



COUNTY OF LOS ANGELES SHERIFF CIVILIAN OVERSIGHT COMMISSION

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September 8, 2020

To: Commissioners
From: COVID-19 Ad Hoc Committee

AD HOC UPDATE REGARDING THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT'S EFFORTS TO MITIGATE EXPOSURE TO THE CORONAVIRUS (COVID-19) PANDEMIC WITHIN THE LOS ANGELES COUNTY JAILS.

The Los Angeles County Sheriff's Department operates one of the largest jail facilities in the world. While individuals are in custody, the Sheriff's Department has a constitutional and moral obligation to keep them safe.

COVID-19 spreads most readily in indoor, poorly ventilated settings, where people are in close proximity to one another and without adequate personal protective equipment like masks, gloves, soap, and hand sanitizer. According to the Centers for Disease Control, “[i]ncarcerated/detained persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced.” In short, jails are an optimal setting for the uncontrolled spread of coronavirus.

To curb the spread of COVID-19 in congregate environments such as jails and prisons, the CDC has issued a series of [recommendations](#) to law enforcement agencies across the country. The CDC recommends that agencies responsible for jails and prisons ensure “operational preparedness,” including communication with state and local partners, review existing policies regarding infectious diseases, identify alternatives to in-person judicial proceedings, and establish protocols for the provision of medical care, isolation of sick patients and quarantine for individuals exposed to coronavirus. In addition, the CDC recommends that facilities adopt social distancing guidelines and “ensure that sufficient stocks of hygiene supplies, cleaning supplies, [personal protective equipment] (PPE), and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available.”

In April 2020, Chair Patti Giggans created an Ad Hoc Committee (Committee) on Coronavirus (COVID-19). The Ad Hoc Committee is comprised of Lael Rubin (Chair), James P. Harris, Sean Kennedy, and Priscilla Ocen. The COVID-19 Ad Hoc Committee was

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formed to examine Los Angeles County Sheriff's Department's (LASD) efforts to mitigate exposure to the Coronavirus (COVID-19) pandemic within L.A. County jails, its adherence to CDC guidelines, and to identify problematic issues that need to be resolved. The Committee heard from the following stakeholders on their efforts to assist in managing the spread of COVID-19: Assistant Sheriff Bruce Chase of the Los Angeles Sheriff's Department (LASD), Dr. Cheryl Grills of the Sybil Brand Commission (SBC), Dr. Muntu Davis of the Department of Public Health (DPH) as well as representatives from Correctional Health Services (CHS), the Professional Peace Officers Association, Los Angeles County District Attorney's Office, the Public Defender, incarcerated individuals, and community members.

Status of COVID-19 in the L.A. County Jail Population

Approximately 12,000 people are currently in L.A. County jail facilities. To date, 2,949 individuals held in jail facilities have tested positive (both symptomatic and asymptomatic) for COVID-19. As of September 8, 2020, 63 people are in isolation, and another 1,561 are in quarantine. Six persons have died in custody since the beginning of the COVID-19 pandemic, who tested positive for COVID-19, although it has not been determined whether COVID-19 was the cause of death.

Coordination between LASD and Correctional Health Services

CHS and LASD appear to work collaboratively on significant aspects of COVID-19 operations. LASD Custody Operations executive staff and CHS management meet [redacted] periodically to discuss policies, inmate housing, inmate population, health services, and testing issues. CHS and LASD have coordinated to ensure that every person entering a jail facility is subject to a temperature check, and COVID-19 signage is visible in common areas.

According to LASD representatives, Correctional Health Services staff are primarily responsible for screening, testing, and assessing individuals in custody for COVID-19:

If an inmate is suspected of having coronavirus, they will be assessed by Correctional Health Services medical staff who make the determination of appropriate quarantine housing. A surgical mask will be placed on the inmate, and staff will follow proper Personal Protective Equipment (PPE) guidelines provided by the Center for Disease Control (CDC).

LASD reports that staff then ensure that the recommendations of CHS staff are implemented.

COVID-19 Testing of People in Custody and Staff

As of April 30, 2020, CHS screened and offered COVID-19 tests to all individuals in the L.A. County jails at the Reception Centers, which are the point-of-entry into the jails for new arrestees. To date, CHS has tested more than 10,000 people in custody. A full round of all L.A. County jails testing was completed on June 10, 2020. Another round of testing has yet to be announced.

Community members and public defenders, however, argue that the testing protocols in place are insufficient. For example, they argue that individuals who decline to take a COVID-19 test at intake have difficulty accessing testing once processed. In addition, individuals are not retested or isolated when they exit and return to facilities from court appearances. Individuals are not retested upon release from isolation when symptoms stop, or they go 14 days without symptoms. According to CHS, people in custody are not tested prior to release into the community, which [endangers public health](#).

Regarding deputies and custody assistants, testing is not mandatory. Instead, staff are encouraged to stay home if they are feeling ill and may be referred to an outside entity for testing voluntarily.

Face Masks in L.A. County Jail Facilities

According to LASD's policy manual, all employees are required to wear a face-covering when interacting with inmates, the public, or employees. All jail facility personnel are required to wear a cloth mask while inside a facility. LASD acquired cloth masks from a local vendor and distributed them to all custody line staff. Custody staff were also issued N95 respirator masks at the onset of the outbreak. New N95 masks continue to be issued as needed. In addition to the face masks provided to staff, Custody Operations facilitated the production of cloth masks for inmates by Century Regional Detention Facility (CDRF) and North County Correctional Facility (NCCF) vocational shops. These cloth masks, as well as dust masks and/or surgical masks, are provided to each inmate within the L.A. County jail system. New masks for inmates are replenished as needed. Inmates, how-ever, are not required to wear masks in common areas.

It is unclear whether individuals are complying with LASD's mandatory mask policy. During an unannounced visit to several LASD facilities, members of the Sybil Brand Commission reported that individuals in custody were not wearing masks. At times staff was observed without a mask.

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Given the [fact](#) that COVID-19 can be spread by respiratory droplets and aerosols that can linger in the air for hours, the inconsistent use of masks is profoundly troubling and dangerous.

Transporting Inmates to and from Court

The Committee heard from the Los Angeles County Public Defenders office who expressed concerns on how inmates are being brought to the Court that are in quarantine and/or have been tested but have no results of those tests. If test results are positive, they should not be transported to Court for any reason. It was stated that LASD personnel need to proactively provide masks to inmates in courthouse lock-ups who profess to have no mask. More importantly, LASD personnel need to lead by example by always, consistently wearing their own masks.

On August 6, 2020, the Committee submitted a letter to the Superior Court of California, County of Los Angeles Presiding Judge Kevin C. Brazile, and Supervising Judge of the Criminal Division, Sam Ohta.¹ The letter raised concerns on how deputy sheriffs are unable to maintain the recommended social distancing protocols during the transport and temporary housing of in-custody inmates in courtroom lock-ups. The Committee asked the Court if video arraignments from local L.A. County jail facilities will be available in the near future to remedy this critical health risk, which will reduce the spread of the virus during transport and the close quarters of the holding cells.

On August 25, Presiding Judge Kevin C. Brazile provided a written response to the Committee outlining the steps the Court has implemented to their day to day operations.² The main point of reference in the letter was how the courts launched a program to conduct arraignments via video, the latest in a series of actions to reduce traffic in the Los Angeles County courthouses. The program will provide approximately 250 criminal courtrooms with the ability for remote appearances with the consent of the defendant. Among other things, defendants have the right to be physically present in Court for the proceedings on their case. They must give consent to any remote proceeding, such as arraignment or preliminary hearing. See Emergency California Rules of Court (CRC), Rule 3 and 5. The launch of video arraignments aims to cut down on inmates' transfers and promote social distancing as concerns continue to mount over how quickly the virus can spread in confined spaces.

¹ See Committee letter to court, August 6, 2020, attached hereto as exhibit 1.

² See Superior Court of California, County of Los Angeles response letter to Committee, August 25, 2020, attached hereto as exhibit 2.

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In April 2020, the Court reduced inmates' transportation and lock-up demands by developing and implementing remote video arraignments from 13 Sheriff sub-stations and 24 local police department stations throughout the County of Los Angeles.

The letter further stated how LASD has also negotiated with GTL (County contracted phone provider) to create a new communication system where criminal defense counsel may use an online portal to schedule appointments to speak with their incarcerated clients over the phone in a confidential setting. Inmates may use any jail phone to call their counsel at the scheduled time. This may reduce daily court transportation.

Although we acknowledge and applaud the efforts of the Superior Court to address the issues involving virtual court appearances, much more needs to be done. Video arraignment is the tip of the iceberg. The county must determine how to conduct virtual court proceedings for all types of court appearances. Video capacity at sheriff and police stations does not address the larger issue of the transporting of approximately 300-500 individuals daily to the various courthouses within Los Angeles County.

