

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 prison 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 13, the Governor of Alabama declared a state public health emergency.³ On April 3, the Governor of Alabama issued a statewide “stay-at-home” order, meaning that people are supposed to stay home, with certain exceptions.⁴

We are starting to hear that COVID-19 is making its way into prisons and jails. On March 19, the Alabama Department of Corrections (ADOC) announced that a staff member, later revealed to have been at St. Clair Correctional Facility, had tested positive for the virus.⁵ On March 30, the ADOC verified that a staff member at Staton Correctional Facility had tested positive as well.⁶ The ADOC reports that as of April 6, no incarcerated people in ADOC

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 The Office of Alabama Governor Kay Ivey, *State of Emergency: Coronavirus (COVID-19)* (Mar. 13, 2020), <https://governor.alabama.gov/newsroom/2020/03/state-of-emergency-coronavirus-covid-19/>.

⁴ Jack Helean, *Alabama Governor issues statewide stay-at-home order*, ABC 33/40 News, Apr. 3, 2020, <https://abc3340.com/news/coronavirus/alabama-governor-orders-a-statewide-shelter-in-place>.

⁵ Alabama Department of Corrections, *COVID-19 Update* (Mar. 19, 2020; Apr. 1, 2020), <http://www.doc.alabama.gov/COVID19News>.

⁶ Alabama Department of Corrections, *COVID-19 Update* (Apr. 1, 2020), <http://www.doc.state.al.us/covid19news>.

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

custody have tested positive for the virus. However, test results are still pending for seven of the 30 incarcerated people who have been tested for COVID-19.⁷

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 prison. 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 face masks.
- (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.⁸
- (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.

⁷ Alabama Department of Corrections, *ADOC COVID-19 Testing* (Apr. 6, 2020), <http://www.doc.state.al.us/COVID19Testing>.

⁸ 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>.

- (4) **Be Aware of New Rules Regarding Co-Pays and Communication:** The ADOC has put new protocols in place to respond to the COVID-19 outbreak, including suspending medical co-pays for 60 days and granting one free phone call per week. Please review the enclosed “Summary of ADOC Response to Coronavirus Disease 2019 (COVID-19)” handout carefully and advocate for the special protocols the ADOC has provided.
- (5) **File a Grievance:** If you feel that your health is threatened, or that health policies related to COVID-19 are not being followed, please follow the grievance procedure of the facility where you live. While the ADOC does not have a grievance process, the ADOC’s contracted medical provider *does* have a grievance process. Make sure to follow that process for health-related grievances.

D. Questionnaire

We have enclosed a questionnaire that you may use to tell us how the facility 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
Attn: Alison Ganem
60 Walton Street NW
Atlanta, GA 30303-2149

Any information you provide will help us better direct our efforts on behalf of people who are incarcerated during this time of global pandemic. We will continue to monitor the ways correctional facilities 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,

/s/Alison Ganem
Alison Ganem, Staff Attorney
The Southern Center for Human Rights (SCHR)

Enclosures: (1) Information from CDC; (2) Summary of ADOC Response (summarized by SCHR); (3) 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.

COVID-19: How to Protect Yourself & Others.....2

Pulled from: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html> and <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>.

Recommendations for the Use of Face Cloth Coverings.....4

Pulled from: <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/cloth-face-cover.html> and <https://www.cdc.gov/coronavirus/2019-ncov/downloads/DIY-cloth-face-covering-instructions.pdf>.

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

Steps to Prevent Spread of COVID-19 If You Are Sick.....8

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

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Pulled from: <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/groups-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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COVID-19: How to Protect Yourself & Others

Know How it Spreads

- There is currently no vaccine to prevent 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.
 - Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

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. This is not thought to be the main way the virus spreads, but we are still learning more about this virus. CDC recommends people practice frequent "hand hygiene," which is either washing hands with soap or water or using an alcohol-based hand sanitizer. CDC also recommends routine cleaning of frequently touched surfaces.

Take steps to protect yourself and others

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**.

- Remember that some people without symptoms may be able to spread the virus.
- Keeping distance from others is especially important for people who are at higher risk of getting very sick.

Cover your mouth and nose with a cloth face cover when around others

- You could spread COVID-19 to others even if you do not feel sick.
- **Everyone should wear a cloth face cover when they are in public or community settings.**
 - Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance.
- The cloth face cover is meant to protect other people in case you are infected.
- **Continue to keep about 6 feet between yourself and others.** The cloth face cover is not a substitute for social distancing.

