

County of Santa Clara

Office of the County Executive

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MEMORANDUM

Date: September 18, 2020

To: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

From: Ky Le, Deputy County Executive ^{DS} kl
Nick Birchard, Deputy Chief Probation Officer
Tim Davis, Assistant Sheriff
Eureka C. Daye PhD., MPH, MA, CCHP, Director, Custody Health Services
George Han, MD, MPH, Deputy Health Officer

Subject: Protocols to Prevent Transmission of COVID-19 in Custody Settings

During various meetings of the Board, Health and Hospital Committee (HHC) and Public Safety and Justice Committee (PSJC) the Supervisors requested information about protocols to prevent the transmission of COVID-19 at four facilities: Main Jail, the Elmwood Correction Facility (Elmwood), Juvenile Hall and the William F. James Ranch (the Ranch). Attachment A lists questions provided by Supervisor Ellenberg's office.

1. **Coordination with Public Health Department.** Custody Health Services (CHS), the Probation Department (Probation), the Sheriff's Custody Bureau (Custody Bureau) and the Public Health Department (Public Health) have been collaborating to reduce transmission of COVID-19.
 - a. CHS developed and implemented a Standardized Procedure (SP) for "Infection Prevention and Control for COVID-19" at Main Jail, Elmwood, Juvenile Hall and Juvenile Ranch. The SP for Adult Custody Health Services and Juvenile Custody Health Services are included as Attachments B & C.
 - b. Assistant and/or Deputy Public Health Officers have conducted site visits to provide guidance and to suggest improvements. The reports for Juvenile Hall and the Ranch are included as Attachment D. The Public Health Officer (Dr. Sara Cody) has assigned an Assistant or Deputy Health Officer to monitor COVID-19 transmissions in custody settings and to collaborate with Probation, Custody Bureau and CHS leaders on an ongoing basis. In addition to ad hoc meetings to respond to new cases, department representatives continue to meet twice weekly.

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- c. To provide regular updates to the Board, the Administration proposes providing bimonthly off-agenda reports regarding the status of cases and contacts and testing levels. The next report would be provided by November 15.

2. Face Coverings.

- a. **Staff.** All staff members are provided masks or cloth face coverings upon request. Staff are required to wear a mask or face covering while at work per County and Department Policy. Signage is posted at entrances stating that masks are mandatory. CHS employees are provided with County-issued surgical N95 masks that are mandatorily worn during patient encounters.
 - b. **Youth.** Each youth is provided a mask to wear when they are admitted or brought to Juvenile Hall or the Ranch. Juvenile Hall and the Ranch do not utilize the “white card” process that is used by the Jail. Masks and face coverings are provided to all youth and staff. Both Juvenile Hall and the Ranch have acquired a combination washer/dryer for each facility allowing cloth face coverings to be washed as needed. Staff provide youth with as many masks as are needed during their stay. In Juvenile Hall and the Ranch, intercom announcements are made throughout the morning, afternoon, and evening reminding staff and youth to wear a mask, maintain distances, and wash hands frequently.
 - c. **Inmates.** All inmates are provided with a blue paper mask upon booking. Inmates’ inability to access masks may have been a concern in March and early April at the beginning of the pandemic when the Custody Bureau was working to implement new protocols. Currently, staff provide inmates with as many masks as are needed during their stay. Inmates can request masks directly from correctional deputies, from medical staff (using “white cards”) and from transportation staff. A stockpile of masks is kept at every floor station to ensure replacements are granted to inmates immediately upon their request. In Main Jail and Elmwood, announcements about masking, social distancing and hand washing are shown daily on the inmate television information loop.
- 3. Testing of Staff.** In May and June, CHS completed baseline testing for all CHS staff working in the four facilities and for Custody Bureau staff at Elmwood and Main Jail. On August 3, 2020, CHS began offering surveillance testing of all staff, including Custody Bureau and Probation staff working in the four facilities. Implementation began with the adult facilities, followed by the juvenile facilities. The goal is for all staff to be tested once every five weeks.

Currently, these tests are voluntary, however Custody Bureau, Probation and CHS direct and monitor the compliance of their personnel. To reach optimal compliance, the departments are working with Public Health to make tests non-intrusive and to increase testing options. For example, staff may be tested by CHS staff, their medical providers, or others (e.g., County-

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operating testing site at the Fairgrounds). CHS monitors tests conducted by County personnel; however, departments will have to develop procedures to track testing of staff by external agencies (e.g., a staff member's medical provider). The Administration will report on the effectiveness of staff surveillance testing by October 15.

4. Testing of Youth and Inmates

- a. At Juvenile Hall, all newly admitted youth are placed in the risk management unit to be separated from existing youth for 14-days (quarantined) and tested for COVID-19 at admission and tested again on day 12. Youth are tested before being transferred from Juvenile Hall to the Ranch. CHS does not conduct surveillance testing of youth at the Juvenile Hall or the Ranch. The youth are at lower risk of contracting COVID-19 than adult inmates because they have more space. Youth are not tested at discharge from Juvenile Hall or the Ranch.
- b. At Main Jail and Elmwood, all newly booked persons are tested. Individuals who are cited and released are provided a dedicated number to call for their test results; this is a fairly new process. Individuals who will be housed are placed in the risk management unit to separate them from existing incarcerated inmates for 14-days (quarantined) and are additionally tested on day 12.

The County is implementing surveillance testing of all Main Jail and Elmwood inmates. All inmates would be tested once every four weeks. Surveillance testing started on September 7, 2020, when CHS began surveillance testing of asymptomatic inmates in dormitory housing at Elmwood. Surveillance testing started with Elmwood because the dormitory-style housing presents greater risks.

Inmates who are being discharged to a congregate setting may be tested if there has been a possible exposure or if the congregate setting makes a request and CHS staff concurs that a need exists. Inmates are also tested if exposed to a confirmed COVID-19 case and if inmates report or present with any COVID-19 symptoms.

5. Visitation and Services.

- a. **Services and Visitation for Inmates.** Court, legal, medical, behavioral health and religious services continue to be provided in-person or via Zoom if appropriate. Inmates are allowed in-person visits. For the most part, these visits are conducted in booths where inmates and visitors are separated by glass or plexiglass. Minimum security inmates at Elmwood can have visits in an outdoor setting with everyone wearing face coverings and sitting more than six feet apart. Educational, vocational, and other supportive services were suspended on March 13, 2020. The

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Administration is developing a plan to restore some or all services and will present the plan no later than October 15.

- b. **Services and Visitation for Youth.** The County has continued all programs and services for youth. Court, legal, behavioral health and medical services are being provided in-person. Education services are being provided by County Office of Education through the Edgenuity platform. Social services provided by community-based organizations (CBOs) are provided via Zoom. The CBOs conduct group workshops and one-on-one individual sessions via Zoom.

At the Ranch and at Juvenile Hall facilities, family visitation is currently conducted using Zoom. At the Ranch, in-person visitation will resume when the County completes construction of an outdoor gazebo and review visitation protocols with Public Health. Here, youth and their families will have in-person visits but will have to wear face coverings and remain at least six feet apart. The gazebo should be completed by the end of September.

Juvenile Hall has 14 visitation rooms; however, according to Public Health the rooms' sizes (about 80 square feet) and layouts do not allow for properly distanced in-person visits. To resume in-person visitation by mid-October, staff are constructing an outdoor visitation area, developing necessary protocols and will shift visitation times – and relevant personnel schedules – from the evening (6-9 PM) to the daytime.

