



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

**Babu v. Ahern
Consent Decree Fourth Status Report
Case No. 5:18-cv-07677-NC
On-Site Review: January 9-11, 2024**

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April 15, 2024

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Cover Letter

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

This fourth monitoring report is based on document and data review, on-site touring, and interviews with staff. Prior to and subsequent to conducting the tour, policies, station orders, the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail, and various documents were requested and reviewed.

The team of court-appointed Experts conducted the on-site tour of the SRJ on January 9-11, 2024. The on-site monitoring tour included walking through areas of the Jail, interviewing staff, and assessing areas of the Consent Decree requirements through the on-site assessment of the SRJ.

The ACSO and Wellpath employees were open, transparent, candid, and willing to discuss both challenges and plans for improvement of the Consent Decree requirements. During the tour, the Expert was provided full access to the SRJ, information requested, and access to staff. Document requests were provided.

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

- Revise and incorporate the revised CDC and ACPHD's guidance into the Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan.
- Ensure the revised Santa Rita Jail COVID-19 & Influenza Outbreak Control Plan is posted on the Alameda County Sheriff's website.

The Expert notes that since the last monitoring tour, the County implemented the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023). The Expert also notes that the [SRJ COVID-19 and Flu Outbreak Plan update 10/2023](#) is posted and available on the Alameda County Sheriff's website.

The Expert notes that since the last monitoring tour, there have been no changes to the response and guidance to the COVID-19 pandemic at the national and local levels. However, the Expert notes that on January 9, 2024, the Director of the California Department of Public Health issued the following Order,¹

¹ <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Order-of-the-State-Public-Health-Officer-Beyond-Blueprint.aspx>

“All individuals should follow the recommendations in the When and Why to Wear a Mask issued by the California Department of Public Health. I will continue to monitor the scientific evidence and epidemiological data and will amend this guidance as needed by the evolving public health conditions and recommendations issued by the federal Centers for Disease Control and Prevention (CDC) and other public health authorities.”

For the purposes of the California Department of Public Health's recommendations for persons infected with or exposed to COVID-19 and during outbreaks, the following definitions apply:

- “Close Contact”
 - In indoor spaces 400,000 or fewer cubic feet per floor (such as homes, clinic waiting rooms, airplanes, etc.), a close contact is defined as sharing the same indoor airspace for a cumulative total of 15 minutes or more over a 24-hour period (for example, three separate 5-minute exposures for a total of 15 minutes) during a confirmed case's infectious period.
 - In large indoor spaces greater than 400,000 cubic feet per floor (such as open-floor-plan offices, warehouses, large retail stores, manufacturing, or food processing facilities), a close contact is defined as being within 6 feet of the confirmed case for a cumulative total of 15 minutes or more over a 24-hour period during the confirmed case's infectious period.
 - Spaces that are separated by floor-to-ceiling walls (e.g., offices, suites, rooms, waiting areas, bathrooms, or break or eating areas that are separated by floor-to-ceiling walls) must be considered distinct indoor airspaces.

- Confirmed Case
 - A person who has received a positive result of the presence of SARS-CoV-2 virus as confirmed by a COVID-19 viral test or clinical diagnosis.

- Infectious Period*. For the purpose of isolation and exclusion of confirmed cases, the “Infectious Period” is defined as:
 - For symptomatic confirmed cases, from the day of symptom onset until 24 hours have passed with no fever, without the use of fever-reducing medications, AND symptoms are mild and improving.
 - For asymptomatic confirmed cases, there is no infectious period for the purpose of isolation or exclusion. If symptoms develop, the criteria above will apply.

* The potential infectious period is 2 days before symptoms began or the positive test date (if no symptoms) through 10 days after symptoms began or testing positive.

- Outbreak. For the purposes of defining an outbreak in non-healthcare settings, such as to determine when employee COVID-19 cases are part of an exposed group, the following definition shall apply:
 - At least three COVID-19 cases during a 7-day period.”

In the previous report, the Expert noted that the Centers for Disease Control and Prevention (CDC) updated the Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities (May 11, 2023)². The Expert notes that the CDC has archived the Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities. These archived changes included the following:

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

The CDC’s archived guidance also recommended the following:

“Assessing a Facility’s Risk

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

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

² <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html>

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

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

COVID-19 Prevention Strategies

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

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

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

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

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

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

Improve Ventilation

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

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

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

Provide Testing for COVID-19, When Needed

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

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

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

Enhanced strategy: Consult with the state, local, tribal, or territorial health department (or equivalent) about whether to implement routine screening testing of residents and/or staff if there are concerns about the population being at especially high risk for severe illness from COVID-19. Routine testing can help identify infections early, which is especially important for people who are eligible for treatment.

Wear Masks or Respirators and PPE, as Appropriate

Maintain a stock of personal protective equipment (PPE).

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

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

Promote Infection Control and Facility Cleaning

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

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

Enhanced strategy: Add enhanced cleaning and disinfection.

Implement Post-Exposure Guidance

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

Implement Isolation Guidance

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

If multiple residents have tested positive, they can isolate together in the same area. However, people with confirmed and suspected COVID-19 should not be housed together. Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.

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

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

Support Access to Treatment, as Needed

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

Monitor and Communicate Potential Outbreaks or Needs

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

Increase Distance

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

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

Quarantine

Quarantine (separating and restricting the movement of people who were exposed to a contagious disease to prevent further transmission in case they become sick) for COVID-19 is no longer recommended for the general public. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in these settings, some facilities may prefer to continue implementing quarantine protocols for residents, staff, and/or volunteers who have been exposed to someone with COVID-19. Facilities can base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.

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

Considerations for facilities implementing quarantine include the following:

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

Personal Protective Equipment and Source Control

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

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

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

See [Types of Masks and Respirators](#) for a full list of NIOSH-approved and international respirators.

Identifying Exposures

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

Case Investigation and Person-Based Contact Tracing.

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

Location-Based Contact Tracing

Location-based contact tracing may be preferable in homeless service sites and correctional and detention facilities where traditional person-based contact tracing is ineffective because of crowding, mixing of residents and staff, difficulty ascertaining close contacts, and residents' movements in and out of the facility. Location-based contact tracing identifies people with recent known or potential exposure based on whether they spent time in the same areas as a person with COVID-19 during the time the infected person was considered infectious. The infectious period is considered to be two days prior to onset of any symptoms, or two days prior to the positive test if they do not have symptoms, through the end of isolation. This process can help identify additional facilities (or portions of facilities) that might need investigation and testing. Examples of how to conduct location-based contact tracing include:

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

programmatic activities; for staff and volunteers, this could include their duty station, break room, and carpool.

