AMEND
CHANGING CORRECTIONAL CULTURE

Berkeley Public Health

Urgent Memo

COVID-19 Outbreak: San Quentin Prison

June 13, 2020

San Quentin California State Prison is experiencing a rapidly evolving COVID-19 outbreak with profoundly inadequate resources to keep it from developing into a full-blown local epidemic and health care crisis in the prison and surrounding communities. The combination of San Quentin's antiquated facilities and severe overcrowding places the prison at high risk of significant COVID19-related morbidity and mortality unless the population is quickly reduced by 50% or more, in addition to adoption of the prevention measures outlined below. The urgent resources San Quentin requires range from human capital to environmental risk reduction and rapid testing. Failure to meet these urgent needs will have dire implications for the health of incarcerated people at San Quentin, correctional staff and the healthcare capacity of Bay Area hospitals.

Background

San Quentin arrives at this tenuous moment with several significant assets including a strong Chief Medical Executive (Dr. Alison Pachynski) and a Chief Physician and Surgeon (Dr. Shanon Garrigan) who have spent the past 3.5 months doing everything in their power to prepare for an unavoidable COVID-19 outbreak. However, these two physicians, even with the enormous assistance they have received from many other healthcare staff including a strong public health nurse, a notably excellent partnership with custody leadership (Acting Warden Ronald Broomfield and the recently arrived Chief Executive Clarence Cryer), and additional staffing from the Regional level, is simply not enough to meet the needs of San Quentin given its size and complexity. As a result, there are multiple vulnerabilities that we witnessed at San Quentin which must be urgently addressed to protect the health and safety of thousands of staff, residents and surrounding community members.

Although this memo outlines the urgent needs of San Quentin Prison, it is our belief that most – if not all – of these recommendations are important for all California Prisons that are certain to experience an outbreak if they have not already.

Urgent needs and immediate actions required:

1. **Develop a COVID-Outbreak Emergency Response Team:** At present, the over-reliance on local existing medical and correctional leadership to develop an outbreak response plan means that these leaders are tasked with making multiple acute decisions on a daily basis without enough people on the ground to operationalize a centralized game plan or long term strategy. This

responsibility - overwhelming on its own - is then magnified with the additional responsibility of providing implementation oversight of the ad-hoc plan. Instead, local leadership should have the support needed to step back and see the whole picture with a team of staff who can implement and recommend adjustments to the overarching central COVID-19 control strategy as needed on the local level. There simply do not appear to be sufficient on the ground staff who are not working from home. This daily management of the acute phase of the outbreak has the secondary effect of making the lead physicians also less available to coordinate the care and treatment of patients who become acutely ill in the facility and also increases the vulnerability of San Quentin to small errors with potentially dire consequences. Minimum positions required for such a team are included below. Dr. Pachynski and Dr. Garrigan appear to be personally responsible for all of the tasks described below with insufficient tools to support their success. While there may be some central guidance and support offered, additional human capital is urgently needed to achieve the CCHCS's pandemic response goals.

Minimum Recommended Leadership Team Positions:

- **Environment of Care Leader.** This position would be responsible for evaluating and optimizing the physical plant of the prison for ventilation, sanitation, path of patient flow (for example developing policies and procedures for how infected patients are transferred through the institution) and planning for how to reconfigure and reimagine needed space for quarantine, general population or medical isolation units depending on how the number of affected patients increases or decreases over time. This position would also work with plant operations to ensure that all air vents are cleaned and well functioning and would organize the creation of a field hospital(s) or quarantine tents as needed.

- **Healthcare – Custody Coordination Leader.** This position would focus on partnering with Custody (and working closely with the Staff Healthcare Liaison Leader, described below) to review current housing on a daily basis, and to determine the appropriate way to cohort and house residents including developing quarantine areas (in partnership with the Environment of Care Leader). This position would also be responsible for ensuring that appropriate testing is done prior to any transfer of residents to other state facilities or to the community.