CC: Chief Board Aides
Laurie Smith, Sheriff, County of Santa Clara
Miguel Márquez, M.P.P., J.D., Chief Operating Officer
James Williams, County Counsel
Megan Doyle, Clerk of the Board
Deputy County Executives
Sara Cody, M.D., Director, Public Health Department and Public Health Officer
Laura Garnette, Chief Probation Officer

Attachments:

- (A) Questions prepared by Supervisor Ellenberg's Office
- (B) Adult CHS Standardized Procedure for Infection Prevention and Control for COVID-19
- (C) Juvenile CHS Standardized Procedure for Infection Prevention and Control for COVID-19
- (D) April 23-23, 2020, Visits to Juvenile Hall and the William F. James Ranch

Questions Prepared by Supervisor Ellenberg's Office

Inmate access to PPE-

- How many masks are inmates provided with? At HHC Andrew James said 1 – what do we need to do to get at least 2 per inmate?
- How many masks have been requested through the white card process?
- What is the reason for not having additional cloth masks readily available (without going through the white card process) for inmates?
- What is the expectation for inmates to clean/disinfect their cloth masks?

Inmate testing-

- How regularly will adult inmate populations be tested to ensure that in-custody spread isn't occurring (surveillance testing)?
- When is baseline testing at juvenile hall expected to start?
- What are the policies for surveillance testing of minors in JH?
- Have other strategies like targeted testing of staff that do work activities (like custodial work) across multiple units and testing of inmates prior to release been considered?

Staff testing-

- Regular staff testing is reported as being voluntary, why is that?
- What is the mechanism to enforce regular staff testing?
- Similar to how the Hospital System reassigns staff who fail to receive required vaccinations, can custody staff who work in close contact with inmates be reassigned to other posts if they refuse staff testing?

Staff Masks

- How are masks provided to staff (outside CHS) for use and what mechanisms to monitor staff compliance are in place?

Regular check-ins by the Public Health Department-

- When do we expect regular Public Health visits to custody settings to begin, and how often will they be conducting site visits? What will the scope of site visits include? Who is responsible for assuring corrective actions are taken in response to PHO recommendations?
- How will the department provide reports to the Board on the status of their visits?
- How is the Public Health department and Probation coordinating with Santa Cruz County regarding testing of Santa Cruz minors housed at Juvenile Hall?

Plan to resume services-

- How and when does the Sheriff plan to resume family visitation for adults in custody?
- How and when does the Probation Department plan to resume family visitation for juveniles in custody?
- What plans are in place or being developed to resume in-custody programming like educational services, parenting classes, etc.?
- What accesses to programming do juveniles currently have and what programs have been temporarily discontinued (please list)?

COUNTY OF SANTA CLARA VALLEY HEALTH SYSTEM
ADULT CUSTODY HEALTH SERVICES

**STANDARDIZED PROCEDURE FOR INFECTION PREVENTION AND CONTROL
FOR COVID-19**

I. POLICY

- A. Function: This standardized procedure is developed to facilitate the infection prevention and control for COVID-19 in the jail.
- B. Circumstances under which an RN may perform this function:
 - 1. Setting: Main Jail, Elmwood Complex.
 - 2. Supervision: None required at the time of identifying and initiating care. Overall supervision provided by the Nurse Manager, the Medical Director and/or attending physician
 - 3. Contraindications: There are no specific contraindications for collecting specimens with nasopharyngeal swabs. However, clinicians should be cautious if the patient has had recent nasal trauma or surgery, has a markedly deviated nasal septum, or has a history of chronically blocked nasal passages or severe coagulopathy. (ref: <https://www.nejm.org/doi/full/10.1056/NEJMvcm2010260>)
- C. Effective Communication
 - 1. When treating or educating the patient, the nurse will ensure Effective Communication (EC) is provided in accordance with Adult Custody Health Services Standards Policy, AD35- Effective Communication.

II. SUPERVISION

- A. Supervision is provided by attending physician of the Adult Custody Health Services. Approval of the SP is a mandatory mechanism of supervision. Other mechanisms of supervision are:
 - 1. Direct on-site, telephone, or electronic communication by an attending physician

III. PROTOCOL

A. Definitions

- 1. Suspected COVID-19/PUI (Person Under Investigation): Patient with COVID-19 symptoms but either has not yet been tested or is waiting for the COVID-19 test result.

Clinical Features
Fever ($\geq 100^{\circ}\text{F}$) Chills New cough Sore throat New shortness of breath Unusual and significant muscle/body aches (unexplained) Unusual and significant loss of sense of smell or taste Runny nose (if different from pre-existing allergies) Nausea, vomiting, or diarrhea (unexplained) Anorexia (loss of appetite), unrelated to a pre-existing condition or drug use Conjunctivitis (unexplained) Unusual and significant headache (unexplained) Unusual and significant tiredness (unexplained) Unusual and significant confusion (unexplained)

2. “Unable to determine” if meets PUI definition:
 - i. Patient intoxicated, unreliable historian, or too agitated to evaluate.
3. Exposed
 - i. Exposed to a lab-confirmed COVID-19 case within two (2) days of the onset of COVID-19 symptoms in the index patient, two (2) days before the date of specimen collection in the asymptomatic index patient, or within a longer time duration based on the recommendation of Public Health on a case by case basis.
 - ii. Interaction must have been within 6 feet, for at least 15 minutes, with no evidence that both parties wore protective face coverings properly
 - iii. Potential exposure – from preliminary investigation (e.g., in the same housing or work area as the index patient)
 - iv. Confirmed exposure – from video surveillance, or known close proximity to the index patient (e.g., cellmate)
 - v. High Risk Exposure - identified by either COVID Investigation Unit (CIU), Custody Health Services or Custody as somebody who had close contact using definition above. Examples – cellmate, being in an adjacent bunk in a dorm setting, or having out time together. Additionally, anybody who would normally meet criteria for medium risk below, but have risk factors for COVID-19 complications, such as age > 60 and presence of pre-defined health conditions (per current report available via HealthLink).
 - vi. Medium Risk Exposure - not meeting high-risk exposed criteria above, housed in an open dormitory/barrack with a confirmed COVID-19 patient within two days prior to lab test confirming COVID-19 with asymptomatic confirmed COVID-19 patient or

within two days prior to onset of symptoms with symptomatic confirmed COVID-19 patient. This definition does not apply to residents of cell-based units.

- vii. Low Risk Exposure - not meeting high-risk exposed criteria above, housed in a cell-based unit with a confirmed COVID-19 patients and not having out time in a group which included index patient within two days prior to lab test confirming COVID-19 with asymptomatic confirmed COVID-19 patient or within two days prior to onset of symptoms with symptomatic confirmed COVID-19 patient. This definition does not apply to residents of dorm-based units or barracks.
4. Normal admission with high risk management:
 - i. Asymptomatic, afebrile and no exposure history
 5. Confirmed COVID-19
 - i. Laboratory or point-of-care PCR swab with the result "SARS-CoV-2 detected"
 6. Recovered COVID-19
 - i. Greater than 14 days since positive test (asymptomatic)
 - ii. Greater than 14 days since positive AND ≥ 7 days since symptom resolution (symptomatic)
 - iii. Greater than 20 days since positive test (severe disease, defined as requiring hospitalization)

B. Data Base

1. Subjective (history/symptoms which patient reports):
 - i. Fever
 - ii. Chills
 - iii. New cough
 - iv. Sore throat
 - v. New shortness of breath
 - vi. Unusual and significant muscle/body aches (unexplained)
 - vii. Unusual and significant loss of sense of smell or taste
 - viii. Runny nose (if different from pre-existing allergies)
 - ix. Nausea, vomiting, or diarrhea (unexplained)
 - x. Anorexia (loss of appetite), unrelated to a pre-existing condition or drug use
 - xi. Unusual and significant headache (unexplained)
 - xii. Unusual and significant tiredness (unexplained)
 - xiii. Unusual and significant confusion (unexplained)
 - xiv. Travel history (within 2 weeks)
 - xv. Exposure to confirmed or suspected COVID-19 case (within 2 weeks)
 - xvi. Prior testing for and diagnosis of COVID-19

