



**ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT**

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To: Gregory J. Ahern, Sheriff

From: Amit Chitnis, MD, MPH, Tuberculosis (TB) Controller
Reiko Okada, RN, MS, TB Contact Investigation Team Lead and Correctional Liaison

Date: June 25, 2020

Regarding: June 8, 2020 Visit to Sana Rita Jail

Mitigating the occurrence of Coronavirus disease 19 (COVID-19) among persons incarcerated at Santa Rita Jail (SRJ) is an important public health issue. In response to the COVID-19 pandemic, the Alameda County Public Health Department (ACPHD), Alameda County Sheriff's Office (ACSO), and Wellpath, the healthcare provider responsible for the provision of medical services at SRJ, have all been working together, since before detection of the first COVID-19 case at SRJ, to implement measures to prevent transmission, infection, and death associated with COVID-19. To observe these measures implemented by ACSO and Wellpath and to provide any additional recommendations, two ACPHD staff members (Amit Chitnis, MD, MPH and Reiko Okada, RN, MS) visited SRJ on Monday June 8, 2020.

The objectives of ACPHDs visit to SRJ were to assess: 1) Screening, isolation, quarantine, and social distancing measures for detainees; 2) Use and access to facemasks, personal protective equipment (PPE), and hand hygiene among detainees and staff; 3) COVID-19 care and testing procedures among detainees; and 4) Communication and coordination between ACPHD, Wellpath, and ACSO regarding cases and contacts among detainees and staff. To meet these objectives, ACPHD staff conducted observations during their visit at pre-selected Housing Units and locations within SRJ that were of importance to public health based on review of the current COVID-19 data at SRJ, and reviewed and discussed COVID-19 policies and procedures with ACSO and Wellpath staff.

Based on the scope of our review and observations further summarized below, ACPHD is satisfied that ACSO and Wellpath have adopted and implemented appropriate policies and procedures to mitigate the spread of COVID-19 at SRJ. A robust COVID-19 testing system has been implemented, which will enable rapid detection of COVID-19 among detainees and help prevent COVID-19 transmission at SRJ. Our visit revealed no major concerns about the COVID-19 testing protocols used at the jail or about the cleanliness or the COVID-19 environmental cleaning practices implemented at SRJ.

This memorandum further summarizes ACPHDs findings and observations from the visit to SRJ and includes additional recommendations. The memorandum is organized into three main sections. The first section focuses on measures implemented at SRJ to protect detainees from COVID-19. The second section focuses on measures



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to protect ACSO and Wellpath staff from COVID-19. The third section focuses on communications and report of COVID-19 cases detected by Wellpath and ACSO to ACPHD.

I. MEASURES TO PROTECT DETAINEES FROM COVID-19

A. Background on Visit

During our visit to SRJ we walked through the facility with ACSO and Wellpath staff starting from the point of entry for detainees and staff, and then went to Housing Units and other areas of the facility. We conducted observations based on activity and the work that was being done by ACSO and Wellpath staff at that time. We also discussed and reviewed written policies and procedures developed by ACSO and Wellpath during and after the visit. In addition, we also asked ACSO and Wellpath staff questions regarding any of their processes during and after the visit.

B. Arrival of Detainees at SRJ

Upon arrival at SRJ, detainees are pre-screened outside of the facility to assess for symptoms and risk factors for exposure to COVID-19. In this pre-screen area, there are hand washing stations, chairs placed apart from each other at a minimum of 6 feet, and facemasks that are provided to each detainee. Based on review of Wellpath's written staffing plan and discussion with ACSO and Wellpath regarding their staffing, one deputy and one nurse staff the pre-screening area, and during the visit no detainees were present; however, both the nurse and deputy staff were wearing N-95 masks and had access to alcohol-based hand sanitizer and other PPE.

Based on discussion and review of the Wellpath and ACSO Outbreak Control Plan and other written procedures, the pre-screening process was developed to provide an initial classification regarding a detainee's risk for COVID-19. After completion of the pre-screening process, detainees are classified as either:

- 1) Red – had symptoms that may be consistent with COVID-19 or known to be COVID-19 positive;
- 2) Yellow – asymptomatic with regards to COVID-19 and known or suspected exposure to COVID-19; or
- 3) Green – asymptomatic with regards to COVID-19 and no known COVID-19 exposure.

