



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

**Babu v. Ahern
Consent Decree Fifth Status Report
Case No. 5:18-cv-07677-NC
On-Site Review: August 12-14, 2024**

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Submitted:
December 10, 2024

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Cover Letter

This document serves as an introduction to the attached report regarding the fifth 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 Sabot Consulting to monitor and rate. Sabot Consulting has sought feedback from the Joint Experts as Sabot Consulting prepared this report and provided feedback to the other Joint Experts on their individual reports.

This fifth monitoring report is based on document and data review, on-site touring, and interviews with staff and incarcerated persons. Prior to and subsequent to conducting the tour, I reviewed policies, station orders, the Santa Rita Jail Respiratory Guidance (July 16, 2024)¹, and various documents that were requested and produced by the County.

The team of court-appointed Experts conducted the on-site tour of the SRJ on August 12-14, 2024. The on-site monitoring tour included walking through areas of the Jail, interviewing staff and class members, 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 fourth monitoring report, the Expert recommended the following:

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

¹ The Santa Rita Jail Respiratory Guidance (July 16, 2024) sets forth guidance on all respiratory viruses, including COVID-19. The Consent Decree recognizes that the Outbreak Control Plan was the operative and controlling document specific to Defendants' COVID-19 response, and only required Defendants' compliance with the Outbreak Control Plan for the duration of the pandemic. (Provision 114.)

The Expert notes that since the last monitoring tour, the Centers for Disease Control and Prevention (CDC) archived the Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities on 6/28/23.² The Expert notes that the CDC offers separate, specific guidance for healthcare settings (COVID-19, flu, and general infection prevention and control). The CDC Infection Control Guidance: SARS-CoV-2³ states, “This guidance applies to all U.S. settings where healthcare is delivered, including nursing homes and home health. The recommendations in this guidance continue to apply after the expiration of the federal COVID-19 Public Health Emergency.”

The CDC recommends:

1. “Recommended routine infection prevention and control (IPC) practices during the COVID-19 pandemic.

Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses.

- Encourage everyone to remain up to date with all recommended COVID-19 vaccine doses.
- Establish a Process to Identify and Manage Individuals with Suspected or Confirmed SARS-CoV-2 Infection
- Ensure everyone is aware of recommended IPC practices in the facility.
- Establish a process to make everyone entering the facility aware of recommended actions to prevent transmission to others if they have any of the following three criteria:
 - A positive viral test for SARS-CoV-2
 - Symptoms of COVID-19, or
 - Close contact with someone with SARS-CoV-2 infection (for patients and visitors) or a higher-risk exposure (for healthcare personnel (HCP)).
- Implement Source Control Measures
- Implement Universal Use of Personal Protective Equipment for HCP
- Optimize the Use of Engineering Controls and Indoor Air Quality
- Perform SARS-CoV-2 Viral Testing
- Create a Process to Respond to SARS-CoV-2 Exposures Among HCP and Others

2. Recommended infection prevention and control (IPC) practices when caring for a patient with suspected or confirmed SARS-CoV-2 infection
 - Patient Placement

²<https://archive.cdc.gov/#/results?q=Guidance%20on%20Management%20of%20COVID-19%20in%20Homeless%20Service%20Sites%20and%20in%20Correctional%20and%20>

³ https://www.cdc.gov/covid/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

- Personal Protective Equipment
- Aerosol-Generating Procedures (AGPs)
- Visitation
- Duration of Transmission-Based Precautions for Patients with SARS-CoV-2 Infection
- Criteria for the test-based strategy
- Patients who are symptomatic:
- Patients who are not symptomatic:
- Environmental Infection Control Appendix
- Considerations for Implementing Broader Use of Masking in Healthcare Settings
- When to Implement Broader Use of Masking
- Metrics for Community Respiratory Virus Transmission”

Additionally, the Expert notes that the California Department of Public Health (CDPH) guidance for COVID-19 webpage states, “This Guidance is no longer in effect and is for historical purposes only. For more information see the Respiratory Viruses page. When sick visit the CDC Preventing Spread of Respiratory Viruses When You’re Sick.”⁴

The CDC’s “Preventing Spread of Respiratory Viruses When You’re Sick”⁵ includes recommendations for:

- “Taking steps to prevent the spread of respiratory viruses when you are sick is a core prevention strategy to lower risk from respiratory viruses.
 - Stay home and away from others (including people you live with who are not sick) if you have respiratory virus symptoms that aren't better explained by another cause. These symptoms can include fever, chills, fatigue, cough, runny nose, and headache, among others.
 - You can go back to your normal activities when, for at least 24 hours, both are true:
 - Your symptoms are getting better overall, and
 - You have not had a fever (and are not using fever-reducing medication)
 - Consider using additional prevention tools, such as taking steps for cleaner air, being diligent about hygiene, and using masks when you're home sick to protect others in your home. This can be especially helpful if you do not have space at home to stay entirely away from others.
 - Monitor your symptoms. If you have an emergency warning sign (like trouble breathing or chest pain), seek emergency medical care immediately.
- Core prevention strategies are important steps you can take to protect yourself and others from respiratory viruses.

⁴ www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/COVID-19-Isolation-Guidance.aspx

⁵ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

- Wearing a mask is an additional prevention strategy that you can choose to further protect yourself and others.
- Additional prevention steps and strategies can be layered on to further protect yourself and others.
- Testing is an additional prevention strategy that you can choose to assist in making decisions to further protect yourself and others.
- Treatment is a core prevention strategy to lower risk from respiratory viruses.
- Core prevention strategies are important steps you can take to protect yourself and others from respiratory viruses.”

