

RE: CORONAVIRUS DISEASE 2019 (COVID-19)

Dear Friend,

We are writing to you today about **Coronavirus Disease 2019 (COVID-19)**. We recognize that this may be a particularly stressful time for people who are incarcerated and their families. We also recognize that people in prisons and jails may not have access to important information about COVID-19. For those reasons, we are sending you some information about the global pandemic and steps you can take to prevent the spread of the virus.

A. Recent Developments Regarding COVID-19

Since March 2020, leaders and institutions at the state, national, and international levels have taken steps to address the COVID-19 outbreak. On March 11, 2020, the World Health Organization designated COVID-19 a global pandemic.¹ On March 13, the President of the United States declared a national state of emergency.² On March 14, the Governor of Georgia declared a public health emergency.³ Many states and cities (including Atlanta) have issued “stay at home” orders, meaning that people are supposed to stay at home, with certain exceptions.⁴

We are starting to hear that COVID-19 is making its way into prisons and jails. On March 20, the Georgia Department of Corrections (GDC) announced that three people incarcerated at Lee State Prison had tested positive for COVID-19, were hospitalized, and that others were exhibiting similar symptoms.⁵ At least one person in the Fulton County Jail has been diagnosed with the virus.⁶

¹ World Health Organization, *Rolling updates on coronavirus disease (COVID-19)* (Mar. 11, 2020), <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

² President Donald J. Trump, *Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak* (Mar. 13, 2020), <https://www.whitehouse.gov/presidential-actions/proclamation-declaring-national-emergency-concerning-novel-coronavirus-disease-covid-19-outbreak>.

³ Office of the Governor, Brian P. Kemp, *Kemp: Public Health Emergency in Georgia Effective March 14, 2020* (Mar. 16, 2020), <https://gov.georgia.gov/press-releases/2020-03-16/kemp-public-health-emergency-georgia-effective-march-14-2020>.

⁴ See, e.g., Zachary Hansen, *Atlanta Mayor signs 14-day stay-at-home order due to coronavirus pandemic*, Atlanta Journal-Constitution, Mar. 24, 2020, <https://www.ajc.com/news/breaking-news/breaking-atlanta-mayor-signs-day-stay-home-order-due-coronavirus-pandemic/HpYoORZDNNqdIWc3QfKWwK/>.

⁵ Georgia Department of Corrections, *Coronavirus (COVID-19) Update: Three Offenders Test Positive at One Facility* (Mar. 20, 2020), <http://www.gdc.ga.gov/NewsRoom/PressReleases/georgia-department-corrections-coronavirus-covid-19-update>.

⁶ Asia Simone Burns, *1st Fulton County Jail inmate tests positive for COVID-19*, Atlanta Journal-Constitution, Mar. 23, 2020, <https://www.ajc.com/news/breaking-news/breaking-first-fulton-county-jail-inmate-tests-positive-for-covid/Lh5z2tYN9vFdg8OieDQb2N/>.

Please be aware that our office has moved, and our address is now:
60 Walton St. NW / Atlanta, GA 30303.

B. Information from Centers for Disease Control and Prevention (CDC) about How to Stay Safe

The Centers for Disease Control and Prevention (CDC) has issued recommendations about how to best protect yourself against COVID-19. In case you might find it useful, we are enclosing information from the CDC about how COVID-19 spreads, as well as its symptoms and possible complications. The enclosed pages also contain recommendations about how to best to protect yourself from exposure. We understand that some of these recommendations are difficult to follow in jails and prisons. However, in order to keep yourself and the people around you safe and healthy, we encourage you to follow them to the greatest extent possible.

C. Self-Advocacy Steps

In addition to following the enclosed guidelines from the CDC, you may wish to take the following steps to help protect yourself and others against the spread of COVID-19.

- (1) **Request Access to Necessary Supplies:** Request supplies such as extra soap, chemicals to clean cells and common surfaces, alcohol-based hand sanitizer, and facemasks (for people who are coughing and sneezing or have other symptoms related to the virus).
- (2) **Request Distance From Each Other:** Whenever possible, and especially when moving in groups, request distance from other people. Avoid sitting in close proximity to others whenever possible and avoid activities such as cards, in which everyone is touching the same objects. Remember that the CDC is recommending everyone stay at least six feet apart from one another.⁷
- (3) **Request Temperature Checks:** If you are experiencing symptoms of COVID-19 or are concerned you may have been exposed to the virus, request regular temperature checks with no-touch thermometers. Request that staff follow proper protocols for safe temperature checks, including thoroughly cleaning the thermometer and wearing a face mask, eye protection, a single pair of disposable gloves, and a gown/coveralls. Further information about safe temperature checks can be found in the enclosed materials from the CDC. If you have a fever, you can request a COVID-19 test. You should know, however, that tests are still in extremely short supply around the country (even at free world hospitals) and it may be difficult to get one. It is very important that you report any symptoms of COVID-19 right away.
- (4) **Be Aware of New Rules Regarding Co-Pays and Communication:** For people held in Georgia state prisons, the GDC has put new protocols in place to respond to the COVID-19 outbreak, including waiving some medical co-pays and granting one free

⁷ Centers for Disease Control and Prevention, *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities* (Mar. 23, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

phone call and two free e-stamps per week. If you are in a GDC facility, please review the enclosed “GDC COVID-19 Response” handout carefully and advocate for the special protocols they provide.