Cover coughs and sneezes

- **If you are in a private setting and do not have on your cloth face covering, remember to always 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.

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: April 4, 2020

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

Recommendations for the Use of Cloth Face Coverings

CDC continues to study the spread and effects of the novel coronavirus across the United States. We now know from recent studies that a significant portion of individuals with coronavirus lack symptoms (“asymptomatic”) and that even those who eventually develop symptoms (“pre-symptomatic”) can transmit the virus to others before showing symptoms. This means that the virus can spread between people interacting in close proximity—for example, speaking, coughing, or sneezing—even if those people are not exhibiting symptoms. In light of this new evidence, CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., jails and prisons) **especially** in areas of significant community-based transmission.

It is critical to emphasize that **maintaining 6-foot social distancing remains important to slowing the spread of the virus**. CDC is additionally advising **the use of simple cloth face coverings to slow the spread of the virus** and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Please see the following two pages for more instructions on creating and using homemade cloth face coverings.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Information last reviewed: April 3, 2020

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

Use of Cloth Face Coverings to Help Slow the Spread of COVID-19

How to Wear Cloth Face Coverings

Cloth face coverings should—

- fit snugly but comfortably against the side of the face
- be secured with ties or ear loops
- include multiple layers of fabric
- allow for breathing without restriction
- be able to be laundered and machine dried without damage or change to shape

CDC on Homemade Cloth Face Coverings

CDC recommends wearing cloth face coverings in public settings where other social distancing measures are difficult to maintain (e.g., grocery stores and pharmacies), **especially** in areas of significant community-based transmission.

CDC also advises the use of simple cloth face coverings to slow the spread of the virus and help people who may have the virus and do not know it from transmitting it to others. Cloth face coverings fashioned from household items or made at home from common materials at low cost can be used as an additional, voluntary public health measure.

Cloth face coverings should not be placed on young children under age 2, anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the cloth face covering without assistance.

The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

Should cloth face coverings be washed or otherwise cleaned regularly? How regularly?

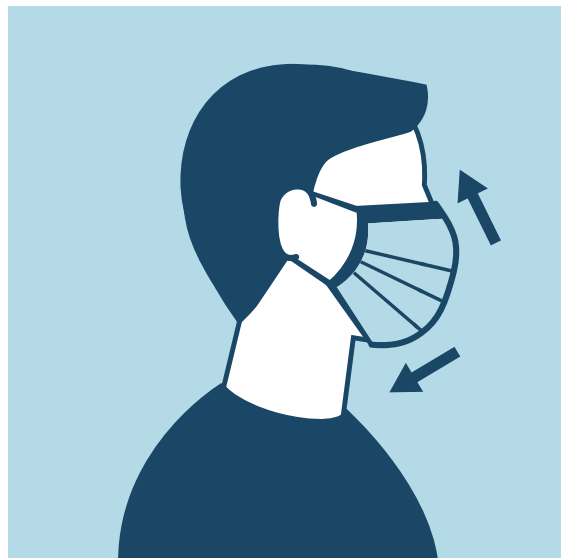
Yes. They should be routinely washed depending on the frequency of use.

How does one safely sterilize/clean a cloth face covering?

A washing machine should suffice in properly washing a cloth face covering.

How does one safely remove a used cloth face covering?

Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face covering and wash hands immediately after removing.