This classification system informs placement during the intake process and within housing units at SRJ.

C. Intake at SRJ



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During our inspection of the intake area, there happened to be no detainees present. Based on discussion and review of written procedures, after a detainee is assigned one of the three-color classifications above, the detainee enters the holding area within SRJ, where they receive a security classification and undergo a detailed medical intake process. As part of the medical intake process, detainees are asked questions regarding information about their medical history, and their existing medical chart (if available from the detainee having previously been at SRJ) is reviewed.

Information obtained from the medical intake process is used to identify detainees who have a high-risk medical condition, as defined by the Centers for Disease Control and Prevention (CDC), that may increase their risk for COVID-19-related complications. These detainees with high-risk medical conditions receive an Orange classification, which is applied to all high-risk detainees regardless of their three-color classification. Individuals with an orange classification are placed in a single-cell unit in the holding area as they await transfer to a housing unit. After completion of the 14-day quarantine, these detainees are then cohorted in a designated housing unit with other persons who have the same Orange classification. This measure has been taken to protect these detainees with high-risk medical conditions from any COVID-19 exposures and complications, and this measure, to our knowledge, is only recommended by the CDC if a correctional facility has space available.

All detainees classified as Red are expedited through the intake process and placed in the Outpatient Housing Unit (OPHU) where they will be further evaluated by Wellpath. The OPHU is an area where detainees who require close medical monitoring for any clinical diagnosis are placed. If there ever is a wait-time to transfer a red detainee to the OPHU, these detainees are placed in an individual single-cell unit in the holding area.

Any detainee classified as Yellow must remain in a single-cell unit in the holding area while waiting to complete the intake process or transfer to a designated housing unit within SRJ.

All detainees who are classified as Green are cohorted in larger cells in the holding area. These larger cells typically have a capacity of up to twelve detainees, but current ACSO practice is to limit each larger cell's cohort to five to six detainees, which enables detainees to socially distance themselves at least 6 feet apart from one another.

We visited the holding area and observed that the holding cells have signage outside the door to indicate the classification of the detainees as Red, Yellow, or Green. Based on our discussion with ACSO, each holding cell has a sink, hand soap, and a toilet. While we were visiting the intake area, we looked into (though did not enter) approximately 10 of the holding cells; none of those cells happened to be occupied at that time, and those cells appeared to be clean. We entered and inspected two unoccupied holding cells. Both holding cells on visual inspection were clean.



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Based on discussion with ACSO staff and our observation, each holding cell is cleaned in between use with an Environmental Protection Agency (EPA)-approved disinfectant (i.e., Clorox 360 or diluted bleach) for use against COVID-19. None of the holding cells were undergoing a cleaning during our visit to the holding cells.

D. Observation of Housing Units at SRJ

i. Intake Quarantine Unit

According to our discussions with ACSO and Wellpath staff, after completion of the intake process, a detainee may be moved to an intake quarantine housing unit. Depending on the available space, detainees are kept in single cells while in an intake quarantine unit. During occasions when a single cell may not be available for each individual detainee, detainees may be placed in a cell with one cellmate who arrived at SRJ on the same day. To minimize exposures in this unit, all detainees receive meals and any medications at their cell, and recreation time in common areas is allowed for the occupant(s) of one cell at a time.

According to Wellpath written procedures and based on our discussions, a Wellpath nurse assigned to this unit conducts a temperature check and symptom review on all detainees twice a day at the front door of each cell during the 14-day quarantine period. Our visit to the intake quarantine housing unit did not coincide with either of the nurse's twice-daily visits.