2. Objective (physical assessment/findings)
 - i. Fever ($\geq 100^{\circ}\text{F}$)
 - ii. Cough
 - iii. Shortness of breath (tachypnea, use of accessory respiratory muscle, speaking in short sentences)
 - iv. Runny nose (if different from pre-existing allergies)
 - v. Conjunctivitis (unexplained)
 - vi. Significant confusion (unexplained)

C. Condition: Infection prevention and control for COVID-19 in the jail

D. Plan: (see attachment)

1. **New admission, asymptomatic, afebrile without exposure history**
 - i. Provide the patient with a reusable cloth mask
 - ii. House per classification (either designated risk management unit, or single cell)
 - iii. Daily temperature and brief welfare check
 - iv. COVID (SARS CoV-2) PCR Nasal swab upon admission in booking and on day 12 of admission.
 - v. Notify physician if patient becomes symptomatic.
2. **New admission, asymptomatic, afebrile with exposure history**
 - i. Provide the patient with a reusable cloth mask
 - ii. Ensure the patient is masked
 - iii. Document the date and location of exposure to a confirmed COVID19 patient
 - iv. House in single cell under contact and droplet precaution x 14 days
 - v. Twice a day (BID) vital signs and welfare checks x 14 days
 - vi. COVID (SARS CoV-2) PCR Nasal swab upon admission in booking and day 12 of admission
 - vii. Notify physician if patient becomes symptomatic
3. **New admission, asymptomatic, afebrile with history of positive COVID-19 test result**
 - i. Positive test within 90 days of admission - DON'T order any COVID-19 test.
 - ii. Positive test greater than 90 days prior to admission – DO order COVID (SARS CoV-2) PCR Nasal swab upon admission and day 12 of admission.
 - iii. Document date of the positive COVID-19 test and the Health Services providing the test and result.
 - iv. Provide the patient with a reusable cloth mask

- v. House per classification (either designated risk management unit, or single cell)
- vi. Daily temperature and brief welfare check
- vii. Notify physician if patient becomes symptomatic.

4. New admission, symptomatic and/or febrile, with history of positive COVID-19

- i. Positive test within 90 days of admission - DON'T order any COVID-19 test.
- ii. Positive test greater than 90 days prior to admission – DO order COVID (SARS CoV-2) PCR NP swab upon admission
- iii. Document date of the positive COVID-19 test and the Health Services providing the test and result.
- iv. Provide patient with a surgical mask
- v. Ensure the patient is masked
- vi. House the patient in a single cell under airborne and contact precaution
- vii. Vital sign and welfare check every shift.

5. New admission, asymptomatic and afebrile, with negative COVID-19 test within 14 days

- i. Provide the patient with a reusable cloth mask
- ii. Document date of the negative COVID-19 test and the Health Services providing the test and result if the test was done by non-County of Santa Clara Health System
- iii. House per classification (either designated risk management unit, or single cell)
- iv. Daily temperature and brief welfare check
- v. COVID (SARS CoV-2) PCR Nasal swab on day 12 of admission.
- vi. Notify physician if patient becomes symptomatic.

6. Asymptomatic, afebrile in-house exposure confirmed by close contact investigation (High Risk Exposure)

- i. Provide a reusable cloth mask if the patient does not have one
- ii. House in a single cell under droplet and contact precautions.
- iii. Document the date and location of exposure to a confirmed COVID19 patient
- iv. Twice a day (BID) vital sign and welfare checks x14 days.
- v. COVID (SARS CoV-2) PCR nasal swab immediately if there is no testing within 48 hours, on day 4, day 8, and on day 12.
- vi. Notify physician if patient becomes symptomatic.

7. Asymptomatic, afebrile in-housed exposure in an open dormitory or barrack (Medium Risk Exposure)

- i. Provide a reusable cloth mask if the patient does not have one
- ii. House in a single cell, double cell or designated unit where exposed patient are cohorted together under droplet and contact precautions.
- iii. Document the date and location of exposure to a confirmed COVID19 patient
- iv. Twice a day (BID) vital sign and welfare checks x14 days.
- v. COVID (SARS CoV-2) PCR nasal swab immediately if there is no testing within 48 hours, on day 4, day 8, and on day 12.
- vi. Notify physician if patient becomes symptomatic.

8. Asymptomatic, afebrile in-housed exposure in a cell-based unit and programming/out of cell with a small group (Low Risk Exposure)

- i. Provide a reusable cloth mask if the patient does not have one.
- ii. Document the date and location of exposure to a confirmed COVID19 patient
- iii. Remain in the same cell under droplet and contact precautions.
- iv. Daily temperature and welfare checks x14 days.
- v. COVID (SARS CoV-2) PCR nasal swab immediately if there is no testing within 48 hours and on day 12.
- vi. Notify physician if patient becomes symptomatic.

9. PUI (symptomatic), regardless of exposure history

- i. Provide the patient with a surgical mask
- ii. Ensure the patient is masked
- iii. House in single cell under contact and airborne precautions
- iv. Vital signs and welfare check every shift
- v. COVID (SARS CoV-2) PCR NP swab immediately
- vi. Notify physician if symptoms worsen
- vii. For new admission PUI, after receiving the negative COVID-19 lab result, nurses will discontinue the q shift vital signs and welfare checks, rehouse the patient to risk management housing for total of 14 days since admission, order repeat COVID (SARS CoV-2) PCR nasal swab testing on day 12 of admission, and order daily temperature and welfare check to complete the admission-14-day risk management.
- viii. If patient was designated PUI on the basis on fever, make sure that patient is afebrile for 72 hours without the use of antipyretics prior to rehouse

10. Confirmed COVID-19 (recently diagnosed within 14 days, or still symptomatic)

- i. Provide the patient with a surgical mask.
 - ii. Ensure the patient is masked
 - iii. House in single cell under contact and airborne precautions for 14 days if asymptomatic or for 7 days after resolution of symptoms, whichever is longer. For confirmed COVID-19 patients with severe illness (hospitalization, house in a single cell under airborne and contact isolations x 20 days since onset of symptoms.
 - iv. Vital signs and welfare check every shift
 - v. Notify physician if patient becomes symptomatic or symptoms worsen
 - vi. Do not retest the patient if COVID-19 positive within 90 days.
11. **Asymptomatic confirmed COVID-19 patients from a massive outbreak** (>5% of facility population or > 30 individuals actively infected, whichever is larger)
 - i. Cohort in a designated housing unit.
 - ii. Vital signs and welfare check BID at 0800 and 2000.
 - iii. Notify physician if patient becomes symptomatic.
 - iv. Do not retest the patient in 90 days.
12. **Unable to determine**
 - i. Provide the patient with a surgical mask.
 - ii. Ensure the patient is masked.
 - iii. House in single cell under contact and droplet precaution x 72 hours
 - iv. BID vital signs and welfare checks x 72 hours and contact on-call/infirmery physician by hour 72.
 - v. Daily temperature and welfare check x 11 days from the fourth day to day 14 of admission (unless the physician decides the patient is a PUI).
 - vi. COVID (SARS CoV-2) PCR Nasal swab on admission and day 12 of admission.
 - vii. Notify physician if patient becomes symptomatic.
 - viii. COVID-19 (SARS CoV-2) PCR Nasal swab on day 12 of admission will be discontinued and replaced by SARS CoV-2 PCR NP swab order by physician if the patient becomes PUI.
13. **Asymptomatic patients who request COVID-19 test**
 - i. Provide the patient with a reusable mask if the patient does not have one.
 - ii. Ensure the patient is masked
 - iii. Interview patient regarding the reason for requesting COVID-19 test, including full symptom review
 - iv. Take a full set of vital signs