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

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

For Correctional and Detention Facilities

Testing at Intake (Enhanced Prevention Strategy)

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

Testing During Transfer and Release (Enhanced Prevention Strategy)

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

Masks and Respirators

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

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

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

Isolation and Quarantine Spaces

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

Visitation and Programming

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

The County produced the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 2023). The COVID-19 Prevention Plan includes detailed information in the following sections:

- i. Record Keeping, Communication, and Reporting
- ii. Color Coding System and Alerts
- iii. Masking and PPE
- iv. Environmental Controls and Hygiene
- v. Intake Symptom and Exposure Screening
- vi. Health Education for COVID-19 and Vaccinations
- vii. Testing for Incarcerated Individuals
- viii. Vaccinations and Treatments (Include tracking process)
- ix. Isolation
- x. Quarantine
- xi. Release and Transfer

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

Summary of Ratings

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

Substantial Compliance = 15 Partial Compliance = 0 Non-Compliance = 0

Findings

1100 - COVID-19 Measures

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

Finding: **Substantial Compliance**

Policies: COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

Metrics 1. Reviewed the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)
2. Reviewed the Alameda County Health Services Agency Public Health Department Coronavirus Disease (COVID-19) <https://covid-19.acgov.org/index.page>
3. Reviewed the California Department of Public Health COVID-19 Guidelines <https://covid19.ca.gov/>
4. Reviewed the archived Guidance on Management of COVID-19 Homeless Service Sites and in Correctional and Detention Facilities (May 11, 2023) <https://www.cdc.gov/coronavirus/2019-ncov/community/homeless-correctional-settings.html>

Assessment:

ACSO/Wellpath has measures in place to prevent and mitigate the spread of COVID-19; the measures detailed in the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail are consistent with the guidance and recommendations of the Alameda County Public

Health Department (ACPHD), the California Department of Public Health (CDPH), and the Centers for Disease Control and Prevention (CDC).

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states, “The objective of this document is to guide our policies and procedures at Santa Rita Jail during the endemic nature of the COVID-19 disease. 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 hospital admission rates, our strategies may be adjusted accordingly in collaboration with the Alameda County Public Health Department and guidelines from the CDC.”

Recommendations:

No recommendations

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

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)
Station Order March 17, 2020 Entry Into Santa Rita Jail
Station Order March 26, 2020, Mandatory Use of N95 Mask
Memorandum March 1, 2023, Updated COVID-19 Masking Protocols at Santa Rita Jail
Memorandum April 9, 2020, Housing Unit Operations – Social Distancing Protocols

Memorandum October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail

Training No training requirements

Metrics

1. On-site observations of the Jail, including housing units, intake/booking, staff entrances
3. Staff interviews

Assessment:

The Joint Expert notes there have been no revisions to the guidance and recommendation of the ACPHD, CDPH, and CDC regarding the requirement for wearing masks, use of personal protective equipment, personal hygiene, and cleaning since the last monitoring tour.

The Memorandum dated March 1, 2023, Updated COVID-19 Masking Protocols at Santa Rita Jail states, “Upon publication of this Memorandum, donning of masks at the Santa Rita Jail (SRJ) will be optional when in non-clinical areas. Required masking remains in effect while in housing units that are designated as being in isolation or are on a quarantine status.”

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

“Wear Masks or Respirators and PPE, as Appropriate

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

Promote Infection Control and Facility Cleaning

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

Personal Protective Equipment and Source Control

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

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

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

Masks and Respirators

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

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

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

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states,

“Employees will use the current CDC COVID-19 Community Levels to determine the level of masking requirements within the facility:

- When the COVID-19 Community Level is low, masking may be optional:
 - Only in non-clinical areas (such as in housing units, communal dining areas, visitation areas, and in administrative areas where only staff may have access).
 - When there have been no outbreaks (defined as three suspected, probable, or confirmed COVID-19 cases within a 14-day period among epidemiologically linked residents and/or staff) in the entire facility or within separated, closed subunits that do not allow for mixing of those residents or staff with the general population.
 - Surgical masks or higher-level respirators (e.g., N95s, KN95s, KF94s) with good fit are available at all times to any residents and staff who would like to use them based on their personal preference.
- When the COVID-19 Community Level is medium or high, facilities must maintain or reinstate universal masking requirements for all staff and residents, regardless if there are no outbreaks within the facility.

Universal masking is highly recommended to all staff and residents, regardless of vaccination status and Community Level, and is required in all clinical areas (or when any healthcare is being delivered), including isolation and quarantine areas, or any other areas that are covered by other specified high-risk settings.

Face coverings will be clean, undamaged, and worn over the nose and mouth.

The following exceptions may apply:

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

If an employee is not wearing a face covering due to the exceptions above, the COVID-19 hazards will be assessed, and action taken as necessary.”

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

clean their cells during recreation time. Should circumstances arise where an inmate or housing unit is not able to recreate, cleaning supplies should be provided upon request. This is to be documented in the housing control Redbook, which is to be signed by the sergeant responsible for that housing unit. Housing unit staff will also notify CP-1 for entry into the daily log. Inmates will be allowed access to cleaning supplies and provided soap when requested." ASCO did not produce revisions to this Memorandum in regard to the enhanced cleaning requirements and has confirmed it still stands and cleaning is still being offered as described and will likely remain in place for now.

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states, "High-touch surfaces in common areas (both inmate and staff areas) should be wiped with antiseptic wipes several times each day. Staff should be encouraged to clean shared equipment (radios, keys, blood pressure cuffs, etc.) several times per day and at the end of each shift.

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

Staff interviewed reported that contractors and staff who are assigned to the OPHU are required to wear a facial covering when providing patient care. The Joint Expert toured the OPHU and noted that all staff in the OPHU were required to wear and were wearing masks. When escorted into the OPHU, the Joint Expert was also required to wear a mask.

Although there were no incarcerated persons who were coded Red or Dark Red or housed in designated isolation and quarantine areas, at the time of the monitoring tour, the Joint Expert noted that PPE (masks and gloves) were available. Additionally, the Expert noted that there were cleaning supplies available in all housing units. During the tour of the Intake and Release, the Expert noted that face masks were available for staff and incarcerated persons.

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)³ 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**

³ This requirement has been adjusted by public health as reflected in the updated outbreak control plan to testing again at Day 5 as permitted by the Consent Decree

(d) individuals who are placed in an "orange" housing unit from another housing area within the Jail due to their vulnerability to serious illness from COVID-19 for as long as this measure is recommended by public health authorities for correctional environments.

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

Assessment:

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

- “Recommends intake testing in correctional and detention facilities be considered an Enhanced Prevention Strategy. Previous versions of this guidance document recommended intake testing as a Strategy for Everyday Operations.
- Test residents and staff who have been exposed or who are symptomatic, in accordance with CDC testing guidance.
- If testing staff on-site is not feasible (e.g., due to employment policy or availability of testing supplies), advise staff who have been exposed or who are symptomatic to seek testing offsite.
- Enhanced strategy: Consult with the state, local, tribal, or territorial health department (or equivalent) about whether to implement routine screening testing of residents and/or staff if there are concerns about the population being at especially high risk for severe illness from COVID-19. Routine testing can help identify infections early, which is especially important for people who are eligible for treatment.
- Test residents and staff who have been exposed at least five full days after exposure (or sooner, if they develop symptoms) and require them to wear a mask while indoors for 10 full days after exposure, regardless of vaccination status.
- Testing – Serial testing may be used during cohorted quarantine. Within quarantine cohorts, serial testing every 3-7 days can identify new cases early. If new cases are identified in the cohort, the quarantine period should restart. Serial testing can be used for all residents in a cohort, or prioritized for people who are more likely to

get very sick from COVID-19 to identify infections early and assess them for treatment promptly.