We visited one of two intake quarantine housing units. We observed that on visual inspection, this intake unit was clean. We were also able to enter and inspect an unoccupied cell, which on visual inspection was also clean and organized. During our visit to the intake quarantine housing unit, we observed that the detainees who were outside of their cells in a common area or walking into the intake quarantine when being transferred in and out of that unit by deputies had high adherence to use of facemasks. The two deputies assigned to the intake unit were observed wearing N-95 masks and gloves, and these deputies had access to alcohol-based hand sanitizer.

ii. Outpatient Housing Unit (OPHU)

The OPHU has 24 beds and 7 airborne infection isolation rooms that are used for detainees who require close medical monitoring based on assessment by Wellpath staff for the clinical management of any medical condition. During our visit to the OPHU, detainees classified as Red, Orange, and Green were there; all those detainees were in separate, individual cells. According to Wellpath and ACSO staff, the OPHU has rarely been at capacity since the onset of the COVID-19 pandemic. Similarly, the airborne infection isolation rooms have been available as needed since it is not required that individuals with COVID-19 be isolated in a room



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with those engineering controls. According to our discussion with Wellpath and ACSO staff, the OPHU is always staffed by at least one ACSO deputy, one nurse, and one physician during the day, and by one deputy and one nurse in the evening.

During the visit to the OPHU, the unit on visual inspection was clean and organized. A deputy, nurse, and physician were observed conducting rounds in the hallway of the OPHU. The deputy and nurse were both already wearing gowns, gloves, eye protection, and a N-95 mask; while the physician was wearing eye protection and was putting on an N-95 mask, gloves, and a gown in the hallway.

iii. Red Unit

The Red Unit is partitioned into three pods and one of those pods is used for detainees with confirmed COVID-19 (herein referenced as Pod A); the other two pods house asymptomatic detainees with close contact to a person with COVID-19 and symptomatic detainees, respectively (herein referenced as Pod B and Pod C, respectively). According to our discussion with Wellpath staff and review of their written procedures, detainees in this unit are monitored for symptoms and vital signs twice a day and evaluated by a physician or a nurse practitioner daily. Detainees in the Red Unit do not require the same level of medical monitoring as detainees in the OPHU based on a clinical evaluation and assessment conducted by a Wellpath staff member. To minimize exposures, all detainees are housed in individual cells, have individual recreation time, and meals in their cell.

During the visit to the Red Unit, there were no detainees in Pod A who had confirmed COVID-19; however, the other two pods housed detainees but were not at capacity. The unit had signage to indicate the medical classification of each pod, was clean, and had a designated area for staff to clean their shoes on the way in and out of pods. Deputies were observed wearing N-95 masks and gloves, and there was ample supply of hand sanitizer available to staff members. Although our visit did not happen to coincide with a time that either a Wellpath physician or nurse practitioner was attending the Red Unit, we observed in the common area of the Unit two Wellpath staff who had just completed collecting COVID-19 test samples, and they were wearing N-95 masks, eye protections, gowns, and gloves. Both staff removed their gowns and gloves, disposed both gowns and gloves in a designated waste receptacle that was fastened to the side of their testing cart, and then used alcohol-based hand sanitizer.

iv. Orange Unit

Detainees who have a high-risk medical condition that may increase the risk of COVID-19-related complications receive an Orange classification. They are housed separately from other detainees without these high-risk medical conditions in a designated Orange Unit after they complete the 14-day quarantine period. One of the Orange Housing Units was observed as part of the visit. This housing unit was partitioned



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into three pods with upper and lower levels in each pod, and the entire pod could house 36 detainees, each in their own single cell. According to Wellpath staff, all detainees in the unit had completed the 14-day intake quarantine period before they were transferred to the Orange Unit and did not have COVID-19 symptoms. To minimize exposures in each pod, ACSO staff stated that it was their policy to require upper and lower levels have separate recreation and meal time within each pod. To promote compliance with use of masks, social distancing, and hand hygiene, an ACSO staff stated that a deputy made an announcement encouraging adherence to these measures prior to recreation or meal time. A memorandum issued by ACSO that we reviewed also noted that this announcement would be made prior to recreation and meal time in each Housing Unit.

During the visit, the unit on visual inspection was clean and organized. The two deputies assigned to the unit were observed wearing an N-95 mask and gloves, and they had access to alcohol-based hand sanitizer. The approximately ten detainees who had recreation time within one pod were all observed not wearing masks.

v. Yellow Unit

We visited a Yellow Housing Unit. Detainees in this Unit are housed in single-unit cells; however, based on security classification or census, ACSO staff stated that a detainee may occupy a cell with one other detainee. One Wellpath nurse and one physician are assigned to this unit, and the nurse is responsible for twice daily symptom review and temperature checks. To minimize exposures among detainees, upper and lower levels of the housing unit have separate recreation and mealtimes. This is a measure to limit the number of persons who are in the housing unit common area at any given time.

