



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

**Babu v. Ahern
Consent Decree Second Status Report
Case No. 5:18-cv-07677-NC
On-Site Review: June 12-14, 2023**

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Cover Letter

This document serves as an introduction of the attached report regarding my third 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 third monitoring report is based on document and data review, on-site touring, and interviews with staff. 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 June 12-14, 2023. The on-site monitoring tour included walking through areas of the jail, interviewing staff, 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. Document requests were provided.

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

- 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 recommended 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) to allow the Expert to measure ACSO's compliance.
- The Expert recommended that ACSO work with the experts to explore opportunities to increase out-of-cell time and structured activities, including in-cell activities.
- The Expert recommended 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.

The Expert notes that since the last monitoring tour, the response and guidance to the COVID-19 pandemic have been changed at the national, state, and local level. On April 10, 2023, President Biden signed H.J.Res. 7¹ terminating the national emergency over the COVID-19 pandemic. On February 28, 2023, Governor Gavin Newsom issued a proclamation² terminating the state's COVID-19 State of Emergency. On February 28, 2023, the Alameda County Health Officer issued Health Officer Order No. 23-01³, Rescinding March 5, 2020, Declaration of Local Health Emergency and Rescinding Health Officer Orders 20-02, 20-05G, 20-06T, and 20-18. The Order rescinded the County of Alameda Health Officer's declaration of a local health emergency and rescinded the County of Alameda Health Officer Orders 20-02 (requiring laboratories to report results of COVID-19 tests), 20-05g (requiring isolation for persons with COVID-19), 20-06t (requiring quarantine for close contacts of persons with COVID-19), and 20-18 (requiring testing of residents in long-term care facilities).

The Centers for Disease Control and Prevention (CDC) updated the Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities⁴. The changes include the following:

- Replaces COVID-19 Community Levels with COVID-19 hospital admission levels to guide prevention decisions. Changes based on:
 - MMWR: COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023
 - MMWR: Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023
- Recommends intake testing in correctional and detention facilities be considered an Enhanced Prevention Strategy. Previous versions of this guidance document recommended intake testing as a Strategy for Everyday Operations.
- Provides information about changes to CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, which should still be used by healthcare personnel in dedicated patient areas within homeless service sites and correctional and detention facilities.

The CDC also recommends the following:

¹ <https://www.congress.gov/bill/118th-congress/house-joint-resolution/7>

² <https://www.gov.ca.gov/wp-content/uploads/2023/02/COVID-SOE-Termination-Proclamation-2.28.23.pdf?emrc=1db54f>

³ <https://covid-19.acgov.org/covid19-assets/docs/hoo/23-01-rescinding-2020-declaration-local-health-emergency-2023.02.28.pdf.pdf>

⁴ <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html>

Assessing a Facility's Risk

CDC recommends that homeless service sites and correctional and detention facilities use a combination of COVID-19 hospital admission levels and facility-specific risks to guide decisions about when to apply specific COVID-19 prevention actions. Assessing the following factors can help decide if additional layers of protection are needed because of facility-specific risks:

Facility structural and operational characteristics: Assess whether facility characteristics or operations contribute to COVID-19 spread. For example, facilities may have a higher risk of transmission if they have frequent resident or staff turnover, a high volume of outside visitors, poor ventilation, or areas where many people sleep close together.

Risk of severe health outcomes: Assess what portion of people in the facility are more likely to get very sick from COVID-19, for example, due to underlying health conditions, older age, pregnancy, or poor access to medical care.

COVID-19 transmission in the facility: Assess the extent to which transmission is occurring within the facility. Transmission can be assessed through diagnostic testing of people with COVID-19 symptoms and their close contacts, through routine screening testing (not routinely recommended, but some facilities might use it in consultation with their health department to facilitate early identification of infections in populations with especially high risk for severe illness from COVID-19), or other surveillance testing that the facility uses (such as wastewater testing). Results of testing at intake are not recommended as an indicator of transmission inside the facility, since infections identified at intake most likely occurred elsewhere.

COVID-19 Prevention Strategies

The actions facilities can take to help keep their populations safe from COVID-19 can be categorized as prevention strategies for everyday operations and enhanced prevention strategies.

Prevention strategies for everyday operations should be in place at all times, even if the COVID-19 hospital admission level is low or medium. These include all of the strategies listed below except those marked enhanced strategy.

Enhanced prevention strategies should be added to supplement the prevention strategies for everyday operations when the COVID-19 hospital admission level is high, any time there has been transmission within the facility itself, or based on the assessment of other facility-specific factors that increase risk. These include the strategies listed below that are marked enhanced strategy.

When adding enhanced prevention strategies, facility operators should balance the need for COVID-19 prevention with the impact from reducing access to services and programming. Facilities may not be able to apply all enhanced COVID-19 prevention strategies due to local resource constraints, facility and population characteristics, or other factors. However, they should add as many as feasible, as a multi-layered approach to increase the level of protection against COVID-19. Depending on the risk in different areas of the facility, enhanced prevention strategies can be applied across an entire facility, or can be targeted to a single housing area, wing, or building. Facilities with lower risk tolerance can apply enhanced prevention strategies at any time, even when the COVID-19 hospital admission level is low or medium.

Support Staff and Residents to Stay Up to Date with COVID-19 Vaccines

Encourage and enable staff, volunteers, and residents to stay up to date on COVID-19 vaccination. Where possible, offer the vaccine on-site and support peer outreach to promote vaccination.

Improve Ventilation

Ensure HVAC systems operate properly and provide acceptable indoor air quality.

Enhanced strategy: Where possible, consider holding group activities outdoors.

Enhanced strategy: Increase and improve ventilation as much as possible. Identify, obtain, and test enhanced ventilation options in advance of higher risk periods to be ready to deploy when needed. Short-term and long-term tools to improve ventilation in buildings can be found on the CDC website.

Provide Testing for COVID-19, When Needed

Test residents and staff who have been exposed or who are symptomatic, in accordance with CDC testing guidance.

If testing staff on-site is not feasible (e.g., due to employment policy or availability of testing supplies), advise staff who have been exposed or who are symptomatic to seek testing offsite.