- Testing at Intake (Enhanced Prevention Strategy) - An additional enhanced prevention strategy in this setting is to consider testing all new residents entering correctional and detention facilities at intake. As an alternative to intake testing, facilities can use a routine observation period at intake, during which residents are housed separately from the rest of the facility's population. The duration of the observation period should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested. Individual housing is preferred under this strategy; if cohorting is necessary, do not add residents to an existing cohort during their observation period.
- Testing During Transfer and Release (Enhanced Prevention Strategy) - An additional enhanced prevention strategy for this setting is to consider testing residents during transfer and/or release protocols. Routine observation periods can be added during movement protocols as well, as additional enhanced prevention strategies."

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states, "COVID-19 tests will be offered to all asymptomatic inmates within 48 hours of booking.

All symptomatic patients arriving to ITR will be offered a COVID-19 test during the intake process. Those patients that are symptomatic and test positive, refuse testing, or refuse to answer the symptom screening questionnaire, will be placed into medical isolation and offered repeated daily opportunities to consent to the symptom screen and/or testing.

For the remainder of their incarceration, COVID-19 tests will be offered to all inmates presenting with symptoms. If the inmate reports symptoms and refuses to be tested, the patient will be placed in medical isolation pending follow-up with a medical provider.

All symptomatic patients arriving to ITR will be offered a COVID-19 test during the intake process. Those patients that are symptomatic and test positive, refuse testing, or refuse to answer the symptom screening questionnaire, will be placed into medical isolation and offered repeated daily opportunities to consent to the symptom screen and/or testing.

Asymptomatic patient(s) arriving to ITR with recent exposure to COVID-19 positive cases in shared space will undergo individual quarantine. An initial COVID rapid test will be offered on day 1 and a second rapid test on day 5. The quarantine may be lifted on day 5 with a negative test; however, masking is strongly recommended through day 10.

Response testing will be conducted in a housing unit that is placed under quarantine. Each additional positive case identified in a housing unit undergoing response testing

during quarantine will extend the quarantine and trigger further response testing. The response testing will occur in 3-5 days of quarantine initiation/extension.

COVID screening of dental patients is not required but may be done, especially during periods of high community transmission, at the discretion of the facility.”

The ACSO/Wellpath continue to maintain a COVID-19 Linelist that details COVID-19 testing data for incarcerated persons housed at the SRJ. The COVID and Flu Archive Linelist from July 2023 to the present includes testing data for incarcerated persons. A review of the COVID and Flu Archive Linelist from July 2023 to the present shows that a total of 6,5298 COVID-19 tests were offered/performed at the SRJ from 6/29/23 to 1/10/24. The COVID and Flu Archive Linelist from July 2023 to the present reflects that ACSO is offering/testing the following incarcerated persons:

- Newly booked individuals within 48 hours of booking
- Symptomatic incarcerated persons;
- Patient Request;
- Transfer;
- Precautionary measures per HAS;
- Quarantine due to exposure;
- Exposure to medical provider (outside); and
- Response testing

During the on-site review, the Expert observed that the intake nurse had access to COVID-19 Rapid Tests to use on symptomatic new arrivals. Additionally, the Joint Expert noted that the COVID team also uses the tracking list to identify and offer/administer the 48-hour test and the 5-day re-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**

Policies The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

2. Staff Interviews

Assessment:

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states: "COVID-19 tests will be offered to all asymptomatic inmates within 48 hours of booking.

All symptomatic patients arriving to ITR will be offered a COVID-19 test during the intake process. Those patients that are symptomatic and test positive, refuse testing, or refuse to answer the symptom screening questionnaire, will be placed into medical isolation and offered repeated daily opportunities to consent to the symptom screen and/or testing.

For the remainder of their incarceration, COVID-19 tests will be offered to all inmates presenting with symptoms. If the inmate reports symptoms and refuses to be tested, the patient will be placed in medical isolation pending follow-up with a medical provider.

All symptomatic patients arriving to ITR will be offered a COVID-19 test during the intake process. Those patients that are symptomatic and test positive, refuse testing, or refuse to answer the symptom screening questionnaire will be placed into medical isolation and offered repeated daily opportunities to consent to the symptom screen and/or testing."

The ACSO/Wellpath continue to maintain a COVID-19 Linelist that details COVID-19 testing data for incarcerated persons housed at the SRJ. The COVID and Flu Archive Linelist from July 2023 to the present includes testing data for incarcerated persons. A review of the COVID and Flu Archive Linelist July 2023 to present Linelist shows that a total of 6,5298 COVID-19 tests were offered/performed at the SRJ from 6/29/23 to 1/10/24. The COVID and Flu Archive Linelist July 2023 to present Linelist reflects cases where incarcerated persons initially refused a COVID-19 test (during initial intake) and subsequently were offered a COVID-19 test.

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

Recommendations:

No recommendations

104 - Intake Procedures

Defendants shall:

- (a) screen newly booked individuals for COVID-19 symptoms, potential contact with COVID-19 positive individuals, and any conditions that make them**

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

Finding: **Substantial Compliance**

Policies The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

Assessment:

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

- “Recommends intake testing in correctional and detention facilities be considered an Enhanced Prevention Strategy. Previous versions of this guidance document recommended intake testing as a Strategy for Everyday Operations.
- Risk of severe health outcomes: Assess what portion of people in the facility are more likely to get very sick from COVID-19, for example, due to underlying health conditions, older age, pregnancy, or poor access to medical care.
- Quarantine (separating and restricting the movement of people who were exposed to a contagious disease to prevent further transmission in case they become sick) for COVID-19 is no longer recommended for the general public. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in these settings, some facilities may prefer to continue implementing quarantine

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

- Considerations for facilities implementing quarantine include the following:
 - Housing – Residents who have been exposed can be quarantined individually or cohorted with others who have been exposed (cohorted quarantine). Facilities using cohorted quarantine should be aware that transmission can occur within the cohort if someone is infected. Using smaller cohort sizes can help minimize continued transmission. Once a cohort is established, additional persons exposed at different times should not be added.
 - Movement – To maintain access to programming during quarantine, facilities may choose to allow residents quarantined as a cohort to move outside of their housing space and continue daily activities as a group. Residents in quarantine should not mix with residents or staff not assigned to their cohort and should wear a mask indoors.
 - Duration – For facilities choosing to implement quarantine after a person is exposed to someone with COVID-19, a 10-day quarantine period provides the greatest protection from potential COVID-19 transmission to other residents and staff, but is disruptive to their lives and to facility operations. One option to balance these needs is to shorten the quarantine period if an exposed person tests negative after 5 days, but to continue masking indoors through day 10.
- Testing at Intake (Enhanced Prevention Strategy)
 - An additional enhanced prevention strategy in this setting is to consider testing all new residents entering correctional and detention facilities at intake. As an alternative to intake testing, facilities can use a routine observation period at intake, during which residents are housed separately from the rest of the facility’s population. The duration of the observation period should be at least 5 days if residents test negative at the end of the observation period, or 7 days (minimum) to 10 days (optimum) if residents are not tested. Individual housing is preferred under this strategy; if cohorting is necessary, do not add residents to an existing cohort during their observation period.”.

