



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

**Babu v. Ahern  
Consent Decree First Non-Confidential Status  
Report  
Case No. 5:18-cv-07677-NC  
On-Site Review: February 15-17, 2022**

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## Cover Letter

This document serves as an introduction of the attached report regarding my first non-confidential monitoring report on the status of the Alameda County Sheriff's Office (ACSO) and the Adult Forensic Behavioral Health's (AFBH) implementation of the Babu, v. County of Alameda, Consent Decree within the Santa Rita Jail (SRJ). This report addresses the provisions that were assigned to me to monitor and rate. I have sought feedback from the Joint Experts as I prepared this report and provided feedback to the other Joint Experts on their individual reports.<sup>1</sup>

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

The team of court-appointed Experts conducted the onsite tour of the SRJ on February 15-17, 2022, with the exception of the ADA expert who toured later. The on-site monitoring tour included walking through areas of the jail, interviewing staff and incarcerated persons and assessing areas of the Consent Decree requirements through the on-site assessment of the SRJ.

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

The COVID-19 pandemic has created challenges which have impacted all areas of the jail's operations. The ACSO and Wellpath are meeting those challenges and based on their dedication are in substantial compliance with most of the COVID-19 Consent Decree and the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan requirements.

Examples include, but are not limited to:

- Record Keeping

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<sup>1</sup> Refer to the Joint Expert First Monitoring Report cover letter, May 13, 2022, for information on how the provisions were assigned and numbered.

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

- GREEN - Asymptomatic patient(s) who are currently healthy
- Quarantine Procedures
  - New Books
  - Incarcerated persons with increased risk for COVID-19 or Influenza complications
  - Posting of signs displaying the quarantine status in each pod/housing unit
  - Social distancing requirements
- Sick Call Protocols
- COVID-19 Testing
  - Symptomatic testing
  - Testing of asymptomatic incarcerated persons housed in quarantine housing units
  - Testing of asymptomatic new bookings within 24 hours of arrival and day 5 of booking date
  - Testing of asymptomatic incarcerated persons at a minimum of 48 hours prior to release
  - Testing of asymptomatic incarcerated persons who reside in a housing unit or pod with a positive COVID-19 case
  - Serial point prevalence testing
  - Weekly testing of asymptomatic incarcerated person workers
  - Monthly testing of incarcerated persons with an Orange medical alert
  - Monthly testing of all incarcerated persons residing in dormitory style housing
  - Provision of additional opportunities for incarcerated persons to complete a test when they initially refuse;
- Influenza Testing and Treatment Protocol
- COVID-19 Treatment Protocol
- Monitoring Protocol
  - Incarcerated persons in intake housing units monitored (temperature and symptom check) once per day
  - Incarcerated persons who are Yellow status monitored (temperature and symptom check) once per day
  - Incarcerated persons who are in a Red and Purple housing unit monitored (temperature and symptom check) daily
  - Incarcerated persons who are in a Dark Red housing unit monitored (temperature and symptom check) twice a day
  - Criteria for release back to general population
- Environmental Controls and Hygiene
  - Enhanced cleaning of high-touch surfaces, common areas (pod/dayroom and showers)
  - Enhanced schedule for laundry services
  - Cleaning of staff equipment
  - Availability of soap and importance of hand hygiene reinforced
  - Provision of surgical masks for incarcerated persons

- Court
  - Modification and/or restriction of in-person court appearances for incarcerated persons who are on quarantine status
  - Providing for the safe transportation of individuals to and from the jail
  - Restriction of court for incarcerated persons who are displaying COVID-19 and/or Influenza symptoms;
- Transfers during Quarantine
  - Restrictions of transfers for incarcerated persons housed in quarantined housing units
  - Symptom screening of incarcerated persons housed in non-quarantined housing units prior to transfer to other facilities;
- Release/Discharge Planning
  - Release protocols for incarcerated persons identified as Yellow, Dark Red, Purple or Red
  - Provision of discharge instructions (information on isolation quarantine) for incarcerated persons identified as Yellow, Dark Red, Purple or Red
  - Alameda County Public Health Department (ACPHD) notification for cases with pending or positive test results.

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

- The ACSO must house incarcerated persons who test positive for COVID-19, or who are showing symptoms of COVID-19 in housing units designated as isolation. ACSO must not house confirmed and suspected incarcerated persons within the same housing unit. The ACSO must house Dark Red “Symptomatic or Asymptomatic patient(s) with known COVID-19” and Yellow “Asymptomatic patient(s) with exposure to COVID-19” in areas that are physically separated (solid walls and a solid door that closes fully). Housing COVID-19 positive and exposed incarcerated persons in the same housing units with non-positive cases and housing positive COVID-19 cases in areas where the ventilation to/from the medical isolation/quarantine areas is not separated from ventilation to other spaces increases the risk of spreading the COVID-19 further and ultimately puts the incarcerated population at further risk of contracting COVID-19.
- The ACSO is not providing educational material including information on COVID-19 (how to limit the spread of COVID-19, laundry replacement, mask replacement, and distribution of cleaning supplies) in alternative formats as needed for individuals with disabilities (large print). Additionally, material related to Quarantine and Medical Isolation are not being provided.
- The Nighttime POD/Yard Time logs, Daytime POD/Yard Time logs and Santa Rita Jail Administrative Separation Inmate Recreation Time logs do not include

sufficient information to identify the incarcerated persons who tested negative for COVID-19 on their first test (administered within the first forty-eight (48) hours upon intake) this did not allow the Expert to measure ACSO's compliance with the out-of-cell time requirements.

