 cases
 - 1.5 hours – 3 cases
 - 2 hours – 3 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 7 cases
 - .25 hours – 1 case
 - .5 hours – 3 cases
 - .75 hours – 1 case
 - 1 hour – 2 cases
 - 1.5 hours - 3 cases
 - 2 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/11/22 – 9/17/22
 - 0 – 8 cases
 - .25 hours – 1 case
 - .5 hours – 2 cases
 - 1 hour – 7 cases
 - 1.5 hours – 2 cases
 - 1.75 hours – 1 case
 - 2 hours – 1 case
 - 2.5 hours – 2 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22

- 0 – 12 cases
- .25 hours – 1 case
- .5 hours – 6 cases
- 1 hour – 6 cases
- 1.25 hours – 1 case
- 1.5 hours – 4 cases
- 2 hours – 1 case
- 3 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 9/18/22 – 9/24/22
 - 0 – 7 cases
 - .5 hours – 5 cases
 - .75 hours – 1 case
 - 1 hour – 7 cases
 - 1.5 hours – 5 cases
 - 2 hours – 1 case
 - 3 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22
 - 3.5 hours – 1 case
 - 4 hours – 1 case
 - 4.5 hours – 1 case
 - 5 hours – 1 case
 - 5.5 hours – 1 case
 - 6.5 hours – 1 case
 - 9 hours - 2 cases
 - 11 hours – 4 cases
 - 12 hours - 2 case
 - 13 hours – 1 case

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/16/22 – 10/22/22
 - 0 – 8 cases
 - .5 hours – 3 cases
 - 1 hour – 5 cases
 - 1.5 hours – 4 cases
 - 2 hours – 7 cases
 - 2.5 hours – 6 cases
 - 3 hours – 5 cases
 - 3.5 hours – 1 case
 - 4 hours – 3 cases
 - 4.5 hours – 2 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - 4 hours – 1 case
 - 6 hours – 2 cases
 - 9 hours - 1 case
 - 13 hours – 1 case
 - 16 hours - 5 cases
 - 17 hours – 2 cases

Daytime POD/Yard Time and Nighttime POD/Yard Time Logs

- 10/23/22 – 10/29/22
 - .5 hours – 6 cases
 - 1 hour – 11 cases
 - 1.5 hours – 5 cases
 - 2 hours – 2 cases
 - 2.5 hours – 3 cases
 - 3 hours – 6 cases
 - 3.5 hours – 1 case
 - 4 hours – 3 cases
 - 4.5 hours – 2 cases
 - 6.5 hours – 1 case

During the incarcerated person interviews, the incarcerated persons reported the following out-of-cell access during the quarantine period:

- Every other day for one (1) hour – 5 cases
- Every other day for one-half an hour – 2 cases
- Every day 30 minutes – 2 cases
- Every day for one (1) hour – 1 case
- Two times in 10 days for 45 minutes – 1 case
- Only one (1) time for 30 minutes – 1 case
- No out-of-cell time – 2 cases
- Two times a day for three (3) hours – 1 case

During the incarcerated person interviews, the incarcerated persons reported they received a tablet during the following timeframes;

- Upon placement in quarantine – 1 case
- Day two (2) of quarantine – 3 case
- Day three (3) of quarantine – 3 cases
- Day four (4) of quarantine – 1 case
- Day 6 of quarantine – 1 case

- After being released from quarantine – 1 case
- Did not receive tablet during quarantine and do not have tablet – 5 cases

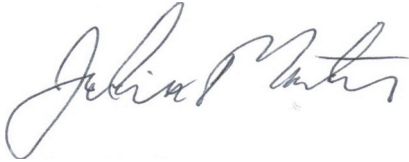
During a tour of a housing unit, the Expert observed that the tablet cabinet did not have any tablets, and the Expert was informed by staff that tablets were not provided to the incarcerated persons during their quarantine period. When brought to the attention of the ACSO during the exit, the ACSO advised the Expert that they would remedy this and would ensure tablets were available for the incarcerated persons on quarantine status.

Recommendations:

1. The Expert recommends that the Nighttime POD/Yard Time logs, Daytime POD/Yard Time logs, and Santa Rita Jail Administrative Separation Inmate Recreation Time logs include sufficient information to identify the incarcerated persons who tested negative for COVID-19 on their first test (administered within the first forty-eight [48] hours upon intake) this will allow the Expert to measure ACSO's compliance.
2. The Expert recommends that ACSO work with the experts to explore opportunities to increase out-of-cell time and structured activities, including in-cell activities.
3. The Expert recommends that the County provide the incarcerated persons with tablets as soon as possible upon placement in an intake quarantine housing unit to make phone calls and access educational materials, entertainment applications, therapeutic tools, and other Jail resources.

Signature

Submitted on behalf of Sabot Technologies, Inc. dba Sabot Consulting to the
County of Alameda, and Alameda County Sheriff's Office



March 6, 2023

Julian Martinez
Director
Sabot Consulting

Date