During the visit, the Yellow Unit on visual inspection was clean and organized. Similar to other Housing Units, ACSO staff mentioned that detainees in this unit are all encouraged to comply with use of masks, social distancing, and hand hygiene. Detainees were observed finishing recreation time, and approximately fifteen of the twenty detainees were wearing masks. A group of detainee pod workers were observed preparing to clean the common area, and all were wearing masks. We observed two deputies in the unit, and both were wearing N-95 masks and gloves, and they had access to alcohol-based hand sanitizer.

vi. Women's Unit

A Women's Housing Unit was observed during the visit. This Unit had two sides.

One side (hereinafter, Side 1) was partitioned into three pods, each with single-unit cells but detainees had shared recreation time within each pod. At the time of the visit, one of the three pods were classified as Yellow because a detainee within the pod had developed suspected COVID-19 symptoms and was transferred



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to OPHU, while the rest of the pod was placed on quarantine pending the results of the COVID-19 test. The Yellow pod followed the same procedures for recreation and meal times as other designated Yellow Housing Units and was also quarantined from the other two pods. The remaining two pods were classified as Green and were observed during recreation time.

The other side (hereinafter, Side 2) of the Women's Housing Unit was dedicated to detainees who received a minimum security classification. On this side of the Unit, detainees have bunk beds, and upper and lower levels of the housing unit have separate recreation and mealtimes. At the time of the visit, the minimum security side had a very low census of approximately twelve detainees according to ACSO staff, which normally could house up to approximately 110 detainees. As our visit coincided with recreation time, we did not observe detainees while they were in their bunk beds; these detainees were in the common area as part of recreation time. Based on a memorandum written by ACSO and from the statements of ACSO staff, we understand that the detainees are advised by deputies to occupy bunks in a manner that allows for spacing of more than 6 feet. Based on our visual inspection and the current census, such spacing appeared practicable.

Both sides of the Women's Housing Unit on visual inspection appeared clean. Among detainees observed in the Green pods of Side 1 and Side 2, none of the twelve detainees were wearing masks. Deputies assigned to both sides of the Women's Housing Unit were wearing N-95 masks and gloves and had access to alcohol-based hand sanitizer.

E. Testing for COVID-19

A comprehensive plan for testing detainees for COVID-19 has been implemented by Wellpath and ACSO based on recommendations provided by ACPHD. Detainees are offered COVID-19 testing (i) within two days of intake; (ii) if they develop symptoms of COVID-19, as listed on the CDC website, at any time point while at SRJ; (iii) if they reside in a Housing Unit where a detainee has tested positive for COVID-19; and (iv) if they are asymptomatic and it is known that they will be released from custody within 48 or more hours. If a detainee meets one of the first three criteria for COVID-19 testing but refuses a test, then they are offered testing two more times and are also placed in isolation or quarantine for a minimum of 14 days regardless of the test results.

Wellpath staff collect samples for COVID-19 testing in the intake quarantine unit, OPHU, or in the Red Housing Unit. Wellpath staff use either a nasopharyngeal swab or oropharyngeal swab to test for COVID-19. Both specimen types are acceptable for COVID-19 testing according to CDC recommendations.

ACPHD staff were provided with instructions Wellpath uses for COVID-19 specimen collection and handling. These instructions were developed by LabCorp, a laboratory that tests the collected specimens. If a COVID-19 specimen is submitted to another laboratory (e.g., Alameda County Public Health Laboratory or the



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UCSF/Chan Zuckerberg Biohub Laboratory), Wellpath staff informed us that they use specimen-collection and handling instructions developed by these laboratories.