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

## Summary of Ratings

Requirement	Rating
100. Continue to implement a robust and effective response to the COVID-19 pandemic pursuant to the current Outbreak Control Plan and in consultation with the Alameda County Public Health Department (“ACPHD”) and guided by State and Federal public health authorities, including the California Department of Public Health (“CDPH”) and Centers for Disease Control and Prevention (“CDC”)	SC
101. Masks, Personal Protective Equipment, Personal Hygiene, and Cleaning	SC
102. Testing	SC
103. Additional opportunities to complete a test to individuals who initially refuse testing	SC
104. Intake Procedures	SC
105. Medical Isolation and Quarantine	PC
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.	PC
111. Track and Recording	SC
112. Maintain the public facing COVID-19 webpage on the ACSO website, including continuing the practice of daily updates of case numbers and other relevant information that is currently reflected on the ACSO website, for the duration of the pandemic	SC
113. Vaccinations of staff and incarcerated persons	SC
114. Additional steps to address the spread of COVID-19 and Outbreak Control Plan	SC
416. Out-of-cell for newly booked incarcerated persons	PC

Substantial Compliance = 13 Partial Compliance = 3 Non-Compliance = 0

## Executive Summary

### 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**

#### **Assessment:**

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

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

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

#### **Recommendations:**

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

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

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

**Finding:**     **Substantial Compliance**

**Assessment:**

The ACSO has in place requirements for all persons entering SRJ to properly wear a cloth mask, surgical mask or N95 mask. The station order further mandates that if staff are within six feet of a YELLOW medically classified incarcerated person or in a housing unit that houses YELLOW classified incarcerated persons, staff are required to wear a surgical or N95 mask (a cloth mask is not permitted in these circumstances). If staff are within six feet of a RED medically classified incarcerated person or in a housing unit that houses RED medically classified incarcerated persons, staff are required to wear an N95 mask and eye protection (a cloth or surgical mask is not acceptable in these situations). The incarcerated persons are also required to wear a surgical and/or cloth mask anytime they are outside of their assigned cell or dormitory. The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan requires that PPE supplies: masks, gloves, hand sanitizer etc. should be secured for both staff and incarcerated persons and eye protection and gowns should be available when needed. The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, “All staff should wear appropriate PPE when in contact with potentially infected and/or exposed individuals. Staff should wear a N95 mask, goggles and gloves, and should don a gown if in close proximity to a patient, especially when performing procedures likely to expose them to aerosols. If N95 masks are not available, staff should wear surgical masks and eye protection and attempt to

maintain distance from the patient. A surgical mask should be available for any incarcerated person at all times, and a mask will be required when the incarcerated person is out for pod/recreation time, or they are being moved outside of the housing unit. All inmates should be given surgical masks and mask-wearing of inmates will be mandatory prior to any movement.”

The ACSO produced Station Orders for the requirement for staff and incarcerated persons to wear PPE (gowns, goggles, face shields, and/or gloves). Additionally, the COVID-19 Cheat Sheet includes the requirement for staff to mask the patient and wear full PPE, “PPE yourself for incarcerated persons coded as Red, Dark Red, Purple, Yellow, Bright Yellow. Commissary will be allowed unless otherwise directed by extreme circumstances; however, custody staff and inmate workers who are delivering the packages must wear PPE and wash their hands in between units. All staff working in the quarantined area are required to wear appropriate PPE, and use careful hand hygiene, especially before entering other pods or housing units.”

In a memorandum dated April 9, 2020, the ACSO details the enhanced cleaning for the housing units, pods and dayrooms. The memorandum states, “Each housing unit’s common areas, including the pod and dayroom will be cleaned by inmate workers before meal/recreation time and at the conclusion of meal/recreation time. All staff will adhere to the recent station order directing cleaning be conducted twice daily at 0800 hours and 1800 hours. Inmates will be allowed access to cleaning supplies and have the ability to clean their cells during recreation time. Should circumstances arise where an inmate or housing unit is not able to recreate, cleaning supplies should be provided upon request. This is to be documented in the housing control Redbook which is to be signed by the sergeant responsible for that housing unit. Housing unit staff will also notify CP-1 for entry into the daily log. Inmates will be allowed access to cleaning supplies and provided soap when requested.”

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

During the on-site monitoring tour staff and incarcerated persons were observed wearing facemasks. Additionally, visitors including all Experts were required to wear N95 masks when inside the Santa Rita County Jail. When touring the housing units where incarcerated persons were coded Red, Dark Red, Purple, Yellow, Bright Yellow the Expert observed medical and custody staff wearing full PPE (gowns, goggles, and gloves). The Expert also confirmed that these housing units and the medical areas had PPE supplies available. The Expert also noted that there were replacement masks and

cleaning supplies available in all housing units. The incarcerated persons interviewed reported that cleaning supplies were available at no charge for them to clean their cells. During the tour of the Intake and Release the Experts observed staff provide face masks to the incarcerated persons upon entry into the SRJ. The COVID-19 Information Poster advises the incarcerated persons that due to the COVID-19 pandemic ACSO has increased the frequency of laundry exchanges which now occurs twice a week (schedule varies depending on housing unit). Additionally, none of the incarcerated persons interviewed complained about the laundry services.

