NOVEL CORONAVIRUS (COVID-19) PUBLIC INFORMATION

Executive Binder





COUNTY OF LOS ANGELES HALLOF JUSTICE



ALEX VILLANUEVA, SHERIFF

April 7, 2020

Muntu Davis, M.D., M.P.H. Los Angeles County Department of Public Health 313 N. Figueroa Street, Room 808 Los Angeles, California 90012

Dear Dr. Davis:

Thank you for your correspondence of March 31, 2020, in which you set forth several recommendations regarding measures to prevent and control the spread of COVID-19 in the jails. Please allow this letter to serve as a response as well as a description of the comprehensive steps already taken.

As you are aware, the Sheriff's Department manages the largest and most complex county jail system in the nation, with the single largest daily general population, as well as the single largest population of incarcerated people with serious mental health issues. During the current coronavirus pandemic, the Sheriff's Department has taken its duty seriously to protect the entire population detained within our facilities, while also balancing the safety and security of our other communities.

The Department of Public Health (DPH) first announced the arrival of the Novel Coronavirus (COVID-19) in Los Angeles County at the end of January of this year. The Sheriff's Department, in conjunction with recommendations from the Department of Health Services (DHS), Correctional Health Services (CHS) promptly published informational messages to all employees and posted flyers at the entrance to all facilities, regarding recognition of symptoms of the virus and recommendations for prevention and care.

Throughout the month of February, the Sheriff's Department remained in constant consultation with our County health partners, and continued to message to employees and inmates. Based upon briefings from CHS, at the end of February, the Sheriff's Department began in earnest to prepare for the eventual arrival of COVID-19 in the jail system, coordinating with our County

211 WEST TEMPLE STREET, Los Angeles, California 90012

A Tradition of Service
— Since 1850—

justice partners to begin reducing the size of the jail population. These efforts were initiated after briefings on the potential future spread of COVID-19 and the additional challenges it would present in our jail environment. We knew we would need to ensure future adequate safe housing and quarantine areas.

By the first week of March, we also knew we would need to implement measures intended to slow any potential spread of the virus if it was introduced into our jail facilities. We coordinated with our County health care partners to implement new screening protocols for all of those arrested throughout the county and all individuals newly processed into our custody facilities, as well as those already detained. We increased the availability of cleaning supplies and hygiene products for all housing areas, and introduced additional cleaning crews for all common areas, inside and outside of secure areas, on around-the-clock basis. We also posted at the entrance to every facility additional warnings for employees who met certain conditions not to enter, installed additional hand sanitizer dispensers at multiple locations, and issued additional directives on proper self-screening procedures. Additionally, we continue to educate inmates regarding COVID-19 symptoms and precautions via posters, town hall meetings, and a video which continuously streams in key areas of each jail facility that instructs on sanitation, covering ones nose when coughing or sneezing, social distancing, and hand washing. The Sheriff's Department Custody Operations administration (Custody Operations) also opened their Emergency Operations Center on a 24/7 basis following the County's declaration of the public health emergency, to coordinate directly with the Sheriff's Department Operations Center and the County Emergency Operations Center, in order to streamline unified efforts between the Sheriff's Department and all County partners.

We have been successfully screening, separating, and isolating individuals who present with potential COVID-19 symptoms for weeks. This has been a robust operation, involving constant coordination and communication between Custody Operations and CHS personnel on the ground. To date, anyone needing additional care or testing has received appropriate medical care and housing, and safe space for the temporary quarantine of other individuals has been readily available.

As correctly referenced in your letter, as of March 30, 2020, we had one inmate and several jail staff test positive for COVID-19. That patient is now symptom free. Two additional inmates have since tested positive and are receiving care. Though we are aware the situation could change, having only three inmates test positive in the past five weeks out of our entire population indicates some demonstrated success with our containment strategies to

protect those in our charge. We have, however, also seen an increase in the number of our staff who have tested positive, as they enter and exit the jail daily, and the source of their infections could be the community at large.

We understand the uncertain dynamics of this pandemic, and remain hypervigilant to the risks it will continue to pose. Upon receipt and review of your recommendations, and after a review of the CDC recommendations issued on March 23, 2020, to which you refer, it is clear that most of these CDC recommendations had already been implemented. Because it is apparent our staff are more prone to pass the virus to a protected inmate population, than vice versa, based upon your recommendations, we have now implemented additional social distancing guidelines for all staff, as well as additional guidance and mandatory protocols for temperature checks for all individuals entering any of our facilities.

As the CDC indicates on its website, "This guidance will not necessarily address every possible custodial setting and may not use legal terminology specific to individual agencies' authorities or processes. The guidance may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions."

The CDC also states, "This guidance document provides additional recommended best practices specifically for correctional and detention facilities. At this time, different facility types (e.g., prison vs. jail) and sizes are not differentiated. Administrators and agencies should adapt these guiding principles to the specific needs of their facility."

With regards to social distancing, the CDC also states, "Strategies will need to be tailored to the individual space in the facility and the needs of the population and staff. Not all strategies will be feasible in all facilities." In that context, it is also important for us to reference the CDC when they state, "Where relevant, community-focused guidance documents are referenced in this document and should be monitored regularly for updates, but they may require adaptation for correctional and detention settings."

As to the three additional specific recommendations you have made:

1. The Sheriff's Department has a Population Management Bureau which works daily to manage inmate populations and movement within Custody Operations. However, the hypotheticals related to the short-term, mid-term, and long-term growth of this pandemic in the incarcerated population is more appropriately addressed by medical professionals and medical statistical experts. As we offered several times before the issuance of your letter, the Sheriff's Department welcomes

representatives or consultants from the Department of Public Health to visit all of our facilities. Each facility has a myriad of different housing areas, including areas for separating certain populations for safety and security, as well as areas for providing specific medical and mental health care, etc. Any useful modeling would likely need to look at a snapshot of the specific health crisis in time, as well as to take all of these facility specific housing areas and unique populations into account.

- 2. The Sheriff's Department's efforts to reduce the population will continue. Under California law, sheriffs must "receive all persons committed to jail by competent authority." Penal Code §4015(a). The Penal Code further requires that "a prisoner committed to the county jail ...upon conviction for a public offense, must be actually confined in jail until legally discharged" Penal Code §4004. If an inmate is permitted to leave jail absent a court order or other legal process, it is considered an escape. Pedersen v. Superior Court of San Francisco (1906) 149 Cal. 389, 391 ("The sheriff can have no authority, of his own motion, to permit [an inmate] to appear in court or elsewhere, or to allow him to go outside of the jail for any purpose. If the sheriff does voluntarily permit him to go at large outside, either with or without an escort, the sheriff himself is guilty of permitting an escape.") As a court must issue an order to release those arrested and awaiting trial for felonies because cite releases are not authorized for felony offenses, the Sheriff's Department has been energetically coordinating with its justice partners to arrange for bail deviation hearings for individuals detained on nonviolent, non-serious, non-sexual felony charges. The first list of potentially qualified individuals sent by the Sheriff's Department to its justice partners for consideration included those age 60 and above. The Sheriff's Department also continues to work with Correctional Health Services to identify medically vulnerable people who are in custody to determine eligibility for release. The Sheriff's Department's overall population reductions have also been aided during the COVID-19 emergency by the limited authority granted to the Sheriff by the federal Rutherford v. Block case to release certain classes of inmates early when the jails are overcrowded. To the extent Rutherford may not apply, the same reductions would likely be otherwise authorized under Government Code §8658. To date, the Sheriff's Department has reduced the overall jail population by more than 20% since the end of February.
- 3. The Sheriff's Department does not have authority over individuals once they are released from custody, so these issues fall primarily under the purview of other County departments. Custody Operation's Community

Transition Unit, however, will continue to cooperate and work with them to coordinate services and placement to the extent possible.

Currently, the Sheriff's Department is faced with the difficult task of balancing public safety while releasing offenders from custody. The Sheriff's Department believes a lawful and coordinated release plan with our justice and health partners is the best alternative for our jail population and our communities during this pandemic. The release of justice involved individuals into our communities must continue to be done in a responsible manner. Releasing the justice involved simply to meet a specific quota would be irresponsible public policy and could place both those individuals and our other communities at greater risk.

The Sheriff has been working with our County health partners from the onset of the declared public emergency, including extensively on preparations and protective measures for the population detained in our custody facilities. As previously stated, many of the measures recommended have already been implemented by Custody Operations and Correctional Health Services, and both will continue working together.

We sincerely appreciate the guidance from the Department of Public Health and the offer to continue to act as a resource to help implement and exercise additional measures to any extent practical, in order to protect both the staff working in our custody facilities, as well as any detained individuals who rely on us for security and care. We couldn't agree more that coordinated teamwork is the best approach and look forward to continued cooperation and collaboration as well.

Sincerely,

ALEX VILLANUEVA, SHERIFF

BRUCE D. CHASE ASSISTANT SHERIFF

20-002

Employee Temp. Testing

20-002 Employee Temperature Testing

Los Angeles County Sheriff's Department

CUSTODY OPERATIONS

Custody Support Services



PURPOSE

The purpose of this directive is to familiarize personnel with a protocol implemented by Custody Operations, as part of the Sheriff's Department's efforts to prevent the spread of the novel coronavirus (COVID-19).

The body temperature of a healthy person averages 98.6 degrees Fahrenheit (or 37 degrees Celsius), with small variances of higher or lower temperatures. The Centers of Disease Control and Prevention (CDC) provide that temperatures of 100.4 degrees Fahrenheit (38 degrees Celsius) or higher may be indicative of a fever. A fever is one of the possible symptoms of a COVID-19 infection.

Personnel are advised to adhere, when possible, to all current social distancing guidelines from the CDC and the County Department of Public Health, and to maintain an appropriate distance from any employee or other person who is displaying flu-like symptoms.

ORDER

Anyone entering a Custody Operations facility at the beginning of their shift, or coming in to conduct any business at any time, is required to check and monitor their temperature prior to entering, and again after leaving for the day.

If an individual is unable to check their own temperature away from the workplace, or has any concern about their temperature at any point after they have arrived at a facility, custody facilities and bureaus have been provided non-contact infrared thermometers to be used by personnel to measure their own body temperature before accessing their workplace.

The following is a protocol to safely use the non-contact infrared thermometer:

- Perform hand hygiene;
- Conduct a self-temperature check (refer to instructions on attachment);
- After use, disinfect the thermometers using an alcohol-based wipe or alcohol-dampened clean napkin;
- Perform hand hygiene.

Current Revision Internal Version

Printed: 5/11/2020 Los Angeles County Sheriff's Department

In instances where a person's body temperature is measured at or above 100.4 degrees Fahrenheit and/or the person is displaying flu-like symptoms, the following procedures shall be adhered to:

- As a precautionary measure, the person shall not be permitted to remain in the facility, and shall be instructed to contact their supervisor.
- Anyone displaying flu-like symptoms is encouraged to contact their healthcare provider for treatment and follow all directions from their healthcare provider.
- Department employees who are not permitted to enter or remain in the facility shall be allowed paid administrative leave time while the unit conducts further inquiry into whether or not the matter is work related, whether or not an employee will be referred to the Department's employee testing program, and how long any healthcare recommended guarantine period might be.
- The concerned supervisor shall make notification to the unit commander or a designee and the Custody Emergency Operations Center (Custody EOC) of Department employees whose temperatures measured at or above 100.4 degrees Fahrenheit and/or who displayed flu-like symptoms. In addition, the concerned bureau (e.g. Inmate Services Bureau [ISB], Facility Services Bureau [FSB], etc.) shall be notified of any contractor, vendor, or volunteer whose temperature is measured at or above 100.4 degrees Fahrenheit and/or who displayed flu-like symptoms.

The concerned unit commander or designee shall be notified of employees who refuse to conduct a self-temperature assessment. In addition, the concerned bureau (e.g. ISB, FSB, etc.) shall be notified of any contractor, vendor, or volunteer who refuse the self-temperature assessment.

Unit commanders shall establish procedures in their facilities and bureaus to address the following:

- The tracking, maintenance, and replacement, if necessary, of each thermometer;
- Designation of facility or workplace ingress points best-suited to ensure anyone entering a facility is aware of temperature check restrictions.
- Ensuring these designated locations have appropriate sanitizing items for disinfecting the thermometers following use;
- Ensuring supervisory personnel make timely and appropriate notifications to the Custody EOC.

Questions regarding this directive should be directed to Custody Support Services Bureau, Lieutenant Geradette E. Montoya, at (213) 893-5846.

Revised: 4/7/2020

20-003

Use of PPE for COVID-19

20-003 Use of Personal Protective Equipment (PPE) for COVID-19

Los Angeles County Sheriff's Department

CUSTODY OPERATIONS DIRECTIVE



Custody Support Services

PURPOSE

The purpose of this Custody Operations Directive is to update procedures for the recommended use of the appropriate PPE during the Novel Coronavirus (COVID-19) response.

ORDER

The LASD Manual of Policy and Procedures (MPP) section 3-02/040.25, "Employee Exposed to Communicable Disease" provides, "face masks (NIOSH N95) should be utilized by employees when in contact with known or suspected contaminated individuals or large amounts of possible contaminated fluids."

Isolation Areas

All personnel shall wear N95 masks (or equivalent) when entering or working in any area placed under isolation by Correctional Health Services (CHS), and/or when transporting or escorting any inmate suspected or confirmed to be infected with COVID-19. Inmates suspected or confirmed with COVID-19 shall wear surgical masks, or, if not available, an N95 mask.

Quarantine Areas

All personnel shall wear N95 masks (or equivalent) when entering or working in any area placed under quarantine where the employee is not separated from inmates by a physical barrier. If a physical barrier is in place (e.g. enclosed dorm or cell) personnel shall wear a surgical or N95 mask.

Custody Operations Directives: 20-003 Use of Personal Protective Equipment (PPE) for

COVID-19

Non-Isolation or Non-Quarantine Areas

In areas not under isolation or quarantine, all personnel shall wear the minimum of an alternative mask or cloth

covering.

Cloth face coverings should:

Fit snugly but comfortably against the side of the face

Be secured with ties or ear loops

• Preferably, include multiple layers of fabric

Allow for breathing with minimal restriction

Be able to be laundered and machine dried without damage or change to shape

• Not contain logos or be offensive in nature and may require approval from the unit commander

Personnel should be careful to not touch their eyes, nose, and mouth when removing their face covering and wash or sanitize their hands before and after removing the mask, whenever possible.

Unit Responsibilities

In addition to the above procedures, all custody facility unit commanders may have a unit order in place outlining

specific procedures for the use of the appropriate PPE within their respective facility.

Inmate workers entering an isolation and/or quarantine location shall also wear the appropriate PPE as

designated by the unit commander.

Additionally, unit commanders or their designee, shall ensure unit personnel are properly notified of any

changes in housing locations which have been placed under isolation, guarantine, and/or restricted movement.

The policies and procedures outlined in this directive may change as needed and shall remain in effect until the

concerned CDM section is adopted and/or this directive is rescinded.

Questions regarding this directive should be directed to Custody Support Services Bureau, at (213) 893-5102.

Revised: 4/9/2020

20-004

Social Distancing Procedures

20-004 Mandatory Social Distancing Procedures for Custody Facilities

Los Angeles County Sheriff's Department

CUSTODY OPERATIONS DIRECTIVE



Custody Support Services

PURPOSE

The purpose of this Custody Operations Directive is to establish procedures for social distancing by custody personnel during the COVID-19 response.

ORDER

In an effort to mitigate the spread of the COVID-19 within Custody Services Division, absent exigent circumstances or supervisor approval, personnel shall adhere to the following procedures:

- Unless duties require, employees shall endeavor to maintain a minimum of six (6) feet of distance from other persons, whenever possible
- Employees shall not congregate in open areas or booths when not directly engaged in work related activities
- There shall be no more than four (4) people in any elevator at a time, whenever possible
 - Unit commanders may determine a more restrictive policy on elevator use, if needed, depending on the limitations of their respective facilities
 - Unit commanders may consider the use of stairs as an alternative to elevator use, if feasible, but shall provide additional security measures in such a case
- Unit commanders shall determine an appropriate limit of people permitted to be present in sally ports
 - Unit commanders may consider leaving sally ports open during times of high traffic, if feasible, but shall provide additional security measures in such case
- Employees shall wash and sanitize hands frequently, and maintain a clean and sanitary work environment

Unit commanders shall ensure employees are properly briefed on the procedures delineated in this directive,

Custody Operations Directives : 20-004 Mandatory Social Distancing Procedures for Custody Facilities

and may create unit orders as an additional method of enforcement. It is the responsibility of line supervisors to monitor the areas under their supervision and continuously advise employees on these procedures in order to ensure compliance with this directive.

Questions regarding this directive should be directed to Custody Support Services Bureau at (213) 893-5102.

Revised: 4/10/2020

Printed: 5/11/2020 Los Angeles County Sheriff's Department

20-005

Disposal of N95 Masks

20-005 Disposal of N95 Respirators, Masks, and Other PPE

Los Angeles County Sheriff's Department

CUSTODY OPERATIONS DIRECTIVE



Custody Support Services

PURPOSE

The purpose of this Custody Operations Directive is to set protocols for the proper disposal of personal protective equipment (PPE), masks, and respirators, and facilitate their decontamination and potential reuse. In light of worldwide shortages of PPE and other protective items caused by the COVID-19 pandemic, the Centers for Disease Control and Prevention (CDC) has identified a decontamination methodology that allows for reuse of N95 respirators. The Department is taking a variety of preemptive steps to ensure personnel have appropriate PPE available to them throughout the duration of this event. One of these steps is the potential decontamination of previously used N95 respirators and other specified PPE.

Custody Operations Informational Bulletin 2020-07, "Additional Guidelines on Disposal Protocols for N95 Respirators, Masks, and Other PPE" provides further information on the protocols in this directive.

Personnel should refer to Custody Operations Information Bulletin 2020-06, "Identification of Facepiece Respirators and Masks," for guidelines on the proper identification and usage of facepiece respirators, masks, and cloth face coverings.

ORDER

Use of Cosmetics and Other Facial Creams

To extend the lifespan of N95 respirators and other protective items during the COVID-19 response, personnel should consider not wearing or minimizing the use of any facial cosmetic applied to the area of the face intended to be covered by a face mask during the course of their duties, thus maintaining the cleanliness and usability of the mask.

Examples of such facial cosmetics include, but are not limited to: foundation, concealers, face powders, cheek color, lip color, balm, liners, primers, sticks, bronzer, face primer, rouge or blush, setting spray, oils, lotions, creams, and aftershave. Personnel should continue to use medically-prescribed creams, lotions, ointments, and/or treatments. All other grooming standards shall remain in effect during the course of the COVID-19 response.

Disposal of N95 Respirators and Other PPE for Decontamination

If personnel have not had direct contact (i.e. within 6 unobstructed feet) with a suspected or confirmed COVID-19 patient in the course of their shift, the following equipment shall be disposed of in **specially-labeled receptacles** located in designed areas within the facility for potential decontamination and reuse:

- N95 respirators
- face shields
- goggles

Other types of face coverings (e.g. surgical masks, dust masks, cloth face coverings, etc.) shall not be disposed of in these specially-labeled receptacles and should be disposed of in general-use waste receptacles.

The purpose of the N95 mask decontamination program is to decontaminate N95 masks for subsequent return to the original user.

To facilitate the return of N95 respirators to the user post-decontamination, personnel shall clearly label the outside area of their masks in legible font, using a permanent black marker, with the acronyms of their agency and unit of assignment, and their last name and employee number. Supervisory personnel in each facility shall ensure N95 respirators worn by personnel members under their supervision are appropriately labeled.

Disposal of N95 Respirators and Other PPE as Waste

Upon conclusion of their shift, personnel shall permanently discard their N95 respirators, masks, cloth face coverings, and other PPE, in biohazard containers or other appropriately-labeled bags if:

- Personnel have been in direct contact (i.e. within 6 unobstructed feet) with a suspected or confirmed COVID-19 patient in the course of their shift
- Personnel are assigned to, or work in any capacity in, the Correctional Treatment Center (CTC), or any custody facility housing location housing inmates who are suspected (Patient Under Investigation [PUI]) or confirmed COVID-19 patients
- Any protective item is visibly soiled and/or contaminated with blood or other bodily substances excluding respiratory or nasal secretions.

Unit commanders shall establish procedures in their facilities to address the following:

- Ensuring the availability of receptacles designated for employee disposal of N95 respirators, face shields, and goggles for potential decontamination and re-use;
- Designation of a facility area appropriate for the placement of these receptacles not accessible to inmates where employees may deposit PPE (e.g. personnel point of entry);
- Ensuring a separate container is situated next to the N95 receptacle for disposal of all other PPE and other waste;
- Ensuring receptacles are clearly labelled with signs affixed indicating their intended contents (i.e. "N95 MASKS, FACE SHIELDS, AND GOGGLES" and "ALL OTHER PPE AND TRASH") to prevent incorrect disposal of items;
- Ensuring personnel are briefed on an ongoing basis on the correct identification and appropriate disposal of N95 respirators, face shields, and goggles;
- Ensuring designated personnel:

- collect filled receptacles of N95 masks, face shields, and goggles, and place the filled receptacle bag into a clean trash bag;
- store them in a designated location pending transportation to the Department's central storage depository;
- transport and pick up with appropriate frequency, as needed, the used N95 respirators, face shields, and goggles, to and from the Department's central storage depository.

Questions regarding the Department's central storage depository should be directed to Sergeant Dale M. Fetterleigh, Custody Support Services Bureau, at (213) 893-5097.

Questions regarding this directive should be directed to Custody Support Services Bureau, at (213) 893-5846.

Revised: 4/23/2020

Printed: 5/11/2020

20-006

Mandatory Use of Face Masks

20-006 Mandatory Use of Face Masks for Inmates

Los Angeles County Sheriff's Department

CUSTODY OPERATIONS DIRECTIVE



Custody Support Services

PURPOSE

The purpose of this Custody Operations Directive is to establish requirements for the use of face masks by inmates during the COVID-19 response.

ORDER

In an effort to mitigate the spread of COVID-19 within Custody Services Division, custody personnel shall ensure inmates wear jail-issued face masks when outside of their housing areas (e.g., during escorts, clinic passes, urgent care, court line, housing movement, etc.). When inmates are in common areas (i.e. dayrooms), they should be encouraged to wear masks and socially distance.

In the event an inmate refuses to wear a face mask in applicable situations, custody personnel shall contact their floor supervisor, in adherence with Custody Division Manual (CDM) section 7-02/020.00, "Handling Insubordinate, Recalcitrant, Hostile, or Aggressive Inmates." The supervisor shall respond to the location and discuss the associated risks and encourage the inmate to wear their mask. If the inmate continues to refuse to wear a face masks, they shall be ordered to return to their housing location.

If an inmate refuses to wear a mask in order to be escorted to a medical treatment area, custody personnel shal follow the medical refusal procedures delineated in CDM section 5-03/050.00, "Access to Health Care."

All refusals shall be documented in the electronic Uniform Daily Activity Log (e-UDAL).

In the event of a medical emergency, medical exigency shall supersede the face mask requirement.

Custody personnel should advise inmates on how to properly wear face masks, emphasizing masks should fit snugly against the side of the face, cover the nose and mouth, and should be secured with ties or ear loops.

Unit commanders shall ensure employees are properly briefed on the procedures delineated in this directive, and may create unit orders as an additional method of enforcement. It is the responsibility of line supervisors to monitor the areas under their supervision and continuously advise employees on these procedures in order to ensure compliance with this directive.

Custody Operations Directives : 20-006 Mandatory Use of Face Masks for Inmates

Questions regarding this directive should be directed to Custody Support Services Bureau at (213) 893-5102.

Revised: 5/13/2020

Printed: 5/14/2020

CORONAVIRUS (COVID-19) STAFF BRIEFING



Custody Operations

EMPLOYEE USE OF FACIAL COVERINGS

On April 15, 2020, the LASD-Department Operations Center published the COVID-19 Notice #51(Employee Guide to Facial Coverings). This notice outlined the Department's mandate for employee use of facial coverings.

