



December 17, 2020

Re: Covid-19 in County Jails

Dear Sheriff _____ and other local leaders of _____ County,

Across the country and across our state, COVID-19 infections, hospitalizations, and deaths are rising to unprecedented levels. We write now to ask that you take every possible measure to protect people in _____ County Jail from this devastating virus. With the pandemic entering its worst phase yet, it is more urgent than ever that you take steps to reduce the population at the _____ County Jail.

The Centers for Disease Control and Prevention (CDC) recognizes that in order to prevent uncontrollable spread of the virus, jail officials should “prevent overcrowding” by “diverting new intakes” and “encouraging alternatives to incarceration.”¹ According to Michele Deitch, a senior lecturer at the University of Texas LBJ School of Public Affairs, “The No. 1 recommendation of every expert at the start of the pandemic was you have to reduce your population,”² but the population at the _____ County Jail is now rising to a dangerous level.

At the start of this pandemic, the number of people detained at the _____ County Jail was _____ on February 1, but the population at the jail has now increased to _____ as of December 1. With the virus now spreading uncontrollably, it is vital that you work collaboratively with other local leaders in _____ County to reduce your jail population once again. Almost 80% of those who have died from COVID-19 in Texas county jails have died pre-trial without being convicted of any crime, meaning that rising jail populations have a tendency to turn pre-trial detention into death sentences for people presumed innocent under the law.³ The lives of people and staff in your jail are on the line, as is the public health of all of _____ County, since any outbreak at the jail could rapidly spread throughout _____ County. With hospital capacity

¹ *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*, CDC (last updated Dec. 3, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (**Exhibit 1**).

² *Editorial: Prisoners are dying. Texas must do more to help*, Houston Chronicle (Nov. 22, 2020), <https://www.houstonchronicle.com/opinion/editorials/article/Editorial-Texas-must-do-more-to-keep-prisoners-15743462.php>.

³ Michele Deitch, Alycia Welch, William Bucknall, and Destiny Moreno, *COVID and Corrections: A Profile of COVID Deaths in Custody in Texas* (November 2020), <https://repositories.lib.utexas.edu/bitstream/handle/2152/83635/Profile%20of%20COVID%20deaths%20in%20custody.pdf?sequence=6&isAllowed=y>.

becoming scarce in many parts of the state,⁴ it is imperative that your facility does not become the next hotspot.

We are attaching a toolkit from Texas Appleseed, the Texas Criminal Justice Coalition, and the Texas chapter of Doctors for America that contains guidance on how to reduce your jail population and take urgent steps to protect people in custody and staff from sickness and death.⁵ We urge you to work with local stakeholders and follow this guidance to reduce the population of _____ County Jail as you fully implement CDC protocols and guidance from the Texas Commission on Jail Standards (TCJS) to mitigate the virus's spread inside the jail, including social distancing⁶ and widespread testing.⁷ Further, we are also submitting the attached public information request to the Sheriff of _____ County to seek records and documents surrounding _____ County Jail's response to this pandemic.

Heightened Risks of COVID-19 at the _____ County Jail

As vaccines start to be approved and distributed, there is hope on the horizon, but this virus will remain incredibly transmissible and lethal until it is eliminated. Since the beginning of this pandemic through October 4, there have been 231 confirmed COVID-19 deaths in Texas

⁴ See Shannon Najmabadi, Texas Tribune, *Funeral homes and hospitals in parts of Texas brace for new wave of coronavirus infections and deaths* (Nov. 10, 2020), <https://www.texastribune.org/2020/11/10/texas-coronavirus-hospitals-funeral-homes/>; Hannah Knowles and Jacqueline Dupree, Washington Post, *Full Hospitals, Talk of Rationing Care: New wave of coronavirus cases strains resources* (Oct. 25, 2020), <https://www.washingtonpost.com/nation/2020/10/25/coronavirus-cases-hospitalizations-surge/>.

⁵ COVID-19 County Criminal Justice Stakeholder Toolkit, Texas Appleseed (April 2020), available at <https://www.texasappleseed.org/sites/default/files/COVID-19%20County%20Criminal%20Justice%20Stakeholder%20Toolkit%20040620%20Final.pdf> (Exhibit 2).

⁶ In the attached guidance, there is a list of strategies jails can use to ensure social distancing among staff and persons detained, including staggering recreation and meal times, limiting or suspending group activities, and rearranging bunks and housing to allow for six feet between people at all times. Along with social distancing, the CDC has stated that wearing face masks by staff and everyone within the jail is “critical in preventing further transmission.” See *supra* note 1. The CDC recommends that everyone in the jail be given clean masks “routinely” and trained on how to properly wear masks over the mouth and nose. The CDC also calls for rigorous cleaning and disinfecting of jail facilities and vigilant hygiene practices by staff and people detained—including providing free soap and tissues. The CDC further provides detailed guidance on quarantine, isolation, and medical care for people and staff exposed to COVID-19. We urge you to read this guidance thoroughly and ensure that it is fully implemented at the jail, which is not only vital for protecting public health and saving lives but is also required under Texas and federal law.

⁷ Providing rapid and frequent testing to staff members and people who are detained in the jail is vital to tracking the virus's spread and taking corrective action. Federal courts have also viewed testing as a critical component of detention facilities' constitutional obligations to protect people from harm. In *Valentine v. Collier*, the Fifth Circuit Court of Appeals, which presides over Texas, found that the Texas Department of Criminal Justice (TDCJ) helped to meet its constitutional obligations by providing universal testing to every person and staff member in the Pack Unit. 978 F.3d 154, 163 (5th Cir. 2020). Although this was a preliminary ruling that stayed the case pending review on the merits, the court made clear that jails and prisons are subject to judicial scrutiny to determine if their response to COVID-19 sufficiently protects people from harm.

jails and prisons, including 27 staff members,⁸ but the true death toll is likely far higher and on a path to worsen in the coming weeks.⁹

The CDC has made clear that people in jail are at heightened risk for COVID-19. Because the virus has a long incubation period and is often spread by people who are asymptomatic, the CDC has stated that “social distancing [is] critical in preventing further transmission.”¹⁰ But in a crowded congregate setting, social distancing is often impossible, and it is paramount that jail officials take urgent action to reduce their jail populations.

The CDC has urged jail officials to work with local leaders to “prevent overcrowding,” including by “diverting new intakes” and “encouraging alternatives to incarceration.”¹¹ TCJS also recommends that jail officials take steps to reduce jail populations during this pandemic by “explor[ing] options for releasing non-violent misdemeanor offenders with local county/district attorney[s]” and “explor[ing] options with local arresting agencies regarding ‘cite and release’ for those who commit non-violent crimes in order to reduce [the] number of individuals booked into the facility.”¹²

The attached toolkit identifies numerous additional strategies that the Sheriff and other officials in _____ County can take to reduce the jail population while preserving public safety, including utilizing accelerated time credits, working with prosecutors, judges, and defense attorneys to identify people who might be eligible for release, and working with law enforcement and prosecutors to issue citations instead of bookings and to reject new arrests for people who are elderly, pregnant, medically vulnerable, or accused of non-violent offenses.¹³ With backlogs rising in the courts and new arrests still taking place, it is imperative that you work collaboratively with local leaders to avoid overcrowding at the jail.

The _____ County Jail Has a Legal Obligation to Protect People in Custody and Staff from Illness and Death

Jail officials have a constitutional obligation to protect incarcerated people from a substantial risk of serious harm.¹⁴ Under both the Eighth and Fourteenth Amendments, jail officials “must provide humane conditions of confinement; . . . must ensure that inmates receive adequate food, clothing, shelter, and medical care, and must take reasonable measures to

⁸ *Supra* note 3.

⁹ Dan Rosenzweig-Ziff, *Incarcerated Texans are dying from COVID-19 at a rate 35% higher than rest of the U.S. prison population, UT study finds*, Texas Tribune (Nov. 10, 2020), <https://www.texastribune.org/2020/11/10/texas-prison-deaths-coronavirus/> (describing the under-reporting of COVID deaths in Texas jails and prisons).

¹⁰ *Supra* note 1.

¹¹ *Id.*

¹² Brandon Wood, COVID-19 General Recommendations, TCJS (March 17, 2020) (**Exhibit 3**); Brandon Wood, *CDC Recommendations for Coronavirus Disease (COVID-19) in Correctional/Detention Facilities* (March 25, 2020) (**Exhibit 4**).

¹³ *Supra* note 3.

¹⁴ *Farmer v. Brennan*, 511 U.S. 825, 828 (1994).

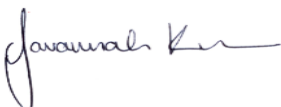
guarantee the safety” of people in their custody.¹⁵ This obligation requires corrections officials to address detained persons’ serious medical needs and to protect them from infectious disease.¹⁶

Federal courts across the country have acknowledged that “[t]he effects of the [COVID-19] pandemic have been especially pronounced in jails” and have looked to CDC guidance in determining whether jails may be liable for constitutional violations.¹⁷ Courts have found that jails and prisons meet their constitutional obligations to protect people from harm when they follow CDC guidance and implement “a plethora of measures . . . to abate the risks posed by COVID-19.”¹⁸ Such measures range from “providing prisoners with disinfectant spray and two cloth masks to limiting the number of prisoners . . . [and] promot[ing] social distancing.”¹⁹ Where social distancing is impossible, jail officials should take steps to reduce their populations.

Conclusion

In the coming weeks, COVID-19 may continue to proliferate rapidly in _____ County and divert critical health resources from the entire county. We urge you to take protective measures to keep people in _____ County safe from the uncontrollable spread of this deadly virus. It is imperative that you do everything in your power to reduce your jail population while also fully implementing CDC and TCJS guidance within the jail to protect people who are detained and members of your staff. We hope that you will review and implement the attached guidance and toolkit and we welcome the opportunity to discuss these issues with you further.

Sincerely,



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Krishnaveni Gundu
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¹⁵ *Id.* at 832 (internal quotation marks omitted).

¹⁶ *See Estelle v. Gamble*, 429 U.S. 97, 104 (1976); *Brown v. Plata*, 563 U.S. 493, 531-32 (2011); *Hinojosa v. Livingston*, 807 F.3d 657, 666 (5th Cir. 2015) (plaintiff stated an Eighth Amendment claim when Defendants subjected him to conditions “posing a substantial risk of serious harm” to his health).

¹⁷ *See Blake v. Tanner*, No. 3:20-CV-1250-G-BN, 2020 WL 3260091, at *3 (N.D. Tex. May 20, 2020) (quoting *Bodnar v. Lake Cnty. Jail*, No. 2:20-CV-157-PPS-APR, 2020 WL 1940742, at *1 (S.D. Ind. Apr. 22, 2020)).

¹⁸ *Marlowe v. LeBlanc*, 810 F. App’x 302, 305 (5th Cir. 2020).

¹⁹ *Id.*

Exhibit 1

Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

Updated Dec. 3, 2020

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This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of the date of posting, October 7, 2020.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the [CDC website](#) periodically for updated interim guidance.

This document provides interim guidance specific for correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. Recommendations may need to be revised as more information becomes available.

A revision was made 12/3/2020 to reflect the following:

- Updated language on quarantine recommendations

A revision was made 10/21/2020 to reflect the following:

- Updated language for the close contact definition.

A revision was made 10/7/2020 to reflect the following:

- Updated criteria for releasing individuals with confirmed COVID-19 from medical isolation (symptom-based approach).
- Added link to CDC Guidance for Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings
- Reorganized information on Quarantine into 4 sections: Contact Tracing, Testing Close Contacts, Quarantine Practices, and Cohorted Quarantine for Multiple Close Contacts

A revision was made 7/14/20 to reflect the following:

- Added testing and contact tracing considerations for incarcerated/detained persons (including testing newly incarcerated or detained persons at intake; testing close contacts of cases; repeated testing of persons in cohorts of quarantined close contacts; testing before release). Linked to more detailed Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities.
- Added recommendation to consider testing and a 14-day quarantine for individuals preparing for release or transfer to another facility.
- Added recommendation that confirmed COVID-19 cases may be medically isolated as a cohort. (Suspected cases should be isolated individually.)
- Reduced recommended frequency of symptom screening for quarantined individuals to once per day (from twice per day).
- Added recommendation to ensure that PPE donning/doffing stations are set up directly outside spaces requiring PPE. Train staff to move from areas of lower to higher risk of exposure if they must re-use PPE due to shortages.
- Added recommendation to organize staff assignments so that the same staff are assigned to the same areas of the facility over time, to reduce the risk of transmission through staff movements.
- Added recommendation to suspend work release programs, especially those within other congregate settings, when there is a COVID-19 case in the correctional or detention facility.
- Added recommendation to modify work details so that they only include incarcerated/detained persons from a single housing unit.
- Added considerations for safely transporting individuals with COVID-19 or their close contacts.

- Added considerations for release and re-entry planning in the context of COVID-19.

Intended Audience

This document is intended to provide guiding principles for healthcare and non-healthcare administrators of correctional and detention facilities (including but not limited to federal and state prisons, local jails, and detention centers), law enforcement agencies that have custodial authority for detained populations (i.e., U.S. Immigration and Customs Enforcement and U.S. Marshals Service), and their respective health departments, to assist in preparing for potential introduction, spread, and mitigation of SARS-CoV-2 (the virus that causes Coronavirus Disease 2019, or COVID-19) in their facilities. In general, the document uses terminology referring to correctional environments but can also be applied to civil and pre-trial detention settings.

This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes.

The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions. Facilities should contact CDC or their state, local, territorial, and/or tribal public health department if they need assistance in applying these principles or addressing topics that are not specifically covered in this guidance.

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Guidance Overview

The guidance below includes detailed recommendations on the following topics related to COVID-19 in correctional and detention settings:

check light icon Operational and communications preparations for COVID-19

check light icon Enhanced cleaning/disinfecting and hygiene practices

check light icon Social distancing strategies to increase space between individuals in the facility

check light icon Strategies to limit transmission from visitors

check light icon Infection control, including recommended personal protective equipment (PPE) and potential alternatives during PPE shortages

check light icon Verbal screening and temperature check protocols for incoming incarcerated/detained individuals, staff, and visitors

check light icon Testing considerations for SARS-CoV-2

check light icon Medical isolation of individuals with confirmed and suspected COVID-19 and quarantine of close contacts, including considerations for cohorting when individual spaces are limited

check light icon Healthcare evaluation for individuals with suspected COVID-19

check light icon Clinical care for individuals with confirmed and suspected COVID-19

check light icon Considerations for people who are at [increased risk for severe illness from COVID-19](#)

Definitions of Commonly Used Terms

Close contact of someone with COVID-19 – Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). Because the general public has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

Cohorting – In this guidance, cohorting refers to the practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals.

See [Quarantine](#) and [Medical Isolation](#) sections below for specific details about ways to implement cohorting as a harm reduction strategy to minimize the risk of disease spread and adverse health outcomes.

Community transmission of SARS-CoV-2 – Community transmission of SARS-CoV-2 occurs when individuals are exposed to the virus through contact with someone in their local community, rather than through travel to an affected location. When community transmission is occurring in a particular area, correctional facilities and detention centers are more likely to start seeing infections inside their walls. Facilities should consult with local public health departments if assistance is needed to determine how to define “local community” in the context of SARS-CoV-2 spread. However, because all states have reported cases, all facilities should be vigilant for introduction of the virus into their populations.

Confirmed vs. suspected COVID-19 – A person has **confirmed COVID-19** when they have received a positive result from a COVID-19 [viral test](#) (antigen or PCR test) but they may or may not have symptoms. A person has **suspected COVID-19** if they show symptoms of COVID-19 but either have not been tested via a viral test or are awaiting test results. If their test result is positive, suspected COVID-19 is reclassified as confirmed COVID-19.

Incarcerated/detained persons – For the purpose of this document, “incarcerated/detained persons” refers to persons held in a prison, jail, detention center, or other custodial setting. The term includes those who have been sentenced (i.e., in prisons) as well as those held for pre-trial (i.e., jails) or civil purposes (i.e., detention centers). Although this guidance does not specifically reference individuals in every type of custodial setting (e.g., juvenile facilities, community confinement facilities), facility administrators can adapt this guidance to apply to their specific circumstances as needed.