During our visit we were not able to observe Wellpath staff conduct COVID-19 test specimen collection for a newly arrived detainee because there were none then awaiting testing; however, we discussed the process with Wellpath staff and observed two staff members who had just completed COVID-19 testing in the Red Unit (note: see Red Unit section above). Two Wellpath staff (i.e., Medical Assistant, Licensed Vocational Nurse, or Registered Nurse) are accompanied by a Deputy to conduct a COVID-19 test among detainees. All staff must wear an N-95 mask, eye protection, gown, gloves, and use alcohol-based hand sanitizer before and after collecting a specimen. For a collection using a nasopharyngeal swab, such collection must be performed by a Registered Nurse. A Medical Assistant or Licensed Vocational Nurse are able to conduct specimen collection using an oropharyngeal swab. The two Wellpath staff whom we observed had a cart that contained all necessary testing supplies, biohazard bags, and PPE, including gowns, eye protection, gloves, alcohol-based hand sanitizer, and N-95 masks.

F. Transport Procedures

We were also asked to review the jail's procedures to ensure that the transportation of detainees by ACSO to the courts and other facilities adequately mitigates the risk of COVID-19 infection. ACSO has developed a written transportation procedure that ACPHD staff reviewed and provided written comments via e-mail prior to the visit to SRJ to ensure the procedure followed current CDC guidance.

In brief, the procedure requires detainees transported based on their COVID-19 color classification, and each vehicle will have signage on the windshield to identify the classification.

Prior to transport, symptoms will be reviewed for all detainees to be transported, and facemasks will be provided, and they will be instructed to always wear masks while being transported. The area where an inmate sits is referred to as a compartment, which is a walled off area of the transport vehicle. Most vehicles have twelve, two-man compartments or two, nine-man compartments. To ensure social distancing of at least 6 feet during transportation, no more than one detainee will be placed in a two-man compartment and no more than two detainees will be placed in nine-man compartment.

All vehicles will be disinfected with an EPA-approved disinfectant for COVID-19 on the dayshift and at a change in shift before it is used to transport detainees. In addition, vehicles will be disinfected after transportation has been completed and detainees return to SRJ.

For detainees with a Red classification, the preference is to transport each detainee in separate vehicles. If it is not possible, then these detainees will be transported in a vehicle with no more than one inmate per compartment. If multiple detainees are to be transported in the same vehicle, a Red classified



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detainee with confirmed COVID-19 would only be transferred with other Red-classified detainees with confirmed COVID-19. Deputies transporting any detainees with a Red classification will wear gown, gloves, eye protection, and an N-95 mask.

For detainees with a Yellow classification or who have not yet completed the 14-day intake quarantine process, transportation will occur in a vehicle with no more than one detainee per compartment to adhere to social distancing recommendations.

For detainees with a Green classification, transportation will occur in a vehicle that allows one detainee in a two-man compartment or two detainees in a nine-man compartment; both these measures will allow for adherence to recommendations regarding social distancing.

For transport of all other detainees, deputies are to at minimum wear a facemask and gloves.

G. Release Procedures

At the time of our visit to the release area, no detainees were being released from SRJ. We discussed and reviewed the written release procedures for detainees classified as Red or Yellow with Wellpath and ACSO staff.

Before release, detainees with a Red or Yellow classification are interviewed by a Wellpath staff member to conduct a medical assessment; obtain contact information; and receive education regarding COVID-19. They are also issued two documents: (1) the ACPHD blanket isolation and quarantine instructions, and (2) Wellpath's discharge instructions for persons with suspected or confirmed COVID-19.

In addition, any Red or Yellow detainee who is homeless or in need of transportation or housing is referred to Alameda County Health Care Service Agency's Operation Comfort.

To ensure there is timely communication about detainees who are released, Wellpath staff send ACPHD a secure encrypted e-mail daily that contains contact information for all detainees with a Red or Yellow classification who have been released. ACPHD staff use this information to contact individuals after their release in order to review and mail the Health Officer's Orders for isolation or quarantine; provide information and referral to resources such as community food banks; and interview them to identify any persons in the community with whom they may be in contact with who require quarantine orders.