COVID-19 NOTICE #51:

Employees shall wear a facial covering, whose duties require contact with other employees and/or the public, unless in a situation where a facial covering inhibits officer's safety. Deputies should be aware that certain mask designs may pose a risk of injury to the wearer in a confrontation with a suspect. The facial covering must meet the below listed specifications:

- The face cover shall not significantly affect verbal communication. For example, a cloth face covering should not prevent personnel from giving clear verbal commands to a suspect or communicating clearly via radio;
- Cloth face coverings should be washable for decontamination purposes.
- Solid Colors only no patterns;
- Writing and insignias are not permitted;
- Material Tightly woven cotton or similar tightly woven material which allows for near normal for near normal breathing while preventing particulate matter from passage through. Multiple layers of material are acceptable; and
- Accessories are not permitted to be affixed to the mask.

It is important to emphasize to staff that personnel should choose the correct personal protection equipment as dictated by the scenario they are encountering. Nothing in the Department notice shall be construed to preclude the use of disposable gloves, mask, and goggles when appropriate.

WHY FACIAL COVERINGS ARE IMPORTANT

The Centers for Disease Control (CDC) reports, cloth coverings provide limited protection to the wearer from contamination. **Staff needs to understand the primary function of a face covering is to protect other people from being contaminated by the wearer**. Face coverings may help prevent self-contamination by limiting the wearer from touching their mouth and nose area.

HOW TO STERILIZE/CLEAN A CLOTH FACE COVERING

Depending on the frequency of use, cloth face coverings should be routinely washed. **Using a washing machine should suffice in properly washing a cloth face covering.**

CORONAVIRUS (COVID-19) STAFF BRIEFING



Custody Operations

RENFORCING PROPER CLEANING PROCEDURES FOR CUSTODY FACILITIES AND EQUIPMENT

Proper sanitation and housekeeping are key to the Department's infection control measures and each facility has its own unique challenges that our staff needs to be updated on a continual basis to ensure the best practices are being followed and implemented.

FACILITY CLEANING PRACTICES RECOMMENDED BY LA COUNTY PUBLIC HEALTH

Routinely and effectively cleaning and disinfecting all frequently touched surfaces and objects, such as doorknobs, railings, countertops, faucet handles, phones, and especially high traffic areas with cleaning supplies available at each facility such as Turbo Kill and disinfectant wipes.

- Consider increasing the number of staff and incarcerated/detained persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.
- Environmental cleaning should be done with EPA-registered healthcare disinfectant consistent with recommended wet contact time. Reference: California Department of Public Health AFL for Environmental Infection Control for the Coronavirus Disease 2019 (COVID-19) (02/19/20)
- Linens, eating utensils, and dishes belonging to those who are sick do not need to be cleaned separately, but should not be shared without thorough washing. Instruct cleaning staff to avoid "hugging" or shaking out laundry before washing it to avoid self-contamination. Instruct cleaning staff to wash their hands with soap and water or an alcohol-based hand sanitizer immediately after handling infected laundry.

DEPARTMENT RADIO CLEANING GUIDELINES

The Department published the following guidelines in educate staff on proper cleaning and disinfecting techniques for their Department issued radio.

- Apply 0.5% detergent-water solution with a cloth, then use a stiff, non-metallic, short-bristled brush to work al loose dirt away from the device. Use a soft, absorbent, lint less cloth or tissue to remove the solution and dry the device; and
- Make sure that no solution remains entrapped near any connectors, cracks, or crevices.

DISINFECTING

- Devices may be disinfected by wiping them down with over-the-counter isopropyl alcohol (rubbing alcohol) with at least 70% alcohol concentration;
- When cleaning with alcohol, the alcohol should never be applied directly to the device. It should be applied to a cloth, which is then used to wipe down the device; and

•	Be aware certain cl metal on devices. device.	nemicals and their va Do not use bleach, s	pors can have a de colvents, or cleaninç	etrimental effects o g sprays to clean c	n plastics and or disinfect your

CORONAVIRUS (COVID-19) STAFF BRIEFING



Custody Operations

RESPONDING TO A VERBAL INMATE MEDICAL REQUEST DURING THE COVID-19 CRISIS

The Department, in conjunction with Correctional Health Services, has the responsibility to ensure inmates in our custody have access to emergency and basic health care services. During the COVID-19 crisis, it is important to protect yourself from possible COVID-19 exposure when interacting with inmates who might be infected with COVID-19.

PROCEDURES

If an inmate or arrestee reports symptoms that indicate a potential COVID-19 infection, custody personnel shall ensure the inmate or arrestee is isolated from other inmates, arrestees, and personnel, pending a medical assessment by healthcare staff. Custody staff should utilize proper personal protective equipment (gloves, face mask, eye protection, or medical gown) depending on the situation. The inmate or arrestee should be given a face mask, if they are not already wearing one, and personnel should encourage the inmate to wear it. If the inmate refuses to wear a mask, staff shall contact their supervisor in adherence with Custody Operations Directive 20-006, "Mandatory Use of Face Masks for Inmates," and Custody Division Manual Section 7-02/000.00, "Handling Insubordinate, Recalcitrant, Hostile, or Aggressive Inmates."

CUSTODY INFORMATIONAL BULLETIN #2020-04 POST-EXPOSURE PROTOCOLS

Sheriff's Department employees who may have been exposed to the COVID-19 shall:

- Decontaminate immediately. Actions may include:
 - Wiping exposed skin with alcohol wipes or hand sanitizer
 - Thoroughly washing with soap and warm water
 - o Removing soiled clothing (e.g., change of uniform), if practicable
 - Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label
- Report the exposure to a supervisor of the rank of sergeant, who shall follow procedures
 delineated in Manual of Policy and Procedures (MPP) section 3-02/040.25, "Employee Exposed
 to Communicable Disease," and ensure the employee is assessed by medical personnel and
 tested for potential COVID-19 infection.

If the arrestee or inmate is confirmed by healthcare staff to be infected with COVID-19, the watch commander shall ensure employees who had contact with the arrestee or inmate are documented and medically evaluated, in accordance with procedures delineated in MPP section 3-02/040.25.

Employees who have been tested and whose test results are <u>pending</u>, and employees who are <u>confirmed</u> to have contracted the COVID-19, shall follow all directions of the County Public Health Officer and guidelines from the Centers for Disease Control and Prevention (CDC). In both instances, such directions may include:

- Quarantine at home
- Maintain a log of temperature readings for up to 14 days
- · Separation from family members
- Isolation in a hospital

The Injury and Health Support Unit will coordinate with the employee's unit and the appropriate healthcare provider to ensure necessary documentation is kept for the employee's medical care, recovery, and work absence.

WEEK 1

March 16-20, 2020

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

MONDAY, MARCH 16, 2020 UPDATE

The Los Angeles County Jail system, has **no known cases of COVID-19**. While some individuals have been tested and isolated, all results have returned negative. The Department, along with Correctional Health Services (CHS), has been actively working on standardized procedures to identify individuals who exhibit symptoms related to **COVID-19**. The following standardized definitions are being used by CHS staff and the Department when dealing with **COVID-19** affected individuals.

PATIENT/PERSON UNDER INVESTIGATION (PUI)

An individual who exhibits symptoms of upper respiratory infection, has a temperature of 100.4 or higher, and/or has traveled internationally. This determination may only be made by CHS.

ISOLATION

A procedure used for individuals who have a temperature of 100.4 or higher and are exhibiting symptoms of upper respiratory infection. Individuals who exhibit these symptoms will be admitted to the Correctional Treatment Center (CTC) for treatment and isolated from others. Isolation may only be determined by CHS.

QUARANTINE

The restriction on the movement of people or limit of access to an area ordered by members from the **Department of Public Health or Dr. Henderson from CHS**. Quarantine is used for individuals who have had close contact of ten minutes or more with a **Person Under Investigation (PUI)**. If the PUI's test results are negative, the quarantine may be lifted. If the results are positive, the individuals in the quarantine area will remain on quarantine for 14 days.

RESTRICTED HOUSING

Restricted housing is authorized by CUSTODY only. Restricted housing requires a housing location to stay in tack as a precautionary measure.

EMPLOYEE HEALTH AND SAFETY

The safety of our employees and their family members is our greatest priority. The Department has been working closely with our County partners to ensure proper safety procedures are in place to protect the health of our employees. In an effort to prevent the spread of the **COVID-19 virus** the following simple everyday recommendations will help protect you and your family from possible exposure to **COVID-19**.

- Wash your hands often with soap and water for at least 20 seconds.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Stay home if you are sick, except to get medical care.
- Cover your mouth and nose when you cough or sneeze.
- Clean and disinfect objects and surfaces you touch.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

TUESDAY, MARCH 17, 2020 UPDATE

The Los Angeles County Jail system has **no known cases of COVID-19**. While some individuals have been tested and isolated, all results have returned negative.

KNOW THE FACTS ABOUT COVID-19

With so much information being reported regarding the Coronavirus, it can be hard to separate fact from fiction. Knowing the facts about Coronavirus will help stop the spread of rumors and calm fears. Some of the facts listed below will help you keep yourself, family, and coworkers safe and healthy.

KNOW THE SIGNS AND SYMPTOMS

Fever, cough, and shortness of breath. If you or your family members develop these symptoms seek medical advice.

<u>FOR MOST PEOPLE, THE IMMEDIATE RISK OF BECOMING SERIOUSLY ILL FROM COVID-19</u> IS THOUGHT TO BE LOW.

Older adults and people of any age with underlying health conditions, such as diabetes, lung disease, or heart disease, are at greater risk of severe illness from **COVID-19**.

THERE ARE SIMPLE THINGS YOU CAN DO TO KEEP YOURSELF AND OTHERS HEALTHY

Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food. Avoid touching your eyes, nose, and mouth with unwashed hands. Stay home when you are sick. Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

IS THERE A VACCINE?

There is currently no vaccine to protect against **COVID-19**. The best way to prevent infection is to take everyday preventive actions, including avoiding close contact with people who are sick and washing your hands often.

IS THERE A TREATMENT?

There is no specific antiviral treatment for **COVID-19**. People with **COVID-19** can seek medical care to help relieve symptoms.

Knowing the facts about **COVID-19** can help you protect yourself and your family from possible **COVID-19** exposure or infection. Visit the Centers for Disease Control and Prevention (CDC) website at **www.cdc.gov** to keep updated on any new information regarding the Coronavirus.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

WEDNESDAY, MARCH 18, 2020 UPDATE

The Los Angeles County Jail system, has **no known cases of COVID-19**. While some individuals have been tested and isolated, all results have returned negative.

FOCUS ON THE IMPORTANT STUFF

The **COVID-19** outbreak is affecting the world, the nation, work life, and family life. It is disrupting the daily operations of schools and businesses and affecting the way we socialize with one another. Everyone responds to stressful situations differently. While it is normal to experience some level of anxiety during this time, a strong emotional reaction may develop among individuals when under stress.

A heightened level of stress may affect an individual's sleep, mood, and appetite. Some emotional reactions may include those of fear, anxiety, irritability, apprehension, and hyperarousal. One way to reduce stress is to stay informed of the actual risks associated with COVID-19. You can take care of yourself by making sure that you are getting enough sleep, eating healthy meals, and exercising regularly. Give yourself a break from too much exposure to the news. The COVID-19 outbreak is affecting families. Protect yourself and your family from exposure. If you have children, discuss with them the COVID-19 outbreak and simple things that can help keep them healthy (e.g., washing hands with soap and water for at least 20-seconds, staying home when you are sick, and social distancing). If you are feeling overwhelmed, ask for help.

If you would like a consultation on managing stress and anxiety due to the COVID-19, you may contact Dr. Ana Gamez at amgamez@lasd.org or call Psychological Services Bureau 213-738-3500.

INMATE PHONE CALL INFORMATION

Global Tel-Link (the LASD's inmate telephone provider) has offered to provide inmates in our jail system with two (2) no cost five (5) minute phone calls per week for each inmate, to assist with any COVID-19 communication needs they may have. The program will run for four (4) weeks beginning this morning (Wednesday, March 18, 2020, at 12:00 A.M.) through Tuesday, April 14, 2020. We are asking staff to assist by disseminating this information to the inmate population as soon as possible.

Inmates will automatically receive the calls on their account each week and unused calls will not roll over to the following week. Inmates will have the ability to make these calls on any inmate telephone in any housing area. Calls are processed as a standard inmate phone call, and inmates will not be required to enter special codes, nor will the called party be required to perform any special tasks. All inmate phone calls will be logged, recorded, and archived just as a standard inmate telephone call would be. LASD personnel are encouraged to report problems or logistical issues, or ask questions about the program, to the GTL/LASD inmate telephone email group at "INMATE PHONE - HELP" in the Outlook email directory.



Custody Operations

THURSDAY, MARCH 19, 2020 UPDATE

The Los Angeles County jail system has **no known cases of COVID-19**. While some individuals have been tested and isolated, all results have returned negative.

KEEPING YOUR HOME AND WORKPLACE CLEAN

During this difficult time it is important to keep your family safe. One way to combat the COVID-19 virus is to ensure you follow the Centers for Disease Control and Prevention (CDC) and Los Angeles County Department of Public Health's guidelines for cleaning and disinfecting "high-touch" surfaces and objects in your home and workplace. Examples of "high-touch" surfaces in your home and work place are tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tables, and bedside tables. Custody Division has been actively conducting deep cleaning projects in staff and public areas within its facilities. It is also important to follow proper cleaning procedures within your home as well.

<u>CLEANING</u> refers to the removal of germs, dirt, and impurities from surfaces. Cleaning does not kill germs, but by removing them, it lowers their numbers and the risk of spreading infection.

<u>DISINFECTING</u> refers to using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs, but by killing germs on a surface *after* cleaning, it can further lower the risk of spreading infection.

GENERAL RECOMMENDATIONS FOR CLEANING AND DISINFECTION OF HOUSEHOLDS

Follow the instructions on the product labels, including wearing gloves and having good ventilation. Use household cleaners and Environmental Protection Agency (EPA)-registered disinfectants that are appropriate for the surface.

HARD (NON-POROUS) SURFACES

High-touch surfaces refers to counters, tabletops, doorknobs, railings, bathroom fixtures, light switches toilets, phones, keyboards, remote controls, tablets, and bedside tables, etc. Clean surfaces and items to remove visible dirt and disinfect them to kill germs. When using disinfectants, make sure the surface stays wet for at least 10 minutes and then rinse with water, especially in an area that comes into contact with food. Allow to air dry. Read directions carefully when using disinfecting wipes on electronics to make sure they can withstand the use of multiple wipes that are needed to keep the surface wet long enough to meet the required contact time.

SOFT (POROUS) SURFACES

Soft surfaces refers to items like towels, linen, clothing, and stuffed animals, etc. Launder with hot water, using a household laundry detergent and dry on a high heat setting. For more information on cleaning and disinfection in households, please visit the CDC's website.

https://www.cdc.gov/coronavirus/2019-ncov/community/home/cleaning-disinfection.html#disinfect



Custody Operations

FRIDAY, MARCH 20, 2020 UPDATE

The Los Angeles County jail system, has **no known cases of Novel Coronavirus** (**COVID-19**). While some individuals have been tested and isolated, all results have returned negative.

TALKING TO CHILDREN ABOUT COVID-19

Concern over COVID-19 can make children anxious. It is very important to remember that children look to adults for guidance on how to react to stressful events. If parents seem overly worried, children's anxiety may rise. Parents should reassure children that health and school officials are working hard to ensure people throughout the country stay healthy. However, according to the National Association of School Psychologists and National Association of School Nurses, children need factual, age appropriate information about the potential seriousness of disease risk and concrete instruction about how to avoid infections and spread of disease. Teaching children positive preventive measures, talking with them about their fears, and giving them a sense of some control over their risk of infection can help reduce anxiety.

TAKE TIME TO TALK

You know your children best. Let their questions be your guide as to how much information to provide. However, don't avoid giving them the information that health experts identify as critical to ensuring your children's health. Be patient; children and youth do not always talk about their concerns readily. Watch for clues that they may want to talk, such as hovering around while you do the dishes or yard work. It is very typical for younger children to ask a few questions, return to playing, then come back to ask more questions.

KEEP EXPLANATIONS AGE APPROPRIATE

Early elementary school children need brief, simple information that should balance COVID-19 facts with appropriate reassurances that their schools and homes are safe and that adults are there to help keep them healthy and to take care of them if they do get sick. Give simple examples of the steps people take every day to stop germs and stay healthy, such as washing hands. Use language such as "adults are working hard to keep you safe." Upper elementary and early middle school children will be more vocal in asking questions about whether they truly are safe and what will happen if COVID-19 comes to their school or community. They may need assistance separating reality from rumor and fantasy. Discuss efforts of school and community leaders to prevent germs from spreading. Upper middle school and high school students are able to discuss the issue in a more in-depth (adult-like) fashion and can be referred directly to appropriate sources of COVID-19 facts. Provide honest, accurate, and factual information about the current status of COVID-19. Having such knowledge can help them feel a sense of control.

WEEK 2

March 23-27, 2020



Custody Operations

MONDAY, MARCH 23, 2020 UPDATE

The Los Angeles County jail system, has **no known cases of COVID-19**. While some individuals have been tested and isolated, all results have returned negative.

HELPING SENIORS IN THE COMMUNITY

During this trying time, it is important to take care of members in our community who are the most vulnerable. Our seniors are most at risk for developing complications from COVID-19. We all know seniors in our communities who might need a little assistance while we are all sheltering at home. There are a few simple things we all can do to ensure the health and safety of seniors in our communities.

- Do wellness checks (call/text/talk through the door) and make sure they're okay
- Ensure they have access to food, medicine, and healthcare
- · Donate blood if healthy and eligible

Participating in just one of these activities can make a positive impact on the life of a senior. If you are aware of a senior in your community in Los Angeles County who is in need of assistance or meals, please contact the Workforce Development Aging & Community Services (WDACS) at 1-800-510-2020 or visit WDACS at https://wdacs.lacounty.gov/covid-19/. WDACS distributes packaged and frozen meals at 180 meal sites throughout LA County.

HEALTH AND WELLNESS

The Los Angeles County Sheriff's Department is committed to all aspects of the safety, health, and wellbeing of our members and their families. Recognizing that everyone reacts differently to stressful situations, awareness of common signs of stress are important to our behavioral health.

These signs can include:

- Fear and worry about you and your family's health, safety, and wellbeing
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Increased use of alcohol, tobacco, or other drugs

Ways to support your self during this time:

- Take breaks from COVID-19 coverage, as it can be overwhelming
- Try to eat healthy, well-balanced meals, exercise regularly, and get plenty of sleep

- Avoid alcohol
- Social distancing is not the same as social isolation. Be creative and explore various ways to remain connected.

If your coping strategies become overwhelmed, seek Professional Assistance:

If you would like a consultation on managing stress and anxiety due to the COVID-19, you may contact Dr. Ana Gamez at amgamez@lasd.org, or call Psychological Services Bureau 213-738-3500.



Custody Operations

TUESDAY, MARCH 24, 2020 UPDATE

The Los Angeles County jail system, has **no known cases of COVID-19 in the inmate population**. While some individuals have been tested and isolated, all results have returned negative.

PREVENT THE SPREAD OF COVID-19 IF YOU ARE SICK

If you think you have been exposed to COVID-19 and developed a fever and symptoms such as a cough or difficulty breathing, call your health care provider for medical advice. **Follow all guidance of your healthcare provider and local health department**. If you are sick with COVID -19, or you think you might have it, follow the steps below to protect other people in your home and community.

Stay home except to get medical care

People who are mildly ill with COVID-19 are able to recover at home. Do not leave, except to get medical care. Do not visit public areas. Keep in touch with your doctor and be sure to get care if you feel worse or you think it is an emergency. Avoid using public transportation, ride sharing, or taxis.

Separate yourself from other people in your home

Stay away from others as much as possible. You should stay in a specific "sick room" and away from other people in your home. Use a separate bathroom, if available. Limit contact with pets and animals.

Call ahead before visiting your doctor

Call your doctor's office or emergency department if possible, and tell them you have or may have COVID-19. This will help the office protect themselves and other patients.

• Wear a facemask if you are sick

If you are sick wear a facemask when you are around others and before you enter a healthcare facility. Cover your mouth and nose with a tissue when you cough or sneeze. Dispose of the tissues in a lined trash can and wash your hands immediately.

Avoid sharing personal household items

Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding. Wash these items thoroughly with soap and water or put in the dishwasher.

IF YOU ARE EXPERENCING A MEDICAL EMERGENCY CALL 911 IMMEDIATELY AND LET THE DISPATCHER KNOW YOU HAVE OR MIGHT HAVE COVID-19.



Custody Operations

WEDNESDAY, MARCH 25, 2020 UPDATE

The Los Angeles County jail system currently has **no known cases of COVID-19 in the inmate population**. We have been screening, isolating, and testing inmates for several weeks, both upon intake, as well as from various housing areas, who have flu like symptoms and a fever over 100.4, or who answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have successfully isolated close to three dozen inmates, and have received more than a dozen negative test results (indicating they had some other form of cold or flu), allowing us to release some temporary quarantines, and to release inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County. The current maximum recommended quarantine period for someone testing positive for COVID-19, or for someone who was in direct contact with a positive patient (defined as within six feet for longer than ten minutes), is 14 days.

FAMILY SEPARATION READINESS FOR CHILDREN

During this difficult time, families are experiencing a dramatic shift from what was taking place just a few weeks ago. Kids are home from school, parents are working from home, and first responders and medical staff are working longer hours. This sudden change in daily life can cause children to become confused and fearful. Children are not good at expressing fears and feelings in words. Anger and a desire for revenge, as well as guilt for feeling that way, are often demonstrated in the child's behavior. When changes occur, children usually have no other way to release anxieties, and nowhere to go for help. Consider the following ideas, which have been helpful to others when helping children deal with stress of a parent being away from home for long periods of time.

TALK TO CHILDREN ABOUT WHAT IS GOING ON

Communicate your thoughts and feelings about the separation. Be open and honest. Some parents worry advance warning will only give the child more time to fret. Letting your child know why you are working so much might help them adjust to the idea of your time away from the family.

BUILDING AN EMOTIONAL BOND

Spend quality time with your children. Do not be afraid to hug your child. A display of affection is a powerful communication. Use this time to share with your children your pride in your work and the purpose why you might be away for long periods of time. Many school-age children understand that some events must happen for the good of everyone. It is a little easier to let go if mom or dad's job is seen as essential to the country.



Custody Operations

THURSDAY, MARCH 26, 2020 UPDATE

The Los Angeles County jail system currently has **no known cases of COVID-19 in the inmate population**. We have been screening, isolating, and testing inmates for several weeks, both upon intake, as well as from various housing areas, who have flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have successfully isolated close to three dozen inmates, and have received more than a dozen negative test results (indicating they had some other form of cold or flu), allowing us to release some temporary quarantines, and to release inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County. The current maximum recommended quarantine period for someone testing positive for COVID-19, or for someone who was in direct contact with a positive patient (defined as within six feet for longer than ten minutes), is 14 days.

WHAT IS SOCIAL DISTANCING?

While it may be disappointing to hear that so many sporting events, cruises, festivals, and other gatherings are being cancelled, there is a public health reason for these measures. These cancellations help stop or slow down the spread of disease allowing the health care system to more readily care for patients over time.