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states: “Arrestees will be questioned about current COVID-19 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.

Arrestees arriving at ITR reporting concerning symptoms should be provided with COVID-19 testing and appropriate PPE upon patient request while being assessed for fitness for incarceration.

If an arrestee with concerning symptoms or high-risk history has been medically cleared for incarceration, they must be placed in an isolation room in ITR during processing, and the room should be sanitized after their departure.

Usual acceptance policies should be followed during an outbreak as long as the facility has the current capacity to provide appropriate housing (isolation, OPHU, etc.) and medical care.

If there are not enough single-room isolation cells in ITR, then will follow CDC guidance (Guidance on Management of COVID-19 in Homeless Service Sites and in Correctional and Detention Facilities) on isolation and quarantine of inmates.

Ideally, incarcerated persons with increased risk for COVID-19 complications should be identified during the pre-booking and/or intake medical screening process. These patients will be assigned an (ORANGE) medical alert in the Medical Health Record and ATIMS.”

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states, "Inmates who test positive for COVID-19 will be housed in designated areas assigned for DARK RED patients. Inmates who refuse to answer the symptom screening questionnaire, and those that are symptomatic and refuse to consent to testing will be placed into medical isolation and followed up by a physician for ultimate disposition.

- Isolation Initiation:
 - The isolation period for symptomatic individuals (who are experiencing symptoms consistent with COVID-19 defined by CDC) begins on the day when symptoms first appear.
 - The isolation period for asymptomatic individuals (who have tested positive for COVID-19 but are not displaying any symptoms) begins on the day they receive a positive COVID-19 test result.

- Isolation Duration:
 - At least 7 days of isolation for DARK RED patients in designated areas will be maintained.
 - DARK RED patients may exit isolation on day 7 if receive a negative rapid COVID-19 test result on day 7, and no fever for 24 hours without the use of fever-reducing medications.

During isolation period, DARK RED patients will be monitored twice a day by nursing staff, and once daily by a provider.

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states, "ORANGE medical specifications (High risk for moderate to severe disease when diagnosed with COVID-19 or Influenza infection):

- 65 and older
- Pregnant
- Asthma: Moderate-or-severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year)
- History of GERD
- Severe Obesity (BMI of 40 or above)
- Atopic conditions, such as atopic dermatitis or allergic rhinitis, who have a risk for hospitalization for COVID (i.e., aged 50 years or older)
- Chronic Lung Disease (to include COPD)
- Diabetes aged 50 years and older or any diabetic who is insulin dependent or has uncontrolled diabetes
- Serious Heart Conditions: heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension
- Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis),
- Immunocompromised: patients receiving cancer treatment, organ transplants, immune deficiencies, HIV with low CD4 count, or not taking any HIV treatment), Liver Disease (to include cirrhosis), and Sickle Cell disease. (For further definition of high-risk vulnerable patients, refer to CDC guidance)
- Mood disorders including Bipolar affective disorder, depression, and schizophrenia.

The Wellpath Coronavirus Supplemental Screening includes the screening questions used by Wellpath staff to screen individuals being booked into the SRJ. Additionally, Wellpath medical staff identify individuals who have an increased risk for COVID-19 or Influenza complications during the medical intake screening process using the criteria listed in the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023).

During the onsite monitoring tour, the Expert observed the intake screening process for one (1) individual. The Expert noted that Wellpath staff continue to use the Wellpath Coronavirus Supplemental Screening questions and used the criteria listed in the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) to identify individuals that have increased risk for COVID-19. In cases where an arrestee is identified with concerning symptoms or a high-risk history is accepted past the bubble, staff reported they would be placed in an isolation room in ITR for processing. These cases would also be expedited through the ITR process.

Newly arriving individuals are offered a COVID-19 test. If the incarcerated person refuses the COVID-19 test and is identified as having COVID-19 symptoms and they refuse a COVID-19 test, they are placed in medical observation for five (5) days. The COVID-19 Cheatsheet (1.11.24) lists HU8F and the OPHU as the dedicated isolation/observation units.

In cases where Wellpath medical staff identify a positive COVID-19 case, these cases are placed in HU8F (males) and/or the OPHU (females).

Recommendations:

No recommendations

105 - Medical Isolation and Quarantine

Defendants shall:

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

Assessment:

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

- “Isolate staff, volunteers, and residents who test positive for COVID-19 away from other residents or away from the facility, as applicable, for 10 days since symptoms first appeared or from the date of sample collection for the positive test (if asymptomatic). If the individual has a negative viral test*, isolation can be shortened to be 7 days, as long as symptoms are improving and the individual has

been fever-free for 24 hours, the individual was not hospitalized, and the individual does not have a weakened immune system. Note that the isolation period for homeless service sites and correctional and detention facilities is longer than the duration recommended for the general public because of the risk of widespread transmission in dense housing environments and the high prevalence of underlying medical conditions associated with severe COVID-19.

- If multiple residents have tested positive, they can isolate together in the same area. However, people with confirmed and suspected COVID-19 should not be housed together.
- Ensure continuation of support services, including behavioral health and medical care, for residents while they are in isolation.
- During crisis-level operations, such as severe shortages of staffing or space, facilities may need to consider short-term reductions to the recommended isolation period for staff and/or residents. Facilities should consult their state, local, tribal, or territorial health department (or equivalent) to discuss approaches that would meet their needs while maximizing infection control.
- Either a NAAT (molecular) or antigen test may be used to determine if isolation can be shortened to 7 days. If using a NAAT, a single test must be obtained within 48 hours prior to returning to work (for staff) or ending isolation (for residents). If using an antigen test, two negative tests must be obtained, one no sooner than day 5 and the second 48 hours later.
- Quarantine (separating and restricting the movement of people who were exposed to a contagious disease to prevent further transmission in case they become sick) for COVID-19 is no longer recommended for the general public. In shelters and correctional and detention facilities, quarantine can be very disruptive to the daily lives of residents because of the limitations it places on access to programming, recreation, in-person visitation, in-person learning, and other services. However, because of the potential for rapid, widespread transmission of SARS-CoV-2 in these settings, some facilities may prefer to continue implementing quarantine protocols for residents, staff, and/or volunteers who have been exposed to someone with COVID-19. Facilities can base their quarantine policy on their risk tolerance, including factors such as the health of their staff and resident populations and the impact of quarantine on mental health and staffing coverage.
- Facilities that choose to implement quarantine can consider a range of approaches to balance their infection control and operational needs and the mental health needs of their residents and staff. Facilities may shift between quarantine approaches to adapt to changes in disease severity and transmissibility of different SARS-CoV-2 variants, or to respond to staffing and space shortages during case surges.
- Considerations for facilities implementing quarantine include the following:
 - Housing – Residents who have been exposed can be quarantined individually or cohorted with others who have been exposed (cohorted quarantine). Facilities using cohorted quarantine should be aware that transmission can occur within the cohort if someone is infected. Using

smaller cohort sizes can help minimize continued transmission. Once a cohort is established, additional persons exposed at different times should not be added.