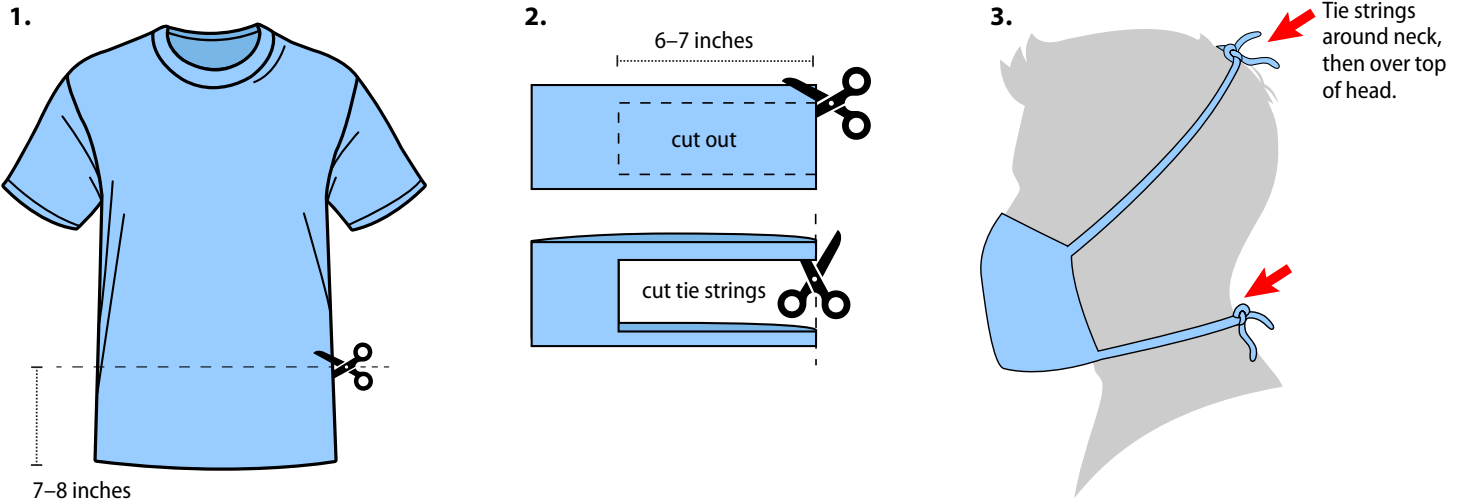


Quick Cut T-shirt Cloth Face Covering (no sew method)

Materials

- T-shirt
- Scissors

Tutorial

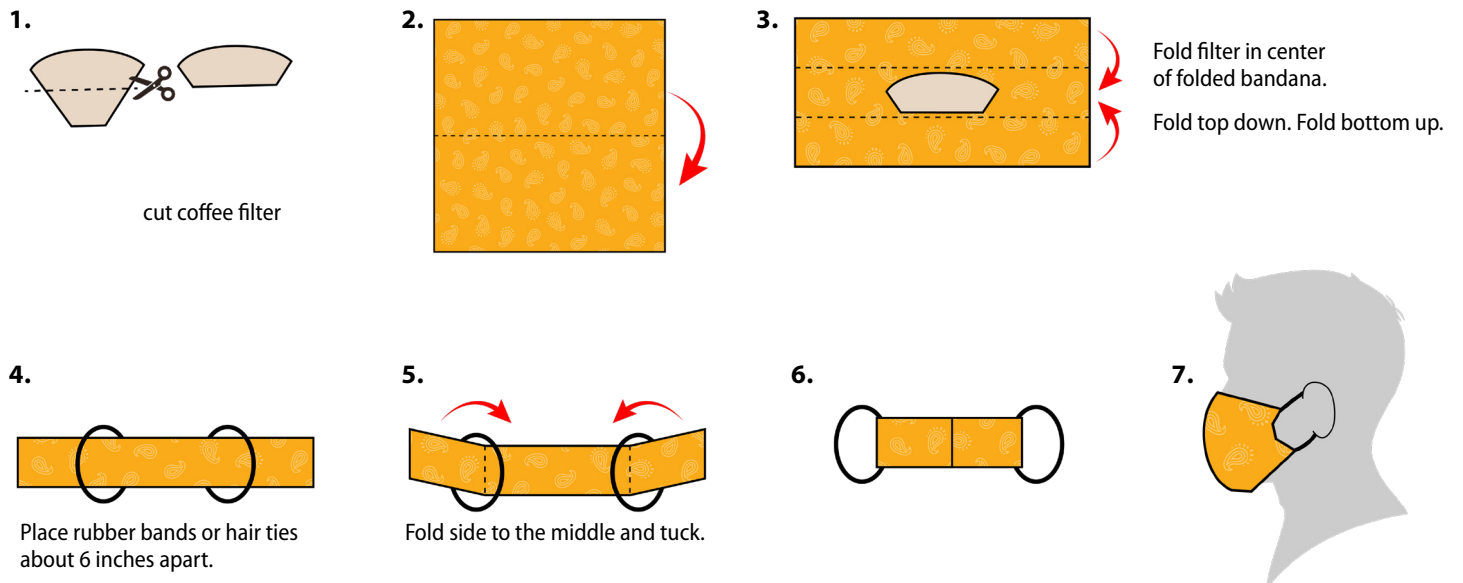


Bandana Cloth Face Covering (no sew method)

Materials

- Bandana (or square cotton cloth approximately 20"x20")
- Coffee filter
- Rubber bands (or hair ties)
- Scissors (if you are cutting your own cloth)

Tutorial



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/wake up
- 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.