Cancelling events that are likely to draw crowds is an example of social distancing. Social distancing is deliberately increasing the physical space between people to avoid spreading illness. **Staying at least six feet away from other people lessens your chances of catching COVID-19.**

Other examples of social distancing that allow you to avoid larger crowds or crowded spaces are:

- Working from home instead of at the office
- Closing schools or switching to online classes
- Visiting loved ones by electronic devices instead of in person
- Cancelling or postponing conferences and large meetings
- Avoid health care settings unless you need services
- Cancel non-essential health care appointments
- Avoid public transportation, if possible
- Do not have visitors over or let your children have playdates
- Avoid close contact with people

THE LESS TIME WE SPEND WITHIN SIX FEET OF EACH OTHER AND FEWER PEOPLE WE INTERACT WITH. THE MORE LIKELY WE ARE TO SLOW THE SPREAD OF COVID-19

Los Angeles County Sheriff's Department

DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

FRIDAY, MARCH 27, 2020 UPDATE

The Los Angeles County jail system currently has **no known cases of COVID-19 in the inmate population**. We have been screening, isolating, and testing inmates who have flue like symptoms, a fever over 100.4, and/or positively answer certain potential COVID-19 high risk screening questions for several weeks. These inmates are evaluated both upon intake, as well as being evaluated from housing areas. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending test results in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have successfully isolated close to three dozen inmates and have received more than a dozen negative test results (indicating they had some other form of cold or flu) allowing the release of some inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County. The current minimum recommended quarantine period for someone testing positive for COVID-19 is 14 days.

RECOMMENDED DISPOSAL OF N95 RESPIRATOR MASKS

Proper disposal of masks manufactured with metal nose bridges is imperative for the safety of personnel due to the added security implications, such as the metal being fashioned into a jail made weapon (shank) or into a tool to pick open handcuffs.

In an effort to prevent the potential spread of COVID-19, personnel should utilize examination gloves when manipulating, putting on, and/or removing the mask. It is recommended personnel dispose of their mask using the following procedures:

- dispose of the contaminated mask in a designated waste receptacle or plastic bag within secured areas in the facility (e.g., floor control booth, sergeant's or watch commander's offices);
- once the waste receptacle or plastic bag becomes full, it should be safely disposed of away from inmate access at the end of each shift;
- it is recommended to dispose of masks in biohazard containers or bags if they have been soiled
 or contaminated with blood, nasal secretions, bodily fluids, or when personnel have been in direct
 contact (i.e., within 6 feet) with a suspected/confirmed COVID-19 patient;
- personnel should wash their hands immediately after the disposal of any mask.

WEEK 3

March 30 - April 3, 2020



Custody Operations

MONDAY, MARCH 31, 2020 UPDATE

We have been screening, isolating, and testing inmates for several weeks, both upon intake, as well as from various housing areas, who have flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have successfully isolated close to three dozen inmates, and have received more than a dozen negative test results (indicating they had some other form of cold or flu), allowing us to release some temporary quarantines, and to release inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As many of you have already heard, over the weekend the Department received news that one inmate has tested positive for COVID-19. This individual has been placed in proper medical isolation and all staff members who had or might have had contact with this individual have been contacted and advised on available resources. It is a testament to everyone's hard work and efforts that we made it till March 29th before discovering our first COVID-19 positive inmate. As a general reminder, remember to use proper handwashing, social distancing, and use of personal protection equipment when necessary while carrying out your duties.



Custody Operations

WEDNSDAY, APRIL 1, 2020 UPDATE

We have been screening, isolating and testing inmates for several weeks, both upon intake, as well as from various housing areas, who have flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have successfully isolated dozens of inmates, and have received more than a dozen negative test results (indicating they had some other form of cold or flu), allowing us to release some temporary quarantines, and to release inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County. The Department has one inmate that has tested positive for COVID-19 in the inmate population. This individual has been placed in proper medical isolation and all staff members who had or might have had contact with this individual have been contacted and advised on available resources.

How to Protect Yourself in the Workplace

The best strategy to reduce the risk of becoming ill with COVID-19 is to avoid crowded settings and other situations that increase the risk of exposure to someone who may be infected. If you must be in a crowded setting, minimize your time there. **Some basic hygiene and social distancing guidelines** that can be used in every workplace include the following:

- Stay at home and seek medical attention if you feel are sick (daily monitor self for symptoms such as fever, cough, and shortness of breath).
- Wash your hands frequently with soap and water for 20 seconds, or with a hand sanitizer if soap and water are not available.
- Avoid touching your nose, mouth, and eyes.
- Cover your coughs and sneezes with a tissue, or cough and sneeze into your upper sleeve.
 Dispose of tissues in no-touch trash receptacles.
- Wash your hands or use a hand sanitizer after coughing, sneezing, or blowing your nose.
- Avoid close contact (within 6 feet) with coworkers (limit number of people entering and exiting sally ports or other confine areas).
- Avoid shaking hands and always wash your hands after physical contact with others.

- If wearing gloves, always wash your hands after removing them.
- Keep frequently touched common surfaces (e.g., telephones, computer equipment, etc.) clean.
- Try not to use other workers' phones, desks, offices, or other work tools and equipment.
- Minimize group meetings; use e-mails, phones, and text messaging. If meetings are unavoidable, avoid close contact (within 6 feet) with others and ensure not to gather in large groups in staff stations or other areas within the facilities.
- Utilize social distancing when working around inmates, except when escorting restrained, K-10, HOH, MOH, or any high risk inmate. If you find yourself watching an inmate during any type of exam or procedure, ensure you practice appropriate social distancing and take proper precautionary measures (donning mask, gloves, and protective gear) to ensure officer safety for each situation.



Custody Operations

THURSDAY, APRIL 2, 2020 UPDATE

We have been screening, isolating, and testing inmates for several weeks, both upon intake, as well as from various housing areas, who have flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have successfully isolated dozens of inmates, and have received more than a dozen negative test results (indicating they had some other form of cold or flu), allowing us to release some temporary quarantines, and to release inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County. The Department has one inmate that has tested positive for COVID-19 in the inmate population. This individual has been placed in proper medical isolation and all staff members who had or might have had contact with this individual have been contacted and advised on available resources.

IMPORTANCE OF SOCIAL DISTANCING

Here is a good article from the *University of Chicago Medicine* on social distancing:

"While it may be disappointing to hear that gatherings such as weddings, birthday parties or even visits with a small group of friends or family should be postponed, we must remember that this is crucial to battling this virus. Social distancing is a way we can all work together to spread ourselves out from other people and slow the spread of COVID-19.

"But how important is social distancing? Many states, including Illinois, have now enacted mandatory stay-at-home policies to more strictly enforce distancing and protect our high-risk populations. Right now, the goal of social distancing is to slow down the outbreak and flatten the curve. 'Flattening the curve' is a term used to describe the slowing of the spread so that fewer people are sick at the same time. If many people are sick at once, this could easily overwhelm our hospital system, and we would not have enough beds for all the patients that need care.

"If the curve flattens, the outbreak lasts longer. But it also means fewer patients arrive at the hospital each day needing critical care. Slowing that pace down means there's a better chance hospitals can keep up with the demand by having adequate supplies, beds and health care providers to care for these patients.

"Most coronaviruses, including the new coronavirus that causes the disease COVID-19, are spread by respiratory droplets produced by coughing or sneezing. Research indicates that respiratory droplets do not travel more than 6 feet, so it is recommended to keep that much distance between you and other people to help stop the spread of this virus.

"Social distancing is important for all of us. It is especially necessary for people who have tested positive for COVID-19 or are experiencing cold or flu-like symptoms. However, since some people may be carrying the disease but showing minimal symptoms — or none at all —we all need to practice social distancing for the greater good."



Custody Operations

FRIDAY, APRIL 3, 2020 UPDATE

We have been screening, isolating, and testing inmates who have flue like symptoms, a fever over 100.4, and/or positively answer certain potential COVID-19 high risk screening questions for several weeks. These inmates are evaluated both upon intake, as well as being evaluated from housing areas. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending test results in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have successfully isolated dozens of inmates and have received more than a dozen negative test results (indicating they had some other form of cold or flu) allowing the release of some inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County. The Department has one inmate that has tested positive for COVID-19 in the inmate population. This individual has been placed in proper medical isolation and all staff members who had or might have had contact with this individual have been contacted and advised on available resources.

TOILET PAPER SHORTAGE IS ONLY TEMPORARY

Here is an article that was published on the *Forbes* website on March 20, 2020, addressing the toilet paper shortage.

Topline: The shelves may be empty at some grocery stores nationwide right now, but the shortage won't last forever as toilet paper and other household goods make their way through the supply chain.

- Unlike many products Americans use that are shipped in from overseas markets, paper products sold in the U.S. are produced mainly at stateside factories.
- A spokesperson from Proctor & Gamble, the Cincinnati-based parent company behind Charmin toilet paper, Bounty paper towels and Puffs facial tissue, told Forbes those products are being produced in U.S. plants at record-high levels.
- As for diapers, one of the world's largest paper and packaging manufacturers International Paper makes diaper materials and pulp used by tissue and paper makers— those pipelines for raw materials are "running wide open," CEO Mark Sutton told CNBC on Friday.
- As for the empty supermarket shelves seen over the past few weeks, "it's a little bit
 of dislocated demand that should settle out over time," said Sutton, who sits on the board of
 U.S. supermarket chain Kroger. "Hopefully when people realize they have a lot of diapers
 they'll slow down their purchases."
- In fact, the empty shelves could even lead to a surplus of paper products— once supplies hit stores, "nobody is going to buy it, because who needs to buy toilet paper when you got a

year's worth sitting in your garage," *Supply Chain Management for Dummies* author Daniel Stanton told CNBC.

Crucial quote: "I know it's frustrating for consumers when you go to the shelves and don't see [toilet paper], but the manufacturing assets are running, and you're going to see it improve," Dino Bianco, the CEO of Kruger Products told BNN Bloomberg.

Bianco says that he's never seen a higher demand for products than now in his entire 30-year career— but that there's no absolute shortage of toilet paper.

Key background: Across the industry, companies saw jumps in sales of toilet paper and other household paper products as buyers prepped for coronavirus quarantines. Angel Soft and Quilted Northern maker Georgia Pacific said orders nearly doubled from some retail customers. They reportedly shipped out 20% more than normal capacity last week.

WEEK 4

April 6-10, 2020



Custody Operations

MONDAY, APRIL 6, 2020 UPDATE

As of this morning the Department has two inmate's that have tested positive for COVID-19 in the inmate population. These individuals have been placed in proper medical isolation and all staff members who had or might have had contact with these individuals have been contacted and advised on available resources. We have been and will continue to screen, isolate, and test inmates, both upon intake and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or who answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have successfully isolated dozens of inmates, and have received approximately 50 negative test results, allowing us to release some temporary quarantines, and to release inmates from isolation who are no longer sick. This process will continue for the duration of the declared public health emergency in Los Angeles County.

USE OF CLOTH FACE COVERINGS

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

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

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

How to Wear a Cloth Face Covering

Cloth face coverings should—

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

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

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

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

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

How does one safely remove a used cloth face covering?

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



Custody Operations

TUESDAY, APRIL 7, 2020 UPDATE

As of this morning, the Department has two inmates that have tested positive for COVID-19 in medical isolation. One previously positive COVID-19 inmate has been released from medical isolation and has recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or might have had contact with any COVID-19 positive individual have been contacted and advised on available resources. We have been and will continue to screen, isolate, and test inmates, both upon intake and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have received more than 70 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

COVID-19 AND PETS

Topics

- Coronaviruses are a large family of viruses. Some cause illness in people, and others cause illness in certain types of animals.
- Coronaviruses that infect animals can sometimes be spread to people, but this is rare.
- We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19). The first infections were linked to a live animal market, but the virus is now primarily spreading from person to person.
- The first case of an animal testing positive for the virus in the United States was a tiger that had a respiratory illness at a zoo in New York City.
- We do not have evidence that companion animals, including pets, can spread COVID-19 to people or that they might be a source of infection in the United States.
- The CDC is aware of a very small number of pets outside the United States reported to be infected with the virus that causes COVID-19 after close contact with people with COVID-19.
- We do not have evidence to suggest that imported animals or animal products pose a risk for spreading the 2019 novel coronavirus in the United States.

 Further studies are needed to understand if and how different animals could be affected by COVID-19.

Coronaviruses are a large family of viruses. Some coronaviruses cause cold-like illnesses in people, while others cause illness in certain types of animals, such as cattle, camels, and bats. Some coronaviruses, such as canine and feline coronaviruses, infect only animals and do not infect humans.

Risk of Animals Spreading COVID-19 to People

Some coronaviruses that infect animals can sometimes be spread to humans and then spread between people, but this is rare. Severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) are examples of diseases caused by coronaviruses that originated in animals and spread to people. This is what is suspected to have happened with the virus that caused the current outbreak of COVID-19. However, we do not know the exact source of this virus. Public health officials and partners are working hard to identify the source of COVID-19. The first infections were linked to a live animal market, but the virus is now spreading from person to person. The coronavirus most similar to the virus causing COVID-19 is the one that causes SARS.

The virus that causes COVID-19 spreads mostly from person to person through respiratory droplets from coughing, sneezing, and talking. Recent studies indicate that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. At this time, there is no evidence that companion animals, including pets, can spread COVID-19 to people or that they might be a source of infection in the United States.

Risk of People Spreading COVID-19 to Animals

The CDC is aware of a very small number of pets, including dogs and cats, outside the United States reported to be infected with the virus that causes COVID-19 after close contact with people with COVID-19. The CDC has not received any reports of pets becoming sick with COVID-19 in the United States. To date, there is no evidence that pets can spread the virus to people.

The <u>first case</u> of an animal testing positive for COVID-19 in the United States was a tiger with a respiratory illness at a zoo in New York City. Samples from this tiger were taken and tested after several lions and tigers at the zoo showed signs of respiratory illness. Public health officials believe these large cats became sick after being exposed to a zoo employee who was actively shedding virus. This investigation is ongoing.

We are still learning about this virus, but we know that it is zoonotic and it appears that it can spread from people to animals in some situations.

The CDC is working with human and animal health partners to monitor this situation and will continue to provide updates as information becomes available. Further studies are needed to understand if and how different animals could be affected by COVID-19.

Protect Pets if You Are Sick

If you are sick with COVID-19 (either suspected or confirmed), you should restrict contact with pets and other animals, just like you would around other people. Although there have been no reports of pets becoming sick with COVID-19 in the United States, it is still recommended that people sick with

COVID-19 **limit contact with animals** until more information is known about the virus. This can help ensure both you and your animals stay healthy.

- When possible, have another member of your household care for your animals while you are sick
- Avoid contact with your pet including, petting, snuggling, being kissed or licked, and sharing food.
- If you must care for your pet or be around animals while you are sick, wash your hands before and after you interact with them.
- For more information visit: What to Do if You Are Sick

Risk from Imported Animals and Animal Products

The CDC does not have any evidence to suggest that imported animals or animal products pose a risk for spreading COVID-19 in the United States. This is a rapidly evolving situation, and information will be updated as it becomes available.

Regulation of Imported Animals and Animal Products

In the United States, there is no evidence to suggest that any animals, including pets, livestock, or wildlife, might be a source of COVID-19 infection at this time. However, because all animals can carry germs that can make people sick, it's always a good idea to practice healthy habits around pets and other animals.

- Wash your hands after handling animals, their food, waste, or supplies.
- Practice good pet hygiene and clean up after pets properly.
- Talk to your veterinarian if you have questions about your pet's health.



Custody Operations

WEDNESDAY, APRIL 8, 2020 UPDATE

As of this morning the Department has three inmates that have tested positive for COVID-19 in medical isolation. One previously positive COVID-19 inmate has been released from medical isolation and has recovered from COVID-19. The Department has been actively monitoring the situation and all staff members who had or might have had contact with any COVID-19 positive individual have been contacted and advised on available resources. We have been and will continue to screen, isolate, and test inmates, both upon intake and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have received more than 70 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

Running Essential Errands

As communities across the United States take steps to slow the spread of COVID-19 by limiting close contact, people are facing new challenges and questions about how to meet basic household needs, such as buying groceries and medicine, and completing banking activities. The following information provides advice about how to meet these household needs in a safe and healthy manner.

Shopping for Food and Other Household Essentials:

- Avoid shopping if you have a fever, cough, or shortness of breath.
- If possible, order food and other items online for home delivery or curbside pickup.
- Only visit the grocery store, or other stores selling household essentials, in person when you
 absolutely need to. This will limit your potential exposure to others and the virus that causes
 COVID-19.
- When you do have to visit in person, go during hours when fewer people will be there (for example, early morning or late night).
- Here are ways to protect yourself while shopping:
 - Stay at least 6 feet away from others while shopping and in lines.

- Cover your mouth and nose with a cloth face covering when you have to go out in public.
- o If you are at higher risk for severe illness, find out if the store has special hours for people at higher risk. If they do, try to shop during those hours. People at higher risk for severe illness include adults 65 or older and people of any age who have serious underlying medical conditions.
- Disinfect the shopping cart, use disinfecting wipes if available.
- Cover coughs and sneezes.
- Do not touch your eyes, nose, or mouth.
- If possible, use touchless payment (pay without touching money, a card, or a keypad).
 If you must handle money, a card, or use a keypad, use hand sanitizer right after paying.
- After leaving the store, use hand sanitizer. When you get home, wash your hands with soap and water for at least 20 seconds.
- At home, follow food safety guidelines: clean, separate, cook, chillexternal icon. There is no evidence that food or food packaging has been linked to getting sick from COVID-19.

Accepting Deliveries and Takeout Orders

- If possible, pay online or on the phone when you order.
- Accept deliveries without in-person contact whenever possible. Ask for deliveries to be left in a safe spot outside your house (such as your front porch or lobby), with no person-to-person interaction. Otherwise, stay at least 6 feet away from the delivery person.
- After receiving your delivery or bringing home your takeout food, wash your hands with soap and water for 20 seconds. If soap and water are not available, use a hand sanitizer with at least 60% alcohol.
- After collecting mail from a post office or home mailbox, wash your hands with soap and water for at least 20 seconds or use a hand sanitizer with at least 60% alcohol.

Banking

- Bank online whenever possible.
 - If you must visit the bank, use the drive-through ATM if one is available. Clean the ATM keyboard with a disinfecting wipe before you use it.
 - When you are done, use a hand sanitizer with at least 60% alcohol. Wash your hands with soap and water for at least 20 seconds when you get home.

Getting Gasoline

- If available, use gloves or disinfecting wipes on handles and buttons before you touch them.
- After fueling, use a hand sanitizer with at least 60% alcohol. Wash your hands for at least 20 seconds when you get home or somewhere with soap and water.

Going to the Doctor or Getting Medicine

- Visit the doctor when you need to, but only when you need to. Use telemedicine, if available, or contact your doctor or nurse by phone or e-mail.
- If you must visit the doctor, follow recommendations to protect yourself:
 - Cover your mouth and nose with a cloth face covering when you have to go out in public.
 - Do not touch your eyes, nose, or mouth.
 - If available, use disinfecting wipes on frequently touched surfaces such as handles, knobs, touchpads.
 - Stay at least 6 feet away from others while inside and in lines.
 - When paying, use touchless payment methods if possible. If you cannot use touchless payment, sanitize your hands after paying with card, cash, or check. Wash your hands with soap and water for at least 20 seconds when you get home.
- If you think you have COVID-19, let the office know and follow guidance.
- Talk to your doctor about rescheduling procedures that are not urgently needed.
- If possible, plan to order and pick up all your prescriptions at the same time.
- If possible, call prescription orders in ahead of time. Use drive-thru windows, curbside services (wait in your car until the prescription is ready), mail-order, or other delivery services. Do the same for pet medicine.
- Check with your doctor and pharmacist to see if you can get a larger supply of your medicines so you do not have to visit the pharmacy as often.



Custody Operations

THURSDAY, APRIL 9, 2020 UPDATE

As of this morning the Department has six inmates that have tested positive for COVID-19 in medical isolation. One previously positive COVID-19 inmate has been released from medical isolation and has recovered from COVID-19. The Department has been actively monitoring the situation and all staff members who had or might have had contact with any COVID-19 positive individual have been contacted and advised on available resources. We have been and will continue to screen, isolate and test inmates, both upon intake, as well as from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have received more than 70 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

KEEPING AN EYE OUT FOR STRESS IN KIDS

Many of us are feeling a lot of stress right now. As adults we may be able to recognize and say "wow, I'm stressed out." For kids, no matter the age, they may not necessarily recognize it, verbalize it and it may not show up in the same way that our stress as adults does. During challenging times, our bodies may make more stress hormones than usual. This can show up differently for different people. Babies may have differences in the sleeping and eating patterns. Toddlers and preschoolers may go back on a developmental milestones they had already achieved (like sleeping through the night or bedwetting). One of the most common ways stress shows itself in school-aged kids is changes in their behavior. They may be a bit more irritable, bouncing off the walls, expressing boredom, or having a hard time managing their impulses, paying attention or focusing, or new behaviors may arise. Teenagers and adolescents may become more withdrawn. However, many kids may show no behavioral symptoms at all. For some kids, increased stress hormones may show up as headaches, tummy aches, difficulty sleeping or worsening health issues like asthma, eczema or more frequent infections. In teenagers, you might see more risk-taking behaviors like using substances such as tobacco and marijuana (including vaping), alcohol or other substances as well. Increased stress leads to biological changes in our brains and bodies that can affect kids' health, behavior and development. The good news is there are simple things you can do every day, at home, to help regulate your child's stress response system and buffer the negative impacts of stress, keeping them healthy and on the right developmental track. If your child has asthma, diabetes or another health condition, it is important to be monitoring that condition more closely during times of stress. Many chronic illnesses are worsened by stress, so building a routine that practices the four stress-busting strategies below can help to combat the impact of the increase in stress hormones.

STRESS-BUSTING FOR KIDS STEP 1: TALK ABOUT WHAT'S GOING ON - No matter the age, uncertainty can create anxiety. As parents and caregivers, it's important to talk to children about emergency situations in age-appropriate language and approach the discussion in a calm and

sensitive way to help them cope. Starting the conversation can be the hardest part. One tip to make it easier is to start by asking what they have heard about coronavirus and if they have any questions or fears. Take some time to correct any misinformation and share age-appropriate, honest facts. Follow up these details by focusing on the things we can control to help us stay healthy and help other people stay healthy, proper handwashing, covering coughs and sneezes, disinfecting surfaces, and physical distancing and wearing masks when we are outside and around other people for essential reasons. Help them understand why they are not able to see their friends, grandparents, teachers or other loved ones in-person right now because staying at home helps keep everyone healthy right now while we fight the coronavirus. You can empower them with a sense of purpose by letting them know that, even though it's kind of a pain (or especially because it is kind of a pain), their actions are protecting the most vulnerable that could get sick. Express how proud you are of your kids for being part of the solution.

STEP 2: KEEP KIDS CONNECTED TO THEIR NETWORKS - Social supports are a vital part of kids' development and mitigating the negative impacts of stress. Finding ways to keep your kids connected to their friends, cousins, teachers, grandparents, coaches, aunts, uncles, and so on, is critical. Video chat play dates, write letters to send, text silly pictures back and forth, video messages, whatever works but helping kids stay connected to their networks is as important for them as it is for you.

STEP 3: BUILD A ROUTINE FOR YOU AND YOUR FAMILY - During times of uncertainty, it is especially important to stick with normal routines predictability and structure help kids self-regulate. Share the schedule with the kids, as this helps to reduce anxiety, fear of boredom and reduce challenging behaviors as you move throughout the day. With older kids and adolescents, it's great to build the schedule with them so they have a sense of control and self-determination. Your schedule should include set wake up and bedtimes, regular meals (including snacks), quiet time for schoolwork and reading as well as regular movement and exercise. As you make your plan, make sure elements of the four stress-busting strategies are included to help regulate the stress response system.

STEP 4: KEEP TO YOUR ROUTINE - Start your scheduled routine. Keep an open mind about what is working, what isn't and what is realistic for you and your family. It might be helpful to take notes or keep a journal of what works for you. Check in with your kids (and yourself!) regularly to see how it's going. Not every moment of every day needs to be scheduled, so take a moment to reflect on your program and how it's working for your family. If you need to change things about it, go ahead and do so. Let your plan evolve to ensure it is working for you. If it's not, feel free to change it up, but ensure elements from the four stress-busting strategies remain.



Custody Operations

FRIDAY, APRIL 10, 2020 UPDATE

We are continuing to screen, isolate, and test inmates, both upon intake, as well as from various housing areas, who exhibit flu-like symptoms and a fever over 100.4°F, or answer certain potential COVID-19 high-risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have received more than 85 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has eight inmates that have tested positive for COVID-19 in medical isolation. Two previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation and all staff members who had or might have had contact with any COVID-19 positive individual have been contacted and advised on available resources.