- v. If asymptomatic and afebrile, and no COVID-19 testing within 5 weeks (35 days), order and collect COVID-19 (SARS CoV-2) PCR Nasal swab

14. **Pre-surgical or treatment procedure requirement or discharging patient to a congregate placement (on a case by case basis):**

- i. COVID-19 (SARS CoV-2) PCR Nasal swab on the scheduled date (see specific protocol for each setting – e.g., within 24 hours for Custody Dental procedures, within 72 hours for VSC specialty procedures, or within 7 days for planned release to a residential program)

- 15. For three documented refusals of asymptomatic patient's COVID-19 testing, nurses need to chart check to medical provider. Chart-check after a single refusal for symptomatic patients.

E. Follow Up

- 1. Discharge planning for PUI and Confirmed COVID-19 patient following the current Santa Clara Public Health Guideline-
<https://www.sccgov.org/sites/covid19/Pages/coronavirus-facts.aspx#aboutcov>

F. Patient Education

- 1. Explain COVID-19 symptoms for self-monitoring.
- 2. Provide mask, hand hygiene and social distancing patient education.

G. Documentation

- 1. The RN will document in HealthLink (HL)

IV. REQUIREMENTS FOR NURSES

- A. Education and Training: Graduate of an approved nursing program and completion of an in-service/orientation on Standardized Procedure on COVID-19 infection prevention and control.
- B. Experience: As specified by the Santa Clara County Merit Classification.
- C. Initial Evaluation: Completion of an in-service/orientation on Standardized Procedure on COVID-19 infection prevention and control.
- D. Ongoing Review: Annual review of RN familiarity with the Standardized Procedure on COVID-19 infection prevention and control.

V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

- A. Method: Developed and approved by authorized representatives of Administration, Medical Staff, and the Interdisciplinary Practice Committee.
- B. Review Schedule: Annually and as needed.
- C. Signature of the personnel authorized to approve the Standardized Procedure.

VI. RN'S AUTHORIZATION

- A. A current list of approved RNs to perform this Standardized Procedure will be maintained by the Nurse Manager.

History: Original 05/2020; Revised 6/1/2020, 6/10/2020, 7/4/2020, 7/13/2020, 8/14/2020, 8/19/2020.



COUNTY OF SANTA CLARA
Health System

Adult Custody Health Services

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ADULT CUSTODY HEALTH SERVICES

Date: 08/13/2020
To: Adult Custody Health Services clinicians, managers, nurses and providers (HCPs)
From: Alexander Chyorny, Adult Custody Health Services Medical Director
Ya-Hui Hsu, Custody Health Services Infection Prevention and Control

PROCESS FOR HOUSING PLACEMENT OF COMFIRMED COVID-19, SUSPECTED COVID 19 AND EXPOSED PATIENTS

Effective date: 08/13/2020

Intended Audience: Sheriff's Office Custody Bureau, Custody Health Services, Public Health Branch,

Purpose: To standardize the custody housing placement and isolation precaution process for COVID-19, Person Under Investigation (PUI)/Suspected COVID-19, and Exposed patients including communications between all relevant organizations to ensure all COVID-19, PUIs/ Suspected COVID-19, and Exposed patients can safely isolate after identification and confirmation of patient's status.

Definitions

Confirmed COVID-19: Patient with laboratory-confirmed "COVID-19 detected" result
PUI/Suspected COVID-19: Patient with COVID-19 symptoms who either has not been tested or is awaiting COVID-19 test result; includes category "unable to determine" due to patient's refusal or inability to participate in symptom assessment.

High Risk Exposed to COVID-19+ patient: Identified by either COVID Investigation Unit (CIU) Custody Health Services or Custody as somebody who had close contact of >15 mins and <6 feet (even if both people were wearing face coverings) within two days prior to lab test confirming COVID-19 with asymptomatic confirmed COVID-19 index patient or within two days prior to onset of symptoms with symptomatic confirmed COVID-19 index patient. Examples – cellmate, being in an adjacent bunk in a dorm setting, or having out time together. Additionally, anybody who would normally meet criteria for medium risk below, but have risk factors for COVID-19 complications, such as age > 60 and presence of pre-defined health conditions (per current report available via HealthLink).

Medium Risk Exposed to COVID-19+ patient: Not meeting high-risk exposed criteria above, housed in an open dormitory/barrack with a confirmed COVID-19 patient within two days prior

to lab test confirming COVID-19 with asymptomatic confirmed COVID-19 patient or within two days prior to onset of symptoms with symptomatic confirmed COVID-19 patient. This definition does not apply to residents of cell-based units.

Low Risk Exposed to COVID-19+ patient: Not meeting high-risk exposed criteria above, housed in a cell-based unit with a confirmed COVID-19 patients and not having out time in a group which included index patient within two days prior to lab test confirming COVID-19 with asymptomatic confirmed COVID-19 patient or within two days prior to onset of symptoms with symptomatic confirmed COVID-19 patient. This definition does not apply to residents of dorm-based units or barracks.

Medical isolation: Separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others and to reduce the risk of transmission.

Exposure Quarantine: Separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Applies to patients in three exposure risks described above. Lasts for 14 days; if new cases are identified within exposed cohort, the clock restarts with the last identified case testing date. Each identified exposure cohort must program separately to avoid any contact between cohorts of different exposure time periods.

Intake Quarantine: A practice referring to newly incarcerated individuals (“new intakes”) being housed separately or as a group for 14 days before being integrated into general housing. Special units designated for this purpose are termed **Risk Management Units** (RMU, cell-based units for initial 14-day quarantine, during which individuals can only have out-of-cell time with a small constant group of other individuals), and **Separation Units** (cell-based or dormitory-based units for subsequent 14-day quarantine, during which individuals can have out-of-cell time with the rest of individuals on that unit, but not with general facility population). Separation unit housing can be suspended during housing area shortages (priority is given to exposure housing or confirmed COVID-19 housing).

Restricted Movement: Placing individuals housed on unit on limited movement (no rehousing out of the unit, no new admissions to the unit) while a person originally from that unit is being investigated for suspected COVID-19. This designation only applies while the individual under consideration is being tested; subsequently, the restriction is either lifted, or patients on the unit are considered to be exposed, according to criteria above.

Cohorting: Practice of isolating multiple individuals with confirmed COVID-19 together or quarantining exposed persons together as a group due to a limited number of individual cells. Persons with suspected symptomatic COVID-19 should not be cohorted together.