- Testing – Serial testing may be used during cohorted quarantine. Within quarantine cohorts, serial testing every 3-7 days can identify new cases early. If new cases are identified in the cohort, the quarantine period should restart. Serial testing can be used for all residents in a cohort, or prioritized for people who are more likely to get very sick from COVID-19 to identify infections early and assess them for treatment promptly.
- Movement – To maintain access to programming during quarantine, facilities may choose to allow residents quarantined as a cohort to move outside of their housing space and continue daily activities as a group. Residents in quarantine should not mix with residents or staff not assigned to their cohort and should wear a mask indoors.
- Duration – For facilities choosing to implement quarantine after a person is exposed to someone with COVID-19, a 10-day quarantine period provides the greatest protection from potential COVID-19 transmission to other residents and staff but is disruptive to their lives and to facility operations. One option to balance these needs is to shorten the quarantine period if an exposed person tests negative after 5 days but to continue masking indoors through day 10.
- Monitoring – Rather than requiring healthcare staff to check all quarantined residents for COVID-19 symptoms, facilities can prioritize symptom checks for residents more likely to get very sick from COVID-19 to identify infections early and assess treatment eligibility.
- Isolation and Quarantine Spaces
 - Because of limited individual housing spaces within many correctional and detention facilities, infected or exposed people are often placed in the same housing spaces that are used for administrative or disciplinary segregation. To encourage prompt reporting of COVID-19 symptoms and to support mental health, ensure that medical isolation and quarantine are operationally distinct from administrative or disciplinary segregation, even if the same housing spaces are used for both. For example, as much as possible, provide similar access to radio, TV, reading materials, personal property, commissary, showers, clean clothing and linens, and other resources as would be available in individuals' regular housing units."

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states: "Any inmate arriving to custody, who has been exposed to a confirmed COVID-19-positive case (refer to CDC guidance for definition of exposure) and is asymptomatic, will be assigned a YELLOW medical alert and will be quarantined for 5 days.

Quarantined individuals will undergo monitoring by a nurse for symptoms daily, and inmates who display symptoms consistent with COVID-19 defined by the CDC will be

tested immediately for COVID-19. If flu or other respiratory viruses are circulating within the facility, testing for these illnesses will be offered as part of our comprehensive health and safety measures.

In any dormitory-style housing units, if more than 1 confirmed positive COVID-19 case were identified within a 7-day period, the housing unit will be placed on quarantine for 10 days (YELLOW). However, the quarantine may be lifted after 5 days if the response testing reveals no additional positive cases.

- Response testing of all residents in quarantined housing units (YELLOW) will be offered in 3-5 days after quarantine initiation.
- Quarantine of the housing units (YELLOW), will be lifted if no additional positive COVID-19 cases were identified during the response testing.
- Quarantine of the housing units (YELLOW), will be extended for 5 additional days if additional positive COVID-19 cases were identified during the response testing. A sign will be posted outside of each pod/housing unit displaying the quarantine status, the start date, and possible release date.

During quarantine in (YELLOW) housing units, there should be no persons transferred into or out of the housing unit. However, individuals under quarantine or within a quarantined housing unit are permitted to go to court.

Commissary will be allowed unless otherwise directed by extreme circumstances; however, custody staff and inmate workers who are delivering the packages must don and doff PPE and wash their hands before entering and leaving (YELLOW) pods or housing units.

Patients from a quarantined or medical isolation setting should be considered for medical necessity prior to being seen in the medical clinic.

- If the appointment is deemed medically necessary, the patient will be moved in a safe way with appropriate PPE worn by staff and the patient.
- If the medical needs of the patient are not immediate, the appointment will be rescheduled to the date when the quarantine or medical isolation has been completed.
- The clinic sergeant will be made aware of patients who 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.

Inmate workers from quarantined pods or housing units (YELLOW) should not participate in work until quarantine has been lifted.”

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) the following COVID-19 Color Coding System and Alerts:

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

The Expert notes that the ACSO has identified designated housing units for cases identified as RED and DARK RED. In cases where an incarcerated person has had recent contact with an individual suspected of having COVID-19 or in cases where an incarcerated person has had contact with known COVID-19 cases, the ACSO designates the housing unit as YELLOW/BRIGHT YELLOW and the incarcerated persons are quarantined in these housing units for 5 days.

During the onsite review, the Expert noted that there were no cases designated as RED (Isolation) and no cases designated as YELLOW (quarantine).

The ACSO is housing incarcerated persons in quarantine and isolation housing units consistent with the ACPHD and CDC guidelines and the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023).

Recommendations:

No recommendations

Miscellaneous

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

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)
Memorandum October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail

Training No training requirements

Metrics Observation of the staff/visitor entrance process

Assessment:

In a previous monitoring tour report, the Expert noted that in a letter dated October 19, 2022, the Alameda Public Health Officer Advised ACSO that temperature screening could be discontinued. The letter states, "Discontinuing the use of temperature scanning is a

reasonable step as it is not sensitive enough to detect all infectious persons, but procedures and signage to ensure staff and visitors stay home if they are feeling unwell should continue to be used."

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

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

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

Recommendations:

No recommendations

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)
Station Order March 17, 2020, Entry Into Santa Rita Jail
Station Order July 8, 2020, Medical Screening Confirmation Stickers

Training No training requirements

Metrics Observation of the staff/visitor entrance process

Assessment:

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

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

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

Recommendations:

No recommendations

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

Finding: **Substantial-Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

Assessment:

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

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

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states: "ORANGE medical specifications (High risk for moderate to severe disease when diagnosed with COVID-19 or Influenza infection):

- 65 and older
- Pregnant
- Asthma: Moderate-or-severe asthma who have one or more of the following risk factors for an asthma exacerbation (i.e., hospitalization for asthma in past year)
- History of GERD
- Severe Obesity (BMI of 40 or above)
- Atopic conditions, such as atopic dermatitis or allergic rhinitis, who have a risk for hospitalization for COVID (i.e., aged 50 years or older)
- Chronic Lung Disease (to include COPD)
- Diabetes aged 50 years and older or any diabetic who is insulin dependent or has uncontrolled diabetes
- Serious Heart Conditions: heart failure, coronary artery disease, congenital heart disease, cardiomyopathies, and pulmonary hypertension
- Chronic Kidney Disease requiring Dialysis (to include all patients on Dialysis),
- Immunocompromised: patients receiving cancer treatment, organ transplants, immune deficiencies, HIV with low CD4 count, or not taking any HIV treatment), Liver Disease (to include cirrhosis), and Sickle Cell disease. (For further definition of high-risk vulnerable patients, refer to CDC guidance)
- Mood disorders including Bipolar affective disorder, depression, and schizophrenia.