The Alameda County Public Health Department (ACPHD) COVID-19 website ⁶ states,

- “COVID-19 wastewater levels have risen in Alameda County and other parts of the Bay Area. Now’s a good time to review the strategies below for preventing COVID-19 infection.
- COVID-19 poses the greatest risk for severe disease to those over 65 years of age and persons with certain health issues, including pregnancy. But, anyone who gets COVID-19 can develop long COVID.
 - We encourage everyone to stay up-to-date on vaccination, stay home and test for COVID-19 when sick, and seek treatment if testing positive. Information on antigen and PCR testing can be found here.
 - Alameda County has no masking requirements for the general public at this time and continues to align with state COVID-19 masking guidance.
 - For added protection, consider masking in any indoor public setting, especially if you are at higher risk for severe disease (over 65 years of age and/or persons with certain health conditions).
- The CDC recommends that EVERYONE ages 6 months and older get an updated COVID-19 vaccine at least 2 months after their last dose. Novavax is only authorized for persons 12+.
- Most persons who have never been vaccinated only need one dose of Pfizer/Moderna COVID-19 vaccine or 2 doses of Novavax to be considered up to date.
- The CDC now recommends that everyone 65 and older get a second dose of the updated COVID-19 vaccine at least 4 months after their last dose.
- Children 6 months to 4 years of age who have never been vaccinated are still recommended to get either 2 or 3 doses COVID-19 vaccine.”

The Expert notes that since the last monitoring tour, the County implemented the Santa Rita Jail Respiratory Guidance (July 16, 2024). The Expert also notes that the Santa Rita Respiratory Guidance (July 16, 2024) is posted and available on the Alameda County Sheriff’s website. The Santa Rita Jail Respiratory Guidance (July 16, 2024) aligns with the CDC, CDPH and ACPHD recommendations.

⁶ <https://covid-19.acgov.org/index.page>

The Expert notes the Santa Rita Jail Respiratory Guidance includes detailed information specific to COVID-19 in the following sections:

- Reporting Guidelines
- Outbreak Definitions
 - Close contact
 - COVID-1
 - Influenza:
 - Outbreak Communication
- Prevention
 - Environmental Control
 - Ventilation
 - Disinfection
 - Intake and Facility Screening
- Continual Vaccination Effort
 - Health Education for Vaccinations:
 - Vaccination Availability
 - Education and Prioritization for Vulnerable Population
- Masking and PPE
- Mitigation
 - Medical Isolation Areas
- Communication of Positive Cases
- Monitoring and Testing of Incarcerated Individuals
- Color Coding System and Alerts:
- Treatment of Respiratory Viruses
 - Medical Isolation
 - Monitoring of Patients
 - Influenza Prophylaxis
 - Antiviral Treatment for the Incarcerated Person

Overall Recommendation:

Based on the facts that the COVID-19 pandemic is now in the endemic phase, the CDC CDC's statement declaring the end the COVID-19 Public Health Emergency on May 11, 2023, Governor Gavin Newsom's February 28, 2023, proclamation terminating California's COVID-19 State of Emergency, as well as the County's compliance with the Consent Decree COVID-19 provisions, as reflected in the Joint Expert's monitoring report, the Joint Expert recommends termination of the *Babu v. County of Alameda* Consent Decree COVID-19 provisions: 100-114 and 416.

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”)	SC
101. Masks, Personal Protective Equipment, Personal Hygiene, and Cleaning	SC
102. Testing	SC
103. Additional opportunities to complete a test for individuals who initially refuse testing	SC
104. Intake Procedures	SC
105. Medical Isolation and Quarantine	SC
106. Temperature and symptom screens for staff, contractors, and visitors	SC
107. Prohibit staff, contractors, or visitors displaying symptoms or who have had contact, or who have disclosed close contact with confirmed COVID-19 cases, inside or outside of the Jail, from entering the Jail	SC
108. Provide for housing of medically vulnerable individuals in a manner that limits the risk of COVID-19 spread to these individuals to the extent possible.	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 = 15 Partial Compliance = 0 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: **Substantial Compliance**

Policies: Santa Rita Jail Respiratory Guidance (July 16, 2024)

Training No training requirements

Metrics

1. Reviewed the Santa Rita Jail Respiratory Guidance (July 16, 2024).
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 archived Guidance on Management of COVID-19 Homeless Service Sites and in Correctional and Detention Facilities

Assessment:

ACSO/Wellpath has measures in place to prevent and mitigate the spread of Respiratory Viruses including COVID-19. The measures detailed in the Santa Rita Jail Respiratory Guidance (July 16, 2024) align with the Alameda County Public Health Department (ACPHD), the California Department of Public Health (CDPH), and the Centers for Disease Control and Prevention (CDC).

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states, "Practical guidance available for the prevention, mitigation, and treatment of respiratory viruses in order to

lower the risk of poor outcomes in the correctional setting. This document is intended to be broadly encompassing and adaptable to allow for best process implementation including seasonal viruses (i.e., influenza, RSV) and addressing periods of outbreaks for viruses that may affect the population throughout the year (i.e., COVID-19). The key aspect to an effective mitigation plan is it offers flexibility and adaptability that is guided by evidence, and therefore this document is considered fluid and may be updated based on changing guidelines by CDC, CDPH and the Alameda County Public Health Department (ACPHD).”