- **COVID-19 Testing Leader.** This position would be responsible for coordinating with the testing center (at this moment QUEST Diagnostics) including reaching out through public and private sources and coordinating with the state and local departments of public health to improve testing turnaround time, running the list with medical staff (and the Epidemiologist, described below) on a daily basis to determine who has – and who needs – testing, and coordinating contact tracing in response to testing results and reporting of symptoms throughout the facility.

- **Staff Healthcare Liaison Leader.**This position would work with correctional leadership to cohort staff, develop plans that eradicate staff working at more than one housing facility throughout the day, train and enforce PPE rules, support contact tracing and administrative leave needs among exposed and infected staff, and investigate alternatives to potential

sources of staff-to-staff infections such as shared vanpools. This position would also track daily staff movements in order to assist with contact tracing when needed.

- **Epidemiologist Analyst Leader.** This position would be responsible for maintenance of a line listing of all active cases and for all data analysis and reporting. This position would also be responsible for a "patient tracking process" of the facility including daily review of the COVID Monitoring Registry to provide a close scrutiny of who has tested positive or is in quarantine – where they are currently housed (and were recently housed), and the same for those who have tested negative. In addition, this position would assist the Environment of Care leader and the Healthcare – Custody Coordination Leader to manage patient movement to quickly clear people when they have tested negative and return them to the General Population in order to free up much-needed quarantine cells. This position would also manage testing data (e.g., some inmates in the reception area have been tested 3-4 times and test results are coming in at different times).

2. **Address Unsafe Overcrowding.** Although there are currently 3547 total inmates, approximately ~1400 have at least one COVID risk factor (as do many, unknown, staff members). This means they are at heightened risk of requiring ICU treatment and/or mortality if infected. We detail the units of most immediate concern below. Given the unique architecture and age of San Quentin (built in the late 1800s and early 1900s), there is exceedingly poor ventilation, extraordinary close quarters esacerbated by overcrowding, and inadequate sanitation, **we recommend that the prison population at San Quentin be reduced to 50% of current capacity (even further reduction would be more beneficial) via decarceration**; this will allow every cell in North and West blocks to be single-room occupancy and would allow leadership at San Quentin to prioritize which units to depopulate further including the high-risk reception center and gymnasium environments. It is important to note that we spoke to a number of incarcerated people who were over the age of 60 and had a matter of weeks left on their sentences. It is inconceivable that they are still housed in this dangerous environment. **It is a frightening public health reality that in a matter of days there may be no cells to isolate a potentially infectious COVID-19 patient;** the only way to manage the situation is to significantly reduce the prison population (and it is too risky to move inmates to other facilities).

Housing units of most concern at San Quentin at present time:

- **North Block and West Block** are each open-grill, 5-tier buildings with a capacity of 800 persons each. Ventilation is poor - windows have been welded shut and the fan system does not appear to have been turned on for years; heat on the far side of the building can be stifling. Over 50% of the residents housed in these units have at least 1 COVID risk factor, and an alarming ~300 inmates have 4 or more COVID risk factors. An outbreak in North and West blocks could easily flood – and overwhelm – San Quentin as well as Bay Area hospitals. (For example, see San Francisco hospital capacity: https://data.sfgov.org/stories/s/Hospital-Capacity/qtdt-yqr2/)

- **<u>Reception center</u>** which currently houses ~500 persons. In the reception Center's "Badger Unit" where people from CIM were transferred, the fear and outrage are palpable – people are yelling throughout the housing unit due to discontent about the COVID-19 situation including intake of inmates from CIM and loss of privileges (thereby increasing the risk of COVID-19 spread throughout the tiers via respiratory droplets). It is hard to imagine that violent incidents will not erupt at some point soon further threatening the safety and health of residents and staff alike.