We recognize this is not, exclusively, the responsibility of the Superior Court. All justice partners need to collaboratively determine how to achieve a virtual court appearance while protecting the rights of the defendants. Los Angeles County should become the leader for this timely and secure method of administering timely court proceedings that preserve the public health of all participants.

Physical Distancing

In addition to masks, social distancing (at a minimum of 6 feet) is critical to halting the transmission of COVID-19. The physical layout, combined with the size of the jail population, makes social distancing virtually impossible. In several reports, the Office of the Inspector General highlighted the structural issues within the jails that prevent social distancing, such as bunk beds, which are bolted to the floor and in close proximity to each other.

Members of SBC expressed similar concerns. During a May 30, 2020 visit to Twin Towers, SBC members observed the following:

"Modules were visibly crowded due to the placement of cots in the dayroom resulting in beds no more than 2 feet away from one another. Crowded in between the beds were a number of inmates in wheelchairs. Alternating head to foot does not address the lack of social distancing. Only two inmates were wearing masks. Beds were placed in the day room because of lack of access to stairs for those in wheelchairs (although module A contained an elevator to the upstairs cells)."

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In addition to these challenges at Twin Towers, SBC members noted that triple bunks at NCCF prevented social distancing in the dorms, while a dialysis dorm at the Men's Central Jail had insufficient protocols to protect vulnerable inmates.

In response to the concerns raised by the OIG and SBC members, LASD has instructed individuals in custody to sleep "head to foot" in dorm settings and when in multi-person cells with bunkbeds.

Hygiene and Sanitation Practices

In addition to masks and social distancing, the CDC recommends that individuals in custodial settings practice frequent hand washing and disinfecting of surfaces in common areas. LASD reports that sanitation efforts were enhanced at each facility by adding work crews to clean and disinfect high traffic and high touch areas and entry/exit points. Alcohol-based hand sanitizers were added to facilities near doors, elevators, and check-in-areas. Additional hygiene products were given to inmate work crews to clean high traffic areas.

Like the mask policy, there appears to be a lack of consistency with regard to LASD's stated policy and actual hygiene practices. On the one hand, at many facilities examined by SBC, there was no cleaning schedule posted. Moreover, while incarcerated individuals were asked to clean their own living spaces, they were not given sufficient cleaning materials to clean their areas daily. At CRDF, members of SBC report that Trustees performing a deep cleaning of jail facilities were not provided with a change of clothes due to a shortage of clothing. SBC also noted in several reports that Trustees often move between quarantined areas, which can result in cross-contamination and a broader spread of the virus within facilities. During COC public comment, community members reported that individuals in custody do not have enough soap or a safe way to dry their hands, and showers are unsanitary within close quarters with no air ventilation.

On the other hand, SBC observed a rigorous cleaning process employed by staff at TTGF. There, deputies supervise cleaning (rather than inmates). Trustees are specially trained on COVID-19 cleaning protocols and given adequate personal protective equipment. Trustees are supervised by a deputy when moving between modules. Trustees receive clean clothing after sanitizing modules. To date, none of the trustees have contracted the virus.

We encourage LASD to ensure uniformity of hygiene practices across facilities and to adopt the practices used at TTGF at all county facilities.

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Use of Quarantine and Isolation

Per CDC guidelines, the Department of Public Health has recommended aggressive use of isolation and containment to prevent the spread of COVID-19.³ In line with this guidance, LASD places individuals who test positive (or who are suspected to be positive) for COVID-19 in isolation⁴, while those who have been exposed to COVID-19 are placed in quarantine⁵. While individuals in isolation are generally placed in single cells, those in quarantine continue to be held in pods with many others due to overcrowding in many facilities. This practice may lead to individuals who are (pre-symptomatic or asymptomatic) positive interacting with others and transmitting the virus.

The Committee also made a note of instances when deputies and custody staff deviated from quarantine and isolation protocols. For example, SBC reports that at CRDF, the women's jail, deputies move between quarantined and non-quarantined areas without taking precautions. On another occasion, SBC reported instances in which individuals who tested positive for COVID-19 were inadvertently placed in quarantined modules.

These lapses also occur with respect to jail Trustees. SBC also documented complaints from Trustees who cook and clean at CDRF. The Trustees reported that they are required to move between quarantined areas to non-quarantined areas to clean without adequate precautions, which made the Trustees feel unsafe. At NCCF, SBC noted that some quarantined dorms were not being cleaned at all.

There are, however, difficulties in striking a balance between allowing freedom of movement and limiting the spread of the coronavirus. This tension was made clear by members of the Youth Justice Coalition, who complained that some inmates were on 24-hour lockdown. SBC received complaints from people housed at CRDF who reported feeling like COVID-19 isolation was punishment as they were housed alone, not given adequate medical support nor a change of clothes for days. Others at CRDF in quarantine complained that they only had access to showers every 2-3 days and were not given hygiene kits. Moreover, because access to day rooms has been strictly limited, individuals complained that they do not receive any programming, and they have difficulty making phone calls.

³ See memorandum from Los Angeles County Health Officer Dr. Mutu Davis to Board of Supervisors, April 24, 2020, attached hereto as Exhibit 3.

⁴ According to the Los Angeles County Sheriff's Department website, “[i]solation is designated for individuals who have a temperature of 100.4 or higher or are exhibiting certain flu-like symptoms consistent with an upper respiratory infection. All patients in isolation and under observation have either tested positive or have been tested pending results.”

⁵ Quarantine is “designated for individuals who have had close contact with a PUI or a positive patient.”

Policies and Signage

The ad hoc members received current policies and procedures related to COVID-19 from LASD, which includes protocols on hand hygiene, Personal Protective Equipment, isolation, quarantine, and visitation. [Videos](#) were developed by Custody Training and Standards Bureau to educate staff and inmates about COVID-19. The videos address subjects such as social distancing, proper hand washing techniques, proper use of PPE, and the importance of sanitation in work and living areas throughout the jails.

Other Concerns

Members of SBC recorded a number of complaints about the medical response to non-COVID related care. For example, individuals housed at TTCA and CRDF reported that requests for medical care for serious conditions have been delayed or outright ignored. The individual reported requesting a grievance form but not being given a pencil to fill out the form.

LASD Population Reduction Efforts

Since the onset of the COVID-19 crisis, LASD, in collaboration with the Los Angeles County District Attorney's Office, the Los Angeles County Public Defender's Office, and the courts, have worked together to reduce the jail population by 6,000 people. On June 2, 2020, the total jail population was 12,026. It was as low as 11,765 on May 1, 2020, marking the first time in decades that the L.A. County jail system's population was lower than the capacity assigned by the Board of State and Community Corrections. Currently, the jail population is down 32% from before the pandemic after many low-level offenders were released to prevent the virus from spreading. According to LASD's COVID-19 policy manual, their population reduction efforts were achieved based on the following:

- Zero-dollar bail – on April 13, 2020, the Judicial Council of California invoked emergency powers to temporarily eliminate bail for individuals arrested and charged with low-level offenses as part of a continuing effort to slow the influx of inmates and a potential likelihood of a COVID-19 outbreak. The Judicial Council ended the statewide emergency order on June 20, 2020.
- AB 109 Releases – the Department has accelerated releases for inmates up to 30 days prior to the completion of their sentences, with approval of the Presiding Judge of the Superior Court, under the statutory authority of California Penal Code section 4024.1.

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- Vulnerable population - the Department is working with Correctional Health Services and other justice partners to identify individuals such as pregnant females, those over 65 years old, and medical “high risk” whose charges or current level would preclude them from release as a better alternative to remaining in jail.

While LASD’s progress on jail population reduction is laudable, the Committee is concerned that the population has plateaued, and population reduction efforts have stagnated. SBC also documented complaints from Trustees who feared that they were not being released (despite their eligibility) due to their status as “essential workers.”

Population Reduction Efforts by the Office of Diversion and Reentry and the Los Angeles District Attorney’s Office

The Office of Diversion and Reentry (ODR) is supportive of the efforts made by the justice partners over the past months to safely reduce jail populations to reduce their risk of exposure to COVID-19.

These efforts were initially focused on the pretrial population; however, ODR, with the assistance of Correctional Health Services (Department of Health Service or CHS), also compiled an initial list of 1,618 people in custody who were identified as most medically fragile. Medically fragile individuals include individuals with HIV/AIDS, pregnant women, those over 65, individuals in the medical/hospital sections of the jail, and individuals with significant mental health issues.

After some initial difficulty with the release coordination, the Court and other justice partners are now working collaboratively to improve the rate at which ODR can provide services to vulnerable patients leaving the jail, without delaying any releases. ODR has since made great efforts to coordinate with its health, justice, and community-based partners to be involved in the rapid release so that vulnerable persons with major mental and/or physical health disorders are not released to the streets without any services or treatment.