Please Note: If you are seen by medical staff for COVID-19 or flu-like symptoms, the “\$5 copay waived” box on the sick call request form should be checked, otherwise you can be charged.

- (5) **File a Grievance:** If you feel that your health or safety is threatened, or that policies related to COVID-19 are not being followed, please follow the grievance procedure of the facility where you live.

Please Note: In the GDC, you cannot grieve medical co-pays. If you are at a Georgia state prison and are being charged medical co-pays when you exhibit COVID-19 or flu-like symptoms, you must follow a different appeal procedure by using a Health Services Request Form or handwritten note to submit concerns. Handwritten notes should be addressed to the health administrator or the facility health care concern coordinator.⁸ According to Standard Operating Procedures, you must submit an appeal of the co-pay “within five working days” of the date you received medical services.⁹

Please Also Note: Under the Prison Litigation Reform Act (PLRA), if the prison/jail you are in has a grievance procedure, you must complete the grievance procedure in a timely manner (including filing an appeal, if applicable) before filing a lawsuit raising federal claims.¹⁰ The law is strict on this point: failure to properly exhaust the available grievance procedures in the prison or jail you are in will result in dismissal of your case. You should request a copy of the prison’s or jail’s grievance procedure from a prison/jail administrator.

D. Questionnaire

We have enclosed a questionnaire that you may use to tell us how the jail or prison where you are currently incarcerated is responding to COVID-19. The questionnaire is both optional and confidential. If you choose to complete it, we will not disclose any information you share with us without your authorization. If you complete the questionnaire, please return it to:

The Southern Center for Human Rights
60 Walton Street NW
Atlanta, GA 30303-2149

⁸ Georgia Department of Corrections, Standard Operating Procedures, “Inmate/Probationer Health Concerns or Complaints,” SOP 507.04.03 (VH03-0003), last modified 6/15/10.

⁹ Georgia Department of Corrections, Standard Operating Procedures, “Charges to Inmate/Probationer Accounts for Health Care Provided,” SOP 507.04.05 (VH07-0001), last modified 10/01/12.

¹⁰ See *Ngo v. Woodford*, 548 U.S. 81, 90 (2006) (“[p]roper exhaustion demands compliance with an agency’s deadlines and other critical procedural rules”).

Any information you provide will help us better direct our efforts on behalf of people who are incarcerated during this time of global pandemic.

E. Our Advocacy

We have taken certain steps to date to urge the GDC and sheriffs to protect incarcerated people and correctional staff from the virus. Thus far, our office has sent letters to the GDC, the State Board of Pardons and Paroles, and to every sheriff in Georgia, calling on them to take action to protect incarcerated people during the pandemic. We have specifically recommended that they take steps to reduce jail and prison admissions; release certain individuals from custody; and improve conditions at their facilities to reduce the risk of exposure, infection, and spread. A copy of our letter to the GDC and the Board is included with this packet. Both letters may also be found on our website. We will continue to monitor the ways jails and prisons are responding to COVID-19 to understand how we can best advocate for your health and safety.

Finally, it is possible that, at some point, this pandemic may affect our ability to send and receive mail. In addition to writing to us, you may have loved ones contact us at info@schr.org or 404-688-1202.

Thank you very much, and please stay safe.

Sincerely,

The Southern Center for Human Rights (SCHR)

Enclosures

- (1) Information from CDC;
- (2) GDC COVID-19 Response (summarized by SCHR);
- (3) Letter from SCHR to GDC and State Board of Pardons and Paroles;
- (4) COVID-19 Questionnaire.

Information from Centers for Disease Control and Prevention

The following information was taken directly from the Centers for Disease Control and Prevention website.

How COVID-19 Spreads.....2

Pulled from: https://www.cdc.gov/coronavirus/2019-ncov/prepare/transmission.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Ftransmission.html

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Pulled from: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

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Pulled from: <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html>

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Pulled from: <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/people-at-higher-risk.html>

Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities.....12

These excerpts are taken from a document that provides interim guidance specific to correctional facilities and detention centers during the outbreak of COVID-19, found at: <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Preparedness>

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How COVID-19 Spreads

Person-to-person spread

The virus is thought to spread mainly from person-to-person.