Masks – [Masks](#) cover the nose and mouth and are intended to help prevent people who have the virus from transmitting it to others, even if they do not have symptoms. [CDC recommends](#) wearing cloth masks in public settings where social distancing measures are difficult to maintain. Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called source control. If everyone wears a mask in congregate settings, the risk of exposure to SARS-CoV-2 can be reduced. Anyone who has trouble breathing or is unconscious, incapacitated, younger than 2 years of age or otherwise unable to remove the mask without assistance should not wear a mask (for more details see [How to Wear Masks](#)). **CDC does not recommend use of masks for source control if they have an exhalation valve or vent**). Individuals working under conditions that require PPE should not use a cloth mask when a surgical mask or N95 respirator is indicated (see Table 1). Surgical masks and N95 respirators should be reserved for situations where the wearer needs PPE. Detailed recommendations for wearing a mask can be found [here](#).

Medical isolation – Medical isolation refers to separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established [criteria for release from isolation](#), in consultation with clinical providers and public health officials. In this context,

isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion, and should [ensure that the conditions in medical isolation spaces are distinct from those in punitive isolation.](#)

Quarantine – Quarantine refers to the practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last for 14 days after the exposure has ended. Ideally, each quarantined individual should be housed in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, and/or a quarantined individual receives a positive viral test result for SARS-CoV-2, the individual should be placed under medical isolation and evaluated by a healthcare professional. If symptoms do not develop during the 14-day period and the individual does not receive a positive viral test result for SARS-CoV-2, quarantine restrictions can be lifted. (NOTE: Some facilities may also choose to implement a “routine intake quarantine,” in which individuals newly incarcerated/detained are housed separately or as a group for 14 days before being integrated into general housing. This type of quarantine is conducted to prevent introduction of SARS-CoV-2 from incoming individuals whose exposure status is unknown, rather than in response to a known exposure to someone infected with SARS-CoV-2.)

- The best way to protect incarcerated/detained persons, staff, and visitors is to [quarantine for 14 days](#). Check your [local health department’s website](#) for information about options in your area to possibly shorten this quarantine period.

Social distancing – Social distancing is the practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals would be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Social distancing can be challenging to practice in correctional and detention environments; [examples](#) of potential social distancing strategies for correctional and detention facilities are detailed in the guidance below. Social distancing is vital for the prevention of respiratory diseases such as COVID-19, especially because people who have been infected with SARS-CoV-2 but do not have symptoms can still spread the infection. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this [CDC publication pdf icon\[900 KB, 36 pages\]](#).

Staff – In this document, “staff” refers to all public or private-sector employees (e.g., contracted healthcare or food service workers) working within a correctional facility. Except where noted, “staff” does not distinguish between healthcare, custody, and other types of staff, including private facility operators.

Symptoms – [Symptoms of COVID-19](#) include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell. This list is not

exhaustive. Other less common symptoms have been reported, including nausea and vomiting. Like other respiratory infections, COVID-19 can vary in severity from mild to severe, and pneumonia, respiratory failure, and death are possible. COVID-19 is a novel disease, therefore the full range of signs and symptoms, the clinical course of the disease, and the individuals and populations at [increased risk for severe illness](#) are not yet fully understood. Monitor the CDC website for updates on symptoms.

Facilities with Limited Onsite Healthcare Services

Although many large facilities such as prisons and some jails employ onsite healthcare staff and have the capacity to evaluate incarcerated/detained persons for potential illness within a dedicated healthcare space, many smaller facilities do not. Some of these facilities have access to on-call healthcare staff or providers who visit the facility every few days. Others have neither onsite healthcare capacity nor onsite medical isolation/quarantine space and must transfer ill patients to other correctional or detention facilities or local hospitals for evaluation and care.

The majority of the guidance below is designed to be applied to any correctional or detention facility, either as written or with modifications based on a facility's individual structure and resources. However, topics related to healthcare evaluation and clinical care of persons with confirmed and suspected COVID-19 infection and their close contacts may not apply directly to facilities with limited or no onsite healthcare services. It will be especially important for these types of facilities to coordinate closely with their state, local, tribal, and/or territorial health department when they identify incarcerated/detained persons or staff with confirmed or suspected COVID-19, in order to ensure effective medical isolation and quarantine, necessary medical evaluation and care, and medical transfer if needed. The guidance makes note of strategies tailored to facilities without onsite healthcare where possible.

Note that all staff in any sized facility, regardless of the presence of onsite healthcare services, should observe guidance on [recommended PPE](#) in order to ensure their own safety when interacting with persons with confirmed or suspected COVID-19 infection.

COVID-19 Guidance for Correctional Facilities

Guidance for correctional and detention facilities is organized into 3 sections: Operational Preparedness, Prevention, and Management of COVID-19. Recommendations across these sections should be applied simultaneously based on the progress of the outbreak in a particular facility and the surrounding community.

- **[Operational Preparedness](#)**. This guidance is intended to help facilities prepare for potential SARS-CoV-2 transmission in the facility. Strategies focus on operational and communications planning, training, and personnel practices.
- **[Prevention](#)**. This guidance is intended to help facilities prevent spread of SARS-CoV-2 within the facility and between the community and the facility. Strategies focus on reinforcing hygiene practices; intensifying cleaning and disinfection of the facility; regular symptom screening for new intakes, visitors, and staff; continued communication with

incarcerated/detained persons and staff; social distancing measures; as well as testing symptomatic and asymptomatic individuals in correctional and detention facilities. Refer to the [Interim Guidance on Testing for SARS-CoV-2 in Correctional and Detention Facilities](#) for additional considerations regarding testing in correctional and detention settings.

- **Management.** This guidance is intended to help facilities clinically manage persons with confirmed or suspected COVID-19 inside the facility and prevent further transmission of SARS-CoV-2. Strategies include medical isolation and care of incarcerated/detained persons with COVID-19 (including considerations for cohorting), quarantine and testing of close contacts, restricting movement in and out of the facility, infection control practices for interactions with persons with COVID-19 and their quarantined close contacts or contaminated items, intensified social distancing, and cleaning and disinfecting areas where infected persons spend time.

Operational Preparedness

Administrators can plan and prepare for COVID-19 by ensuring that all persons in the facility know the [symptoms of COVID-19](#) and the importance of reporting those symptoms if they develop. Other essential actions include developing contingency plans for reduced workforces due to absences, coordinating with public health and correctional partners, training staff on proper use of personal protective equipment (PPE) that may be needed in the course of their duties, and communicating clearly with staff and incarcerated/detained persons about these preparations and how they may temporarily alter daily life.

Communication and Coordination

check light icon Develop information-sharing systems with partners.

- - Identify points of contact in relevant [state, local, tribal, and/or territorial public health departments](#) before SARS-CoV-2 infections develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional or detention facility.
 - Create and test communications plans to disseminate critical information to incarcerated/detained persons, staff, contractors, vendors, and visitors as the pandemic progresses.
 - Communicate with other correctional facilities in the same geographic area to share information including disease surveillance and absenteeism patterns among staff.
 - Where possible, put plans in place with other jurisdictions to prevent individuals with [confirmed or suspected COVID-19 and their close contacts](#) from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.
 - Stay informed about updates to CDC guidance via the [CDC COVID-19 website](#) as more information becomes known.

check light icon Review existing influenza, all-hazards, and disaster plans, and revise for COVID-19.

- - Train staff on the facility's COVID-19 plan. All personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms of the disease are, and what measures are being implemented and can be taken by individuals to prevent or minimize the transmission of SARS-CoV-2.
 - Ensure that **separate** physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate individuals with confirmed COVID-19 (individually or cohorted), 2) isolate individuals with suspected COVID-19 (individually – do not cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected individuals and/or close contacts are identified and require medical isolation or quarantine simultaneously. See [Medical Isolation](#) and [Quarantine](#) sections below for more detailed cohorting considerations.
 - [Facilities without onsite healthcare capacity](#) should make a plan for how they will ensure that individuals with suspected COVID-19 will be isolated, evaluated, tested, and provided necessary medical care.
 - Make a list of possible [social distancing strategies](#) that could be implemented as needed at different stages of transmission intensity.
 - Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the disease transmission patterns change.

check light icon Coordinate with local law enforcement and court officials.

- - Identify legally acceptable alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of SARS-CoV-2
 - Consider options to prevent overcrowding (e.g., diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies where allowable).

check light icon Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signs throughout the facility and communicate this information verbally on a regular basis. Sample [signage and other communications materials](#) are available on the CDC website. Ensure that materials can be understood by non-English speakers and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low-vision.

- - **For all:**

- Practice good [cough and sneeze etiquette](#): Cover your mouth and nose with your elbow (or ideally with a tissue) rather than with your hand when you cough or sneeze, and throw all tissues in the trash immediately after use.
- Practice good [hand hygiene](#): Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating; before and after preparing food; before taking medication; and after touching garbage.
- Wear masks, unless PPE is indicated.
- Avoid touching your eyes, nose, or mouth without cleaning your hands first.
- Avoid sharing eating utensils, dishes, and cups.
- Avoid non-essential physical contact.
- **For incarcerated/detained persons:**
 - the importance of reporting symptoms to staff
 - [Social distancing](#) and its importance for preventing COVID-19
 - Purpose of [quarantine](#) and [medical isolation](#)
- **For staff:**
 - Stay at home when sick
 - If symptoms develop while on duty, leave the facility as soon as possible and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#) including self-isolating at home, contacting a healthcare provider as soon as possible to determine whether evaluation or testing is needed, and contacting a supervisor.

Personnel Practices

check light icon Review the sick leave policies of each employer that operates within the facility.

- - Review policies to ensure that they are flexible, non-punitive, and actively encourage staff not to report to work when sick.
 - Determine which officials will have the authority to send symptomatic staff home.

check light icon Identify duties that can be performed remotely. Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of SARS-CoV-2

check light icon Plan for staff absences. Staff should stay home when they are sick, or they may need to stay home to care for a sick household member or care for children in the event of school and childcare dismissals.

- - Identify critical job functions and plan for alternative coverage.
 - Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.

- Review [CDC guidance](#) on safety practices for critical infrastructure workers (including correctional officers, law enforcement officers, and healthcare workers) who continue to work after a potential exposure to SARS-CoV-2.
- Consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.

check light icon Consider offering revised duties to staff who are at [increased risk for severe illness from COVID-19](#). Persons at increased risk may include older adults and persons of any age with serious underlying medical conditions including lung disease, moderate to severe asthma, heart disease, chronic kidney disease, severe obesity, and diabetes. See CDC's website for a complete list and check regularly for updates as more data become available.

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- Consult with occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to SARS-CoV-2.

check light icon Make plans in advance for how to change staff duty assignments to prevent unnecessary movement between housing units during a COVID-19

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- If there are people with COVID-19 inside the facility, it is **essential** for staff members to maintain a consistent duty assignment in the same area of the facility across shifts to prevent transmission across different facility areas.
- Where feasible, consider the use of telemedicine to evaluate persons with COVID-19 symptoms and other health conditions to limit the movement of healthcare staff across housing units.

check light icon Offer the seasonal influenza vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season. [Symptoms of COVID-19](#) are similar to those of influenza. Preventing influenza in a facility can speed the detection of COVID-19 and reduce pressure on healthcare resources.

check light icon Reference the [Occupational Safety and Health Administration website](#)external icon for recommendations regarding worker health.

check light icon Review CDC's [guidance for businesses and employers](#) to identify any additional strategies the facility can use within its role as an employer, or share with others.

Operations, Supplies, and PPE Preparations

check light icon Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available and have a plan in place to restock as needed.

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- Standard medical supplies for daily clinic needs
- Tissues
- Liquid or foam soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing. Ensure a sufficient supply of soap for each individual.
- Hand drying supplies, such as paper towels or hand dryers
- Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)
- Cleaning supplies, including [EPA-registered disinfectants effective against SARS-CoV-2](#)^{external icon}, the virus that causes COVID-19
- Recommended PPE (surgical masks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls). See [PPE section](#) and [Table 1](#) for more detailed information, including recommendations for extending the life of all PPE categories in the event of shortages, and when surgical masks are acceptable alternatives to N95s. Visit CDC's website for a [calculator](#) to help determine rate of PPE usage.
- [Cloth face masks](#) for source control
- SARS-CoV-2 [specimen collection and testing supplies](#)

check light icon Make contingency plans for possible PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.

- - See CDC guidance [optimizing PPE supplies](#).

check light icon Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting, where security concerns allow. If soap and water are not available, [CDC recommends](#) cleaning hands with an alcohol-based hand sanitizer that contains at least 60% alcohol. Consider allowing staff to carry individual-sized bottles for their personal hand hygiene while on duty, and place dispensers at facility entrances/exits and in PPE donning/doffing stations.

check light icon Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing. (See [Hygiene](#) section below for additional detail regarding recommended frequency and protocol for hand washing.)

- - Provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing, and ensure that individuals do not share bars of soap.

check light icon If not already in place, employers operating within the facility should establish a [respiratory protection program](#) as appropriate, to ensure that staff and incarcerated/detained persons are fit-tested for any respiratory protection they will need within the scope of their responsibilities.

check light icon Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.

- - See [Table 1](#) for recommended PPE for incarcerated/detained persons and staff with varying levels of contact with persons with COVID-19 or their close contacts.
 - Visit CDC's website for [PPE donning and doffing training videos](#) and [job aids pdf icon](#)[2.9 MB, 3 pages].

check light icon Prepare to set up designated PPE donning and doffing areas outside all spaces where PPE will be used. These spaces should include:

- - A dedicated trash can for disposal of used PPE
 - A hand washing station or access to alcohol-based hand sanitizer
 - A [poster](#) demonstrating correct PPE donning and doffing procedures

check light icon Review CDC and EPA guidance for [cleaning and disinfecting](#) of the facility.

Prevention

Cases of COVID-19 have been documented in all 50 US states. Correctional and detention facilities can prevent introduction of SARS-CoV-2 and reduce transmission if it is already inside by reinforcing good hygiene practices among incarcerated/detained persons, staff, and visitors (including increasing access to soap and paper towels), intensifying cleaning/disinfection practices, and implementing social distancing strategies.

Because many individuals infected with SARS-CoV-2 do not display symptoms, the virus could be present in facilities before infections are identified. Good hygiene practices, vigilant symptom screening, wearing [cloth face masks](#) (if not [contraindicated](#)), and social distancing are critical in preventing further transmission.

[Testing](#) symptomatic and asymptomatic individuals and initiating medical isolation for suspected and confirmed cases and quarantine for close contacts, can help prevent spread of SARS-CoV-2.

Operations

check light icon Stay in communication with partners about your facility's current situation.

- - State, local, territorial, and/or tribal health departments
 - Other correctional facilities

check light icon Communicate with the public about any changes to facility operations, including visitation programs.

check light icon Limit transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.

- - **If a transfer is absolutely necessary:**
 - Perform verbal screening and a temperature check as outlined in the [Screening](#) section below, before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the [protocol for suspected COVID-19 infection](#) – including giving the individual a [cloth face mask \(unless contraindicated\)](#), if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2
 - Ensure that the receiving facility has capacity to properly quarantine or isolate the individual upon arrival.
 - See [Transportation](#) section below on precautions to use when transporting an individual with confirmed or suspected COVID-19.

check light icon Make every possible effort to modify staff assignments to minimize movement across housing units and other areas of the facility. For example, ensure that the same staff are assigned to the same housing unit across shifts to prevent cross-contamination from units where infected individuals have been identified to units with no infections.

check light icon Consider suspending work release and other programs that involve movement of incarcerated/detained individuals in and out of the facility, especially if the work release assignment is in another congregate setting, such as a food processing plant.

check light icon Implement lawful alternatives to in-person court appearances where permissible.

check light icon Where relevant, consider suspending co-pays for incarcerated/detained persons seeking medical evaluation for possible COVID-19 symptoms, to remove possible barriers to symptom reporting.

check light icon Limit the number of operational entrances and exits to the facility.

check light icon Where feasible, consider establishing an on-site laundry option for staff so that they can change out of their uniforms, launder them at the facility, and wear street clothes and shoes home. If on-site laundry for staff is not feasible, encourage them to change clothes before they leave the work site, and provide a location for them to do so. This practice may help minimize the risk of transmitting SARS-CoV-2 between the facility and the community.