In addition to the efforts undertaken by ODR, beginning on March 20, 2020, the Los Angeles District Attorney’s Office (LADA) began the process of reviewing multiple lists of inmates eligible for release provided by LASD. LASD requested LADA to consider the release of inmates placed on the lists to reduce the population inside the county jails. One list contained the names of roughly 2,000 individuals who were eligible for release

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under California's zero bail policy. LADA agreed to the release of 275 individuals from that list.⁶ LADA reviewed cases of inmates whom LASD identified as medically fragile, 60 years old and older, and those with non-serious or non-violent pending cases. The list contained approximately 3,500 names, and the review process remains ongoing. As of this writing, LADA agreed to release 894 inmates. Due to the volume of cases, deputy district attorneys were recruited to assist with case review of the individuals designated as eligible for early release by LASD. Although the review criteria are not entirely clear, LADA reports that each individual on the list was assessed by impact on the community, the totality of the circumstances, including the severity of the crime, the severity of any injuries, whether the accused used a weapon, and the type of weapon used. Many cases were reviewed electronically, utilizing LADA's case management database. While the ad hoc committee understands the need for LADA review, we are concerned the process has taken too long, and it is unclear how the criteria being used to evaluate candidates for release are weighed.

LADA is currently collaborating with the Public Defender's Office identifying inmates who have 90 days or less on their sentence to determine whether their sentence should be reduced. LADA has urged defense counsel to notify their office regarding any inmate who has a medical issue and is particularly vulnerable.

Ad Hoc Action Items

Population Reduction

Given the challenges posed by the inability to socially distance, inconsistent mask usage, and poor hygiene in the jails, county justice partners must aggressively move to reduce the jail population further.

Monitor Ongoing Issues

The Committee will continue to keep the Commission updated on developments related to necessary and appropriate measures to prevent and control the spread of COVID-19 in the jails.

⁶ See Letter to Lael Rubin from Sergio Gonzalez, Assistant District Attorney, May 18, 2020, attached hereto as Exhibit 4.

Collaborate with LASD, CHS, and SBC

The Committee will continue to collaborate with LASD, CHS, and the SBC to safeguard the management of COVID-19 inside the L.A. County Jails.

Social Distancing

LASD should ensure social distancing guidelines from the federal Center for Disease Control Prevention for physical distancing and testing in correctional facilities are enforced inside all county jail facilities, specifically the Correctional Treatment Center, people who are immunocompromised, the K6G unit, and the Old Man dorm in Men's Central Jail.

Hygiene and Sanitation Measures

LASD should continue to assess the adequacy of sanitation and healthy hygiene practices at facilities. Ensure adequate hygiene supplies and essentials are available to all inmates to slow the spread of COVID-19. Increase the frequency of laundry for clothes, towels, and linens. Have a consistent cleaning schedule for staff and incarcerated people.

COVID-19 Testing

LASD should continue to advocate for system-wide testing and broadening the screening and testing criteria for COVID-19 to detect persons with early, mild, or atypical disease presentations. Ensure free testing is readily available for any inmate or staff member who shows symptoms or fears they may have been exposed. Ensure that inmates are tested upon release from custody.

Improved Tracking/Tracing Capabilities in Facilities

LASD should adopt a mechanism for tracking the status of individuals and modules in line with SBC recommendations.⁷

⁷ At one visit to Twin Towers, SBC members noted the following:

Cell by cell COVID status signage was clearly visible and very informative. This is the result of the initiative taken by Deputy Trinh. He set up a whiteboard detailing relevant COVID information for the entire module and placed information sheets on each pod indicating the pods status, when they were placed on quarantine/restriction, and any special instructions relevant to that pod. This was the best designed and most informative signage observed across all inspection to date. It is worth exploring its use in other facilities.

Transportation to Court

LASD should reduce the number of in-person court appearances for non-essential matters and low-level cases. Push for efforts to accelerate the implementation of video arraignment. This will mitigate potential exposure to a currently large number of individuals (reportedly 300 to 500 daily) who are transported to and from the Court. This presents a significant threat to infection control among inmates and staff.

CONCLUSION

Since April 2020, the COVID-19 Ad Hoc Committee has gathered extensive information from LASD and other stakeholders about efforts to control and mitigate the spread of Covid-19 in Los Angeles County Jail.

As has been discussed above, there has been some success, but much more must be done. The failure to provide uniform procedures and protocols throughout the jail system leading to disparate results must not continue.

Testing of inmates must continue, including testing of inmates when they are released into the community. Greater coordination between LASD and the Courts to expand and enhance video arraignments with the defendant's consent will reduce inmate transportation and its attendant risks. The Ad Hoc Committee will continue to monitor Covid-19 in the Los Angeles County Jail.



EXHIBIT 1

COUNTY OF LOS ANGELES SHERIFF CIVILIAN OVERSIGHT COMMISSION

World Trade Center
350 South Figueroa Street, Suite 288, Los Angeles California 90071
(213) 253-5678

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Executive Director

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Hernán Vera
Vice-Chair

August 6, 2020

Hon. Kevin C. Brazile, Presiding Judge
Hon. Sam Ohta, Supervising Judge of the Criminal Division
Los Angeles Superior Court
210 W. Temple Street
Los Angeles, CA 90012

Your Honors:

The Los Angeles Sheriff Civilian Oversight Commission provides ongoing review, analysis, and oversight of the Sheriff's Department's practices, policies, and procedures. The COVID-19 Ad Hoc Committee was formed to examine the Los Angeles County Sheriff's Department's efforts to mitigate exposure to the Coronavirus (COVID-19) pandemic within L.A. County jails, its adherence to CDC guidelines and to identify problematic issues that need to be resolved. The Committee has heard from numerous stakeholders on their efforts to assist in managing the spread of COVID-19.

Numerous justice partners have informed us that deputy sheriffs are unable to maintain the recommended social distancing protocols during the transport and temporary housing of in-custody inmates in courtroom lockups.

To remedy this critical health risk, video arraignments from local L.A. County jail facilities with an ability for confidential communications between attorneys and their clients will reduce the spread of the virus during transport and the close quarters of the holding cells.

The Commission welcomes any input the Court can provide on these matters.

Respectfully,

Lael Rubin
Chair, Civilian Oversight Commission



EXHIBIT 2

The Superior Court

111 NORTH HILL STREET
LOS ANGELES, CALIFORNIA 90012
CHAMBERS OF
KEVIN C. BRAZILE
PRESIDING JUDGE

TELEPHONE
(213) 633-0400

August 25, 2020

Lael Rubin, Chair
County of Los Angeles
Sheriff Civilian Oversight Commission
World Trade Center
350 South Figueroa Street, Suite 288
Los Angeles, CA 90071

VIA ELECTRONIC MAIL AND U.S. MAIL

Re: Courthouse Operations During COVID-19 Pandemic

Dear Chairperson Rubin:

By letter dated August 6, 2020 addressed to me and to the Hon. Sam Ohta, Supervising Judge of the Criminal Division of the Superior Court of California, County of Los Angeles (Court), you shared that numerous justice partners have informed the Sheriff Civilian Oversight Commission (Commission) that "deputy sheriffs are unable to maintain the recommended social distancing protocols during the transport and temporary housing of in-custody inmates in courtroom lockups." You note that "video arraignments from local L.A. County jail facilities with an ability for confidential communications between attorneys and their clients will reduce the spread of the virus during transport and the close quarters of the holding cells." You then invite "any input the Court can provide on these matters."

The constitutional due process rights in criminal proceedings dictate that the Court prioritize criminal operations. The challenge was how to do so in a manner that protected the health of participants and complied with Public Health guidelines to slow the spread of the novel coronavirus. The Court collaborated with justice partners to streamline processes and focused on ways to reduce the number of inmates that were brought to its courthouses.

1. One of the first measures the Court took was to adopt a zero-bail schedule in March 2020. This allowed law enforcement agencies to release defendants charged with most misdemeanors and low-level felonies.
2. The Court continued to attempt to reduce foot traffic at the criminal courthouses by facilitating remote arraignments and offering remote preliminary hearings. In April 2020,

the Court reduced inmate transportation and lock-up demands by developing and implementing remote video arraignments from 13 Sheriff sub-stations, and 24 local police department stations throughout the County of Los Angeles.

As of August 10, 2020, approximately 250 criminal courtrooms have the ability for remote appearances with the consent of the defendant.

3. The Court sought to reduce the jail population by encouraging various stipulated release processes between prosecutors and defense counsel. These consisted of: 1) Inmates in custody on cases where \$0 bail applied; 2) 60 days jail sentence or less; 3) 90 days jail sentence or less, and 4) vulnerable inmates. Since March 20, 2020, these efforts led to the stipulated release of over 1,250 inmates.
4. Increasing Opportunities for Confidential Attorney-Client Communications in County Jail

In devising options for reducing foot traffic at the courthouses and increasing stipulated settlements, the Court identified a source of delay. The COVID-19 pandemic has led the Sheriff's Department to limit attorney visits at the county jail severely. Consequently, attorneys wait to meet with their clients at the courthouse or via the 24 video conference stations at the county jail. The current population at the county jail hovers around 12,000 inmates. Currently, there is a two-week wait to use the video conference stations.