- Between people who are in close contact with one another (within about 6 feet).
- Through respiratory droplets produced when an infected person coughs or sneezes.

These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

Can someone spread the virus without being sick?

- People are thought to be most contagious when they are most symptomatic (the sickest).
- Some spread might be possible before people show symptoms; there have been reports of this occurring with this new coronavirus, but this is not thought to be the main way the virus spreads.

Spread from contact with contaminated surfaces or objects

It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads.

Information last reviewed: March 4, 2020

COVID-19: How to Protect Yourself

Know How it Spreads

- There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
- **The best way to prevent illness is to avoid being exposed to this virus.**
- The virus is thought to spread mainly from person-to-person.
 - Between people who are in close contact with one another (within about 6 feet).
 - Through respiratory droplets produced when an infected person coughs or sneezes.
- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.



Take steps to protect yourself

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.
- **Avoid touching your eyes, nose, and mouth** with unwashed hands.



Avoid close contact

- **Avoid close contact** with people who are sick
- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.



Take steps to protect others

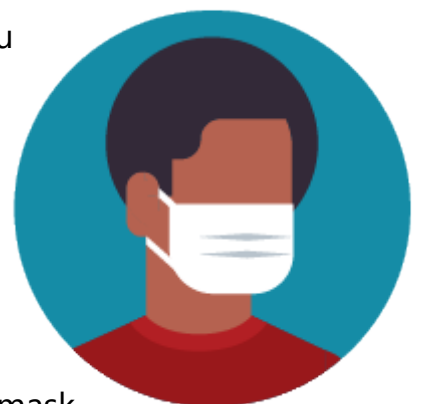
Cover coughs and sneezes

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
- **Throw used tissues** in the trash.
- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.



Wear a facemask if you are sick

- **If you are sick:** You should wear a facemask when you are around other people (e.g., sharing a room) and before you enter a healthcare provider's office. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room.
- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.



Clean and disinfect

- **Clean AND disinfect frequently touched surfaces daily.** This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.



Information last reviewed: March 18, 2020

Watch for Symptoms

Reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

These symptoms may appear **2-14 days after exposure** (based on the incubation period of MERS-CoV viruses).

- Fever
- Cough
- Shortness of breath



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include*:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Information last reviewed: March 20, 2020

Steps to Prevent Spread of COVID-19 If You Are Sick

Follow the steps below: If you are sick with COVID-19 or think you might have it, follow the steps below to help protect other people in your home and community.

Separate yourself from other people around you

- **Stay away from others:** As much as possible, you should stay in a specific “sick room” and away from other people. Use a separate bathroom, if available.



Wear a facemask if you are sick

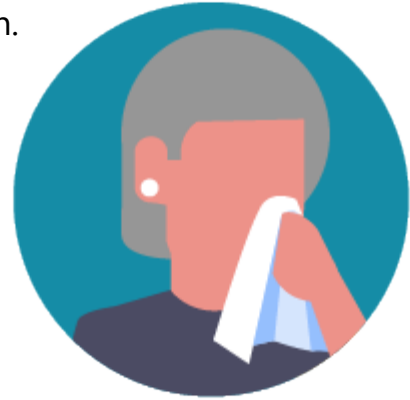
- **If you are sick:** You should wear a facemask when you are around other people and before you enter a healthcare provider’s office.
- **If you are caring for others:** If the person who is sick is not able to wear a facemask (for example, because it causes trouble breathing), then people who live close by should keep distance. When caregivers enter the room of the sick person, they should wear a facemask. Visitors, other than caregivers, are not recommended.



Cover your coughs and sneezes

- **Cover:** Cover your mouth and nose with a tissue when you cough or sneeze.

- **Dispose:** Throw used tissues in a lined trash can.
- **Wash hands:** Immediately wash your hands with soap and water for at least 20 seconds. If soap and water are not available, clean your hands with an alcohol-based hand sanitizer that contains at least 60% alcohol.



Clean your hands often

- **Wash hands:** Wash your hands often with soap and water for at least 20 seconds. This is especially important after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- **Hand sanitizer:** If soap and water are not available, use an alcohol-based hand sanitizer with at least 60% alcohol, covering all surfaces of your hands and rubbing them together until they feel dry.
- **Soap and water:** Soap and water are the best option, especially if hands are visibly dirty.
- **Avoid touching:** Avoid touching your eyes, nose, and mouth with unwashed hands.



Avoid sharing personal household items

- **Do not share:** Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people in your home.
- **Wash thoroughly after use:** After using these items, wash them thoroughly with soap and water or put in the dishwasher.



Clean all “high-touch” surfaces everyday

Clean high-touch surfaces in your isolation area (“sick room” and bathroom) every day; let a caregiver clean and disinfect high-touch surfaces in other areas of the home.