Cleaning and Disinfecting Practices

check light icon Even if COVID-19 has not yet been identified inside the facility or in the surrounding community, implement intensified cleaning and disinfecting procedures according to the recommendations below. These measures can help prevent spread of SARS-CoV-2 if introduced, and if already present through asymptomatic infections.

check light icon Adhere to [CDC recommendations for cleaning and disinfection during the COVID-19 response](#). Monitor these recommendations for updates.

- - Visit the CDC website for a [tool](#) to help implement cleaning and disinfection.
 - Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).
 - Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.
 - Use household cleaners and [EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19](#)[external icon](#) as appropriate for the surface.
 - Follow label instructions for safe and effective use of the cleaning product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use, and around people. Clean according to label instructions to ensure safe and effective use, appropriate product dilution, and contact time. Facilities may consider lifting restrictions on undiluted disinfectants (i.e., requiring the use of undiluted product), if applicable.

check light icon Consider increasing the number of staff and/or incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.

check light icon Ensure adequate supplies to support intensified cleaning and disinfection practices, and have a plan in place to restock rapidly if needed.

Hygiene

check light icon Encourage all staff and incarcerated/detained persons to wear a [cloth face mask](#) as much as safely possible, to prevent transmission of SARS-CoV-2 through respiratory droplets that are created when a person talks, coughs, or sneezes (“source control”).

- - Provide masks at no cost to incarcerated/detained individuals and launder them routinely.

- Clearly explain the purpose of [masks](#) and when their use may be [contraindicated](#). Because many individuals with COVID-19 do not have symptoms, it is important for everyone to wear masks in order to protect each other: “My mask protects you, your mask protects me.”
- Ensure staff know that cloth masks should not be used as a substitute for surgical masks or N95 respirators that may be required based on an individual’s scope of duties. Cloth masks are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer.
- Surgical masks may also be used as source control but should be conserved for situations requiring PPE.

check light icon Reinforce [healthy hygiene practices](#), and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).

check light icon Provide incarcerated/detained persons and staff no-cost access to:

- - **Soap** – Provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing, and ensure that individuals are not sharing bars of soap.
 - **Running water, and hand drying machines or disposable paper towels** for hand washing
 - **Tissues** and (where possible) no-touch trash receptacles for disposal
 - Face masks

check light icon Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions. Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.

check light icon Communicate that sharing drugs and drug preparation equipment can spread SARS-CoV-2 due to potential contamination of shared items and close contact between individuals.

Testing for SARS-CoV-2

Correctional and detention facilities are high-density congregate settings that present unique challenges to implementing testing for SARS-CoV-2, the virus that causes COVID-19. Refer to [Testing guidance](#) for details regarding testing strategies in correctional and detention settings.

Prevention Practices for Incarcerated/Detained Persons

check light icon Provide cloth face masks (unless [contraindicated](#)) and perform pre-intake symptom screening and temperature checks for all new entrants in order to identify and immediately place individuals with symptoms under medical isolation. Screening should

take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry, before beginning the intake process. See [Screening section](#) below for the wording of screening questions and a recommended procedure to safely perform a temperature check. Staff performing temperature checks should wear recommended PPE (see [PPE section](#) below).

- - **If an individual has [symptoms of COVID-19](#):**
 - Require the individual to wear a mask (as much as possible, use cloth masks in order to reserve surgical masks for situations requiring PPE). Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.
 - Ensure that staff who have direct contact with the symptomatic individual wear [recommended PPE](#).
 - Place the individual under [medical isolation](#) and refer to healthcare staff for further evaluation. (See [Infection Control](#) and [Clinical Care](#) sections below.)
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care. See [Transport](#) section and coordinate with the receiving facility.
 - **If an individual is an asymptomatic [close contact](#) of someone with COVID-19:**
 - Quarantine the individual and monitor for symptoms at least once per day for 14 days. (See [Quarantine](#) section below.)
 - The best way to protect incarcerated/detained persons, staff, and visitors is to [quarantine for 14 days](#). Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period.
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care. See [Transport](#) section and coordinate with the receiving facility.

check light icon Consider strategies for [testing](#) asymptomatic incarcerated/detained persons without known SARS-CoV-2 exposure for early identification of SARS-CoV-2 in the facility.

Implement [social distancing](#) strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of symptoms), and to minimize mixing of individuals from different housing units. Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities. Example strategies with varying levels of intensity include:

- - **Common areas:**

- Enforce increased space between individuals in holding cells as well as in lines and waiting areas such as intake (e.g., remove every other chair in a waiting area).
- **Recreation:**
 - Choose recreation spaces where individuals can spread out
 - Stagger time in recreation spaces (clean and disinfect between groups).
 - Restrict recreation space usage to a single housing unit per space (where feasible).
- **Meals:**
 - Stagger meals in the dining hall (one housing unit at a time; clean and disinfect between groups).
 - Rearrange seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table).
 - Provide meals inside housing units or cells.
- **Group activities:**
 - Limit the size of group activities.
 - Increase space between individuals during group activities.
 - Suspend group programs where participants are likely to be in closer contact than they are in their housing environment.
 - Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.
- **Housing:**
 - If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are [cleaned](#) thoroughly if assigned to a new occupant.)
 - Arrange bunks so that individuals sleep head to foot to increase the distance between their faces.
 - Minimize the number of individuals housed in the same room as much as possible.
 - Rearrange scheduled movements to minimize mixing of individuals from different housing areas.
- **Work details:**
 - Modify work detail assignments so that each detail includes only individuals from a single housing unit.
- **Medical:**
 - If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering individuals' sick call visits.
 - Stagger pill line, or stage pill line within individual housing units.
 - Identify opportunities to implement telemedicine to minimize the movement of healthcare staff across multiple housing units and to minimize the movement of ill individuals through the facility.

- Designate a room near the intake area to evaluate new entrants who are flagged by the intake symptom screening process before they move to other parts of the facility.

check light icon Note that if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons.

check light icon Provide [up-to-date information about COVID-19](#) to incarcerated/detained persons on a regular basis. As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education). Updates should address:

- - [Symptoms of COVID-19](#) and its health risks
 - Reminders to report COVID-19 symptoms to staff at the first sign of illness
 - Address concerns related to reporting symptoms (e.g., being sent to medical isolation), explain the need to report symptoms immediately to protect everyone, and explain the differences between medical isolation and solitary confinement.
 - Reminders to use masks as much as possible
 - Changes to the daily routine and how they can contribute to risk reduction

Prevention Practices for Staff

check light icon When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with [COVID-19 symptoms](#) while interviewing, escorting, or interacting in other ways, and to wear [recommended PPE](#) if closer contact is necessary.

check light icon Ask staff to keep interactions with individuals with COVID-19 symptoms as brief as possible.

check light icon Remind staff to stay at home if they are sick. Ensure staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.

check light icon Consider strategies for [testing](#) asymptomatic staff without known SARS-CoV-2 exposure for early identification of SARS-CoV-2 in the facility.

- - Follow guidance from the [Equal Employment Opportunity Commission](#) [external icon](#) when offering testing to staff. **Any time a positive test result is identified, relevant employers should:**
 - Ensure that the individual is rapidly notified, connected to appropriate medical care, and advised how to [self-isolate](#).

- Inform other staff about their possible exposure in the workplace but should maintain the infected employee's confidentiality as required by the [Americans with Disabilities Act](#)^{external icon}.

check light icon Perform verbal screening and temperature checks for all staff daily on entry. See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.

- - In very small facilities with only a few staff, consider self-monitoring or virtual monitoring (e.g., reporting to a central authority via phone).
 - Send staff home who do not clear the screening process, and advise them to follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).

check light icon Provide staff with [up-to-date information about COVID-19](#) and about facility policies on a regular basis, including:

- - [Symptoms of COVID-19](#) and its health risks
 - Employers' sick leave policy

check light icon If staff develop a fever or other [symptoms of COVID-19](#) while at work, they should immediately put on a mask (if not already wearing one), inform their supervisor, leave the facility, and follow [CDC-recommended steps for persons who are ill with COVID-19 symptoms](#).

check light icon Staff identified as close contacts of someone with COVID-19 should self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine.

- - Staff identified as close contacts should self-monitor for symptoms and seek testing.
 - Refer to [CDC guidelines](#) for further recommendations regarding home quarantine.
- The best way to protect incarcerated/detained persons, staff, and visitors is to [quarantine for 14 days](#). Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period.
- - **To ensure continuity of operations, [critical infrastructure workers](#) (including corrections officers, law enforcement officers, and healthcare staff) may be permitted to continue work following potential exposure to SARS-CoV-2 , provided that they remain *asymptomatic* and additional precautions are implemented to protect them and others.**
 - **Screening:** The facility should ensure that temperature and symptom screening takes place daily before the staff member enters the facility.
 - **Regular Monitoring:** The staff member should self-monitor under the supervision of their employer's occupational health program. If symptoms

develop, they should follow CDC guidance on isolation with COVID-19 symptoms.

- **Wear a Mask:** The staff member should wear a [mask](#) (unless [contraindicated](#)) at all times while in the workplace for 14 days after the last exposure (if not already wearing one due to universal use of masks).
- **Social Distance:** The staff member should maintain 6 feet between themselves and others and practice social distancing as work duties permit.
- **Disinfect and Clean Workspaces:** The facility should continue enhanced cleaning and disinfecting practices in all areas including offices, bathrooms, common areas, and shared equipment.

check light icon Staff with confirmed or suspected COVID-19 should inform workplace and personal contacts immediately. These staff should be required to meet CDC criteria for [ending home isolation](#) before returning to work. Monitor [CDC guidance on discontinuing home isolation](#) regularly, as circumstances evolve rapidly.

Prevention Practices for Visitors

check light icon Restrict non-essential vendors, volunteers, and tours from entering the facility.

check light icon If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.

check light icon Require visitors to wear [masks](#) (unless [contraindicated](#)), and perform verbal screening and temperature checks for all visitors and volunteers on entry. See [Screening](#) section below for wording of screening questions and a recommended procedure to safely perform temperature checks.

- - Staff performing temperature checks should wear [recommended PPE](#).
 - Exclude visitors and volunteers who do not clear the screening process or who decline screening.

check light icon Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.

check light icon Provide visitors and volunteers with information to prepare them for screening.

- - Instruct visitors to postpone their visit if they have [COVID-19 symptoms](#).
 - If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature

check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening.

- Display [signage](#) outside visiting areas explaining the COVID-19 symptom screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.

check light icon Promote non-contact visits:

- - Encourage incarcerated/detained persons to limit in-person visits in the interest of their own health and the health of their visitors.
 - Consider reducing or temporarily eliminating the cost of phone calls for incarcerated/detained persons.
 - Consider increasing incarcerated/detained persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.

check light icon Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.

- - If moving to virtual visitation, clean electronic surfaces regularly after each use. (See [Cleaning](#) guidance below for instructions on cleaning electronic surfaces.)
 - Inform potential visitors of changes to, or suspension of, visitation programs.
 - Clearly communicate any visitation program changes to incarcerated/detained persons, along with the reasons for them (including protecting their health and their family and community members' health).
 - If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.

NOTE: Suspending visitation should only be done in the interest of incarcerated/detained persons' physical health and the health of the general public. Visitation is important to maintain mental health. If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them.

Management

If there is an individual with suspected COVID-19 inside the facility (among incarcerated/detained persons, staff, or visitors who have recently been inside), begin implementing Management strategies while test results are pending. Essential Management strategies include placing individuals with suspected or confirmed COVID-19 under medical isolation, quarantining their close contacts, and facilitating necessary medical care, while observing relevant infection control and [environmental disinfection](#) protocols and wearing recommended PPE.

[Testing](#) symptomatic and asymptomatic individuals (incarcerated or detained individuals and staff) and initiating medical isolation for suspected and confirmed cases and quarantine for close contacts, can help prevent spread of SARS-CoV-2 in correctional and detention facilities. Continue following recommendations outlined in the Preparedness and Prevention sections above.

Operations

check light icon [Coordinate with state, local, tribal, and/or territorial health departments.](#) When an individual has suspected or confirmed COVID-19, notify public health authorities and request any necessary assistance with medical isolation, evaluation, and clinical care, and contact tracing and quarantine of close contacts. See [Medical Isolation, Quarantine](#) and [Clinical Care](#) sections below.

check light icon **Implement alternate work arrangements deemed feasible in the [Operational Preparedness](#) section.**

check light icon **Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.**

check light icon **Set up PPE donning/doffing stations as described in the Preparation section.**

check light icon **If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (separately from other individuals who are quarantined due to contact with someone who has COVID-19). This practice is referred to as routine intake quarantine.**

check light icon **Consider [testing](#) all newly incarcerated/detained persons before they join the rest of the population in the correctional or detention facility.**

check light icon **Minimize interactions between incarcerated/detained persons living in different housing units, to prevent transmission from one unit to another.** For example, stagger mealtimes and recreation times, and consider implementing broad movement restrictions.

check light icon **Ensure that work details include only incarcerated/detained persons from a single housing unit, supervised by staff who are normally assigned to the same housing unit.**

- - If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries are made with extreme caution. For example, have a staff member from the work detail deliver prepared food to a set location,


leave, and have a staff member from the delivery location pick it up. Clean and disinfect all coolers, carts, and other objects involved in the delivery.

check light icon Incorporate COVID-19 prevention practices into release planning.

- - Consider implementing a release quarantine (ideally in single cells) for 14 days prior to individuals' projected release date.
- The best way to protect incarcerated/detained persons, staff, and visitors is to [quarantine for 14 days](#). Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period.
 - Screen all releasing individuals for [COVID-19 symptoms](#) and perform a temperature check (see [Screening](#) section below.)
 - If an individual does not clear the screening process, follow the [protocol for suspected COVID-19](#) – including giving the individual a mask, if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2 testing.
 - If the individual is released from the facility before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.
 - Before releasing an incarcerated/detained individual who has confirmed or suspected COVID-19, or who is a close contact of someone with COVID-19, contact [local public health](#) officials to ensure they are aware of the individual's release and anticipated location. If the individual will be released to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation or quarantine as needed.

check light icon Incorporate COVID-19 prevention practices into re-entry programming.

- - Ensure that facility re-entry programs include information on accessing housing, social services, mental health services, and medical care within the context of social distancing restrictions and limited community business operations related to COVID-19.
 - Provide individuals about to be released with COVID-19 prevention information, hand hygiene supplies, and masks.
 - Link individuals who need medication-assisted treatment for opioid use disorder to [substance use, harm reduction, and/or recovery support system](#)[external icon](#). If the surrounding community is under movement restrictions due to COVID-19, ensure that referrals direct releasing individuals to programs that are continuing operations.

- Link releasing individuals to Medicaid enrollment and [healthcare resources](#), including continuity of care for chronic conditions that may place an individual at increased risk for severe illness from COVID-19.
- When possible, encourage releasing individuals to seek housing options among their family or friends in the community, to prevent crowding in other congregate settings such as homeless shelters. When linking individuals to shared housing, link preferentially to accommodations with the greatest capacity for social distancing.

Hygiene

 Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility (see [above](#)).

 Continue to emphasize practicing good hand hygiene and cough etiquette (see [above](#)).


Cleaning and Disinfecting Practices


 Continue adhering to recommended cleaning and disinfection procedures for the facility at large (see [above](#)).


 Reference specific cleaning and disinfection procedures for areas where individuals with COVID-19 spend time (see [below](#)).

Management of Incarcerated/Detained Persons with COVID-19 Symptoms

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. Facilities without onsite healthcare capacity or without sufficient space for medical isolation should coordinate with local public health officials to ensure that individuals with suspected COVID-19 will be effectively isolated, evaluated, tested (if indicated), and given care.