SELF-CARE

THINGS TO LIMIT:

News - Make sure you give yourself a break from the 24-hour news cycle and news alerts. It really does make a difference for your physical and mental health.

Substances - Because our bodies may be creating more stress hormones than usual, we are more susceptible to substance dependence. It's important to keep this in mind and make sure you're actively regulating your substance intake.

High-sugar/high-fat foods - An increase in the stress hormone cortisol triggers cravings for high-sugar and high-fat foods. Even if you've previously been a healthy eater, you may find yourself reaching for potato chips, chocolate chip cookies, soda, and other unhealthy snacks. Not only does stress increase our cravings for these types of foods, but stress hormones can also make our bodies more resistant to the hormone insulin, increasing our risk of type 2 diabetes, so try to keep indulgence on these foods to a minimum.

THINGS TO EMBRACE:

Each other - Our supportive personal connections are scientifically demonstrated to help buffer the impacts of stress on our brains and bodies. Staying in touch with our loved ones and communities virtually, is truly healing. If you see your neighbors when you're outside, remember to continue physical distancing, but say hello and ask how they are. When you're at the grocery store, thank the people working there, and engage in conversation. This isn't just important for morale, but staying emotionally connected to one another is biologically crucial for our health.

Deep breaths - You don't have to be a yogi to know the power of a nice cleansing deep breath. Take them slowly; take them often. Deep breaths are also a great time to check in on our bodies and see where and how we are feeling.

Stepping outside - While we have to practice physical distancing, being outside and finding green space even if it's in your backyard is incredibly helpful for our wellbeing. Enjoy feeling the sun on our face, listen to the birds singing, and see the flowers blooming.

Hydration - Stay hydrated. Drink the recommended 8-10 glasses of water a day.

Play - Finding ways to play and laugh is important for our mental and physical health. Turn off the news and watch a silly movie; better yet, get creative and make a silly movie with members of your household. Call a friend and talk about the times you laughed the hardest, figure out what impressions you can do, pretend the floor is hot lava. These are serious times, but you can still be silly.

Asking for help or a moment - Open up the communication in your house about times when we need help. Whether you have a special code word or just the reminder to yourself, if you need a moment, communicate it and take the moment.

COVID-19 AFFECTED PERSONNEL Note: this information only accounts for Sheriff's Department Personnel			
Note: tilk	STATUS OF AFFECTED PERSONNEL		
Facility Name	Total Employees Currently Quarantined	Confirmed Positive	Returned To Work Since Quarantined
CRDF			
IRC			
MCJ			
TTCF			
North			
SOUTH			
NCCF			
CCSB			
PMB			
ISB			
ACB/LCMC			
CSS			
Custody Training Bureau			
Fire Camp/ East Facility			
Custody Division Admin			
PREA			
CIS			
Food Services			
DEPARIMENTWIDE TOTALS:			

The Custody Operations COVID-19 Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. However, unfortunately there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, which allows up to 80 hours for employees impacted by the pandemic and who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

WEEK 5

April 13-17, 2020



Custody Operations

MONDAY, APRIL 13, 2020 UPDATE

As of this morning the Department has nine inmates that have tested positive for COVID-19 in medical isolation. Two previously positive COVID-19 inmates has been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation and all staff members who had or might have had contact with any COVID-19 positive individual have been contacted and advised on available resources. We have been and will continue to screen, isolate and test inmates, both upon intake, as well as from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have received more than 80 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

SOCIAL DISTANCING WITH THE KIDS

Here is a good article on dealing with social distancing and kids from the *Kids Health.org* web site. Social distancing puts space between people. When people who are infected with the <u>virus</u> stay away from others, they can't pass it to anyone else. This way, fewer people get sick at the same time. Then, doctors and hospitals are better able to keep up with treating those who need care.

What Should We Do?

Social distancing means:

- not going out unless it is necessary. Necessary reasons to go out include buying food, getting
 medical care, or going for a walk or a bike ride alone or with members of the household.
- closing schools, restaurants, shops, movie theaters, and other places where people gather
- not getting together in person with friends
- working from home if possible
- not taking public transportation, including buses, subways, taxis, and rideshares

During this health crisis, it's best to take a "better safe than sorry" approach. This means:

- Keep your family home and away from others as much as possible. Don't have friends and extended family over, and don't go to their homes. People who look healthy still can be infected and can spread the virus. That's why it's important to stay away from everyone, even if they don't seem sick.
- If you have to go out, make sure you are at least 6 feet (2 meters) away from other people. Viruses can spread when someone sneezes or coughs out tiny droplets. These droplets don't usually travel more than 6 feet before falling to the ground.

• If you're caring for someone who is sick, take all recommended precautions. It's important to keep that person away from others.

Why Are Schools Closed if Kids Aren't Sick?

Kids don't seem to get as sick from coronavirus as adults. But infected kids can still spread the virus to people who could become seriously ill. Closing schools protects everyone in a community.

Can Kids Still Get Together With Friends?

It might feel like ordinary life is at a standstill. Movie theaters and restaurants are closed; group events and sports activities have been called off. These temporary but necessary measures will help communities with their social distancing.

But that doesn't mean we need to feel isolated or lonely. With a bit of creativity, you can help your kids stay connected with friends and extended family members by setting up video visits or playdates.

Some neighborhoods have created scavenger hunts or homemade bingo games to keep a feeling of togetherness. Kids can walk or ride with their parents in search of "treasures" or stuffed animals in windows. These give kids fun things to do outside while still keeping physical distance from neighbors.

You also can plan family activities. Taking a walk or a hike or riding bikes are great ways to get out and get active without having physical contact. Try to find quiet streets or less well-known paths for these outings. It's best not to go to parks where other people might gather, especially those with things that lots of kids use, like jungle gyms.

You Can Still Be Social

The official phrase is "social distancing," but it can help to think of it as "physical distancing" instead. We can still be social, just in different ways. Take advantage of social media and video apps to support each other, laugh together, and take care of each other until the virus is under control.



Custody Operations

TUESDAY, APRIL 14, 2020 UPDATE

We have been and will continue to screen, isolate and test inmates, both upon intake, as well as from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff, if the results were to return positive. To date, we have received more than 90 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has nine inmates that have tested positive for COVID-19 in medical isolation. Two previously positive COVID-19 inmates has been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation and all staff members who had or might have had contact with any COVID-19 positive individual have been contacted and advised on available resources.

WHAT DOES QUARANTINE MEAN

Here is a good article from the *Cleveland Clinic* on understanding quarantine, isolation, and social distancing in a pandemic:

Governments use <u>quarantines</u> to stop the spread of contagious diseases. Quarantines are for people or groups who don't have symptoms but were exposed to the sickness. A quarantine keeps them away from others so they don't unknowingly infect anyone.

Quarantines may be used during:

- Outbreaks: When there's a sudden rise in the number of cases of a disease.
- **Epidemics:** Similar to outbreaks, but generally considered larger and more widespread.
- Pandemics: Larger than epidemics, generally global in nature and affect more people.

What's the difference between isolation and quarantine?

While isolation serves the same purpose as quarantine, it's reserved for those who are already sick. It keeps *infected* people away from healthy people to prevent the sickness from spreading.

Can you be legally quarantined?

According to the U.S. Constitution, yes. The federal government <u>can use isolation and quarantine</u> to protect people from contagious diseases. States also have the authority to institute isolations or

quarantines. Breaking a quarantine has consequences that range from a fine to imprisonment. But government-mandated quarantines are rare. You have to go all the way back to the infamous Spanish flu pandemic of 1918-1919 for the last enforced, large-scale isolation and quarantine, according to the U.S. Centers for Disease Control and Prevention (CDC).

In response to suspected or confirmed coronavirus exposure, some have been asked to self-quarantine. And while it's highly recommended that you do, these quarantines are currently voluntary.

"For anyone who has close contact with someone infected with the coronavirus, it is important that you listen to instructions from your health department," Dr. Gordon says.

What exactly is "close contact?" It's defined as being within approximately 6 feet (2 meters) of someone with COVID-19 for a prolonged period of time. That includes if you are living with, visiting or sharing a healthcare waiting area or room with someone with COVID-19. Or if you have been coughed on by someone with the disease.

Health departments identify close contacts through what's called contact tracing, Dr. Gordon explains. "They will notify you if they think you have been exposed to a known case and provide you with instructions for next steps," he says. Unsure if you qualify as having been in close contact? Reach out to your local health department.

What happens when you are quarantined?

While not all quarantines are the same, look to the CDC for how best to do your part. Currently, the CDC recommends:

- Make it a staycation: Avoid leaving the house unless absolutely necessary (read: visiting your healthcare provider, though see the next bullet for how to do that). That means following all "shelter-in-place" orders in your area
- **Call ahead:** While your local or state health department will most likely keep tabs on your health, you may need to see your doctor, too. "First, try a <u>virtual visit</u>. Or at least, call ahead first, so that the medical facility can take steps to prevent others from getting infected," says Dr. Gordon.
- Worried about Fido? At this time, the CDC says there's <u>no evidence</u> that companion animals, including pets, can spread COVID-19. But it may still be good to still use caution. If you've been exposed to COVID-19, avoid "petting, snuggling, being kissed or licked and sharing food [during a coronavirus quarantine]," recommends the CDC.
- Have your own stuff: Don't swap unwashed "dishes, drinking glasses, cups, eating utensils, towels or bedding with other people or pets in your home," says the CDC.
- Wash, rinse, repeat: "Hygiene is an integral part of this, even at home. <u>Handwashing</u> should be your first line of defense when under quarantine," relates Dr. Gordon. "And don't forget to cough or sneeze into your elbows or a tissue that you then throw away."

Other protective measures

Quarantine isn't the only way to protect yourself during an epidemic. Dr. Gordon also recommends:

• Social distancing: Social distancing involves avoiding large gatherings. If you have to be around people, keep 6 feet (2 meters) between you when possible. "Social distancing is pretty

much like using common sense," Dr. Gordon says. "We don't realize how interconnected we are until we're asked to avoid people." But he notes that terms like "mass gatherings" or "congregate settings" are vague. They're used to describe things like shopping centers, movie theaters or stadiums. But how many people together is too many? "That's a moving target," he says. There's no official definition, though the CDC recently advised that all U.S. events of 10+people should be cancelled or held virtually.

- Wear a cloth face mask: The CDC now recommends doing so in public, especially in places where it's hard to maintain at least 6 feet of distance between yourself and another person.
- Staying calm: "While fear is normal, educating yourself is a great way to counterbalance your anxiety," says Dr. Gordon. "Stay informed from reliable sources but not too intensely. Hyperfixating on the news can be just as detrimental."
- Cooperating with the authorities: Following quarantines and other public health mandates like shelter-in-place orders help slow and stop the spread of contagious diseases.

Being cooped up inside may seem unbearable. But the time WILL pass, and your forced staycation may save lives.

COVID-19 AFFECTED PERSONNEL Note this information only accounts for Sheriff's Department Personnel													
DIVISION	STA	STATUS OF AFFECTED PERSONNEL											
Facility Name:	Total Employees Currently Quarantined	Confirmed Positive	Returned To Work Since Quarantined										
CRDF	î î		4 "										
IRC													
MCJ													
TTCF	_		_										
North SOUTH	_		_										
NCCF	_												
CCSB													
PMB			_										
ISB													
ACB/LCMC													
CSSB													
Custody Training Bureau													
Custody Division Admin													
PREA													
Food Services													
DEPARTMENTWIDE TOTALS:													

The Custody Operations COVID-19 Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate

information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. However, unfortunately there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, which allows up to 80 hours for employees impacted by the pandemic and who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

WEDNESDAY, APRIL 15, 2020 UPDATE

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have received more than 95 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has 13 inmates who have tested positive for COVID-19 in medical isolation. Two previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

THE INVISIBLE ENEMY

As has oft been repeated, we are living in an epoch of great significance and consequence. The actions we take as a society and as public servants will be studied and scrutinized as those in the aftermath of the September 11 attacks and the Great Depression. As Department members, we are all on the frontlines of a war against an invisible enemy. The custodians who keep our work places sanitary, the deputies, officers, and health care personnel who keep our inmates safe and healthy, and the food services workers who feed our army during this operation, are all serving in the same theater against the same foe, with a common mission of mitigating the spread of this virus and ultimately defeating it. Wearing facemasks, sanitizing our work areas, and practicing proper social distancing is the best way to accomplish this task, and ensure our victory.

Recall the words of British Prime Minister Winston Churchill as he assumed command of Parliament in the middle of World War II, when failure seemed a certainty:

"I would say to the House, as I said to those who have joined this Government: I have nothing to offer but blood, toil, tears and sweat. We have before us an ordeal of the most grievous kind. We have before us many, many long months of struggle and of suffering. You ask, what is our policy? I can say: It is to wage war, by sea, land and air, with all our might and with all the strength that God can give us; to wage war against a monstrous tyranny, never surpassed in the dark, lamentable catalogue of human crime. This is our policy. You ask, what is our aim? I can answer in one word: It is victory, victory at all costs, victory in spite of all terror, victory, however long and hard the road may be, for without victory, there is no survival."

STRESS AND COPING

From the Centers for Disease Control and Prevention (CDC):

Outbreaks Can be Stressful

The outbreak of coronavirus disease 2019 (COVID-19) may be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions in adults and children. Coping with stress will make you, the people you care about, and your community stronger.

Stress during an infectious disease outbreak can include:

- Fear and worry about your own health and the health of your loved ones
- Changes in sleep or eating patterns
- Difficulty sleeping or concentrating
- Worsening of chronic health problems
- · Worsening of mental health conditions
- Increased use of <u>alcohol</u>, <u>tobacco</u>, or <u>other drugs</u>

Everyone Reacts Differently to Stressful Situations

How you respond to the outbreak can depend on your background, the things that make you different from other people, and the community you live in.

People who may respond more strongly to the stress of a crisis include:

- Older people and people with chronic diseases who are at higher risk for severe illness from COVID-19
- Children and teens
- People who are helping with the response to COVID-19, like doctors, other health care providers, and first responders
- People who have mental health conditions including problems with substance use

Take Care of Yourself and Your Community

Taking care of yourself, your friends, and your family can help you cope with stress. Helping others cope with their stress can also make your community stronger.

Ways to cope with stress:

- Take breaks from watching, reading, or listening to news stories, including social media.
 Hearing about the pandemic repeatedly can be upsetting.
- Take care of your body.
- Take deep breaths, stretch, or meditateexternal icon.
- Try to eat healthy, well-balanced meals.
- Exercise regularly, get plenty of sleep.
- Avoid alcohol and drugsexternal icon.
- Make time to unwind. Try to do some other activities you enjoy.
- Connect with others. Talk with people you trust about your concerns and how you are

Know the Facts to Help Reduce Stress

Sharing the facts about COVID-19. Understanding the risk to yourself and people you care about can make an outbreak less stressful.

When you share accurate information about COVID-19, you can help make people feel less stressed and make a connection with them.

For Responders

Responding to COVID-19 can take an emotional toll on you, and you may experience secondary traumatic stress. Secondary traumatic stress is stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event.

There are things you can do to reduce secondary traumatic stress reactions:

- Acknowledge that secondary traumatic stress can impact anyone helping families after a traumatic event.
- Learn the symptoms including physical (fatigue, illness) and mental (fear, withdrawal, guilt).
- Allow time for you and your family to recover from responding to the pandemic.
- Create a menu of personal self-care activities that you enjoy, such as spending time with friends and family, exercising, or reading a book.
- Take a break from media coverage of COVID-19.
- Ask for help if you feel overwhelmed or concerned that COVID-19 is affecting your ability to care for your family and patients as you did before the outbreak.

Continued on following page

COVID-19 AFFECTED PERSONNEL Note: This information only accounts for Sheriff's Department Personnel STATUS OF AFFECTED PERSONNEL **Employee Self-**Total Employees **Doctor Ordered** Confirmed Returned To Work Initiated Currently in Positive Quarantine since Quarantined Quarantine Quarantine DIVISION PROFFESSIONAL **PROFFESSIONA** PROFESSIONAL PROFESSIONAL PROFESSIONAL SWORN SWORN SWORN SWORN SWORN STAFF STAFF STAFF STAFF TOTAL STAFF TOTAL TOTAL TOTAL TOTAL CRDF IRC MCJ TTCF North South NCCF East CCSB **PMB** ISB ACB LCMC **Custody Admin** CSSB/CIS **CTSB Food Services** DEPARTMENTWIDE TOTALS: Custody Totals

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

THURSDAY, APRIL 16, 2020 UPDATE

As of this morning the Department has 15 inmates who have tested positive for COVID-19 in medical isolation. Three previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have received more than 95 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

The Battle to Keep Things Clean

In our theater of engagement against COVID-19, our major course of action is keeping our facilities and ourselves clean and sanitary. Our dedication to this task not only assists us in defeating the virus at work, but also lessens our chances of introducing the virus to our loved ones at home. As stated above, the Division has taken all necessary steps to mitigate the spread of the virus, but we also have a duty as individuals to actively engage in sanitation efforts. This individual task, practiced by each member of our operation, is a simple yet powerful tool that will propel us to victory, **and keeps our partners and our families safe and healthy.**

Below are recommendations from the Centers for Disease Control and Prevention (CDC) for proper cleaning and disinfecting. It behooves personnel to familiarize themselves with these guidelines and apply them to their routines. Examine how you clean your equipment (e.g., boots, handcuffs, belts, keys, etc.), and apply these recommendations. Do it for yourselves, your partners, and your family.

How to Clean and Disinfect

Hard (Non-porous) Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common EPA-registered household disinfectants should be effective.
 - Follow the manufacturer's instructions for all cleaning and disinfection products for concentration, application method and contact time, etc.
 - Additionally, diluted household bleach solutions (at least 1000ppm sodium hypochlorite) can be used if appropriate for the surface. Follow manufacturer's instructions for application, ensuring a contact time of at least 1 minute, and allowing proper ventilation during and after application. Check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.
 - § Prepare a bleach solution by mixing:
 - § 5 tablespoons (1/3 cup) bleach per gallon of water or
 - § 4 teaspoons bleach per quart of water

Soft (Porous) Surfaces

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

Electronics

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

Linens, Clothing, and Other Items That Go in the Laundry

- In order to minimize the possibility of dispersing virus through the air, do not shake dirty laundry.
- Wash items as appropriate in accordance with the manufacturer's instructions. If
 possible, launder items using the warmest appropriate water setting for the items
 and dry items completely. Dirty laundry that has been in contact with an ill person
 can be washed with other people's items.
- Clean and disinfect hampers or other carts for transporting laundry according to guidance above for hard or soft surfaces.

Hand Hygiene

Follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.

- Additional key times to clean hands include:
 - o After blowing one's nose, coughing, or sneezing.
 - o After using the restroom.
 - Before eating or preparing food.
 - After contact with animals or pets.
 - Before and after providing routine care for another person who needs assistance such as a child.

Continued on following page

Division Update

	COVID-19 AFFECTED PERSONNEL Note: This information only accounts for Sheriff's Department Personnel														
						AFFECTED PER Total						Returned To			
CVICETO DVI	Doctor Ordered Quarantine			nployee ited Qua		Employees Currently in Quarantine			Confirmed Positive			Work Since Quarantined			
CUSTODY DIVISION	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL
CRDF															
IRC															
MCJ															
TTCF															
North															
South															
NCCF															
East															
CCSB															
PMB															
ISB															
ACB LCMC															
Custody Admin															
CSSB/CIS															
CTSB															
Food Services															
Custody Totals															.

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Los Angeles County Sheriff's Department

DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

FRIDAY, APRIL 17, 2020 UPDATE

California Statewide Shelter-in-Place Order

The statewide shelter-in-place order can cause confusion and stress in individuals staying home, as well as those who continue to commute to work. Everyone wants to resume normal activities, like visiting malls, attending sporting events and festivals, and simply taking their children to school, but the uncertainty of when those functions can resume weighs heavily on the collective mind.

On April 14, 2020, Governor Gavin Newsom unveiled six key indicators that will guide the state's decision for lifting or modifying the shelter-in-place order. Understanding what these indicators are may help in reducing stress, as one can see the proverbial light at the end of the tunnel.

From the official government website of the State of California:

Until we build immunity, our actions will be aligned to achieve the following:

- Ensure our ability to care for the sick within our hospitals;
- Prevent infection in people who are at high risk for severe disease;
- Build the capacity to protect the health and well-being of the public; and
- Reduce social, emotional and economic disruptions
- California's six indicators for modifying the stay-at-home order are:
- The ability to monitor and protect our communities through testing, contact tracing, isolating, and supporting those who are positive or exposed;
- The ability to prevent infection in people who are at risk for more severe COVID-19;
- The ability of the hospital and health systems to handle surges;
- The ability to develop therapeutics to meet the demand;
- The ability for businesses, schools, and child care facilities to support physical distancing; and
- The ability to determine when to reinstitute certain measures, such as the stayat-home orders, if necessary.

The Governor said there is not a precise timeline for modifying the stay-at-home order, but that these six indicators will serve as the framework for making that decision.

He also noted that things will look different as California makes modifications. For example, restaurants will have fewer tables and classrooms will be reconfigured. For more information on California's response, visit <u>covid19.ca.gov</u>.

Division Update

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have received more than 100 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has eighteen inmates who have tested positive for COVID-19 in medical isolation. Three previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

Continued on following page

COVID-19 AFFECTED PERSONNEL

Note: This information only accounts for Sheriff's Department Personnel

					STAT	US OF	AFF]	ECTED	PER	SON	NEL				
CHICTORY		or Ord uarantii		Employee Self- Initiated Quarantine			Total Employees Currently in Quarantine			Confirmed Positive			Returned To Work Since Quarantined		
CUSTODY DIVISION	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL
CRDF															
IRC															
MCJ															
TTCF															
North															
South															
NCCF															
East															
CCSB															
PMB															
ISB															
ACB LCMC															
Custody Admin															
CSSB/CIS															
CTSB															
Food Services															
Custody Totals															

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any

necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

WEEK 6

April 20-24, 2020

Los Angeles County Sheriff's Department

DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

MONDAY, APRIL 20, 2020 UPDATE

Deputies Don't Get Sick?

One of the key factors to mitigating the spread of COVID-19 is recognizing the symptoms and isolating persons under investigation pending testing. But for LASD personnel, that idea runs contrary to our rain-or-shine work ethic and culture. Deputies often avoid calling in sick for work because of the idea that we will be creating more work for our partners who report for their shift. While this selfless nature is admirable, during a pandemic, it is not best practice, and we actually do our partners a better service by staying home and seeking medical care if we feel ill or feverish. It's also important to know the symptoms of COVID-19, so one can quickly identify if they should stay home and consult their medical provider.

Symptoms

According to the Centers for Disease Control and Prevention (CDC), the symptoms of COVID-19 are:

- Fever
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

If you experience any of the following symptoms, you should call 911 for immediate medical attention:

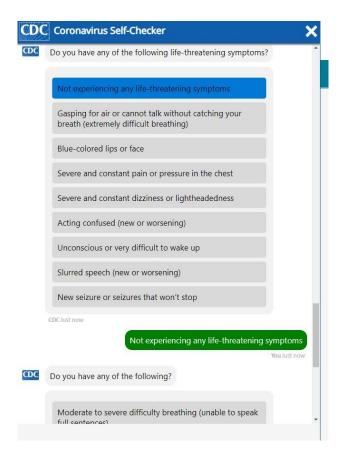
- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

Self-Checker

Even with the knowledge of the symptoms of COVID-19, personnel may still be reluctant to call in sick, unsure if the symptoms they're feeling are signs of COVID-19 or just general fatigue. To assist people with identifying if they are symptomatic, the CDC has established an automated self-checker at the following website:

https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html

Users will be prompted to answer a few simple questions (see image below) which could result in the automated guide recommending the user should seek medical attention.