Recommendations:

No recommendations

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 The Santa Rita Jail Respiratory Guidance (July 16, 2024)
Memorandum March 1, 2023, Updated COVID-19 Masking 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:

The Joint Expert notes the ACPHD website states, “Alameda County has no masking requirements for the general public at this time and continues to align with state COVID-19 masking guidance.” The Joint Expert notes the CDPH website states, “This Guidance is no longer in effect and is for historical purposes only. For more information see the Respiratory Viruses page. When sick, visit the CDC Preventing Spread of Respiratory Viruses When You’re Sick.” Although not mandated in non-medical areas, the CDC website states, “Wearing a mask is an additional prevention strategy that you can choose to further protect yourself and others.”

In the Infection Control Guidance: SARS-CoV-2 the CDC recommends the following:

“Implement Universal Use of Personal Protective Equipment for HCP

If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).

As SARS-CoV-2 transmission in the community increases, the potential for encountering asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection also likely increases. In these circumstances, healthcare facilities should consider implementing broader use of respirators and eye protection by HCP during patient care encounters as described below.

NIOSH Approved particulate respirators with N95 filters or higher used for:

- All aerosol-generating procedures (refer to Which procedures are considered aerosol-generating procedures in healthcare settings?)⁷.
 - All surgical procedures that might pose higher risk for transmission if the patient has SARS-CoV-2 infection (e.g., that generate potentially infectious aerosols or involving anatomic regions where viral loads might be higher, such as the nose and throat, oropharynx, respiratory tract).
 - NIOSH Approved particulate respirators with N95 filters or higher can also be used by HCP working in other situations where additional risk factors for transmission are present, such as when the patient is unable to use source control and the area is poorly ventilated. They may also be considered if healthcare-associated SARS-CoV-2 transmission is identified and universal respirator use by HCP working in affected areas is not already in place.
 - To simplify implementation, facilities in counties with higher levels of SARS-CoV-2 transmission may consider implementing universal use of NIOSH Approved particulate respirators with N95 filters or higher for HCP during all

⁷ https://www.cdc.gov/covid/hcp/infection-control/index.html#cdc_infection_control_comm_que-frequently-asked-questions

patient care encounters or in specific units or areas of the facility at higher risk for SARS-CoV-2 transmission.

- Eye protection (i.e., goggles or a face shield that covers the front and sides of the face) worn during all patient encounters.

The Memorandum dated March 1, 2023, Updated COVID-19 Masking Protocols at Santa Rita Jail states, “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’s “Preventing Spread of Respiratory Viruses When You’re Sick”⁸ states:

“Consider using additional prevention tools, such as taking steps for cleaner air, being diligent about hygiene, and using masks when you’re home sick to protect others in your home. This can be especially helpful if you do not have space at home to stay entirely away from others.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states,

“Environmental Control

Ventilation: Ensuring areas are well-ventilated and include access to good air circulation is an important aspect of the environmental control of respiratory viruses. Staff working in enclosed areas should have access to masks throughout the year.

Disinfection: High-touch surfaces in common areas (both inmate and staff areas) should be wiped with antiseptic wipes several times each day. Staff should be encouraged to clean shared equipment (radios, keys, blood pressure cuffs, etc.) several times per day and at the end of each shift.

Soap or hand disinfectant should be made available to all inmates, and proper hand hygiene should be encouraged.

Masking and PPE

Universal masking is recommended to all staff and residents, regardless of vaccination status and local COVID-19 wastewater level, when any healthcare is being provided. *Universal masking is required in all clinical isolation areas.* Masks should be readily on hand and available to the incarcerated population and staff of the facility.

Masks are a useful prevention tool in this setting, especially during times of increased respiratory virus transmission in the community or during an outbreak. Masking of patients

⁸ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

identified with medical vulnerabilities should be encouraged and made available upon patient request throughout their incarceration. The CDC recommends that all persons who test positive for COVID-19 or who are ill with a respiratory virus wear a mask for 5 days when around others in indoor settings. High quality, well-fitting face masks will be clean, undamaged, and worn over the nose and mouth.

The following exceptions may apply:

- Employees who cannot wear face coverings due to a medical or mental health condition or disability, or who are hearing-impaired or communicating with a hearing-impaired person. Such employees shall wear an effective non-restrictive alternative, such as a face shield with a drape on the bottom, if the condition or disability permits it.
- During specific tasks which cannot feasibly be performed with a face covering. This exception is limited to the time period in which such tasks are actually being performed.”

Staff interviewed reported that contractors and staff who are assigned to the OPHU are required to wear a facial covering when providing patient care. The Joint Expert toured the OPHU and noted that all staff in the OPHU had access to PPE.

The Expert also noted that staff in the Housing Unit where the two (2) incarcerated persons who were coded Red (Housing Unit X) were housed had access to PPE (masks and gloves) and staff reported that staff and the incarcerated person are required to use PPE. In addition, during the tour of the Intake, Transfer and Release area, the Joint Expert noted that face masks were available for staff and incarcerated persons.

Recommendations:

No recommendations

102 - Testing

Defendants shall provide COVID-19 tests to all:

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

Finding: **Substantial Compliance****Policies** The Santa Rita Jail Respiratory Guidance (July 16, 2024)**Training** No training requirements**Metrics** 1. On-site observations of the intake screening process
 2. Reviewed COVID-19 Line List
 3. Staff Interviews**Assessment:**

The CDC's "Preventing Spread of Respiratory Viruses When You're Sick"⁹ states:

"Testing for respiratory viruses can help you decide what to do next, like getting treatment to reduce your risk of severe illness and taking steps to lower your chances of spreading a virus to others. There are various types of tests for respiratory virus infections. Antigen tests ("self-tests" or "rapid tests") usually return results quickly (around 15 minutes). Nucleic acid amplification tests (NAATs), which include polymerase chain reaction (PCR) tests, are normally conducted by a healthcare provider. Although antigen tests are usually faster, they are not as good at detecting viruses as NAATs. This means that you might get a negative result with an antigen test, but actually be infected with the virus.