 Staff interacting with incarcerated/detained individuals with COVID-19 symptoms should wear recommended PPE (see [Table 1](#)).

 If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.

 Incarcerated/detained individuals with COVID-19 symptoms should wear a [mask](#) (if not already wearing one, and unless [contraindicated](#)) and should be placed under medical isolation immediately. See [Medical Isolation](#) section below.

check light icon Medical staff should evaluate symptomatic individuals to determine whether SARS-CoV-2 testing is indicated. Refer to CDC guidelines for information on [evaluation](#) and [testing](#). See [Infection Control](#) and [Clinical Care](#) sections below as well. Incarcerated/detained persons with symptoms are included in the high-priority group for testing in [CDC's recommendations](#) due to the high risk of transmission within congregate settings.

- - If the individual's SARS-CoV-2 test is positive, continue medical isolation. (See [Medical Isolation](#) section below.)
 - If the SARS-CoV-2 [test](#) is negative, the individual can be returned to their prior housing assignment unless they require further medical assessment or care or if they need to be quarantined as a close contact of someone with COVID-19.

check light icon Work with public health or private labs, as available, to access [testing](#) supplies or services.

Medical Isolation of Individuals with Confirmed or Suspected COVID-19

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. [Facilities without onsite healthcare capacity](#), or without sufficient space to implement effective medical isolation, should coordinate with local public health officials to ensure that individuals with confirmed or suspected COVID-19 will be appropriately isolated, evaluated, tested, and given care.

check light icon As soon as an individual develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should be given a [mask](#) (if not already wearing one and [if it can be worn safely](#)), immediately placed under medical isolation in a separate environment from other individuals, and [medically evaluated](#).

check light icon Ensure that medical isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detained individuals, both in name and in practice.

Because of limited individual housing spaces within many correctional and detention facilities, infected individuals are often placed in the same housing spaces that are used for solitary confinement. To avoid being placed in these conditions, incarcerated/detained individuals may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is *operationally* distinct from solitary confinement, even if the same housing spaces are used for both. For example:

- Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.
- Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.
- Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.

- Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.

check light icon Keep the individual's movement outside the medical isolation space to an absolute minimum.

- - Provide medical care to isolated individuals inside the medical isolation space, unless they need to be transferred to a healthcare facility. See [Infection Control](#) and [Clinical Care](#) sections for additional details.
 - Serve meals inside the medical isolation space.
 - Exclude the individual from all group activities.
 - Assign the isolated individual(s) a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result. Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.

check light icon Ensure that the individual is wearing a mask if they must leave the medical isolation space for any reason, and whenever another individual enters. Provide clean masks as needed. Masks should be washed routinely and changed when visibly soiled or wet.

check light icon If the facility is housing individuals with confirmed COVID-19 as a cohort:

- - **Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, with close contacts of individuals with confirmed or suspected COVID-19, or with those with undiagnosed respiratory infection who do not meet the criteria for suspected COVID-19.**
 - Ensure that cohorted groups of people with confirmed COVID-19 wear masks whenever anyone else (including staff) enters the isolation space. (Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.)
 - When choosing a space to cohort groups of people with confirmed COVID-19, use a well-ventilated room with solid walls and a solid door that closes fully.
 - Use one large space for cohorted medical isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.

check light icon If possible, avoid transferring infected individual(s) to another facility unless necessary for medical care. If transfer is necessary, see [Transport](#) section for safe transport guidance.

check light icon Staff assignments to isolation spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible. These staff should wear recommended PPE as appropriate for their level of contact

with the individual under medical isolation (see [PPE](#) section below) and should limit their own movement between different parts of the facility.

- - If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the isolation space. If a shortage of PPE supplies necessitates reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination. For example, start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in an isolation unit. Ensure that staff are highly trained in [infection control practices](#), including use of [recommended PPE](#).

check light icon Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to:

- - **Cover** their mouth and nose with a tissue when they cough or sneeze
 - **Dispose** of used tissues immediately in the lined trash receptacle
 - **[Wash hands](#)** immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that [hand washing supplies](#) are continually restocked.

check light icon Maintain medical isolation at least until CDC criteria for discontinuing home-based isolation have been met. These criteria have changed since CDC corrections guidance was originally issued and may continue to change as new data become available. Monitor the sites linked below regularly for updates. This content will not be outlined explicitly in this document due to the rapid pace of change.

- - CDC's recommended strategy for release from home-based isolation can be found in the [Discontinuation of Isolation for Persons with COVID-19 Not in Healthcare Settings Interim Guidance](#).
 - Detailed information about the data informing the symptom-based strategy, and considerations for extended isolation periods for persons in congregate settings including corrections, can be found [here](#).
 - If persons will require ongoing care by medical providers, discontinuation of transmission-based precautions (PPE) should be based on similar criteria found [here](#).

Cleaning Spaces where Individuals with COVID-19 Spend Time

check light icon Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE. (See [PPE](#) section below.)

check light icon Thoroughly and frequently clean and disinfect all areas where individuals with confirmed or suspected COVID-19 spend time.

- - After an individual has been medically isolated for COVID-19, close off areas that they have used prior to isolation. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions ([consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions](#)) before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.
 - Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see [list above in Prevention section](#)).
 - Clean and disinfect areas used by infected individuals on an ongoing basis during medical isolation.

check light icon Hard (non-porous) surface cleaning and disinfection

- - If surfaces are soiled, they should be cleaned using a detergent or soap and water prior to disinfection.
 - Consult [the list of products that are EPA-approved for use against the virus that causes COVID-19](#)[external icon](#). Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - If EPA-approved disinfectants are not available, diluted household bleach solutions can be used if appropriate for the surface. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - Use bleach containing 5.25%–8.25% sodium hypochlorite. Do not use a bleach product if the percentage is not in this range or is not specified.
 - Follow the manufacturer's application instructions for the surface, ensuring a contact time of at least 1 minute.
 - Ensure proper ventilation during and after application.
 - Check to ensure the product is not past its expiration date.
 - Never mix household bleach with ammonia or any other cleanser. This can cause fumes that may be very dangerous to breathe in.
 - Prepare a bleach solution by mixing:
 - 5 tablespoons (1/3rd cup) of 5.25%–8.25% bleach per gallon of room temperature water
- OR
- 4 teaspoons of 5.25%–8.25% bleach per quart of room temperature water
 - Bleach solutions will be effective for disinfection up to 24 hours.
 - Alcohol solutions with at least 70% alcohol may also be used.

check light icon Soft (porous) surface cleaning and disinfection

- - For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces. After cleaning:
 - If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.
 - Otherwise, use products [that are EPA-approved for use against the virus that causes COVID-19](#)[external icon](#) and are suitable for porous surfaces.

check light icon Electronics cleaning and disinfection

- - For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.

Additional information on cleaning and disinfection of communal facilities such can be found on [CDC's website](#).

check light icon Food service items. Individuals under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.

check light icon [Laundry from individuals with COVID-19](#) can be washed with other's laundry.

- - Individuals handling laundry from those with COVID-19 should wear a mask, disposable gloves, and a gown, discard after each use, and clean their hands immediately after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air. Ensure that individuals performing cleaning wear recommended PPE (see [PPE](#) section below).
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.

- Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

Transporting Individuals with Confirmed and Suspected COVID-19 and Quarantined Close Contacts

check light icon Refer to CDC [guidance for Emergency Medical Services \(EMS\)](#) on safely transporting individuals with confirmed or suspected COVID-19. This guidance includes considerations for vehicle type, air circulation, communication with the receiving facility, and cleaning the vehicle after transport.

- - If the transport vehicle is not equipped with the features described in the EMS guidance, at minimum drive with the windows down and ensure that the fan is set to high, in non-recirculating mode. If the vehicle has a ceiling hatch, keep it open.

check light icon Use the same precautions when transporting individuals under quarantine as close contacts of someone with COVID-19.

check light icon See [Table 1](#) for the recommended PPE for staff transporting someone with COVID-19.

Managing Close Contacts of Individuals with COVID-19

NOTE: Some recommendations below apply primarily to facilities with onsite healthcare capacity. [Facilities without onsite healthcare capacity](#) or without sufficient space to implement effective quarantine should coordinate with local public health officials to ensure that close contacts of individuals with COVID-19 will be effectively quarantined and medically monitored

Contact Tracing

check light icon To determine who is considered a close contact of an individual with COVID-19, see definition of [close contact](#) and the [Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan](#) pdf icon[12 Kb, 1 page] for more information.

check light icon Contact tracing can be a useful tool to help contain disease outbreaks. When deciding whether to perform contact tracing, consider the following:

- - Have a plan in place for how close contacts of individuals with COVID-19 will be managed, including quarantine logistics.
 - Contact tracing can be especially impactful when:

- There is a small number of infected individuals in the facility or in a particular housing unit. Aggressively tracing close contacts can help curb transmission before many other individuals are exposed.
- The infected individual is a staff member or an incarcerated/detained individual who has had close contact with individuals from other housing units or with other staff. Identifying those close contacts can help prevent spread to other parts of the facility.
- The infected individual is a staff member or an incarcerated/detained individual who has recently visited a community setting. In this situation, identifying close contacts can help reduce transmission from the facility into the community.
- Contact tracing may be more feasible and effective in settings where incarcerated/detained individuals have limited contact with others (e.g., celled housing units), compared to settings where close contact is frequent and relatively uncontrolled (e.g., open dormitory housing units).
- If there is a large number of individuals with COVID-19 in the facility, contact tracing may become difficult to manage. Under such conditions, consider [broad-based testing](#) in order to identify infections and prevent further transmission.
- Consult CDC recommendations for [Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings](#) for further information regarding selecting a testing location, ensuring proper ventilation and PPE usage, setting up testing stations and supplies, and planning test-day operations.

Testing Close Contacts

check light icon [Testing](#) is recommended for [all close contacts](#) pdf icon[12 KB, 1 page] of persons with SARS-CoV-2 infection, regardless of whether the close contacts have symptoms.

- - Medically isolate those who test positive to prevent further transmission (see [Medical Isolation](#) section above).
 - Asymptomatic close contacts testing negative should be placed under quarantine precautions for 14 days from their last exposure.

Quarantine for Close Contacts (who test negative)

check light icon Incarcerated/detained persons who are close contacts of someone with [confirmed or suspected COVID-19](#) (whether the infected individual is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days. (Refer to the [Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan](#) pdf icon[12 KB, 1 page] for more information):

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- If a quarantined individual is tested again during quarantine and they remain negative, they should continue to quarantine for the full 14 days after last exposure and follow all recommendations of local public health authorities.
- If an individual is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result, they can be released from quarantine. See [Interim Guidance on Testing for SARS-CoV-2 in Correctional and Detention Facilities](#) for more information about testing strategies in correctional and detention settings.
- The best way to protect incarcerated/detained persons, staff, and visitors is to [quarantine for 14 days](#). Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period.

check light icon Quarantined individuals should be monitored for COVID-19 symptoms at least once per day including temperature checks.

- - See [Screening](#) section for a procedure to perform temperature checks safely on asymptomatic close contacts of someone with COVID-19.
 - If an individual develops symptoms for SARS-CoV-2, they should be considered a suspected COVID-19 case, given a mask (if not already wearing one), and moved to medical isolation immediately (individually, and separately from those with confirmed COVID-19 and others with suspected COVID-19) and further evaluated. (See [Medical Isolation](#) section above.) If the individual is tested and receives a positive result, they can then be cohorted with other individuals with confirmed COVID-19.

check light icon Quarantined individuals can be released from quarantine restrictions if they have not developed COVID-19 symptoms and have not tested positive for SARS-CoV-2 for 14 days since their last exposure to someone who tested positive.

check light icon Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.

- - Provide medical evaluation and care inside or near the quarantine space when possible.
 - Serve meals inside the quarantine space.
 - Exclude the quarantined individual from all group activities.
 - Assign the quarantined individual a dedicated bathroom when possible. When providing a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result.

check light icon Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.

check light icon If a quarantined individual leaves the quarantine space for any reason, they should wear a [mask](#) (unless [contraindicated](#)) as source control, if not already wearing one.

- - Quarantined individuals housed as a cohort should wear masks at all times (see cohorted quarantine section below).
 - Quarantined individuals housed alone should wear a mask whenever another individual enters the quarantine space.
 - Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a mask.

check light icon Meals should be provided to quarantined individuals in their quarantine spaces. Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands immediately after removing gloves.

check light icon Laundry from quarantined individuals can be washed with others' laundry.

- - Individuals handling laundry from quarantined persons should wear a mask, disposable gloves, and a gown, discard after each use, and clean their hands immediately after.
 - Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.
 - Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.
 - Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.

check light icon Staff assignments to quarantine spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility. These staff should wear recommended PPE based on their level of contact with the individuals under quarantine (see [PPE](#) section below).

- - If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the quarantine space. If a shortage of PPE supplies necessitates reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination.
 - Staff supervising asymptomatic incarcerated/detained persons under [routine intake quarantine](#) (with no known exposure to someone with COVID-19) do not need to wear PPE but should still wear a [mask](#) as source control.

Cohorted Quarantine for Multiple Close Contacts (who test negative)

check light icon Facilities should make every possible effort to individually quarantine close contacts of individuals with confirmed or suspected COVID-19. [Cohorting](#) multiple quarantined close contacts could transmit SARS-CoV-2 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.

check light icon In order of preference, multiple quarantined individuals should be housed:

- - **IDEAL:** Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
 - Separately, in single cells with solid walls but without solid doors
 - As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions
 - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door
 - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ [social distancing strategies related to housing in the Prevention section](#) to maintain at least 6 feet of space between individuals housed in the same cell.
 - As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed – referred to as “quarantine in place”). Employ [social distancing strategies related to housing in the Prevention section above](#) to maintain at least 6 feet of space between individuals.
 - Safely transfer to another facility with capacity to quarantine in one of the above arrangements. (See [Transport](#))
(NOTE – Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)

If the ideal choice does not exist in a facility, use the next best alternative as a harm reduction approach.

check light icon If cohorting close contacts is absolutely necessary, be especially mindful of [those who are at increased risk for severe illness from COVID-19](#). Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure for the individuals with increased risk of severe illness. (For example, intensify [social distancing strategies](#) for individuals with increased risk.)

check light icon If single cells for isolation (of those with suspected COVID-19) and quarantine (of close contacts) are limited, prioritize them in rank order as follows to reduce the risk of further SARS-CoV-2 transmission and adverse health outcomes:

- - Individuals with suspected COVID-19 who are at [increased risk for severe illness from COVID-19](#)
 - Others with suspected COVID-19
 - Quarantined close contacts of someone with COVID-19 who are themselves at increased risk for severe illness from COVID-19

check light icon If a facility must cohort quarantined close contacts, **all cohorted individuals should be monitored closely for symptoms of COVID-19, and those with symptoms should be placed under [medical isolation](#) immediately.**

check light icon If an individual who is part of a quarantined cohort becomes symptomatic:

- - **If the individual is tested for SARS-CoV-2 and receives a positive result:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.
 - **If the individual is tested for SARS-CoV-2 and receives a negative result:** the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantine cohort for the remainder of the quarantine period as their symptoms and diagnosis allow.
 - **If the individual is not tested for SARS-CoV-2:** the 14-day quarantine clock for the remainder of the cohort must be reset to 0.

check light icon Consider [re-testing](#) all individuals in a quarantine cohort every 3-7 days, and immediately place those who test positive under medical isolation. This strategy can help identify and isolate infected individuals early and minimize continued transmission within the cohort.

check light icon Consider testing all individuals quarantined as close contacts of someone with suspected or confirmed COVID-19 at the end of the 14-day quarantine period, before releasing them from quarantine precautions.

check light icon Do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started. Doing so would complicate the calculation of the cohort's quarantine period, and potentially introduce new sources of infection.

check light icon Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to someone with COVID-19). **Under this scenario, do not mix individuals undergoing routine intake quarantine with those who are quarantined due to COVID-19 exposure.**

Management Strategies for Incarcerated/Detained Persons without COVID-19 Symptoms

check light icon Provide [clear information](#) to incarcerated/detained persons about the presence of COVID-19 within the facility, and the need to increase social distancing and maintain hygiene precautions.