- **<u>The Gymnasium</u>**, which has been converted to a dorm. There is little to no ventilation in the housing unit creating high-risk for a catastrophic super spreader event. At a minimum, the gymnasium beds should be spread out more to ensure additional distance between residents and the second set of doors in the gymnasium dorm must be opened to ensure air turnover which may necessitate a second officer station for security reasons. This unit should be prioritized for closure if sufficient population reduction can be achieved.

- **<u>HVAC - in all units above and in other housing areas</u>** there is an immediate need to clean and turn on all fan and HVAC systems immediately (North Block, Gymnasium, Dorms) in order to maximize air exchange and ventilation as soon as possible – ideally in the next few days. Of note, the exhaust pumps and filters appear dirty on visual inspection, and require clearing and cleaning. Since maximizing ventilation and air exchange decreases COVID-19 transmission, doors and windows should be opened as much as possible (some have been welded shut - and must be remediated). If opening doors makes it difficult for officers to do their jobs then we would recommend that officer stations be rearranged or new ones set up so as to improve air exchange. Note that the important aspect is *air exchange*, not only the movement of air within the room. Fans that blow air around may help cool people, but they don't decrease rebreathing aerosols unless they filter the air or increase air exchange (diluting the aerosol).

3. **Immediately Improve Testing.** It is inconceivable that in the Bay Area the medical leadership at San Quentin is having to manage an outbreak in their massive antediluvian facilities with PCR tests on a 5-6 day turn-around time. We would argue that there is no higher testing priority for around 100 miles and resources need to be shifted immediately to respond or there will be a massive, uncontrollable outbreak (if it is not too late already). In addition (and this certainly goes without saying), transfers between all facilities must halt until medical staff are able to certify that all testing and quarantine procedures can be followed. Our recommendations are as follows:

   - **Liaise with testing laboratory to streamline testing,** including exploring observed self-collection of samples and alternate anatomic sites of testing (e.g. saliva, nares swabs)

   - **Improve testing turnaround time at QUEST or go through other laboratories that will be able to improve turnaround time (5-6 days or more is completely unacceptable).** As an example, CMC was able to respond rapidly to their outbreak with a turnaround testing time of 24 hours at some points in the outbreak. Large-scale testing with rapid receipt of results is essential to allow the medical team to minimize community spread. If tests are sent to

laboratories other than QUEST, support San Quentin in adding these results to the EMR as the current process of scanning and manual entry is overly laborious.

- **The California Department of Public Health** should be compelled to prioritize specimens from San Quentin given the potential for super-spreading in that environment.

- **Testing of symptomatic patients must be done with individual testing. Testing of asymptomatic patients to identify people who are shedding virus can be done with pools of samples. Without additional information, pools of 10 should be used.** This approach can be used for frequent retesting of people at especially high risk of spreading the virus (staff and inmates in large housing units — i.e. almost all of San Quentin).

- **San Quentin requires on-site testing -** including cartridges and well-trained staff to conduct these (currently they have inadequate staffing to conduct mass swabbing). Sample transport just adds time. San Quentin will need high volume testing for many months, perhaps years. They should have testing capacity on-site and available round-the-clock.

- **Of note, because testing time is so slow, little to no contact tracing can happen. Furthermore, patients cannot be appropriately housed based on test results when these results return 6 days later as a patient may have been exposed in the interim.** As a result, *entire units are put on lockdown status for the span of a quarantine*. In the long term, as this pandemic will last at least another year and likely longer, this will threaten long term goodwill between residents and staff and have profound mental health consequences for the population and staff alike.

4. **Develop Additional Medical Isolation and Quarantine Housing.** Those in *Quarantine* (for those with a credible exposure to COVID-19 and are asymptomatic) are housed in Carson. Of note, all who arrived from CIM were housed in the Reception Center's Badger Unit 4th and 5th Tiers. This was beyond usual practice due to volume. Those in *Medical Isolation* (for those who have tested positive for COVID-19 and suspects with symptoms who are awaiting testing) have been housed in the Adjustment Center as this is the only unit at San Quentin that has single cells with solid doors. There are ~102 cells in the Adjustment Center of this type and already ~80 cells are full. At the advice of the local health department, 3 of the CIM buses were placed in this isolation unit once a person from the bus turned positive due to the high-level serious exposure. Therefore, some of these individuals might end up with negative tests and can then be moved out of Medical Isolation.