If applicable, consider suspending co-pays for residents seeking medical evaluation and testing for possible COVID-19.

Enhanced strategy: Consult with the state, local, tribal, or territorial health department (or equivalent) about whether to implement routine screening testing of residents and/or staff if there are concerns about the population being at especially high risk for severe illness

from COVID-19. Routine testing can help identify infections early, which is especially important for people who are eligible for treatment.

Wear Masks or Respirators and PPE, as Appropriate

Maintain a stock of personal protective equipment (PPE).

Offer high-quality masks/respirators to all residents and staff, and provide other PPE for staff and residents based on risk (see below for more information on PPE).

Enhanced strategy: Require universal indoor masking, regardless of vaccination status.

Promote Infection Control and Facility Cleaning

Conduct standard infection control, cleaning, and disinfection at all times.

Maintain supplies for hand hygiene, cleaning, and disinfection, at no cost to residents or staff.

Enhanced strategy: Add enhanced cleaning and disinfection.

Implement Post-Exposure Guidance

Test residents and staff who have been exposed at least five full days after exposure (or sooner, if they develop symptoms) and require them to wear a mask while indoors for 10 full days after exposure, regardless of vaccination status.

Implement Isolation Guidance

Isolate staff, volunteers, and residents who test positive for COVID-19 away from other residents or away from the facility, as applicable, for 10 days since symptoms first appeared or from the date of sample collection for the positive test (if asymptomatic). If the individual has a negative viral test*, isolation can be shortened to be 7 days, as long as symptoms are improving and the individual has been fever-free for 24 hours, the individual was not hospitalized, and the individual does not have a weakened immune system. Note that the isolation period for homeless service sites and correctional and detention facilities is longer than the duration recommended for the general public because of the risk of widespread transmission in dense housing environments and the high prevalence of underlying medical conditions associated with severe COVID-19.

If multiple residents have tested positive, they can isolate together in the same area. However, people with confirmed and suspected COVID-19 should not be housed together.

Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.

During crisis-level operations, such as severe shortages of staffing or space, facilities may need to consider short-term reductions to the recommended isolation period for staff and/or residents. Facilities should consult their state, local, tribal, or territorial health department (or equivalent) to discuss approaches that would meet their needs while maximizing infection control.

Either a NAAT (molecular) or antigen test may be used to determine if isolation can be shortened to 7 days. If using a NAAT, a single test must be obtained within 48 hours prior to returning to work (for staff) or ending isolation (for residents). If using an antigen test, two negative tests must be obtained, one no sooner than day 5 and the second 48 hours later.

Support Access to Treatment, as Needed

Effective treatments are now widely available and must be started within a few days after symptoms develop to be effective. Support timely treatment for those eligible; facilities without on-site healthcare capacity should plan to ensure timely access to care offsite.

Monitor and Communicate Potential Outbreaks or Needs

Continue wastewater testing, if used, as an early warning for outbreaks. Continue partnerships and plan for outbreak communications, staffing shortages, spaces for quarantine (in facilities that choose to implement it; not routinely recommended) and isolation, and continuity of services.

Increase Distance

Enhanced strategy: Create physical distance in congregate areas where possible.

Enhanced strategy: Reduce movement and contact between different parts of the facility and between the facility and the community (as applicable).

Quarantine

Quarantine (separating and restricting the movement of people who were exposed to a contagious disease to prevent further transmission in case they become sick) for COVID-19 is no longer recommended for the general public. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in these settings, some facilities may

prefer to continue implementing quarantine protocols for residents, staff, and/or volunteers who have been exposed to someone with COVID-19. Facilities can base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.

Facilities that choose to implement quarantine can consider a range of approaches to balance their infection control and operational needs and the mental health needs of their residents and staff. Facilities may shift between quarantine approaches to adapt to changes in disease severity and transmissibility of different SARS-CoV-2 variants, or to respond to staffing and space shortages during case surges.

Considerations for facilities implementing quarantine include the following:

- Housing – Residents who have been exposed can be quarantined individually or cohorted with others who have been exposed (cohorted quarantine). Facilities using cohorted quarantine should be aware that transmission can occur within the cohort if someone is infected. Using smaller cohort sizes can help minimize continued transmission. Once a cohort is established, additional persons exposed at different times should not be added.
- Testing – Serial testing may be used during cohorted quarantine. Within quarantine cohorts, serial testing every 3-7 days can identify new cases early. If new cases are identified in the cohort, the quarantine period should restart. Serial testing can be used for all residents in a cohort, or prioritized for people who are more likely to get very sick from COVID-19 to identify infections early and assess them for treatment promptly.
- Movement – To maintain access to programming during quarantine, facilities may choose to allow residents quarantined as a cohort to move outside of their housing space and continue daily activities as a group. Residents in quarantine should not mix with residents or staff not assigned to their cohort and should wear a mask indoors.
- Duration – For facilities choosing to implement quarantine after a person is exposed to someone with COVID-19, a 10-day quarantine period provides the greatest protection from potential COVID-19 transmission to other residents and staff, but is disruptive to their lives and to facility operations. One option to balance these needs is to shorten the quarantine period if an exposed person tests negative after 5 days, but to continue masking indoors through day 10.
- Monitoring – Rather than requiring healthcare staff to check all quarantined residents for COVID-19 symptoms, facilities can prioritize symptom checks for residents more likely to get very sick from COVID-19 to identify infections early and assess treatment eligibility.

Personal Protective Equipment and Source Control

The types of personal protective equipment (PPE) and source control recommended in homeless services sites and correctional and detention facilities are detailed below.

- When indoor masking is required (or when individual residents or staff choose to wear masks based on their personal preference), all residents and staff may use disposable facemasks, barrier face coverings, or NIOSH-approved respirators.
- Residents with confirmed or suspected COVID-19 may use disposable facemasks, barrier face coverings, or NIOSH-approved respirators.
- Staff and residents working in areas of the facility designated for isolation or quarantine should only use NIOSH-approved respirators.
- Staff and residents who will have close contact with residents who are under quarantine or isolation precautions, including during transport, should use NIOSH-approved respirators, eye protection, gowns/coveralls, and gloves.