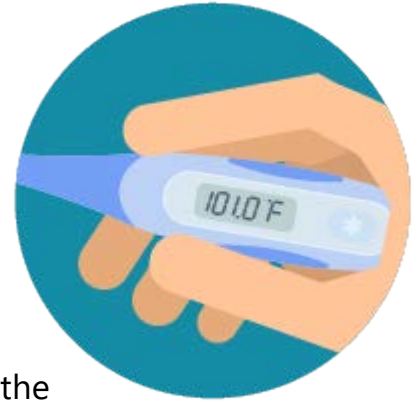
- **Clean and disinfect:** Routinely clean high-touch surfaces in your “sick room” and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your bedroom and bathroom.
 - If a caregiver or other person needs to clean and disinfect a sick person’s bedroom or bathroom, they should do so on an as-needed basis. The caregiver/other person should wear a mask and wait as long as possible after the sick person has used the bathroom.

High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets, and bedside tables.

- **Clean and disinfect areas that may have blood, stool, or body fluids on them.**
- **Household cleaners and disinfectants:** Clean the area or item with soap and water or another detergent if it is dirty. Then, use a household disinfectant.
 - Be sure to follow the instructions on the label to ensure safe and effective use of the product. Many products recommend keeping the surface wet for several minutes to ensure germs are killed. Many also recommend precautions such as wearing gloves and making sure you have good ventilation during use of the product.

Monitor your symptoms

- **Seek medical attention:** Seek medical care right away if your illness is worsening (for example, if you have difficulty breathing).
- **Wear a facemask:** If possible, put on a facemask before you enter the building. If you can't put on a facemask, try to keep a safe distance from other people (at least 6 feet away). This will help protect the people in the office or waiting room.
- **Follow care instructions from your healthcare provider:** Your local health authorities will give instructions on checking your symptoms and reporting information.



If you develop **emergency warning signs** for COVID-19 get **medical attention immediately**. Emergency warning signs include*:

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

*This list is not all inclusive. Please consult your medical provider for any other symptoms that are severe or concerning.

Information last reviewed: March 20, 2020

People Who Are at Higher Risk for Severe Illness

COVID-19 is a new disease and there is limited information regarding risk factors for severe disease. Based on currently available information and clinical expertise, **older adults and people of any age who have serious underlying medical conditions** might be at higher risk for severe illness from COVID-19.

Based upon available information to date, those at high-risk for severe illness from COVID-19 include:

- People aged 65 years and older (8 out of 10 COVID-19-related deaths reported in the U.S. have been in adults 65 years old and older)
- People who live in a nursing home or long-term care facility
- Other high-risk conditions could include:
 - People with chronic lung disease or moderate to severe asthma
 - People who have heart disease with complications
 - People who are immunocompromised including cancer treatment
 - People of any age with severe obesity (body mass index [(BM)]I) ≥ 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk
- People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Many conditions can cause a person to be immunocompromised, including cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.

Information last reviewed: March 22, 2020

Content source: National Center for Immunization and Respiratory Diseases (NCIRD), Division of Viral Diseases

Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities

These excerpts are taken from a document that provides interim guidance specific to 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.

Hygiene

- **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).**
- **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signage throughout the facility, and communicate this information verbally on a regular basis.** 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 low-vision.
 - **Practice good cough 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 or preparing food; before taking medication; and after touching garbage.
 - **Avoid touching your eyes, nose, or mouth without cleaning your hands first.**
 - **Avoid sharing eating utensils, dishes, and cups.**
 - **Avoid non-essential physical contact.**
- **Provide incarcerated/detained persons and staff no-cost access to:**
 - **Soap** – Provide liquid soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing.
 - **Running water, and hand drying machines or disposable paper towels** for hand washing
 - **Tissues** and no-touch trash receptacles for disposal
- **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.

- **Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.**

Prevention Practices for Incarcerated/Detained Persons

- **Perform pre-intake screening and temperature checks for all new entrants. Screening should take place in the sallyport, before beginning the intake process,** in order to identify and immediately place individuals with symptoms under medical isolation. Staff performing temperature checks should wear recommended personal protective equipment.
 - **If an individual has symptoms of COVID-19** (fever, cough, shortness of breath):
 - Require the individual to wear a face mask.
 - Ensure that staff who have direct contact with the symptomatic individual wear recommended personal protective equipment.
 - Place the individual under medical isolation (ideally in a room near the screening location, rather than transporting the ill individual through the facility), and refer to healthcare staff for further evaluation.
 - 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.
 - **If an individual is a close contact of a known COVID-19 case (but has no COVID-19 symptoms):**
 - Quarantine the individual and monitor for symptoms two times per day for 14 days.
 - Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.
- **Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms).** 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
 - Restrict recreation space usage to a single housing unit per space (where feasible)
 - **Meals:**
 - Stagger meals

- 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 them
 - Rearrange scheduled movements to minimize mixing of individuals from different housing areas
 - **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 sick call.
 - Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process for COVID-19 symptoms or case contact, before they move to other parts of the facility.
- **Communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction.**
- **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.**
- **Consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.**
- **Provide up-to-date information about COVID-19 to incarcerated/detained persons on a regular basis, including:**
 - Symptoms of COVID-19 and its health risks
 - Reminders to report COVID-19 symptoms to staff at the first sign of illness
- **Consider having healthcare staff perform rounds on a regular basis to answer questions about COVID-19.**

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 suspected COVID-19 cases will be effectively isolated, evaluated, tested (if indicated), and given care.