Ideally, incarcerated persons with increased risk for COVID-19 complications should be identified during the pre-booking and/or intake medical screening process. These patients will be assigned an (ORANGE) medical alert in the Medical Health Record and ATIMS."

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

Recommendations:

No recommendations

109 - Provide for the safe transportation of individuals to and from the Jail to prevent the spread of COVID-19 to the extent reasonably possible. Incarcerated persons who are positive for COVID-19 or display symptoms of COVID-19 shall not make in-person or video court appearances. Incarcerated persons who claim contact with a person with known or suspected COVID-19, with high-risk travel history, or are otherwise in quarantine status shall be prevented from making in-person court appearances until they are no longer on quarantine status. Precautions shall be taken to mitigate the spread of COVID-19 during all video-court appearances, including masking, social distancing, and cleaning of the area before and after such appearances.

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

Metrics Reviewed ATIMS Reports

Assessment:

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states, "During quarantine in (YELLOW) housing units, there should be no persons transferred into or out of the housing unit. However, individuals under quarantine or within a quarantined housing unit are permitted to go to court."

In a previous monitoring tour report, the Expert noted that a Memorandum dated October 25, 2022, Updated COVID-19 Protocols at Santa Rita Jail states, "Staging of inmates in Intake, Transfer, and Release (ITR) as well as on transportation vehicles will return to pre-COVID procedures." Staff interviewed stated that incarcerated persons who meet the criteria to be transported to court continue to be transported in a vehicle (bus and van). Staff interviewed also stated that transportation staff reviews the COVID-19 color code designation of the incarcerated persons in ATIMS the night before the scheduled transport to determine if the incarcerated persons meet the criteria for transport. Any incarcerated person who does not meet the COVID-19 color code designation criteria and display symptoms of COVID-19 or Influenza are not transported. The Expert notes there have been no modifications to this process. Additionally, the Expert noted the "Flag Alerts" in ATIMS for incarcerated persons who are designated as 10-day observation, 5-day observation, medical isolation, COVID-19 recovered, COVID-19 vaccine, full COVID-19 vaccinated, orange medical, partial COVID-19 vaccinated, purple medical, red medical, and yellow medical remain in place and continue to be used.

Recommendations:

No recommendations

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

Metrics Reviewed Symptoms of Coronavirus Disease 2019 Flyer (English and Spanish)
Reviewed COVID-19 Mask Requirement Flyers (English)
Reviewed COVID-19 Information Flyer (laundry, masks, cleaning supplies, tablets)
Reviewed COVID-19 Flyer (Chinese, Korean, Spanish, Tagalog, Vietnamese)
CDC Flyer Vaccines (English)
Alameda County Public Health Department Brochure COVID-19 Update (6 pages)
California Department of Public Health Vaccine Information (10 pages)
Reviewed CDC Vaccination Posters (three)
Reviewed CDC mRNA COVID-19 Vaccine poster
Reviewed CDC Viral Vector COVID-19 Vaccine poster
ACSO Mask Wearing Flyer
CDC Mask Poster
CDC Share Facts About COVID-19 poster (English and Spanish)
Reviewed the COVID-19 educational material on the tablets

Assessment:

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) 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 assisted based on availability.”

The County provided communications (emails) with the ACPHD regarding their availability to provide vaccine hesitancy education to the incarcerated persons at the SRJ.

The ACSO provided the Expert copies of educational material provided to incarcerated persons and posted throughout the jail. The educational material includes information on COVID-19 (how to limit the spread of COVID-19, laundry replacement, mask replacement,

and distribution of cleaning supplies). The material is provided in English, Spanish, Korean, Tagalog, Mandarin, and Vietnamese. During a previous monitoring tour, the Expert noted that the material is not provided in alternative formats as needed for individuals with disabilities (large print). However, the County reported that this information is available on the tablets, and the incarcerated persons are able to change the font and expand the screen on all the information to view the information in large print. During the onsite review, the Expert confirmed this. In addition, ACSO staff reported that in cases where an incarcerated person cannot read the educational material due to an intellectual, learning, or physical disability, staff reads and explains the material to the incarcerated person.

Recommendations:

No recommendations

111 - Track and record: (1) all individual COVID-19 cases and the units under Quarantine as soon as they are identified; (2) all Staff and contractor COVID-19 cases; (3) all detainees who have been exposed to COVID-19, if possible; (4) all hospitalizations for COVID-19 and/or complications caused by COVID-19; and (5) all deaths from COVID-19.

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

Assessment:

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states: “The COVID-19 line-list will include data on the incarcerated population. This will include COVID-19 testing data, patients during medical isolation for COVID-19, patients or housing units under quarantine from exposure to confirmed positive patients, patients medically vulnerable to worse outcomes secondary to a COVID-19 infection, COVID-19-related mortalities, and COVID-19-related hospitalizations.

Staff-related positives should also be recorded. Each agency, whether county agency or contractor, shall be expected to track staff-related positive cases.”

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

- COVID-19 Cheatsheet (1.11.24) – Identifies all housing units' color code designations (Red, Dark Red).
- COVID and Flu Archive Linelist July 2023 to present – location of origin, current location, PFN, last name, DOB, age, date of onset of symptoms, date of COVID-19 testing, results of COVID-19 testing, fully COVID-19 vaccinated Y/N, due date of serial test #1, results of serial testing #1, due date for serial test #2, results of serial testing 2, temp > 100.4, cough, shortness of breath, other, COVID-19 case, contact with person under investigation (PUI) or suspect, and additional notes.
- COVID Positives (Staff)

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

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

Recommendations:

No recommendations

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

Assessment:

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

- Current Statistics Incarcerated Persons - Positive Cases (Asymptomatic and Symptomatic).
- Aggregate Statistics Incarcerated Persons - Tests completed (negative, positive, pending, recovered in custody, recovered out-of-custody, incarcerated person hospitalized, deaths).
- Staff and Contractor Statistics (current and historical) – Positive and recovered cases.
- SRJ Population – SRJ population, number of Red and Dark Red designated incarcerated persons, units currently on quarantine status, number of incarcerated persons designated as "Orange."
- Incarcerated Person Vaccinations – fully vaccinated with Bivalent dose, fully vaccinated in custody, partially vaccinated (with Janssen, Moderna, or Pfizer Primary Series), partially vaccinated in custody, Pfizer Bivalent dose, Pfizer Bivalent dose in custody, Moderna Bivalent dose, Moderna Bivalent dose in custody.
- Total Doses Given This Week

The Expert also notes that the ACSO website has a link to the COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023).

