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VIA EMAIL ONLY

March 14, 2020

Mr. Timothy Bojanowski
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RE: *Parsons v. Shinn*, 2:12-CV-00601
ADC and Centurion Plans for COVID-19 Management

Dear Mr. Bojanowski:

We write to follow up on our visit this week to ASPC-Florence, and in particular on our discussion on March 12, 2020, with you, Mr. Pratt, and facility health administration staff regarding ADC and Centurion's response to COVID-19. **We are extremely concerned that ADC and Centurion were unable to describe any plans to address the pandemic or to protect and treat the many elderly and ill patients in the prison beyond stating that they planned to come up with a plan.** The tens of thousands of people in ADC custody are highly vulnerable to outbreaks of contagious illnesses, and the risk here is only heightened by the unsanitary conditions in the prisons, failure to take strong and sensible precautionary measures, and the already inadequate medical staffing and treatment. We are deeply concerned that when COVID-19 enters the Arizona prison system, our clients will suffer unnecessary pain and death. **Failure to address COVID-19 in the state's prisons also threatens the community at large, as thousands of correctional, health care, and other staff interact with the incarcerated population every day, and then return to their homes and communities.**

We request that Defendants immediately provide Plaintiffs' counsel and the Court all plans that they and their health care contractor Centurion have prepared for the prevention and management of COVID-19 in the Arizona prison system. We plan to ask Judge Silver to order Defendants to implement a plan for the prevention and management of COVID-19, with the input and feedback of Dr. Marc Stern, the Court expert, including provisions outlined in the following pages. We are dealing with an urgent, life and death situation for tens of thousands of people (including incarcerated people, prison staff, and others in the community), and this is the time for bold and comprehensive action.

We would like to work collaboratively with Defendants on these issues, as we are doing in other jurisdictions. An appropriate, evidence-based, substantive, and detailed plan can help prevent an outbreak, minimize its impact if an outbreak does occur, and contribute to broader efforts in the state and the country to "flatten the curve" of the outbreak.

We note at the outset that the fact that ADC and Centurion have not documented any COVID-19 positive staff or patients at this time does not ameliorate the urgent need to have a concrete, actionable plan in place. There is a profound shortage of test kits in the United States, so the fact that no incarcerated persons or staff have yet tested positive is not dispositive; nor does it excuse a failure to take affirmative steps (in fact, we are not aware of any incarcerated people being tested, and it is doubtful that many – if any – ADC or health care staff have been tested).[1]

In the case of COVID-19, particularly vulnerable populations include people over the age of 60, pregnant women, people with chronic illnesses, and people with compromised immune systems or disabilities. During our visit to ASPC-Florence, we saw crowded, filthy, unventilated dorms, tents, and Quonset huts housing elderly, frail men with chronic health conditions and multiple disabilities.

During our March 12, 2020 meeting, Facility Health Administrator ("FHA") Spencer Sego stated that he and Site Medical Director Dr. Gilbreath, who said that he started working in the prison a few months ago and who apparently has no prior correctional experience, would be meeting later that day with the warden and deputy wardens to develop an institutional plan to address the concerns we raised during our meeting. Mr. Pratt indicated that he had not yet seen any plans, or received any information or guidance from the Arizona Department of Health Services regarding management and prevention of COVID-19.[2] We were particularly concerned by Dr. Gilbreath's seemingly flippant and uninformed comments about COVID-19, including: "They say this thing will die by itself," "We have people with dengue and we don't treat that," and "The first case was not in China, it was in Germany."

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[1] According to the Arizona Department of Health Services, as of 9:01 AM today, 183 people had been tested statewide. *See* https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-home.

[2] The Arizona Department of Health Services' guidance to health care providers is available at https://www.azdhs.gov/preparedness/epidemiology-disease-control/infectious-disease-epidemiology/index.php#novel-coronavirus-healthcare-providers.

If Defendants and Centurion have not yet developed a plan, we request that the Department immediately contact and consult with Dr. Stern. **Exhibit A** to this letter is a memorandum that Dr. Stern has provided to the Washington Association of Sheriffs and Police Chiefs with his suggestions on how to manage COVID-19 in the state's jails, based on current recommendations of the Centers for Disease Control ("CDC").

Critical issues that must be addressed in your plan include:

Patient Education

People housed in the prisons need to be informed about the virus and the measures they can take to minimize their risk of contracting or spreading the virus, to explain what symptoms they should watch out for and what to do if they experience them, and to address any fears and concerns. They must be educated on the importance and method of proper handwashing, coughing into their elbows, and social distancing to the extent they can. Information about the spread of the virus, the risks associated with it, and prevention and treatment measures must be based on the best available science. During our meeting, we asked whether there had been any education of staff or the incarcerated population. Mr. Pratt responded, "I haven't seen anything yet."

In fact, it appears that education of the incarcerated population so far consists of, at most, posting several CDC informational sheets on a wall of the medical clinics. None of the class members we spoke to had seen or read those informational sheets, and the small print makes them inaccessible to blind and low-vision class members. The informational sheets, at least in the two yards we saw them, were not posted in multiple languages. Unsurprisingly, to the extent class members knew anything about COVID-19, it was from television or word-of-mouth from other incarcerated people. Some asked us if it was true it was a "hoax," as they had seen people on television saying that.

As an example of the type of patient education Defendants should provide, attached as **Exhibit B** are the written materials that the California Correctional Health Care Services ("CCHCS") prepared to go to the more than 112,000 people held in California's 34 state prisons. CCHCS is taking a multi-pronged approach to patient education, with the written materials and posters being distributed in multiple languages, and in an accessible format for people with disabilities. CCHCS is also playing the videos listed on the next page from the CDC to increase awareness on COVID-19. The content is playing twice in a four-hour cycle, six times a day (12 times in total) every day. CCHCS is also in the process of creating a video specific to the incarcerated population, which we understand will be ready for distribution this weekend.

- COVID-19: Should I wear a facemask? - https://www.youtube.com/watch?v=pgbp5gvGxyA&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=10&t=0s

- COVID-19 Stop the Spread of Germs - https://www.youtube.com/watch?v=7-lW0s2yJA0&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=13&t=0s

- COVID-19: What is my risk? - https://www.youtube.com/watch?v=aFXb3yiYA2E&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=14&t=0s

- COVID-19: What is novel coronavirus? - https://www.youtube.com/watch?v=3AozUnFbYJs&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=16&t=0s

- COVID-19: How to protect against novel coronavirus? - https://www.youtube.com/watch?v=ANvNCk6546M&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=15&t=0s

- COVID-19 Detenga la propagación de los microbios (Spanish) - https://www.youtube.com/watch?v=JDK2iKtZ_tg&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=19&t=0s

- How does COVID-19 spread? - https://www.youtube.com/watch?v=VPBT2oLQv3k&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=21&t=0s

- What can I do to protect myself from COVID-19? - https://www.youtube.com/watch?v=3Cx1b6H0H0E&list=PLvrp9iOILTQaJa78zFQ0QgvShQ2HEwHxP&index=22&t=0s