To expand the opportunities for confidential communications between defense counsel and their clients, the Court, together with the Los Angeles County Public Defender's Office (PD's Office), the Los Angeles County Alternate Public Defender's Office (APD's Office), the Los Angeles County's Internal Services Department (ISD), and the Los Angeles County Sheriff's Department is working to develop the use of the Inmate Telephone Monitoring System (ITMS) for this purpose. GTL, the private vendor who operates ITMS, has agreed to provide these calls free of charge starting the third week of July 2020. The telephone calls will neither be monitored nor recorded. With more than 3,800 phones at the county jail, the Court expects that the use of ITMS for confidential communications between defense counsel and their clients will increase dispositions of criminal cases.

5. Late Disposition Program

On June 1, 2020, the Court also implemented a Late Disposition Program (LDP) that facilitates prosecutors and defense to agree - either formally or informally - on a disposition of a criminal case. In the formal LDP, the defense and prosecution agree on a disposition and the defendant is ordered out to take a plea and be sentenced. When the defense and the prosecution have not agreed on a disposition, the parties present cases to the judge for a potential disposition. Consistent with *People v. Clancy* (2013) 56 Cal.4th 562, the Court may make an open plea offer, if appropriate. If the defendant accepts the plea offer, the defendant is brought to court to take the plea. At that point, the case is resolved. Since June 1, 2020, the LDP has disposed of at least 1,034 felony cases and 3,113 misdemeanor cases.

6. New Protocol Regarding Asymptomatic Inmate Testing

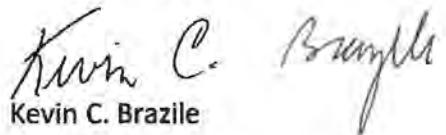
At the beginning of the pandemic, the Sheriff's Department transported asymptomatic inmates to court from the county jail. In early May of 2020, the Sheriff's Department began mass testing of county jail inmates for COVID-19. Their policy did not require they await results before transporting inmates who showed no signs of illness; accordingly, asymptomatic inmates were transported to court after testing. Inevitably, some of them tested positive for COVID-19. This created a logistical problem that required a solution to prevent the spread of COVID-19. The Sheriff's Department and the Court consulted with the Los Angeles County Department of Public Health (DPH) and agreed that the Sheriff's Department would not transport asymptomatic inmates to court before receipt of their test results. Such inmates were identified as "no-go meds." If the inmate tested negative, the "no-go meds" status would be lifted after two days and the inmate would once again be permitted to attend court proceedings. Many asymptomatic inmates, however, tested positive. This new protocol, while not foolproof, continues to prevent many asymptomatic inmates who are positive for COVID-19 from being transported to court.

The constitutional rights of defendants in criminal cases limit the Court's options for conducting proceedings remotely. Among other things, defendants have the right to be physically present in court for the proceedings on their case and must give consent to any remote proceeding, such as an arraignment or preliminary hearing. See Emergency California Rules of Court (CRC), Rules 3 and 5. While the Court requires all persons in court to use face coverings and to observe

Response to Lael Rubin, Chair
County of Los Angeles, Sheriff Civilian Oversight Commission
August 25, 2020
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physical distancing (six feet) and has taken other measures to protect the health of persons in court, it cannot violate defendants' rights to participate in court proceedings in person. If the Sheriff's Department or other justice partners have ideas that are more protective of the health of participants and still abide by the rights of defendants, the Court is open to hearing them.

Very truly yours,


Kevin C. Brazile

c: Hon. Eric C. Taylor, Assistant Presiding Judge
Hon. Sam Ohta, Supervising Judge, Criminal Division
Sherri R. Carter, Executive Officer/Clerk of Court

EXHIBIT 3



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April 24, 2020

TO: Each Supervisor

FROM: Muntu Davis, M.D., M.P.H.
Los Angeles County Health Officer

SUBJECT: UPDATE REGARDING NECESSARY AND APPROPRIATE MEASURES TO PREVENT AND CONTROL THE SPREAD OF COVID-19 IN THE JAILS

This is in response to the March 23, 2020 Executive Order that tasked the County Health Officer, in collaboration with the Department of Health Services and its Correctional Health Services (CHS), the Sheriff's Department (LASD), the Department of Mental Health, and the Office of Inspector General, to conduct an immediate assessment of Los Angeles County's jails for the purpose of identifying all measures to prevent the spread of COVID-19 and protect individuals incarcerated, working, or visiting County jails.

Specifically, this communication describes actions taken by the Department of Public Health (Public Health) to address the elements outlined in the Executive Order as well as related items (e.g., activities related to juvenile detention facilities).

Assessment of Juvenile Detention Facilities

On March 26, 2020, five teams of three Public Health Inspectors from our Environmental Health (EH) division conducted a rapid assessment of eight juvenile detention facilities covering COVID-19 related prevention, isolation and quarantine, and sanitation practices (See Appendix 1). Overall, the assessment revealed satisfactory measures were in place. All facilities showed adequate overall sanitation, including frequent cleaning of high touch surfaces. And while half of the facilities had at least some core supplies (i.e., masks, gloves, sanitizer), it is important to note that supplies will decrease quickly.

Handwashing and hand sanitizer supplies were also available to staff and youth at all facilities, but only two facilities provided sanitizer upon entry/exit. In addition, the ability of detained persons to implement disease prevention measures (e.g., frequent handwashing) may be limited by security considerations and is determined by the supplies provided in the facility. For example, many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants.

We will continue to work with the Probation Department to ensure all COVID-19 confirmed cases and Persons Under Investigation (PUIs) among staff and resident youth, are reported as well as to provide consultation on contact tracing.

Memo to the Sheriff's Department

On March 31, 2020, a memo was issued to Sheriff Alex Villanueva that recognized the imminent threat of the spread of COVID-19 within County jails. It highlighted the importance of following clinical guidance issued by State and Federal public health entities and offered additional recommendations including having the previously mentioned departments (1) develop predictions for the impact COVID-19 would have on the jails' housing and health services; (2) continue to reduce the incarcerated population, including using imminent emergency authority, so the County jails can adhere to the standards set forth in State and Federal guidelines; and (3) ensure people who are released from custody receive the supports necessary to protect themselves and the greater population.

To determine the extent to which the clinical guidance had been implemented, on April 10, 2020, teams from our EH and Acute Communicable Disease Control (ACDC) divisions, conducted assessments of Men's Central Jail (MCJ) and both buildings of the Twin Towers Correctional Facility (TTCF), including the Correctional Treatment Center (CTC) and Inmate Reception Center (IRC). Areas at MCJ and TTCF that have been designated as quarantine and isolation areas were also assessed.

Assessment of Los Angeles County Jails

Three teams of three Public Health Inspectors from our EH division used a rapid assessment to evaluate the facilities' practices related to COVID-19 prevention, isolation and quarantine, management of symptomatic and exposed individuals, and sanitation measures (See Appendix 2). One team of one physician, one public health nurse and two infection control nurses from our ACDC division used Public Health's [COVID-19 Guidance for Correctional and Detention Facilities](#) and conducted interviews with custody staff to assess similar elements of prevention and infection control while evaluating additional operations and staffing-related areas (See Appendix 3).

Both assessments reveal CHS and LASD have adopted responsive strategies to address COVID-19 in their facilities. This includes educating staff and inmates about COVID-19, rapid isolation of symptomatic persons, and grouping inmates who are close contacts of a confirmed or suspected COVID-19 case together to prevent contact with other unexposed inmates (cohorting).¹ Additionally, staff reinforce social distancing in common areas, whenever possible. CHS and LASD work collaboratively on major aspects of COVID-19 procedures, and LASD staff seem well versed on how clinical and public health decisions impact their operations.

¹ Ideally, confirmed cases and Persons Under Investigation (PUIs) for COVID-19 should be isolated individually, and close contacts should be quarantined individually. The Center for Disease Control's COVID-19 [Guidance for Correctional and Detention Facilities](#) also acknowledges that "some correctional facilities and detention centers do not have enough individual cells to do so and must consider cohorting as an alternative."

These assessments also highlight areas of improvement. Common observations were noted in the following areas:

Screening

Current screening practices highly depend on self-reported symptoms from incoming arrestees and staff.