- - As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education).
 - Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf or hard-of-hearing, blind, or have low-vision.

check light icon If individuals with COVID-19 have been identified among staff or incarcerated/detained persons anywhere in a facility, consider implementing regular symptom screening and temperature checks in housing units that have *not* yet identified infections, until no additional infections have been identified in the facility for 14 days. Because some incarcerated/detained persons are hesitant to report symptoms, it is very important to monitor for symptoms closely even though doing so is resource intensive. See [Screening](#) section for a procedure to safely perform a temperature check.

check light icon Consider additional options to intensify [social distancing](#) within the facility.

Management Strategies for Staff

check light icon Provide clear information to staff about the presence of COVID-19 within the facility, and the need to enforce universal use of [masks](#) (unless [contraindicated](#)) and social distancing and to encourage hygiene precautions.

- - As much as possible, provide this information in person (if social distancing is feasible) and allow opportunities for staff to ask questions.

check light icon Staff identified as close contacts of someone with COVID-19 should be tested for SARS-CoV-2 and self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine of those who are asymptomatic (see [considerations for critical infrastructure workers](#)). Refer to the [Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan pdf icon\[12 KB, 1 page\]](#) for more information about contact tracing.

- The best way to protect incarcerated/detained persons, staff, and visitors is to [quarantine for 14 days](#). Check your [local health department's website](#) for information about options in your area to possibly shorten this quarantine period.

- - Close contacts should self-monitor for symptoms and seek testing.
 - Refer to [CDC guidelines](#) for further recommendations regarding home quarantine.

check light icon Staff who have confirmed or suspected COVID-19 should meet CDC criteria for [ending home isolation](#) before returning to work. Monitor [CDC guidance on discontinuing home isolation](#) regularly, as circumstances evolve rapidly.

Infection Control

Infection control guidance below is applicable to all types of correctional and detention facilities. Individual facilities should assess their unique needs based on the types of exposure staff and incarcerated/detained persons may have with someone with confirmed or suspected COVID-19.

check light icon All individuals who have the potential for direct or indirect exposure to someone with COVID-19 or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow infection control practices outlined in the [CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 \(COVID-19\) in Healthcare Settings](#). Monitor these guidelines regularly for updates.

- - Implement the above guidance as fully as possible within the correctional/detention context. Some of the specific language may not apply directly to healthcare settings within correctional facilities and detention centers, or to facilities without onsite healthcare capacity, and may need to be adapted to reflect facility operations and custody needs.
 - Note that these recommendations apply to staff as well as to incarcerated/detained individuals who may come in contact with contaminated materials during the course of their work placement in the facility (e.g., cleaning).

check light icon Staff should exercise caution and wear [recommended PPE](#) when in contact with individuals showing COVID-19 symptoms. Contact should be minimized to the extent possible until the infected individual is wearing a [mask](#) (if not already wearing one and if not [contraindicated](#)) and staff are wearing PPE.

check light icon Refer to [PPE](#) section to determine recommended PPE for individuals in contact with individuals with COVID-19, their close contacts, and potentially contaminated items.

check light icon Remind staff about the importance of limiting unnecessary movements between housing units and through multiple areas of the facility, to prevent cross-contamination.

check light icon Ensure that staff and incarcerated/detained persons are trained to doff PPE after they leave a space where PPE is required, as needed within the scope of their duties and work details. Ideally, staff should don clean PPE before entering a different space within the facility that also requires PPE.

- - If PPE shortages make it impossible for staff to change PPE when they move between different spaces within the facility, ensure that they are trained to move from areas of low exposure risk (“clean”) to areas of higher exposure risk (“dirty”) while wearing the same PPE, to minimize the risk of contamination across different parts of the facility.

Clinical Care for Individuals with COVID-19

check light icon Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.

- - If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital (including notifying the facility/hospital in advance). See [Transport](#) section. The initial medical evaluation should determine whether a symptomatic individual is at [increased risk for severe illness from COVID-19](#). Persons at increased risk may include older adults and persons of any age with serious [underlying medical conditions](#), including chronic kidney disease, serious heart conditions, and Type-2 diabetes. See CDC’s website for a complete [list](#) and check regularly for updates as more data become available to inform this issue.
 - Based on available information, pregnant people seem to have the same risk of COVID-19 as adults who are not pregnant. However, much remains unknown about the risks of COVID-19 to the pregnant person, the pregnancy, and the unborn child. Prenatal and postnatal care is important for all pregnant people, including those who are incarcerated/detained. Visit the CDC website for more information on [pregnancy](#) and [breastfeeding](#) in the context of COVID-19.

check light icon Staff evaluating and providing care for individuals with confirmed or suspected COVID-19 should follow the [CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and monitor the guidance website regularly for updates to these recommendations.

check light icon Healthcare staff should evaluate persons with COVID-19 symptoms and those who are close contacts of someone with COVID-19 in a separate room, with the door closed if possible, while wearing [recommended PPE](#) and ensuring that the individual being evaluated is wearing a [mask](#).

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- If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.

check light icon Clinicians are strongly [encouraged to test for other causes of respiratory illness](#) (e.g., influenza). However, presence of another illness such as influenza does not rule out COVID-19.

check light icon When evaluating and treating persons with symptoms of COVID-19 who do not speak English, use a language line or provide a trained interpreter when possible.

Recommended PPE and PPE Training for Staff and Incarcerated/Detained Persons

check light icon Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with individuals with confirmed and suspected COVID-19. Ensure strict adherence to OSHA PPE requirements.

- - Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's [respiratory protection program](#). If individuals wearing N95 respirators have facial hair, it should not protrude under the respirator seal, or extend far enough to interfere with the device's valve function (see [OSHA regulationexternal icon](#)).
 - For PPE training materials and posters, visit the [CDC website on Protecting Healthcare Personnel](#).

check light icon Ensure that all staff are trained to perform hand hygiene after removing PPE.

check light icon Ensure that PPE is readily available where and when needed, and that PPE donning/doffing/disposal stations have been set up as described in the Preparation section.

check light icon Recommended PPE for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with someone with COVID-19 and their close contacts (see [Table 1](#)). Each type of recommended PPE is defined below. As above, note that PPE shortages are anticipated in every category during the COVID-19 response.

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- **N95 respirator**
N95 respirators should be prioritized when staff anticipate contact with infectious aerosols or droplets from someone with COVID-19. See below for guidance on when surgical masks are acceptable alternatives for N95s. Individuals working under conditions that require an N95 respirator should not use a cloth mask when an N95 is indicated.
- **Surgical mask**
Worn to protect the wearer from splashes, sprays, and respiratory droplets generated by others. (NOTE: Surgical masks are distinct from cloth masks, which are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer. Individuals working under conditions that require a surgical mask should not use a cloth mask when a surgical mask is indicated.)
- **Eye protection**
Goggles or disposable face shield that fully covers the front and sides of the face.
- **A single pair of disposable patient examination gloves**
Gloves should be changed if they become torn or heavily contaminated.
- **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**
 - If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with an individual with confirmed or suspected COVID-19, and that clothing is changed as soon as possible and laundered. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.
 - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, activities where splashes and sprays are anticipated, and high-contact activities that provide opportunities for transfer of pathogens to the hands and clothing of the wearer.

check light icon Note that shortages of all PPE categories have been seen during the COVID-19 response, particularly for non-healthcare workers. Guidance for optimizing the supply of each category (including strategies to reuse PPE safely) can be found on CDC's website:

-
- **Strategies for optimizing the supply of N95 respirators**
 - Based on local and regional situational analysis of PPE supplies, **surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand.** During this time, available respirators should be prioritized for staff engaging in activities that would expose them to respiratory aerosols, which pose the highest exposure risk.
- **Strategies for optimizing the supply of surgical masks**
 - Reserve surgical masks for individuals who need PPE. Issue cloth masks to incarcerated/detained persons and staff as source control, in order to preserve surgical mask supply (see **recommended PPE**).

-
- [Strategies for optimizing the supply of eye protection](#)
- [Strategies for optimizing the supply of gowns/coveralls](#)
- [Strategies for optimizing the supply of disposable medical gloves](#)

Table 1. Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional or Detention Facility during the COVID-19 Response

Classification of Individual Wearing PPE					
Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Gown/Coveralls
Incarcerated/Detained Persons					
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of someone with COVID-19)	Use cloth masks as source control (NOTE: cloth face coverings are not PPE and may not protect the wearer. Prioritize cloth masks for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE).				
Incarcerated/detained persons who have confirmed or suspected COVID-19, or showing symptoms of COVID-19					
Incarcerated/detained persons handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Incarcerated/detained persons cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X
Staff					
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of someone with COVID-19* (but not performing temperature checks or providing medical care)		Surgical mask, eye protection, and gloves as local supply and scope of duties allow.			
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons		X	X	X	
Staff having direct contact with (including transport) or offering medical care to individuals with confirmed or suspected COVID-19 (See CDC infection control guidelines). For recommended PPE for staff performing collection of specimens for	X**		X	X	X

Classification of Individual Wearing PPE

Classification of Individual Wearing PPE	N95 respirator	Surgical mask	Eye Protection	Gloves	Goggles
SARS-CoV-2 testing see the Standardized procedure for SARS-CoV-2 testing in congregate settings .					
Staff present during a procedure on someone with confirmed or suspected COVID-19 that may generate infectious aerosols (See CDC infection control guidelines)	X		X	X	X
Staff handling laundry or used food service items from someone with COVID-19 or their close contacts				X	X
Staff cleaning an area where someone with COVID-19 spends time	Additional PPE may be needed based on the product label. See CDC guidelines for more details.			X	X

* A NIOSH-approved N95 respirator is preferred. However, based on local and regional situational analysis of PPE supplies, surgical masks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.

Verbal Screening and Temperature Check Protocols for Incarcerated/Detained Persons, Staff, and Visitors

The guidance above recommends verbal screening and temperature checks for incarcerated/detained persons, staff, volunteers, and visitors who enter correctional and detention facilities, as well as incarcerated/detained persons who are transferred to another facility or released from custody. Below, verbal screening questions for COVID-19 [symptoms](#) and contact with known cases, and a safe temperature check procedure are detailed.

check light icon Verbal screening for symptoms of COVID-19 and contact with COVID-19 cases should include the following questions:

- - *Today or in the past 24 hours, have you had any of the following symptoms?*
 - *Fever, felt feverish, or had chills?*
 - *Cough?*
 - *Difficulty breathing?*

- *In the past 14 days, have you had [close contact](#) with a person known to be infected with the novel coronavirus (COVID-19)?*

check light icon The following is a protocol to safely check an individual's temperature:

- - Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
 - Put on a surgical mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), and a single pair of disposable gloves
 - Check individual's temperature
 - **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
 - Remove and discard PPE
 - Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol

check light icon If a physical barrier or partition is used to protect the screener rather than a PPE-based approach, the following protocol can be used. (During screening, the screener stands behind a physical barrier, such as a glass or plastic window or partition, that can protect the screener's face and mucous membranes from respiratory droplets that may be produced when the person being screened sneezes, coughs, or talks.)

- Wash hands with soap and water for at least 20 seconds. If soap and water are not available, use hand sanitizer with at least 60% alcohol.
- Put on a single pair of disposable gloves.
- Check the individual's temperature, reaching around the partition or through the window. Make sure the screener's face stays behind the barrier at all times during the screening.

- **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.** If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next check. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
- Remove and discard gloves.

Exhibit 2

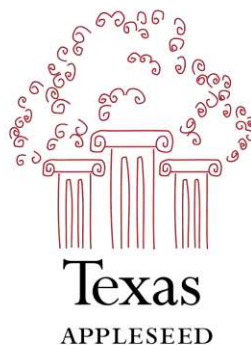


COVID-19

County Criminal Justice Stakeholder Toolkit

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INTRODUCTION

The World Health Organization (“WHO”) and the Centers for Disease Control and Prevention (“CDC”) have identified correctional facilities as particularly vulnerable environments for a COVID-19 outbreak and attendant public health crisis.¹ Transmission of the novel coronavirus within a correctional facility would not only be more rapid and widespread both in the facility and the surrounding community, but the impact on individuals who contract the virus would be more severe given the medical vulnerabilities in the confined population. An outbreak within a jail could quickly overwhelm local hospitals, making medical care less available to everyone in the community who needs it. Moreover, both the WHO and the CDC have identified the threat of unrest within correctional facilities as an additional danger posed by the COVID-19 crisis.²

This toolkit aims to help counties confront and possibly avoid this impending public health crisis in their local jails. If adopted, the recommendations in this toolkit will not only help protect the people confined in the jails and the people who work in jails and law enforcement; they will also help reduce spread within the broader community and an overburdening of community healthcare resources.³

¹ This is for five main reasons: 1) “there are many opportunities for COVID-10 to be introduced into a correctional or detention facility, including daily staff ingress and egress,” Centers for Disease Control and Prevention, Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (Mar. 23, 2020), *available at* <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html> (“CDC Guidance”), and jail bookings; 2) due to the unavoidable close proximity of staff and people housed in the facility, correctional facilities are more susceptible to amplified transmission, which would spill into the surrounding communities, World Health Organization, Preparedness, prevention, and control of COVID-19 in prisons and other places of detention, Interim Guidance 1 (Mar. 15, 2020), *available at* http://www.euro.who.int/data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1 (“Jails and similar settings where people are gathered in close proximity may act as a source of infection, amplification and spread of infectious diseases within and beyond prisons”); 3) “people in prisons typically have a greater underlying burden of disease and worse health conditions than the general population,” CDC Guidance; 4) “incarcerated persons may hesitate to report symptoms of COVID-19 or seek medical care due to co-pay requirements and fear of isolation,” CDC Guidance; and 5) people do not have regular access to soap and other sanitizing agents, CDC Guidance. See also The Hackett Center for Mental Health & Meadows Mental Health Policy Institute, COVID-19 Response Briefings – Jail Diversion / Admission Considerations for Texas Counties 1 (Mar. 24, 2020), *available at* <https://www.texasstateofmind.org/uploads/whitepapers/COVIDJailDiversion.pdf> (identifying the county jail as the potential “hot spot” for counties).

² CDC Guidance; WHO Guidance at 1; Keri Blakinger, *Coronavirus restrictions stoke tensions in lock-ups across U.S.*, The Marshall Project, Apr. 2, 2020, *available at* https://www.themarshallproject.org/2020/04/02/coronavirus-restrictions-stoke-tensions-in-lock-ups-across-u-s?utm_medium=email&utm_campaign=newsletter&utm_source=opening-statement&utm_term=newsletter-20200402-1911&utm_source=The+Marshall+Project+Newsletter&utm_campaign=697cf29e36-EMAIL_CAMPAIGN_2020_04_02_11_49&utm_medium=email&utm_term=0_5e02cdad9d-697cf29e36-174308453. During the COVID-19 crisis in Italy, the media reported unrest in correctional facilities due to prison conditions and restrictions from the coronavirus pandemic. See, e.g. Angelo Amante & Stephen Jewkes, *Seven dead as coronavirus measures trigger prison riots across Italy*, Reuters, Mar. 9, 2020, *available at* <https://www.reuters.com/article/us-health-coronavirus-italy-prisons/seven-dead-as-coronavirus-measures-trigger-prison-riots-across-italy-idUSKBN20W1JP>.

³ Sandhya Kajeepeta & Seth J. Prins, *Why coronavirus in jails should concern all of us*, The Appeal, Mar. 24, 2020, *available at* <https://theappeal.org/coronavirus-jails-public-health/> (“Substantial epidemiological research shows that mass incarceration raises contagion rates for infectious disease—both for people in jails, and for the community at large.”).

To avert this looming public health crisis, we identify three goals local criminal legal system stakeholders should work toward:

- 1) Safely reduce the current jail population;
- 2) Reduce the spread of the virus in the jail and in the community; and
- 3) Promote safety for those who remain incarcerated.