   However, a massive outbreak at San Quentin will significantly overwhelm the availability of these 102 Medical Isolation cells, and there will quickly be nowhere for infectious cases to be moved. For this reason, we believe that there is a**n urgent need for immediate creation of a field hospital to relieve the imminent overflow problem in the Medical Isolation unit**. In addition, people with COVID-19 are known to experience rapid physical decompensation; this is therefore

not an ideal time for a patient to be behind a solid door in the most secure areas of the prison out of the sight of medical or nursing staff in the case of an emergency.

Some suggestions for additional Quarantine and Medical Isolation space below:

- **Convert nearby chapels (there are 3) into field hospitals.** This field hospital can house all people with confirmed COVID-19 ("Medical Isolation Unit") as there are not substantial risks to housing infected patients together and these patients would then have access to supervising nurses who could regularly check their respiratory status and comfort levels. The chapels are large, well-ventilated rooms conveniently located near the current Medical Isolation Unit and with road access for ambulances and other transport. We recognize the housing plans will become increasingly complex as people of multiple security levels require housing in Quarantine or Medial Isolation housing. This again reinforces the need for a dedicated team leader (the **Healthcare – Custody Coordination Leader)** who oversees the work of partnering with corrections to identify medically appropriate housing solutions.
- **Once a field hospital is created, San Quentin will need another site for Quarantine.** One option is to keep Adjustment Center housing for Quarantine. Due to the incredible fear involved with being moved to the Adjustment Center cells not to mention possible short- and long-term mental health effects, we would strongly recommend that custody immediately develop additional, positive incentives to improve mental health for the 14-day quarantine period for those housed in the Adjustment Center for Quarantine, such as access to personal tablets with movies, increased access to canteen items, personal effects and a certain number of free phone calls, perhaps on state-owned cell phones. While these interventions may seem beyond the normal routine of prisons in California, they are simple, low-cost measures that would go a long way toward building good will and ensuring that inmates who become symptomatic are willing to come forward to medical treatment with their symptoms. Furthermore, they may dampen the growing security risk associated with the aforementioned discontent among inmates. It is also possible that if enough high-security level individuals need medical isolation then they would need to use this unit for them and would require alternate housing options for Quarantine (perhaps the Carson housing unit which is currently being used for quarantine, although ideally the Carson housing unit would be only used for quarantine, further necessitating population reduction to control this epidemic at San Quentin). An mentioned above, in a matter of days/weeks, there may be no reasonable isolation locations for infectious COVID patients.

5. **Improve General Prevention efforts throughout the facility.** In particular, we witnessed suboptimal mask use by staff, and three "medical pass nurses" sitting in a work room without masks. Moreover, custody work stations are not set up to physically distance, no additional workstations appear to have been built yet. As a result, even with the best of efforts, officers wind up clustered near each other around a central podium. An infection control nurse and environmental assessment would go a long way towards identifying opportunities to partially alleviate these problems.

6. **Staffing Cohorting is a necessity.** At present work shift plans are inadequate from a public health perspective. For example, we learned about staff who were working in the Medical Isolation Unit (Adjustment Center) during the shift and were scheduled to work the next shift in the dorms. This is an enormous risk for the spread of COVID-19 between housing units.

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Amend at UCSF is a health-focused correctional culture change program led by experts in medicine, infectious diseases, public health, and correctional health and policy that is providing correctional leaders, policymakers, and advocates the evidence-based tools they need to protect the health and dignity of those who live and work in jails and prisons during the COVID-19 pandemic.

The University of California, Berkeley School of Public Health is working on the leading edge of research, educating the public, and mobilizing to serve California's most vulnerable populations during the COVID-19 pandemic.

For more information:

https://amend.us/covid