- Lo que necesitas saber acerca del lavado de manos (Spanish) - https://www.youtube.com/watch?v=d6GqqqSC4Zw&t=0s

- What you need to know about handwashing? https://www.youtube.com/watch?v=d914EnpU4Fo

Screening and Testing of the People in ADC Custody

The plan must include guidance, based on the best science available, on how and when to screen and test people in your facilities for the virus. On March 11, while at the South Unit clinic, Senior ADON Diaz showed us the short screening instrument that reportedly would be used with incarcerated people starting on March 16. Ms. Diaz reported that she had not yet received instructions or training on how or when to use the instrument. The instrument included the question whether, in the past 21 days, someone had been to China – hardly relevant to a prison population. FHA Sego indicated at our March 12 meeting that the screening instrument already was in place for people transferring into the facility from other ADC or private prisons, or from county jails, but that no decision had been made whether the instrument would be used every day when off-site workers returned to the prison or in other contexts. **We request a copy of the screening instrument.**

Furthermore, as part of access to care, we are concerned that the $4 co-pay charged to patients every time they seek health care via a Health Needs Request will create barriers and disincentives to people reporting symptoms of COVID-19 and requesting care, thus delaying diagnosis, treatment, and appropriate housing of patients with COVID-19. During the Florence tour, we spoke with multiple class members who stated that they had been having flu-like symptoms, but had not reported them via a HNR because they could not afford the $4 charge for medical care. Multiple prison systems across the United States have permanently or temporarily discontinued all or some medical co-pays, precisely so that there are no barriers to people seeking care. For example, as of Friday evening, Alabama, Maine, and Connecticut are temporarily suspending all medical co-pays. Minnesota, Florida, Pennsylvania, and Georgia are suspending copays for flu and COVID-19 –related symptoms. California ended all copays in 2019, which was subsequently codified in state statute. **We request that pursuant to Governor Doug Ducey's proclamation of a state of emergency, ADC immediately suspend all ADC policies that require co-pays or, at a minimum, co-pays for any HNR that reports flu, cold, and/or COVID-19 type symptoms, and that this suspension be promptly communicated to the incarcerated population.**[3]

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[3] Nat'l Comm'n on Corr. Health Care, Charging Inmates a Fee for Health Care Services (Oct. 2012), http://www.ncchc.org/charging-inmates-a-fee-for-health-care-services. ("No charges should be made for . . . diagnosis and treatment of contagious disease").

Provision of Hygiene and Cleaning Supplies

The most basic aspect of infection control is hygiene. There must be ready access to warm or hot water, soap, and adequate hygiene and cleaning supplies, both for handwashing and for cleaning living units. Soap and cleaning supplies should be provided free of charge. Defendants' plan must include detailed information regarding frequent environmental cleaning of all common areas in housing units, food preparation areas, classrooms and programming space, and clinical/infirmary space. The plan must include information as to how disinfectants will be provided to people to clean their personal living spaces. As Dr. Stern notes, "[f]or infection control (and to help reduce fears among inmates), adopt a liberal approach to inmates who want to disinfect their houses." Ex. A at 3.

We have repeatedly reported and documented the unhygienic and filthy conditions in ADC's prisons, which are a breeding ground for infectious disease. For example, in our recent report regarding our December 2019 tour of ASPC-Eyman, we documented widespread filth in multiple units. *See* Doc. 3508-1 at 39-45.

This monitoring visit was no different. Class members at ASPC-Florence, as at other prisons, reported that they are not provided basic disinfecting cleaning solutions. Many reported that the only way they had to clean their cells or their bed area in a dorm was to use their personal supply of soap and shampoo, neither of which is effective in disinfecting hard surfaces.[4] (CDC reports indicate that COVID-19 can survive up to four hours on hard surfaces.) We observed, and documented in photographs that we have not yet received, filthy conditions in housing areas and communal bathrooms and an empty sanitization station in the North Unit clinic.

People must have access to adequate hygiene supplies. Dr. Stern notes that "[a]s simple as it sounds, hand washing is the most important protection," and that correctional institutions should "[m]ake adherence to good hygiene easy for staff and inmates," and "[k]eep supplies, such as soap and paper towel dispensers and hand sanitizer full and available." Ex. A at 3.

Currently, incarcerated people in ADC have to pay for soap; none is provided for free. Class members reported that they are limited to only two bars of soap at a time and that they are allowed to place an order for soap once a week. They reported that any excess

[4] *See also* Doc. 3508-1 at 41 (report from December 2019 monitoring visit to ASPC-Eyman) ("[P]eople at 1-Baker and 4-Alpha reported that they were not provided any cleaning supplies for their cells and they had to use hygiene products such as bars of soap or shampoo to clean their cells.").

soap will be confiscated. Class members reported that it can be difficult to afford soap when they do not have a job.[5] Class members on South Unit reported that there is a hand sanitizer dispenser in the visitation room, but it is usually empty. (When we visited, the visitation room was being used for staff training and the sanitizer dispenser was not empty. The restroom for incarcerated people, however, did not have soap or hand sanitizer.) They reported there is no dispenser in the dining hall. Porters working on multiple yards, including the porter working in the special medical housing units at Central, reported that they had not received any instruction on how or what to clean in light of COVID-19 concerns, and class members – echoing class members at other prisons we visited in the past – reported that cleaning supplies are heavily diluted and watered down.

On October 31, 2019, Defendant Shinn issued Inmate Notification # 19-27, regarding revisions to Department Order 905, Inmate Trust Account / Money System. *See* **Exhibit C**. In this memorandum, Mr. Shinn stated that effective December 2, 2019, indigent people would be charged for indigent supplies. These include basic items such as a small piece of soap, a small container of shampoo, and toothpaste.[6] Previously, indigent persons were provided basic hygiene supplies on a monthly basis free of charge; Defendant Shinn's memorandum ended that practice. The charge for indigent supplies, including hygiene products, are now placed on a person's trust account as a debit, and stays on the account as due to the Department for one year. If the person received any sort of deposit on their trust account in the subsequent year, they would not receive the money but instead it would go to pay for the hygiene supplies previously received. We spoke with multiple indigent class members who said that subsequent to this memorandum, they have curtailed the quantity of

[5] In the Arizona prison system, someone designated as "functionally illiterate" can make only 10 cents per hour. *See* Ariz. Dep't of Corr., Department Order 903: Inmate Work Activities § 903.2.5.1 (rev. Feb. 24, 2018), https://corrections.az.gov/sites/default/files/policies/900/0903-effective_102216.pdf. "Inmates are almost always in an 'indigent' mode. They seldom have outside resources and most have no source of income while incarcerated. They most often rely on a spouse, mother, or other family member to provide funds they can use for toiletries, over-the-counter medications like analgesics and antacids, telephone calls, writing paper and pens, sanitary napkins, candy, etc. These 'extras' become extremely important to one who is locked up 24 hours per day. The inmate may well choose to forgo treatment of a medical problem in order to be able to buy the shampoo or toothpaste." Nat'l Comm'n on Corr. Health Care, Charging Inmates a Fee for Health Care Services (Oct. 2012), http://www.ncchc.org/charging-inmates-a-fee-for-health-care-services.