Management Recommendations

Patient Category	Housing Recommendation	Testing Recommendation	Isolation/Quarantine/Monitoring Recommendation
High risk exposure (HRX)	Transfer to or keep in individual cell, out-of-cell time alone with mask	D0, D4, D8, D12	Droplet and contact isolation Full vital signs and welfare check twice daily OK to go to court and medical appointments with mandatory masking, but should not share waiting rooms/holding cells.
Medium risk exposure (MRX)	Transfer to individual cell, double cell or a big dorm with a small group of exposed patients who are able and willing to maintain social distancing. If the exposed individuals are cohorted together in a dorm, they will be separated into smaller groups/double cells as soon as space becomes available. For patients transferred to cell-based units, out time in small constant groups, with masks	D0, D4, D8, D12	Droplet and contact isolation Temperature and welfare check twice daily OK to go to court and medical appointments with mandatory masking, but should not share waiting rooms/holding cells except with individuals from the same dorm.
Low risk exposure (LRX)	Remain in the same cell-based housing Out time in small constant groups, with mask	D0, D12	Temperature and welfare check daily OK to go to court and medical appointments with mandatory masking, but should not share waiting rooms/holding cells except with individuals in the same out-time group.
Newly incarcerated	RMU for first 14 days (out alone or in small group, with mask)	At intake (D0) and D12	Temperature and welfare check daily while in RMU, none in Separation Unit

	Separation Unit for the following 14 days (out together, with mask)		OK to go to court and medical appointments with mandatory masking, but should not share waiting rooms/holding cells except with individuals from the same dorm.
PUI/Suspected Symptomatic COVID-19 (PUI/SSC)	Individual cell Out alone, in mask/gloves only	Immediate (D0)	Contact and airborne isolation until test results are available, then as appropriate Full vital signs and welfare check every shift No routine court or medical appointments. May go to video/telephone appointments if those could be arranged in designated areas on/near housing unit.
Confirmed COVID-19 (C19+)	Infirmery (could be cohorted in a dormitory or individual cell) for significantly symptomatic patients M1, single cell or dormitory for asymptomatic or mildly symptomatic patients Other designated cohort housing unit per classification for a group of asymptomatic or mildly symptomatic patients	No repeat testing within 90 days of a positive test	Contact and airborne isolation for 14 days (asymptomatic) from testing or 7 days symptoms and fever-free, whichever is longer. For individuals with severe illness (requiring hospitalization), isolation will be extended for 20 days since symptoms onset. Full vital signs and welfare check every shift (thrice daily) for symptomatic patients, twice daily for asymptomatic patients. No routine court or medical appointments. May go to video/telephone appointments if those could be arranged in designated areas on/near housing unit.
Resolved COVID-19	RMU for newly admitted patients General population housing for those infected while in custody	No repeat testing within 90 days of a positive test	Same as for newly incarcerated No restrictions

Standardized Medical Chrono's (COVID)

High Risk Exposure	"HRX - Transfer to (M1, 2B, 2C, Designated Exposure Unit"
Medium Risk Exposure	"MRX - Transfer to (single cell, double cell, dorm"
Low Risk Exposure	"LRX - Remains in current housing"
PUI/Suspected Case	"PUI/SSC - Transfer to 2C/M1 or 2B - Isolation"
C19+ Symptomatic (Has symptoms)	"C19+ Symptomatic - Rehouse to 2C or M1 - Isolation"
C19+ Asymptomatic (Does NOT present with symptoms)	"C19+ Asymptomatic - Rehouse to C19+ dorm"
C19+ Asymptomatic 90 -days (Does NOT present with symptoms. Has tested positive within the last 90 days)	"C19+ Asymptomatic within 90 days - OK for RMU"

COUNTY OF SANTA CLARA VALLEY HEALTH SYSTEM
ADULT CUSTODY HEALTH SERVICES

**STANDARDIZED PROCEDURE FOR INFECTION PREVENTION AND CONTROL
FOR COVID-19**

Approved by:

DocuSigned by:
Eureka Daye, CHS Director
898A90E0D7A3416...

Director, Custody Health Services

8/19/2020

Date

DocuSigned by:
Alex Chorny, MD
98B9657E2CCD4A8...

Medical Director, Adult Custody Health Services

8/19/2020

Date

SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM
JUVENILE CUSTODY HEALTH SERVICES**STANDARDIZED PROCEDURE FOR INFECTION PREVENTION AND CONTROL
FOR COVID-19**I. POLICY

- A. Function: This standardized procedure is developed to facilitate in the infection prevention and control for COVID-19 in the juvenile hall and juvenile ranch
- B. Circumstances under which an RN may perform this function:
1. Setting: Juvenile Hall
 2. Supervision: None required at the time of identifying and initiating care. Overall supervision provided by the Nurse Manager, the Medical Director and/or attending physician.
 3. Contraindications: None There are no specific contraindications for collecting specimens with nasopharyngeal swabs. However, clinicians should be cautious if the patient has had recent nasal trauma or surgery, has a markedly deviated nasal septum, or has a history of chronically blocked nasal passages or severe coagulopathy.

(ref: <https://www.nejm.org/doi/full/10.1056/NEJMvcm2010260>)

II. SUPERVISION

Supervision is provided by attending physician of the Juvenile Custody Health Services. Approval of the SP is a mandatory mechanism of supervision. Other mechanisms of supervision are:

- A. Direct on-site, telephone, or electronic communication by an attending physician/dentist.
- B. Review and sign-off of the SP orders by an attending physician.

III. PROTOCOLA. Definitiona. **Suspected COVID-19/PUI (person under investigation) definition:**

Patients with COVID-19 symptoms but either has not yet been tested or is waiting for the COVID-19 test result.

Clinical Features
Fever ($\geq 100^{\circ}\text{F}$)
Chills

Cough
 Sore throat
 Shortness of breath
 Unusual and significant muscle/body aches (unexplained)
 Unusual and significant loss of sense of smell or taste
 Runny nose (if different from pre-existing allergies)
 Nausea, vomiting, or diarrhea (unexplained)
 Anorexia (loss of appetite), unrelated to a pre-existing condition or drug use
 Conjunctivitis (unexplained)
 Unusual and significant headache (unexplained)
 Unusual and significant tiredness (unexplained)
 Unusual and significant confusion (unexplained)

- b. “Unable to determine” if meets PUI definition:
 - i. Patient intoxicated, unreliable historian, or too agitated to evaluate.
 - c. Exposed
 - 1. Exposed to a lab-confirmed COVID-19 case within two (2) days of the onset of COVID-19 symptoms in the index patient, two (2) days before the date of specimen collection in the asymptomatic index patient, or within a longer time duration based on the recommendation of Public Health on a case by case basis.
 - 2. Interaction must have been within 6 feet, for at least 15 minutes, with no evidence that both parties wore protective face coverings properly
 - 3. Potential exposure – from preliminary investigation (e.g., in the same housing or work area as the index patient)
 - 4. Confirmed exposure – from video surveillance, or known close proximity to the index patient
 - d. Normal admission with high risk management:
 - i. Asymptomatic, afebrile and no exposure history
 - e. Confirmed COVID-19
 - i. Laboratory NP swab with the result COVID-19 detected
- B. Data Base**
- 1. Subjective (history/symptoms): patient reports
 - a. Fever
 - b. Chills
 - c. Cough
 - d. Sore throat
 - e. Shortness of breath
 - f. Unusual and significant muscle/body aches (unexplained)

- g. Unusual and significant loss of sense of smell or taste
- h. Runny nose (if different from pre-existing allergies)
- i. Nausea, vomiting, or diarrhea (unexplained)
- j. Anorexia (loss of appetite), unrelated to a pre-existing condition or drug use
- k. Unusual and significant headache (unexplained)
- l. Unusual and significant tiredness (unexplained)
- m. Unusual and significant confusion (unexplained)

- 2. Objective (physical assessment/findings)
 - a. Fever ($\geq 100^{\circ}\text{F}$)
 - b. Cough
 - c. Shortness of breath
 - d. Runny nose (if different from pre-existing allergies)
 - e. Conjunctivitis (unexplained)
 - f. Significant confusion (unexplained)