Tests can help you find out if you are currently infected with a certain respiratory virus. While testing doesn't change how likely you are to catch or spread respiratory viruses, or how severe your illness might be, it can provide useful information to help you make prevention or treatment choices.

Plan in advance of any illness so you can be ready to get tested quickly, particularly if you are someone who could benefit from treatment for respiratory viruses.

Antigen tests can be used for screening before gathering with others, especially to help protect people in your life who have risk factors for severe illness. However, false negatives are possible; false positives are uncommon."

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states,

"Intake and Facility Screening:

All patients who present in the intake process with any symptom consistent with respiratory illness (e.g. fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), should be offered available rapid antigen testing (e.g.

⁹ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

COVID-only, COVID + influenza, etc.) and consequent medical isolation in positive cases. All patients who become symptomatic during their incarceration should be rapidly triaged and offered testing as above to allow for timely medical isolation to help mitigate further cases of infection.

Monitoring and Testing of Incarcerated Individuals

All symptomatic patients arriving to ITR will be offered testing for circulating respiratory viruses. For the remainder of their incarceration, testing will be available in the same manner for persons developing symptoms at any later time. Positive cases will be referred to medical isolation.

For individuals who present with symptoms and refuse to be tested, medical provider evaluation will be required, and the incarcerated person may be medically isolated until they are evaluated by the provider.

Asymptomatic exposed residents, in both dormitory style and non-dormitory style housing units, should be tested at least 5 days from their last exposure. Asymptomatic exposed staff should test within 5 days from their last exposure and prior to work. If symptoms develop before 5 days, test immediately.

A group-level (e.g., unit or other specific area(s) of the facility) approach can be used if the outbreak is not controlled using the contact tracing approach. Test residents in the affected unit(s) twice weekly until there are no new cases for 14 days.

Testing asymptomatic persons exposed to influenza is NOT recommended. Instead, conduct active daily symptom monitoring in these persons for 5 days.”

During the on-site review, the Expert observed that the intake nurse had access to COVID-19 Rapid Tests to use on symptomatic new arrivals. Additionally, the Joint Expert noted that the COVID team also uses the tracking list to identify and offer/administer the 5-day re-test in the isolation housing units.

Recommendations:

No recommendations

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

Finding: **Substantial Compliance**

Policies The Santa Rita Jail Respiratory Guidance (July 16, 2024)
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 Respiratory Guidance (July 16, 2024) states:

"All symptomatic patients arriving to ITR will be offered testing for circulating respiratory viruses. For the remainder of their incarceration, testing will be available in the same manner for persons developing symptoms at any later time. Positive cases will be referred to medical isolation.

For individuals who present with symptoms and refuse to be tested, medical provider evaluation will be required, and the incarcerated person may be medically isolated until they are evaluated by the provider.

Asymptomatic exposed residents, in both dormitory style and non-dormitory style housing units, should be tested at least 5 days from their last exposure. Asymptomatic exposed staff should test within 5 days from their last exposure and prior to work. If symptoms develop before 5 days, test immediately.

A group-level (e.g., unit or other specific area(s) of the facility) approach can be used if the outbreak is not controlled using the contact tracing approach. Test residents in the affected unit(s) twice weekly until there are no new cases for 14 days.

Testing asymptomatic persons exposed to influenza is NOT recommended. Instead, conduct active daily symptom monitoring in these persons for 5 days."

The ACSO/Wellpath continue to maintain a COVID-19 Linelist that details COVID-19 testing data for incarcerated persons housed at the SRJ. The Archive Data for Linelist June 1, 2024, to August 2024 includes testing data for incarcerated persons. A review of the Archive Linelist shows that a total of 1,843 COVID-19 tests were offered/performed at the SRJ from June 1, 2024, to August 2024. The Archive Linelist reflects 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 The Santa Rita Jail Respiratory Guidance (July 16, 2024)

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's "Preventing Spread of Respiratory Viruses When You're Sick"¹⁰ states,

"Testing for respiratory viruses can help you decide what to do next, like getting treatment to reduce your risk of severe illness and taking steps to lower your chances of spreading a virus to others. There are various types of tests for respiratory virus infections. Antigen tests ("self-tests" or "rapid tests") usually return results quickly (around 15 minutes). Nucleic acid amplification tests (NAATs), which include polymerase chain reaction (PCR) tests, are normally conducted by a healthcare provider. Although antigen tests are usually faster, they are not as good at detecting viruses as NAATs. This means that you might get a negative result with an antigen test, but actually be infected with the virus.

¹⁰ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

Tests can help you find out if you are currently infected with a certain respiratory virus. While testing doesn't change how likely you are to catch or spread respiratory viruses, or how severe your illness might be, it can provide useful information to help you make prevention or treatment choices.

Plan in advance of any illness so you can be ready to get tested quickly, particularly if you are someone who could benefit from treatment for respiratory viruses.

Antigen tests can be used for screening before gathering with others, especially to help protect people in your life who have risk factors for severe illness. However, false negatives are possible; false positives are uncommon.