Department Policies and Procedures

Employees are advised that while the CDC recommendations are a helpful tool, they should ultimately rely on Department-issued guidance and procedures for reporting suspicion of COVID-19 contamination. Employees are advised to refer to the following Department and Division issued directives concerning COVID-19 testing and employee temperature testing:

- DOC Notice #39, "COVID-19 Voluntary Participation Employee Testing Program"
- Custody Operations Directive 20-002, "Employee Temperature Testing"

Division Update

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have received more than 120 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has 26 inmates who have tested positive for COVID-19 in medical isolation. Seven previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

COVID-19 AFFECTED PERSONNEL Note: This information only accounts for Sheriff's Department Personnel STATUS OF AFFECTED PERSONNEL															el
					STAT	US OF	AFF	ECTED	PER	SON	NEL				
CUSTODY		Doctor Ordered Quarantine		Employee Self- Initiated Quarantine				Total Employees Currently in Quarantine			Confirme Positive		Returned To Work Since Quarantined		
CUSTODY DIVISION	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL
CRDF															
IRC															
MCJ															
TTCF															
North															
South															
NCCF															
East															
CCSB															
PMB															
ISB / EBI ACB LCMC															
Custody Admin															
CSSB/CIS															
CTSB															
Food Services															
Custody Totals															

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

TUESDAY, APRIL 21, 2020 UPDATE

You Can Save Lives, Even Off Duty

Every day, deputies, officers, and health care professionals suit up in their uniforms and nobly perform their duties. The images of uniformed personnel courageously serving their communities during times of crisis is ingrained in the collective mind and celebrated by society. But the impact first responders can make exceeds the actions we perform in uniform, as we also wield great influence in our families and communities as "soldiers on the front lines" and "people in the know." The people who know what we do for a living look to us as guides during moments like this pandemic. What we say to them can change their perspective, influence their behavior, and even save their lives. Encourage the people you know and love to wear face masks and stay home as much as possible. This simple task and humble duty could be the difference between life and death for the people who make up the fabric of our lives.

Division Update

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have received more than 130 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has 30 inmates who have tested positive for COVID-19 in medical isolation. Nine previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

COVID-19 AFFECTED PERSONNEL Note: This information only accounts for Sheriff's Department Personnel STATUS OF AFFECTED PERSONNEL Total **Returned To Doctor Ordered Employee Self-Employees** Confirmed **Work Since** Initiated Quarantine **Positive Ouarantine** Currently in **Ouarantined** Quarantine **CUSTODY PROFFESSIONAL PROFFESSIONAL PROFESSIONAL PROFESSIONAL PROFESSIONAL DIVISION** TOTAL **SWORN** SWORN SWORN **SWORN** STAFF SWORN TOTAL STAFF TOTAL **FOTAL** STAFF STAFF **FOTAL** STAFF **CRDF IRC MCJ TTCF** North South **NCCF** East **CCSB PMB ISB ACB LCMC Custody Admin** CSSB/CIS **CTSB Food Services**

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

Custody Totals

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public

Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Los Angeles County Sheriff's Department

DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

WEDNESDY, APRIL 22, 2020 UPDATE

Differences Between COVID-19 and the Flu

The more we know about COVID-19, the better we are to protect ourselves from it and mitigate its spread. COVID-19 often mischaracterized as a strain of influenza due to similarities in symptoms; however, in reality, they are actually different viruses. From Johns Hopkins Medicine:

Similarities: COVID-19 and the Flu

Symptoms

- Both cause fever, cough, body aches and fatigue; sometimes vomiting and diarrhea.
- Can be mild or severe, even fatal in rare cases.
- Can result in pneumonia.

Transmission

- Both can be spread from person to person through droplets in the air from an infected person coughing, sneezing or talking.
- A possible difference: COVID-19 might be spread through the airborne route (see details below under Differences).
- Both can be spread by an infected person for several days before their symptoms appear.

Treatment

- Neither virus is treatable with antibiotics, which only work on bacterial infections.
- Both are treated by addressing symptoms, such as reducing fever. Severe cases may require hospitalization and support such as mechanical ventilation.

Prevention

Both may be prevented by frequent, thorough hand washing, coughing into the crook of your elbow, staying home when sick and limiting contact with people who are infected. Social and physical distancing can limit the spread of COVID-19 in communities.

Differences: COVID-19 and the Flu

Cause

COVID-19: Caused by one virus, the novel 2019 coronavirus, now called severe acute respiratory syndrome coronavirus 2, or SARS-CoV-2.

Flu: Caused by any of several different types and strains of influenza viruses.

Transmission

While both the flu and COVID-19 may be transmitted in similar ways (see the Similarities section above), there is also a possible difference: COVID-19 might be spread through the airborne route, meaning that tiny droplets remaining in the air could cause disease in others even after the ill person is no longer near.

Antiviral Medications

COVID-19: Antiviral medications and other therapies are currently being tested to see if they can address symptoms.

Flu: Antiviral medications can address symptoms and sometimes shorten the duration of the illness.

Vaccine

COVID-19: No vaccine is available at this time, though it is in progress.

Flu: A vaccine is available and effective to prevent some of the most dangerous types or to reduce the severity of the flu.

Infections

COVID-19: 825,306 cases in the U.S. as of Apr. 22, 2020.

Flu: 9.3 million to 45 million cases in the U.S. per year.

Deaths

COVID-19: 45,075 deaths in the U.S., as of Apr. 22, 2020.

Flu: 12,000 to 61,000 deaths in the U.S. per year.

The COVID-19 situation is changing rapidly. Since this disease is caused by a new virus, people do not have immunity to it, and a vaccine may be many months away.

Doctors and scientists are working on estimating the mortality rate of COVID-19, but at present, it is thought to be higher than that of most strains of the flu.

Division Update

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have received more than 140 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has 34 inmates who have tested positive for COVID-19 in medical isolation. Thirteen previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

Continued on following page

COVID-19 AFFECTED PERSONNEL Note: This information only accounts for Sheriff's Department Personnel STATUS OF AFFECTED PERSONNEL Total Returned To **Doctor Ordered Employee Self-Employees** Confirme d Work Since Initiated Quarantine Currently in Positive Quarantine **Ouarantined Ouarantine CUSTODY PROFFESSIONAL DIVISION** PROFFESSIONAL **PROFESSIONAL PROFESSIONAL PROFESSIONAL** 4/22/2020 SWORN SWORN **SWORN** SWORN STAFF **TOTAL** STAFF SWORN STAFF TOTAL TOTAL STAFF FOTAL STAFF **CRDF IRC MCJ TTCF** North South/laundry **NCCF CCSB PMB**

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

ISB/EBI/FIRE/EAST

ACB LCMC

Custody Admin

CSSB/CIS

CTSB

Food Services

Custody Totals

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public

Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to assist personnel, the Department has established a voluntary participation COVID-19 testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

WEDNESDY, APRIL 23, 2020 UPDATE

Coronavirus Myths, Rumors and Misinformation

Keeping the public informed with the correct information is crucial in order to maintain the safety and tranquility of the community. It is important we all put forth our best effort in refraining from spreading rumors about the Coronavirus. Not only because its spreads paranoia but also because it can be very dangerous for those who are affected by the virus.

As the COVID-19 pandemic continues to spread, health care organizations like Johns Hopkins Medicine are focusing all of their efforts on slowing the spread of the new coronavirus and caring for patients.

"#COVID-19, #Coronavirus Social Media Rumors"

In a situation like this when information is rapidly changing, myths, rumors and misinformation often begin. Social media and other digital platforms can help spread these myths extremely quickly and make them appear correct. Rumors and misinformation can also easily circulate in communities during a crisis.

Rumors about the new coronavirus, including ones citing Johns Hopkins immunologists, infectious disease experts and other specialists, lack credibility because they are not published by Johns Hopkins Medicine. Medical information about the new coronavirus published on Johns Hopkins Medicine is reviewed by experts in the fields of infection prevention, emergency management and emergency medicine

Division Update

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we

have received more than 140 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has 44 inmates who have tested positive for COVID-19 in medical isolation. 15 previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

COV Note: This inf Personnel																
CUSTODY	0	Docto	h	STATUS () Employee Self-Initiated			Tota	l Em	TED P ployee	C	Confi	rmed	l V	Returned To Work Since		
DIVISION 4/23/2020	SWOR	PR@n	TOFA	SWER	PRGF	TOT TOT	SWOR	PR Gran	ntine OL	SWOR	PROE	TOT	SWOR	PROFF	tined 1	
CRDF																
IRC MCI																
TTCF																
North																
South/laundry																
NCCF																
CCSB																
PMB																
ISB/EBI/FIRE/EAST ACB LCMC																
Custody Admin																
CSSB/CIS																
CTSB																
Food Services																
Custody Totals																

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1, 2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

FRIDAY, APRIL 24, 2020 UPDATE

STAYING HEALTHY WHILE "STAYING HOME"

The Coronavirus pandemic has disrupted our lives tremendously, including our daily routines. For a lot of us that includes our daily workouts or trips to the gym. John Hopkins Medicine gives a few pointers on how to stay healthy and happy during this difficult time. In the midst of cooking dinner and doing fractions with your little ones, remember to take time for your mental and physical health.

In light of the COVID-19 pandemic, many people are working from home these days. Under normal circumstances, telecommuting can offer a pleasant break from your daily routine. You can enjoy freedom from a long commute and the luxury of working in your sweats. But this situation is far from normal. Harpreet Gujral, program director of integrative medicine at Johns Hopkins' Sibley Memorial Hospital, offers the following suggestions on staying centered and healthy when you're working at home during the pandemic.

Greeting the Day

If you're waking in the morning and feeling uncertain because your routine is so different, Gujral suggests a 15-minute ritual to get prepared for your day.

"First thing in the morning, I recommend spending 10 to 15 minutes on self-care. I take a moment to think about three things I'm grateful for. They can be simple things, such as a comfy blanket, a safe home, warmth, spring trees, blue sky or blossoming trees."

Many of us lunge for our cellphones as soon as we're conscious, but Gujral says she makes a point not to pick up her phone for at least 15 minutes.

Breathing for Stress Relief

Before the day's demands take over, Gujral recommends becoming centered with some stress-relieving breaths.

"Take a few minutes to really focus on your breathing. There is a technique called 4-7-8 breathing, or relaxing breath, which helps you concentrate on deep breaths. The

practice is simple: Breathe in for a count of 4, hold for a count of 7 and breathe out for a count of 8. Practicing this for four breaths four times each day or more can help relieve anxiety and reset the autonomic nervous system,"

Moving and Stretching, Indoors and Outdoors

Gujral says staying active can increase immunity and boost mental health. "Stress puts us up in our head, and we forget about the rest of our bodies," she says. "Try 10 minutes of yoga— movements that help you practice mindfulness — or use stretches and yoga poses to bring your awareness back into your body."

Even if you don't know how to practice these disciplines, she says, you can simply close your eyes and move your awareness into your feet to feel more grounded. "Concentrate on your feet and their connection to the floor and the earth to get out of your worries," she advises.

Social distancing doesn't mean you have to isolate yourself or to stay inside. Gujral says gardening and hiking outdoors, and taking notice of the natural world, helps alleviate anxiety and improve well-being. "Home air can get stuffy," she says. Gujral suggests getting outside each day for 15 minutes of fresh air and sunshine, which helps the body make vitamin D. "Vitamin D deficiency can create vulnerability to the common cold," she notes.

Eating Well

Good nutrition is essential in stressful times. "We need the best nutrition now," Gujral notes, adding that trying to boost your immunity with supplements may not be as helpful as simply eating whole foods.

"Eat meals rich in plant-based foods, especially leafy vegetables and fruit," she says. "Work in the whole rainbow of produce colors to get all the phytonutrients." Taking steps to cut out inflammatory foods such as sugar and bad fats is a good idea. These foods might be more tempting when you're feeling tense or worried. "Don't eat your feelings. Cook homemade foods with ginger and turmeric. A little rosemary can be good for focus," she says. Drink plenty of water, and consider green or black tea.

Division Update

We have been and will continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms and a fever over 100.4, or answer certain potential COVID-19 high risk screening questions. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. To date, we have received more than 150 negative test results, allowing us to release some temporary quarantines. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning the Department has 47 inmates who have tested positive for COVID-19 in medical isolation. 19 previously positive COVID-19 inmates have been released from medical isolation and have recovered from COVID-19. The Department has been actively monitoring the situation, and all staff members who had or may have had contact with any COVID-19 positive individual have been contacted and advised about available resources.

The Custody Operations COVID-19 Daily Briefings are distributed to personnel daily and intended to keep those assigned to Custody Services Division educated with current information related to the novel coronavirus. The daily briefings include data related to the Department and information that is also beneficial to you and your families. In addition to Custody Operations' efforts to disseminate information, the Department Operations Center (DOC) has forwarded numerous announcements related to this unprecedented incident.

The Department continues to identify alternative work assignments for employees with underlying health conditions who could be at higher risk if exposed to COVID-19. Subsequent to any employee testing positive for COVID-19, the Department conducts an immediate investigation in conjunction with the Department of Public Health and Employee Health. The purpose of the investigation is to identify any necessary tracking for possible cross-contamination and implement protective measures. It is also the Sheriff's top priority to protect Department members from unnecessary risks by making every effort to ensure the appropriate Personal Protective Equipment (PPE) has been made available to personnel while facing this unprecedented crisis. Unfortunately, there have been personnel who have been exposed to those with COVID-19 and have tested positive with the virus. In order to testing program and has provided a contracted hotel at no expense to personnel for those who may have been exposed and have family at home.

The federal Emergency Paid Sick Leave act (EPSL) went into effect on April 1, 2020, and allows up to 80 hours for employees impacted by the pandemic who could not work because they were quarantined. The Sheriff ensured those affected prior to April 1,

2020, have been granted paid administrative leave under a current Los Angeles County Policy.

Converse Note: The					FFI									sonn	el	
		STATUS OF AFFECTED PERSONNEL														
CUSTODY	Doctor Ordered Quarantine				Employee Self- Initiated Quarantine			Total Employees Currently in Quarantine			Confirmed Positive			Returned To Work Since Quarantined		
DIVISION 4/24/2020	SWORN	PROFESSION AL STAFF	TOTAL	SWORN	PROFESSION AL STAFF	TOTAL	SWORN	PROFFESSIO NAL STAFF	TOTAL	SWORN	PROFFESSIO NAL STAFF	TOTAL	SWORN	PROFESSION AL STAFF	TOTAL	
CRDF																
IRC																
MCJ																
TTCF	<u> </u>															
North																
South/laundry																
NCCF																
CCSB																
PMB																
ISB/EBI/FIRE/EAST																
ACB LCMC																
Custody Admin CSSB/CIS																
CSSB/CIS CTSB																
Food Services																
Custody Totals																

WEEK 7

April 27 - May 1, 2020



Custody Operations

MONDAY APRIL 27, 2020 UPDATE

Pregnancy and COVID-19

Being pregnant during these uncertain times can be stressful and worrisome. It is important to stay informed on different ways women can protect themselves and their babies. It is also good for partners to stay informed, especially if they are working in unsafe environments. The CDC has posted several articles to keep you and your family up to date on ways to stay safe.

Pregnant people should protect themselves from COVID-19

- Avoid people who are sick or who have been exposed to the virus.
- Clean your hands often using soap and water or alcohol-based hand sanitizer.
- Clean and disinfect frequently touched surfaces daily.

Risks to the pregnancy and to the baby

- Pregnant people have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza.
- It is always important for pregnant people to protect themselves from illnesses.

Mother-to-child transmission

- Mother-to-child transmission of coronavirus during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.
- A very small number of babies have tested positive for the virus shortly after birth. However, it is unknown if these babies got the virus before or after birth.
- The virus has not been detected in amniotic fluid, breastmilk, or other maternal samples.

Breastfeeding if you have COVID-19

- Breast milk provides protection against many illnesses and is the best source of nutrition for most infants.
- You, along with your family and healthcare providers, should decide whether and how to start or continue breastfeeding
- In limited studies, COVID-19 has not been detected in breast milk; however
 we do not know for sure whether mothers with COVID-19 can spread the virus
 via breast milk.
- If you are sick and choose to direct breastfeed:
 - Wear a facemask and wash your hands before each feeding.
- If the you are sick and choose to express breast milk:
 - Express breast milk to establish and maintain milk supply.
 - A dedicated breast pump should be provided.
 - Wash hands before touching any pump or bottle parts and before expressing breast milk.
 - Follow <u>recommendations for proper pump cleaning</u> after each use, cleaning all parts that come into contact with breast milk.
 - If possible, consider having someone who is well feed the expressed breast milk to the infant.

Division Update

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 175 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning, the Department has 39 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 32 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

CC Note: Thi		ID-19 formatio											ersor	nnel
	STATUS OF AFFECTED PERSONNEL Doctor Employee Self- Total Employees Communication Returns													
CUSTODY	Ordered Ouarantine		Initiated Quarantine			Currently in Quarantine			Confirmed Positive			Work Since Quarantined		
DIVISION 04/27/2020	SWORN	PROFESSION AL STAFF TOTAL	SWORN	PROFESSION AT STAFF	TOTAL	SWORN	PROFFESSIO NAI STAFF	TOTAL	SWORN	PROFFESSIO NAL STAFF	TOTAL	SWORN	PROFESSION AL STAFF	TOTAL
CRDF					_	-		_					_	
IRC														
MCJ														
TTCF														
North														
South / Laundry														
NCCF														
ISB / EBI / East														
CCSB														
PMB														
ACB LCMC														
Custody Admin														
CSSB / CIS														
CTSB														
Food Services														
Custody Totals														



Custody Operations

TUESDAY APRIL 28, 2020 UPDATE

TIPS FOR NURTURING AND PROTECTING CHILDREN AT HOME

As schools close and workplaces go remote to prevent the spread of the new coronavirus, parents everywhere are struggling to keep children healthy and occupied. If you're anxious about how to protect and nurture kids through this crisis — often juggling work obligations at the same time — you're in good (virtual) company.

Here are tips from the Child Mind Institute's clinicians to help calm fears, manage stress and keep the peace.

Keep routines in place

The experts all agree that setting and sticking to a regular schedule is key, even when you're all at home all day. Kids should get up, eat and go to bed at their normal times. Consistency and structure are calming during times of stress. Kids, especially younger ones or those who are anxious, benefit from knowing what's going to happen and when.

The schedule can mimic a school or day camp schedule, changing activities at predictable intervals, and alternating periods of study and play.

It may help to print out a schedule and go over it as a family each morning. Setting a timer will help kids know when activities are about to begin or end. Having regular reminders will help head off meltdowns when it's time to transition from one thing to the next.

Be creative about new activities — and exercise

Incorporate new activities into your routine, like doing a puzzle or having family game time in the evening. For example, my family is baking our way through a favorite dessert cookbook together with my daughter as sous chef.

Build in activities that help everyone get some exercise (without contact with other kids or things touched by other kids, like playground equipment). Take a daily family walk or

bike ride or do yoga — great ways to let kids burn off energy and make sure everyone is staying active.

David Anderson, PhD, a clinical psychologist at the Child Mind Institute, recommends brainstorming ways to go "back to the 80s," before the time of screen prevalence. "I've been asking parents to think about their favorite activities at summer camp or at home before screens," he says. "They often then generate lists of arts and crafts activities, science projects, imaginary games, musical activities, board games, household projects, etc."

Manage your own anxiety

It's completely understandable to be anxious right now (how could we not be?) but how we manage that anxiety has a big impact on our kids. Keeping your worries in check will help your whole family navigate this uncertain situation as easily as possible.

"Watch out for catastrophic thinking," says Mark Reinecke, PhD, a clinical psychologist with the Child Mind Institute. For example, assuming every cough is a sign you've been infected, or reading news stories that dwell on worst-case scenarios. "Keep a sense of perspective, engage in solution-focused thinking and balance this with mindful acceptance."

For those moments when you do catch yourself feeling anxious, try to avoid talking about your concerns within earshot of children. If you're feeling overwhelmed, step away and take a break. That could look like taking a shower or going outside or into another room and taking a few deep breaths.

Limit consumption of news

Staying informed is important, but it's a good idea to limit consumption of news and social media that has the potential to feed your anxiety, and that of your kids. Turn the TV off and mute or unfollow friends or co-workers who are prone to sharing panic-inducing posts. Take a social media hiatus or make a point of following accounts that share content that take your mind off the crisis, whether it's about nature, art, baking or crafts. More detail, but you should still be thoughtful about what kinds of information you share with them.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 175 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning, the Department has 37 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 37 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

COVID-19 AFFECTED PERSONNEL

Note: This information only accounts for Sheriff's Department Personnel

					ST	ATUS ()F AF	FECTE	D PER	RSON	NEL				
CUSTODY DIVISION 4-28-20	(Doctor Orderec		Employee Self- Initiated Quarantine			Total Employees Currently in Quarantine			Confirmed Positive			Returned To Work Since Quarantined		
	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL
CRDF															
IRC															
MCJ															
TTCF	-														
North	-														
South	-														H
NCCF	-														H
East															H
CCSB PMB															
ISB/EBI															
ACB LCMC	-														H
Custody Admin															
CSSB/CIS															
CTSB															
Food Services															
Custody Totals															

Los Angeles County Sheriff's Department

DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

WEDNESDAY APRIL 29, 2020 UPDATE

ANIMALS AND COVID-19

Key Points

- Coronaviruses are a large family of viruses. Some cause illness in people, and others cause illness in certain types of animals.
- Some coronaviruses that infect animals can sometimes be spread to people, but this is rare.
- We do not know the exact source of the current outbreak of coronavirus disease 2019 (COVID-19). The first infections were thought to be linked to a live animal market, but the virus is now primarily spreading from person to person.
- At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19.
- Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low.
- We are still learning about this virus, but it appears that it can spread from people to animals in some situations.
- The first case of an animal testing positive for the virus in the United States was in a tiger that had a respiratory illness at a zoo in New York City.
- CDC is aware of a small number of pets, including cats and dogs, to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19.
- Treat pets as you would other human family members do not let pets interact
 with people or animals outside the household. If a person inside the household
 becomes sick, isolate that person from everyone else, including pets.
- Further studies are needed to understand if and how different animals could be affected by the virus that causes COVID-19 and the role animals may play in the spread of COVID-19.
- This is a rapidly evolving situation and information will be updated as it becomes available.

Risk of animals spreading the virus that causes COVID-19 to people

Some coronaviruses that infect animals can sometimes be spread to humans and then spread between people, but this is rare. Severe acute respiratory syndrome (<u>SARS</u>) and Middle East respiratory syndrome (<u>MERS</u>) are examples of diseases caused by coronaviruses that originated in animals and spread to people. This is what is suspected to have happened with the virus that caused the current outbreak of COVID-19. However, we do not know the exact source of this virus. Public health officials and partners are working hard to identify the source of COVID-19. The first infections were linked to a live animal market, but the virus is now spreading from person to person. The coronavirus most similar to the virus causing COVID-19 is the one that causes SARS.

The virus that causes COVID-19 spreads mainly from person to person through respiratory droplets from coughing, sneezing, and talking. Recent studies show that people who are infected but do not have symptoms likely also play a role in the spread of COVID-19. At this time, there is no evidence that animals play a significant role in spreading the virus that causes COVID-19. Based on the limited information available to date, the risk of animals spreading COVID-19 to people is considered to be low.

Risk of people spreading the virus that causes COVID-19 to animals

CDC is aware of a small number of pets, including dogs and cats, to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Only a few of the animals reported to be positive showed signs of illness.

The first case in the United States of an animal testing positive for the virus that causes COVID-19 was a tiger with a respiratory illness at a zoo in New York City. Samples from this tiger were collected and tested after several lions and tigers at the zoo showed signs of respiratory illness. Public health officials believe these large cats became sick after being exposed to a zoo employee who was infected with the virus that causes COVID-19. This investigation is ongoing.

We are still learning about this virus, but we know that it originally came from an animal source and is primarily spreading from person-to-person, but it appears that it can spread from people to animals in some situations.