H. Other Efforts to Prevent COVID-19



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Based on our discussions with ACSO staff, six important measures to prevent transmission of COVID-19 among detainees at SRJ have also been implemented by ACSO:

1. To promote hand hygiene all detainees are provided a bar of soap on a weekly basis and are provided antiseptic hand wipes twice a day with meals.
2. Detainees are provided access to cleaning supplies twice a day and as requested for cleaning of their individual cells.
3. Common areas and high-touch surface areas are cleaned using EPA-approved disinfectants for COVID-19 before and after every meal and recreation time by detainees designated as pod workers in each Housing Unit. In a Red Unit, deputies cleaned the common areas with EPA-approved disinfectants for COVID-19 before and after every meal and recreation time.
4. An ultraviolet robot system is utilized to disinfect Red Housing Units, and other areas of the facility.
5. If COVID-19 is detected in a Housing Unit then all detainees are removed from that Unit; offered a shower in a mobile trailer; provided new clothes; and are housed in a temporary Housing Unit until an outside contractor or the ultraviolet robot system cleans and disinfects the Unit where a detainee with COVID-19 resided.
6. Deputies make announcements prior to each meal and recreation time to remind detainees of social distancing, masking, and hand hygiene recommendations.

I. Summary and Additional ACPHD Recommendations for COVID-19 Prevention

Based on our review and observations, ACPHD is satisfied that ACSO and Wellpath have implemented appropriate and comprehensive measures at SRJ to mitigate the spread of COVID-19.

As the COVID-19 mitigation is an ongoing effort, ACPHD has additional recommended measures that may further protect detainees for further review and discussion with ACSO and Wellpath:

- To further promote social distancing in the new book area, review possible strategies to further limit the number of detainees with a Green classification who occupy a holding cell at any given time
- Continue to educate and remind detainees to use facemasks, socially distance, and conduct hand hygiene
- In consultation with ACPHD, evaluate COVID-19 testing data on an ongoing basis for newly booked intakes, Red- and Yellow-classified units, and releasees, to determine whether any modifications are needed to current testing efforts



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- Provide training and education regarding COVID-19-specific infection control procedures for Wellpath and Sheriff Staff, especially those working in OPHU, Red, Yellow, and Orange units
- Reduce to writing a COVID-19-specific environmental cleaning and disinfection policy and procedure

II. MEASURES TO PROTECT SHERIFF AND WELLPATH STAFF FROM COVID-19

A. Screening Procedures Prior to Entry at SRJ

Since March 17, 2020, entry into SRJ has been limited to certain locations where temperature screening can be conducted for all staff and visitors. As visitors, we went through this same process and had a temperature check via an infrared thermometer. The healthcare worker conducting the temperature check was wearing a gown, gloves, mask, and eye protection. Although symptom review questions were displayed on a board in the entry area, we were not explicitly asked if we had any COVID-19 symptoms.

Additionally, since March 26, 2020, ACSO issued a memorandum instituting a universal N-95 mask procedure for all staff. This memorandum was modified on March 27, 2020 to state that an N-95 or surgical mask should be used when coming within six feet of another staff member or detainee. On April 4, 2020 this memorandum was further modified to require staff wear an N-95 and eye protection when coming within six feet of another staff member or detainee. During our visit, adherence to use of N-95 masks was high among ACSO and Wellpath staff. There were administrative office areas, that were not in close proximity to any detainee areas, where some individuals who do not interact with detainees were observed not wearing masks, but these persons were in cubicles that had plastic dividers and were spaced more than 6 feet apart.

B. Social Distancing and Access to Personal Protective Equipment

Several measures have been implemented to promote social distancing.

First, the staff gym at SRJ was closed on March 24, 2020.

Second, we reviewed several memoranda that were issued by ACSO to encourage staff to practice social distancing when possible, conduct hand hygiene, and use N-95 masks. In addition, several memoranda specified the location within SRJ where staff could obtain facemasks and other PPE.

Third, procedures were implemented to ensure all staff at SRJ practiced social distancing within the single dining area and break room available for staff. Break times were staggered to ensure that staff could remain six or more feet apart, and only two staff are permitted to sit at the same table at the same time. Adherence to these procedures in the dining area and break room were observed during our visit.



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Access to PPE, including N-95 masks and alcohol-based hand sanitizer, were readily available to both ACSO and Wellpath staff. Although access and compliance to N-95 masks was high, ACSO expressed concerns regarding the fact that N-95 masks are restrictive and not as comfortable as other facemasks.

C. Other Efforts to Prevent COVID-19

Based on our observations during the visit, ACSO and Wellpath have taken at least two additional efforts to prevent COVID-19 among staff.