If you are sick wear a cloth covering over your nose and mouth

- You should wear a cloth face covering over your nose and mouth if you must be around other people.

Note: During the COVID-19 pandemic, medical grade facemasks are reserved for healthcare workers and some first responders. You may need to improvise a cloth face covering using a scarf or bandana.

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 or laundry.

Clean all “high-touch” surfaces everyday

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

- **Clean and disinfect:** Routinely clean high-touch surfaces in your room and bathroom. Let someone else clean and disinfect surfaces in common areas, but not your room.
 - If a caregiver or other person needs to clean and disinfect a sick person’s room 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.

Treat symptoms

- Make sure the sick person drinks a lot of fluids to stay hydrated and rests at home.
- Over-the-counter medicines may help with symptoms.

- For *most people*, symptoms last a few days and get better after a week.

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 a medical facility. 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 others.
- **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: April 3, 2020

Groups 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 on what we know now, those at high-risk for severe illness from COVID-19 are:

- **People 65 years and older**
- **People who live in a nursing home or long-term care facility**

People of all ages with underlying medical conditions are at higher risk for severe illness, particularly if the underlying medical conditions are not well controlled. This includes people with:

- **Chronic lung disease or moderate to severe asthma**
- **Serious heart conditions**
- **Conditions that can cause a person to be immunocompromised**, including cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications.
- **Severe obesity** (body mass index [BMI] of 40 or higher)
- **Diabetes**
- **Chronic kidney disease and who are undergoing dialysis**
- **Liver disease**

Information last reviewed: April 2, 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 ADOC RESPONSE TO CORONAVIRUS DISEASE 2019 (COVID-19)

This document summarizes information from the Alabama Department of Corrections (ADOC) about steps the ADOC reports it is taking in response to the global pandemic. On March 17, 2020, the ADOC issued the following specific protocols in response to COVID-19:¹

- Suspended visitation, inmate passes, tours, and volunteer entry into all facilities statewide for 30 days;
- Provided one free phone call per week (up to 15 minutes) and extended hours of availability for phone calls for all incarcerated people;
- Suspended all medical co-pays (including for medical services not directly related to COVID-19) for 60 days;
- Suspended all non-emergency community physician appointments and procedures for 30 days;
- Agreed to work with local oncologists to ensure that those requiring chemotherapy continue to receive treatment;
- Suspended transfers of incarcerated people between facilities, though some security and healthcare exceptions may be granted;
- Closed vocational classes offered through J.F. Ingram State Technical College from March 17-April 3, 2020;
- Suspended in-person legal visits for 30 days. Requests by counsel for in-person meetings due to urgent matters will be considered on a case-by-case basis. Confidential legal phone calls will be offered as an alternative;
- Suspended all Work-Release and Work-Center Programs for 30 days. No offsite assignments will be permitted;
- Instituted temperature checks for all employees entering facilities. If an employee's temperature is greater than 100.4 degrees, the employee will be restricted from entering the facility that day. All employees will have a temperature screening at the beginning of each shift;
- Provided that, by March 18, any staff able to perform job functions remotely will do so, although ADOC will maintain critical services;
- Provided that Centers for Disease Control and Prevention (CDC) and Alabama Department of Public Health (ADPH)-approved signage detailing preventative recommendations, signs, and symptoms of COVID-19 will be posted throughout ADOC facilities;
- Provided that all ADOC facilities will be sanitized with CDC-recommended cleaning supplies more frequently;
- Provided that information on preventative measures will be communicated proactively with incarcerated people via the inmate newsletter and facility bulletin boards.

¹ Alabama Department of Corrections, *ADOC Public Announcement: COVID-19* (Mar. 17, 2020), <http://www.doc.alabama.gov/COVID19News>.