If not already in place, employers should establish a respiratory protection program, as appropriate, to ensure that staff members are fit-tested, medically cleared, and trained for any respiratory protection they will need within the scope of their responsibilities. Residents may also be considered for enrollment in a respiratory protection program depending on work-related exposure risk. For example, residents working in an environment where they may be exposed to COVID-19, such as in a COVID-19 medical isolation unit, would be considered for enrollment due to occupational risk. For more details, see the OSHA Respiratory Protection Standard.

See Types of Masks and Respirators for a full list of NIOSH-approved and international respirators.

Identifying Exposures

People who have been exposed can be identified in two ways:

Case Investigation and Person-Based Contact Tracing.

Case investigations can prioritize identification of close contacts who are more likely to get very sick from COVID-19, so that they can be referred to a healthcare provider to determine eligibility for treatment if they test positive for COVID-19.

Location-Based Contact Tracing

Location-based contact tracing may be preferable in homeless service sites and correctional and detention facilities where traditional person-based contact tracing is ineffective because of crowding, mixing of residents and staff, difficulty ascertaining close contacts, and residents' movements in and out of the facility. Location-based contact

tracing identifies people with recent known or potential exposure based on whether they spent time in the same areas as a person with COVID-19 during the time the infected person was considered infectious. The infectious period is considered to be two days prior to onset of any symptoms, or two days prior to the positive test if they do not have symptoms, through the end of isolation. This process can help identify additional facilities (or portions of facilities) that might need investigation and testing. Examples of how to conduct location-based contact tracing include:

- Service sites and programs for people experiencing homelessness: Work with homeless service providers to use Homeless Management Information Systems (HMIS) and other homeless service data collection systems to identify where the person with a COVID-19 positive test checked in during the time they were infectious.
- Correctional and detention facilities: Identify areas where someone who has tested positive for COVID-19 spent time while they were infectious. For residents, this could include their housing unit, work detail, transport bus, dining area, and any programmatic activities; for staff and volunteers, this could include their duty station, break room, and carpool.

For sites/areas of a facility that have been identified in location-based contact tracing, consider conducting location-based testing.

If any additional cases are identified, facilities should consider adding enhanced prevention strategies.

For Correctional and Detention Facilities

Testing at Intake (Enhanced Prevention Strategy)

An additional enhanced prevention strategy in this setting is to consider testing all new residents entering correctional and detention facilities at intake. As an alternative to intake testing, facilities can use a routine observation period at intake, during which residents are housed separately from the rest of the facility's population. The duration of the observation period should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested. Individual housing is preferred under this strategy; if cohorting is necessary, do not add residents to an existing cohort during their observation period.

Testing During Transfer and Release (Enhanced Prevention Strategy)

An additional enhanced prevention strategy for this setting is to consider testing residents during transfer and/or release protocols. Routine observation periods can be added during movement protocols as well, as additional enhanced prevention strategies.

Masks and Respirators

Even when a facility does not require masking, it should allow individuals to use a mask or respirator based on personal preference, informed by their perceived level of risk for infection based on their recent activities and their potential for developing severe disease if they are exposed.

High-quality masks or respirators should be provided at no cost to residents and staff when indicated and replaced as needed – both when universal indoor masking is required and when residents or staff choose to wear a mask based on their personal preference. When possible, offer different types of masks and respirators to staff and residents so that they can choose the option that fits them best and that they can wear consistently. The options that are offered in correctional and detention facilities may be limited by safety and security considerations, such as concerns about metal nose wires.

In environments where the risk of SARS-CoV-2 transmission is higher and safety and security considerations allow, residents should be offered masks or respirators providing the same level of protection as those provided to staff in a similar environment.

Isolation and Quarantine Spaces

Because of limited individual housing spaces within many correctional and detention facilities, infected or exposed people are often placed in the same housing spaces that are used for administrative or disciplinary segregation. To encourage prompt reporting of COVID-19 symptoms and to support mental health, ensure that medical isolation and quarantine are operationally distinct from administrative or disciplinary segregation, even if the same housing spaces are used for both. For example, as much as possible, provide similar access to radio, TV, reading materials, personal property, commissary, showers, clean clothing and linens, and other resources as would be available in individuals' regular housing units.

Visitation and Programming

Visitation and programming are essential for residents' mental health and well-being. When possible, maximize access to opportunities for in-person visitation and programming, even when the COVID-19 hospital admission level is high.

The County produced the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for April 18, 2023. The meeting notes include data on the following:

- Wellpath SRJ Resident Positives
 - COVID Weekly Numbers
 - Paxlovid usage at Santa Rita Jail
 - Medically Vulnerable (Orange) Positives

- Dormitory Style Housing Cases
- Housing Units in Isolation
- Housing Units currently in quarantine
- Wellpath Staff Updates
- Total Wellpath Positive Staff Currently in Isolation
- Staff Shortage Issues
- ACSO Staff Updates
 - Total Number of SRJ Staff COVID Positives
 - Total Number of SRJ Staff COVID Positives Recovered
 - Total Number of SRJ Staff COVID Positives in Isolation
 - Staff Shortage Issues
- Discussion of Potential Support Needs
- Miscellaneous
 - Dental Visits – testing requirements
 - Vaccination for staff
 - Isolation/Quarantine Guidance and Outbreak Guidance

In the Miscellaneous section of the meeting notes, the Expert notes the following guidance by the ACPHD:

- Dental Visits – testing/requirements – Per ACDPH, and others looked at recommendations, but current recommendations are minimal and seem to be at the discretion of the facility.
 - COVID screening of dental patients is not required but may be done, especially during periods of high community transmission, at the discretion of the facility.
 - Patient Screening – California Dental Association (CDA)
- Vaccination for staff – Covered by the state policy until 4/3 (it goes away then), if a medical provider, then covered by the Centers for Medicare & Medicaid Services (CMS) rule (the rule is linked in the state rescission order effective 4/3).
 - Order of the State Public Health Officer Correctional Facilities and Detention Centers Health Care Worker Vaccination Order
- Isolation/Quarantine Guidance and Outbreak Guidance – No Health Officer Order. Recommendations will be integrated into a reference document.
 - Continued routine intake screening with COVID testing and SX screening. Intake screening is initial day only, no intake quarantine unless symptoms or COVID exposure occurred.
 - In periods of high COVID community transmission and/or outbreak in a Housing Unit that is dormitory style – screen testing of staff weekly for COVID, encourage mask use of all staff and residents.
 - Current masking guidance: Guidance for Face Coverings (ca.gov) CD 056786