First, there was clear signage in a housing unit informing staff of whether a detainee was in isolation or quarantine.

Second, there was also signage specifying what PPE was required for staff prior to entering a cell or housing unit.

In addition, based on our review of written procedures ACSO staff were informed via memoranda and daily e-mails regarding the current COVID-19 situation at SRJ, and announcements of any additional COVID-19-related measures to be implemented.

D. Summary and Additional ACPHD Recommendations for COVID-19 Prevention

Based on our review and observations, ACPHD is satisfied that ACSO and Wellpath have implemented a systematic plan to prevent COVID-19 among staff. As the COVID-19 mitigation is an ongoing effort, ACPHD recommends the following additional measures for further review and discussion with ACSO and Wellpath:

- Ensure that the screeners at all entry points verbally ask all staff and visitors entering SRJ whether they have COVID-19 symptoms, in addition to checking their temperatures.
- In light of ACSO concerns regarding the restrictive nature of N-95 masks, provide staff with updated guidance on use of masks. In accordance with current CDC guidelines and Alameda County Health Officers Order No. 20-13, the following minimum requirements for utilization of masks can be implemented:
 - N-95 mask when in close contact (i.e., within six feet) with any detainee with a Red classification
 - Surgical mask or N-95 mask when in close contact with any detainee with a Yellow classification
 - An N-95 mask is the only recommended option when it is anticipated that an aerosol generating procedure will be conducted or that there will be contact with infectious secretions or particles



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- Cloth mask for all other situations at all other times
- Emphasize and further educate staff that eye protection must be utilized when in close contact with any detainee with a Red or Yellow classification
 - If supplies of eye protection are limited, then prioritize use when there is close contact with:
 - Any detainee with a Red classification
 - A detainee with a Yellow classification who may emit infectious secretions or particles

III. COMMUNICATION AND COORDINATION REGARDING COVID-19

A. Reporting of Cases and Contacts

i. Detainees

All COVID-19 cases among detainees are reported to ACPHD in three ways.

First, Wellpath sends ACPHD a secure email daily with a tracking sheet that includes information on any new positive cases; suspected cases (i.e., detainees with a pending COVID-19 test who are symptomatic or asymptomatic and have an exposure); intake and release testing; and contacts. If a COVID-19 case is detected after the e-mail is sent, then Wellpath will notify ACPHD of a COVID-19 positive result by sending a separate secure e-mail or by telephone.

Second, laboratories are mandated to report all COVID-19 positive test results for persons residing in Alameda County to ACPHD.

Third, other California counties may notify ACPHD that a resident of their respective county is COVID-19 positive but may have been at SRJ.

A systematic process has been implemented to identify any persons who may have been in contact with a detainee who is COVID-19 positive. As part of this process, ACPHD follows CDC guidance on investigation of COVID-19 positive cases and identification of contacts.

For detainees who are COVID-19 positive on intake, ACPHD conducts a telephone interview with the detainee to identify potential contacts in the community. Any community contacts identified by this interview are referred to an ACPHD contact-tracing team who will call these contacts and, as appropriate, review quarantine and isolation orders, make referrals to any resources required, and/or provide information on COVID-19 testing sites. ACSO and Wellpath identify any other detainees who may have been in contact with the COVID-19 positive detainee during the intake and new book process. These contacts are reviewed with ACPHD to determine if additional interventions are required beyond the intake testing and 14-day quarantine period. In addition, ACSO provides ACPHD information on the arresting and transporting agencies for the



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COVID-19 positive detainee so ACPHD can notify these agencies of a potential COVID-19 exposure among their staff.

For detainees who are COVID-19 positive after the initial 14-day quarantine period, ACSO and Wellpath provide ACPHD with a movement history of the detainee and information on any other contacts, respectively. All detainees with close contact (i.e., cellmates) are assessed by Wellpath and designated as a Yellow classification; placed in a Yellow Housing Unit designated for close contacts; and offered testing for COVID-19. To maintain the highest degree of protection from COVID-19 for all detainees, the Housing Unit in which the COVID-19 positive detainee had resided in is designated as a Yellow Unit and placed in a 14-day quarantine period; all detainees in this newly designated 'Yellow Unit' are medically monitored as a Yellow classification and offered testing for COVID-19. In addition, if based on review of the movement history the COVID-19 positive detainee had been transported out of SRJ prior to detection of COVID-19 (e.g., court appearance, etc.), then ACPHD will notify the respective agencies of a potential COVID-19 exposure.

ii. ACSO and Wellpath

All COVID-19 positive cases among ACSO or Wellpath staff are reported to ACPHD in three ways.