[6] *See also* Doc. 3508-1 at 41 (picture at ASPC-Eyman SMU-I's suicide watch unit stating, "DO NOT Give full bars of soap to watchpod inmates break into 4-6 pcs the soap not the inmate").

basic hygiene supplies that they request, and that this new policy is a disincentive to requesting something as basic – and as critical to public health – as soap. **We request that Director Shinn's memorandum regarding charges to indigent people for hygiene supplies be suspended until further notice, and that the suspension be promptly communicated to the people in the prisons**.

Additionally, multiple people living in Central HU-10, one of the special needs health units, reported that on the night of March 10, 2020, the sergeant (we were alternately told his last name is Peterman, Peterson, or Peterfield) and officers "tossed" and searched every patient's living area, and confiscated soap, towels, and washcloths that were deemed to be "in excess of what you need." While the class members reported that they interpreted this search/toss as a retaliatory/threatening gesture prior to our monitoring visit, which was scheduled for March 11 – which is in and of itself highly problematic (*see, e.g.*, Docs. 1734 and 2209) (court orders that retaliatory actions are improper) – this also is alarming for purposes of managing an infectious disease outbreak. The confiscation of soap, towels, and washcloths as a pandemic spreads across the state and country is staggeringly shortsighted. When we raised our concerns with the confiscation of hygiene supplies on March 12, Dr. Gilbreath responded that contraband is hidden in ceilings and continued: "I said we should get rid of ceilings. I made them [ADC] aware of it. . . . And if they go in there and confiscated stuff, there's usually a reason for it."

Dr. Gilbreath's justification for the search and confiscation is disingenuous at best, given that the vast majority of patients in this medical housing unit were unconscious, seriously disabled, medically fragile, and/or unable to walk, making Dr. Gilbreath's claim that they were hiding contraband in the ceilings frankly not credible. Furthermore, the very ill patients incarcerated at HU-10 insisted that they had not hidden soap, washcloths, or towels in the ceiling tiles of the clinic, as Dr. Gilbreath alleged, and that they had been given these items by the medical staff working in the building.[7]

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[7] For example, one class member we spoke with in the building had pinkeye, which he said he had had for over a week (and which we photographed). He reported that he had not been provided antibiotics until the prior day, but that when the infection first appeared, nursing staff gave him a stack of washcloths and instructed him to soak them in hot water and apply to his eye to provide some relief. He stated that all of these washcloths were taken Tuesday night by the officers who searched the unit.

Finally, ADC's ban on hand sanitizer (on the basis that it contains ethyl alcohol) cannot be justified in the midst of this public health emergency. **We request that hand sanitizer be made available to both staff and incarcerated people, as is being done in Ohio state prisons in response to the COVID-19 pandemic.**

Staffing Plans for Services Provided by Incarcerated People

Many tasks in Arizona prisons, such as food preparation and basic sanitation, are performed by incarcerated people. We spoke with one kitchen worker who reported that the hand sanitizer dispenser in his work area sometimes is empty and not refilled for days at a time, even when custody staff is notified. **The COVID-19 plans must also address how necessary tasks currently performed by incarcerated people will continue, if large numbers of them are ill or quarantined. In addition, all efforts should be made to ensure they have clean work areas and ready access to soap, water, and hand sanitizer.**

Health Care and Custody Staffing Plans

Regardless of how many staff are staying at home because they are sick, are in quarantine due to possible exposure, and/or are caring for family members, the prisons and health care services inside them must continue to operate. **Therefore, the Department's COVID-19 plan must indicate how necessary functions and services will continue if large numbers of health care and custody staff are not reporting to work.**

Unfortunately, ASPC-Florence already has widespread vacancies in custody officers and nurses, who are the backbone of the entire prison health care system.

The most recent monthly Centurion staffing report that you have provided to us was dated January 3, 2020, and shows significant vacancies in nursing staff:

Position	Contracted FTE	Filled FTE	% Filled
Registered Nurse	36.0	22.8	63.3%
Licensed Practical Nurse	30.0	17.3	57.7%
Nursing Assistant	20.0	15.6	78.0%

(Source: ADCM1600193)

On March 12, 2020, FHA Sego confirmed that currently there are still 10 vacant RN positions (which would mean 26/36, or 72% filled) and "just under 11" vacant LPN

positions (which presumably would mean 19/30, or 63% filled). He said that all of the Nursing Assistant positions have been filled.

FHA Sego told us that there is a pool of 30 as-needed nurses (referred to as "PRN") that had gone through Centurion and DOC training, and could be contacted as needed to see if they would pick up shifts. He and Senior ADON Diaz were unable to tell us a breakdown of how many of these PRNs are Registered Nurses versus Licensed Practical Nurses. He admitted that other prisons could also draw from this pool of 30 PRN nurses if necessary. In addition to the 30 PRN nurses, there is a temporary staffing agency providing 11 nurses.

We have previously noted our concerns with the reliance upon temporary and agency health care staff. *See, e.g.*, Doc. 3508-1 at 5- 25 (ASPC-Eyman December 2019 tour report). These temporary and as-needed nurses work not only for the prisons, but also serve as supplemental health care staff to community hospitals and clinics. If COVID-19 arrives in the prison and health care staff is exposed (or if they are exposed in the community), Defendants need to be able to fill those positions so the provision of health care can continue uninterrupted. It does not appear that Defendants have a plan for that eventuality.

With regard to custody staff, Defendants recently reported to the Legislature that the department is suffering from a statewide shortage of custody officers, with a vacancy rate of 32.3% of officers at ASPC-Florence, the second highest vacancy rate statewide. *See* Jt. Legis. Budget Comm., 54th Legis., Second Quarter Officer Staffing Report (Dec. 11, 2019) at 2, available at https://www.azleg.gov/jlbc/jlbcag121119rev2.pdf at 17:

Table 2

Correctional Officer Staffing Levels by Location
(As of October 28, 2019)

	Filled CO Positions	Vacant CO Positions	Officers in Training	Vacancy Rate (%)
Eyman	642	411	15	38.5
Florence	505	250	19	32.3
Perryville	515	100	34	15.4
Lewis	786	234	24	22.4
Phoenix	207	16	18	6.6
Tucson	883	141	52	13.1
Douglas	348	52	12	12.6
Safford	219	34	23	12.3
Winslow	249	77	13	22.7
Yuma	720	8	16	1.1
Maricopa Re-Entry	17	0	0	0.0
Pima Re-Entry	15	0	0	0.0
Total	**5,106**	**1,323**	**226**	**19.9**

Housing of Persons Exposed to the Virus

The plan must describe how and where people in the prison system will be housed if they are exposed to the virus, are at high risk of serious illness if they become infected, or become infected. This should not result in prolonged, widespread lock-downs with no out-of-cell time. Any lock-downs or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration. As Dr. Stern notes in his memo to Washington's county sheriffs and jail administrators:

> You should also do what you can to not make placement in isolation feel punitive. Inmates in isolation should have ample access to comfort, entertainment, and activity-related materials allowed by their custody level. An important reason for this suggestion is that you want to do everything possible to encourage inmates to notify medical staff as early as possible if they experience symptoms of infection. Fear of being placed in an overly-restrictive cell may delay their notification, which is counterproductive.