- Quarantine of close contacts in shared space changed to 5 days with an initial negative COVID test and negative rapid test on day 5. Masking strongly recommended through day 10.
- Isolation of persons with infection changed to 7 days with a test on day 7 and may exit isolation on day 7 if COVID test is negative, symptoms improved, and no fever for 24 hours. Masking strongly recommended through Day 10.
- Persons who have symptoms should be tested immediately for COVID. If Flu and other respiratory virus cases in the facility, testing should occur for those other illnesses as well.
- For SRJ: Quarantine of housing units only for those that are open housing units if more than 1 person in HU infected. Response testing of all persons at least one round in 3-5 days.
- COVID Vaccination updates provided on a monthly basis to ACPHD.

Although the County reported and the meeting notes of April 18, 2023, SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting reflect the ACPHD guidance for the managing of the COVID-19 protocols within the SRJ has been modified, the Expert notes that the County has not revised the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) to align with the CDC and ACPHD's guidance. The County must revise and incorporate the revised CDC and ACPHD's guidance into the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/223). The County reported that the Consent Decree provides at footnote 2 on page 7 that "The Outbreak Control Plan is available online at <https://www.alamedacountysheriff.org/about-us/covid-19-stats>. The current version of the Outbreak Master Control Plan effective as of the execution of this Consent Decree is attached as Exhibit A. As provided for herein, this document may be updated or otherwise modified following the execution of this Consent Decree as needed consistent with local, State, and/or Federal public health guidance." As such, and in light of current public health guidance, Defendants are not required to update the current iteration of the Outbreak Control Plan (OCP). It is anticipated, however, that Wellpath will be replacing the OCP with an endemic plan based upon public health guidance and plans to do so in the near future.

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

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”)	PC
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.	SC
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	SC

Substantial Compliance = 14 Partial Compliance = 1 Non-Compliance = 0

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: Partial 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 has measures in place to contain and mitigate the spread of COVID-19; the measures detailed in the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) are not consistent 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 as the County has not revised the Outbreak Control Plan based on the revised public health guidance.

The current version of the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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 the County has not modified the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) as the guidance and the recommendations of the ACPHD, CDPH, and CDC changed. The County reported that the Consent Decree provides at footnote 2 on page 7 that "The Outbreak Control Plan is available online at <https://www.alamedacountysheriff.org/about-us/covid-19-stats>. The current version of the Outbreak Master Control Plan effective as of the execution of this Consent Decree is attached as Exhibit A. As provided for herein, this document may be updated or otherwise modified following the execution of this Consent Decree as needed consistent with local, State, and/or Federal public health guidance." As such, and in light of current public health guidance, Defendants are not required to update the current iteration of the Outbreak Control Plan (OCP). It is anticipated, however, that Wellpath will be replacing the OCP with an endemic plan based upon public health guidance and plans to do so in the near future.

Recommendations:

The County must revise the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/25/22) based on the current guidance and the recommendations of the ACPHD, CDPH, and CDC.

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
Memorandum March 1, 2023, Updated COVID-19 Masking Protocols at Santa Rita Jail
Memorandum April 9, 2020, Housing Unit Operations – Social Distancing Protocols
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
3. Staff interviews

Assessment:

Upon publication of this memorandum, donning of masks at the Santa Rita Jail (SRJ) will be optional when in non-clinical areas. Required masking remains in effect while in housing units that are designated as being in isolation or are on a quarantine status.

The CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities includes the following recommendations for masking and cleaning:

Wear Masks or Respirators and PPE, as Appropriate

- Maintain a stock of personal protective equipment (PPE).
- Offer high-quality masks/respirators to all residents and staff, and provide other PPE for staff and residents based on risk (see below for more information on PPE).
- Enhanced strategy: Require universal indoor masking, regardless of vaccination status.

Promote Infection Control and Facility Cleaning

- Conduct standard infection control, cleaning, and disinfection at all times.
- Maintain supplies for hand hygiene, cleaning, and disinfection, at no cost to residents or staff.
- Enhanced strategy: Add enhanced cleaning and disinfection.

Personal Protective Equipment and Source Control

The types of personal protective equipment (PPE) and source control recommended in homeless services sites and correctional and detention facilities are detailed below.

- When indoor masking is required (or when individual residents or staff choose to wear masks based on their personal preference), all residents and staff may use disposable facemasks, barrier face coverings, or NIOSH-approved respirators.
- Residents with confirmed or suspected COVID-19 may use disposable facemasks, barrier face coverings, or NIOSH-approved respirators.
- Staff and residents working in areas of the facility designated for isolation or quarantine should only use NIOSH-approved respirators.
- Staff and residents who will have close contact with residents who are under quarantine or isolation precautions, including during transport, should use NIOSH-approved respirators, eye protection, gowns/coveralls, and gloves.

If not already in place, employers should establish a respiratory protection program, as appropriate, to ensure that staff members are fit-tested, medically cleared, and trained for any respiratory protection they will need within the scope of their responsibilities. Residents may also be considered for enrollment in a respiratory protection program depending on work-related exposure risk. For example, residents working in an environment where they may be exposed to COVID-19, such as in a COVID-19 medical isolation unit, would be considered for enrollment due to occupational risk. For more details, see the OSHA Respiratory Protection Standard.

Masks and Respirators

Even when a facility does not require masking, it should allow individuals to use a mask or respirator based on personal preference, informed by their perceived level of risk for infection based on their recent activities and their potential for developing severe disease if they are exposed.

High-quality masks or respirators should be provided at no cost to residents and staff when indicated and replaced as needed – both when universal indoor masking is required and when residents or staff choose to wear a mask based on their personal preference. When possible, offer different types of masks and respirators to staff and residents so that they can choose the option that fits them best and that they can wear consistently.