Recommendations:

No recommendations

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

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

Assessment:

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

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

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) includes the following COVID-19 and Influenza vaccination requirements:

“Interim Clinical Considerations for Use of COVID-19 Vaccines in the United States published by the CDC, will be followed for eligibility and recommendations for updated COVID-19 vaccines.

All patients who are eligible for the COVID-19 vaccines will be offered as soon as they are available. Patients who initially refuse the COVID-19 vaccines will be offered the COVID-19 vaccines upon request at any future opportunity.

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.

Monthly COVID Vaccination Report will be provided to ACPHD.”

During the onsite review, Wellpath staff reported that they had recently acquired 50 vaccines and would begin administering the vaccines to incarcerated persons who had requested the COVID-19 vaccines. Wellpath staff also reported that approximately 80 incarcerated persons were on the COVID-19 vaccination waiting list. Wellpath staff further reported that they would prioritize the COVID-19 vaccines for the incarcerated persons on the waitlist who have been identified as “Orange” (incarcerated persons with increased risk for COVID-19 complications).

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) 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 September 1, 2023:

- Fully Vaccinated with Bivalent dose: **1234**
- Fully Vaccinated in Custody: **235**
- Partially Vaccinated (with Janssen, Moderna, or Pfizer Primary Series): **4402**
- Partially Vaccinated in Custody: **458**
- Pfizer Bivalent dose: **592**
- Pfizer Bivalent dose in Custody: **111**
- Moderna Bivalent dose: **642**
- Moderna Bivalent dose in Custody: **124**

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

- Moderna
 - 1st Dose – 2,156
 - 2nd Dose – 1,909
 - Booster – 927
- Janssen
 - 1st Dose – 1,356
 - Booster – 110
- Pfizer
 - 1st Dose – 1,910
 - 2nd Dose – 1,582
 - Booster – 726
- Bivalent -1,234

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

The ACSO did not provide the Expert with updated staff vaccination data. In a previous monitoring tour report, the following vaccination data was noted as of 10/14/22:

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

- Total Fully Vaccinated (reported to ACSO HR): 1324 (75.3%)
 - 726 sworn
 - 76 people boosted
 - 642 people booster-eligible
 - 8, not booster eligible
 - 598 professionals
 - 94 people boosted
 - 4 people booster eligible
 - 0 not booster eligible

- Total Unvaccinated (includes incomplete/unverified/no proof or disclosure submitted/off on extended leave): 434 (24.6%)
 - 347 sworn
 - 87 professionals

- SRJ Only: Staff Count
 - SRJ: 766
 - 507 sworn
 - 259 professionals

- Total SRJ Vaccinated:
 - SRJ: 539 (70.3%)
 - 327 sworn
 - 212 professionals

- All DSA Only Vaccinated: 673/1011 =66.5%
 - Sergeant: 99/147 = 67.3%
 - Deputy Sheriff I/II: 536/809 = 66.2%
 - Recruit: 38/55 = 69.0%

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

persons incarcerated with a goal of at least 70% COVID-19 vaccination, the risks of serious outcomes from COVID-19 could be substantially reduced.”

The County is offering vaccinations to all incarcerated persons and staff as required by the Consent Decree, which is consistent with CDPH and ACPHD public requirements and guidance. Additionally, the County is providing COVID-19 vaccination education and is taking steps to encourage vaccinations with assistance from the ACPHD. The ACSO/Wellpath provided the Expert with educational material that ACPHD has developed to provide COVID-19 education to incarcerated persons. The educational material includes the following information:

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

The ACSO reported that the educational material has been uploaded to the tablets and is available to the incarcerated persons.

Class Counsel's reported that during the February 2024 tour, they spoke with several individuals who did not recall receiving information about the COVID booster. Several of these individuals did not have tablets. Class Counsel also reported that other class members said they had been offered a COVID booster but were under the impression that they did not need it. Further, Class Counsel reported that they were generally unaware of the role of boosters and when/whether they should receive them. Defendants position is that incarcerated person who do not have access to tablets can, request a booster by simply submitting a paper medical request form. Additionally, COVID-19 vaccination/booster information is posted in the housing units where incarcerated persons can view it. Additionally, if an incarcerated individual has questions about the availability of a COVID-19 booster, they can simply ask medical staff by submitting an electronic or paper medical request form or by speaking to medical staff while they are in unit, such as during pill call. During the on-site tour the Expert noted that the County has COVID-19 information posted throughout the jail. The posters from the CDC include information on the COVID-19 vaccine, including information on staying up to date with the COVID-19 vaccine and talking to a health care provider about when to get a COVID vaccine dose. The Expert also noted that the County has additional posters posted throughout the jail that state, “If you want a COVID-19 Vaccine, please submit a Medical Request Form.”

Recommendations:

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

sufficient COVID-19 vaccines for all incarcerated persons who have requested the COVID-19 vaccine.

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

Finding: **Substantial Compliance**

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

Metrics Staff interviews

Assessment:

The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) includes the following additional steps and protocols to address and mitigate the spread of COVID-19 in the SRJ:

“Record Keeping, Communication, and Reporting

- Record Keeping – The COVID-19 line-list will include data on the incarcerated population. This will include COVID-19 testing data, patients during medical isolation for COVID-19, patients or housing units under quarantine from exposure to confirmed positive patients, patients medically vulnerable to worse outcomes secondary to a COVID-19 infection, COVID-19-related mortalities, and COVID-19-related hospitalizations.

Staff-related positives should also be recorded. Each agency, whether county agency or contractor, shall be expected to track staff-related positive cases.”

- The ACSO/Wellpath maintains a COVID-19 Line List of all incarcerated persons with COVID-19 cases.
- The ACSO/Wellpath maintains a COVID-19 Staff Line list of all staff COVID-19 cases.
- “Communication – The COVID-19 line-list should be sent out daily, and the email distribution list should include all pertinent parties within the jail. This should include administration for each agency (whether county or contractor), ACPHD, and specialized departments, including ACSO security side sergeants, watch commanders, classification, and visiting. The line list will be sent separately to ACPHD and include information on refusal rates for testing.

A separate email distribution list reporting on incarcerated individuals' movement requests will be sent out to a directed list of recipients who communicate with classification in the efforts of handling movement within the jail. This will include RN supervisors, the COVID-19 testing team, the line list team, classification, watch commanders, and the OPHU clinic sergeant. The movement requests will be related to individuals being placed in medical isolation, individuals or housing units being placed on quarantine status, and release from isolation/quarantine.”