- **If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit.**
- **Incarcerated/detained individuals with COVID-19 symptoms should wear a face mask and should be placed under medical isolation immediately. Discontinue the use of a face mask if it inhibits breathing.**
- **Medical staff should evaluate symptomatic individuals to determine whether COVID-19 testing is indicated.**
- **If testing is indicated (or if medical staff need clarification on when testing is indicated), contact the state, local, tribal, and/or territorial health department. Work with public health or private labs as available to access testing supplies or services.**
 - If the COVID-19 test is positive, continue medical isolation.
 - If the COVID-19 test is negative, return the individual to their prior housing assignment unless they require further medical assessment or care.

Maintain medical isolation until all the following criteria have been met.

- **For individuals who will be tested to determine if they are still contagious:**
 - The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
 - The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
 - The individual has tested negative in at least two consecutive respiratory specimens collected at least 24 hours apart
- **For individuals who will NOT be tested to determine if they are still contagious:**
 - The individual has been free from fever for at least 72 hours without the use of fever-reducing medications **AND**
 - The individual's other symptoms have improved (e.g., cough, shortness of breath) **AND**
 - At least 7 days have passed since the first symptoms appeared
- **For individuals who had a confirmed positive COVID-19 test but never showed symptoms:**
 - At least 7 days have passed since the date of the individual's first positive COVID-19 test **AND**

- The individual has had no subsequent illness

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

- **Provide clear information to incarcerated/detained persons about the presence of COVID-19 cases within the facility, and the need to increase social distancing and maintain hygiene precautions.**
 - Consider having healthcare staff perform regular rounds to answer questions about COVID-19.
 - 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, blind, or low-vision.
- **Implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms.**
- **Consider additional options to intensify social distancing** within the facility.

Clinical Care of COVID-19 Cases

- **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.
 - The initial medical evaluation should determine whether a symptomatic individual is at higher risk for severe illness from COVID-19. Persons at higher risk may include older adults and persons of any age with serious underlying medical conditions such as lung disease, heart disease, and diabetes.
- **Healthcare staff should evaluate persons with respiratory symptoms or contact with a COVID-19 case in a separate room, with the door closed if possible, while wearing recommended personal protective equipment and ensuring that the suspected case is wearing a face mask.**
 - 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.
- **Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza).**
- **The facility should have a plan in place to safely transfer persons with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.**
- **When evaluating and treating persons with symptoms of COVID-19 who do not speak English, using a language line or provide a trained interpreter when possible.**

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

The guidance 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.

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 contact with a person known to be infected with the novel coronavirus (COVID-19)?*
- **The following is a protocol to safely check an individual's temperature:**
 - Perform hand hygiene
 - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, 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 routinely as recommended by CDC for infection control.
 - Remove and discard personal protective equipment
 - Perform hand hygiene

Information last reviewed: March 23, 2020

SUMMARY OF GDC RESPONSE TO CORONAVIRUS DISEASE 2019 (COVID-19)

This document is a summary of information from the Georgia Department of Corrections (GDC) about steps the GDC reports it is taking in response to the global pandemic. On March 16, 2020, the GDC reported that it had put the following protocols in place in response to COVID-19:¹

- Suspended family visitation through April 10, 2020;
- Suspended volunteer visits to facilities;
- Partnered with Securus Technologies and JPay to provide each person with the following, until further notice:
 - one (1) free fifteen-minute phone call each week, beginning March 14, 2020
 - two (2) free e-stamps each week, beginning March 17, 2020;
- Waived the \$5.00 medical co-pay for people exhibiting COVID-19 or flu-like symptoms, effective March 13, 2020, until further notice;
- Increased quantities of hand soap and hand sanitizer at all facilities;
- Enhanced sanitation and cleaning protocols at all facilities, and for all transportation vehicles, to include designating additional Sanitation Officers;
- Enhanced medical screening protocols for staff, contractors, vendors, any individual entering GDC facilities;
- Enhanced screening process for incarcerated people;
- Enhanced diagnostic intake screening for incarcerated people entering GDC custody;
- Implemented a policy to isolate and test people displaying symptoms with exposure risk factors, per health authority protocols;
- Suspended most attorney visits, although individual cases will be reviewed;
- Suspended non-essential movement across GDC facilities, effective March 3, 2020, until further notice;
- Provided ongoing notification and education of staff and people incarcerated regarding the virus;
- Suspended all facility tours through April 10, 2020.