The options that are offered in correctional and detention facilities may be limited by safety and security considerations, such as concerns about metal nose wires.

In environments where the risk of SARS-CoV-2 transmission is higher and safety and security considerations allow, residents should be offered masks or respirators providing the same level of protection as those provided to staff in a similar environment.

The County produced the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for April 18, 2023. The meeting notes include masking guidance as follows:

- In periods of high COVID community transmission and/or outbreak in a Housing Unit that is dormitory style – screen testing of staff weekly for COVID, encourage mask use of all staff and residents.
- Current masking guidance: Guidance for Face Coverings (ca.gov) CD 056786
- Quarantine of close contacts in shared space changed to 5 days with an initial negative COVID test and negative rapid test on day 5. Masking strongly recommended through day 10.
- Isolation of persons with infection changed to 7 days with a test on day 7 and may exit isolation on day 7 if COVID test is negative, symptoms improved, and no fever for 24 hours. Masking strongly recommended through Day 10.

On March 1, 2023, a Memorandum was issued to "All Sheriff's Office Personnel." The memorandum states, "On February 28, 2023, California's COVID-19 State of Emergency was lifted. The Alameda County Board of Supervisors also lifted the mandate stating all employees will wear masks within county buildings.

The SRJ will follow the guidance provided by the California Department of Public Health (CDPH), which states:

1. When the COVID-19 Community Level is low, masking may be optional:
 - a. Masks are optional in non-clinical areas (such as in housing units, communal dining areas, visitation areas, and in administrative areas where only Agency members have access), and
 - b. When there have been no outbreaks (defined as three suspected, probable, or confirmed COVID-19 cases within a 14-day period among epidemiologically linked residents and/or staff) in the entire facility or within separated, closed subunits that do not allow for mixing of those residents or staff with the general population.
2. When the COVID-19 Community Level is medium or high, facilities must maintain or reinstate universal masking requirements for all staff and residents, regardless if there are no outbreaks within the facility.

Universal masking of all staff and residents, regardless of vaccination status and Community Level, is required in all designated medical/clinical areas, including isolation

and quarantine areas, or any other areas that are covered by other specified high-risk settings.

Masks will remain available to all Agency members and other staff working at the SRJ, should they choose to wear them.”

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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 (10/25/22) 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 COVID-19 Cheat Sheet (6/19/23) 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. For Orange, "Please mask yourself for patient protection," and for Green and Blue, "PPE required."

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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." The County did not produce revisions to this memorandum in regard to the enhanced cleaning requirements.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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."

Staff interviewed reported that contractors and staff who are assigned to the OPHU are required to wear a facial covering when providing patient care.

Although there were no incarcerated who were coded Red, Dark Red, Purple, Yellow, and Bright Yellow or housed in designated isolation and quarantine areas, at the time of the monitoring tour, the Expert noted that PPE (gowns, goggles, and gloves) were available in the designated housing units. The Expert also noted that custody staff and incarcerated persons assigned to the Outpatient Housing Unit (OPHU) and staff who worked in designated medical/clinical areas were wearing masks. Additionally, the Expert noted that there were masks and cleaning supplies available in all housing units. During the tour of the Intake and Release, the Expert noted that face masks were available for staff and incarcerated persons.

Staff interviewed reported that contractors and staff who are assigned to the OPHU are required to wear a facial covering when providing patient care.

Recommendations:

Although the Expert finds the County in substantial compliance, County must revise the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) with updated guidance and recommendations from the ACPHD, CDPH, and CDC.

102 - Testing

Defendants shall provide COVID-19 tests to all:

- (a) newly booked individuals within 48 hours of booking and again after ten (10)⁵ 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**

⁵ 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

(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)
 4. Staff Interviews

Assessment:

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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 Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities includes the following COVID-19 testing guidance:

- Recommends intake testing in correctional and detention facilities be considered an Enhanced Prevention Strategy. Previous versions of this guidance document recommended intake testing as a Strategy for Everyday Operations.
- Test residents and staff who have been exposed or who are symptomatic, in accordance with CDC testing guidance.
- If testing staff on-site is not feasible (e.g., due to employment policy or availability of testing supplies), advise staff who have been exposed or who are symptomatic to seek testing offsite.
- Enhanced strategy: Consult with the state, local, tribal, or territorial health department (or equivalent) about whether to implement routine screening testing of residents and/or staff if there are concerns about the population being at especially high risk for severe illness from COVID-19. Routine testing can help identify infections early, which is especially important for people who are eligible for treatment.
- Test residents and staff who have been exposed at least five full days after exposure (or sooner, if they develop symptoms) and require them to wear a mask while indoors for 10 full days after exposure, regardless of vaccination status.

- Testing – Serial testing may be used during cohorted quarantine. Within quarantine cohorts, serial testing every 3-7 days can identify new cases early. If new cases are identified in the cohort, the quarantine period should restart. Serial testing can be used for all residents in a cohort, or prioritized for people who are more likely to get very sick from COVID-19 to identify infections early and assess them for treatment promptly.
- Testing at Intake (Enhanced Prevention Strategy) - An additional enhanced prevention strategy in this setting is to consider testing all new residents entering correctional and detention facilities at intake. As an alternative to intake testing, facilities can use a routine observation period at intake, during which residents are housed separately from the rest of the facility's population. The duration of the observation period should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested. Individual housing is preferred under this strategy; if cohorting is necessary, do not add residents to an existing cohort during their observation period.
- Testing During Transfer and Release (Enhanced Prevention Strategy) - An additional enhanced prevention strategy for this setting is to consider testing residents during transfer and/or release protocols. Routine observation periods can be added during movement protocols as well, as additional enhanced prevention strategies.