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

#### **Recommendations:**

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)<sup>2</sup> 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**

#### **Assessment:**

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, "CDC recommendations will be followed to guide the testing strategy for inmates. According to current guidance, all inmates exhibiting symptoms of any severity will be tested for COVID-19." The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan details the following COVID-19 testing:

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<sup>2</sup> This requirement has been adjusted by public health as reflected in the updated outbreak control plan to testing again at Day 5 as permitted by the Consent Decree

- Testing will be conducted on asymptomatic inmates who are housed in a quarantined housing unit. A COVID-19 test will be offered to all patients in the quarantined housing unit. This testing will be called mass testing. Patients who refuse mass testing will continue to be offered opportunities to test during the serial testing period that follows.
- Testing will be conducted on asymptomatic incarcerated persons within 48 hours of booking. All new bookings will continue to be screened through the intake process and housed in an intake housing unit for 10 days. On, or before the 48-hour mark, the incarcerated person will be offered a COVID-19 test. Additionally, the incarcerated person will be offered a second COVID-19 test at day 5 of new book quarantine.
- Testing will be conducted on asymptomatic incarcerated persons at a minimum of 48 hours prior to release from custody. All incarcerated persons identified at a minimum of 48 hours prior to release will be offered a COVID-19 test.
- Testing will be conducted on asymptomatic incarcerated persons who resided in a housing and/or pod with a positive COVID-19 index case. After phase two (mass testing) occurs, within the affected housing unit/pod, if the incarcerated person tests negative for COVID-19, then Wellpath will conduct serial point prevalence surveys (serial testing) in an affected unit every 5 days. Testing will conclude when two consecutive surveys do not detect any new positive cases.
- Testing will be conducted on asymptomatic incarcerated persons who are currently working as pod/inmate workers. All individuals who meet this criteria will be offered testing on a weekly basis.
- Testing will include testing offered to all patients with an Orange medical alert. This will be done monthly.
- Testing will include testing offered to all patients residing in dormitory style settings. This will be done monthly.

The ACSO/Wellpath maintains a COVID-19 Linelist which details COVID-19 testing data for incarcerated persons housed at the SRJ. The COVID-19 Linelist includes testing data for incarcerated persons designated as Red, Dark Red, Yellow, Orange, New Book, and Release. The COVID-19 Linelist also includes archived data as well as totals. A review of the COVID-19 Linelist shows that a total of 26,040 COVID-19 tests have been performed at the SRJ. The archived spreadsheet reflects 40,116 entries (tested/refusals). The archived spreadsheet reflects the ACSO is testing the following incarcerated persons:

- Newly booked individuals within 48 hours of booking and again after five (5) days of incarceration in the Jail;

- Incarcerated persons being released from custody at least forty-eight (48) hours prior to release;
- Incarcerated persons housed in a pod or housing unit who have had recent contact with an individual suspected of having COVID-19;
- Incarcerated persons who are placed in an "orange" housing unit;
- Incarcerated persons housed in a dormitory;
- Incarcerated persons assigned to work position;
- Symptomatic incarcerated persons;
- Incarcerated persons identified as close contact with COVID-19 positive case; and
- Point prevalence testing.

During the on-site review, the Expert observed the Wellpath COVID-19 team administering COVID-19 tests to the new arrivals. The COVID team using a tracking list identified new arrivals and administered the test in the 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**

**Assessment:**

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

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

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

## **Recommendations:**

No recommendations

### **104 - Intake Procedures**

#### **Defendants shall:**

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

**Finding: Substantial Compliance**

#### **Assessment:**

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

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

- Usual acceptance policies should be followed during an outbreak as long as the facility has current capacity to provide appropriate housing (isolation, OPHU etc.), and medical care.
- If an arrestee with concerning symptoms or high-risk history is accepted past the bubble, they must be placed in an isolation room in ITR during processing, and the room should be sanitized after their departure.
- If there are not enough single-room isolation cells in ITR, then will follow CDC guidance on isolation and quarantine of inmates. <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>
- Ideally, incarcerated persons with increased risk for COVID-19 or Influenza complications should be cohorted away from the sick while held in ITR (ORANGE) (High risk for COVID-19: 65 and older, Pregnant, Asthma [Moderate-or- severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year, history of GERD, BMI of 30 or higher, atopic conditions such as atopic dermatitis or allergic rhinitis) or who have a risk for hospitalization for COVID-19 (i.e., aged 50 years or older)], Chronic Lung Disease (to include COPD), Diabetes aged 50 years and older or any diabetic who is insulin dependent or has uncontrolled diabetes, Serious Heart Conditions (to include heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension), Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis), Severe Obesity (BMI of 40 or above). Immunocompromised (to include patients receiving cancer treatment, organ transplants, immune deficiencies, HIV with low CD4 count, or not taking any HIV treatment), Liver Disease (to include cirrhosis) and Sickle Cell disease. (For further definition of high-risk vulnerable patients, refer to CDC guidance.) ORANGE patients, with symptoms, should be considered for OPHU housing as a RED patient. ORANGE patients, with symptoms, should be started on Tamiflu pending the results of their PCR tests. Mood disorders, including Bipolar affective Disorder and Depression, and Schizophrenia have been added to the medically vulnerable population for COVID-19.
- Inmates with increased risk for COVID-19 or Influenza complications (i.e., as noted above in ITR 8) will be housed in “Vulnerable” Housing= ORANGE. If an ORANGE patient becomes symptomatic, then they should be considered for OPHU housing.

The Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan states, “New books who are GREEN or ORANGE will be quarantined in a “new book” housing unit, or, Ad Sep for 10 days before being introduced into the general population. They will receive a daily temperature check and symptom screen by medical staff. Within 48 hours of booking, the inmate will be offered a COVID-19 test. Additionally, the inmate will be offered a second

COVID-19 test at day 5 of new book quarantine. The inmate will continue to be monitored by medical staff daily, regardless of the testing results.”