Since issuing these initial protocols, the ADOC reports it is taking the following additional steps:²

- All individuals within the ADOC who have had direct contact with the first staff member who tested positive for COVID-19 will be self-quarantined for 14 days and monitored by the ADPH;
- An incarcerated person will be tested for COVID-19 if a physician's order for a test is approved by the ADPH;
- Beginning March 20, for 30 days, there will be no new intakes from county jails including, but not limited to, new commitments, court returns, and parolees and probationers who are revoked or sanctioned. There is one exception: during this time, the ADOC will continue to receive individuals with severe medical or mental health conditions. However, additional screenings will be implemented at the facility level to ensure that they are not symptomatic prior to entry;
- Yard time and snack line services will be extended for incarcerated people at all facilities;
- Plants at Julia Tutwiler Prison for Women and Holman Correctional Facility have been modified to produce face masks, which will be distributed throughout the correctional system for use by staff and incarcerated people;
- The ADOC continues to acquire face masks, face shields, gloves, gowns, and other personal protective equipment for healthcare staff who work in infirmaries;
- The ADOC has established quarantine/isolation areas in each facility for incarcerated people showing symptoms of, and being tested for, COVID-19;
- The ADOC has distributed additional supplies of hand sanitizer to all facilities and placed them in key locations, including points of entry and staffing posts;
- The ADOC is providing additional hygiene products, including bar soap, to incarcerated people as needed;
- The ADOC is developing verbal screening measures recommended by the CDC for those entering ADOC facilities;
- Only critical outside contractors will be permitted in ADOC facilities to conduct vital repairs and maintenance. These individuals must follow screening protocols;
- The ADOC has established a call-in program for employees, in order to monitor absenteeism and staffing levels at each facility;
- The ADOC has suspended all routine internal transfers and is developing protocols for exceptional cases involving important security and healthcare concerns;
- An ADOC-specific educational handout will be distributed to incarcerated people throughout the correctional system;
- All laundry fees at community-based facilities have been waived. All charges since March 13, 2020 will be credited back.
- Additional preventative measures under review or in progress as of April 1, 2020 include:
 - Possible contracts and community partnerships to obtain additional hygiene supplies for incarcerated people;
 - Possible purchase of hand-washing stations for staff;
 - Repairing inoperable sinks and toilets across the correctional system.

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.

² Alabama Department of Corrections, *COVID-19 Update* (Mar. 19-20, 2020; April 1, 2020), <http://www.doc.alabama.gov/COVID19News>.

ADOC 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: _____ AIS #: _____

Prison/Correctional Facility: _____ 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, from store, etc.), and how often do you receive them?

Has your access to cleaning products changed since March 17, 2020? If so, please describe:

Personal Hygiene

Have you received a face mask? If so, when? _____

Do you have access to personal hygiene products (soap, toilet paper, pads, etc.)? Are these items provided by the prison 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 the month of March 2020? Please describe: _____

Medical Access

If you were admitted to an ADOC facility or transferred from one facility to another since March 17, 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)? _____

If you have experienced symptoms of COVID-19 since March 17, 2020, did you report them? When you reported your symptoms to prison 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 since March 17, 2020? 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: _____

Where were you when you were exposed? Were you re-located to a new place after you were exposed? If so, please describe: _____

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

Where were you when you tested positive (in prison 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 17, 2020? _____

Have you received one free phone call per week since March 17, 2020? Have those phone calls been available during extended hours? Please explain:

Have you been able to send and receive mail since March 17, 2020? Please describe: _____

Congregate Activities

Have shared spaces (kitchens, dining areas, recreation areas, showers, etc.) been cleaned more frequently since March 17, 2020? Please describe:

If you have a work detail, has your work been restricted since March 17, 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? Please describe: _____

Has the process for taking people to the yard, showers, or meals changed since March 17, 2020 (i.e. changes in the number of people taken at once, frequency of trips, etc.)? Please describe:

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Legal Access

Have you been able to communicate with your attorney since March 17, 2020? (Do not tell us the substance of any of your communications.) If yes, how have you communicated with them (i.e. mail, 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 been restricted in any way since March 17, 2020? If yes, how (i.e. entire dorm or facility on lockdown; restrictions on certain people or groups of people)?

Have you received extended yard time and snack line access since March 20, 2020? Please describe: _____

If you are incarcerated at a community-based facility, have your laundry fees been waived or credited back since March 13, 2020? _____

Has your ability to file grievances changed at all since March 17, 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:

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Have you been given any information from the prison 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 (signs, bulletin boards, inmate newsletter, handouts, etc.)? Please describe:

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