

Exhibit I

COVID-19 Guidance for Prisons
March 24, 2020

California Department of Public Health Guidance About Novel Coronavirus (COVID-19) for California Prisons March 24, 2020

The California Department of Public Health (CDPH) has developed guidance to assist California State prisons as they respond to the novel coronavirus disease 2019 (COVID-19) pandemic. Communicable disease in a prison setting poses a hazard to inmates, employees, and the community at large. It is essential that all possible steps be taken to prevent and control COVID-19 in California prisons. This guidance addresses non-clinical issues and does not address medical management issues such as decisions to test inmates for COVID-19. This is a rapidly evolving situation and CDPH will provide updated guidance as new information becomes available.

Correctional settings present unique challenges for control of communicable diseases such as COVID-19 because pathogens may be more easily transmitted in an institutional or congregate environment where people live in close proximity to others. If infected, inmates may be at increased risk for severe illness, particularly if they are older or immunocompromised or have chronic medical conditions (e.g., heart disease, diabetes, lung disease).

The following guidelines are complementary to the more general guidance provided by the Centers for Disease Control and Prevention for COVID-19 control in correctional settings, available at: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> .

1. Preventing, Decreasing, or Delaying the Introduction of COVID-19 into Facilities:

COVID-19 will most likely be introduced into a prison from infected employees or inmates admitted from jails. After COVID-19 has been introduced into a facility it can then be spread to other facilities when infected inmates or staff move from one facility to another.

Public health interventions such as the following should be taken to prevent entry of COVID-19 into the prison setting:

- All staff should be educated about COVID-19, including signs and symptoms, and the need to stay home when sick.
- Educational signage should be posted throughout the facility.
- To the extent possible, non-essential persons, such as vendors, volunteers and visitors should not enter the prison.

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- All non-inmates entering the facility should be assessed for symptoms (fever, cough, shortness of breath) by documented self-attestation, and temperature check with a no-touch thermometer.
- Non-inmates with symptoms of an acute respiratory infection should not enter the prison.
- All inmates entering a prison should be screened for symptoms (fever, cough, shortness of breath) of acute respiratory infection and by temperature check and should have medical evaluation prior to placement in any type of housing.
- All non-essential activities as identified by prison warden, such as tours and visits should be cancelled.
- Encourage telework when possible.
- Consider implementation of alternative methods of communication with inmates for classes, family visiting, and other group activities.

2. Take steps to reduce likelihood of transmission in the prison setting:

- **Among employees:**
 - CDCR should comply with general guidance for protection of workers during the COVID-19 emergency provided by CalOSHA for healthcare workers at <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html> and for non-healthcare workers at <https://www.dir.ca.gov/dosh/coronavirus/General-Industry.html>.
 - Provide education and a means to practice proper hand hygiene, cough etiquette, and social distancing.
 - In the event that an employee becomes ill while at work in a prison, they should be immediately provided a surgical mask and sent home.
 - Employees who develop COVID-19 symptoms should remain at home until at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 7 days have passed since symptoms first appeared, whichever is longer, according to current CDC guidelines and guidance from CalHR. Current CDC guidance for discontinuation of home isolation is available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>. (Please note, this is different from guidance for other respiratory infections).
 - As part of routine measures for the respiratory season, existing signs should be visible that remind staff, visitors, and incarcerated individuals to practice good health habits that include handwashing, sneeze/cough into their elbow, put used tissues in a waste receptacle, and to wash

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hands immediately after using tissues, as well as to maintain social distancing.