Ex. A at 5.

Defendants' plan must include close coordination with community hospitals and other prisons to isolate any patients who meet the CDC's guidelines for isolation. This coordination must occur now, rather than waiting until the prison is dealing with patients exhibiting COVID-19 symptoms. During our March 12, 2020 meeting, FHA Sego again indicated that later that day he would be meeting with the warden and ADC Regional Operations Director Kevin Curran, to discuss the placement of people within health care spaces at ASPC-Florence, other prisons, and community hospitals. As FHA Sego acknowledged, if there is an outbreak in the community, hospitals will be crowded, and community members likely will be prioritized over incarcerated people.

We are deeply concerned that ADC does not have enough appropriate spaces in its prison system to provide medical care during an outbreak of COVID-19. In fact, FHA Sego and Dr. Gilbreath confirmed that the prison has only three isolation / quarantine rooms available, all located in the infirmary, which are currently filled with patients who need that protected housing. (At least one of those patients spoke with Ms. Kendrick; that patient is profoundly immunocompromised due to treatment for leukemia.) In the past, we have noted that the prison's approach to treating infectious disease outbreaks is to send incarcerated people – including elderly patients in their 70s and 80s – to the harsh conditions of ASPC-Eyman's supermax unit. *See, e.g.*, Doc. 2993-1 at 24-26 and 30-32 (scabies outbreak at

ASPC-Florence in the summer of 2018 resulted in an 81-year-old man and 85-year-old man with dementia who uses a wheelchair being sent to suicide watch cells in ASPC-Eyman).

That is certainly insufficient in the event of a COVID-19 outbreak. In order to provide appropriate clinical spaces for an outbreak, and to allow social distancing to be meaningfully implemented in the prisons, **we ask that Governor Ducey consider executing his power to immediately order the release of elderly people, persons convicted of nonviolent offenses, and others who present little or no risk to public safety.** These releases should prioritize those who, because of age or medical condition, are at particularly high risk of severe illness or death if they become infected with COVID-19.

* * * * *

Thank you for your prompt attention to this matter. We look forward to working with you on these critical public safety efforts.

Sincerely yours,

Corene Kendrick
Staff Attorney

Rita Lomio
Staff Attorney

cc: Counsel of Record
Dr. Marc Stern

Exhibit A

Washington Association of
SHERIFFS &
POLICE CHIEFS

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Washington State Jails Coronavirus Management Suggestions in 3 "Buckets"

Publication date:
March 13, 2020

Written by:
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Acknowledgments:
I would like to express my gratitude to the following professionals for their invaluable (and rapid!) input: Lara Strick, MD, MS, Chief of Infectious Diseases at the Washington State Department of Corrections; Dr. Benjamin Sanders, MD, MPH, Medical Director at the King County Jail, Seattle; Rachel Wood, MD, MPH, Health Officer for Lewis County, WA; and John McGrath, Jail Services Liaison, WASPC.

The following ideas are provided as suggestions to jails for managing the impacts of COVID-19. It is VERY important to note that they are not standards or rules and also that many of these suggestions are based on *current* CDC recommendations. Therefore, jail administrators should heed the following three cautions. First, CDC recommendations regarding COVID-19 are changing constantly as more is learned about the virus, its spread, and its management. So check the CDC website (https://www.cdc.gov/coronavirus/2019-nCoV/summary.html) on a regular basis for changes. Second, local public health departments – the WA DOH (https://www.doh.wa.gov/Emergencies/Coronavirus), but especially county, city, and tribal health departments – are excellent sources of information. They may also make recommendations that differ from, or go beyond, CDC recommendations, based on local conditions and local resources. In addition, local public health departments are vested with certain legal authorities that may help you "make things happen." So you should be in close contact with your local public health department. Third, your jail medical director has ultimate clinical responsibility for the health of inmates in your custody and may recommend different or additional steps based on your particular jail's needs.

An additional resource that has been developed specifically for corrections is a slide set produced by Dr. Anne Spaulding at Emory University under a CDC grant. The current slide set will be sent with this document. However, it is being updated on a regular basis, so it's best to check for the latest version at: https://accpmed.org/online_learning.php.

Bucket 1: Dealing with the effects of COVID-19 in the community

1. Disaster plan

Review, update, and start working with your disaster preparedness plan.

2. Supply chain

Among other things in the disaster plan, think about what are all the materials, supplies, equipment upon which you are dependent (i.e. items that would be affected by disruptions in your supply chain), and what are alternative sources. An important – if not most important – supply is food.

3. Screening staff

Consider screening staff reporting to work. For the moment those guidelines are: check for fever over 100 degrees, cough, shortness of breath, recent travel to a high-risk country, exposure to someone who is symptomatic and under surveillance for COVID-19. If 2 out of 3 are present, send them home. (You'll want a simple form or log. You'll also need a thermometer.) However, these guidelines may change as we learn more, so check the current CDC guidelines (https://www.cdc.gov/coronavirus/2019-nCoV/summary.html), but more importantly, be sure you're getting the most recent guidelines from your local health department.

4. Screening arrestees

See the suggestions above for staff screening, with the obvious modification that someone who has a positive screen will not be sent home. Instead, first have the individual place a surgical mask on themselves and place them in isolation (a single room with a closed door in Booking, for example). Then the jail's medical authority should be contacted for further management instructions.

5. Discouraging "presenteeism"

While we worry about absenteeism among staff, another concern is the opposite: presenteeism, which is staff coming to work despite being ill. They pose a risk to other staff and inmates. Explain the risk to staff and encourage them to stay home if they are ill. Depending on your own particular staff and staffing situation, you MAY want to consider an untested approach: for staff who have no sick or vacation days left, consider allowing staff to stay home penalty-free. On the flip side, to encourage healthy employees to continue to come to work, you might also consider liberalizing restrictions on overtime.

6. Non-contact visitation.

If you don't already have non-contact visitation, consider how you might do this, using either non-contact rooms or video conferencing. Phone visitation is another option.

This following two issues apply both to Bucket #1 (preventing infection from the community) Bucket #3 (containing infection in the jail). There are many types of out-trips. I will focus on the two most common: medical and court.