Areas for Improvement – Screening:

- 1) More broadly screen persons with any early/mild symptoms of COVID-19, such as subjective fever or acute respiratory symptoms (e.g., cough or shortness of breath) to more quickly identify potential cases.
- 2) Increase the number of clinicians available to evaluate symptomatic arrestees outside of Tower 241 and CTC.
- 3) Dedicate a staff member to screen all staff upon entry, for any signs of respiratory illness. If not feasible, adopt the use of a mass notification tool to send twice daily temperature and symptom check reminders to staff, which may also require staff confirm they are symptom-free prior to starting their shift and 12 hours later.
- 4) Ensure all who enter the facility wear a cloth face covering.

Isolation & Quarantine

It is of the utmost importance that we continue to reinforce the difference between isolation (symptomatic – with or without resulted test) and quarantine (asymptomatic close contacts). Much work is happening in these areas, including the medical monitoring of people who are in isolation.

Areas for Improvement – Isolation:

- 1) Increase medical monitoring (temperature and symptom checks) for high-risk patients housed in CTC to every four hours.
- 2) Use existing space to alternatively serve as isolation areas in each building to minimize movement of sick persons (e.g. designate single person cells in the Medical Observation Specialty Housing (MOSH) of MCJ).
- 3) Initiate contact investigations, in consultation with Public Health, for Persons Under Investigation (PUIs) and quarantine of close contacts while the PUI's test results are pending. This will minimize potential spread of COVID-19 due to delays in result notification.

The current quarantine protocol is synonymous with limited movement; it does not include medical surveillance. Persons on quarantine should have some degree of medical monitoring with daily temperature and symptom checks.

Areas for Improvement – Quarantine

- 1) Implement active surveillance of persons in quarantine (i.e., using a no-touch thermometer to take temperatures twice a day and symptom checks once a day).
- 2) Decompress quarantine housing units to minimize bunk bed occupancy to the maximum extent feasible.
- 3) If more than 10 people have to be in a room, arrange beds/bunks so that individuals sleep head to foot to increase the distance between them.

COVID-19 Testing

Isolation and testing determinations are currently based on presentation of moderate disease (fever and acute respiratory symptoms) and not early or mild disease (fever or acute respiratory symptoms). Given the large population of relatively young persons who traffic through the jail, many may overwhelmingly present with mild symptoms. The facility testing criteria at the time of this assessment can miss a number of potential cases. Additionally, the strict requirement of a documented fever can miss people who are immunocompromised who may otherwise present atypically.

Areas for Improvement – COVID-19 Testing

- 1) Broaden the screening and testing criteria to detect persons with early, mild or atypical disease presentations.
- 2) Expand the number of facility providers who are permitted to screen and test (outside of CTC and Tower 241). This includes, but is not limited to, primary care providers.

Public Health has since learned that efforts to broaden testing criteria are underway. Public Health strongly supports this direction and advises such efforts be sustained.

Policies & Signage

Public Health received current policies and procedures related to COVID-19 from LASD (i.e., hand hygiene, Personal Protective Equipment (PPE), isolation, quarantine, and visitation); we are still waiting to receive these documents from CHS that outline facility practices on testing, quarantine and isolation.

Area for Improvement – Policies & Signage

- 1) More widespread signage (e.g., head-to-toe configuration, hand hygiene and cough etiquette in English and Spanish) in every common area housing unit/dorm, clinical area (e.g., MCJ clinics, Towers clinics, IRC, and CTC).
- 2) Submit all CHS policies and procedures related to COVID-19 to Public Health.
- 3) Ensure each facility's Emergency Plan is strictly adhered to.

Clinical Practice

CHS medical providers have been encouraged to institute changes in practice that minimize the number of clinic visits. However, interviews reveal that non-essential clinic visits continue.

Area for Improvement – Clinical Practice

- 1) Cancel and postpone all non-essential clinic visits, both for primary care and specialty services. Clinical judgement should be used when making these decisions.

Social Distancing

Social distancing practices applied within the facility when possible. Still, there are notable areas for improvement.

Area for Improvement – Social Distancing

- 1) As outlined above, cancel and postpone all non-essential clinic visits, both for primary care and specialty.
- 2) Intensify efforts to accelerate the implementation of video arraignment. This will mitigate potential exposure to the currently large number of individuals (reportedly 300 to 500 daily) who are transported to and from court. This presents a significant threat to infection control among inmates and staff.

Successful Implementation of Recommendations

Public Health would like to acknowledge the efforts and current actions taken to support and protect the County's incarcerated population, as well as the County staff who work in the jails. In addition, we continue to applaud reductions already made and the efforts of our justice partners to continue reducing the incarcerated population in County jails, as well as efforts to expand the use of technology solutions, such as telemedicine and virtual arraignments and proceedings.

Public Health will continue to work with the Sheriff's Department and Whole Person Care (WPC) to ensure care transitions of PUIs, positive cases and quarantined persons being released to congregate environments. Specifically, Public Health will notify receiving facilities of status.

In addition, as outlined in the March 31st memo, Public Health introduced Correctional Health Services and the Sheriff's Department to local subject matter experts, who may be able to develop short-term, mid-term, and long-term predictions to estimate the growth of the pandemic in the incarcerated population and its impact on jail-related housing and health services.

Your Board's continuous support is critical to ensure correctional facilities can secure the appropriate levels of clinical staffing, personal protective equipment, cleaning and hygiene supplies, signage, and technology.

Public Health appreciates the opportunity to act as a resource to protect the lives of the incarcerated population and County staff during this pandemic. Coordinated teamwork is the best approach to preserving the public's health during this crisis, and we look forward to continued cooperation and collaboration.

Public Health will continue to keep your Board updated on developments related to necessary and appropriate measures to prevent and control the spread of COVID-19 in the jails.

Please let me know If you have any questions or need additional information.

c: Department of Health Services
 Correctional Health Services
 Probation Department
 Sheriff's Department
 Chief Executive Officer
 County Counsel
 Executive Officer, Board of Supervisors

Environmental Health Assessment of Respiratory Illness Control in Los Angeles County Juvenile Detention Facilities

EXECUTIVE SUMMARY

Background

As part of ongoing efforts to contain the spread of the novel coronavirus (COVID-19), the Department of Public Health (Public Health) conducted a rapid environmental health assessment of eight juvenile detention facilities (**Appendix A**) in Los Angeles County. The assessment evaluated juvenile detention facilities' capability to prevent, manage and control COVID-19 at their site. The integration of housing, education, healthcare, food service, and workplace components present unique challenges for control of COVID-19 transmission among detained persons, staff, and visitors.

Summary of Findings

On March 26, 2020, five teams of three Public Health inspectors assessed eight juvenile detention facilities using a rapid assessment tool to document findings. The facilities were evaluated on their application of specific prevention practices, facility capacity for isolation and quarantine, management of symptomatic and exposed individuals, and sanitation measures to reduce the risk of transmission and severe disease from COVID-19. This report provides a summary of findings:

Prevention Practices

There are many opportunities for COVID-19 to be introduced into a juvenile detention facility, including daily staff ingress and egress; transfer of detained persons; and visits from family, legal representatives, and other community members. The assessment evaluated the prevention practices of facility administration and staff.

Prevention Practices	Yes	No
Signs posted for reporting symptoms	8 (100%)	0
Daily screening of youth upon arrival	7 (87%)	1 (13%)
Youth and staff informed on Covid-19	8 (100%)	0
Staff informed to stay home if sick	8 (100%)	0
Staff trained on infectious disease transmission	8 (100%)	0

All facilities had signs posted for reporting symptoms (100%) and most screened youth upon arrival (87%). However, Dorothy Kirby Center was the only facility that did not screen youth upon arrival to the facility. Key informant interviews revealed staff and youth were informed on COVID-19 related symptoms and procedures to report symptoms of fever, cough and shortness of breath.

Medical/Health Evaluation

Options for medical isolation and reporting of symptoms associated with COVID-19 can vary depending on the type and size of facility, as well as the current capacity level. The assessment evaluated the ability to socially distance at least 6 feet apart, isolation or segregating capabilities, availability of medical services, and tracking isolated youth.

Medical/Health	YES	No
Able to socially distance youth	8 (100%)	0
Ability to isolate youth	8 (100%)	0
Adequate spacing between beds	7 (87%)	1 (13%)
Medical care services on site	8 (100%)	0
Partnership with health care provider	8 (100%)	0
Ability to track isolated residents	8 (100%)	0

As part of the assessment, detention facilities were asked to identify how many beds could be made available for isolation purposes. Of the 8 facilities assessed, all were able to socially distance and isolate symptomatic youth. Adequate bed spacing was available at 7 of the 8 facilities; Challender Camp had beds bolted 4 feet apart and were advised to have the youth sleep in a head to foot configuration. Adequate levels of healthcare staffing and services were available for medical intervention and tracking of symptomatic youth.