CDC is working with human and animal health partners to monitor this situation and will continue to provide updates as information becomes available. Further studies are needed to understand if and how different animals could be affected by COVID-19.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 185 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning, the Department has 68 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 39 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

COVID-19 AFFECTED PERSONNEL

Note: This information only accounts for Sheriff's Department Personnel

					STA	ATUS C)F AF	FECTE	D PE	RSON	NEL				
CUSTODY DIVISION 4-29-20	Doctor Ordered Quarantine			Employee Self- Initiated Quarantine			Total Employees Currently in Quarantine			Confirmed Positive			Returned To Work Since Quarantined		
	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL
CRDF															
IRC															
MCJ															
TTCF															
North															
South															
NCCF															
CCSB															
PMB															
ISB/EBI/FIRE/EAST															
ACB LCMC															
Custody Admin															
CSSB/CIS															
CTSB															
Food Services															
Custody Totals															



Custody Operations

THURSDAY APRIL 30, 2020 UPDATE

COVID-19 Mortgage Forbearance: What to Know Before You Delay Payment

Millions of individuals and families across the country are facing financial hardships during the coronavirus crisis. According to the Pew Research Center, as of late March, nearly half of Americans considered the pandemic to be a major threat to their personal finances. It's understandable that people are concerned. And the situation is escalating: Between March 15 and April 4, nearly 17 million U.S. citizens filed for unemployment benefits.

In response to these financial hardships, the federal government has announced plans that offer relief too many homeowners who aren't able to keep up with their mortgage payments. Thanks to the CARES Act, you may be able to take advantage of up to 12 months of mortgage forbearance if your mortgage is federally owned or backed.

Yet putting off your mortgage payments may not be as helpful as it seems. In some cases, signing up for mortgage forbearance could potentially set you up for serious problems in the not-too-distant future.

Payment Forbearance under the CARES Act

On March 27, 2020, President Donald Trump signed the Coronavirus Aid, Relief, and Economic Security Act (also known as the CARES Act) into law. Along with the stimulus checks currently being sent to many American citizens, help for small-business owners and other relief measures, a provision of the CARES Act also allows borrowers with federally backed mortgages to request temporary loan forbearance for up to 180 days. Borrowers also have the right to apply for an extension of another 180 days of forbearance.

Borrowers who wish to take advantage of the short-term payment hiatus must attest to their mortgage servicers that they are enduring financial hardship as a result of the coronavirus crisis. Once a borrower requests hardship forbearance due to the COVID-19 pandemic, the act requires the servicer to offer a CARES Act forbearance.

The CARES Act forbearance requirements apply to federally backed or owned mortgages; however, more mortgage relief options may be available, based on your state of residence or through independent offerings from your mortgage lender.

Potential Problems

The CARES Act calls on lenders and servicing companies to allow payment delays for up to 360 days on federally backed mortgages. Yet the CARES Act isn't specific when it comes to what happens once the forbearance period ends. As a result, individual lenders and servicers are setting different rules about how borrowers must make up the delayed payments.

John Ulzheimer, an Atlanta-based credit expert formerly of FICO and Equifax, warns of the potential downside to signing up for a mortgage forbearance program: "If the lender or servicer demands that you pay back the deferred amount all at once or in an otherwise expedited manner, that could be impossible for the borrower."

Unfortunately, having a mortgage servicer ask for a "balloon" payment once your forbearance period ends is a very real possibility. Borrowers from multiple national banks have reportedly been informed of the need to repay any delayed payments in a lump sum at a future date.

Some banks may be more generous when it comes to post-forbearance payment arrangements. In the end, it's best to call your lender or mortgage servicing company to find out what solutions may be available to you. (Just be prepared to wait on hold, as most banks are experiencing unusually high call volumes at this time. Before you call, you may want to go online to see if you can begin the process via the lender's website.)

The Consumer Financial Protection Bureau (CFPB) provides examples of some of the options you may encounter when you reach out to your servicer for a hardship forbearance:

- Payments due immediately after forbearance. This option allows you to pause your mortgage payments on a temporary basis. However, you'll need to pay everything back at once when the forbearance period ends.
- Payment reduction due over 12 months. With this option, your servicer reduces your monthly payment amount for a period of time. (Perhaps your \$1,200 mortgage payment could be cut down to \$600 each month for a year.) Once the arrangement comes to an end, you will repay those "skipped" portions of your payments within 12 months. So, in the example provided, your post-reduction payments would be \$1,800 per month (\$1,200 + \$600 = \$1,800) for the next year.
- Paused payments due at the end of the loan. Your mortgage servicer may allow you to pause payments for up to one year. Those delayed payments are added onto the end of your loan and extend your repayment time frame.

As you can see, some hardship programs are clearly better for borrowers than others.

How Will a Forbearance Affect Your Credit?

On a positive note, entering into a forbearance agreement with your mortgage lender may not affect your credit in a negative way, even though you're delaying payments. A portion of the CARES Act amends the Fair Credit Reporting Act. The amendment instructs lenders to report that borrowers are "current" on their credit obligations when a special payment accommodation (like a forbearance) is in place specific to COVID-19.

There is, however, a notable exception to these special CARES Act credit protections. In the event that you're already past due on a credit obligation *before* you request a payment accommodation, your lender can continue to report you as delinquent to the credit reporting agencies. You would need to bring your account current before the lender is required to stop reporting your account as past due each month.

If you enter into a forbearance agreement with your mortgage lender (or any other creditor), it's imperative to review your credit reports often. Don't just assume that your lender is following the new credit reporting guidelines. You need to verify that your lender is indeed continuing to report your account as current if you want to protect your credit during the coronavirus crisis.

Remember, you can claim a free copy of your credit report from Equifax, Experian and TransUnion once every 12 months at AnnualCreditReport.com.

Keep Making Your Payments If You Can

Federal and state governments are working hard to make mortgage relief options available to borrowers throughout the country. Yet the CFPB recommends continuing to make your mortgage payments if you can.

Ulzheimer agrees and cautions borrowers about the potential danger in trying to skip mortgage payments without a genuine need. "Don't be tempted to use your current predicament as an excuse to request a forbearance," he says. If you can continue to make your payments, Ulzheimer points out that you won't have to worry about having to make a large payment or seeing your monthly payment increase just to get caught up on your loan later.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 205 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County.

As of this morning, the Department has 74 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 45 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

COVID-19 AFFECTED PERSONNEL

Note: This information only accounts for Sheriff's Department Personnel

					STA	ATUS C	F AF	FECTE	D PEI	RSON	NEL				
CUSTODY DIVISION 4/30/2020	Doctor Ordered Quarantine			Employee Self- Initiated Quarantine			Total Employees Currently in Quarantine			Confirmed Positive			Returned To Work Since Quarantined		
	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFFESSIONAL STAFF	TOTAL	SWORN	PROFESSIONAL STAFF	TOTAL
CRDF															
IRC															
MCJ															
TTCF															
North															
South/laundry															
NCCF															
CCSB															
PMB															
ISB/EBI/FIRE/EAST															
ACB LCMC															
Custody Admin															
CSSB/CIS															
CTSB															
Food Services															
Custody Totals															



Custody Operations

FRIDAY MAY 1, 2020 UPDATE

THE SOCIAL COSTS OF COVID-19

"EPIDEMICS are not an esoteric subfield for the interested specialist but instead are a major part of the 'big picture' of historical change and development," writes historian Frank M. Snowden, of Yale, in *Epidemics and Society*. "Infectious diseases, in other words, are as important to understanding societal development as economic crises, wars, revolutions, and demographic change." So it is reasonable to assume that the coronavirus pandemic will exact a toll not only on our physical health and economic vitality. It will also change our society. And, if history is a guide, not for the better.

Already, populations around the world face varying levels of quarantine, self-isolation, lockdown, social distancing, and other techniques intended to mitigate the spread of the virus. This unprecedented stoppage of social interaction has led to a variety of odd and discordant images. In a scene of eerie beauty, Pope Francis delivers a blessing to a deserted and rainy St. Peter's Square. No pedestrians or automobiles clog New York's Fifth Avenue. Cars line up for drive-through medical testing in shopping-center parking lots. European apartment dwellers sing choruses from their balconies.

This disruption of established behaviors and routines is a reminder that human beings are social creatures. "Just as a strong economy bolsters all of us against losses, social connection is a renewable resource that helps address the challenges we face as individuals and as a society," write former Surgeon General Vivek H. Murthy and his wife, physician Alice Chen, in a recent article for *The Atlantic*. Unable or unwilling to commute to the workplace, attend school, travel to conferences or vacations, patronize restaurants and bars, convene meetings and playdates, participate in religious services, visit the elderly, or get within six feet of their neighbors, Americans may discover a newfound appreciation of community. "We had to be set apart in order to feel together," writes David Brooks in the *New York Times*.

That is the optimistic view. And plenty of anecdotal evidence supports it. The press is filled with heartwarming stories of people looking out for one another, formulating innovative ways to communicate and connect, sharing the surreal experiences of plague life. Social distance doesn't make you a hermit. "With schools and restaurants

closed, and a huge swath of the workforce stuck at home either working remotely or not working at all, usually quiet and empty neighborhoods are suddenly bustling," writes John Daniel Davidson of *The Federalist*.

My own neighborhood in northern Virginia is an example. Before the lockdowns, you rarely saw anyone on the street other than dog-walkers. Now there are singles, couples and families walking, scooting and cycling from dawn to dusk. "No one would wish for neighborhood revival at the cost of a deadly plague and a ruined economy," Davidson goes on. "Yet the resurgence of neighborhood life, especially neighborly solidarity and compassion, is proving to be an unforeseen silver lining to the coronavirus."

The search for silver linings continues in a column in the *Wall Street Journal* raising the possibility that the coronavirus might inspire a return to faith. "Will Americans, shaken by the reality of a risky universe, rediscover the God who proclaimed himself sovereign over every catastrophe?" asks Robert Nicholson of the Philos Project. Nicholson, it is safe to say, hopes that the answer is yes. He isn't alone. But the barriers to a resurgent Church are high. And the limitations on worship imposed by governments as a result of the pandemic make them higher still.

The pessimistic view of the situation asserts that, at the time of writing, the United States has not experienced the full impact of the coronavirus. We are just beginning to recognize its severity. A *Washington Post*/ABC News poll released during the last week of March found that 70 percent said the outbreak was a source of stress and 36 percent said it was a source of "serious stress." Ninety-three percent of respondents said they were "maintaining distance from other people." Eighty-eight percent said they had stopped patronizing restaurants and bars.

Medical systems have not yet exceeded capacity. Record unemployment numbers have just started to accumulate. Social distancing is a fresh and unexpected break in procedure. How is it possible to spot the glimmers of silver lining? Because the virus hasn't been here long.

As the shutdowns continue, the novelty will wear off. The absence of extended family, friends, colleagues, congregants, and associates will be harder felt. The stresses and pathologies associated with extended periods of separation will rise. Recently, after it surveyed the technical literature, the British medical journal *The Lancet* found that "the psychological impact of quarantine is wide-ranging, substantial, and can be long-lasting." Zoom is an amazing and wonderful technology. But it is not a substitute for face-to-face interaction.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 210 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 90 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 54 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 3 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

WEEK 8

May 4-8, 2020



Custody Operations

MONDAY MAY 4, 2020 UPDATE

THIS IS HOW COVID-19 IS AFFECTING THE WORLD OF SPORTS

The coronavirus pandemic has sent shockwaves around the world, leading to a public health emergency that has killed thousands and plunged the global economy into what The International Monetary Fund warns could be the sharpest downturn since the Great Depression.

- The COVID-19 pandemic has upended all areas of life and sports is no exception.
- Social distancing measures, brought in to limit the spread of coronavirus, have had a significant effect on sporting fixtures.
- Every aspect of sport has been affected, from the athletes themselves to media coverage.

Not surprisingly, COVID-19 has also upended the sporting calendar, with professional leagues everywhere suspending their activities to limit the spread of the virus. Even the Summer Olympics, typically one the world's most-watched sporting broadcasts, has been pushed back a year. The global value of the sports industry was estimated to be \$471bn in 2018 – an increase of 45% since 2011 – and before coronavirus stopped play, the only trajectory seemed to be upwards. Now, every part of the sporting value chain has been affected, from athletes, teams and leagues, to the media that broadcast and cover games.

The business model of sports

There are three main income streams for sports leagues: broadcasting (sales of media rights), commercial (sponsorship and advertising partnerships) and match day revenue (ticketing and hospitality).

Professional sports leagues are analogous to entertainment companies, where each team in a league is like a different channel. The teams have their own identities, employees and fan bases, but the overall 'programming schedule' (the rules of the game and the fixture list) are set by the leagues. This comparison may not please the

purists, but the reality in both sports and entertainment is that the more eyeballs on the product, the more valuable it is. The major sports are all reliant on broadcasting income, as demonstrated by revenue data from the biggest leagues over the last five years. The global value of sports media rights is around \$50bn – but 60% of that is accounted for by just 10 sports leagues.

Each sport monetizes differently, but the general principle is that the organizing body distributes its total income between its participating clubs. This is usually structured as minimum guaranteed payment with performance- and/or competition-related bonuses on top. Individual clubs are of course able to generate their own income, by competing in other tournaments, signing their own sponsorship agreements or developing their own direct-to-consumer (D2C) media subscriptions. But fundamentally, the financial success of any individual club relies on its involvement in an overarching league.

The collective power of these leagues to sell media rights is incredible. The NBA's current TV deal is worth \$24 billion over nine years. The English Premier League agreed a new contract with broadcaster's last year equivalent to \$12 billion over three years. Major League Baseball has a seven-year media arrangement worth over \$5 billion.

Some have questioned the sustainability of these deals, considering the acceleration in "cord-cutting" as media consumption increasingly moves online. But they underline the importance of sports rights as a "linchpin" holding many traditional television bundles together. Anything longer than a temporary shutdown would see the leagues unable to meet their commitments to broadcasters, limiting their ability to distribute income back to the clubs. The impact on the industry would be dramatic: no games mean no TV deals and no matchday income; no income means no clubs.

With all this in mind, what strategies is the industry adopting in response to the disruption?

The industry is trying to capitalize on the spike in media consumption by finding **new ways to engage consumers**. In the absence of live games, this means deepening the pool of content available to fans. For example, sports broadcasters such as ESPN and Fox Sports are showing classic games, archived content, documentaries, esports and niche competitions in a bid to keep consumers watching. Individual leagues are doing the same. The NFL is making every game since 2009 available for streaming on its direct-to-consumer channel Game Pass, a strategy which led to a 500-fold increase in daily sign-ups for the service.

Mark Tatum, Deputy Commissioner and Chief Operating Officer of the NBA described the league's strategy to the World Economic Forum: "We've launched an NBA 2K competition [an esports form of the game] with players streaming from their homes. We've expedited production to bring forward the release of a Michael Jordan documentary. We're hosting live quarantine parties on social media with current and

former players, and we're showing classic games every night – all things to continue to engage our fans during this time."

Another approach is to increase flexibility of payment options for consumers seeking sports content. The NBA and Turner Sports have removed the paywall for their joint streaming subscription service, League Pass. Major League Baseball is doing the same, offering its archive of games for free on MLB.TV and YouTube. The Premier League is probably wishing that its streaming channel, planned for 2022, was already available.

Discussions are taking place between sports bodies and TV network partners to **find mutual solutions** to "force majeure" clauses that work for both sides. These include leagues paying broadcasters compensation, granting them additional rights and extending agreements. The issues are replicated further down the value chain: in the Premier League, commercial agreements at the club level are likely to need tweaking too. Some sports associations are already affected by shortfalls: collegiate men's basketball teams have announced a more than 50% drop in income, and Premier League clubs are bracing themselves for \$60-150m in lost revenues.

According to Tatum, "Our broadcasting partners are really understanding and we're working with them on different forms of content. It's not just the NBA, it's all live sports – millions of fans around the world are looking for content. We're working closely with our broadcasting, digital and marketing partners to find ways to engage at this time."

The TV revenue imperative is why many leagues are **developing contingency plans for games without live audiences**. The western leagues will be looking to Asia, the region first affected by the crisis, to see how it responded. Japan's baseball teams played in empty stadiums for weeks. China's professional basketball league delayed the start of its season, while Korea's cancelled their entirely. Options also include playing matches in areas less affected by COVID-19 and moving training facilities – and even isolating entire teams and their management staff to a single area, as the MLB and NRL are rumoured to be doing. There is precedent for physical moves like this: MLB teams have previously temporarily relocated operations in the wake of hurricane damage in the US.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 250 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 125 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 54 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation, 4 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

TUESDAY MAY 5, 2020 UPDATE

Gov. Gavin Newsom says reopening California will begin this week amid coronavirus crisis

Gov. Gavin Newsom announced that some retail stores across the state can reopen with modifications as early as Friday amid growing pressure to ease the stay-at-home order that has cratered the California economy.

The new changes are part of a four-stage plan the governor laid out last week to gradually transition back to normal in a state of nearly 40 million people whose lives have been upended by the COVID-19 pandemic.

"We are entering into the next phase this week," Newsom said at his Monday news conference to provide an update on the state's response. "This is a very positive sign and it's happened only for one reason: The data says it can happen."

Under the new statewide COVID-19 guidelines, the governor said bookstores, music stores, toy stores, florists, sporting goods retailers and others can reopen for pickup, and manufacturing and logistics can resume in the retail supply chain. Newsom said more detailed guidelines on the businesses that can resume limited operations would be released later this week.

The governor's plan also expands decision-making at the local level, allowing some communities to move further ahead into the second phase of the reopening process at their own pace and open more businesses — such as restaurant dining rooms — beyond those outlined in the statewide policy.

But if communities want to take that next step, counties must first submit "containment plans" that meet certain requirements for hospital beds, testing kits and the ability to track infected people and trace their contacts, Newsom said. Other local orders that are more restrictive than statewide reopening plans would supersede any changes the governor makes, Newsom said.

The Democratic governor's move to give more discretion to counties follows large protests against Newsom's restrictions at the state Capitol and in Orange County, and

as a handful of small rural counties moved to open their communities in defiance of his authority.

Despite the vocal opposition in some parts of the state, recent polls show that the vast majority of Californians approve of how the governor is handling the coronavirus crisis and are more concerned about reopening too early than too late.

Though health experts have given Newsom credit for implementing the first statewide stay-at-home order in the nation and successfully beating back the virus in California, his efforts to protect public health by shuttering businesses and restricting movement have also caused economic peril. The state processed more than 3.5 million claims for unemployment benefits from March 14 through the third week in April.

The move to Stage 2 of the state's reopening plan, which is set to begin Friday, will ultimately allow more businesses deemed to be at lower risk of spreading the virus to open in communities across California.

State officials cautioned office buildings, shopping malls and restaurant dining rooms will not be reopened Friday, but later on in Stage 2. Restrictions will be continually assessed and could be modified based on regional health conditions, including testing capabilities, officials said.

The Newsom administration has said Stage 3 would begin in "months" and include the opening of hair salons, gyms, sports competitions in empty stadiums and religious services. The final stage would mark the end of the stay-at-home order and all restrictions, allowing people to return to concerts and sporting events, which the governor has noted is unlikely to occur until a vaccine becomes widely available.

State Public Health Officer Sonia Angell said that as California eases stay-at-home rules and business closures, new safeguards will be put in place, with details expected to be announced Thursday.

"We want to make sure that both the workers and the customers are safe in these settings, which means that there will be modifications to ensure physical distancing and [to make] sure that the unique circumstances of those workplaces will be addressed," she said.

One of the key tenets of Newsom's plan to prepare the state to reopen is expanding government's capacity to quickly identify infections and trace and quarantine the contacts of those who are infected to prevent rapid spread and additional outbreaks.

The task proved to be daunting during the first identified wave of coronavirus cases in February and March, with small and understaffed county health departments struggling to identify hundreds of potential contacts of infected people at a time when Californians still moved about freely.

The governor said Monday that the state is working with University of California campuses in San Francisco and Los Angeles to launch an online academy on Wednesday to recruit and train new tracers, potentially readying as many as 3,000 people per week for the job. He said the state has an initial goal of training 10,000 people, growing to 20,000 in the weeks ahead. Current state workers would be redeployed to work as tracers when the program launches, he said.

Twenty-three counties in California are actively tracing COVID-19 cases, Newsom said.

"This is all foundational, so that we can more quickly move to modify our stay-at-home order," he said.

Angell said California is able to begin easing restrictions because residents have been diligent in adhering to the governor's stay-at-home order and maintaining a safe distance from others when shopping or venturing outside. The statewide number of hospitalizations and ICU visits has stabilized over the last two weeks, she said.

"All of those people who've stayed home, all of those people who have worked in our essential workforce to make sure that we can stay home safely, that's why we are where we are today," Angell said. "As we begin to move forward to move out of our homes, we increase the risk of people getting sick and when people get sick, we want to make sure we're there to protect them."

Angell said the state currently has 18.2 million surgical masks and 5.8 million face shields on hand, which are in the process of being distributed to medical facilities across California, and the state has already ordered hundreds of millions of additional masks.

California has set up 14 medical facilities outside the state's hospital system ready to treat more than 2,000 patients in case there is a surge in the spread of the coronavirus. Statewide, there are also more than 10,000 ventilators — breathing machines that provide critical care for hospitalized COVID-19 patients — that are currently not in use and available.

The state also hit its goal in conducting 25,000 coronavirus tests per day, critical to identifying people stricken with the virus, isolating them and tracking down who they have been in contact with. All of those capabilities will be essential in the weeks and months ahead as restrictions are eased.

The announcement on Monday came as Yuba and Sutter Counties began to ease restrictions and days after Modoc County, where there are no confirmed COVID-19 cases, allowed all businesses, schools and churches to reopen on Friday if people can stay six feet apart.

Newsom cautioned that recent history has shown that countries that have eased up on restrictions prematurely have been hit with a second wave of the virus.

"There was a reason we put the stay-at-home order in the first place," Newsom said. "This virus has not gone away. Let's not develop amnesia. Let's not forget why we're in this position in the first place. Let's not be naive about the virulence of this disease."

Orange County Supervisor Lisa Bartlett said that counties throughout California are so different — whether urban, rural, coastal, inland, large or small —that it's essential for each to tailor a plan for easing restrictions based on their unique circumstances. That's especially true in counties with few or no COVID-19 cases, she said.

Bartlett said Newsom provided a "reasonable" plan to give county public health officers, along with county supervisors, more authority to develop such plans. The governor signed an executive order Monday that requires the state public health officer to develop criteria for the counties.

"It's an appropriate position for California because Gov. Newsom knows we have 58 counties and they are vastly different," said Bartlett, who is president of the California State Assn. of Counties. "Leaving it to local elected officials to working with their public health officers, I think is a great idea."

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 250 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 123 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 57 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation, 4 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

WEDNESDAY MAY 6, 2020 UPDATE

COVID-19 Meat Shortages Could Last for Months. Here's What to Know Before Your Next Grocery Shopping Trip

This was supposed to be a big year for America's meat industry. As recently as late February, a USDA livestock analyst predicted record-setting red meat and poultry production as economic growth and low unemployment boosted demand for animal protein.

Then came COVID-19. By the end of April, the pandemic changed the economic and agricultural landscape so drastically that Tyson Foods, one of America's biggest meat producers, warned in a full-page New York *Times* ad that the "food supply chain is breaking."

America's farms are still packed with animals raised for meat production. The problem is that the virus has made it increasingly hard to turn those animals into store-ready packs of pork chops or ground beef. That's because Tyson and many other meat processing companies across the country have paused operations at a number of plants where workers have tested positive for COVID-19. According to the USDA's weekly report from April 27, beef production was down nearly 25% year-over-year, while and pork production was down 15%.

In an effort to curb the problem, President Donald Trump signed an executive order on April 28 aiming to keep meat processing plants in operation. But many say Trump's order will be unlikely to eliminate the threat that COVID-19 poses to American meat processors, and, by extension, the food supply. It's hard, after all, to protect workers from a highly contagious virus in the frequently tight quarters of a processing plant. At least 20 meatpackers have already died from COVID-19, and more than 5,000 have been hospitalized or are showing symptoms, according to labor union United Food and Commercial Workers.