The premise behind the first goal is that no jail can be fully protected from COVID-19 entering the facility or being transmitted within its walls. The spread of the virus can only be halted by isolating individuals or small groups of individuals from others, which is virtually impossible in a jail environment. The local emergency and shelter-in-place orders that are being issued across Texas cannot be complied with in a jail. Therefore, to protect the jail population, the people who work within it and the wider community from outbreak within and from the jail, depopulation prior to an outbreak is the most effective response.

The premise behind the second goal is that the tinder-box danger of a jail for outbreak has not only to do with the confinement of the people within it, but also with the churn of people in and out of the jail. People arrested on new offenses are admitted daily. People held on low-level offenses will often be released within days. Employees go in and out. This churn creates many opportunities for transmission, and must be reduced as much as possible.

Finally, the third goal acknowledges that most jurisdictions will continue to jail people—even once they reduce their population significantly—and should take all steps possible to protect the people within the jail, including both people detained and jail staff, and the wider community.

Each actor in the local criminal legal system has a role to play in working toward these goals. This guide identifies strategies based in the respective legal authority of each actor and precedent in various jurisdictions for the stakeholders to work toward the overarching goal of community health through avoiding transmission of COVID-19 in local jails and criminal legal systems.

On March 29, 2020, Governor Greg Abbott released Executive Order GA-13 “relating to detention in county and municipal jails during the COVID-19 disaster.” The Order intended to override numerous state laws related to release from jail in certain circumstances. The limitations purportedly established by Executive Order GA-13 have been incorporated into this toolkit, and the strategies suggested are in compliance with the Order. A closer examination of the Order in its entirety is provided as an Appendix at the end of this toolkit.

SHERIFFS

As the person responsible for operating the jail, the sheriff has the most insight into the risks of COVID-19 spreading in the jail and how factors such as crowding, lack of access to soap and sanitizers, a particularly vulnerable population and poor access to medical care would compound to significantly increase the chances of viral transmission and serious illness or death. The sheriff should undertake the following strategies to avoid the spread of COVID-19 within the jail and broader community.

a. Goal: Reduce the jail population

i. **Strategy #1: Release people through accelerated time credits.**

The sheriff may accelerate the time a person who has been convicted is required to serve in jail through good time and work time credits under Article 42.032 of the Texas Code of Criminal Procedure. With Executive Order GA-13, Governor Abbott prohibited the release on good time or other credit pursuant to Article 42.032 of anyone serving a sentence for a crime involving physical violence or the threat of physical violence, or who has previously been convicted of such an offense at any time in the past.⁴ Sheriffs should use their discretion to apply good time credits to all people serving sentences in the jail who are not covered by Executive Order GA-13, and especially for people confined who are at higher risk for severe illness.

Moreover, the sheriff should send a list of people who they would otherwise release pursuant to good time credit but for Executive Order GA-13 to the county criminal court judges, who have the authority to convert the sentences of people covered by the Order from jail to electronic monitoring for “health or medical reasons,” so long as notice is given to the District Attorney along with an opportunity for a hearing.

ii. **Strategy #2: Assist prosecutors, judges and defense attorneys in identifying people who should be released and advocate for and coordinate release.**

In some cases, the sheriff operating the jail will not have the authority to authorize release. However, the sheriff and their staff have access to information that will be essential in determining whose release to prioritize, such as any health conditions, whether the person would pose a threat to the community, and how much time left in the person’s sentence. The sheriff should regularly review the list of people in jail and forward to the appropriate authority recommendations for release, and then coordinate with other stakeholders including judges, prosecutors, and public defenders to facilitate immediate release.

For example, in Harris County, the sheriff is working with stakeholders to identify people for “compassionate release,” calling for “reducing the population strategically in a way that targets our most at-risk inmates who are

⁴ Note that Executive Order GA-13 does not prevent the accumulation of good time credit for such individuals but just their release on good time credit during the pendency of the order.

nonviolent.⁵ By working with other stakeholders who would have the authority to release people confined, the sheriff can play a key role in safely reducing the jail population. Even Executive Order GA-13 is clear that any county criminal court judge, district judge or appellate judge retains existing statutory authority to release anyone otherwise covered by the order for medical or health reasons, provided that the District Attorney is first given notice and the opportunity for a hearing.

Sheriffs should also review their jail lists to identify people being held for class C misdemeanors or for nonpayment of child support and notify the civil courts, justice of the peace courts, and municipal courts —some of which may not realize their orders are contributing to the jail population.

Finally, sheriffs should keep an eye out for people who are being held past the time limits mandated in Article 17.151 of the Code of Criminal Procedure. While Executive Order GA-13 suspends the automatic release on personal bond under Article 17.151, providing the District Attorney and judges with lists of people held past the time frames established in state statute will help to identify people potentially experiencing unreasonable delays in prosecution of their cases. Even if not eligible for automatic release pursuant to Article 17.151, a judge should still consider whether release on personal bond or a lower bond amount is appropriate for these individuals given the delay.

b. Goal: Minimize the risk of spread within the jail and the wider community

By reducing the daily churn of the criminal legal system, both by reducing people going in and out of the jail and reducing criminal legal contact and court appearances, opportunities for transmission of the virus will be minimized.

i. Strategy #1: Issue citations in lieu of booking for citation-eligible offenses.

Under Texas's "cite and release" law, certain misdemeanor offenses are eligible for citation rather than booking. Tex. Code Crim. Proc. Art. 14.06. Sheriffs should reject bookings for people who are eligible for citation, and instead instruct the arresting agency to issue a citation. The Collin County Sheriff has issued a letter encouraging law enforcement to cite rather than arrest for eligible offenses.⁶

ii. Strategy #2: Reject new arrests for non-violent offenses.

The sheriff should work with local law enforcement agencies to end custodial arrests of people for nonviolent offenses and should not book people into the jail on new arrests for nonviolent offenses. For example, the

⁵ Gabrielle Banks, *Sheriff says order for some releases at Harris County Jail is not enough*, Houston Chronicle, Mar. 23, 2020, available at <https://www.houstonchronicle.com/news/houston-texas/houston/article/Harris-County-order-release-of-people-arrested-on-15151417.php>.

⁶ Press Release: Collin County Sheriff's Office and COVID-19, Mar. 26, 2020, available at <https://www.collincountytx.gov/sheriff/news/Pages/Collin-County-Sheriff%E2%80%99s-Office-and-COVID-19.aspx>; see also Jobin Panicker, *Collin County sheriff addresses jail population in fight against coronavirus*, WFAA, Mar. 12, 2020, available at <https://www.wfaa.com/article/news/local/collin-county-sheriff-addresses-jail-population-in-fight-against-virus/287-3225f225-f422-4012-a8e7-82c63579eb08>.

Jefferson County sheriff has instructed local police not to bring people to jail unless they've been arrested for violent offenses, noting that warrants can be issued at a later date for nonviolent offenses if needed.⁷

iii. Strategy #3: Reject new arrests for people who are elderly, medically vulnerable or pregnant.

The sheriff should work with law enforcement to end custodial arrests of people who are particularly vulnerable to COVID-19, including people age 55 and older, people with preexisting heart, lung, autoimmune or blood pressure conditions, and people who are pregnant.

iv. Strategy #4: Discontinue "weekend jail" programs.

"Weekend jail" programs for people to serve their sentences over a period of time on the weekends create traffic in and out of the jail on a weekly basis, increasing the chances of transmission, either through the person bringing the virus from the community into the jail or the other way around. The sheriff should limit traffic as much as possible through the jail, including by suspending weekend jail programs until local and state emergency orders are no longer in effect.

c. Goal: Promote safety for those who remain incarcerated

The sheriff is responsible for the safety of the persons confined in the county jail. Tex. Local Gov't Code § 351.41. In the face of a deadly pandemic, this responsibility is especially profound. In addition to working to significantly reduce the county jail population, the sheriff must create as safe an environment as possible in the jail to reduce the chance of transmission and to treat people who have contracted the virus.

i. Strategy #1: Institute hygiene and sanitation measures at no cost to the people confined.

The sheriff should immediately take steps to have a clean and sterile jail environment, and to give people confined in the jail some agency to exercise their own hygienic practices. This includes: providing free and readily available soap, hand sanitizer, and cleaning/disinfectant supplies for living areas; ensuring sinks are in working order, and increasing availability of hand-washing stations; and sanitizing phones, video screens and other frequently-used equipment between use.⁸ The sheriff should also implement social distancing as much as possible by requiring people to keep 6-foot distances in communal areas and avoiding people congregating in lines.⁹

⁷ Kierra Sam & Jordan James, *Jefferson County jail cancels visitation, releases some inmates amid coronavirus concerns*, 12 NewsNow, Mar. 18, 2020, available at <https://www.12newsnow.com/article/news/local/jefferson-county-jail-cancels-visitation-releases-some-inmates-amid-coronavirus-concerns/502-f7e9e268-e131-46af-a478-95553f309bf8>.

⁸ For these and additional recommendations, see Michele Deitch, *Recommended Strategies for Sheriffs and Jails to Respond to the COVID-19 crisis*, LBJ School at the University of Texas at Austin (Mar. 20, 2020) available at [https://www.americanjail.org/files/Deitch--Strategies%20for%20Sheriffs%20and%20Jails%20to%20Respond%20to%20the%20COVID-19%20Crisis--3-20-20--FINAL_rev%20\(1\).pdf](https://www.americanjail.org/files/Deitch--Strategies%20for%20Sheriffs%20and%20Jails%20to%20Respond%20to%20the%20COVID-19%20Crisis--3-20-20--FINAL_rev%20(1).pdf).

⁹ See Centers for Disease Control and Prevention, *Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposures: Geographic Risk and Contacts of Laboratory-confirmed Cases* (Mar. 22, 2020), available at

ii. Strategy #2: Eliminate barriers to incarcerated people seeking testing and/or medical care.

The sheriff should end all medical co-pays and provide immediate and free COVID-19 testing to any person who exhibits symptoms or who states that they have been exposed to COVID-19. For example, the sheriff in Travis County has ended medical co-pays for COVID-19 related medical care.

iii. Strategy #3: Create isolation and medical care plans for people who have been tested for or diagnosed with COVID-19.

The sheriff should partner with medical professionals and public health officials to create plans for quarantining people who have been exposed to the virus, isolating people who have contracted the virus, and providing medical care to people with COVID-19, including a plan for emergency medical care.

iv. Strategy #4: Require staff who may have been exposed to the virus or who are experiencing symptoms to stay home.

The sheriff should be on high alert for potential transmission from staff to people confined in the jail. Staff who exhibit symptoms or may have been exposed to the virus should be required to stay home for 14 days from exposure or until symptoms have subsided for at least 72 hours. The sheriff should have back-up staffing plans in the event the jail is short-staffed due to illness or COVID-19 precautions.

v. Strategy #5: Mitigate harm from any restrictive measures.

Jails should restrict ingress and egress from the jail, which will likely limit visits from family members and jail programming. The sheriff should mitigate any damage done by such restrictive measures by lifting any financial barriers to phone calls or letters to and from the outside, providing alternatives to programming such as books or virtual learning, and making mental health services readily available to people who are experiencing mental health challenges due to the COVID-19 threat or related restrictions.

<https://www.cdc.gov/coronavirus/2019-ncov/php/risk-assessment.html> (defining social distancing as “remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet or 2 meters) from others when possible”).

LAW ENFORCEMENT

As the actors on the front-end of the criminal legal system, law enforcement have significant discretion in deciding how to police and who to arrest. During this crisis, they should use this discretion to limit contact with individuals in the community and only initiate contact if necessary to protect a person's safety. This will help reduce the jail population and reduce opportunities for person-to-person transmission within the legal system and greater community. It will also limit law enforcement officers' exposure to the disease and protect against officer staffing shortages. Many law enforcement agencies across the state are exercising this discretion to not arrest for non-violent offenses, including sheriffs in Collin County, Jefferson County, Bexar County, Harris County and Travis County.

a. **Goal: Minimize the risk of spread within the jail and the wider community**

i. **Strategy #1: Implement cite and release for all eligible offenses.**

To minimize jail bookings, law enforcement should "cite and release" for all eligible offenses pursuant to Tex. Code Crim. Proc. Art. 14.06. For example, the Collin County Sheriff has issued a letter encouraging law enforcement to cite rather than arrest for eligible offenses.¹⁰

ii. **Strategy #2: Only arrest where a person poses an imminent danger.**

During a public health crisis, public safety is better served by minimizing contact with the criminal legal system rather than creating unnecessary opportunities for transmission. Law enforcement should only initiate arrests where a person poses an imminent danger to another person. The Bexar County Sheriff's Office is "work[ing] to minimize custodial arrests by filing non-violent offenses at large."¹¹

iii. **Strategy #3: Minimize contact between law enforcement and community.**

There is virtual consensus in the medical community that social distancing is the only way to limit the spread of COVID-19,¹² and authorities have recommended and required avoiding gatherings of 10 or more people and keeping a distance of 6 feet between people.¹³ Increasingly, local Texas jurisdictions are ordering limitations of gatherings and even shelter-in-place. Law enforcement should only respond to emergency calls that require immediate attention and when taking those calls avoid physical contact with others.

¹⁰ Jobin Panicker, *Collin County sheriff addresses jail population in fight against coronavirus*, WFAA, Mar. 12, 2020, available at <https://www.wfaa.com/article/news/local/collin-county-sheriff-addresses-jail-population-in-fight-against-virus/287-3225f225-f422-4012-a8e7-82c63579eb08>.

¹¹ Bexar County Sheriff's Office, *Bexar County Sheriff's Office COVID-19 Mitigation Plan*, available at <https://www.bexar.org/DocumentCenter/View/26179/Memo-From-Bexar-County-Sheriffs-Office-COVID-19> (last visited Mar. 31, 2020).

¹² *See supra* note 9.

¹³ *Supra* note 12.

For example, the Bexar County Sheriff's Office has a policy that "BCSO will limit its contact with the public to that which are immediately necessary. Deputies are being asked not to enter private residences or businesses and deputies will be encouraged to conduct as much business as possible outside in fresh air."¹⁴

¹⁴ Courtney Friedman, *Bexar County Sheriff Announces COVID-19 prevention plan for jail inmates, deputies*, KSAT.com, Mar. 14, 2020, available at <https://www.ksat.com/news/local/2020/03/15/bexar-county-sheriff-announces-covid-19-prevention-plan-for-jail-inmates-deputies/>.

JUSTICES OF THE PEACE & MUNICIPAL COURT JUDGES

Justices of the Peace and Municipal Court judges preside over low-level criminal cases, intended to be punished by fine only, and have the discretion to divert people in their courts from arrest, jail or continued criminal legal contact. During this crisis, they should use their discretion to limit jail intakes and other criminal legal system contact. No person should be arrested or sent to jail on a class C misdemeanor warrant or capias pro fine (i.e., a warrant issued specifically for not paying fines), and in-person requirements such as court appearances and community service should be suspended.

a. Goal: Reduce the jail population

i. Strategy #1: Order the release of anybody being held for Class C misdemeanors.

In addition to suspending all warrants and capias pro fines, Justice of the Peace and Municipal Court judges must ensure that nobody is being held in the jail Class C misdemeanors. Any person in the jail for a fine-only offense should be immediately released without being required to pay a monetary bond pursuant to Tex. Code of Crim. Proc. 15.17(b) and ordered to appear in court at a later date.

b. Goal: Reduce the spread of the virus within the jail and the wider community

i. Strategy #1: Recall or suspend all warrants and capias pro fines.

To reduce the risk of the virus being brought into the jail, all courts need to do what they can to minimize the number of new arrestees. Municipal Court Judges and Justices of the Peace should immediately recall or suspend all warrants and capias pro fines and cease issuing new warrants. Examples of courts suspending warrants during this crisis include the Austin Municipal Court¹⁵ and the Collin County Justice of the Peace Courts.¹⁶

i. Strategy #2: Waive all community service.