Sanitation Evaluation

Detained youth live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced. The ability of detained persons to implement disease prevention measures (e.g., frequent handwashing) may be limited and is determined by the supplies provided in the facility and by security considerations. Many facilities restrict access to soap and paper towels and prohibit alcohol-based hand sanitizer and many disinfectants. The assessment evaluated the adequacy of sanitation at the facility, adequate supplies (sanitizers, masks, and gloves), and the availability of handwashing essential to slow the spread of COVID-19.

Sanitation/Hygiene	YES	No
Cleaning schedule in place	8 (100%)	0
Frequently touched surfaces cleaned	8 (100%)	0
Hot/warm water available	8 (100%)	0
Restroom cleaned regularly	8 (100%)	0

Sanitation/Hygiene	YES	No
Adequate number of supplies	4 (50%)	4 (50%)
Hand sanitizer available prior to eating	8 (100%)	0
Adequate handwashing facilities available	8 (100%)	0
Adequate handwashing supplies available	8 (100%)	0
Handwashing signs posted	7 (87%)	1 (13%)
Hand sanitizer provided on Entry/Exit	2 (25%)	6 (75%)

All facilities showed adequate overall sanitation and high touched surfaces were frequently cleaned throughout the facility. Half of the facilities had at least some of the core supplies (i.e. masks, gloves, sanitizer), however, it is important to note that quantities of supplies will decrease quickly. Central Juvenile Hall, Barry J. Nidord Juvenile Hall, Dorothy Kirby Center and Joseph Scott Camp were urged to order and maintain proper quantities. Handwashing and hand sanitizer supplies were available to staff and youth at all facilities, however, only Challenger and Joseph Scott camps provided sanitizer upon entry/exit.

Conclusion

Public Health is committed to providing guidance in maintaining robust sanitation practices and procedures to prevent the potential spread of illness. The majority of the Juvenile Facilities demonstrated use of best management practices to protect staff and youth from becoming exposed to COVID-19.

Public Health remains a collaborative partner with law enforcement, juvenile detention centers, and those supporting detained populations and offers the following top three recommendations:

- Address all areas for improvement noted above, including but not limited to:
 - Provide adequate supplies (i.e. masks, gloves, sanitizer) to assist with direct contact of symptomatic youth.
 - Ensure the availability of hand sanitizer for staff on Entry/Exit at all facilities.
- Maintain vigilant on cleaning and sanitation procedures with an emphasis on hand hygiene and frequently touched surfaces.
- Continue to explore and implement best practices¹ to educate on health protective actions and implement social distancing between youth, guests, and staff to prevent them from becoming exposed.
- Report all staff and resident youth confirmed cases of and Persons Under Investigation for COVID-19 and consult with Public Health on contact tracing.

¹ <http://publichealth.lacounty.gov/media/coronavirus/docs/facilities/GuidanceCorrectionalDetentionFacilities.pdf>



**Appendix A:
Juvenile Detention Facilities**

1. Central Juvenile Hall	1605 Eastlake Ave, Los Angeles, CA 90033
2. Barry J. Nidorf Juvenile Hall	16350 Filbert St. Sylmar, CA 91342
3. Dorothy Kirby Center Camp	1500 S. McDonnel Ave, Commerce, CA 90040
4. Joseph Scott Camp	28700 Bouquet Canyon Rd. Santa Clarita, CA 91390
5. Challenger Camp	5300 W. Ave I, Lancaster, CA 93536
6. Glenn Rocky Camp	1900 Sycamore Canyon Rd. San Dimas, CA 91773
7. Afflerbaugh Camp	6631 Stephens Ranch Rd. La Verne, CA 91750
8. Paige Camp	6631 Stephens Ranch Rd. La Verne, CA 91750

Environmental Health Assessment of Respiratory Illness Control in Los Angeles County Men's Central Jail and Twin Towers Correctional Facility

EXECUTIVE SUMMARY

Background

As part of ongoing efforts to contain the spread of the novel coronavirus (COVID-19) in Los Angeles County, the Department of Public Health (Public Health) conducted a rapid environmental health assessment of Los Angeles County's jails to identify all necessary and appropriate measures to prevent the spread of COVID-19 in the jails and protect individuals incarcerated in the jails, as well as County staff working in the jails. The integration of housing, education, recreation, healthcare, food service, and workplace components present unique challenges for control of COVID-19 transmission among detained persons, staff, and visitors. As of April 22, 2020, reports show 96 confirmed cases at some point in jail facilities; the Sheriff's Department reports 65 detained persons are in isolation and 1,586 are in quarantine.

Summary of Findings

On April 10, 2020, three teams of three Public Health inspectors assessed the Los Angeles County Men's Central Jail and both buildings of the Twin Towers Correctional Facility using a rapid assessment tool to document findings. The facilities were evaluated on their application of specific prevention practices, capacity for isolation and quarantine, management of symptomatic and exposed individuals, and sanitation measures to reduce the risk of transmission and severe disease from COVID-19. This report provides a summary of findings:

Prevention Practices

There are many opportunities for COVID-19 to be introduced into a jail, including daily staff ingress and egress; transfer of detained persons; and visits from family, legal representatives, and other community members. Administrators should ensure that all persons in the facility know how to prevent the spread of infection and respond if they develop symptoms. The assessment evaluated the prevention practices of facility administration and staff, including the ability to socially distance (maintain a physical distance of at least 6 feet) between all individuals, regardless of the presence of symptoms.

Prevention Practices	Yes	No
Signs posted for handwashing	2 (67%)	1 (33%)
Signs posted for reporting symptoms to staff	3 (100%)	0
Daily screening of staff and incarcerated persons	2 (67%)	1 (33%)
Staff and incarcerated persons informed on COVID-19	3 (100%)	0
Staff informed to stay home if sick	3 (100%)	0
Staff trained on infectious disease transmission	3 (100%)	0

All facilities had signs posted for reporting symptoms (100%), however, Men's Central Jail was missing the handwashing signs and only Twin Tower I & II had handwashing signs posted. Two of three facilities screened all incarcerated persons upon arrival (67%); Twin Tower II only screens sick individuals. Staff for all three facilities were instructed to self-screen for temperature twice a day rather than providing dedicated staff to perform this function. Staff report that employees and incarcerated persons were informed on COVID-19 related symptoms and procedures to report symptoms of fever, cough and shortness of breath.

Medical/Health Evaluation

Options for medical isolation and reporting of symptoms associated with COVID-19 can vary depending on the type and size of the facility, as well as the current capacity level. The assessment evaluated isolation or segregating capabilities, availability of medical services and supplies, and tracking incarcerated persons under isolation or quarantine.

Medical/Health	YES	No
Ability to medically isolate	3 (100%)	0
Ability to socially distance	3 (100%)	0
Medical care services on site	3 (100%)	0
Adequate spacing between beds	3 (100%)	0
Ability to track incarcerated persons under isolation or quarantine	3 (100%)	0

As part of the assessment, facilities were asked to identify how many beds could be made available for isolation purposes. Of the 3 facilities assessed, all were able to socially distance and isolate symptomatic individuals. Adequate bed spacing was available at Twin Tower II, Section 241. Adequate levels of healthcare staffing and services were available for medical intervention and tracking of symptomatic individuals.

Sanitation Evaluation

Incarcerated persons live, work, eat, study, and recreate within congregate environments, heightening the potential for COVID-19 to spread once introduced. The ability to implement disease prevention measures (e.g., frequent handwashing) may be limited and is determined by security considerations and by the supplies provided in the facility. The assessment evaluated the adequacy of sanitation, healthy hygiene practices at the facility, and adequate supplies essential to slow the spread of COVID-19.

Sanitation/Hygiene	YES	No
Adequate supply of Personal Protective Equipment (PPE)	3 (100%)	0

Cleaning schedule in place	3 (100%)	0
Sanitation/Hygiene	YES	No
Frequently touched surfaces cleaned	3 (100%)	0
Hot/warm water available	3 (100%)	0
Restroom cleaned regularly	3 (100%)	0
Adequate handwashing supplies	3 (100%)	0
Adequate handwashing facilities available	3 (100%)	0
Hand sanitizer available prior to eating	3 (100%)	0
Hand sanitizer provided on entry/exit	3 (100%)	0

All facilities had personal protective equipment for cleaning (i.e. masks, gloves), however, it is important to note that quantities of supplies will decrease quickly. All facilities showed adequate overall sanitation and high-touch surfaces are frequently cleaned throughout the facility. Handwashing and hand sanitizer supplies were available to staff and incarcerated persons at all facilities. All facilities provided sanitizer upon entry/exit.