6a. Contact between inmates and the community during out-trips: Medical

To the extent that medical out trips can be safely postponed, that is optimal. This should only be done after a provider documents an order in the patient's medical record justifying the clinical appropriateness of the delay. Telemedicine is an excellent alternative to out-trips. There are federal regulations governing the types of telemedicine software to be sure they are HIPAA compliant. These programs usually are not free and require contracts, software set-up, etc. There is theoretically a risk of compromising patient confidentiality using non-HIPAA-complaint software. However, in my opinion, it is low. And these are special times when risks and benefits need to be weighed. While I would never advise someone to break the law, jails may want to discuss with their legal counsels the risks and

benefits of using readily available non-HIPAA-complaint software (e.g. FaceTime) and then make the best decision for your jail and your community's health.

6b. Contact between inmates and the community during out-trips: Court

Transporting inmates for court appearances places staff and inmates in (sometimes close) contact with the members of the community. There is a risk of bringing infection back into the facility. And if the inmate is ill, the reverse risk is true. Consider reaching out now to the courts with which you interact to have a plan for both situations. As with medical trips, video appearances are a useful tool.

7. Stay connected with the Health Department

Both we in jails, as well as public health officials, sometimes forget that county, city, and tribal jails are key parts of public health. Contact your local public health officer and ask that a jail representative be "at the table" both for planning meetings as well as when information is being shared with hospitals, nursing homes, and other parts of the public health system. Even though CDC is issuing up-to-date scientific guidance, it is the responsibility of the local health officer to interpret and implement that guidance. This officer, or delegate, is the person, for example, who would suggest/direct an at-risk staff member to self-quarantine.

8. Perform routine environmental cleaning

See the CDC website above for more detail, but in brief, continue to perform routine cleaning of all frequently touched surfaces. The normal disinfectants that you use are adequate. For infection control (and to help reduce fears among inmates), adopt a liberal approach to inmates who want to disinfect their houses.

9. Routine steps to prevent spread of respiratory infections

Aside from environmental cleaning, follow CDC and any local health department recommendations for the usual personal steps to avoid spread of respiratory droplet-borne infections, including hand washing (a good short video from CDC: https://youtu.be/eZw4Ga3jg3E), sneezing or coughing into one's elbow, not touching one's eyes, nose or mouth with unwashed hands, and discarding tissues after using and washing hands. As simple as it sounds, hand washing is the most important protection. And wearing gloves does not eliminate the need to wash your hands. Make adherence to good hygiene easy for staff and inmates. Keep supplies, such as soap and paper towel dispensers and hand sanitizer full and available. Allow staff to carry personal-sized containers of hand sanitizer. It is appropriate to wear masks in certain situations (see below), but they are not recommended for routine use (and may actually increase risk). Remove barriers to good infection control for inmates. For example, inmates should have an ample supply of soap. You will certainly reduce the transfer of inmates from one unit to another if and when there is an infection in the jail. But consider reducing unnecessary movement even now because you hope, but can't be sure, that no one has undiagnosed infection.

10. Communication

It can be helpful to be very generous with your communication with staff and inmates. In addition to briefings with each shift of staff, consider daily – if not twice daily – briefings of inmates, explaining what you're doing and why you're doing it. People are much more tolerant of adversity if they know what's going on.

Bucket 2: Dealing with the effects of COVID-19 among staff

1. Downsizing

Talk with prosecutors and judges ahead of time to develop a plan if you need to downsize.

a. Are there people you can release on their own recognizance? Do you have a priority list (who do you release if you need to downsize by 5%? 10%? etc.)? In addition to public safety

considerations (e.g. alleged crime), prioritization of this list should also take into consideration medical factors: the elderly and people with other underlying health problems are at greatest risk from COVID-19. (There is no data yet on the risks to pregnant women, but until there is, it would not be unreasonable to add them to the prioritization list.)
b. Are there alternatives to arrest for certain crimes, or, in dire situations, are there crimes for which your patrol division will not arrest?

2. Supplemental staff
Think about where you might get supplementary staff. Retirees? Patrol?

3. Inmate activities and movement
What activities/programs can you curtail or cut?

4. Influenza
In the present environment, it's hard to imagine this, but the flu remains a greater threat to community (and jail) health today than COVID-19. As of the week ending February 22, CDC lists Washington State (and 38 other states) as having flu activity in the highest of the high category. So far this season, in our state alone, there have been 74 deaths from the flu (and 18,000 deaths nation-wide). And flu vaccination is very safe and very effective in preventing or attenuating the current strains of influenza virus going around. Staff who have not yet been vaccinated against the flu should be encouraged to do so. The better protected your staff is, the less likely you are to have absences from at least one infection, and it will help avoid confusion and panic that someone has COVID-19 infection. If it will help encourage vaccination, consider arranging with a local pharmacy to offer the vaccine on-site at no charge (actually, if employees have insurance, it may very well be covered).

Bucket 3: Dealing with infection, or possible infection, among inmates
1. Influenza
Offer and administer flu vaccine to all eligible inmates who have not been vaccinated. No, flu vaccine does NOT protect against Coronavirus. However, it still makes sense to vaccinate inmates for the same reasons that staff should be vaccinated. Also, given the high risk of influenza, vaccinating inmates will decrease the possibility of overloading your jail health care system with severe respiratory illness from a highly preventable cause.

2. Inmates who want to go to medical
When a patient requests to see a medical professional for a respiratory complaint, before bringing them to the medical unit, the deputy should have the patient put on a mask. A simple surgical mask is adequate.

3. Masks
For the moment CDC recommends simple surgical masks for symptomatic patients, and higher efficiency masks for health care workers who are working in close proximity (within 6 feet) of a patient with possible COVID-19. Because, in jails, custody staff working with persons with possible COVID-19 infection share many of the same tasks and exposures as health care workers in the community, it would make sense for custody staff to use the same personal protection as jail medical staff who are working in close proximity of patients. For the moment, this recommendation is to use N-95 masks. In case you have trouble getting N-95 masks, you can use any mask with an N, P, or R letter designation and a 95 or 100 number designation. And if none of these masks is available, use simple surgical masks. As an example of adjusting to shortages of N-95s, King County Jail is moving towards only allocating these masks to health care workers who have close contact (e.g. physical examination, obtaining

laboratory samples) with patients with possible COVID-19 infection.

4. Other Personal Protective Equipment (PPE)

For the same reasons as described above, it would be wise for custody staff to follow the same general guidelines for PPE as jail medical staff. You should review the recommendations on the CDC website. There is more detail there than we can provide here…and it may change. The recommended PPE also depends on the patient and the task your staff is performing. For example, at one end of the extreme, if staff are going to be in a "hands-on" situation with a person who has obvious secretions, more protection will be needed, while at the other end of spectrum, if the patient is cooperative, with no secretions, and the contact will be brief and at a distance of over 6 feet, less protection will be needed. Generally, in addition to a mask with eye protection, CDC is recommending staff use Standard Precautions, including gloves.