This document was prepared by the Southern Center for Human Rights. Please note, we anticipate that many of these protocols will change and evolve as the pandemic continues. For instance, it is possible that some of these protocols may be extended past the dates indicated here.

¹ Georgia Department of Corrections, *Georgia Department of Corrections Coronavirus (COVID-19) Response Facilities Update* (Mar. 16, 2020), <http://www.dcor.state.ga.us/NewsRoom/PressReleases/georgia-department-corrections-coronavirus-covid-19-response>.

March 13, 2020

BY EMAIL

Mr. Timothy C. Ward
Commissioner, Georgia Department of Corrections
7 Martin Luther King, Jr. Drive SW
Suite 543
Atlanta, GA 30334
Wardt00@dcor.state.ga.us

Mr. Terry E. Barnard
Chairman, Georgia Board of Pardons and Paroles
2 Martin Luther King, Jr. Drive SE
Suite 458, Balcony Level, East Tower
Atlanta, GA 30334
Terry.Barnard@pap.ga.gov

Dear Commissioner Ward and Chairman Barnard:

We write regarding the anticipated spread of Coronavirus Disease 2019 (COVID-19) to people incarcerated in Georgia prisons. We appreciate that the GDC has taken steps to prepare for the spread of the virus, including the issuance of a March 3 memorandum outlining risk-reduction precautions. Since that date, the World Health Organization has designated COVID-19 a global pandemic.¹ While there are no known cases of COVID-19 within GDC facilities to date, that is likely to change. Given the mortality rate associated with the virus, we are concerned about the virus's spread to at-risk people, particularly the elderly, within the closed confines of a prison setting. We ask the Georgia Department of Corrections (GDC) and the Georgia Board of Pardons and Paroles (Parole Board) to implement the following measures to reduce virus transmission and potential loss of life.

A. Recommendations to Georgia Department of Corrections

- 1. Comply with CDC, Georgia Department of Public Health, and NCCHC Guidelines:** We urge the GDC to be in regular contact with experts at the CDC, Department of Public Health, and National Commission on Correctional Health Care (NCCHC). In particular, we ask the GDC to follow guidelines issued by NCCHC and

¹ World Health Organization, *Rolling updates on coronavirus disease (COVID-19)* (March 11, 2020), <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>.

its partners at Emory University, accessible here: <https://www.ncchc.org/blog/covid-19-coronavirus-what-you-need-to-know-in-corrections>. We understand that prison-specific, COVID-19 guidelines are likely forthcoming from the CDC.

2. **Eliminate Co-Pays:** The GDC should eliminate all medical co-pays while the pandemic is ongoing. Alternatively, the GDC should eliminate all co-pays for medical visits from persons with reported respiratory illness, fever, shortness of breath, or other virus-related symptoms. Co-pays may discourage people from reporting symptoms and seeking care. Elimination of co-pays on a temporary basis will encourage people who may be infected to seek care and could avoid further spread of the virus.
3. **Ensure Access to Soap, Tissue, Cleaning/Sanitizing Products, and Clean Laundry:** People in prison should be given increased supplies of soap, tissue (or toilet paper), and cleaning/sanitizing products. Additional steps should be taken to ensure that people have clean laundry on a regular basis. Cleaning and sanitizing products should be provided and available at no cost to incarcerated people or their families.
4. **Ensure Transparency in Communications with Family Members and the Public:** Policies adopted in response to COVID-19 should be transparent and clearly communicated to the public and to people in prison. This includes providing regular updates, via press releases and on the GDC website, about the spread of the virus and the measures being taken to address it. Prison officials should have a plan to address an anticipated increase in the number of calls from family members seeking information.
5. **Implement Medical Quarantine Where Appropriate:** In consultation with experts at the CDC and/or the Department of Public Health, prison medical providers should develop a medical quarantine plan for people who have been exposed to COVID-19. This plan should consider how to isolate people with the virus; how long to quarantine those who are exposed; what personal protective equipment is needed, and for whom; and when isolation can safely be lifted.² Any plans for quarantine should be non-punitive, and limited in scope and duration based on the best science available.
6. **Take Steps to Mitigate Effects of Medical Quarantine:** Periods of medical quarantine may be stressful for both incarcerated people and staff. We urge the GDC to ensure that those who are quarantined have positive ways to spend time, including reading materials, tablet access, electronic programming, crossword puzzles, and the like.

² Anne C. Spaulding, *Coronavirus COVID-19 and the Correctional Facility*, Emory Center for the Health of Incarcerated Persons (March 9, 2020), https://www.ncchc.org/filebin/news/COVID_for_CF_HCW_3.9.20.pdf.