Key times for prevention

All of the prevention strategies described in this guidance can be helpful to reduce risk. They are especially helpful when:

- Respiratory viruses are causing a lot of illness in your community.
- You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering.
- You or the people around you have risk factors for severe illness.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states “Intake and Facility Screening: All patients who present in the intake process with any symptom consistent with respiratory illness (e.g. fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), should be offered available rapid antigen testing (e.g. COVID-only, COVID + influenza, etc.) and consequent medical isolation in positive cases. All patients who become symptomatic during their incarceration should be rapidly triaged and offered testing as above to allow for timely medical isolation to help mitigate further cases of infection.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states, "Mitigation Medical Isolation Areas: The facility will predetermine medical isolation areas so that timely movement of positive cases can occur to remove them from their current housing area.

Communication of Positive Cases: Facility communication will occur allowing for clear identification that a positive case has occurred and the disposition area of the case. The daily cheat sheet will determine if an area of the jail is being used to house a known positive case of a respiratory virus. Email correspondence will include key parties to facilitate the movement of the patient timely and efficiently.

Communication of all positive staff and resident cases to ACPHD will occur within 24 hours via SPOT, and internally via the daily reporting email that is sent to the facility email distribution list.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states, “Medical Isolation: Medical Isolation will be initiated for symptomatic individuals who test positive for respiratory illness and also for those symptomatic individuals who refuse to be tested. Medical isolation will continue until the patient is cleared by the clinician. For the patients who refuse to be tested, the clinician will determine disposition based on the presentation of symptoms and risk factors for transmission. For those individuals who test positive, the clinician will discontinue isolation when a patient has had an improvement of symptoms and is without a fever for a 24-hour period during a time when no fever reducing medicine is utilized.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states, “If asymptomatic, COVID-positive persons refuse to wear a mask for 5 days, consideration should be given to protecting medically-vulnerable residents and staff in that unit through strategies such as offering high-quality masks.”

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 who 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 Respiratory Guidance (July 16, 2024).

During the onsite monitoring tour, the Expert observed the intake screening process for one (1) individual. The Expert noted that Wellpath staff continue to use the Wellpath Coronavirus Supplemental Screening questions and used the criteria listed in the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) to identify individuals that have increased risk for COVID-19. In cases where an arrestee is identified with concerning symptoms or a 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 (8.20.24) lists HU X and the OPHU as the dedicated isolation/observation units.

In cases where Wellpath medical staff identify a positive COVID-19 case, these cases are placed in HU X (males) and/or the OPHU (females).

Recommendations:

No recommendations

105 - Medical Isolation and Quarantine

Defendants shall:

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

Finding: Substantial Compliance

Policies The Santa Rita Jail Respiratory Guidance (July 16, 2024)

Training No training requirements

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

Assessment:

The CDC's "Preventing Spread of Respiratory Viruses When You're Sick"¹¹ states,

"Putting physical distance between yourself and others can help lower the risk of spreading a respiratory virus. There is no single number that defines a "safe" distance, since spread of viruses can depend on many factors.

How it works

- Generally, infectious droplets and particles build up closer to the person who is releasing them. The closer you are to someone who has a respiratory virus, the more likely you are to catch it.

Steps you can take

- Individuals can
 - Avoid being near someone who has respiratory virus symptoms.

¹¹ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

- Avoid crowded areas where you may be unable to maintain physical distance.

The CDC Infection Control Guidance: SARS-CoV-2¹², which applies to all U.S. settings where healthcare is delivered, including nursing homes and home health states,

“Place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom.

If cohorting, only patients with the same respiratory pathogen should be housed in the same room. MDRO colonization status and/or presence of other communicable disease should also be taken into consideration during the cohorting process.

Facilities could consider designating entire units within the facility, with dedicated HCP, to care for patients with SARS-CoV-2 infection when the number of patients with SARS-CoV-2 infection is high. Dedicated means that HCP are assigned to care only for these patients during their shifts. Dedicated units and/or HCP might not be feasible due to staffing crises or a small number of patients with SARS-CoV-2 infection.

Limit transport and movement of the patient outside of the room to medically essential purposes.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states, “Intake and Facility Screening: All patients who present in the intake process with any symptom consistent with respiratory illness (e.g. fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, or smell, sore throat, congestion or runny nose, nausea or vomiting, and diarrhea), should be offered available rapid antigen testing (e.g. COVID-only, COVID + influenza, etc.) and consequent medical isolation in positive cases. All patients who become symptomatic during their incarceration should be rapidly triaged and offered testing as above to allow for timely medical isolation to help mitigate further cases of infection.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states, “For individuals who present with symptoms and refuse to be tested, medical provider evaluation will be required, and the incarcerated person may be medically isolated until they are evaluated by the provider.

Medical Isolation Areas:

¹² https://www.cdc.gov/covid/hcp/infection-control/?CDC_AAref_Val=https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html

The facility will predetermine medical isolation areas so that timely movement of positive cases can occur to remove them from their current housing area.