- ***Among Inmates:***

- Educate inmates about general hygiene and preventive methods for reducing transmission of communicable diseases. Provide education and means to practice proper hand hygiene and cough etiquette. Ensure that all water supplies for hand washing allow flow of water for at least 20 seconds. Educate inmates about risk of transmission associated with close contact within 6 feet and encourage social distancing.
- Encourage inmates to clean their personal cell environments and provide them with materials to allow them to do so.
- Educate inmates about COVID-19 and encourage them to self-report symptoms of acute respiratory infection including fever, cough, and shortness of breath.
- Provide surgical masks to residents with respiratory symptoms if they need to leave their cells.
- At every medical encounter, including medical, dental and mental health clinics, screen patients for symptoms of COVID-19 infection.
- Establish and maintain increased cleaning of common spaces, including tables, chairs, handrails, exercise equipment, etc.
- Implement cleaning of mobility equipment (wheelchairs, etc.) used by elderly inmates.
- Support Social Distancing by:
 - Wherever possible, movement, housing, and group activities of inmates should allow social distancing of 6 feet between each person. This would include movement from one area to another (such as to and from dining facilities), and in chow halls, classrooms, clinics, and housing. Total number of people gathered closely in a single area should not exceed CDC guidelines.
 - Waiting areas for clinics should be set up so that patients with respiratory symptoms and fever are separated from patients without such symptoms. The patients with respiratory symptoms should be wearing medical/surgical masks, and be at the appropriate social distance for isolation of a sick person from others of at least 6 feet.
 - Prioritize social distancing to ensure that high risk groups such as the elderly and those with underlying medical conditions are adequately distanced.

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3. Additional Actions Once COVID-19 Has Entered a Facility

In the event that active or suspected cases of COVID-19 are present at the facility, the following are examples of actions that should occur:

- Facilities should take steps to isolate ill patients and quarantine exposed inmates. Ill patients should be separated by at least six feet from well inmates.
- All suspected cases of COVID-19 should be reported immediately to the facility's designated public health representative, as well as to the local health jurisdiction in which the facility is located.
 - Depending on the extent of transmission within the facility, cellmates of sick individuals will be separated to the extent possible until it is determined that those individuals are free of COVID-19 symptoms.
 - Ill patients with COVID-19 symptoms should be separated from their well cellmates and others for 72 hours until they have been fever-free without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), **AND** 7 days have passed since symptoms have first appeared, whichever is longer. Current CDC guidance for discontinuation of home isolation is available at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.
- CDCR medical staff should make COVID-19 testing decisions based on clinical judgment and in consultation with CDCR public health staff. If testing capacity is limited, priority should be given to those for whom a positive test would change the course of action (such as those with the highest contacts).
- CDCR should consult with CDPH in implementing control measures. Interventions may include:
 - Restricting movement of incarcerated individuals
 - Suspending non-critical programming (such as education, self-help groups, and many prison jobs).
 - Changing the way meals are provided to incarcerated individuals.
- Personal Protective Equipment (PPE) will be utilized by both staff and incarcerated individuals according to CDC guidelines and Cal/OSHA regulations, including specifically the Aerosol Transmissible Disease standard.
- Minimize transfers in and out of the prison to the extent possible.
- Restrict inmate transportation to only those outside appointments that are medically urgent or legally required. Cancel any elective appointments that are not urgent.

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This is a rapidly evolving pandemic and new information is being learned daily. We ask that facilities stay up to date and monitor public health updates from:

- Local Public Health Department
- California Department of Public Health
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/nCOV2019.aspx>
- California Department of Corrections and Rehabilitation
<http://intranet/ADM/DSS/hr/oew/Pages/Coronavirus-COVID-19.aspx>
- US Centers for Disease Control and Prevention
<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Please note: this fact sheet provides basic information only. It is not intended to take the place of medical advice, diagnosis or treatment.

Further information is available on:

CDCRNET, <http://intranet/ADM/DSS/hr/oew/Pages/Coronavirus-COVID-19.aspx>.

LifeLine, <http://lifeline/Pages/Home.aspx>, Coronavirus (COVID-19), which contains multiple links.

State of CA, Dept. of Social Services, Guidance for all adult and senior care program licensees: https://www.cdss.ca.gov/Portals/9/CCLD/PINs/2020/ASC/PIN%2020-04-ASC_Coronavirus_ASCFacilities.pdf

CDC, <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

NYC Health, <https://www1.nyc.gov/assets/doh/downloads/pdf/imm/guidance-for-congregate-settings-covid19.pdf>

Cal/OSHA, Interim Guidance for Protecting Health Care Workers from Exposure to Coronavirus Disease (COVID-19), <https://www.dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>

Cal/OSHA, Aerosol Transmissible Disease Standard,
<https://www.dir.ca.gov/title8/5199.html>