- The ACSO/Wellpath distributes the line lists (reviewed 11/23/23 email distribution list produced by Wellpath), which includes the pertinent parties within the jail.
- The Wellpath distributes the incarcerated person movement requests for COVID-19 cases to ACSO (reviewed 12/4/23 email distribution).
- The ACSO/Wellpath distributes the line lists to the ACPHD (reviewed 12/2/23 email distribution list produced by Wellpath) separately. The email includes information on:
 - Number of COVID-19 positive cases
 - Number of COVID-19 Red patients
 - Number of COVID-19 Red cases with negative results
 - Number of COVID-19 negative results
 - Number of Red Medical Alert patients
 - Number of Dark Red medical alert patients
 - Number of new book 2-day testing (consented/refused)
 - Pre-release testing (consented/refused)
 - Quarantine Housing Unit testing (consented/refused)
 - Number of positive cases (asymptomatic/symptomatic)
 - Number of hospitalizations
 - Number of COVID-19-related deaths
- The ACSO distributes information on incarcerated persons individuals' movement with information on incarcerated persons being placed on quarantine status and released from isolation/quarantine.
- “Reporting – The SPOT reporting platform is used to report confirmed positive COVID-19 cases for incarcerated individuals and staff working within the jail. ACSO and Wellpath will meet periodically with ACPHD to discuss case transmission, community hospital admission rates, and changes to recommended policies or procedures. Staff positive case numbers for Wellpath and ACSO will be shared during these meetings. Incarcerated individuals' vaccination rates will be reported periodically to ACPHD.”
 - Wellpath enters information in the Spot Reporting Platform (reviewed screenshot of SPOT reporting entries).

- ACSO/Wellpath meets periodically (bi-monthly) with ACPHD. The Expert reviewed the SRJ ACSO/Wellpath/ACPHD COVID Corrections Meeting Notes for the following dates;
 - 6/27/23
 - 7/11/23
 - 7/25/23
 - 8/8/23
 - 8/22/23
 - 9/5/23
 - 9/19/23
 - 10/3/23
 - 10/17/23
 - 10/31/23
 - 11/14/23
- Agenda items include;
 - SRJ Resident Positives
 - COVID Weekly Numbers
 - Paxlovid Usage
 - Medically Vulnerable
 - Dorm-Style Housing Cases
 - Location of Cases
 - Housing Units in Isolation
 - Housing Units in Quarantine
 - Wellpath Staff Updates
 - Number of Wellpath staff COVID-positive cases
 - Number of Wellpath staff COVID-positive cases recovered
 - Number of Wellpath staff COVID-positive cases in isolation
 - Staff Shortage Issues
 - ACSO Updates
 - Number of SRJ staff COVID-positive cases
 - Number of SRJ staff COVID-positive cases recovered
 - Number of SRJ staff COVID-positive cases in isolation
 - Staff Shortage Issues
 - Discussion of Support Needs
 - Miscellaneous
 - COVID-19 Hospital Admission Level
 - Questions/Comments

Color Coding System and Alerts

- ACSO/Wellpath maintains a Color Coding System (Red, Dark Red, Purple, Yellow, Orange, and Green) to assist in managing COVID-19 cases.
- ACSO maintains alerts within ATIMS to assist staff in managing the COVID-19 and Influenza cases.

Masking and PPE

- ACSO/Wellpath has masking protocols in place. During the tour, the Expert observed sufficient PPE supplies (masks/gloves) in the ITR and housing units.

Environmental Controls and Hygiene

- During the tour, observed the availability of cleaning supplies in the ITR and housing units.

Intake Symptom and Exposure Screening

- ACSO/Wellpath has intake symptom and exposure screening processes in place.

Health Education for COVID-19 and Vaccinations

- ACSO/Wellpath has COVID-19 education flyers posted throughout the facility, education material is available via tablets, and COVID-19 education is provided to incarcerated persons by ACPHD educators.

Testing for Incarcerated Individuals

- ACSO/Wellpath conducts testing (symptom and COVID-19 Rapid testing) during the intake process, upon request, and of symptomatic incarcerated persons.

Vaccinations and Treatments (Include tracking process)

- ACSO offers and provides vaccinations to incarcerated persons.
- The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) states, "Antiviral oral medication, nirmatrelvir with ritonavir (Paxlovid), will be available for the care of patients that meet criteria and will be administered according to NIH COVID-19 Treatment Guidelines: Ritonavir-Boosted Nirmatrelvir (Paxlovid)."
 - Patients meeting the criteria will be patients who:
 - Are detected COVID-19 positive
 - Symptom onset must be within 5 days
 - Non-hospitalized adults with mild to moderate COVID-19 who are at high risk of disease progression. For information on medical conditions that confer high risk, see the Centers for Disease Control and Prevention webpage People With Certain Medical Conditions.
 - Willing to consent to the treatment
 - Patients excluded from treatment will be those patients who:
 - Are Hospitalized due to COVID-19

Procurement of nirmatrelvir with ritonavir (Paxlovid) medication will be assisted by the ACDPH and stored in the designated area in the MAXOR pharmacy. Paxlovid usage will be reported to the ACPHD weekly for tracking purposes.

Isolation

- ACSO/Wellpath has isolation processes in place for housing incarcerated persons who have been identified as COVID-19 positive or who refuse to answer the symptom screening questionnaire and those who are symptomatic and refuse to consent to testing.

Quarantine

- ACSO/Wellpath has quarantine processes in place for housing incarcerated persons who arrive at the SRJ who have been exposed to a confirmed COVID-19-positive case and are asymptomatic.

Release and Transfer

- The COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023) includes the following COVID-19 release and transfer processes in place;
 - Patients set to be released, transferred, or sent to a program will be provided education and/or screening based on their situation.
 - Vaccine recipients will be provided a copy of their vaccination records upon request.
 - Releases who are currently identified as YELLOW, DARK RED, PURPLE, or RED must wear a mask and escorted alone to ITR.
 - Releases who are currently identified as YELLOW, DARK RED, PURPLE, or RED will be given discharge instructions, including information on continued isolation or quarantine at the time of release.
 - Transfers during Quarantine
 - Transfers may occur, but the receiving agency will be made aware of the status of the patient prior to the transfer. Appropriate PPE will be made available for the patient to use during the transfer.
 - COVID-19 testing will be offered to symptomatic inmates who are being transferred to or were transferred from other facilities. Isolation will be initiated when inmates have positive COVID-19 test results from another facility (See Isolation Protocols).

Recommendations:

No Recommendations

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

Finding: Substantial Compliance

Policies COVID-19 Prevention Plan for Alameda County, Santa Rita Jail (Revised 10/2023)

Training No training requirements

Metrics Staff interviews

Assessment:

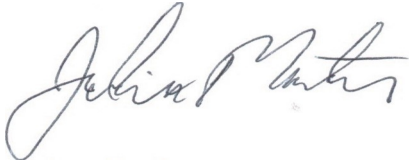
Based on guidance from the ACPHD, newly arriving individuals are no longer placed in dedicated quarantine housing units. The only cases that are placed in dedicated observation/isolation housing units are the incarcerated persons who refuse to be tested and who exhibit COVID-19 symptoms or those who test positive. In a review of the COVID and Flu Archive Linelist from July 2023 to the present, the Expert notes 12 cases that were identified as positive during intake.

Recommendations:

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

Signature

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

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

Julian Martinez
Director
Sabot Consulting

April 15, 2024

Date