Community service in lieu of paying a fine is appropriate when the person is unable to pay in full but is able to perform community service without undue hardship. Under Tex. Code Crim. Proc. Art. 45.0491, the amount owed should be waived if the person is both unable to pay and unable to perform community service without undue hardship. At the present moment, community service presents an undue hardship for everyone since it typically

¹⁵ AustinTexas.gov, Municipal Courts, <http://austintexas.gov/department/municipal-court>.

¹⁶ Standing Order Regarding Coronavirus (COVID-19) Mitigation to all Collin County Justice Courts Court Order No. 01, Collin County Justice Courts, available at https://cf30f2cb-8cdd-4967-beb4-e87d9b89a28c.filesusr.com/ugd/3556ef_1ef6fccc36de4c189152f21577c29e1e.pdf.

requires travel and contact between people, and indeed makes us all unsafe. Therefore, community service requirements should be waived.

i. Strategy #3: Lift all OmniBase license holds.

Many counties and cities currently participate in the OmniBase program, which puts holds on renewal of people's licenses if they miss a court date or fail to pay fines and costs. This traps them in a cycle of debt, and makes it likely that they will eventually end up in being arrested for driving with an invalid license. In addition, public transportation is very dangerous at this time and has a high risk for community spread. People should have their license holds lifted so that they can safely get to the grocery store and access medical care during this crisis. By order of the Governor, the Texas Department of Public Safety has extended the renewal deadline for all licenses that expired on or after March 13, 2020. However, licenses that expired before this period are not impacted and must be renewed in order for people to drive legally. Lifting OmniBase holds will allow many people to renew their licenses and minimize use of public transportation. Municipal Court judges and Justices of the Peace should lift all current holds.

ii. Strategy #4: Postpone court appearances and payment plans.

After Municipal Courts and Justices of the Peace have recalled or suspended all warrants and lifted their OmniBase license holds, the courts should postpone all court appearances and payment plans until this crisis is over.

MAGISTRATE JUDGES

Magistrate judges make initial bail and bond determinations, and in this role have the ability to stem the tide of jail admissions. They are constitutionally required to make individualized bail decisions, and should release all people on personal bond who are eligible for release and do not pose an immediate risk to public safety. In no circumstances should inability to pay cash bail be the only reason a person is held in jail pretrial.

a. Goal: Reduce the jail population

i. Strategy #1: Prioritize maximizing personal bonds for people being held pretrial or due to technical violations of probation or parole.

Detaining a person in jail increases his or her risk of exposure as well as the risk of community spread when the individual is released. Magistrate judges should issue personal bonds to the greatest extent under the law to anyone charged with misdemeanors, state jail felonies, non-violent felonies, and anyone who can be released without posing an imminent threat to any reasonably identifiable person. See Tex. Code Crim. P. Art. 17.03(a) (with some exceptions, magistrates may, in their discretion, release defendants on a personal bond without sureties or other security).

Pursuant to Executive Order GA-13, magistrate judges may not release anyone on personal bond who is presently charged with or has previously been convicted of an offense involving physical violence or the threat of physical violence. If personal bond is not allowed pursuant to the Order, but the magistrate has determined the person does not pose an immediate risk to public safety and should be released, setting a secured bond at an amount the person can certainly afford is an alternative way to ensure their release from jail while awaiting trial. Texas Code of Criminal Procedure article 17.15, which provides the rules for setting the amount of secured bail, does not provide any minimum amount of bail that must be required. There are also limited circumstances under Texas law by which magistrate judges can release a person without any bond at all (i.e., release on personal recognizance or “PR” bond), such as release without bond pursuant to Tex. Code of Crim. Pro. Art. 15.17(b) when a person is charged with a fine-only offense. For a person charged with a fine-only offense, examination into past criminal history is not necessary, given that only personal bonds issued pursuant to article 17.03 and not personal recognizance bonds are covered by Executive Order GA-13.

Finally, Executive Order GA-13 has a medical or health exemption allowing a county court at law, district court or appellate court judge to release people otherwise ineligible for personal bond for health or medical reasons provided notice is given to the District Attorney and an opportunity for a hearing. Magistrates should work with jail staff to ensure people are screened for medical vulnerabilities for possible eligibility for a personal bond even if they have been charged with or previously convicted of an offense involving physical violence or the threat of physical violence.

Magistrates should also grant personal bonds to people being held for technical violations of probation, and to

people being held on blue warrants due to technical violations of parole whenever they are eligible under Tex. Gov't Code § 508.254(d).

ii. Strategy #2: Eliminate in-person supervision requirements.

Individuals should not be forced to endanger themselves and others to attend an in-person check-in or to adhere to random drug or alcohol testing under penalty of incarceration for failing to show up. This unnecessary travel and public interaction contradicts public health advice to stay home and avoid unnecessary public outings. Magistrate judges should not impose conditions of release that require the defendant to do in-person check-ins, drug tests, or to take other actions that require contact with other people. Additionally, because the virus is causing extreme economic hardship for many people, magistrate judges should not impose conditions of release that impose a financial cost on defendants. Any current in-person check-in requirements should be suspended.

Examples of counties that have eliminated or limited use of in-person pretrial supervision check-ins include Travis County, El Paso County, and Bexar County.

iii. Strategy #3: Issue summonses in lieu of arrest warrants.

In any case where a warrant may be issued, magistrate judges should issue a summons instead. See Tex. Code Crim. P. Art. 15.03(b) ("A summons may be issued in any case where a warrant may be issued, and shall be in the same form as the warrant except that it shall summon the defendant to appear before a magistrate at a stated time and place."). Magistrate judges should also allow individuals who have been summoned to appear through electronic broadcast system. Tex. Code Crim. P. Art. 15.03(c) ("[A] person may appear before the magistrate in person or the person's image may be presented to the magistrate through an electronic broadcast system.").

CRIMINAL COURT JUDGES

Around 70% of the population of people being held in Texas jails are detained pretrial, meaning they have not been convicted of the charge for which they are being held. Criminal court judges have enormous discretion to release people from the jail who are detained pretrial on personal bond or affordable bail. Judges should work to release all people who pose no immediate public safety risk or who are medically vulnerable.

a. Goal: Reduce the jail population

i. **Strategy #1: Implement an Emergency General Order granting immediate release on personal bond for categories of low-risk detainees.**

Judges should implement an Emergency General Order to immediately release all of the following people:

- People being held in jail pretrial for non-violent offenses, including non-violent felony offenses, so long as they have no previous conviction of an offense involving physical violence or the threat of physical violence; and
- People awaiting revocation hearings for technical violations of community supervision. These hearings should be postponed for as long as the Disaster Declaration remains in effect.

For example, the Harris County District Courts entered an order “in an effort to stem the tide of accused citizens being admitted to the Harris County Jail” under which people arrested for low-level felony offenses will be released on personal bond swiftly and without having to wait to see a magistrate.¹⁷ The Nueces County district and county court judges similarly adopted a standing order granting appointed magistrates the authority to issue personal bonds or reduce the bond amounts for anyone charged with certain felonies, as well as to reinstate the bonds of anyone arrested for failure to appear in a misdemeanor or felony case.¹⁸

ii. **Strategy #2: Work with other stakeholders to identify people for release.**

Judges should work with defense attorneys, the Sheriff, the District Attorney, the County Attorney, and Pretrial Services to identify and release all persons who would not pose an immediate threat if released, either with or without monitoring conditions. In Hays County, “members of the Hays County Adult Community Supervision Department are screening the jail roster to identify those arrestees who may pose relatively lesser degrees of risk

¹⁷ Gabrielle Banks, Sheriff says order for some releases at Harris County jail is not enough, Houston Chronicle (Mar. 23, 2020), *available at* <https://www.houstonchronicle.com/news/houston-texas/houston/article/Harris-County-order-release-of-people-arrested-on-15151417.php>; Harris County District Courts General Order Bond (Mar. 20, 2020) *available at* <https://www.justex.net/JustexDocuments/0/News%20Items/News%202020/General%20Order%20Bond%2020May2020.pdf>

¹⁸ Nueces County District Courts and County Courts at Law, Amended Standing Order Regarding Magistrates’ Authority to Issue Personal Recognizance Bonds (Mar. 17, 2020) *available at* <https://drive.google.com/file/d/12GqfcYVK9PQRKdSPXYCyphu5WZ0aBRmk/view>.

to our population and the community for the District Judges to review and consider for potential release.”¹⁹ Courts should also call on their Commissioners Court to approve all necessary funding for free monitoring and other services.

iii. Strategy #3: Maximize issuance of personal bonds.

Issue personal bonds to anyone charged with misdemeanors, state jail felonies, non-violent felonies, and anyone who can be released without posing an imminent threat to any reasonably identifiable person, unless the person was charged with or has previously been convicted of an offense involving physical violence or the threat of physical violence pursuant to Executive Order GA-13. County court-at-law and district judges in Harris and Travis Counties have issued general order bonds to facilitate release of most people charged with misdemeanors and non-violent felonies. For people not released on a general order bond, judges should make individualized determinations whether the person detained is a threat to the safety of an individual, and release on personal bond and/or with monitoring conditions if release would not pose a threat.

While Executive Order GA-13 generally prevents release on personal bond for anyone presently charged with or has previously been convicted of an offense involving physical violence or the threat of physical violence, until the expiration of the Executive Order, county criminal court judges, district judges and appellate judges can still order release on personal bond for “health and medical reasons,” provided notice is given to the District Attorney and there is an opportunity for a hearing.²⁰ Further, setting a secured bond at an amount the person can afford is an alternative way to ensure their release from jail. Code of Criminal Procedure article 17.15, which provides the rules for setting the amount of bail, does not provide any minimum amount of secured bail that must be required. There are also limited circumstances under Texas law by which magistrate judges can release a person without any bond at all (i.e., release on personal recognizance or “PR” bond), such as release without bond pursuant to CCP article 15.17(b) when a person is charged with a fine-only offense. For a person charged with a fine-only offense, examination into past criminal history is not necessary, given that only personal bonds and not personal recognizance bonds are covered by Executive Order GA-13.

iv. Strategy #4: Limit new custodial sentences.

For people who have been convicted, judges should limit custodial sentences as much as possible. Where confinement is absolutely necessary, transition new incarceration to house arrests. When imposing a custodial sentence, consider whether the safety imperative of custodial detention outweighs the mortality and infection risk of spreading COVID-19 within jails and prisons. While Executive Order GA-13 generally prohibits electronic monitoring sentences for people currently serving a sentence or previously convicted of a crime involving physical violence or the threat of physical violence, a judge can consider such a sentence for “health or medical reasons,” provided that the District Attorney is given notice and the opportunity for a hearing.

¹⁹ Stephanie Gates, County Releases Inmates To Prevent Coronavirus Spread, San Marcos Daily Record (Mar. 27, 2020), available at <https://www.sanmarcosrecord.com/news/county-releases-inmates-prevent-coronavirus-spread>.

²⁰ Executive Order GA-13 provides: “nothing herein shall prevent the lawful exercise of authority by a county criminal court judge, district judge, or appellate judge in considering release on an individualized basis for health or medical reasons, provided that proper notice is given to the district attorney and an opportunity for hearing is given.”

v. Strategy #5: Postpone sentencing report dates.

If a person has already been sentenced to a term of incarceration but has not yet reported to the jail, judges should postpone the date that the person is required to report to the facility to begin serving his or her sentence.

vi. Strategy #6: Release people already serving custodial sentences.

For people who are already serving sentences in the county jail, judges should, on the court's own motion, allow the person to serve the sentence at home under electronic monitoring, as permitted under Article 42.035 of the Texas Code of Criminal Procedure. While Executive Order GA-13 prohibits electronic monitoring sentences for people currently serving a sentence or previously convicted of a crime involving physical violence or the threat of physical violence, the judge can consider such a sentence for "health or medical" reasons, provided that the District Attorney is given notice and the opportunity for a hearing.

vii. Strategy #7: Maximize outpatient competency restoration.

Under Tex. Code Crim. Proc. Articles 46B.0711 and 46B.072, courts must release on bail people determined to be incompetent to stand trial on a Class B or Class A misdemeanor, and who do not pose a danger to others. The individual must be treated in an appropriate outpatient competency restoration program, and the court must receive a comprehensive treatment plan from the individual. Courts may also place people who do not pose a danger to others, and who are charged with felony offenses, into outpatient competency restoration programs so long as the conditions described above are satisfied. Given the danger of extended periods of detention required for jail-based competency restoration, or delays awaiting placement into hospital-based competency restoration, courts should maximize the use of outpatient competency restoration.

viii. Strategy #8: Communicate with outpatient competency restoration providers about the need to continue these programs and receive new clients.

Outpatient competency restoration programs typically have waitlists and inquiries from more potential patients than they can serve. Courts should actively communicate and coordinate with providers to continue these programs and encourage them to take on new clients.

b. .Goal: Reduce the spread of the virus within the jail and the wider community

i. Strategy #1: Recall all non-priority warrants and reject new warrants for low-level felony offenses.

Judges should immediately recall or suspend all non-priority warrants, including but not limited to all warrants for all misdemeanor and non-violent offenses, such as drug offenses, theft, prostitution, tampering with evidence, and bail jumping/failure to appear. Similarly, courts should reject new warrants and cases for non-violent offenses.

The Travis County District Courts and County Courts at Law have issued standing orders suspending warrants in low-level felony cases and most misdemeanor cases.²¹ The standing orders remain in effect until May 8, 2020, at which point they will be reassessed and possibly continued.

ii. Strategy #2: Adjust supervision conditions.

For people out on bail or on community supervision, judges should adjust conditions to reduce the risk of revocation and/or community spread. Many people out on bond or serving sentences of community supervision have a number of conditions that may now pose an undue burden and increase the risk of community spread. Courts should reevaluate these conditions, especially conditions that require in-person meetings, counseling sessions, classes, or testing.

iii. Strategy #3: Postpone hearings at defense counsel's request.

At the request of defense counsel, judges should postpone any hearings, including sentencing hearings, for as long as the Disaster Declaration is in place. Courts should also postpone the dates that sentenced people who are not in custody are required to report to jail to serve their sentences.

²¹ Travis County District Courts, Amended Standing Order Temporarily Suspending the Execution of Warrants for Certain Travis County Cases (Mar. 23, 2020), *available at* <https://drive.google.com/file/d/1sgDcdE1NeZit2wwzh6IbTakztRjuwMTM/view>.

PROSECUTING ATTORNEYS

Prosecutors around the country are scrambling to avert a COVID-19 crisis in their jails. Recently, 31 elected prosecutors from around the country, including district attorneys from Dallas County, Nueces County and Bexar County, joined in a statement released by Fair and Just Prosecution.²² The recommendations include releasing those being held on unaffordable bail as well the elderly, those with medical conditions, and those within six months of completing their sentence. The statement also calls for reducing immigrant detention populations.

a. Goal: Reduce the jail population

i. **Strategy #1: Work with defense counsel to file jointly for bail review.**

Prosecutors should file joint motions with the public defender's office or appointed counsel seeking the release of all people detained pretrial on non-violent charges because they cannot afford bail. They should jointly ask the judges to conduct bail hearings for all other people detained pretrial to reassess least-restrictive conditions in light of COVID-19 and changed circumstances.

ii. **Strategy #2: Stop pursuing non-violent misdemeanor and felony offenses.**

Prosecutors should stop pursuing non-violent misdemeanor and felony offenses and should inform law enforcement that such charges will not be prosecuted. Prosecutors should also request law enforcement to not make any such arrests for non-violent offenses. For example, the Bexar County District Attorney joined the Bexar County Sheriff in calling on the San Antonio Police Department to minimize arrests for non-violent offenses by using citations in lieu of arrest and filing non-violent charges at large.²³

iii. **Strategy #3: Seek noncustodial sentences.**

With the risk of transmission in correctional facilities, and the inability of people inside those facilities to mitigate their risk of exposure, a jail or prison sentence today carries at a minimum the extreme punishment of mental anguish and anxiety over lack of protections and isolation from loved ones, and at its most severe a risk of contracting serious illness or even dying. In the vast majority of pending or new cases, prosecutors should only seek noncustodial sentences.