In the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for April 18, 2023. The Expert notes the ACPHD guidance recommended the following COVID-19 testing:

- Dental Visits – testing/requirements (Dr. Dunne) – Per Dr. Dunne, Nick Moss, and others looked at recommendations but current recommendations are minimal and seem to beat the discretion of the facility.
- Continued routine intake screening with COVID testing and SX screening. Intake screening is initial day only, no intake quarantine unless symptoms or COVID exposure occurred.
- In periods of high COVID community transmission and/or outbreak in a Housing Unit that is dormitory style – screen testing of staff weekly for COVID, encourage mask use of all staff and residents.
- Quarantine of close contacts in shared space changed to 5 days with an initial negative COVID test and negative rapid test on day 5. Masking strongly recommended through day 10.
- Isolation of persons with infection changed to 7 days with a test on day 7 and may exit isolation on day 7 if COVID test in negative, symptoms improved, and no fever for 24 hours. Masking strongly recommended through Day 10.
- Persons who have symptoms should be tested immediately for COVID. If Flu and other respiratory virus cases in the facility, testing should occur for those other illnesses as well.

- For SRJ: Quarantine of housing units only for those that are open housing units if more than 1 person in HU infected. Response testing of all persons at least one round in 3-5 days.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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.

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 (June 2023) includes testing data for incarcerated persons (New Book, New Book Monitoring, Quarantine, RAP/TRN, RAPID/REQ, Yellow, RAP/TRNSFR. The COVID-19 Linelist also includes archived data. A review of the COVID-19 Linelist shows that a total of 5,600 COVID-19 tests have been performed at the SRJ from 1/1/23 to 6/18/23. The archived spreadsheet reflects 53,433 entries (tested/refusals). The archived spreadsheet reflects the ACSO is offering/testing the following incarcerated persons:

- Newly booked individuals within 48 hours of booking
- Offering a COVID-19 test again within five (5) days of incarceration in the Jail;
- Incarcerated persons in Yellow/Quarantine Housing;
- Symptomatic incarcerated persons;
- Incarcerated persons in RED designated housing;
- 5-day monitoring;
- Incarcerated persons exposed to COVID-19;
- Transfer;
- Program; and
- Patient Request;

During the on-site review, the Expert observed the intake nurse 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.

Recommendations:

Although the Expert finds the County in substantial compliance, County must revise the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) with updated guidance and recommendations from the ACPHD, CDPH, and CDC.

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 (10/5/22) 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 that details COVID-19 testing data for incarcerated persons housed at the SRJ. The COVID-19 Linelist (June 2023) includes testing data for incarcerated persons (New Book, New Book Monitoring,

Quarantine, RAP/TRN, RAPID/REQ, Yellow, RAP/TRNSFR. The COVID-19 Linelist also includes archived data. A review of the COVID-19 Linelist shows that a total of 5,600 COVID-19 tests have been performed at the SRJ from 1/1/23 to 6/18/23. The archived spreadsheet reflects 53,433 entries (tested/refusals). The archived spreadsheets reflect cases where incarcerated persons initially refused a COVID-19 test (during initial intake) and subsequently were offered a COVID-19 test.

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 CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities includes the following COVID-19 intake screening guidance:

- Recommends intake testing in correctional and detention facilities be considered an Enhanced Prevention Strategy. Previous versions of this guidance document recommended intake testing as a Strategy for Everyday Operations.
- Risk of severe health outcomes: Assess what portion of people in the facility are more likely to get very sick from COVID-19, for example, due to underlying health conditions, older age, pregnancy, or poor access to medical care.
- Quarantine (separating and restricting the movement of people who were exposed to a contagious disease to prevent further transmission in case they become sick) for COVID-19 is no longer recommended for the general public. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in these settings, some facilities may prefer to continue implementing quarantine protocols for residents, staff, and/or volunteers who have been exposed to someone with COVID-19. Facilities can base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.
- Considerations for facilities implementing quarantine include the following:
 - Housing – Residents who have been exposed can be quarantined individually or cohorted with others who have been exposed (cohorted quarantine). Facilities using cohorted quarantine should be aware that transmission can occur within the cohort if someone is infected. Using smaller cohort sizes can help minimize continued transmission. Once a cohort is established, additional persons exposed at different times should not be added.
 - Movement – To maintain access to programming during quarantine, facilities may choose to allow residents quarantined as a cohort to move outside of their housing space and continue daily activities as a group. Residents in quarantine should not mix with residents or staff not assigned to their cohort and should wear a mask indoors.
 - Duration – For facilities choosing to implement quarantine after a person is exposed to someone with COVID-19, a 10-day quarantine period provides the greatest protection from potential COVID-19 transmission to other residents and staff, but is disruptive to their lives and to facility operations. One option to balance these needs is to shorten the quarantine period if an exposed person tests negative after 5 days, but to continue masking indoors through day 10.
- Testing at Intake (Enhanced Prevention Strategy)

- An additional enhanced prevention strategy in this setting is to consider testing all new residents entering correctional and detention facilities at intake. As an alternative to intake testing, facilities can use a routine observation period at intake, during which residents are housed separately from the rest of the facility's population. The duration of the observation period should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested. Individual housing is preferred under this strategy; if cohorting is necessary, do not add residents to an existing cohort during their observation period.

In the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for April 18, 2023. The Expert notes the ACPHD guidance recommended the following intake screening guidance:

- Continued routine intake screening with COVID testing and SX screening. Intake screening is initial day only, no intake quarantine unless symptoms or COVID exposure occurred.
- Quarantine of close contacts in shared space changed to 5 days with an initial negative COVID test and negative rapid test on day 5. Masking strongly recommended through day 10.
- Isolation of persons with infection changed to 7 days with a test on day 7 and may exit isolation on day 7 if COVID test in negative, symptoms improved, and no fever for 24 hours. Masking strongly recommended through Day 10.
- For SRJ: Quarantine of housing units only for those that are open housing units if more than 1 person in HU infected. Response testing of all persons at least one round in 3-5 days.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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 the 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.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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 an 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 two (2) individuals. The Expert noted that Wellpath staff continue to use the Wellpath Coronavirus Supplemental Screening questions and used the criteria listed in the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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.

Newly arriving individuals are offered a COVID-19 test. If the incarcerated person refuses the COVID-19 test and is identified as having COVID-19 symptoms and they refuse a COVID-19 test, they are placed in medical observation for five (5) days. The COVID-19 Cheatsheet (6.19.23) lists HU8F and the OPHU as the dedicated observation units.

In cases where Wellpath medical staff identify a positive COVID-19 case, these cases are placed in HU8F and the OPHU.