Meat processing companies say they're trying to find ways to keep workers safe. "We've been screening worker temperatures, requiring protective face coverings and conducting additional cleaning and sanitizing," said a Tyson spokesperson.

"We've also implemented social distancing measures, such as workstation dividers and more breakroom space."

Still, experts warn that shoppers should prepare for meat to be more expensive, less varied and harder to find over the coming weeks and even months. Here's what you need to know before your next trip to the grocery store.

Are there meat shortages? How long will the shortages last?

In the coming weeks, grocery stores may have a smaller variety of meat, and less meat overall.

Glynn Tonsor, a professor at Kansas State University's department of agricultural economics, says that whether or not you find meat on your next shopping trip could come down to timing — whether "you come in five minutes after the truck was unloaded, so to speak, versus 12 hours after it was unloaded," he says.

Tonsor thinks the problem will start to improve by June as meat processing plants find ways to operate in a COVID-19 world. But some meat supply issues could linger for a year or more, warns David Anderson, professor and extension economist in the Department of Agricultural Economics at Texas A&M University. That's because meat processing facilities could struggle to keep production lines moving as workers get sick.

"I think the average purchaser's going to notice it," says Anderson. "I suspect that consumers will note that in the meat case in their store, there won't be as much as normal, or as they used to see. You'll see parts of the meat case where there's less there, you'll see parts of the meat case, probably, where they spread out the product — so it looks full."

Which meat products might be affected?

The most popular meat products, like ground beef and bacon, are especially likely to rise in price, says Tonsor. But the price of less popular items, like tongue, may not rise as much. Items that go through special steps (like flavoring) or products that are handled in dedicated facilities (like organic or grass-fed meats) may be more vulnerable to price hikes as well, he says.

Some meats may increase in price more quickly than others. Pigs are bred more quickly than cattle, for instance, making it easier to adjust their production levels. Also: get your own spices and rubs ready. "I expect flavored wings to be harder to get your hands on regularly than plain, boneless chicken breast," Tonsor says.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 250 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 142 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 57 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 6 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

THURSDAY MAY 7, 2020 UPDATE

How to Improve Your Sleep During the COVID-19 Pandemic

For millions of people across the globe, change and uncertainty have become the new normal during the COVID-19 pandemic. Millions of people are experiencing its devastating consequences including sickness, death and job losses. It's likely the pandemic is also causing secondary changes in our overall health and well-being, including sleep problems.

In fact, COVID-19 is a perfect storm for sleep disruptions. The vast majority of people have experienced changes in their daily schedules resulting from school closures, job losses and work-from-home orders. Many have lost their "time anchors," such as dropping the kids off to school, arriving at the office or going to the gym, which help to establish daily routines. People who have lost their jobs or are working reduced hours may be sleeping later in the morning or sleeping more, which can lead to loss of focus and irritability.

Most are also experiencing anxiety and fear – about getting sick, their loved ones getting sick or about financial hardships as the economy slows – which can interfere with sleep. Experiencing isolation can lead to depression, which is associated with sleep problems. For those who have lost a loved one during the pandemic, grief can also cause trouble sleeping.

In addition, people stuck at home are spending more time in front of screens. Children who are distance-learning are doing more schoolwork on computers. Checking the news, binge-watching shows and Zooming with loved ones all increase screen time. Research shows that the blue light emitted from screens can disrupt sleep patterns.

All of these sleep disruptions are coming at a time when most people could use quality sleep more than ever before. A significant body of research demonstrates that sleep is important to keep our immune systems functioning at their highest levels. Research also shows that insomnia is linked to serious mental health disorders including depression, anxiety, substance abuse and psychosis.

Fortunately, there are steps you can take to improve your sleep during this stressful time. First, there is quality evidence that good sleep hygiene significantly improves sleep. There are several elements to good sleep hygiene. Establishing a regular schedule for waking and going to bed help your mind and body prepare to sleep. Reserving your bed for sleeping only creates an association in your mind between your bed and sleep. While it may be tempting to sit in bed with your laptop to work, it's better to find a different place, even if that's the kitchen table or sofa.

Our exposure to light helps to regulate our sleep cycles, so spending time outside in the daylight will send a cue to your body that it's time to be awake. And avoiding screens before bed allows your body to avoid artificial blue light, which interferes with the body's natural sleep process.

Getting enough physical activity is another important aspect of promoting quality sleep. Lastly, avoiding alcohol and caffeine, especially later in the day, has been shown to improve sleep length and quality.

If good sleep hygiene isn't enough, there are some proven treatments for insomnia. A large body of evidence demonstrates that cognitive behavioral therapy is an effective treatment for insomnia. The therapy works by helping you to control or eliminate negative thoughts and worries that keep you awake and develop good sleep habits.

Another option it to consult with a doctor about medications that can help improve your sleep. A clinical practice guideline published by the American Academy of Sleep Medicine in 2017 reviews evidence for the available medicines for insomnia. In all, the guideline reviews 14 medicines approved for the treatment of chronic insomnia for adults. It recommended eight of the medicines for specific circumstances and does not recommend six others. As always, a doctor is needed to evaluate each individual patient and prescribe an appropriate medicine.

The take-home message: The coronavirus pandemic is creating a perfect storm for sleep problems. But there is clear evidence that good sleep hygiene, cognitive behavioral therapy and some prescription medications can help.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 265 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 177 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 65 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 11 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

FRIDAY MAY 8, 2020 UPDATE

How to Celebrate Mother's Day During Social Distancing

Let's face it: Social distancing, a measure put in place to stop the spread of the coronavirus, has made celebrating major holidays with friends and families hard. Fortunately, even if you can't host your mom for brunch this Mother's Day because of the quarantine, you can still virtually commemorate the occasion. "Honoring our mothers shouldn't be missed because of what's on going in the world," says party consultant Mindy Weiss. "Now is a great time to make new traditions. That extra effort and creativity will really resonate and be appreciated, especially during this time."

Along with allowing you to celebrate Mother's Day from a safe and healthy distance, a virtual bash has other upsides, too. "Mothers work so hard all year round with making sure their homes are perfectly clean and often are responsible for doing the same on Mother's Day when guests come to their homes to celebrate together," says Elle Anderson of Elle A Events. "Moms deserve a day where they can stop worrying about cleaning, they don't have to set the table to make sure the place settings are perfect, and can sit back and relax in their pajamas."

Hoping to throw an online celebration for your mom this Mother's Day but not sure where to start? We asked a few of our party planner friends for advice on how to pull it off, and here's what they had to say.

Schedule an online Mother's Day call with loved ones

Looking for a perfect way to celebrate Mother's Day virtually? Kathryn Johann of Parties By the Sea suggests setting up an online call for your mom with friends, family, and siblings. "Your mom would be thrilled if she sat down in-front of her computer on Mother's Day and discovered you arranged a Zoom or FaceTime call with her family and favorite friends," she says. "If platforms like Zoom aren't her style, HouseParty is another fun and easy way to get multiple family and friends all together that's gaining popularity by the day.

Plan for a special menu

Even if sitting down for a traditional Mother's Day dinner is out of the question this year, Weiss says there are still ways to break bread with your mom to celebrate. "If you're hosting a virtual party, ask each guest to make their favorite dish and present it BYO-style," Weiss says. "Each family member can show off their contribution. Or you

can give everyone the same menu to create in their own home so each member of the family enjoys the same meal together, plus one specialty dish to surprise the others with and show off online."

Have your favorite photos of mom handy

A few memorable photos can go a long way when virtually celebrating Mother's Day. "Collect beautiful photos of your mom and place them in the background of your Zoom call," Weiss says. "Or put together a photo montage of your favorite pics on your iPhone and present it to her on Mother's Day. The memories recounted will bring back some great times together."

Send a sentimental (but supportive) gift.

Not sure what to gift your mom this Mother's Day? Anderson suggests surprising her with presents that also support local businesses. "A thoughtful gift would be gift cards from your mom's favorite restaurant, local clothing store, or spa for when our restrictions are lifted," she says. If you're searching for something she can enjoy right away, she recommends having dinner from a beloved restaurant delivered straight to her door via Postmates, GrubHub, or UberEats.

Plan ahead

Weiss says preparation is key to pulling off any celebration, but this is especially true when dealing with technology. "Just remember, if you are planning on a Zoom party, be sure the older crowd knows how it works ahead of time," she says. "During our family Passover this year we had to walk my aunt through the Zoom process, but it was a great experience that truly brought everyone together and it meant a lot to her and each of us."

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 270 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 211 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 69 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 11 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

WEEK 9

May 11-15, 2020



Custody Operations

MONDAY MAY 11, 2020 UPDATE

<u>Child-care providers need supplies, coronavirus guidance as day-care system</u> suffers

California's early childhood care system has long been held together by women such as Tanya García, whose Hollywood duplex is home to two licensed day-care operations serving as many as 28 youngsters — among them the children of healthcare workers and public school teachers. As hundreds of large preschools and day-care centers have closed amid statewide school shutdowns and stay-at-home orders, many children of essential workers are now being watched over by lone providers — mostly women working in their homes with help from family members. In L.A. County, experts say 75% are immigrants.

However, these providers are facing intense pressure to not only care for little ones during stressful times, but do so with scarce state guidance, dwindling necessary supplies, and growing fears of contracting COVID-19, leaders and advocates in the industry say. Some have seen attendance shrink as parents are laid off — and if the day-care businesses are forced to close, many child-care advocates fear their services will not return. Other providers are overwhelmed with new requests for care, but have little guidance about when and how to take on new families.

"They keep telling us, do what you think is best," García said of the state social services department, which licenses preschools and home-based facilities such as hers. "All of us are still healthy, we're going to keep open and see where it goes." Day-care centers and home-based providers have been declared essential businesses by the state and are exempt from closure.

Yet, nearly a quarter of larger school-based and stand-alone early child-care facilities statewide shut down, and experts predict more will follow. In Los Angeles, the closures have been more acute, at 36%. But as of Monday, only about 450 of the state's more than 28,000 licensed family child-care homes have closed — and nearly 6,000 remain open in Los Angeles.

"Our child-care facilities play an important role in absorbing the impacts of school closures," said Jason Montiel, a spokesman for the state Department of Social Services. "Californians who are performing essential work, including healthcare workers and those in public safety, rely on child care so they can do their jobs." The need for day care during the coronavirus emergency is hard to overstate.

"We've committed to staying open until someone tells us we have to close," said Lisa Wilkin, executive director of the Child Development Consortium of Los Angeles, which runs early education facilities at Olive View-UCLA Medical Center and LAC-USC Medical Center. "Because we are on county hospital ground, we have committed to be open during emergencies," she said.

But the resources available to Olive View-UCLA and similar larger facilities that remain open are very different from those of more isolated home-based providers. On March 16, the same day most K-12 districts closed, the state social services department issued new guidance to preschools and day-care providers, including stepped-up cleaning and sanitation procedures.

"We've been having conference calls with [state] licensing and with the health department," said Martha Ortega, site supervisor at West Hollywood Preschool at Plummer Park, which serves low-income families. "As long as we have the materials, they're telling us we should be open." Among those materials are disposable gloves, which licensed child-care providers were already required to wear every time they changed a diaper. Yet, home day-care operators must buy their gloves and wipes from the same big-box stores where panicked hoarders have emptied the shelves.

"Providers are telling us they need diapers, they need wipes, they need cleaning supplies," said Jason Harris of Pathways LA, an early learning nonprofit. "They're calling us and saying, 'What do we do?'" The lack of coordinated emergency help for home-based day-care providers is rooted in California's disjointed state preschool and early childhood education system. Unlike a school district that provides support to its campuses, there is usually no intermediary between a home day-care provider and the massive state social services department.

"The biggest question for family child-care homes is, what am I supposed to do?" said Kim Kruckel, executive director of the Child Care Law Center in Berkeley. "Am I allowed to stay open? Am I supposed to close? There has been no direct governance from the state, and the local [authorities] are saying child care must stay open." The California Department of Social Services licenses all early childhood care providers, but local authorities, not the state, have made closure decisions on behalf of the larger facilities under their jurisdiction, including Head Start programs, parochial preschools and corporate day-care facilities.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is guarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 290 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 211 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 117 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 19 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

TUESDAY MAY 12, 2020 UPDATE

Will You Get a Second Stimulus Check for Coronavirus?

Millions of Americans have received their coronavirus stimulus checks and promptly spent them, buying everything from groceries to gas. Now, some are asking what's next. The \$1,200-per-adult economic impact payment approved by the CARES Act doesn't go quite as far as one might think. Americans spend an average of \$660 a month on food alone, according to Bureau of Labor Statistics data from 2018, and nearly \$1,700 on housing. With 33 million unemployment applications since early March, people are in desperate need of emergency funds. The \$1,200 recovery rebate was a start, but for many it was just that — a start. In a MONEY poll, 60% of respondents said their stimulus checks weren't enough to help them through the crisis. So, will there be a second stimulus check? Here's what you need to know.

The First Stimulus Checks Are Still Being Sent

You may have gotten your money, but not everyone has. The IRS has already sent out more than 130 million relief payments, with most of the money going to people for whom it had direct deposit information on file. But previous estimates said millions of people would have to wait for their paper checks to come in the mail. According to a House Committee on Ways and Means memo, the IRS can only process 5 million paper checks a week, meaning it could take weeks for all Americans to get their relief checks. If you're wondering where your stimulus check is, visit the IRS's Get My Payment portal here.

Politicians Know There's a Need for More Relief Money

Members of Congress on both sides of the aisle seem to recognize that the initial relief check wasn't enough — and Americans want another stimulus check. "The appetite is there," Sen. Marco Rubio, R-Fla., told CNBC on April 6. "I think everyone I've talked to recognizes we're going to have to go back and do more, and probably more than once." Lawmakers have actually passed four stimulus packages in connection with the pandemic. The first was in early March; it

provided \$8.3 billion for coronavirus treatment research and public health measures. The second was in mid-March; it designated about \$100 billion for sick leave and unemployment benefits. The third was in late March; it devoted \$2 trillion to small business loans and household stimulus checks, among other measures. The fourth was in late April; it gave \$484 billion to initiatives to save small businesses, a coronavirus testing program and hospitals. Nancy Pelosi, the speaker of the House, has said that "we never thought that CARES was the last bill." President Donald Trump said in an April 6 news conference that the government "could very well do a second round" of stimulus checks. "It is absolutely under serious consideration," Trump added.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is guarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 295 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 221 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 130 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 19 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

WEDNESDAY MAY 13, 2020 UPDATE

Face Masks... How long do we have to wear them?

As the coronavirus continues to spread in the U.S., millions of Americans are asking when they'll see daily life return to normal again.

Public spaces are closed, a majority of the country is under stay-at-home orders and handshakes seem like a thing of the past. Last week the Centers for Disease Control (CDC) changed their guidance on face masks: At first, people were advised not to wear masks in public; now, the CDC and other health experts say they can be a vital part of slowing the spread of the virus.

Experts say that even when daily life returns to normal, it's likely Americans and others around the world will still be wearing masks.

In an interview with AccuWeather, Shan Soe-Lin, a lecturer in global affairs at Yale University in New Haven, Connecticut, said that people "are going to have to wear masks until there's a vaccine."

In an interview with TODAY, Soe-Lin, an immunologist by training, elaborated on her comments.

"I think that you're going to need to wear masks for as long as COVID is a threat, and COVID is going to be a threat until you have a vaccine," Soe-Lin said. "If you read different plans for re-opening the economy, the plan is to really put a chokehold on (the virus) and only open the economy when the number of cases has fallen to a level that the hospitals can manage ... but masks would still be an important thing to cut down on transmission until you have a vaccine."

Soe-Lin also said that masks can be worn by almost anyone in the population, making them an easy way to try to prevent the spread of the virus.

"Masks are one of the most equitable interventions we have," Soe-Lin said. "We know not everyone can socially distance, but everyone can cover their face."

Saad Omer, the director of the Yale Institute for Global Health, agreed with Soe-Lin's assessment of the situation, and said that masks might be needed for an even longer period of time <u>as a vaccine is deployed</u>, a process that could take more than a year.

"Even when a vaccine becomes available, the measures will outlast the release of the vaccine," said Omer, who is also a professor at the Yale School of Medicine and teaches about infectious diseases. "We are in uncharted territory right now. Vaccines will vary by country, by mode of delivery ... You're looking at least a year to deploy the vaccine and have enough coverage."

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is guarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 325 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 253 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 138 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 20 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

THURSDAY MAY 14, 2020 UPDATE

Going back to the gym after coronavirus quarantine: How to protect yourself

Gyms and fitness studios were some of the first businesses to close their doors when the COVID-19 pandemic struck the US, and now they will be among the first places to reopen, according to the White House's three-phase reopening plan for the country. Gyms, along with movie theaters and places of worship, are included in the first phase of the reopening plan. But how do you know if it's safe to go back to your gym?

According to the White House's plan, gyms will have to adhere to "strict physical distancing and sanitation protocols" when they reopen. It's not clear what those specific protocols are at this time, but it's likely the number of people allowed in a fitness center will be severely limited, you will have to remain 6 feet apart while exercising and you might even need to wear a mask. Even then, going back to a place like a gym can seem risky -- but at the same time, many people are itching to get back into a healthy routine and work out at a brick-and-mortar place that is not their living room.

Should you go to the gym when it reopens?

Many people are itching to get out of the house and back into society. But whether or not it's really that safe for you to go is a complicated answer. According to Dr. Kesh, the safest place for you to exercise is outdoors.

"I still prefer people to go outdoors for exercise. I think it becomes much easier to socially distance, unless you are running with a pack of people. Gyms are very well ventilated, but we do know how far this virus can spread. So if you are in a gym and you're doing a vigorous workout, you're breathing hard, someone near you might cough. There's a lot of potential for aerosolization of things that in an outdoor setting is much less problematic, since the particles disperse very quickly in the open air," Dr. Kesh says.

If you live in a dense urban area with a lot of people or little access to nature, going outside for exercise may not be an easy option for you. In that case, Dr. Kesh says it's OK to head back to a gym, but only once you've exhausted your other options.

"For my own patients I recommend that they head outdoors, especially as it gets warmer. And if they have no alternative and feel that it's important to their overall well-being, then they can go to a gym," she says.

How to stay safe when you go back to the gym

If you find yourself with no other option but to go to a gym, try to go at an off hour when it's likely to be less crowded -- like early morning, late morning and later in the evening - and wear your mask while you work out. Dr. Kesh also advises to avoid fitness classes, since you will likely be in a smaller space and around more people. "I discourage the classes for now at least, and that's irrespective of when they [relax] the social distancing. I think that's something to wait until the disease is really down beyond that descending part of the disease curve," Kesh says. When you use equipment at a gym, be extra vigilant about cleaning it before and after you use it. "When it comes to cleaning equipment, wipe it down before and after. When we sweat and wipe our face and then touch the handle, we're constantly exposing and saturating that device with germs. So clean off the equipment before and after, even if the person who used it before you looks totally fine. Remember that anywhere from 25% to 50% of infected people may not have symptoms but can still transmit the virus," Dr. Kesh says.

What to look for if you go to a fitness studio class

If you do go back to a fitness class, Kersh recommends finding a studio that follows the practices below, at a minimum. You can also wear a cloth face mask in class to minimize exposure.

Ventilation: Ideally studios are prioritizing air flow by opening windows, using a fan or opening the doors to keep the air moving.

Spacing: The class should not be crowded, and people should be able to keep their distance without difficulty.

Instructors should be wearing a mask: "Because a lot of times they are speaking and projecting a loud voice. And you aerosolize the virus even when you're speaking," Kesh says.

"Every gym is planning to do different things and so you have to find the ones that are taking this very seriously, and those are the ones I would patronize," Kesh says. Check that your gym or fitness studio is following the right cleaning and distancing protocols before you head over, so that you can have some peace of mind during your workout.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is guarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 325 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 256 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 144 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 13 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

FRIDAY MAY 15, 2020 UPDATE

How coronavirus will change your next vacation

- You'll pay less. Look for lots of deals and better values.
- Your ticket will be more flexible. Change fees and refund rules will stay away for the rest of the year, maybe longer.
- Your vacation will be cleaner and safer. Your airline, cruise line and hotel will emphasize their hygiene and safety.

"All three will help bring customers back," says Li.

How low can you go?

"The price battles will start as soon as traveling is allowed again," predicts Inga Stumpf, who owns a small inn in Höfn, Iceland.

Trip.com Group, the Shanghai-based company that operates online travel agencies Trip.com, Skyscanner, and Ctrip.com, says prices to China may be a sign of things to come. Some of its tours are discounted between 50% and 80%.

"As of now, more than 1,600 attractions have opened in China," says company spokeswoman Wendy Min. "We are already seeing a lot of interest."

Travelers have already seen deep discounts in North America. They include 80% off hotel rates and up to 40% off airfares, as I mentioned last week. But as the shelter-in-place orders are lifted, prices could go even lower as travel companies compete aggressively for your travel dollar.

Bending a few rules for you

Flexibility will be a defining feature of your next vacation, experts say. The coronavirus crisis has forced operators to bend a lot of their rules.

"Hotels and tour operators are usually willing to offer additional flexibility – either in terms of refunds or ability to apply credits to a future stay or trip," says Vanessa Snider, founder of The Luxury Service, a Virtuoso-affiliated travel agency in Los Angeles.

Travel pros expect that flexibility to last until the end of this year, possibly longer. The chance of a return of COVID-19 would make it difficult to sell a more restrictive ticket or hotel room.

But there's a second kind of flexibility that may also affect your future trip. It's the willingness of a country to let you cross the border. Will popular destinations like France and Italy allow Americans to visit? Or will they begin to require health certificates or visas?

"This is something we are watching very closely," Snider says.

Stay clean, stay safe

Here's another way coronavirus is changing your next vacation. Travelers are demanding that everything is squeaky clean, says Tim Kerin, who runs a luxury villa in Costa Rica. "The focus has to be on the guests' peace of mind," he says. "Health and safety first."

At their villa, they've upped their housekeeping services since the pandemic. Kerin has a full-time housekeeper on staff to do laundry and wipe down the interiors of the home every day. That's in addition to the daily cleaning service. Germaphobes will feel right at home.

On a broader scale, airlines have changed some of their boarding procedures to keep passengers safe. For example, Delta Air Lines is boarding just 10 passengers at a time to keep the risk of infection to a minimum. And airlines are keeping middle seats empty to maintain social distancing. That will continue for as long as load factors allow. Beyond that, it may be up to health officials to determine when passengers are too close.

Wayne Smith, a professor of hospitality and tourism at the College of Charleston, says technology will help maintain social distancing. "I expect that more automation will be introduced into the industry," he says. "Things like self-check-in or a concierge service via app. I also think you will see more automation in food service as well with ordering via an app or tablet."

Bottom line: Coronavirus will change your next vacation. You'll pay less, you'll have more flexibility than ever. And if you're a germaphobe, there will never be a better time to travel. Everything will be shrink-wrapped and disinfected.

But it'll be worth it, says Thomas Swick, author of the book "The Joys of Travel."

"Cities that used to be packed with visitors will be more like themselves again," he says. "Their residents, rather than resenting our presence, will be happy to see us. It will be rather idyllic, initially, save for the lingering fear of contagion and illness which will turn those first tourists into grand adventurers." Maybe that's a change for the better.

Three things that coronavirus might kill

The breakfast buffet. Hotels are going to have to seriously rethink the way they serve food, says Stephen Fofanoff, an innkeeper at Domaine Madeleine, a bed and breakfast in Port Angeles, Washington. "We've eliminated our common breakfast dining experience in favor of delivered in-room dining," he says.

International trips. At least initially, most vacations will happen domestically. "After the lockdown is lifted, tourism will be more national and regional," predicts Simone Semprini, CEO of TourScanner. "Countries will exit the crisis at different moments and the only thing they can do to avoid the virus entering the country again will be closing the national borders."