Conclusion

Public Health is committed to providing guidance in maintaining robust sanitation practices and procedures to prevent the potential spread of illness. To support and protect the County's incarcerated population, as well as the County staff who work in the jails, Public Health recommends the following:

- Dedicate a medical staff member to screen all staff upon entry to facility for temperature and any signs of respiratory illness.
- Screen all incarcerated persons, sick or healthy, for any signs of respiratory illness, including temperature checks.
- Ensure that all staff who enter the facility are wearing a face covering while in the facility.
- Maintain vigilant cleaning and sanitation procedures with an emphasis on hand hygiene and frequently touched surfaces.
- Post handwashing signage reminders¹.
- Continue to explore how best to educate on health protective actions and implement social distancing between incarcerated persons, staff, and guests to prevent exposure.
- Ensure Emergency Plan is strictly adhered to.

¹ <http://publichealth.lacounty.gov/media/coronavirus/GuidanceHandwashingEnglish.pdf>

Acute Communicable Disease Control Infection Control Assessment of Los Angeles County Men's Central Jail and Twin Towers Correctional Facility

Executive Summary

Assessment Conducted April 10, 2020

Background

As part of ongoing efforts to contain the spread of the novel Coronavirus (COVID-19) in Los Angeles County, the Department of Public Health (Public Health) conducted an infection control assessment of Los Angeles County's jails to identify measures to prevent the spread of COVID-19 and protect individuals incarcerated, working, or visiting County jails.

Summary of Findings

On April 10, 2020, a teams of one physician, one public health nurse and two infection control nurses from Acute Communicable Diseases (ACD) [insert title(s)] assessed the Los Angeles County Men's Central Jail (MCJ), and both buildings of the Twin Towers Correctional Facility using Public Health's [Guidance for Correctional and Detention Facilities](#) and interviews with staff. The facilities were evaluated on their application of various elements ranging from signage to isolation and quarantine protocol. This report provides a summary of findings:

Elements to assess	Assessment	Recommendation
Who oversees infection control at each location?	<ul style="list-style-type: none">Chief Medical Officer (CMO) along with nursing leadership appears to oversee infection control at all locations. There is no dedicated infection preventionist.	<ul style="list-style-type: none">Identify and assign an infection preventionist, preferably by facility.
Isolation Protocol		
Have physical locations (dedicated housing and bathrooms) been identified to isolate confirmed cases?	<ul style="list-style-type: none">Temperature and symptom checks done two times a day for Persons Under Investigation (PUIs) (both high-risk and non-high risk).No isolation area at MCJ.	<ul style="list-style-type: none">Increase medical monitoring (temperature and symptom checks) for high-risk patients at Correctional Treatment Center (CTC) to every 4 hours.Consider single person cells in the Medical Observation Specialty Housing (MOSH) of MCJ as alternate isolation area for MCJ PUIs and positive cases.

Elements to assess	Assessment	Recommendation
Is there a facility isolation plan in place that includes: <ul style="list-style-type: none"> • Medically High-risk individuals? • When to discontinue isolation? 	<ul style="list-style-type: none"> • High-risk and non-high-risk individuals are isolated in different places. Correctional Treatment Center (CTC) is allocated to isolate high-risk PUIs. • Tower Two 241 is allocated to isolate non-high risk PUIs. • Discontinue isolation if test is negative. 	<ul style="list-style-type: none"> • If possible, identify isolation units in each building to minimize movement of sick persons. • Consider single person cells in the MOSH of MCJ as alternate isolation area for MCJ PUIs and positive cases.
If an individual is symptomatic, is a face mask provided?	<ul style="list-style-type: none"> • Yes 	
Quarantine Protocol		
Have physical locations been identified for quarantine of close contacts of cases?	<ul style="list-style-type: none"> • When PUI is identified, everyone who cohabitated with the PUI is considered a close contact. The entire housing unit that PUI was housed in is put on limited movement. • Current quarantine housing unit is severely overcrowded. 	<ul style="list-style-type: none"> • Decompress quarantine housing units whenever possible. If more than 10 people in a room, ensure head-to-toe configuration of beds.
Is there a facility has quarantine plan that includes: <ul style="list-style-type: none"> • Where housing? • How many days? • Face mask? • Symptom monitoring? • What to do if becomes symptomatic? • Testing? • Meals? • Laundry? 	<ul style="list-style-type: none"> • Limited movement • Close contacts are put on limited movement if and after PUI test results are positive (2-3 days). • No medical monitoring of individuals in limited movement. Persons are expected to self-report if they develop symptoms. • Quarantine duration is 14 days or until they test negative. • Masks provided. • Relying on self-monitoring. • Observed staff to be wearing face mask and gloves • Meals served in quarantine dorm. • Workers issuing laundry are using PPE • Observed staff to be wearing face mask and gloves 	<ul style="list-style-type: none"> • Introduce some form of active surveillance of persons in quarantine. • Use a no-touch thermometer to do temperature and symptom checks two times a day (at QD).
Is staff is wearing appropriate PPE?		

Social Distancing		
<p>Is a list of Social Distancing strategies made for:</p> <ul style="list-style-type: none"> • Common Areas-increase spacing of inmates? • Recreation-stagger times, restrict usage? • Meals-stagger meals, seating with more space, provide meals inside cells? • Group activities-limit size, increase space between individuals, suspend programs, consider alternatives? • Housing-reassign bunks if allowed to provide more space, sleep head to foot, minimize movements? • Medical-designate a room in each housing unit, have dedicated room for intake assessment? 	<ul style="list-style-type: none"> • Social distancing principles were verbalized by staff, including facility wide Public Service Announcements. • Common area-observed increased spacing of inmates in most areas • Recreation-rooftop area -observed group of about 20 inmates playing basketball. • Meals are provided in cell or dorm area. • Most group activities have been limited and with smaller numbers or cancelled. • Per interview, custody is trying to create more space through reassignment of housing where possible. • Elevators have signs for up to 4 people at a time. • Combination of single rooms and multiple occupancy rooms. Difficult to assign alternate bunk beds (i.e. top, then bottom, then top) since most bunk beds are occupied. • Difficult to enforce inmate position (i.e. head, then feet, then head) on the beds. 	<ul style="list-style-type: none"> • Do not restrict outdoor privileges for non-symptomatic, non-quarantine persons. However, prohibit contact sports. • Decompress rooms, when possible, to minimize bunk bed occupancy; reinforce head to toe positioning.
Signage		
<p>Is signage posted throughout the facility for:</p> <ul style="list-style-type: none"> • Symptoms of COVID-19 for all and in proper languages? • Staff-stay at home if sick? 	<ul style="list-style-type: none"> • Signage for symptoms was posted at entry points. • All signs for COVID-19 observed were in English only. • Signage telling staff to stay home when sick was posted. 	<ul style="list-style-type: none"> • More widespread COVID-19 signage in every common area is needed. This includes, every housing unit/dorm, clinical area (UC, Inmate Reception Center IRC, CTC, MCJ clinics and Towers clinics). • Add sign noting head-to-toe configuration in every dorm. • Ensure there is signage in English and Spanish.

		<ul style="list-style-type: none"> Have signage on donning and doffing in clinical areas.
Operation and Supplies		
Does the facility have sufficient stock of: <ul style="list-style-type: none"> Medical supplies? Tissues? Liquid soap? Hand Drying supplies? Alcohol-based sanitizer? PPE? COVID-19 testing materials? 	<ul style="list-style-type: none"> Reporting low supplies of n95 masks, gowns, and disinfectant wipes. Witnessed a 50fl oz bottle of hand sanitizer at the main entrance by the guest sign-in. 	<ul style="list-style-type: none"> Ensure adequate supply of soap and surgical masks. Frequently restock as necessary.
Does the facility have a contingency plan in case of a PPE shortage?	<ul style="list-style-type: none"> PPE supplies are distributed to areas/units based on number of patients, type of units, type of procedures, number of HCP in the unit Non-emergency medical procedures that can be postponed are postponed 	Adequate
Hygiene		
Is signage posted for the following topics: <ul style="list-style-type: none"> Cough etiquette? Hand hygiene? Avoid touch eyes, nose, mouth? Avoid sharing utensils? 	<ul style="list-style-type: none"> Cough etiquette was posted but in limited areas Did not observe hand hygiene signs posted 	<ul style="list-style-type: none"> Include hand hygiene signage Increase signage on hand hygiene and cough etiquette across all common areas, including housing units.
Do all persons have access to soap, running water and hand drying machines and tissues?	<ul style="list-style-type: none"> Per interview with custody staff, all inmates are provided soap liberally at no cost, and they have their own towels. Each inmate room has a sink, toilet, shower, and bed. Multiple occupancy rooms have multiple sinks, toilets, showers, and bunk beds. No hand drying machines observed. Trash bags are placed in each room (no touch). 	<ul style="list-style-type: none"> Make tissues available to inmates
Is education provided regarding the need to avoid sharing drugs and equipment?	<ul style="list-style-type: none"> Not directly 	<ul style="list-style-type: none"> Develop signage to communicate risks of sharing drug supplies and tattoos including Hepatitis