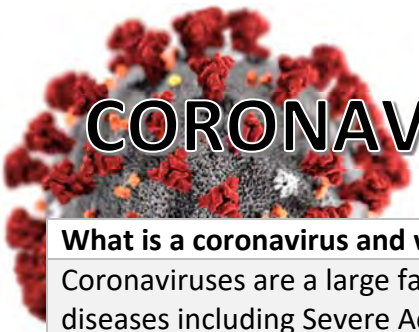
5. Isolation

For patients who meet the CDC's current recommended criteria for isolation, CDC also currently recommends they be placed in negative pressure rooms. This will be a tall order for many jails. And even for jails equipped with negative pressure rooms, demand may exceed supply. Therefore this is one of the many topics you should be discussing with your local public health authority ahead of time, to seek their advice and their help in developing a plan in coordination with community resources (especially the hospitals). They may recommend alternative solutions, such as keeping certain patients isolated in their own cell with the door closed. You should also do what you can to not make placement in isolation feel punitive. Inmates in isolation should have ample access to comfort, entertainment, and activity-related materials allowed by their custody level. An important reason for this suggestion is that you want to do everything possible to encourage inmates to notify medical staff as early as possible if they experience symptoms of infection. Fear of being placed in an overly-restrictive cell may delay their notification, which is counterproductive.

6. Upon Release

What do you do when releasing someone back to the community? It depends on their condition. Most people do not need to be hospitalized – if they were that sick, you would already have sent them there. However, for jails with higher level infirmaries, you may have someone in the infirmary who wasn't ill enough to need a hospital, but who is not able to care for themselves at home. If hospitalization is the only option, your medical staff should call ahead to the hospital and, with their agreement, make a well-coordinated transfer. A second group of individuals are those who are either in isolation (mildly ill) or in quarantine (without symptoms). These people will likely go home (if they have a home), but your medical staff should contact your local health department prior to discharge for any special instructions and to be sure they are aware of the discharge. You can give the releasee a copy of an excellent one page handout about home care from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/about/steps-when-sick.html). If they don't have a home to release to, again, contact your local health department for assistance; some health departments are working on plans to find special temporary housing for such individuals. A third group of individuals is all the rest: those who are healthy and not thought to have been exposed to the virus. They would release as usual. You can provide them with basic information about prevention, such as this one-page handout from the CDC (https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf).

Exhibit B



CORONAVIRUS/COVID-19 FACTS AND FAQS

What is a coronavirus and what is COVID-19?

Coronaviruses are a large family of viruses that cause illnesses ranging from the common cold to more severe diseases including Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). COVID-19 is the infectious disease caused by the most recently discovered coronavirus. This new virus and disease were unknown before the outbreak began in Wuhan, China, in December 2019.

How did this virus get its name?

On Feb. 11, 2020, the World Health Organization announced the official name for the new coronavirus virus would be COVID-19. "CO" stands for "corona," "VI" stands for "virus," D stands for "disease" and 19 indicates the year the virus was first discovered. Before this, the virus was referred to as the "2019 novel coronavirus," which means it was a new strain not previously identified in humans.

Where did COVID-19 come from?

The World Health Organization states that coronaviruses are zoonotic, which means they are transmitted from animals to people. A specific animal source of COVID-19 has not been identified, but the virus has been linked to a large seafood and live animal market.

What are the symptoms of COVID-19?

According to the Center for Disease Control (CDC), individuals diagnosed with this coronavirus experience a mild to severe respiratory illness. Symptoms include fever, cough and shortness of breath. Individuals with severe complications from the virus often develop pneumonia in both lungs.

How does the virus spread?

The virus is spread person-to-person. According to the CDC, spread is happening mainly between people who are in close contact (within 6 feet) of each other via respiratory droplets produced when an infected person coughs or sneezes. The droplets land on the noses and mouths of other people, who then inhale them. The CDC says it may be possible for the virus to spread by touching a surface or object with the virus and then a person touching their mouth, nose or eyes, but this is not thought to be the main method of spread. As the virus was discovered just a few months ago, more research is required to learn more about the spread pattern of the virus. The incubation period ranges from 2 to 14 days after exposure (most cases occurring at approximately 5 days.) People are thought to be most contagious when they are most symptomatic (the sickest.) Some spread might be possible before people show symptoms.

Do I need to wear a protective mask?

There is no need for healthy individuals to wear surgical masks to guard against coronavirus. Individuals should only wear a mask if they are ill or if it is recommended by a health care professional. Masks must be used and disposed of properly to be effective.

Is there a cure for the virus?

There is no specific medication to treat COVID-19; supportive care is provided to treat symptoms. There is currently no vaccine to protect against COVID-19. Individuals should take care to avoid being exposed to the virus through hygiene and sanitary practices. Please seek immediate medical care to relieve symptoms if infected with the virus.

How do I protect myself and others?

There is currently no vaccine to prevent COVID-19 or medication to directly treat COVID-19. The best way to protect yourself is to avoid being exposed to the virus that causes COVID-19. The CDC recommends maintaining personal preventative actions such as:

- Avoiding close contact with those who are sick
- Not touching your eyes, mouth or nose, especially with unwashed hands
- Washing your hands often with soap and warm water for last least 20 seconds
- Clean objects and surfaces that are frequently touched
- Limit your exposure to others if you are sick
- Cover your coughs and sneezes with a tissue
- Do not share food, drinks, utensils, or toothbrushes

What should I do if I think I have COVID-19?

Avoid direct contact with other people and immediately request to be seen by health care if you feel sick with a fever, cough or difficulty breathing. Make sure to give your provider details of any symptoms and potential contact with individuals who may have recently traveled.

Will I be tested for COVID-19?

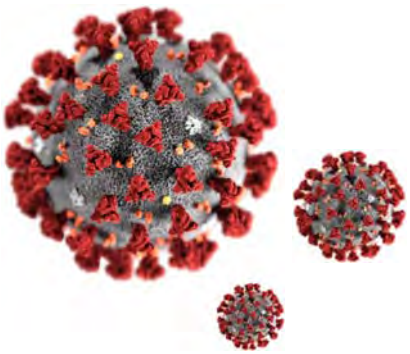
You will be tested if your provider suspects you have COVID-19.

What is CDCR/CCHCS doing to prepare for a potential outbreak?

CDCR and CCHCS are dedicated to the safety of everyone who lives, works, and visits our state prisons. We have longstanding emergency response plans in place to address communicable disease outbreaks such as influenza, measles, mumps, norovirus, as well as coronavirus. Based on guidance from the CDC, and to ensure we are as prepared as possible to respond to any exposure to COVID-19 specifically, we are building upon the robust influenza infection control guidelines already in place at each institution. These guidelines clearly define procedures for prevention of transmission, management of suspected and confirmed cases including isolation and quarantine protocols, surveillance of patients, and routine cleaning and disinfection procedures.

If there is a suspected case of COVID-19, we will follow the policies and procedures already in place for modified programming for any affected housing units and areas. We will continue to update guidelines for COVID-19 response based on CDC recommendations and will maintain cooperation with local and state health departments and the law enforcement community.