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

During the on-site monitoring tour, the Expert observed the intake screening process for 2 individuals. The Expert noted that Wellpath staff used the Wellpath Coronavirus Supplemental Screening questions and used the criteria listed in the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan to identify individuals that have increased risk for COVID-19. In cases where an arrestee is identified with concerning symptoms or high-risk history is accepted past the bubble, staff reported they would be placed in an isolation room in ITR for processing. These cases would also be expedited through the ITR process.

Based on guidance from the ACPHD, newly arriving individuals are placed in dedicated housing units for ten (10) days.

**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:** Partial Compliance

**Assessment:**

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

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

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

- RED= Symptomatic patient(s) with suspected COVID-19 or Influenza.

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

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

During the on-site review, the Expert noted that although HU8A and HU8B were designated as RED/DARK RED, cases that were confirmed COVID-19 positive were housed in housing units not designated as isolation. One positive case was housed in HU9E, and 10 cases were housed in HU8D. However, ACSO was housing the incarcerated persons as single celled.

Additionally, in a letter dated May 6 2022, plaintiffs report the following; “The Jail’s COVID-19 Update for today, May 6, 2022, states that Housing Unit (“HU”) 33A is designated for Medical Isolation as it houses individuals that have tested positive for COVID-19. See Exhibit A. According to the most recent layout of the Jail produced by Defendants, HU 33A is a dorm unit. The use of HU 33A is problematic because it shares a common air space with HU 33B and 33C, as the units are only separated by a chain-link fence in which air particles may easily pass through. Concerningly, class members from HU 33B and 33C report that individuals in their pods are speaking with and even shaking hands with people in HU 33A. HU 33B and 33C are on Yellow status, designating that there has been an exposure to COVID-19 in the housing unit, that there are not yet positive tests. One class member reports that he asked a Deputy to keep individuals from interacting across the fence and was told that the Deputy could not do anything about it. The Jail has also been transferring new incarcerated individuals into Yellow housing units, according to class member reports. On May 5, 2022, HU 33C was Yellow. See Exhibit B. The Outbreak Plan states, During quarantine in (Yellow) pods or housing units, there should be no new incarcerated persons transferred into the pod or housing unit. See Outbreak Plan at Page 8. However, multiple class members report that around 25 people were brought into HU 33C on May 5, 2022.

On May 12, 2022 the Expert and ACSO/Wellpath participated in a video conference call regarding these issues. The ACSO reported “ACSO and Wellpath have been in regular

communication with ACPHD. With ACPHD's guidance and endorsement, as well as within CDC guidelines, we had been leaving COVID-19 positive inmates in minimum security (dormitory) housing units, in place. This was due to a combination of factors: high transmissibility of Omicron, space challenges, staffing challenges, lower frequency of severe cases. There were several COVID-19-positive inmates in HU33A pod. While each pod is physically separated from other pods by solid walls, the front of the pod is wire mesh. This means there is technically shared air space between pods A, B and C. Pods D, E and F are on the other side of the housing unit, with solid walls and doors separating them from pods A, B and C. While the decision to leave the positives in HU33A was known and approved by ACPHD, we have taken steps to make the situation better. HU25 was vacant and under construction. We made it habitable and made some staffing changes, allowing us to move all of the COVID-19-positive inmates from HU33 into HU25. This move was completed around 8pm last night. They are now cohorting in HU25, with serial testing continuing in HU33 and other affected housing units. The public facing ACSO website should reflect this move later today." The Expert notes the housing of positive COVID-19 cases in HU25 (separate from exposure cases) aligns with the CDC guidelines.

The CDC provides guidance for Medical Isolation of Individuals with Confirmed or Suspected COVID-19. Some of the CDC recommendations apply primarily to facilities with on-site healthcare capacity. The CDC guidance states, "[a]s soon as an individual develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should be given a mask (if not already wearing one and if it can be worn safely), immediately placed under medical isolation in a separate environment from other individuals, and medically evaluated." In cases where the facility is housing individuals with confirmed COVID-19 as a cohort, the CDC recommends that, "Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, with close contacts of individuals with confirmed or suspected COVID-19, or with those with undiagnosed respiratory infection who do not meet the criteria for suspected COVID-19." In cases where a facility is housing individuals with confirmed COVID-19 as a cohort, the CDC guidance states, "Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, with close contacts of individuals with confirmed or suspected COVID-19, or with those with undiagnosed respiratory infection who do not meet the criteria for suspected COVID-19."

The CDC guidance also recommends that facilities minimize shared air between medical isolation/quarantine spaces and other spaces within a building. Ventilation to/from the medical isolation/quarantine space should be separate from ventilation to other spaces within the same building. Air should flow from clean to less clean areas.

When choosing a space to cohort groups of residents with confirmed COVID-19, use a single, large, well-ventilated room with solid walls and a solid door that closes fully. Using

a single room will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.

The CDC guidance also includes Considerations for Cohorted Quarantine for facilities and states, “Ideally, facilities should individually quarantine close contacts of persons with confirmed or suspected COVID-19, unless mental health concerns preclude individual housing. Cohorting multiple quarantined close contacts could result in further transmission. If cohorted quarantine is necessary, reduce transmission risk by selecting housing spaces for quarantine that:

- Are well ventilated.
- Minimize the number of residents sharing the housing space.
- Maximize the physical distance between residents sharing the housing space.
- Are physically separated (i.e., solid walls and solid doors) from non-quarantine spaces.”