C. Condition : Infection prevention and control for COVID-19 in Juvenile Hall and Ranch

D. Plan

- 1. **New Admission, asymptomatic, afebrile without exposure history:**
 - a. Provide the patient with a reusable cloth mask
 - b. Ensure the patient wear a mask
 - c. House per classification
 - d. Twice per day (BID) temperature checks and daily welfare check
 - e. COVID (SARS CoV-2) PCR Nasal swab at admission
 - f. COVID (SARS CoV-2) PCR Nasal swab on day 12 of admission.
 - g. Notify physician if patient becomes symptomatic
- 2. **New Admission, asymptomatic, afebrile with exposure history**
 - a. Provide the patient with a reusable cloth mask
 - b. Ensure the patient is masked
 - c. House in single cell under Droplet and Contact precaution x 14 days
 - d. Twice a day (BID) vital signs and welfare check x 14 days
 - e. COVID (SARS CoV-2) PCR Nasal swab immediately upon admission
 - f. COVID (SARS CoV-2) PCR Nasal swab on day 12
 - g. Notify physician if patient becomes symptomatic
- 3. **New admission, asymptomatic and afebrile, with negative COVID-19 test within 14 days**
 - a. Provide the patient with a reusable cloth mask
 - b. House per classification (either designated risk management unit, or single cell)

- c. Daily temperature and brief welfare check
- d. COVID (SARS CoV-2) PCR Nasal swab on day 12 of admission.
- e. Notify physician if patient becomes symptomatic.

4. Consent

- a. Informed consent and parent/guardian notification for COVID (NP/Nasal or other site) swabs:
 - i. If youth 12 years or older, obtain youth consent for COVID swab. If concerns about whether youth has capacity to consent consult with Nurse Manager, the Medical Director and/or attending physician.
 - ii. Confirm with youth that they consent to notifying parent/guardian of (SARS CoV-2) PCR testing and any positive results.
 - iii. If youth consents to notifying parent/guardian, have youth sign authorization (attachment).
 - iv. Notify parent/guardian. **This is a notification and not request for consent to procedure.** If parent asks why not asked for consent or prior to test, inform parent that under state law we must seek consent directly from youth age 12 or over for diagnosis or treatment of infectious disease. *See Fam. Code § 6926*

5. New admission asymptomatic and afebrile with history of positive COVID-19 test results

- a. Provide the patient with a reusable cloth mask
- b. House per classification (either designated risk management unit, or single room)
- c. Twice per day (BID) temperature and welfare checks
- d. For patient with COVID-19 positive result within 90 days of admission, DO NOT order any COVID-19 test.
- e. For patient with COVID-19 positive result greater than 90 days, order COVID (SARS CoV-2) PCR Nasal swab on admission and on day 12.
- f. Notify physician if patient becomes symptomatic.

6. New admission symptomatic and/or febrile with history of positive of COVID-19 test results

- a. Provide the patient with **a surgical mask**
- b. House the patient in a single cell under Airborne and Contact precautions
- c. Vital sign and welfare check every shift.
- d. For patient with COVID-19 positive result within 90 days of admission, DO NOT order any COVID-19 test.
- e. For patient with COVID-19 positive result greater than 90 days, order COVID (SARS CoV-2) **PCR NP swab** upon admission.
- f. Notify physician if patient symptoms worsen

7. PUI (symptomatic), regardless of exposure history

- a. Provide the patient with a **surgical mask**
- b. Ensure the patient is masked
- c. House in single cell under Airborne and Contact precautions
- d. Vital signs and welfare check every shift
- e. COVID (SARS CoV-2) **PCR NP swab** immediately.
- f. Notify physician if patient worsens

8. Confirmed COVID-19

- a. Provide the patient with a **surgical mask**
- b. Ensure the patient is masked
- c. House in single cell under Airborne and Contact precautions for 14 days if asymptomatic or for 7days after resolution of symptoms, whichever is longer. For confirmed COVID-19 patients with severe illness (hospitalization, house in a single cell under airborne and contact isolations x 20 days since onset of symptoms.
- d. Vital signs and welfare check every shift
- e. **DO NOT** retest the patient for COVID (SARS CoV-2) if the last COVID test result was within 90 days
- f. Notify physician if patient becomes symptomatic or symptoms worsen

9. Unable to determine

- a. Provide the patient with a **surgical mask**.
- b. Ensure the patient is masked
- c. House in single cell under Droplet and Contact precaution x 72 hours
- d. Twice a day (BID) vital signs and welfare check x 72 hours and contact on-call/infirmery physician by hour 72.
- e. Daily temperature and welfare check x 11 days, starting from the fourth day to day 14 of admission (unless the physician decides the patient is a PUI).
- f. COVID (SARS CoV-2) PCR Nasal swab on admission and day 12 of admission
- g. Discontinue COVID (SARS CoV-2) PCR Nasal swab on day 12 of admission and obtain order from physician for COVID (SARS CoV-2) **PCR NP swab** if the patient becomes a PUI.
- h. Notify physician if patient becomes symptomatic.

10. For in house asymptomatic patients who request for a COVID-19 test or may need testing prior to transition of care

- a. Ensure the patient is masked with a reusable cloth mask
- b. Gather information on why testing is being requested by interviewing the patient or reviewing any documentation or communication from partner programs requesting COVID-19 test.
- c. Take a set of vital signs
- d. Chart Check a provider for the COVID-19 test request

11. For treatment procedure requirement or discharging patient to a congregate placement (on a case by case basis)

- a. COVID- (SARS CoV-2) PCR Nasal swab for asymptomatic x1 on the scheduled date.
- b. Chart check a provider regarding the COVID-19 test request.

12. Exposed to a person who is COVID 19 positive while in custody

- a. Asymptomatic, afebrile, and housed in a unit exposed to a confirmed COVID-19 patient in the same housing unit
 - i. Offer a reusable cloth mask if the patient does not have one
 - ii. House in a single cell under Droplet and Contact precautions.
NOTE: House per the risk of exposure per the decision of Medical Director, Infection Prevention and Control Coordinator, and in coordination with probation supervisor
 - iii. Twice a day (BID) vital sign and welfare checks x14 days.
 - iv. COVID (SARS CoV-2) PCR Nasal swab now if there is no testing within 48 hours, on day 5 post exposure, and on day 12 post exposure from when the index case is identified.
 - v. Notify physician if patient becomes symptomatic.

E. Follow up

- a. Discharge planning for PUI and Confirmed COVID-19 patient following the Santa Clara Public Health Guideline.<https://www.sccgov.org/sites/covid19/Pages/coronavirus-facts.aspx#aboutcov>

F. Patient Education

1. Explain COVID-19 symptoms to youth and guardian for self-monitoring.
2. Provide mask, hand hygiene and social distancing patient education and handout.

G. Documentation

1. The RN will document in Health Link (HL)

IV. REQUIREMENTS FOR NURSES

- A. Education and Training: Graduate of an approved nursing program and completion of an in-service/orientation on Standardized Procedure on COVID-19 infection prevention and control.
- B. Experience: As specified by the Santa Clara County Merit Classification.
- C. Initial Evaluation: Completion of an in-service/orientation on Standardized Procedure on COVID-19 infection prevention and control.
- D. Ongoing Review: Annual review of RN familiarity with the Standardized Procedure on COVID-19 infection prevention and control.


V. DEVELOPMENT AND APPROVAL OF THE STANDARDIZED PROCEDURE

- A. Method: Developed and approved by authorized representatives of Administration, Medical Staff, and the Interdisciplinary Practice Committee.
- B. Review Schedule: Annually and as needed.
- C. Signature of the personnel authorized to approve the Standardized Procedure.