First, a Wellpath Administrator or designee or ACSO Human Resources designee will notify ACPHD as soon as they are aware that a staff member who has worked at SRJ is COVID-19 positive.

Second, laboratories are mandated to report all COVID-19 positive test results for persons residing in Alameda County to ACPHD. All COVID-19 positive cases are investigated by the ACPHD case investigation team and if a case worked at SRJ in any capacity or role, then the ACPHD SRJ team is notified of this case and any identified work contacts. All cases are interviewed by ACPHD staff to determine whether they may have had contact with a detainee. The ACPHD SRJ team will notify the designee at the relevant agency and determine if there are any additional cases and contacts.

Third, other California Counties may notify ACPHD that a resident of their County is COVID-19 positive but worked at SRJ, which will prompt the ACPHD SRJ team to contact the designee at the relevant agency.

Upon detection of a COVID-19 positive case among detainees, ACSO and Wellpath review their data to determine if any of their staff may have been exposed. Both ACSO and Wellpath utilize CDC definitions for a COVID-19 contact when determining whether a staff had been exposed to a COVID-19 positive case at SRJ. In addition, ACPHD provided both ACSO and Wellpath with CDC guidance for risk assessment for potential COVID-19 exposure and advised tracking all exposures. Both ACSO and Wellpath track exposures among their respective staff members and in the past have consulted ACPHD about appropriate mitigation actions regarding such exposures.

B. Communication regarding COVID-19 Prevention



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To promote ongoing communication between ACPHD, ACSO, and Wellpath regarding the mitigation of COVID-19 at SRJ, weekly meetings have been scheduled since April 2020, when the first COVID-19 case was detected among a detainee, to discuss COVID-19 prevention efforts. These meetings allow ACPHD, ACSO, and Wellpath to collaboratively review COVID-19 testing results and contacts identified; discuss strategies for investigating contacts and testing cases; and answer any questions regarding COVID-19. In addition, there have been several ad-hoc meetings scheduled on COVID-19-related topics, including strategies to implement recommended prevention measures.

C. Summary

The communication and coordination between ACSO, Wellpath, and ACPHD has played an important role in COVID-19 prevention efforts at SRJ. Currently, there are no additional recommendations.

IV. CONCLUSION

In response to the detection of COVID-19 at SRJ, systematic measures have been implemented to prevent transmission, morbidity, and mortality associated with COVID-19. The most recent COVID-19 data from SRJ provide indirect evidence to suggest that these measures may be effective.

There were five main findings from ACPHDs visit to SRJ:

1. ACSO and Wellpath have implemented systematic infection control measures to protect detainees from COVID-19 starting from the moment a detainee arrives at SRJ.
2. The screening, quarantine, isolation, and social distancing procedures are consistent with most recent CDC guidance for correctional facilities. In certain instances, such as the creation of the Orange classification and decision to quarantine all persons residing in the same Housing Unit as a COVID-19 positive detainee, ACSO and Wellpath have implemented measures to maintain the highest degree of protection for detainees.
3. Detainees and staff had access to all recommended interventions to prevent COVID-19, including facemasks, PPE, and either soap, alcohol-based hand sanitizer, or anti-septic hand wipes.
4. A robust COVID-19 testing system has been implemented, which will enable rapid detection of COVID-19 among detainees and help prevent COVID-19 transmission at SRJ.
5. There is ongoing communication and coordination between ACPHD, ACSO, and Wellpath that has, in large part, helped guide COVID-19 prevention efforts at SRJ.

We observed successful implementation of measures and procedures to prevent COVID-19 at SRJ. We have also proposed additional recommendations for further protecting detainees and staff from COVID-19.



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ACPHD looks forward to continuing to work with ACSO and Wellpath to review COVID-19 data, prevention measures, and to use data to guide any changes to existing COVID-19 procedures at SRJ.