The ACSO is housing incarcerated persons who test positive for COVID-19, or who are showing symptoms of COVID-19 in housing units not designated as isolation. Housing confirmed and suspected incarcerated persons within the same housing unit does not satisfy the CDC guidance of placing individuals that develops symptoms of COVID-19 or tests positive for SARS-CoV-2 in a separate environment. The ACSO is also housing Dark Red “Symptomatic or Asymptomatic patient(s) with known COVID-19” and Yellow “Asymptomatic patient(s) with exposure to COVID-19” in areas that are not physically separated (solid walls and a solid door that closes fully). Housing COVID-19 positive and exposed incarcerated persons in the same housing units with non-positive cases and housing positive COVID-19 cases in areas where the ventilation to/from the medical isolation/quarantine areas is not separated from ventilation to other spaces increases the risk of spreading the COVID-19 further and ultimately puts the incarcerated population at further risk of contracting COVID-19. During the on-site review the Expert recommended that the ACSO consider double celling the positive cases if classification factors allowed. This would increase the capacity in the dedicated isolation units.

### **Recommendations:**

1. The Expert recommends that the ACSO ensure that confirmed COVID-19 positive incarcerated persons are isolated and not housed with suspected COVID-19 positive incarcerated persons or with COVID-19 negative incarcerated persons.
2. The Expert also recommends that housing of COVID-19 positive cases be in areas where there is physical separation (solid walls and a solid door that closes fully) and where the ventilation to/from the medical isolation/quarantine areas is separated from ventilation to other spaces.
3. The Expert recommends that the ACSO identify ways to scale up medical isolation and quarantine spaces during an outbreak as recommended by the CDC guidelines.

4. The Expert recommends that the ACSO develop a housing plan in the event the need for quarantine bed space is needed due to a mass outbreak.

### **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**

### **Assessment:**

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

Station Order March 17, 2020 Entry Into Santa Rita Jail and Station Order July 8, 2020 Medical Screening Confirmation Stickers outline the requirements for staff, contractors, and visitors to submit and provide temperature and symptom screening prior to entering the SRJ.

During the on-site monitoring tour, the Expert observed the entry process and confirmed that all staff, visitors, and contractors are required to submit and provide temperature and symptom screening prior to entering the SRJ. The Expert noted that all Experts were also required to submit and provide temperature and 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,**

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**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**

**Assessment:**

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

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

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

Staff interviewed stated, in cases where staff, contractors, or visitors displaying 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**

**Assessment:**

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

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

Incarcerated persons identified as medically vulnerable to COVID-19 are housed in dedicated housing units.

Staff interviewed stated in cases where medical staff identify individuals that have increased risk for COVID-19 or Influenza complications, the ACSO would house these individuals separate from all other incarcerated persons in designated housing units.

**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-**

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**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**

**Assessment:**

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

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

Staff interviewed stated that incarcerated persons who meet the criteria to be transported to court, are transported in a vehicle (bus and van) while allowing the incarcerated persons to be transported using social distancing protocols. Staff interviewed also stated that transportation staff review 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, display symptoms of COVID-19 or Influenza are not transported.

**Recommendations:**

No recommendations

**110 - Provide incarcerated persons with educational materials regarding COVID-19 and the Jail's policies to limit the spread of COVID-19 including policies regarding**

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**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: Partial Compliance**

**Assessment:**

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

The ACSO provided the Expert copies of educational material provided to incarcerated persons and posted throughout the jail. The educational material includes information on COVID-19 (how to limit the spread of COVID-19, laundry replacement, mask replacement, and distribution of cleaning supplies). The material is provided in English, Spanish, Korean, Tagalog, Mandarin, and Vietnamese; however, the material is not provided in alternative formats as needed for individuals with disabilities (large print). Additionally, material related to Quarantine, Medical Isolation was not produced. The County reports this information is available on the tablets and the incarcerated persons are able to change the font on some of the information and expand the screen on all information to view information in large print. The Expert will confirm this during the next monitoring tour.

**Recommendations:**

The ACSO must ensure the material provided and/or posted includes information related to Quarantine and Medical Isolation. The ACSO must also ensure the material is available in alternate formats for individuals with disabilities.

**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**

**Assessment:**

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

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

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

- COVID-19 Cheatsheet – Identifies all housing units color code designations (Red, Dark Red, Purple, Yellow, Bright Yellow, Orange, Green, and Blue).
- COVID-19 Linelist – name, date of birth, age, date of onset of symptoms, date of testing, results of testing, contact tracing, symptomatic, asymptomatic, additional notes.
- Wellpath Staff Tracking – name, symptoms, test date, test result, left work date, COVID-19 leave, return to work, recovered date, and comments.

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

**Recommendations:**

No recommendations

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**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**

**Assessment:**

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

- Current Statistics Incarcerated Persons - Positive cases (Asymptomatic and Symptomatic).
- Aggregate Statistics Incarcerated Persons - Tests completed (negative, positive, pending, recovered in custody, recovered out-of-custody, incarcerated person hospitalized, deaths).
- Staff and Contractor Statistics (current and historical) – Positive and recovered cases.
- SRJ Population – total population, number of Red and Dark Red designated incarcerated persons, units currently on quarantine status, number of incarcerated person designated as “Orange.”
- Incarcerated Person Vaccinations – fully vaccinated, partially vaccinated, fully vaccinated in custody, partially vaccinated in custody, total boosters, and housing units offered vaccines.
- Staff Weekly Testing.