Access to time on the prison yard is particularly important. These measures will help to keep tensions and anxiety levels down.

7. **Ensure that Incarcerated People Can Meaningfully Contribute to their Legal Case:** People who are in prison should continue to have access to regular communication with their legal team, and access to court proceedings.
8. **Implement Emergency Staffing Plan:** The GDC and its medical providers should develop a plan to reinforce staffing and provide for effective care in the event of a mass outbreak at Augusta State Medical Prison, and/or other facilities where vulnerable populations are housed. If not already in place, the GDC should implement paid sick leave to encourage staff members not to come to work if they are ill.
9. **Facilitate Communication with Family for People Who Can't Pay:** We understand that in-person family visitation is suspended. Incarcerated people who can pay can communicate with family through their electronic devices. Incarcerated people without funds will now have no means of speaking with their family members. We ask the GDC to consider implementing an alternative means through which indigent people can communicate with family members.
10. **Create a Plan for Transfers of People Whose Care Cannot Be Safely Managed in Prison:** We urge the GDC and its medical providers to plan for how they will accommodate a possible need to transfer a large number of people to hospitals, ASMP, or elsewhere, for advanced levels of care.
11. **Create a List of People to Prioritize for Possible Release:** It may become necessary to manage the COVID-19 crisis, in part, by reducing the prison population. We respectfully ask the GDC's medical providers to create a list of persons to prioritize for release (please see below) if required by the demands of the pandemic. In distributing such a list to others, healthcare workers should not disclose personal health information, but rather should list the persons identified as being at higher risk for becoming ill based upon their underlying medical conditions.

B. Recommendations to Georgia Board of Pardons and Paroles

Georgia's prisons house large numbers of elderly people and people with complex medical conditions. If infected with COVID-19, these individuals are more vulnerable to becoming seriously ill and requiring intensive medical care.³ If COVID-19 gains a foothold in Georgia's prisons, there is a risk of widespread infection and death, particularly for elderly persons.⁴

Given the serious risks posed by COVID-19, we ask the Parole Board to take immediate steps to plan for ways to reduce the prison population by some significant percentage – e.g. by 5% or 10% – if required by the circumstances of the pandemic. Specifically, we ask the Parole Board to review, on an expedited basis, the cases of elderly and infirm prisoners, in order to identify who among them could be released, consistent with public safety. **In making this request, we note that the Georgia Constitution gives the Parole Board the authority to “parole any person who is age 62 or older.”**⁵ While we understand that the Board has rarely, if ever, relied on this provision in the past, we respectfully suggest that it makes sense to plan for a population reduction now, rather than to make such decisions at a possible, future point of crisis. We would be glad to assist in identifying possible candidates for consideration for release.

We further call on the Parole Board to suspend the use of incarceration for technical parole violations (e.g. nonpayment of fines, reporting violations), except where necessary in individualized instances to protect public safety. A reduction in the number of people going into the prison system is advisable under the present circumstances. We understand that this is a difficult and stressful time for correctional staff and suggest that staff should be asked to spend their time supervising only those people who need to be in custody during the pandemic.

³ Centers for Disease Control and Prevention, *Coronavirus Disease 19 (COVID-19): People at Higher Risk* (March 10, 2020), <https://www.cdc.gov/coronavirus/2019-ncov/specific-groups/high-risk-complications.html>.

⁴ Jack Healy, Matt Richtel, Mike Baker, *Nursing Homes Becoming Islands of Isolation Amid ‘Shocking’ Mortality Rate* (March 10, 2020) (noting high death rates in environments with large groups of elderly people), <https://www.nytimes.com/2020/03/10/us/coronavirus-nursing-homes-washington-seattle.html>.

⁵ Ga. Const. art. IV, § 2, ¶ 2.

Ltr. to Commissioner Ward and Chairman Barnard
March 13, 2020
Page 5 of 5

Because of the growing number of inquiries that we are receiving from incarcerated persons and their loved ones, we are sharing this letter publicly. We appreciate the steps that your agencies are taking to respond to COVID-19. We urge you to adopt the additional measures listed in this letter, for the protection of people in prison, correctional staff, and the public at large.

Thank you for your consideration.

Sincerely,



Sara Totonchi
Executive Director



Sarah Geraghty
Managing Attorney

cc: Ms. La'Quandra Smith
Ms. Jennifer Ammons
Ms. Rita Rocker

COVID-19 QUESTIONNAIRE

Please fill out this form to the best of your ability. You may skip any questions that are not relevant to you. You may also include additional pages if needed. The information you provide is confidential and protected by the attorney/client privilege. The Southern Center for Human Rights will not disclose any information listed below without your authorization.