Medical Isolation: Medical Isolation will be initiated for symptomatic individuals who test positive for respiratory illness and also for those symptomatic individuals who refuse to be tested. Medical isolation will continue until the patient is cleared by the clinician. For the patients who refuse to be tested, the clinician will determine disposition based on the presentation of symptoms and risk factors for transmission. For those individuals who test positive, the clinician will discontinue isolation when a patient has had an improvement of symptoms and is without a fever for a 24-hour period during a time when no fever reducing medicine is utilized.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) includes the following COVID-19 Color Coding System and Alerts:

	REQUIREMENT	ATIM ALERT ASSIGNMENT
RED medical alert	Symptomatic patient(s) with suspected respiratory virus infection who refuse to be tested	The responsible nurse who is performing the assessment.
DARK RED medical alert	Symptomatic or Asymptomatic patient(s) with positive COVID-19 test	The Line list team or the charge nurse.
PURPLE medical alert	Symptomatic patient(s) with positive Influenza test	The responsible nurse who is performing the assessment.
ORANGE medical alert	Asymptomatic patient(s) who are currently healthy but have an increased risk for worse outcomes from a COVID-19, RSV or Influenza infection.	ITR Intake RN or the responsible nurse who is performing the assessment.
GREEN medical alert	Asymptomatic patient(s) who are currently healthy.	ITR Intake RN or the responsible nurse who is performing the assessment.

The Expert notes that the ACSO has identified designated housing units for cases identified as RED and DARK RED.

During the onsite review, the Expert noted that there were two cases designated as RED and no cases designated as Dark Red.

The ACSO is housing incarcerated persons in quarantine and isolation housing units consistent with the Santa Rita Jail Respiratory Guidance (July 16, 2024).

Recommendations:

No recommendations

Miscellaneous

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

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

Finding: **Substantial Compliance**

Policies Santa Rita Jail Respiratory Guidance (July 16, 2024)

Training No training requirements

Metrics Observation of the staff/visitor entrance process

Assessment:

In a 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 onsite 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 Respiratory Guidance (July 16, 2024)

Training No training requirements

Metrics Observation of the staff/visitor entrance process

Assessment:

In a 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."

During the onsite 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 Respiratory Guidance (July 16, 2024)

Training No training requirements

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

Assessment:

The CDC's "Preventing Spread of Respiratory Viruses When You're Sick"¹³ states,

"Key times for prevention

All of the prevention strategies described in this guidance can be helpful to reduce risk. They are especially helpful when:

Respiratory viruses are causing a lot of illness in your community.

You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering.

You or the people around you have risk factors for severe illness.

Many factors can make it more likely for someone to become very sick from a respiratory virus. In addition to this guidance, there are several specific considerations for people with certain risk factors for severe illness (young children, older adults, people with weakened immune systems, people who are pregnant, and people with disabilities).

You may not be aware of the things that can make others more vulnerable to serious illness. Using the core prevention strategies will provide a degree of protection regardless. If you are unsure about the health condition or risk status of those around you, the most protective option is choosing to use additional prevention strategies, like masking, physical distancing, and testing."

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states,

¹³ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

“ORANGE medical specifications (High risk for moderate to severe disease when diagnosed with COVID-19 or Influenza infection):

- 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
- Severe Obesity (BMI of 40 or above)
- Atopic conditions, such as atopic dermatitis or allergic rhinitis who have a risk for hospitalization for COVID (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: heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension
- Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis),
- Immunocompromised: 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)
- Mood disorders including Bipolar affective disorder, depression, and schizophrenia.”

The ACSO identifies medically vulnerable individuals and houses them based on their classification and medical needs.

Recommendations:

No recommendations

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 Respiratory Guidance (July 16, 2024)

Training No training requirements

Metrics Reviewed ATIMS Reports

Assessment:

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states, “Communication of Positive Cases: Facility communication will occur allowing for clear identification that a positive case has occurred and the disposition area of the case. The daily cheat sheet will determine if an area of the jail is being used to house a known positive case of a respiratory virus. Email correspondence will include key parties to facilitate the movement of the patient timely and efficiently.”

In a 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. The Expert notes there have been no modifications to this process. Additionally, the Expert noted the "Flag Alerts" in ATIMS for incarcerated persons who are designated as Dark Red Medical, Medical Isolation, COVID-19 Recovered, COVID-19 Vaccine, Full COVID-19 Vaccinated, Green Medical, Orange Medical and Partial COVID-19 Vaccinated are in place.

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 Respiratory Guidance (July 16, 2024)

Training No training requirements

Metrics Reviewed Protect Against COVID-19 (CDC)
Reviewed How Protein Subunit COVID-19 Vaccines Work (CDC)
It's Not Too Late – Get Vaccinated
Stay Up to Date With Your COVID-19 Vaccine
Reviewed the COVID-19 educational material on the tablets

Assessment:

The Santa Rita Jail Respiratory Guidance (July 16, 2024) states

“Health Education for Vaccinations: Educational material will be available to the incarcerated population that will provide them information about common respiratory viruses such as COVID-19, influenza and RSV. Specific education shall be provided in ITR that addresses how to request a vaccine while in custody. Staff offering vaccines will also address vaccine hesitancy and provide ways for the patient to access healthcare staff for questions regarding vaccinations.

Education and Prioritization for Vulnerable Population: Vulnerable populations are specifically targeted for education during both the ITR screening when the Orange Medical Alert is provided, and during provider encounters throughout the incarcerated person’s stay. Providers should seek to meet community guidelines for providing education to vulnerable populations during their encounters.”

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 (e.g., 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 onsite 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 Respiratory Guidance (July 16, 2024)

Training No training requirements

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

Assessment:

Santa Rita Jail Respiratory Guidance (July 16, 2024) states,

“Reporting Guidelines

COVID-19: Any positive resident or staff case should be reported to ACPHD via SPOT within 24 hours.