**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**

**Assessment:**

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

- Phase 1: ORANGE patients should be offered Influenza vaccines as a first priority.
- Phase 2: Age criteria (ages 55 and older) should be offered the Influenza vaccine, if supply allows.
- Phase 3: All other inmates in the facility should be offered the Influenza vaccine, if supply allows. Bi-weekly, base-wide vaccination will be offered, if supply allows, for all patients who initially refused or were not offered.
- Phase 4: All ORANGE inmates at time of booking should be offered the Influenza vaccine, if supply allows.
- The COVID-19 Vaccine is no longer subject to a prioritization criteria and all incarcerated patients are recommended to be offered the COVID-19 vaccine. All patients who are eligible for the COVID-19 booster will be offered the booster as soon as they are eligible. Patients who initially refuse the booster will be offered the booster upon request at any future opportunity once requested. Moderna or Pfizer remain the recommended COVID-19 vaccine to use as the booster regardless of the initial vaccine accepted. Booster eligibility will be aligned with current recommendations by the CDC and the ACPHD.
- Vaccine status will be assessed for all newly booked patients during the intake process.
- The CAIRS registry will be used to verify and identify each newly booked inmate to determine their vaccination status.
- A vaccination log will be kept for all patients by Wellpath and Vaccine Status for fully vaccinated and partially vaccinated patients will also be included as an alert in the jail management software ATIMS.
- County employees and all contractor staff should be encouraged to receive the seasonal influenza vaccine prior to the Influenza season. If healthcare staff do not receive their Influenza vaccine, mask wearing will continue to be mandatory for these staff members regardless of the current station order status for mask mandate during the time period considered to be the Influenza season, typically the beginning of October until the middle of May for the following year. Healthcare workers Influenza vaccine status will be tracked, and de-identified reporting should be available upon request.
- County employees and all contracted staff should be encouraged to be fully vaccinated against COVID-19, if they are not already required to be by federal, state, or county mandates. COVID-19 vaccine status for all county employees and contractors will be tracked by their respective human resources teams for reporting purposes if requested.
- Vaccination: Influenza vaccine will be secured per the allotment from Wellpath, Public Health and Maxor pharmacy.
- Patients set to be released, transferred, or sent to a program will be provided education and/or screening based on their situation. If they are currently (YELLOW) or (RED) or have been provided the COVID-19 vaccine in a form that requires a second dose, they will be provided an instruction

sheet giving them information for necessary precautions or follow-up. Vaccine recipients will be provided a copy of their vaccination card.

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

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

Stats as of April 19, 2022:

- Fully Vaccinated 1,614
- Partially Vaccinated 228
- Fully Vaccinated in Custody 639
- Partially Vaccinated in Custody 63
- Total Boosters 279

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

- Moderna
  - 1<sup>st</sup> Dose – 904
  - 2<sup>nd</sup> Dose – 715
  - Booster – 108
- Janssen
  - 1<sup>st</sup> Dose – 635
  - Booster – 32
- Pfizer
  - 1<sup>st</sup> Dose – 141
  - 2<sup>nd</sup> Dose – 114
  - Booster – 22

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

The ACSO provided the Expert the following information on COVID-19 vaccinations for staff (as of 04/01/2022):

- Total ACSO employees – 1,706 (Sworn 1,030, Professional 676)
  - Fully vaccinated staff – 1,248
    - Sworn 670 (24 of which have received boosters)
    - Professional 578 (34 of which have received boosters)

**Recommendations:**

No recommendations

**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**

**Assessment:**

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

- Record Keeping
  - COVID-19 Line List
    - The ACSO/Wellpath maintain a COVID-19 Line List of all incarcerated person COVID-19 cases (COVID-19 Linelist Addendum 1)
  - Influenza line list
    - The ACSO/Wellpath maintain an Influenza Line List of all incarcerated person Influenza cases (Influenza linelist 2021 – Addendum 2)
  - Staff Line list
    - The ACSO/Wellpath maintain a staff Line List of all staff COVID-19 cases (Wellpath Staff Tracking – Addendum 3 and Redacted COVID-19 Status 2022 Excel Spreadsheet)
- Communication requirements
  - COVID-19 cases

- The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed email distribution list produced by Wellpath)
  - Units/pods being quarantined
    - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed email distribution list produced by Wellpath)
  - Distribution of line lists
    - The ACSO/Wellpath distributes the line lists to the email distribution list (reviewed email distribution list produced by Wellpath)
  - Daily communication
    - The ACSO/Wellpath conducts daily and weekly communication between key staff via email, phone and in person (reviewed sample Collaboration Meeting scheduled meeting invite)
  - Communication with ACPHD (including distribution of line lists)
    - The ACSO/Wellpath communicates with ACPHD including distribution of COVID-19 Line Lists (reviewed sample email distribution of Line List and Meeting Notes and Agenda of meetings with ACDPH)
  - Employee notification of an outbreak
    - The ACSO/Wellpath use the Cheatsheet to notify staff of outbreak (reviewed COVID-19 Cheatsheet-Addendum 6 used to notify staff)
  - Notification requirements for COVID-19 positive cases
    - The ACSO notifies staff of positive COVID-19 cases (reviewed sample distribution of notification email)
  - Posting of quarantine status (start date and possible release date) of quarantined units
    - Observed the postings posted in the housing units on-site
- Supplies
  - PPE supply availability
    - Observed stock of PPE supplies (masks, gloves, gowns, googles on-site)
  - Testing supply availability
    - Observed stock of testing supplies on-site)
  - Medication availability
    - Observed the medication availability and process to secure medication on-site
- Social distancing requirements