Name: _____ GDC ID (if applicable): _____

Prison/Jail: _____ Today's Date: _____

Age: _____ Sentence (if applicable): _____

Cell Sanitation

Are you given cleaning products to clean your cell? If yes, what products, how do you acquire them (i.e. issued by the prison/jail, from store, etc.), and how often do you receive them?

Has your access to cleaning products changed since March 16, 2020? If so, please describe:

Personal Hygiene

Do you have access to personal hygiene products (soap, toilet paper, pads, etc.)? Are these items provided by the prison/jail or are you required to purchase them? Please describe:

Are you provided opportunities to wash your hands with soap throughout the day? If not, are you provided other ways of washing your hands (such as hand sanitizer) when soap and water are unavailable? If yes, how do you access it?

Are you being provided regular access to showers and laundry? Please describe: _____

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Has your access to soap, hand sanitizer, hygiene products, showers, or laundry changed since March 16, 2020? Please describe: _____

Medical Access

If you were admitted to a jail or prison in March 2020, or transferred from one facility to another in March 2020, were you given a medical screening? Do you know whether you were screened for COVID-19 upon entry? Please describe:

Are you older than 65, or do you have pre-existing health conditions? If so, do you think you are at higher risk of infection or complications from the virus? Please explain:

Have you had a fever, a cough, or breathing trouble recently? If yes, what symptoms did you experience and when did they begin? _____

If you experienced these symptoms, did you put in a sick call request? If yes, when?

Have you seen a medical provider about these symptoms? If yes, what treatment did you receive? Please describe:

Did medical staff take your temperature, or were temperature checks conducted in housing areas? If so, what kind of thermometer did they use (oral, no-touch, etc.)? If a traditional oral thermometer was used, were proper precautions taken to prevent cross-contamination (changing gloves and protective sleeves between each person)?

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If you experienced symptoms of COVID-19 since March 2020, did you report them? When you reported your symptoms to prison/jail staff, what happened? Were any measures taken to separate or quarantine you? Please explain: _____

Have you requested a COVID-19 test? If yes, when? What was the response?

Have you been charged for sick calls related to COVID-19 or flu symptoms? If so, when? Did you appeal the charges? Please explain: _____

Exposure/Possible Exposure

Do you believe you have been exposed to COVID-19? Please explain: _____

Have you tested positive for COVID-19? If yes, when and where were you diagnosed? _____

Where were you when you tested positive (in prison/jail medical, in a free world hospital, etc.)? Were you re-located to a new place when you tested positive? If so, please describe:

Please describe any medical treatments you have received related to COVID-19: _____

Are you aware of any staff or inmates who have been diagnosed with COVID-19 or identified as possibly having COVID-19? Please provide as much information as possible: _____

Communication

Have you been able to make phone calls since March 14, 2020? _____

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If incarcerated at a GDC facility, have you received one free phone call per week since March 14, 2020? Please explain: _____

If incarcerated at a GDC facility, have you received two free e-stamps per week beginning on March 17, 2020? Please explain: _____

Have you been able to communicate with loved ones using JPay since March 14, 2020? _____

Have you been able to send and receive mail since March 16, 2020? Please describe: _____

Congregate Activities

Has the frequency with which shared spaces (kitchens, dining areas, recreation areas, showers, etc.) are cleaned increased since March 16, 2020? Please describe: _____

If you have a work detail, has your work been restricted since March 16, 2020? Have any additional precautions been taken to limit exposure (i.e. use of masks and gloves, increased access to cleaning products, increased access to handwashing or sanitizer)? Please describe: _____

Are group activities still taking place inside the prison/jail? Please describe: _____

Has the process for taking people to the yard, showers, or meals changed since March 16, 2020 (i.e. changes in the number of people taken at once, frequency of trips, etc.)? Please describe: _____

Legal Access

Have you been able to communicate with your attorney since March 16, 2020? (Do not tell us the substance of any of your communications.) If yes, how have you communicated with them

PRIVILEGED & CONFIDENTIAL ATTORNEY WORK PRODUCT

(i.e. mail, JPay, legal calls, visits)? We are not asking about the contents of your communications, but about whether you have had the *ability* to communicate with your lawyer.

Are you able to access the law library? Please describe any limitations or changes to your access:

Other

Has movement inside the prison/jail been restricted in any way since March 2020? If yes, how (i.e. entire dorm or facility on lockdown; restrictions on certain people or groups of people)?

Has your ability to file grievances changed at all since March 2020? If yes, please describe:

Have you filed a grievance related in any way to COVID-19? If so, when? Please describe what the grievance said and what response, if any, you received:

Have you been given any information from the prison/jail about COVID-19 (including information about precautionary measures, what policies the prison/jail has adopted in response, etc.)? If so, when did you receive this information and how was it communicated to you? Please describe:

Is there anything else related to COVID-19 that you are concerned about that was not asked?