Recommendations:

Although the Expert finds the County in substantial compliance, the County must revise the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) with updated guidance and recommendations from the ACPHD, CDPH, and CDC.

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 CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities includes the following COVID-19 medical isolation and quarantine guidance:

- Isolate staff, volunteers, and residents who test positive for COVID-19 away from other residents or away from the facility, as applicable, for 10 days since symptoms first appeared or from the date of sample collection for the positive test (if asymptomatic). If the individual has a negative viral test*, isolation can be shortened to be 7 days, as long as symptoms are improving and the individual has been fever-free for 24 hours, the individual was not hospitalized, and the individual does not have a weakened immune system. Note that the isolation period for homeless service sites and correctional and detention facilities is longer than the duration recommended for the general public because of the risk of widespread transmission in dense housing environments and the high prevalence of underlying medical conditions associated with severe COVID-19.
- If multiple residents have tested positive, they can isolate together in the same area. However, people with confirmed and suspected COVID-19 should not be housed together.
- Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.
- During crisis-level operations, such as severe shortages of staffing or space, facilities may need to consider short-term reductions to the recommended isolation period for staff and/or residents. Facilities should consult their state, local, tribal, or territorial health department (or equivalent) to discuss approaches that would meet their needs while maximizing infection control.
- Either a NAAT (molecular) or antigen test may be used to determine if isolation can be shortened to 7 days. If using a NAAT, a single test must be obtained within 48 hours prior to returning to work (for staff) or ending isolation (for residents). If

using an antigen test, two negative tests must be obtained, one no sooner than day 5 and the second 48 hours later.

- Quarantine (separating and restricting the movement of people who were exposed to a contagious disease to prevent further transmission in case they become sick) for COVID-19 is no longer recommended for the general public. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in these settings, some facilities may prefer to continue implementing quarantine protocols for residents, staff, and/or volunteers who have been exposed to someone with COVID-19. Facilities can base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.
- Facilities that choose to implement quarantine can consider a range of approaches to balance their infection control and operational needs and the mental health needs of their residents and staff. Facilities may shift between quarantine approaches to adapt to changes in disease severity and transmissibility of different SARS-CoV-2 variants, or to respond to staffing and space shortages during case surges.
- Considerations for facilities implementing quarantine include the following:
 - Housing – Residents who have been exposed can be quarantined individually or cohorted with others who have been exposed (cohorted quarantine). Facilities using cohorted quarantine should be aware that transmission can occur within the cohort if someone is infected. Using smaller cohort sizes can help minimize continued transmission. Once a cohort is established, additional persons exposed at different times should not be added.
 - Testing – Serial testing may be used during cohorted quarantine. Within quarantine cohorts, serial testing every 3-7 days can identify new cases early. If new cases are identified in the cohort, the quarantine period should restart. Serial testing can be used for all residents in a cohort, or prioritized for people who are more likely to get very sick from COVID-19 to identify infections early and assess them for treatment promptly.
 - Movement – To maintain access to programming during quarantine, facilities may choose to allow residents quarantined as a cohort to move outside of their housing space and continue daily activities as a group. Residents in quarantine should not mix with residents or staff not assigned to their cohort and should wear a mask indoors.
 - Duration – For facilities choosing to implement quarantine after a person is exposed to someone with COVID-19, a 10-day quarantine period provides the greatest protection from potential COVID-19 transmission to other residents and staff, but is disruptive to their lives and to facility operations. One option to balance these needs is to shorten the quarantine period if an

- exposed person tests negative after 5 days, but to continue masking indoors through day 10.
- Monitoring – Rather than requiring healthcare staff to check all quarantined residents for COVID-19 symptoms, facilities can prioritize symptom checks for residents more likely to get very sick from COVID-19 to identify infections early and assess treatment eligibility.
- Isolation and Quarantine Spaces
 - Because of limited individual housing spaces within many correctional and detention facilities, infected or exposed people are often placed in the same housing spaces that are used for administrative or disciplinary segregation. To encourage prompt reporting of COVID-19 symptoms and to support mental health, ensure that medical isolation and quarantine are operationally distinct from administrative or disciplinary segregation, even if the same housing spaces are used for both. For example, as much as possible, provide similar access to radio, TV, reading materials, personal property, commissary, showers, clean clothing and linens, and other resources as would be available in individuals' regular housing units.

In the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for April 18, 2023. The Expert notes the ACPHD guidance recommended the following isolation and quarantine guidance:

- Quarantine of close contacts in shared space changed to 5 days with an initial negative COVID test and negative rapid test on day 5. Masking strongly recommended through day 10.
- Isolation of persons with infection changed to 7 days with a test on day 7 and may exit isolation on day 7 if COVID test is negative, symptoms improved, and no fever for 24 hours. Masking strongly recommended through Day 10.
- For SRJ: Quarantine of housing units only for those that are open housing units if more than 1 person in HU infected. Response testing of all persons at least one round in 3-5 days.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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 (10/5/22) 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 5 days.

During the on-site review, the Expert noted that during the on-site monitoring tour, there were two (2) cases designated as RED (Isolation) and no cases designated as YELLOW (quarantine). The two designated RED cases were housed in HU8F as required.

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:

Although the Expert finds the County in substantial compliance, the County must revise the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) with updated guidance and recommendations from the ACPHD, CDPH, and CDC.

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
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:

In the previous monitoring tour report, the Expert noted that 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:

In the previous monitoring tour report, the Expert noted that 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: **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
Staff Interviews

Assessment:

The CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities includes the following COVID-19 guidance for the identification of medically vulnerable individuals:

- Risk of severe health outcomes:
 - Assess what portion of people in the facility are more likely to get very sick from COVID-19, for example, due to underlying health conditions, older age, pregnancy, or poor access to medical care.

In the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for April 18, 2023. The Expert notes the ACPHD does not provide guidance or recommendations for the housing of medically vulnerable individuals.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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."

Recommendations:

Although the Expert finds the County in substantial compliance, the County must revise the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) with updated guidance and recommendations from the ACPHD, CDPH, and CDC.

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 (10/5/22) 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.