- Memorandum April 9, 2020 Housing Unit Operations – Social Distancing Protocols
- Sick call protocol
- Influenza testing protocol
  - ACSO/Wellpath conducts Influenza testing (reviewed images of Influenza Testing Supplies and practice guide)
- Influenza treatment protocol
  - ACSO/Wellpath reported, No treatment has been provided to the incarcerated population since February of 2020, prior to the COVID-19 pandemic. There has not been a confirmed Influenza case since prior to the COVID-19 pandemic. Treatment was procured by Maxor pharmacy and is available when needed.
- COVID-19 treatment protocol
  - ACSO/Wellpath produced a letter showing receipt of MAB treatment as LOA
- COVID-19 incarcerated person monitoring protocol
  - ACSO/Wellpath produced images (three medical progress notes) from CorEMR of monitoring and release from quarantine
- Management of incarcerated person workers during quarantine
  - Email from ACDPH to ACSO that reflects criteria for “Orange” patients who are fully vaccinated to participate as a pod worker/inmate worker
- Programs/Visiting/Attorney Visits
- Weekenders
- Transfers during quarantine
- Release/discharge planning
  - Wellpath produced Release Transfer Assessment Check, Release Log ACPHD Addendum 15, and Vaccine Alert for Release Jacket

### **Recommendations:**

No recommendations

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

**be curtailed for inmates who refuse to comply with COVID-19 protocols imposed by public health in these units.**

**Finding: Partial Compliance**

**Assessment:**

Based on guidance from the ACPHD newly arriving individuals are placed in dedicated housing units for ten (10) days. The Expert notes that the ACSO only provided out-of-cell logs for two of those housing units. A review of Nighttime POD/Yard Time logs, Daytime POD/Yard Time logs and Santa Rita Jail Administrative Separation Inmate Recreation Time logs found that the logs do not contain sufficient information to identify the incarcerated persons who tested negative for COVID-19 on their first test (administered within the first forty-eight (48) hours upon intake). The logs reflect the following out-of-cell time provided to the incarcerated persons housed in the dedicated quarantine housing units. Listed below is a summary of the out-of-cell time provided:

**Santa Rita Jail Administrative Separation Inmate Recreation Time logs**

- 12/5/21 – 12/11/21
  - 1 hour – 7 cases
  - 2 hours – 4 cases
  - 3 hours – 5 cases
  - 4 hours – 1 case
  - 5 hours – 2 cases
  - Refusals – 16
- 12/12/21 – 12/18/21
  - 1 hour – 8 cases
  - 2 hours – 2 cases
  - 2.5 hours – 1 case
  - 3 hours – 1 case
  - 4 hours – 2 cases
  - 6 hours – 2 case
  - 6.5 hours – 1 case
  - 7 hours – 4 cases
  - Refusals – 19
- 12/19/21 – 12/25/21
  - 1 hour – 9 cases
  - 2 hours – 4 cases
  - 3 hours – 6 cases
  - 4 hours – 2 cases
  - 6 hours – 2 cases
  - Refusals – 15

**Daytime POD/Yard Time logs**

- 1/2/22 – 1/8/22
  - 0 – 12 cases
  - 1 hour – 6 cases
  - 2 hours – 8 cases
  - 3 hours – 5 case
  - 5 hours – 1 case
  - 6 hours – 1 case
- 1/9/22 – 1/15/22
  - 0 – 15 cases
  - 1 hour – 4 cases
  - 2 hours – 8 cases
  - 3 hours – 1 case
  - 4 hours – 2 cases
  - 5 hours – 2 cases
- 1/16/22 – 1/22/22
  - 0 – 19 cases
  - 1 hour – 4 cases
  - 2 hours – 3 cases
  - 3 hours – 2 cases
  - 4 hours – 3 cases
  - 5 hours – 1 case
- 1/23/22 – 1/29/22
  - 0 – 12 cases
  - 1 hour – 9 cases
  - 1.20 – 1 case
  - 2 hours – 6 cases
  - 3 hours – 1 case
  - 4 hours - 3 cases
- 1/30/22 – 2/5/22
  - 0 – 17 cases
  - 1 hour – 6 cases
  - 2 hours – 4 cases
  - 3 hours – 3 cases
  - 4 hours – 3 cases
- 2/6/22 – 2/12/22
  - 0 – 19 cases
  - 1 hour – 7 cases
  - 1.15 – 1 case
  - 2 hours – 4 cases
  - 2.20 hours – 1 case
  - 4 hours – 2 cases
  - 6 hours – 1 case
- 2/13/22 – 2/19/22
  - 0 – 15 cases

- 1 hour – 6 cases
- 2 hours – 6 cases
- 3 hours – 1 case
- 3.25 – 1 case
- 4 hours – 1 case
- 6 hours – 1 case
- 6.15 – 1 case
- 2/20/22 – 2/26/22
  - 0 – 19 cases
  - 1 hour – 1 case
  - 2 hours – 3 cases
  - 2.30 – 1 case
  - 3 hours – 5 cases
  - 4 hours – 1 case
  - 5 hours – 1 case
  - 5.50 – 1 case