		C, HIV and COVID spread.
Screening and Testing Inmates		
Are intake screening and temperature checks are taking place for inmates?	<ul style="list-style-type: none"> Custody staff do initial screening on entry as part of arrestee screening form. This is done in the transportation area. Relying on self-reporting of symptoms. If report symptoms and fever, then patient waits outside. RN evaluates patients and takes vital signs in this area. Arrestee doesn't enter the facility. If patient has a fever and respiratory symptoms, then medical provider evaluates the patient in that area. If determined to be PUI, patient is taken directly to 241 or IRC. 	<ul style="list-style-type: none"> Broaden PUI criteria to detect and screen persons with early/mild symptoms of COVID-19 – subjective fever or acute respiratory symptoms (shortness of breath, cough). Broaden number of clinicians (outside 241, CTC) to test.
Are the staff that are doing intake wearing proper PPE for screening and temperature checks?	<ul style="list-style-type: none"> Did not observe 	Adequate
Do staff know to isolate individuals with symptoms and to: <ul style="list-style-type: none"> Provide mask? Place under medical isolation? 	<ul style="list-style-type: none"> Yes 	
Do staff know to quarantine individuals reporting close contact to a COVID-19 case?	<ul style="list-style-type: none"> Custody and medical staff define isolation as positive cases. They define quarantine as including as symptomatic persons who have pending test results. 	<ul style="list-style-type: none"> Suggest reinforcing distinction between isolation (symptomatic – with or without resulted test) and quarantine (asymptomatic close contacts)
Prior to release, are individuals screened for COVID-19 symptoms and temperature? <ul style="list-style-type: none"> Do have plan if they do not clear screening process? Are contacting receiving facility before release? <ul style="list-style-type: none"> Symptomatic 	<ul style="list-style-type: none"> Per interview, are using self-screening. For PUIs and confirmed cases, and individuals under quarantine, they are notifying receiving facility. 	<ul style="list-style-type: none"> Public Health will work with custody and WPC to ensure care transitions of PUIs, positive cases and quarantined persons being released to congregate environments. Specifically, Public Health will notify receiving facilities of status.



○ Confirmed case Released before isolation or QT finished		
CHS and Custody Staff		
Are screening for temperature and symptoms occurring daily upon entry into facility?	<ul style="list-style-type: none"> Relying on self-reporting, no active screening of temperature occurring Temperature checks with no touch thermometer at entry to CTC. 	If in-person temperature and symptom checks are not feasible, adopt a mass notification tool for twice daily reminders. Everbridge is an example commonly used in hospitals.
Are COVID-19 positive staff not allowed to work until isolation is discontinued?	<ul style="list-style-type: none"> Staff will need clearance from employee health prior to returning to work. 	Adequate
Are quarantined staff instructed to self-quarantine for 14 days?	<ul style="list-style-type: none"> Staff needing quarantine will be referred to employee health for instructions and clearance 	Adequate
Are staff encouraged to maintain at least 6 feet of physical distance when feasible?	<ul style="list-style-type: none"> Yes, in person briefing and training was provided to the staff 	Adequate
Visitors		
Are visitors screened for COVID-19 symptoms and temperature?	<ul style="list-style-type: none"> Staff verbalized that no visitors allowed at current time 	Adequate
Does the facility have a policy for visitations during COVID-19?	<ul style="list-style-type: none"> Did not receive policy 	<ul style="list-style-type: none"> Did not receive policy
Operations		
Is the facility limiting transfers?	<ul style="list-style-type: none"> Unclear Video arraignments in some instances. 	<ul style="list-style-type: none"> Explore ways to expand virtual arraignments and proceedings
Are non-essential medical appointments limited?	<ul style="list-style-type: none"> Not observed 	<ul style="list-style-type: none"> Cancel/postpone non-essential medical appointments
Infection Control		
Are written infection control policies and procedures available? <ul style="list-style-type: none"> PPE handwashing Isolation Quarantine 	<ul style="list-style-type: none"> Did not see any written policies or procedures 	<ul style="list-style-type: none"> Did not receive policy

Is hand hygiene: <ul style="list-style-type: none">• Performed after PPE removal?• Training provided to all staff?• Supplies for adherence to hand hygiene are available to both staff and inmates?	<ul style="list-style-type: none">• Staff was knowledgeable of hand hygiene practices.	<ul style="list-style-type: none">• Did not receive policy
Is PPE: <ul style="list-style-type: none">• Training provided to all personnel who use PPE?• Selection known by all personnel?• Located near where it is needed?• Donned in correct order?• Doffed in correct order?	<ul style="list-style-type: none">• None observed	<ul style="list-style-type: none">• Post signage and/or videos on donning and doffing. Public Health will provide a number of posters.

Summary

CHS and LASD have adopted responsive strategies to address COVID-19 in their facilities. This includes early screening of all inmates entering the facility and rapid isolation of symptomatic persons. People in isolation are medically monitored. Additionally, staff reinforce social distancing in common areas, whenever possible. CHS and LASD appear to work collaboratively on major aspects of COVID-19 operations, and LASD staff seem well versed on how clinical and public health decisions impact their operations.

Areas for improvement are worth noting. The current quarantine protocol is synonymous with limited movement. It does not include medical surveillance. Persons on quarantine should have some degree of medical monitoring with daily temperature and symptom checks at minimum (preferably twice daily as outlined in the Public Health COVID-19 Guidance for Correctional and Detention Facilities).

Isolation and testing determinations were based on presentation of moderate disease (fever and acute respiratory symptoms) and not early or mild disease (fever or acute respiratory symptoms). Given the large population of relatively young persons who traffic through the jail who may overwhelmingly present with mild symptoms, CHS's current testing criteria likely misses a large number of potential cases. Additionally, the strict requirement of a documented fever can miss people who are immunocompromised who otherwise may present atypically. Therefore, Public Health recommends broadening the screening and testing criteria to detect persons with early, mild or atypical symptoms. This may necessitate expanding the number of providers who are permitted to test (outside of CTC and Tower II Section 241).

Lastly, Public Health requests of all current policies and procedures related to COVID-19 from CHS. We have received these documents from LASD. Public Health looks forward to collaborating and supporting CHS and LASD in its COVID-19 related efforts.

EXHIBIT 4



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE

JACKIE LACEY • District Attorney
JOSEPH P. ESPOSITO • Chief Deputy District Attorney

SERGIO A. GONZALEZ
Assistant District Attorney

May 18, 2020

Lael Rubin
Chair, Ad-Hoc Committee on COVID-19 and
Vice-Chair, LA County Sheriff Civilian Oversight Commission
World Trade Center
350 South Figueroa Street, Suite 288
Los Angeles, California 90071

Dear Lael,

The Los Angeles County District Attorney's Office (LADA) is in receipt of your letter dated May 12, 2020. We too share your concern about the potential deadly spread of COVID-19 in county jail facilities. On March 20, 2020, the LADA began the process of reviewing multiple lists of inmates provided by the LASD. Our office was asked to consider the release from custody of the listed inmates because of the COVID-19 public health crisis. We reviewed the cases of inmates whom LASD identified as medically fragile, 60 years old and older, and those with non-serious or non-violent pending cases. We reviewed approximately 3500 cases and agreed to release 894 inmates. Every Head Deputy and Deputy-in-Charge reviewed the list of names in their particular Branch or Area office. In Line Operations, there are 15 Head Deputies and 23 Deputies-in-Charge. Due to the volume of cases in Central Operations, deputy district attorneys were recruited to help vet the list of names. We provided names to the court on a daily basis. The vast majority of cases were reviewed electronically utilizing our case database. Our personnel understood the gravity of the situation and made decisions as soon as possible. The review of the lists was their top priority.

The Emergency \$0 Bail Schedule became effective on April 13, 2020 at 5:00 p.m. Our office was provided a list by the LASD of 2107 inmates who were potentially eligible for release. We quickly identified and stipulated to the release of over 275 inmates. We also identified numerous inmates on the list who were already released or did not qualify for release because they were charged with serious and/or violent felonies. The inmates who remain in custody have been charged with committing serious and violent felonies including murder, attempted murder, rape, arson, robbery and other crimes. Their release will endanger the public and victims.

In assessing each inmate for release, we consider the impact their release will have on victims and the community, the totality of the circumstances including the severity of the crime, the severity of any injuries, whether the accused used a weapon and what type of weapon. We have completed our review of the lists provided by the Sheriff's Department.

Lael Rubin
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May 18, 2020

We are currently working with the Public Defender's Office identifying inmates with 90 days or less remaining on their sentence and determining whether their sentence should be reduced. We have also urged defense counsel to notify us regarding any person who has medical issues and is particularly vulnerable. This is an on-going project.

Our office remains committed to working with the necessary justice partners to expedite the release of appropriate inmates.

Sincerely,

JACKIE LACEY
District Attorney

By

SERGIO GONZALEZ
Assistant District Attorney

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