During an outbreak of any communicable disease, ACPHD will request more frequent communication, via additional calls and emails. When conducting response testing during an outbreak, please report the following information to ACPHD within 24 hours, even if no positive cases are identified:

- Date of testing
- Number of residents offered testing
- Number of residents tested
- Planned date of next round of testing”

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

- COVID-19 Cheatsheet (8.20.24) – Identifies all housing units' color code designations (Red, Dark Red).
- Archive Data For Line List – June 01, 2024 to 08-2024 – location of origin, current location, PFN, last name, DOB, 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, contact with person under investigation (PUI) or suspect, additional notes, released from custody and recovered.

- Staff Positive Cumulative Data

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

The Expert notes that the "COVID Positives" include the following data: Name, Duty Station, Date Tested, Return to Work Date, Status, Date Notified, and Additional Notes.

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 Respiratory Guidance (July 16, 2024)

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 webpage with daily updates. The updates include the following data/information:

- Current Statistics Incarcerated Persons - Positive Cases (Asymptomatic and Symptomatic).
- Staff and Contractor Statistics
- SRJ Population – SRJ population, number of Red and Dark Red designated incarcerated persons, and units currently on quarantine status

The Expert also notes that the ACSO website has a link to the Santa Rita Jail Respiratory Guidance (July 16, 2024).

Recommendations:

No recommendations

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

Finding: **Substantial Compliance**

Policies Santa Rita Jail Respiratory Guidance (July 16, 2024)

Training No training requirements

Metrics Reviewed COVID-19 Vaccination Tracking
Reviewed COVID-19 Vaccine Flyers
Staff Interviews

Assessment:

The CDC’s “Preventing Spread of Respiratory Viruses When You’re Sick”¹⁴ states,

“Immunizations are a core prevention strategy to lower risk from respiratory viruses.

Core prevention strategies are important steps you can take to protect yourself and others from respiratory viruses.

- For most people that means getting a current flu and COVID-19 vaccine.
- Everyone ages 75 and older should get a respiratory syncytial virus (RSV) vaccine.
- CDC also recommends adults ages 60-74 who are at increased risk of severe RSV disease get an RSV vaccine.
- To prevent severe RSV disease in infants, CDC recommends either the pregnant mother gets an RSV vaccine, or the infant gets an immunization with an RSV monoclonal antibody. Most infants will not need both.

Immunizations help prepare your body to defend itself from viruses and severe illness. Some immunizations teach your immune system what the virus looks like so it can prepare to protect against it. Other immunizations directly provide you with antibodies to

¹⁴ <https://www.cdc.gov/respiratory-viruses/prevention/precautions-when-sick.html>

protect you from the virus. Getting vaccinated can reduce your chances of getting infected to some degree, but its main strength is preventing severe illness and death. More and more evidence suggests that the COVID-19 vaccine can also lower your chances of developing Long COVID.

Individuals can

- Talk with a healthcare provider to make sure you are up to date on vaccines.
- Review the vaccine schedule to become familiar with the immunizations recommended for you and when you should get them.
- Visit www.vaccines.gov to locate pharmacies with vaccines near you.
- Learn more about how vaccine recommendations are made.
- Talk to your friends and family about the benefits of getting vaccinated.

Organizations can

- Organize vaccination clinics at workplaces. This helps remove obstacles to accessing vaccines.
- Partner with trusted community members (such as doctors, nurses, health educators, or faith-based and community leaders) and have them attend vaccination events to share accurate information about vaccines.
- Provide employees with paid time off to get vaccinated and recover from any side effects.

Key times for prevention

- All of the prevention strategies described in this guidance can be helpful to reduce risk. They are especially helpful when:
 - Respiratory viruses are causing a lot of illness in your community.
 - You or the people around you were recently exposed to a respiratory virus, are sick, or are recovering.
 - You or the people around you have risk factors for severe illness.”

The Santa Rita Jail Respiratory Guidance (July 16, 2024) includes the following COVID-19 and Influenza vaccination information:

“Continual Vaccination Efforts

Health Education for Vaccinations: Educational material will be available to the incarcerated population that will provide them information about common respiratory viruses such as COVID-19, influenza and RSV. Specific education shall be provided in ITR that addresses how to request a vaccine while in custody. Staff offering vaccines will also address vaccine hesitancy and provide ways for the patient to access healthcare staff for questions regarding vaccinations.

Vaccination Availability: Vaccines for COVID-19, influenza and RSV (for some persons 65 years and older) should be available and recommended to the incarcerated

populations based on current CDC guidelines. The priority populations for delivery should be those most vulnerable to severe outcomes from an infection.

County employees and all contracted staff will be encouraged to get annual COVID-19 and flu vaccines.

Education and Prioritization for Vulnerable Population: Vulnerable populations are specifically targeted for education during both the ITR screening when the Orange Medical Alert is provided, and during provider encounters throughout the incarcerated person's stay. Providers should seek to meet community guidelines for providing education to vulnerable populations during their encounters."

During the onsite review, Wellpath staff reported that they have vaccines available for incarcerated persons who request the COVID-19 vaccine. Wellpath staff reported that they prioritize the COVID-19 vaccines for the incarcerated persons who have been identified as "Orange" (incarcerated persons with increased risk for COVID-19 complications).