VI. RN'S AUTHORIZATION

A current list of approved RNs to perform this Standardized Procedure will be maintained by the Nurse Manager.

History: Original 05/2020; Revised 06/2020; 07/2020, 8/21/2020.

 <p>COUNTY OF SANTA CLARA Health System</p> <p>AUTHORIZATION FOR USE OR DISCLOSURE OF PROTECTED HEALTH INFORMATION</p>	1	Patient Name: _____
		Date of Birth: _____
		ID or Medical Record #: _____
		Address: _____
		Tel: _____

2 **AUTHORIZATION:** I give permission to _____ to use and release to
 Recipient Name: _____
 Address: _____
 Phone: _____ Fax: _____

3 **PURPOSE:** The health information disclosed may only be used for the following purpose(s): _____

4 **INFORMATION TO BE RELEASED**

A. **Medical Record**
 All health information (e.g. diagnosis, test results, treatment); OR
 Images and/or Films Reports Billing Dental

B. **HIV/AIDS Test Results** (A separate authorization is required for each disclosure.) **Initial:** _____

C. **Drug & Alcohol Treatment**(e.g. diagnosis, test results, treatment, billing, attendance) **Initial:** _____

D. **Mental Health** (e.g. diagnosis, test results, treatment, billing) **Initial:** _____

E. **Other** _____ **Initial:** _____

5 **DELIVERY PREFERENCE:** Mail Pick up Other _____

6 **DELIVERY FORMAT:** CD Film Paper Other _____

7 **DURATION:** This authorization is valid immediately and will be valid until _____ (give date).
 If I do not write in a date, it will expire twelve months from the date it was signed.

8 **CANCELLATION:** I understand that I have a right to cancel this authorization any time. A cancellation (1) must be in writing, (2) sent or given to the Health Information Management Department and 3) is effective when it is received by the department. A cancellation will not apply to actions already taken by CSCHS under this authorization or if the authorization was required for getting insurance coverage and the insurer has a legal right to contest a claim. Verbal cancellation will be accepted for behavioral health medical record pursuant to WIC Section 5328. Call: 408-885-5770.

9 **CONDITIONS:** I understand that treatment, payment, enrollment, or eligibility for benefits will not be based on my giving or refusing to give this authorization except if my treatment is related to research, or if health care services are given to me only for creating protected health information for release to a third party. I also understand that I may refuse to sign this authorization.
 A copy of this authorization is as valid as an original. I have the right to receive a copy of this authorization.

10 **REDISCLASURE:** Information disclosed pursuant to this authorization could be redisclosed by the recipient. Such redisclosure is in some cases not prohibited by California law and may no longer be protected by federal confidentiality law (HIPAA), although information protected by 42 CFR Part 2 continues to be subject to that protection. In addition, California law prohibits the person receiving my health information from making further disclosure of it unless another authorization for such disclosure is obtained from me or unless such disclosure is specifically required or permitted by law.

11 Patient/Patient's Representative Name Patient/Patient's Representative Signature Relationship Date

Form HHS-585-12 Rev 04/2011

HHS # 585-12 Attachment A

SANTA CLARA VALLEY HEALTH AND HOSPITAL SYSTEM
JUVENILE CUSTODY HEALTH SERVICES

**STANDARDIZED PROCEDURE FOR INFECTION PREVENTION AND CONTROL
FOR COVID-19**

Approved by:

DocuSigned by:
Eureka Daye, CHS Director
898A90E0D4A3416...

Director, Custody Health Services

8/24/2020

Date

DocuSigned by:
Aggarwal, Shelley, CHS Medical Director
03F8C161A8ED45F...

Medical Director, Juvenile Custody Health Services

8/21/2020

Date

County of Santa Clara

Public Health Department

Communicable Disease Prevention & Control
976 Lenzen Avenue, Suite 1800
San José, CA 95126
408.885.4214



May 4, 2020

TO: Laura Garnette, Chief Probation Officer
Nick Birchard, Deputy Chief Probation Officer, Institution Services Division

FROM: Dr. Sarah Rudman, MD, MPH, Assistant Public Health Officer

CC: Dr. Shelley Aggarwal, Custody Health Services, Juvenile Hall

Re: April 23-24, 2020 Visits to Juvenile Hall and the William F. James Ranch

Thank you for inviting me to tour and inspect the County of Santa Clara Juvenile Hall this past Thursday, April 23, 2020, and the William F. James Ranch on Friday, April 24, 2020, to observe the measures the Probation Department has adopted to reduce the risk of COVID-19 infection in our juvenile detention facilities.

As we discussed, I was very impressed by the extent to which Probation and Custody Health have worked together to institute excellent social distancing measures in the facilities, meeting both the letter and the spirit of nearly every infection control recommendation. As you know well, our incarcerated youth are not only made vulnerable to infection by the nature of their incarceration, but they disproportionately represent communities at greater risk of poverty, dense housing, and reduced access to testing and medical care, all of which may put them at higher risk of acquiring infection in the community. This memorandum describes the many policies and measures I observed that are very much in line with Public Health Department recommendations to protect the safety of these youth as well as the staff who work in our juvenile detention facilities.

I have also identified some areas where I believe Probation can build on the great work you have already done or where the Public Health Department and the County Emergency Operations Center may be able to better support you. In my opinion, the main threat to health in the juvenile facilities is infection brought in by a staff member who has acquired the infection in the community and may spread it to other staff and incarcerated youth. The main interventions I recommend are consistent masking for both youth and all staff to the maximum extent possible; mandatory hand hygiene for youth and staff at booking, prior to transfer, before meals, and after exercise; and collaborating with Custody Health and Public Health to add additional COVID-19 tests for asymptomatic recently incarcerated youth. These recommendations are changes from previous direction by the Public Health Department, so I appreciate your cooperation in adapting to recent evolving guidance based on new science and changing capacity.

Once you have reviewed these notes, please let me know if you would like to set up a phone call. I am available to provide any further guidance you would find helpful.

Board of Supervisors: Mike Wasserman, Cindy Chavez, Dave Cortese, Susan Ellenberg, S. Joseph Simitian
County Executive: Jeffrey V. Smith

Overall Scope of Observation:

I visited Juvenile Hall on April 23, 2020 where I observed the booking and intake process, visitor and staff screening, infirmary, control room, hallways, interview rooms, observation pods, general population pods, food preparation, laundry facilities, classrooms, virtual interview rooms, exercise and recreational areas, and bathroom facilities. At James Ranch, I was able to inspect the visitor check in, temperature screening, medical clinic, dining facilities, recreational areas, pods, bathrooms, interview rooms, and staff break rooms. In each location, I was able to freely interview both youth and staff.

Observations and Recommendations for Specific Areas:

A. Contact Tracing for known COVID-19 cases

The Sheriff's Office has set up a contact tracing team for known COVID-19 cases and has provided training on its procedures to the Probation Department to assist you in performing your own contact tracing for any staff or juvenile case. The Probation Department has thus far been able to quickly conduct a thorough investigation and provide all information necessary to conduct contact tracing, quarantine exposed youth, and furlough and quarantine exposed staff. The Public Health Department will continue to be available to assist with and advise such investigations as needed, as well as support access to testing for staff and provide exposure notifications to exposed individuals not associated with the juvenile justice system.

B. Transport and Courts

The successful work of the Probation Department, law enforcement, and the courts to minimize bookings and reduce census has contributed positively to the ability to enforce social distancing recommendations at Juvenile Hall. In addition to reduction in avoidable transportation, the use of full-size vans to transport one or two youth has allowed six feet of spacing between the youth during transport. The decontamination procedures for vehicles between trips that you described also sound appropriate, although I did not personally observe the cleaning process for vehicles during my visit.