#### Nighttime POD/Yard Time logs

- 1/2/22 – 1/8/22
  - 0 – 20 cases
  - 1 hour – 7 cases
  - 2 hours – 5 cases
  - 3 hours – 1 case
- 1/9/22 – 1/15/22
  - 0 – 18 cases
  - 1 hour – 9 cases
  - 1.25 – 1 case
  - 1.40 – 1 case
  - 2 hours – 1 case
  - 2.30 – 1 case
  - 3 hours – 1 case
- 1/16/22 – 1/22/22
  - 0 – 22 cases
  - 1 hour – 6 cases
  - 2 hours – 1 case
  - 3.20 – 1 case
  - 4 hours – 1 case
  - 10.15 hours – 1 case
- 1/23/22 – 1/29/22
  - 0 – 20 cases
  - .15 – 1 case
  - 1 hour – 7 cases
  - 2 hours – 1 case
  - 3 hours – 3 cases

- 1/30/22 – 2/5/22
  - 0 – 21 cases
  - .20 – 1 case
  - 1 hour – 4 cases
  - 1.05 – 1 case
  - 1.30 – 1 case
  - 2 hours – 3 cases
  - 2.15 – 1 case
  - 4.55 hours – 1 case
- 2/6/22 – 2/12/22
  - 0 – 24 cases
  - 1 hour – 6 cases
  - 1.59 – 1 case
  - 2 hours – 4 cases
- 2/13/22 – 2/19/22
  - 0 – 17 cases
  - .30 – 1 case
  - .53 – 1 case
  - 1 hour – 8 cases
  - 2 hours – 4 cases
  - 3.05 hours – 1 case
- 2/20/22 – 2/26/22
  - 0 – 28 cases
  - .31 – 1 case
  - 2 hours – 1 case
  - 2.30 – 1 case
  - 3.03 hours – 1 case

#### Santa Rita Jail Administrative Separation Inmate Recreation Time logs

- 12/5/21 – 12/11/21
  - 1 hour – 3 cases
  - 3 hours – 1 case
  - 3.5 – 1 case
  - 4.1 hours – 1 case
  - Refusals – 4
- 12/12/21 – 12/18/21
  - 1 hour – 2 cases
  - 1.02 – 1 case
  - 1.05 – 1 case
  - 1.35 – 1 case
  - 2.05 hours – 1 case
  - 2.2 hours – 1 case
  - Refusals – 1
- 12/19/21 – 12/25/21

- .35 hours – 1 case
- .5 hours – 1 case
- 1 hour – 3 cases
- 1.1 hours – 1 case
- 1.15 hours – 1 case
- 1.55 hours – 1 case
- 3.06 hours – 1 case

#### Daytime POD/Yard Time logs

- 1/9/22 – 1/15/22
  - 0 – 28 cases
  - 1 hour – 10 cases
  - 1.5 hours – 3 cases
  - 2.5 hours – 2 cases
- 1/16/22 – 1/22/22
  - 0 – 23 cases
  - 1 hour – 8 cases
  - 1.3 hours – 1 case
  - 2 hours – 2 cases
  - 2.3 hours – 1 case
  - 3 hours – 3 cases
- 1/23/22 – 1/29/22
  - 0 – 16 cases
  - .15 hours – 1 case
  - 1 hour – 16 cases
  - 1.5 – 1 case
  - 2 hours – 4 cases
  - 4 hours – 1 case
- 1/30/22 – 2/5/22
  - 0 – 24 cases
  - 1 hour – 15 cases
  - 2 hours – 4 cases
  - 3 hours – 1 case
  - 4 hours – 1 case
- 2/6/22 – 2/12/22
  - 0 – 21 cases
  - 1 hour – 6 cases
  - 1.3 – 2 cases
  - 1.35 hours – 1 case
  - 2 hours – 3 cases
- 2/13/22 – 2/19/22
  - 0 – 33 cases
- 2/20/22 – 2/26/22
  - 0 – 25 cases

- 1 hour – 9 cases

#### Nighttime POD/Yard Time logs

- 1/9/22 – 1/15/22
  - 0 – 33 cases
  - .55 hours – 1 case
  - 1 hour – 9 cases
  - 2 hours – 1 case
  - 2.45 hours – 1 case
- 1/16/22 – 1/22/22
  - 0 – 27 cases
  - .25 hours – 1 case
  - .35 hours – 1 case
  - 1 hour – 6 cases
  - 1.05 hours – 1 case
  - 2 hours – 1 case
  - 2.35 hours – 1 case
- 1/23/22 – 1/29/22
  - 0 – 32 cases
  - 1 hour – 5 cases
  - 1.25 hours – 1 case
  - 2 hours – 1 case
- 1/30/22 – 2/5/22
  - 0 – 40 cases
  - 1 hour – 5 cases
  - 1.05 – 1 case
- 2/6/22 – 2/12/22
  - 0 – 24 cases
  - 1 hour – 9 cases
- 2/13/22 – 2/19/22
  - 0 – 33 cases
- 2/20/22 – 2/26/22
  - 0 – 25 cases
  - 1 hour – 7 cases
  - 4 hours – 1 case

#### Recommendations:

The Expert recommends that the Nighttime POD/Yard Time logs, Daytime POD/Yard Time logs and Santa Rita Jail Administrative Separation Inmate Recreation Time logs include sufficient information to identify the incarcerated persons who tested negative for COVID-19 on their first test (administered within the first forty-eight [48] hours upon intake) this will allow the Expert to measure ACSO's compliance. The Expert also

recommends that ACSO work with the experts to explore opportunities to increase out of cell time and structured activities, including in-cell activities.

## 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.

July 8, 2022

\_\_\_\_\_  
Julian Martinez  
Director  
Sabot Consulting

\_\_\_\_\_  
Date