The Aggregate Testing Vaccine Positives Totals reflects the following data for the incarcerated person vaccinations as of August 20, 2024:

- Moderna Count of Dose 1: **2,223**
- Moderna Count of Dose 2: **1,967**
- Janssen Count of Dose 1: **1,385**
- Pfizer Count of Dose 1: **1,996**
- Pfizer Count of Dose 2: **1,646**
- Booster Janssen: **111**
- Booster Moderna: **962**
- Booster Pfizer: **758**
- Bivalent: **1,268**

The County is offering vaccinations to incarcerated persons. Additionally, the County is providing COVID-19 vaccination education/information. During the previous monitoring tour, the ACSO/Wellpath provided the Expert with educational material that ACPHD has developed to provide COVID-19 education to incarcerated persons. The educational material includes the following information:

- COVID-19 in Alameda County
- Influenza in Alameda County
- Vaccination and Treatment
- COVID-19 Testing (Why you should test)
- Influenza Testing (Why you should test)
- Masking
- Eligibility for Treatment

The ACSO reported that the educational material has been uploaded to the tablets and is available to the incarcerated persons. The Expert notes that the County has COVID-19 educational posters posted throughout the jail that state, “If you want a COVID-19 Vaccine, please submit a Medical Request Form”; however, the Expert noted that medical staff were not informing the incarcerated persons of the availability of COVID-19 vaccines. This is problematic for incarcerated persons who cannot read the information on the posters.

Recommendations:

The Expert recommends that Wellpath staff verbally inform the incarcerated persons of the availability of COVID-19 vaccines.

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 Respiratory Guidance (July 16, 2024)

Training No training requirements

Metrics Staff interviews

Assessment:

The Santa Rita Jail Respiratory Guidance (July 16, 2024) includes the following additional steps and protocols to the prevent, mitigate, and treat respiratory viruses in the SRJ:

Reporting Guidelines

- COVID-19: Any positive resident or staff case should be reported to ACPHD via SPOT within 24 hours.
- Influenza: Any positive resident or staff case should be reported via CMR to Alameda County Public Health.

Outbreak Communication

- During an outbreak of any communicable disease, ACPHD will request more frequent communication, via additional calls and emails. When conducting

response testing during an outbreak, please report the following information to ACPHD within 24 hours, *even if no positive cases are identified*:

- Date of testing
- Number of residents *offered* testing
- Number of residents *tested*
- Planned date of next round of testing

The Joint Expert reviewed communications and Microsoft Team Meeting occurrences with ACSO/Wellpath/ACPHD.

Environmental Control

- Ventilation: Ensuring areas are well-ventilated and include access to good air circulation is an important aspect of the environmental control of respiratory viruses. Staff working in enclosed areas should have access to masks throughout the year.

Communication of Positive Cases

- Facility communication will occur allowing for clear identification that a positive case has occurred and the disposition area of the case. The daily cheat sheet will determine if an area of the jail is being used to house a known positive case of a respiratory virus. Email correspondence will include key parties to facilitate the movement of the patient timely and efficiently.
 - The ACSO/Wellpath distributes the line list (reviewed 8/20/24 email distribution list produced by Wellpath), which includes the pertinent parties within the jail.
- Communication of all positive staff and resident cases to ACPHD will occur within 24 hours via SPOT, and internally via the daily reporting email that is sent to the facility email distribution list.

Monitoring of Patients

- Medical isolation patients will be monitored by nursing staff twice daily and seen by a clinician once per day until they are cleared from medical isolation.

Influenza Prophylaxis

- Wellpath should offer oseltamivir prophylaxis within 48 hours of last exposure to all inmates who reside in an affected dormitory housing unit, or identified direct close contacts in two-person cell housing units (specifically the cell mate) when the following criteria have been met:
 - ≥ 1 case of laboratory-confirmed influenza in the setting of a cluster (≥ 2 cases) of influenza-like illness (i.e. fever plus cough and/or sore throat, in the absence of a known cause other than influenza) within a 72-hour period.

Antiviral Treatment for the Incarcerated Person

- Treatment is a core strategy to reduce the risk for adverse outcomes from respiratory virus infections in vulnerable populations. Antiviral treatment should be accessible to the patients testing positive for COVID-19 or flu. Treatment should follow the course recommended by CDC beginning during the recommended time period as close to the known infection date as possible.

The County produced a Paxlovid Report 2024 that reflects 219 individuals received and took the Paxlovid medication.

Recommendations:

No Recommendations

416- All newly-booked inmates who are quarantined for COVID-19 and who test negative for COVID-19 on their first test (administered within the first forty-eight (48) hours upon intake) shall also be offered the maximum amount of out-of-cell time consistent with evolving public health guidance to shower and exercise. Inmates in 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 Respiratory Guidance (July 16, 2024)

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 and Flu Archive Linelist from July 2023 to the present, the Expert notes 12 cases that were identified as positive during intake.

Recommendations:

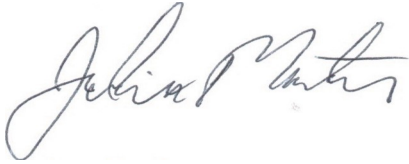
Although the Expert finds the County in substantial compliance, the County should also continue to offer the maximum amount of out-of-cell time consistent with evolving public health guidance for incarcerated persons to shower and exercise. The County should also continue to provide the incarcerated persons with tablets as soon as possible upon placement in an observation/isolation housing units allowing them to make phone calls and access educational materials, entertainment applications, therapeutic tools, and other Jail resources.

Conclusion and Recommendation

For the reasons explained above, the Joint Expert recommends termination of the *Babu v. County of Alameda* Consent Decree COVID-19 provisions: 100-114 and 416.

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.

December 10, 2024

Julian Martinez
Director
Sabot Consulting

Date