COVID-19 is new, but the most important aspect of preparedness is remaining calm. Don't panic. We understand staff, families, and those who visit state prisons as program providers or volunteers may have concerns and anxiety about COVID-19, but please be assured that there is no need for alarm. All should follow the precautions recommended by CDC, which expand upon precautions advised during cold and flu season. The spread of COVID-19 can be significantly reduced with proper infection control measures and good individual hygiene practices.



COVID 19
CORONAVIRUS DISEASE

SYMPTOMS OF CORONAVIRUS DISEASE 2019

Patients with COVID-19 have experienced mild to severe respiratory illness.

Symptoms* can include

*Symptoms may appear 2-14 days after exposure.

Seek medical advice if you develop symptoms, and have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

If you have symptoms of COVID-19, please complete a form 7362 and let someone know immediately.

PREVENT THE SPREAD OF ILLNESS

Good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses. Protect yourself and others from viral illnesses and help stop the spread of germs.

Avoid close contact

Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

Keep your germs to yourself

As much as possible, stay in your housing area away from others when you are sick. This will help prevent spreading your illness to others.

Cover your nose and mouth

Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick. Flu and other serious respiratory illnesse are spread by cough, sneezing, or unclean hands.

Handwashing: clean hands save lives!

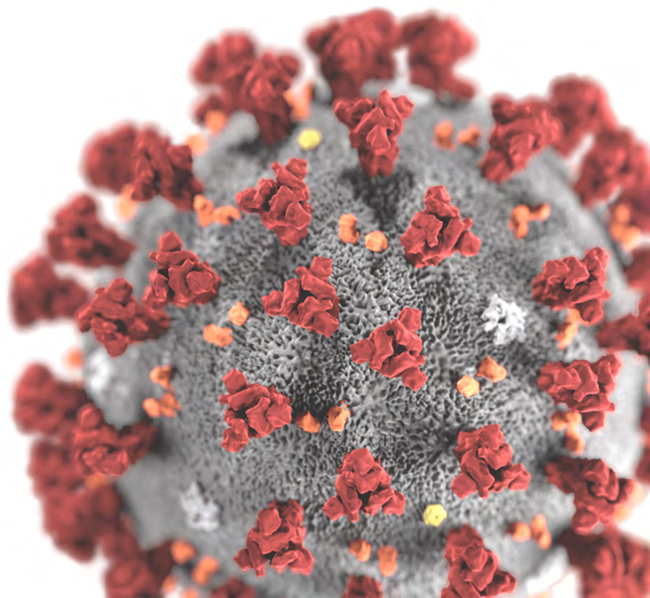
Washing your hands is easy, and it's one of the most effective ways to prevent the spread of germs. Clean hands can stop germs from spreading from one person to another and throughout an entire community. If soap and water are not available, use hand sanitizer.

Avoid touching your eyes, nose or mouth

Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

Practice other good health habits

Clean frequently touched surfaces especially when you or someone you share space with is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.



Lo que necesita saber sobre la enfermedad del coronavirus 2019 (COVID-19)

¿Qué es la enfermedad del coronavirus 2019 (COVID-19)?

La enfermedad del coronavirus 2019 (COVID-19) es una afección respiratoria que se puede propagar de persona a persona. El virus que causa el COVID-19 es un nuevo coronavirus que se identificó por primera vez durante la investigación de un brote en Wuhan, China.

¿Pueden las personas en los EE. UU. contraer el COVID-19?

Sí. El COVID-19 se está propagando de persona a persona en partes de los Estados Unidos. El riesgo de infección con COVID-19 es mayor en las personas que son contactos cercanos de alguien que se sepa que tiene el COVID-19, por ejemplo, trabajadores del sector de la salud o miembros del hogar. Otras personas con un riesgo mayor de infección son las que viven o han estado recientemente en un área con propagación en curso del COVID-19.

¿Ha habido casos de COVID-19 en los EE. UU.?

Sí. El primer caso de COVID-19 en los Estados Unidos se notificó el 21 de enero del 2020.

¿Cómo se propaga el COVID-19?

Es probable que el virus que causa el COVID-19 haya surgido de una fuente animal, pero ahora se está propagando de persona a persona. Se cree que el virus se propaga principalmente entre las personas que están en contacto cercano unas con otras (dentro de 6 pies de distancia), a través de las gotitas respiratorias que se producen cuando una persona infectada tose o estornuda. También podría ser posible que una persona contraiga el COVID-19 al tocar una superficie u objeto que tenga el virus y luego se toque la boca, la nariz o posiblemente los ojos, aunque no se cree que esta sea la principal forma en que se propaga el virus.

¿Cuáles son los síntomas del COVID-19?

Los pacientes con COVID-19 han tenido enfermedad respiratoria de leve a grave con los siguientes síntomas:

- fiebre
- tos
- dificultad para respirar

¿Cuáles son las complicaciones graves provocadas por este virus?

Algunos pacientes presentan neumonía en ambos pulmones, insuficiencia de múltiples órganos y algunos han muerto.

¿Qué puedo hacer para ayudar a protegerme?

Las personas se pueden proteger de las enfermedades respiratorias tomando medidas preventivas cotidianas.

- Evite el contacto cercano con personas enfermas.
- Evite tocarse los ojos, la nariz y la boca con las manos sin lavar.
- Lávese frecuentemente las manos con agua y jabón por al menos 20 segundos. Use un desinfectante de manos que contenga al menos un 60 % de alcohol si no hay agua y jabón disponibles.

Si está enfermo, para prevenir la propagación de la enfermedad respiratoria a los demás, debería hacer lo siguiente:

- Quedarse en casa si está enfermo.
- Cubrirse la nariz y la boca con un pañuelo desechable al toser o estornudar y luego botarlo a la basura.
- Limpiar y desinfectar los objetos y las superficies que se tocan frecuentemente.

¿Qué debo hacer si he regresado recientemente de un viaje a un área con propagación en curso del COVID-19?

Si ha llegado de viaje proveniente de un área afectada, podrían indicarle que no salga de casa por hasta 2 semanas. Si presenta síntomas durante ese periodo (fiebre, tos, dificultad para respirar), consulte a un médico. Llame al consultorio de su proveedor de atención médica antes de ir y dígales sobre su viaje y sus síntomas. Ellos le darán instrucciones sobre cómo conseguir atención médica sin exponer a los demás a su enfermedad. Mientras esté enfermo, evite el contacto con otras personas, no salga y postergue cualquier viaje para reducir la posibilidad de propagar la enfermedad a los demás.

¿Hay alguna vacuna?