In the previous monitoring tour report, the Expert noted that a 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 continue to be 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. This process continues and the Expert noted the "Flag Alerts" in ATIMS for incarcerated persons who are designated as 10-day observation, 5-day observation, medical isolation, COVID-19 recovered, COVID-19 vaccine, full COVID-19 vaccinated, orange medical, partial COVID-19 vaccinated, purple medical, red medical, and yellow medical.

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 (10/5/22) 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."

During the previous monitoring tour, 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 a 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 reported that this information is available on the tablets, and the incarcerated persons are able to change the font and expand the screen on all the 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.

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 (10/5/22) 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 (6.19.23) – Identifies all housing unit's color code designations (Red, Dark Red).
- COVID-19 Linelist (June 2023) – location of origin, current location, PFN, name, age, date of onset of symptoms, date of COVID-19 testing, results of COVID-19 testing, fully COVID-19 vaccinated Y/N, due date of serial test #1, results of serial testing 1, due date for serial test #2, results of serial testing 2, temp > 100.4, cough, shortness of breath, other, COVID-19 case, and contact with person under investigation (PUI) or suspect.

The Expert notes the "comments" and "additional notes" columns of the COVID-19 Linelist include archived/historical information of COVID-19 cases, 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.

The Expert also notes that the ACSO website has a link to the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22), which has not been updated with the ACPHD, CDPH, and CDC guidance.

Recommendations:

Although the Expert finds the County in substantial compliance, the County should ensure the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) posted on the ACSO website is updated with the current guidance and recommendations from the ACPHD, CDPH, and CDC.

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 Flyer
Staff Interviews

Assessment:

The CDC Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities includes the following COVID-19 COVID-19 vaccination guidance:

- Support Staff and Residents to Stay Up to Date with COVID-19 Vaccines
 - Encourage and enable staff, volunteers, and residents to stay up to date on COVID-19 vaccination. Where possible, offer the vaccine on-site and support peer outreach to promote vaccination.

In the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for April 18, 2023. The Expert notes the ACPHD does not provide guidance or recommendations for the vaccination of staff.

- Vaccination for staff (Dr. Dunne) – Covered by the state policy until 4/3 (it goes away then), if a medical provider then covered by the CMS rule (the rule is linked in the state rescission order effective 4/3). Order of the State Public Health Officer Correctional Facilities and Detention Centers Health Care Worker Vaccination Order

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) 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 (10/5/22) 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 July 21, 2023:

- Fully Vaccinated 1,670
- Fully Vaccinated in Custody 254
- Partially Vaccinated 3,316
- Partially Vaccinated in Custody 443
- Boosters 1,739
- Boosters in Custody 584
- BIVALENT Boosters 492
- BIVALANT Boosters in Custody 264

The ACSO/Wellpath also maintains a COVID-19 Vaccination Tracking Log (6.19.23) with details of COVID-19 vaccinations (Moderna, Janssen, and Pfizer) for incarcerated persons. The spreadsheet reflects the following:

- Moderna
 - 1st Dose – 1,961
 - 2nd Dose – 1,749
 - Booster – 797
- Janssen
 - 1st Dose – 1,216
 - Booster – 94
- Pfizer
 - 1st Dose – 1,566
 - 2nd Dose – 1,314
 - Booster – 593

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 did not provide the Expert with updated staff vaccination data. In the previous monitoring tour report, the following vaccination data was noted 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 the previous monitoring tour report, the Expert noted that 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 4/18/23, the Expert notes that during the meeting, a discussion of potential support needs addresses the following:

- ACPHD will still be available for vaccination support in SRJ. Meeting to be scheduled to review recommendations and updates with Wellpath and the vaccination unit.

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.

Recommendations:

Continue working with ACPHD and encouraging staff and incarcerated persons who have not been vaccinated to receive the COVID-19 vaccines, including boosters.

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 (10/5/22) 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 June 2023)
 - Influenza line list
 - The ACSO/Wellpath maintains an Influenza Line List of all incarcerated person Influenza cases (Copy of Line List June 2023)

- Staff Line list
- Communication requirements
 - COVID-19 cases
 - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed 6/19/23 email distribution list produced by Wellpath)
 - Units/pods being quarantined.
 - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed 6/19/23 email distribution list produced by Wellpath)
 - Distribution of line lists
 - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed 6/19/23 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 4/18/23)
 - Communication with ACPHD (including distribution of line lists)
 - The ACSO/Wellpath communicates with ACPHD, including distribution of COVID-19 Line Lists (reviewed sample 6/19/23 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 6/19/23 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 6/19/23)
 - 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
- 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
- COVID-19 incarcerated person monitoring protocol
- Management of incarcerated person workers during quarantine
- Programs/Visiting/Attorney Visits
- Weekenders
- Transfers during quarantine
- Release/discharge planning

Recommendations:

Although the Expert finds the County in substantial compliance, the County must revise the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan (10/5/22) with updated guidance and recommendations from the ACPHD, CDPH, and CDC.

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 the 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: **Substantial Compliance**

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

Training No training requirements

Metrics Staff interviews

Assessment:

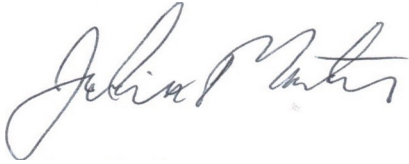
Based on guidance from the ACPHD, newly arriving individuals are no longer placed in dedicated quarantine housing units. The only cases that are placed in dedicated observation/isolation housing units are the incarcerated persons who refuse to be tested and who exhibit COVID-19 symptoms or those who test positive. In a review of the COVID Numbers spreadsheet 6.19.23, the Expert notes 30 cases that were identified as positive during intake.

Recommendations:

Although the Expert finds the County in substantial compliance, the County should also continue to offer the maximum amount of out-of-cell time consistent with evolving public health guidance for the incarcerated persons to shower and exercise. The County should also continue to provide the incarcerated persons with tablets as soon as possible upon placement in an intake observation/isolation housing status 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

A handwritten signature in black ink, appearing to read "Julian Martinez", is written over a horizontal line.

Julian Martinez
Director
Sabot Consulting

October 25, 2023

Date