Since safety requirements necessitate two staff travel with the youth during transport and must therefore sit less than six feet apart during the ride, it will be important that face covers are worn at all times and hand hygiene is performed by all staff members before and after entering the vehicle.

C. Booking Process and Classification (Juvenile Hall)

I observed many positive practices here, including initial screening (for temperature and symptoms) of youth immediately upon their arrival at Booking, and immediate isolation if positive for fever or symptoms; immediate provision of a face cover for all youth; a second in-depth screening by nurses that includes instructions for social distancing and a chance to answer questions; and capacity for all juveniles to sit six feet apart in the general booking area or individually in holding cells. The interview rooms with Probation staff upon booking allowed slightly less than six feet for these interviews, but we discussed that the staff routinely

have the youth move their chairs just outside the door, allowing for greater than six feet of space and that all youth and staff are masked during these interviews. I did not personally observe cleaning of these areas, but an appropriate cleaning process was described to me, and the area smelled of bleach, suggesting very recent cleaning.

I observed staff consistently sitting more than six feet apart, and most were masked. Hand sanitizer was available immediately upon arrival, and temperature screening was provided for staff and for myself as a visitor. I also understand that all visitors have been restricted except those legally required.

As areas for further improvement, I saw one staff member at Booking and Classification who was not wearing a face cover. I recommend sending a reminder to staff about required masking. If youth are ever observed trying to sit closer than six feet apart during booking, I recommend blocking off two out of every three chairs to further ensure no contact within six feet.

D. Quarantine/Observation Process (Juvenile Hall)

I observed multiple good practices in the Quarantine/Observation area, including fourteen-day observation of all juveniles entering Juvenile Hall with daily temperature checks and clinical services provided on site to minimize movement of youth around the facility. Juveniles are then moved out of observation into general population if they do not become symptomatic or have a known exposure during that period. I observed youth in this setting had their own cells with individual toilets and sinks. All youth and staff were wearing face coverings at all times I was present and sitting greater than six feet apart from each other. There was exercise equipment in the unit, and an appropriate cleaning procedure was described that would be used regularly as well as between each use.

Shortly after my visit, a second intake unit for 14-day observation was opened, which allows that the initial unit may be monitored without newly admitted youth for 14 days before release into the general population. This is an ideal scenario for reducing the risk of introducing cases into the general population, and it is my recommendation you continue to do so. I recognize that the census and staffing capacity in the Hall may not always allow for operating two such observation units. However, the excellent compliance with recommended social distancing practices during this period is likely to significantly reduce the risk of transmission in the observation unit prior to movement to the general population if two separate observation units cannot be maintained.

As you have begun to do since my visit, I suggest that Custody Health and Public Health continue to work together to develop a procedure to utilize further COVID-19 disease testing for individuals nearing their planned move to general population to further reduce the risk that someone with asymptomatic infection could be moved to a location where they could expose others.

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E. Juvenile Hall General Population Pods

I observed generally excellent compliance with social distancing recommendations in the general population pods at Juvenile Hall. All youth are currently in single cells with use of their own bathrooms and sinks. Adequate soap and hand sanitizer were present, and staff described appropriate regular and activity-based requirements for hand hygiene. I observed physical education, during which youth maintained more than six feet between themselves, did not share equipment, wore masks, and wore gloves when touching chairs, which they then cleaned afterwards.

I was able to visit the classrooms, which had desks spaced more than six feet apart for a total of six youth in the classroom and presence of working technology to allow remote learning using video chat. Staff described appropriate cleaning of supplies and hand hygiene before classroom entry.

I had no specific recommendations for improvement in procedures in the general population pods at Juvenile hall.

F. William F. James Ranch

Procedures at the James Ranch also met the vast majority of recommendations for social distancing and infection prevention. All visitors and staff receive temperature screenings on arrival, and youth are screened daily for fever and symptoms by Custody Health staff. As you have opened an additional pod, limited all commitments to six months, and been able to reduce your census, you have only between four and six youth in each pod, allowing them to sleep one to a bunk and at least six feet apart from each other in an open space with good ventilation. Their bathrooms were all stocked with adequate soap, adequate cleaning supplies were observed, and an appropriate cleaning regimen was described. I observed all youth but one to be wearing their masks and all sitting at least six feet apart. Staff also ensured any group moving through the halls remained six feet apart at all times, and I observed study space and meeting space for mental health visits to allow for persons to sit more than six feet apart.

Meal procedures were described as serving two pods at a time, placing roughly 12 youth plus four staff in an area designed to seat over 100, such that all seating could occur more than six feet apart for meals, with required hand hygiene before and after eating. Recreational activities were described to avoid shared equipment and enforce hand hygiene before and after. Additional schedule reorganization ensures that the same pairs of pods consistently eat together, and the same staff are assigned to work with each other and the same pods, such that should an outbreak occur despite all best efforts, it is likely to be limited to a single pod or at most two.

The James Ranch provides many mental health, educational, and other services for committed youth that Juvenile Hall cannot, and excellent infection prevention practices are in place. I therefore recommend that those youth who would normally be committed to James Ranch who have completed their 14-day observation at Juvenile Hall and tested negative may be transferred to James Ranch in accordance with the transportation practices described above.

G. Food Preparation and Food Service

Positive practices here include no involvement of youth in food preparation, reduced number of staff, appropriate masking of staff in food preparation and service, no shared serving utensils. Food preparation staff were given separate or single work stations. Face-to-face interactions with meal servers are likely still occurring but are at a distance of nearly six feet and for under one minute, meeting the CDC definition of a non-exposure, with risk further reduced by consistent use of face covering by both youth and food service staff.

H. Medical Care and Preparation for Surge

Enough beds are available for the current demand relating to COVID-19, and plans have been put in place for overflow and appropriate isolation beds if needed. There are appropriate isolation and quarantine policies in place as well that have been reviewed in full by the Public Health Department. You have also set up clinical spaces in the observation pod at Juvenile Hall and for care not requiring a physical exam at James Ranch in order to reduce unnecessary movement of youth and staff throughout the facility. In addition, youth attend pill call one at a time, which also affords an opportunity for healthcare staff to reinforce social distancing recommendations and consistent use of face covers. In addition to ongoing, routine medical care for youth at the James Ranch, Custody Health has the ability to transfer any youth to the infirmary at Juvenile Hall who requires care for ILI symptoms or COVID-19, at which point the youth is placed under isolation precautions as appropriate in the infirmary or, if needed, in a designated care area as previously described.

At Juvenile Hall, overhead messages regularly remind youth and staff to follow social-distancing guidelines, and posters describe social distancing recommendations at all locations. Such posters are also present at the James Ranch, and staff provide reminders to youth throughout the day regarding social distancing measures.

I. Staff Risk Issues

Many things are working well in this area, including temperature screening for all staff at entry and limitation of visitors. Staff break rooms have had excess seating removed to prevent staff from sitting less than six feet away. I also observed the control room where no more than two staff were present, wearing appropriate face covering, and sitting six feet apart.

I observed several very rare settings when staff sitting more than six feet apart were not wearing masks. I recommend making use of face covers mandatory for staff at all locations except during meals to the maximum extent possible. Because the goal of such face covers is reducing potential spread of droplet secretions for someone who is ill but may not yet be symptomatic, cloth face covers are acceptable for this purpose.

Thank you very much for inviting me to Juvenile Hall and James Ranch, and for your openness in allowing me to observe all the areas I wanted to see and discussing your policies with me. I was impressed by what I saw and look forward to working with you on additional improvements to further protect your staff and youth.