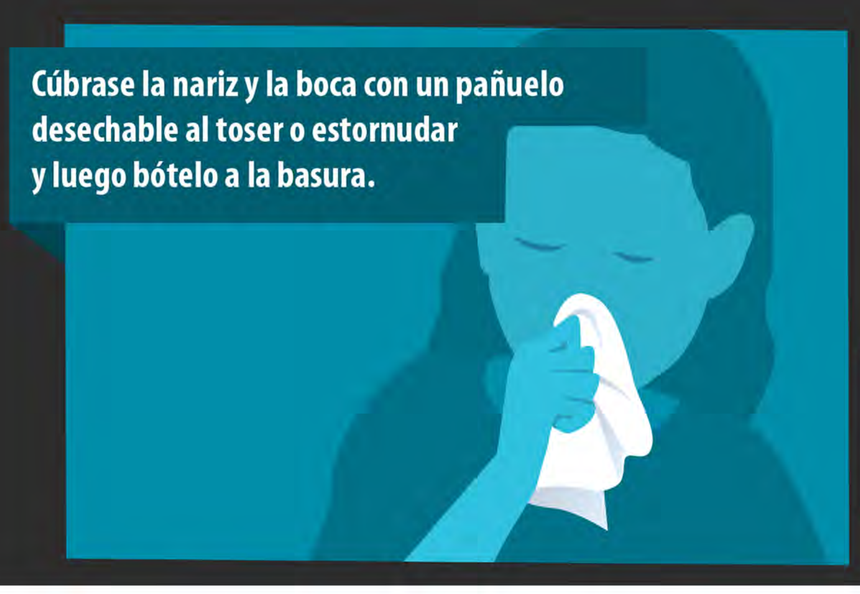
En la actualidad no existe una vacuna que proteja contra el COVID-19. La mejor manera de prevenir infecciones es tomar medidas preventivas cotidianas, como evitar el contacto cercano con personas enfermas y lavarse las manos con frecuencia.

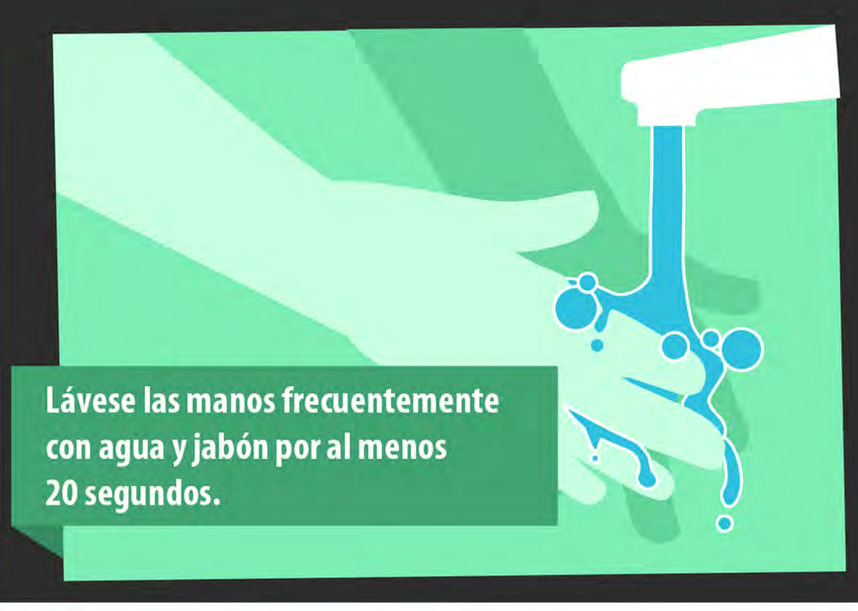
¿Existe un tratamiento?

No hay un tratamiento antiviral específico para el COVID-19. Las personas con el COVID-19 pueden buscar atención médica para ayudar a aliviar los síntomas.

DETENGA LA PROPAGACIÓN DE LOS MICROBIOS

Ayude a prevenir la propagación de virus respiratorios como el nuevo COVID-19.





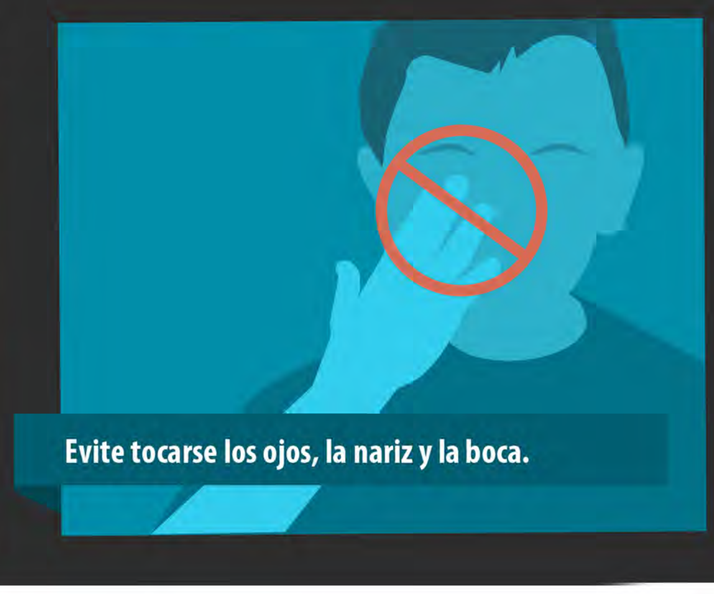


Exhibit C

Arizona Department of Corrections
Inmate Notification

SUBJECT	ISSUED	NOTIFICATION NUMBER
905, Inmate Trust Account/Money System	October 31, 2019	19-27

This information is to be posted for **a minimum of 30** days in areas accessible to inmates and shall be made available to inmates who do not have access to posted copies.

NOTICE

Department Order #905, Inmate Trust Account/Money System, will be revised and will be effective **December 2, 2019**. Significant revisions include:

- The new banking software, associated with AIMS2, will automatically determine indigent inmate status over a period of 30 days by verifying daily spendable balances. If the spendable balance on each day is less than $8, the inmate will be eligible for indigent status. Other criterion that is a factor will be the monthly spending, not including deductions, which cannot exceed $31.99 to be eligible for indigent status.

- In the new system, the inmates will no longer be required to fill out Form 905-2 Application for Health and Welfare Indigent Status.

- The new spendable balance threshold to qualify as indigent will change from $12 to $8.

- All indigent inmates will be charged for indigent supplies. The charges will remain as a debt on their account until paid in full or partially. After one calendar year, the debt balance will be retired.

- The new system will restrict indigent purchasing to only supplies needed.

Current process: The inmate fills out Form 905-2 for approval by CO III or a case manager. Upon approval, the form is submitted to Inmate Banking for determination of indigent eligibility based on spendable balances within the last 30 days. If the inmate had less than $12 available in spendable account within the last 30 days, they are approved and the status is recorded in AIMS. The balance file submitted to Keefe Commissary will have indigent flags included and allow them to shop from the indigent supplies list.

New System process: The banking System will determine inmate indigent status on a daily basis and allow the inmate to purchase health and welfare items from the indigent commissary list. All indigent items will be charged to their spendable account. The charges will remain as debt (or up to one year) unless future spendable funds become available.

David Shinn
Director