²² Fair and Just Prosecution, Joint statement from elected prosecutors on COVID-19 and addressing the rights and needs of those in custody (Mar. 23, 2020), *available at* <https://fairandjustprosecution.org/wp-content/uploads/2020/03/Coronavirus-Sign-On-Letter.pdf>.

²³ Letter from Nelson Wolf, Joe Gonzales and Javier Salazar to Mayor Ron Nirenberg on March 16, 2020, *available at* <https://www.scribd.com/document/452067209/Judge-Nelson-Wolff-letter-about-jail-time-during-coronavirus-outbreak>.

b. **Goal: Reduce the spread of the virus within the jail and the wider community**

i. **Strategy #1: Do not seek warrants for nonappearance or bond violations (other than new law violations).**

To minimize contact between the community and law enforcement, and avoid booking and jail traffic that could threaten public health, prosecutors should not seek warrants for nonappearance or bond violations.

ii. **Strategy #2: Withdraw motions to revoke and do not seek warrants for technical violations of probation or parole.**

To avoid unnecessary contact and traffic in the criminal legal system, which would create opportunities for transmission, prosecutors should not seek warrants for technical violations of probation or parole. Motions to revoke and motions to adjudicate that were sought on the basis of technical violations should be immediately withdrawn to avoid unnecessary contact and possible opportunities for transmission. Examples of jurisdictions that are no longer moving to revoke for technical violations include Travis County and Bexar County.

LOCAL EXECUTIVES

Local executives can slow the spread of COVID-19 by limiting the potential for outbreaks in the local jail. Jails are a hotspot for the spread of COVID-19. The necessity of close quarters and shared facilities inside a jail make preventing the rapid spread of COVID-19 within them incredibly difficult. Preventing a sizable population from contracting COVID-19 will keep more hospital beds available for everyone and save community members' lives.

a. Goal: Reduce the jail population

i. Strategy #1: Limit who can enter the jail.

Local Government Code § 418.108(g) provides that a mayor or county judge may "control ingress to and egress from a disaster area...and control the movement of persons and the occupancy of premises in that area." This power can be used to prevent any limit new people from being incarcerated in the local jail. Using this power this way to reduce admissions would reduce the amount of new person to person contact in the jail and help prevent the spread or introduction of COVID-19 into the local jail.

On April 1, 2020, Harris County Judge Lina Hidalgo issued an order requiring the Sheriff to release certain categories of people from the jail while the Local Disaster Declaration is in effect.²⁴ This included people who have not been charged with violent offenses and people who have not previously been convicted of violent offenses, consistent with Executive Order GA-13.

ii. Strategy #2: Collaborate with the local sheriff to house local detainees outside of the jail.

Texas Government Code § 351.0035 provides that if the county commissioner's court and the local sheriff request, the Texas Commission on Jail Standards "shall authorize a county to house a prisoner in a tent or other facility that is not a county jail." TCJS can choose to develop individualized standards for the alternate facility or waive them if "compliance is not practicable or reasonable." County executives should consider appropriate alternate facilities that would allow for proper hygiene and social distancing during the COVID-19 pandemic, including authorizing certain defendants to be detained in their homes.

b. Goal: Reduce the spread of the virus within the jail and the wider community

i. Strategy #1: Instruct local law enforcement to limit arrests.

Mayors can reduce churn through the local jail facility by directing the local police force to take measures to limit the person-to-person exposure in the community and in booking facilities at local jails. These measures should

²⁴ "At the time of publication, there was a dispute as to whether this order would take effect." St. John BARNED-SMITH & Gabrielle Banks, Judge voids Harris County order to release jail inmates to battle coronavirus, Houston Chronicle (Apr. 3, 2020), *available at* [https://www.houstonchronicle.com/news/houston-texas/houston/article/Harris-County-Jail-releases-get-under-way-to-15177262.php?utm_campaign=CMS%20Sharing%20Tools%20\(Premium\)&utm_source=t.co&utm_medium=referral](https://www.houstonchronicle.com/news/houston-texas/houston/article/Harris-County-Jail-releases-get-under-way-to-15177262.php?utm_campaign=CMS%20Sharing%20Tools%20(Premium)&utm_source=t.co&utm_medium=referral).

include issuing a temporary order not to conduct custodial arrests for nonviolent offenses or on warrants for nonviolent offenses, as well as directing police to avoid conducting investigatory stops for things like minor traffic violations or other suspected nonviolent activity, unless there is an independent reason to believe that the person is an imminent threat to public safety.

In Bexar County, in an effort to reduce the number of people coming into the Bexar County jail, the County Judge, Sheriff and District Attorney recently sent a letter to the San Antonio Mayor requesting he “have the City of San Antonio Police Department minimize custodial arrests by using Cite and Release, and filing non violent offenses at large to the extent possible.” In their letter, the officials argued that “during a pandemic event [jails] can inadvertently become incubators and amplifiers for a contagious illness.”²⁵

c. Goal: Promote safety for those who remain incarcerated

i. Strategy #1: Compel through the local health authority cleaning measures in the jail and booking office.

In times of local emergency, the Local Health Authority (LHA) has the power to enact control measures over a specific area under Texas Health & Safety Code § 81.082. An LHA is an appointed official with a two year term, usually the head of the Department of Health if the county has one. The LHA can use this power to compel adequate cleaning measures in the local jail, including disinfection, decontamination, quarantine, and prevention. The LHA should consider ordering local detention facilities to provide consistent access to soap and other cleaning products for detainees, conduct regular cleaning schedules of hard surfaces within the jail facility and any booking facilities, and any other communicable disease control measures that the LHA finds necessary or appropriate. Implementing these control measures in the local jail can slow or prevent the spread of COVID-19 within the jail and help protect the most vulnerable incarcerated people.

²⁵ *Id.*

APPENDIX: SUMMARY OF EXECUTIVE ORDER GA-13

On March 29, 2020, Governor Greg Abbott issued [Executive Order GA-13 \("the Order"\), relating to detention in county and municipal jails during the COVID-19 disaster](#). The Order purports to restrict local jurisdictions' ability to release certain people from jail during the COVID-19 disaster by suspending state statutes relating to personal bonds and good time credits, among other things, and replacing them with the governor's Order. Setting aside critical questions of whether the Order exceeds the governor's authority and violates the U.S. and Texas Constitutions, the following explains local actors' authority to release people from jail through personal bonds and other mechanisms under the plain text of the Order.

Pretrial Release on Personal Bond

Limitations Imposed By the Order

- The Order prohibits judges from releasing on personal bond anyone who is currently charged with or previously convicted of a crime that involves physical violence or the threat of physical violence. No definition of "physical violence" or "threat of physical violence" is provided. The Order speaks only to current charges and convictions for offenses involving physical violence or the threat of physical violence; hence, previous arrests, charges not resulting in conviction, and deferred adjudications are not covered by the Order.
- Under the Order, even if someone is currently charged with a nonviolent offense, a previous conviction for a crime that involved physical violence or the threat of physical violence in the past would make them ineligible for a personal bond. This means a criminal history check will be required before releasing anyone on personal bond.
- There is a health exception to these prohibitions, which is discussed below.

Continued Authority to Release People Pretrial

- If a person is not currently charged with a crime involving physical violence or the threat of physical violence, and has never been convicted of a crime involving physical violence or the threat of physical violence, judges can continue to issue personal bonds pursuant to Tex. Code of Crim. Pro. art. 17.03.
- If a person is currently charged with or has been previously convicted of a crime involving physical violence or the threat of physical violence, the Order provides one exception that may allow for their release on personal bond: a judge (specifically the county criminal court judge, district judge or an appellate judge) may release such a person on personal bond for "health or medical reasons" so long as notice is given to the district attorney and there is an opportunity for a hearing. **All people being considered for personal bond should also be asked questions relating to their medical history and vulnerability to COVID-19 during booking or other screening, so that information can be used to determine whether they would fall within the health exception if they are otherwise subject to the personal bond prohibition.**

- The Order does not impact a judge's authority to release any person on a secured bond. Furthermore, there is no minimum monetary amount for a secured bond pursuant to Tex. Code of Crim. Pro. art. 17.15. All that is required in setting a secured bond amount is that the magistrate or judge take into account the individual factors laid out in 17.15. Therefore, judges may set low bond amounts, or even nominal bond amounts such as \$1, for people who are prohibited a personal bond by the Order but whom the judge determines should not be held in jail awaiting trial.
- The Order also does not impact a judge's authority to release a person without any bond (meaning neither a secured bond nor an unsecured personal bond; usually referred to release on personal recognizance). For example, release without bond is allowed for fine-only offenses pursuant to Tex. Code of Crim. Pro. art. 15.17(b). Therefore, an examination of criminal history for previous violent offenses is not necessary pursuant to the Order if the person has been charged only with a fine-only offense(s).

Other Limitations on Pretrial Release in Special Circumstances

Limitations Imposed by the Order

- Pursuant to Tex. Code of Crim. Pro. art. 15.21, a person is entitled to automatic release on personal bond if they were booked into jail on an out-of-county warrant and the county in which the warrant was originally issued does not take the person into custody before the 11th day after their arrest. The Order suspends this statute, meaning a person booked into jail on an out-of-county warrant will not be automatically released on personal bond after 11 days.
- Pursuant to Tex. Code of Crim. Pro. art. 17.151, a person is automatically entitled to pretrial release, either on personal bond or by reducing the bond to an affordable amount, if the state is not ready for trial within a certain period of time (*i.e.*, 90 days for felony charge; 30 days for Class A misdemeanor charge; 15 days for Class B misdemeanor charge; 5 days for a fine-only misdemeanor charge.). The Order suspends this statute, meaning a person is not automatically eligible for pretrial release because the state is not ready for trial within the prescribed time.

Continued Authority to Release People From Jail Pretrial

- A person who would normally be entitled to *automatic* pretrial release in either of these situations is still *eligible* for release from jail pretrial; they are just not entitled to release due to the time limit being reached.
- When a judge is considering whether to release them, the same limitations on personal bonds discussed in the previous section would apply if the person is charged with or has been previously convicted of an offense involving physical violence or the threat of physical violence. Similarly, the same avenues for release discussed in the previous section remain available, including reducing the bond amount to one that the person can afford, release on their own recognizance with no bond, and release for individualized "health or medical reasons" after notice to the district attorney and an opportunity for a hearing. See above for more details.

Limitations on Release on Good Time Credit & Electronic Monitoring

Limitations Imposed By the Order

- In addition to limiting pretrial release, the Order also limits release of sentenced jail inmates as well. Specifically, it prevents the sheriff or any other authority in the county from releasing anyone on good

time credit pursuant to Tex. Code of Crim. Pro. Art. 42.032 if the person is serving a sentence for or has previously been convicted of an offense involving physical violence or the threat of physical violence.

- The Order also prevents the release from jail to serve the remainder of a sentence at home through electronic monitoring pursuant to Tex. Code of Crim. Pro. Art. 42.035 if the person is serving a sentence for or has previously been convicted of an offense involving physical violence or the threat of physical violence.

Continued Authority to Release Sentenced Inmates

- All people confined in a jail who are not serving a sentence for or previously convicted of an offense involving physical violence or the threat of physical violence are eligible for release to electronic monitoring under Art. 42.035.
- A county criminal court judge, district judge or appellate judge retains the authority to order the release of a person serving a sentence for or previously convicted of an offense involving physical violence or the threat of physical violence from jail to electronic monitoring pursuant to Tex. Code of Crim. Pro. Art. 42.035 if the judge determines the release is necessary for "health or medical reasons," provides notice to the district attorney and the opportunity for a hearing.
- All people confined in a jail who are not serving a sentence for or previously convicted of an offense involving physical violence or the threat of physical violence are eligible for release by the sheriff on good time credit Art. 42.032.
- Good time credit will continue to accumulate during the pendency of the Order, regardless of whether the person can actually be released on good time credit pursuant to the Order.
- Defense counsel may also still file a motion for new trial or motion in arrest of judgment within 30 days of imposition of the sentence pursuant to Tex. Rules of App. Procedure 21.4 and 22.3, providing the trial court the opportunity to review and modify the verdict and/or the punishment.

Limitations on County Judges and Mayors

Limitations Imposed By the Order

- The Order prevents a mayor or county judge from overriding any part of the Order through the powers granted to them during a local disaster pursuant to Tex. Gov't Code Ch. 418. For example, in a state of local disaster mayors and county judges have the power to "order the evacuation of all or part of the population from a stricken or threatened area" if the action is "necessary for the preservation of life or other disaster mitigation, response, or recovery." Tex. Gov't Code § 418.108(f). However, the Order would prevent them from exercising this authority to remove people specifically covered by the Order from the jail.

Continued Authority of County Judges and Mayors

- County judges and mayors continue to have a vital role to play in preventing the spread of COVID-19 in local jails. Many strategies within their authority are discussed in the toolkit section on "Local Executives."

Exhibit 3

TEXAS COMMISSION ON JAIL STANDARDS

EXECUTIVE DIRECTOR
Brandon S. Wood



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Technical Assistance Memorandum

To: All Sheriffs and Jail Administrators
From: Brandon S. Wood, Executive Director
DATE: March 17, 2020
RE: COVID-19 General Recommendations

In an effort to assist you during the COVID-19 Pandemic, please find below general recommendations that may be of assistance.

1. Screen everyone entering the facility, via the public lobby or the vehicular sallyport. This will include law enforcement officials, attorneys, arrestees, and any visitors.
2. Screen facility staff at the beginning of each shift.
3. Limit movement of inmates within your facility.
4. Limit or suspend outside work details for inmates.
5. Ensure proper sanitation of all food service equipment (trays, cups, utensils, etc).
6. Screen all inmate workers before beginning a work detail, especially kitchen and laundry workers.
7. Provide and ensure personal protection equipment (ie. masks and gloves) are used by inmate workers, especially within the kitchen. Ensure Kitchen/Food Service workers adhere to hygiene standards and handwashing techniques.
8. Inform staff and inmates of proper handwashing techniques as recommended by the Centers for Disease Control and Prevention
9. Inmates should be provided cleaning supplies multiple times daily for wiping down tables, benches, sinks, toilets, and phones in an effort to prevent widespread infection.
10. Explore options for releasing non-violent misdemeanor offenders with local county/district attorney.
11. Explore options with local arresting agencies regarding 'cite and release' for those who commit non-violent crimes in order to reduce number of individuals booked into the facility.

In addition, please find attached an expanded screening form that you may utilize. If you already have one in place, please continue to utilize.

Exhibit 4

TEXAS COMMISSION ON JAIL STANDARDS

EXECUTIVE DIRECTOR
Brandon S. Wood



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TECHNICAL ASSISTANCE MEMORANDUM

TO: ALL Sheriffs, County Judges and Jail Administrators

FROM: Brandon S. Wood, Executive Director *Brandon S. Wood*

Date: March 25, 2020

RE: CDC Recommendations for Coronavirus Disease (COVID-19) in Correctional/Detention Facilities

In an effort to assist you during the COVID-19 Pandemic, please click on the below link from the Center for Disease Control (CDC):

<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html>

While it may be impossible to meet all of the recommendations set forth, every facility shall make every effort to conform to the guidelines as outlined.

If you have any questions or concerns, contact your field inspector for your area. As stated previously, if you try and contact an inspector and they do not answer immediately, they are probably responding to another call. Please leave them your name, number and a brief message and they will return your call.

Judge Bill Stoudt, Longview, Chair
Dr. Esmail Porsa, M.D., Parker, Vice-Chair
Melinda E. Taylor, Austin

Sheriff Dennis D. Wilson, Groesbeck
Sheriff Kelly Rowe, Lubbock
Patricia M. Anthony, Garland

Commissioner Ben Perry, Waco
Duane Lock, Southlake
Monica McBride, Alpine

"The Commission on Jail Standards welcomes all suggestions and will promptly respond to all complaints directed against the agency or any facilities under its purview".

To empower local government to provide safe, secure and suitable local jail facilities through proper rules and procedures while promoting innovative programs and ideas