Concerts and cramped seating. "Social distancing will be forever with us," says Michael Sheridan, an assistant professor of tourism and hospitality management at Temple University. "Larger gatherings like festivals and concerts will not be at the forefront of many people's travel plans until a vaccine or known antibodies are present to secure a safe travel experience for their entire family." Also out: crammed seating on planes.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is guarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 1,100 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 278 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 160 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 24 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

WEEK 10

May 18-22, 2020



Custody Operations

MONDAY MAY 18, 2020 UPDATE

The three phases of Covid-19 – and how we can make it manageable

How is the coronavirus likely to play out, how does it end, and does our behavior make a difference? Here infectious diseases expert Dr Siouxsie Wiles walks us through the epidemic curve, with illustrations by Toby Morris.

First, they have three parts: a start (phase one), a middle (phase two), and an end (phase three). Each of these phases is influenced by different things. Such as, how infectious is the virus or bacterium? How is it transmitted? Is it person-to-person, or from eating or drinking? If it's person-to-person, are people infectious before they have symptoms and don't know they are unwell? And if people do have symptoms, are they mild enough for people to go about their daily routine? Is everyone susceptible to the infection, or just some people? What resources do we need and have to contain the outbreak? The answers to these questions will influence the shape of the epidemic curve.

Phase one of the Covid-19 epidemic curve – Containment

At the moment, Aotearoa and many other countries are in phase one for Covid-19. This is the start of the curve where cases pop up sporadically as people who have contracted the virus in one country travel to other countries. Think of Covid-19 as several fires blazing away, with embers shooting off in all directions. Our goal is to stop those embers from turning into another blazing fire. It's beginning to look like anyone who has travelled overseas recently should think of themselves as a potential ember and be on the lookout for symptoms. Sticking with the fire analogy, it's not unusual for embers to smoulder a little when they land. That's why public health officials are actively looking for people who have been in close contact with someone with Covid-19. This is called contact tracing. Anyone at high risk of having contracted the virus is then put into isolation. Here in New Zealand, two of the five people who have tested positive for the virus so far are partners or relatives of those "embers". Our aim is to stay in phase one. The longer we can stay in phase one, the better we can prepare for phase two. If we can stay here for the next one to two years, then hopefully a vaccine will become available and we can avoid phases two and three altogether. One way to do that would be just to ban all international travel. No one in or out. Just to be clear, I don't think this is the right approach to take. One to two years is a long time. Alternatively, we could

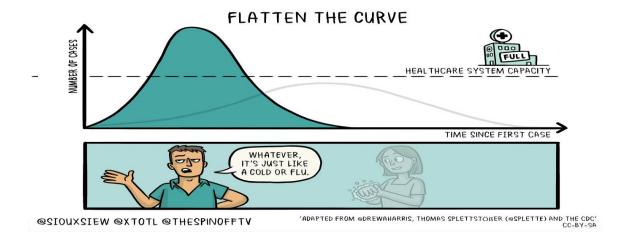
just make everyone who travels here, Kiwis included, go into isolation for two weeks. Again, I'm not sure how well this would work in practice. My advice to everyone, even if you haven't travelled, is to be on the lookout for any of the symptoms of Covid-19. If you have a fever, or a cough, or shortness of breath, stay away from other people if you can. If you've a runny nose or sore throat this could be a really mild form of Covid-19 so I would also isolate yourself.

Phase two – Community Transmission

The way Covid-19 is playing out globally, we are going to enter phase two at some point. This will happen when people who don't realize they have contracted Covid-19 go about their daily lives rather than stay isolated. More and more cases will be reported each day as the virus transmits from person to person out in the community and outpaces our ability to keep up with the contact tracing. The quicker and higher the numbers rise, the more likely the outbreak will overwhelm us, making it harder to control. The data so far suggests all of us are susceptible to the virus. It's clear from what's happened overseas that many people with Covid-19 spent many weeks being treated in hospital before they recovered. This isn't a trivial disease. China built two new hospitals in a matter of weeks to keep up with demand. Do we have the resources to do that if it came to it?

Flattening the curve

Our aim will be to keep phase two of the epidemic curve as flat as possible, keeping the number of cases reported each day as low as we can. If we can achieve that, it'll mean we'll be able to treat everyone who needs treating. We can all help with this by washing our hands regularly, avoiding touching our mouth, nose, and eyes, and staying away from other people when we are sick. This also means calling ahead if you feel sick and want to go to the doctor or hospital. The last thing we need is loads of our healthcare workers in isolation because they've been exposed to Covid-19. Forty-five staff from North Shore Hospital have been isolated as a precaution because of a probable case.



Another thing we are all going to need to start doing soon is minimizing or avoiding contact with other people. This is called social distancing. If you are greeting people, don't hug, shake hands or kiss. Bump elbows or feet instead. Work from home if you can. Much as it pains me to say it, social distancing also means avoiding public transport (get on your bicycle!). Similarly, it means avoiding gyms, churches, cinemas, concerts, and other events and places where people congregate. At the community level we may need to close schools, universities, museums, and workplaces, limit public transportation, and cancel public events. This is what China did so effectively and what Italy is currently implementing in some regions.

Moving into phase three

We move into phase three when the outbreak is either brought under control or everyone has been infected and there are no more susceptible people left to infect. Vaccination is one way we can stop people being susceptible, or at least enough people that the disease stops spreading from person-to-person – that's what herd immunity is all about. Given we are one to two years away from a vaccine, bringing Covid-19 under control is obviously the goal here and what China has achieved. *But* if there are still susceptible people in a population and we stop taking all the right measures then we will see cases flare up again.

That's why what happens on the global scale is so important. Any "fires" left blazing threaten us all. At the moment, many of the new cases being reported in China are people who have contracted the virus while travelling outside of China. They are essentially back in phase one but with all the understanding of why it's so important to stay there. And all the expertise and public knowledge to make it happen. While the coronavirus responsible for Covid-19 likely started out in bats, so far, it's not clear how it got from bats to people. SARS jumped from bats to humans via civet cats. With SARS once we managed to stop all human-to-human transmission, the disease then ran its course in those infected, and we haven't seen SARS since. Hopefully, if we can stop all human-to-human transmission of Covid-19 that'll be the end of this coronavirus too. But it's clear that we'll all have to play our part to make that a reality.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is guarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 1,100 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 657 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 216 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 29 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

TUESDAY MAY 19, 2020 UPDATE

Beaches, Lakes, Pools: Is COVID-19 in the Water?

When Gov. Brian Kemp of Georgia issued his state's stay-at-home order, it included an exemption that surprised many: He declared all the beaches in the state open, overruling local officials that had closed theirs. Their concerns related to social distancing and the fear their small coastal communities would be overwhelmed. And experts agree, it's not the beach itself that's a threat as much as it is other beachgoers.

There is one small way the water might pose a hazard. Kimberly Prather, PhD, director of the NSF Center for Aerosol Impacts on Chemistry of the Environment, says there's a slim chance that in areas where ocean water mixes with untreated wastewater contaminated by the virus, the churn of the waves could aerosolize it, and wind could carry it back to shore. When raw sewage reaches the ocean, nearby beaches should be closed to swimmers, so the risk would be to people on the sand.

Coronavirus has been found in feces, which can wind up in the waterways from untreated wastewater or after a large storm, when rainwater carries it in. Researchers have found that bacteria in the water could cause more than 90 million cases of gastrointestinal, respiratory, ear, eye, and skin-related ailments very year in the U.S.

So it's conceivable there might be coronavirus in ocean water near sewage runoffs, says Charles Gerba, PhD, professor of microbiology and immunology at the University of Arizona. He has studied coronaviruses in water and found they can survive for 2 to 3 days. But it remains unclear whether the coronavirus in fecal matter is infectious.

"I'd be more worried about hepatitis, swimming in raw sewage discharge, or many of the other pathogens," he says. "They present a far greater magnitude of risk, even if it turns out that coronavirus is transmitted by water."

Prather, too, says she's less concerned with the water itself. "My concern was that at the beach where it is breezy, 6 feet [of social distancing] might not be enough," she says. "If someone is infected and does not know it, it is possible they will breathe out aerosols, not droplets, which are much smaller and can be carried further distances in the breeze."

In other words, at the beach, your concern probably shouldn't be about the water, but other people. If you're going to take a walk or work out along the shoreline, you should aim to maintain more social distance than usual.

"The best analogy is, how far do you move away from a smoker if you don't want to smell the smoke?" Prather says. "The aerosols in smoke will behave in a similar manner."

Swimming in freshwater is equally safe, Gerba says. And as long as a swimming pool is well maintained, chlorine will kill any virus.

As for drinking water, Gerba offers reassurance there, too. "We don't have any evidence that it's transmitted by water," he says. And in the U.S., drinking water treatment requires a 99.9% reduction of viruses. "I feel confident in the tap water."

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is guarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 1,190 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 642 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 231 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 26 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

WEDNESDAY MAY 20, 2020 UPDATE

Will Cooking Food Kill Coronavirus? What to Know About Food Preparation and COVID-19

The coronavirus is not a foodborne pathogen, but you should still pay attention to how you prepare it. By now, you've probably got your (stressful) pandemic grocery shopping routine down: You maintain social distancing, grab only what you and your family need, hit your hands with a dollop of hand sanitizer on the way out—and then wash them again as soon as you get home, and once more after putting all of those groceries away. But what about when it comes time to finally eat all of those goods you picked up at the store—namely those fresh fruits, veggies, and other ready-to-eat or cook products. Are they safe to consume as-is—and does subjecting the new coronavirus to heat via cooking effectively kill it before it can enter your system?

Can the coronavirus exist on food?

It is important to keep in mind that as of right now, "there is no evidence to support transmission of COVID-19 associated with food," according to the Centers for Disease Control and Prevention. That's primarily because SARS-CoV-2 primarily causes respiratory illness (unlike other viruses, like norovirus and hepatitis, which cause gastrointestinal illnesses). "Coronaviruses are generally thought to be spread from person-to-person through respiratory droplets," the CDC says. Less commonly, a person can get COVID-19 by touching a surface or object contaminated with the virus, then touching their own mouth, nose or eyes. The biggest concern regarding coronavirus and food safety, per the CDC, depends more on general hygiene than contaminated food—the organization recommends washing your hands with soap and water for 20 seconds before preparing or eating food, as well as doing so at other times throughout the day like after you sneeze or use the bathroom.

In general though, the SARS-CoV-2 is not thought to be a risk on food surfaces. "In general, because of poor survivability of these coronaviruses on surfaces, there is likely very low risk of spread from food products or packaging that are shipped over a period of days or weeks at ambient, refrigerated, or frozen temperatures," says the CDC. That being said, the organization still recommends implementing the same food safety measures you should always follow, like keeping raw meat separate from other goods,

always refrigerating perishable items, and cooking meat to the right temperatures (more on that later). And when it comes to fruits and veggies, make sure to wash them off ASAP before eating—only water is sufficient; there's no evidence that any other techniques (like using a combination of vinegar and water) are any more effective. And please, never wash anything you'll consume with any cleaning products of any sort.

Does cooking food kill coronavirus?

Again, while experts maintain that the new coronavirus is not a foodborne pathogen, it's still a good idea to cook food to the proper internal temperatures—and doing so would also likely reduce any amount of virus on the food, says Sheldon Campbell, MD, PhD, a Yale Medicine pathologist who is the associate director of Yale Medicine's Clinical Microbiology Lab. There is, of course, on exception to that: "[As long as] the food isn't contaminated by handling after it cools," he adds.

Urvish Patel, MPH, medical advisor for eMediHealth, explains that many viruses in general are heat-sensitive, and coronaviruses in particular tend to survive for shorter periods of time at higher temperatures and higher levels of humidity than in cooler, dryer environments. Of course, because SARS-CoV-2 is so new, there's no current data or studies to establish a temperature-based cutoff for inactivation, but that it will likely act very similarly to other coronaviruses. Patel also adds that, because of this, "all measures should be taken care of considering standard guidelines for food cooking." According to the CDC, those proper temperature guidelines for cooking—which not only prevent the growth of viruses but also bacteria on foods—include internal temperatures of:

- 145°F for whole cuts of beef, pork, veal, and lamb
- 160°F for ground meats, such as beef and pork
- 165°F for all poultry, including ground chicken and turkey
- 165°F for leftovers and casseroles
- 145°F for fresh ham (raw)
- 145°F for finfish or cook until flesh is opaque

Another important point: Just because you've previously cooked food doesn't mean you can stop worrying about proper food safety—Patel says it's imperative to refrigerate food within two hours of preparation (that gets cut down to one hour if the temperature outside is above 90 degrees Fahrenheit). And overall, keep this temperature range in mind: 40 degrees Fahrenheit to 140 degrees Fahrenheit—that's considered the "danger zone" in which food—cooked or uncooked—is at "an unsafe temperature and promotes the growth of organisms."

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 1,200 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 700 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 263 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 34 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.



Custody Operations

THURSDAY MAY 21, 2020 UPDATE

<u>Phase 3: Gov. Newsom teases next stage of reopening California businesses is</u> closer than we thought

SAN FRANCISCO (KGO) -- California just began to move into Phase 2 of reopening Friday amid the coronavirus crisis, but Gov. Gavin Newsom hinted the next stage could be just on the horizon.

"Phase 3 is not a year away. It's not 6 months away. It's not even three months away. It may not even be more than a month away," Newsom said. "We just want to make sure we have a protocol in place to secure customer safety, employee safety and allow the businesses to thrive in a way that is sustainable."

The state's Stage 3 of reopening involves reopening higher risk workplaces that necessitate close proximity between people. That includes hair salons, nail salons, barbershops, gyms, movie theaters and sporting events without live audiences.

Newsom revealed Thursday the state's first known case of community spread of the coronavirus could be traced back to a nail salon.

It's unlikely California would allow all of those businesses to resume at once. Instead, Newsom says the state plans to slowly rollback restrictions on businesses every couple of weeks.

As of Friday, retail businesses are allowed to open for curbside pickup with new safety and hygiene protocols. Manufacturing and logistics work can also resume. However, in the Bay Area, some counties have decided to move slower than Newsom's timeline.

"Roughly 70% of the economy in the state of California can open with modifications into this next phase," said Newsom Friday. "I know 70% is not 100%, and I recognize that 'with modifications' means 'with restrictions' and 'with restrictions' means a struggle for businesses to get back where they were pre-pandemic."

He encouraged Californians to shop local as much as possible.

"Look out for your neighborhood florist. Look out for your neighborhood business. They need your support and they haven't gotten the kind of support they deserve. You will be determinative of whether or not they survive," he said. "So if it means you gotta go an extra block or two, seek them out, find them, make some calls ... don't just go to that big box retailer. They've had a little advantage on things like this and it's time to re-balance things."

The state is working on developing guidelines that will allow office buildings, dine-in restaurants, shopping malls and outdoor museums to reopen next. Gov. Newsom teased he'll be releasing guidelines for dine-in restaurants next Tuesday, May 12.

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 2500 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 388 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 284 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 37 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

FRIDAY MAY 22, 2020 UPDATE

Disinfected Dice: Las Vegas Casinos getting ready to roll

LAS VEGAS (AP) — Free parking, but no valet service. Bartenders, blackjack dealers and waiters wearing masks. Hand sanitizer everywhere.

Yes, dice will roll, cards will be dealt and slot machines will beckon. But poker rooms? Closed.

Tourists returning to Las Vegas will see changes since gambling stopped in mid-March for the first time ever to stem the spread of the coronavirus.

The stakes could not be higher, said Robert Lang, executive director of the Brookings Mountain West think tank at the University of Nevada, Las Vegas.

"Las Vegas can never be known as the place where people go and get sick," he said.

Democratic Gov. Steve Sisolak has not set a restart date, but could at any time. Resort owners have submitted health and safety rules to state regulators in anticipation of the end to the shutdown. A workshop with operators and the state Gaming Control Board is set Tuesday.

"We all know what we've gone through for the last 10 weeks. No one's having fun," said Bill Hornbuckle, acting chief executive and president of casino giant MGM Resorts International. "The simple idea that I could get out, come to a resort, lay at a pool, enjoy a nice dinner, sit at a blackjack table. There's something to be said for all of that."

Many properties have aimed for a June 1 restart in the gambling mecca closed almost overnight in the middle of a hot streak — three consecutive \$1 billion months in statewide casino winnings. The city had been drawing more than 40 million annual visitors.

Once given the green light, the marquees and the managers will welcome people back to this 24/7 town built for crowds, excitement and excess. But not every resort will be open. Nightclubs, day clubs and large venues will remain closed. Cirque du Soleil shows will stay dark, at least for now.

Signs everywhere will remind guests of new rules: Wash your hands; keep distance from others; limit your elevator ride to your sanitized room to just four people.

"You're going to see a lot of social distancing," said Sean McBurney, general manager at Caesars Palace. "If there's crowding, it's every employee's responsibility to ensure there's social distancing."

Dice will be disinfected between shooters, chips cleaned periodically and card decks changed frequently. At some resorts, guests will be encouraged to use cellphones for touchless check in, as room keys, and to read restaurant menus.

Wynn Resorts properties and The Venetian, owned by Las Vegas Sands, plan to use thermal imaging cameras at every entrance to intercept people with fevers. Smaller operators in Las Vegas and Reno will offer hand-sanitizer.

"A gondola pilot wearing a face mask will be on board to steer the vessel," a Venetian protocol says. "Gondoliers stationed along the canal will serenade passengers from an appropriate distance."

New state Gaming Control Board regulations require surfaces to be disinfected according to federal Centers for Disease Control and Prevention guidelines and "increased attention" to high-touch hotel items like television remote controls and light switches.

Guests will get free masks at large resorts, but won't be forced to use them. For blackjack dealers, bellhops, reservation clerks, security guards, housekeepers and waiters, masks are mandatory.

"That's the most visual thing. Every employee will be required to wear a mask," McBurney said.

His footsteps echoed walking with a reporter past marble statues in the lobby toward a gilded casino vacant for the first time since it opened in 1966. A slot machine cried "Wheel of Fortune!" in the void. Seats on both sides of the game had been removed.

"Visually, you'll still see a lot of color and activity, but you won't be able to play every machine," McBurney said.

At the neighboring Bellagio, Hornbuckle showed new hand-washing stations installed where banks of slot machines were removed. His company is losing almost \$10 million a day during the shutdown, he said.

Other rules: four players only at roulette, six at craps. Plastic partitions will separate dealers from players and players from each other at the Bellagio, three at each table.

MGM Resorts plans to open just two of its 10 Strip properties at first: Bellagio and New York-New York.

Hornbuckle promised Bellagio's iconic dancing fountains will restart as soon as the governor sets a date. Still, just 1,200 of the hotel's 4,000 rooms will be rented and casinos will be limited to 50% of capacity.

"You're going to see less people, by control and by design," he said.

Caesars Entertainment plans to open Caesars Palace and the Flamingo Las Vegas at first, followed later by Harrah's Las Vegas and the casino floor at the LINQ hotel-casino.

Lang called it unlikely that big crowds will return quickly, and said resort operators with deep pockets "will probably allow a bargain moment" until business improves. "First will be residents of Las Vegas. Then people getting here by car from California. Then domestic air flights. Then international," the researcher predicted.

McBurney said that with nearly 4,000 rooms at Caesars Palace, he expected just one of six towers will be occupied. "Once people know there's an opening date ... demand will increase," he said. "How much? I can't speculate."

Let's face it: Social distancing, a measure put in place to stop the spread of the coronavirus, has made celebrating major holidays with friends and families hard. Fortunately, even if you can't host your mom for brunch this Mother's Day because of the quarantine, you can still virtually commemorate the occasion. "Honoring our mothers shouldn't be missed because of what's on going in the world," says party consultant Mindy Weiss. "Now is a great time to make new traditions. That extra effort and creativity will really resonate and be appreciated, especially during this time."

Along with allowing you to celebrate Mother's Day from a safe and healthy distance, a virtual bash has other upsides, too. "Mothers work so hard all year round with making sure their homes are perfectly clean and often are responsible for doing the same on Mother's Day when guests come to their homes to celebrate together," says Elle Anderson of Elle A Events. "Moms deserve a day where they can stop worrying about cleaning, they don't have to set the table to make sure the place settings are perfect, and can sit back and relax in their pajamas."

Hoping to throw an online celebration for your mom this Mother's Day but not sure where to start? We asked a few of our party planner friends for advice on how to pull it off, and here's what they had to say.

Division Update

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on guarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 3,739 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 397 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 306 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 41 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

WEEK 11

May 25-29, 2020

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

TUESDAY MAY 26, 2020 UPDATE

<u>California announces churches, houses of worship can reopen under certain</u> guidelines amid coronavirus outbreak

California Gov. Gavin Newsom on Monday released guidelines for reopening houses of worship amid the coronavirus pandemic, after President Trump deemed them "essential" last week.

Under the governor's guidelines, churches and other houses of worship can reopen if they are given approval from county health officials, but must limit attendance to 25 percent of capacity or 100 people, whichever is less.

In order to reopen, churches in California must set physical-distancing guidelines, establish new cleaning and disinfection protocols, encourage all to wear face masks and set parameters for singing and group recitations.

The guidelines recommended visible markings to encourage social distancing or possibly seating congregants in alternating rows. Family members within the same household could sit together while others would spread out.

The guidelines urged houses of worship to modify shared communion or similar practices, possibly by avoiding any use of the common cup, receiving communion in the hand instead of the tongue or providing pre-packaged communion items in pews.

In three weeks, the Department of Health will assess the impact of reopening houses of worship on the spread of coronavirus, officials said. The three-week interval would allow religious institutions one week to prepare and reopen and 14 days for the Covid-19 incubation period.

The new guidance still encouraged organizations to continue online services and activities and to implement measures to protect older adults and people with pre-existing conditions.

In deeming houses of worship essential on Friday, Trump threatened to override governors who did not allow them to reopen.

"The governors need to do the right thing and allow these very important essential places of faith to open right now--for this weekend," Trump said. "If they don't do it, I will override the governors."

The president added, "In America, we need more prayer, not less."

At the same time, Newsom, a Democrat, allowed retailers to reopen for in-store shopping statewide if county health officials allowed it, under the state's mitigation guidelines.

Under these rules, retail did not include personal services such as salons and barbershops.

Division Update

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 4,370 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 351 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 416 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 54 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

WEDNESDAY 27, 2020 UPDATE

<u>First Human Trial of Possible COVID-19 Vaccine Triggers Rapid Immune</u> Response, Few Side-Effect

WUHAN, China — As the worldwide number of COVID-19 cases reaches five million, the search for a vaccine has taken an important step forward. Researchers say the first human trial of a possible vaccine has been found to be safe and may effectively fight the virus.

Scientists in China say 108 healthy adults were given a dose of adenovirus type 5 vectored COVID-19 (Ad5-nCoV) during the trial. The drug uses a weakened strain of the common cold (adenovirus) to deliver genetic material which codes itself to find the protein in SARS-CoV-2 — the virus that causes COVID-19. These coded cells then head to the lymph nodes where the immune system creates antibodies that can recognize the virus and attack it.

"These results represent an important milestone. The trial demonstrates that a single dose of the new adenovirus type 5 vectored COVID-19 (Ad5-nCoV) vaccine produces virus-specific antibodies and T cells in 14 days," Professor Wei Chen of the Beijing Institute of Biotechnology said in a statement.

Although Ad5 was found to create a rapid immune response in the body, scientists warn there's no guarantee the drug will effectively fight the coronavirus.

"These results should be interpreted cautiously... The ability to trigger these immune responses does not necessarily indicate that the vaccine will protect humans from COVID-19. This result shows a promising vision for the development of COVID-19 vaccines, but we are still a long way from this vaccine being available to all," Chen explained.

The test group of 18-60 year-olds was split into three groups of 36 and given either a small, medium, or large dose of Ad5. Researchers found that none of the patients suffered from serious reactions to the vaccine after four weeks. The most common side-effects included mild pain in the injection area, fever, and fatigue. The symptoms typically lasted for less than two days.

Rapid Response

The study, published in The Lancet, found that nearly every patient had more binding antibodies after 28 days. The antibodies, which learned to attach to the coronavirus, had increased by four times in 97 percent of the test group. Among the patients given the large dose of Ad5, 75 percent were found to have antibodies that can neutralize SARS-CoV-2 in their systems.

Patients also saw their T cell response increase rapidly, with nearly 93 percent seeing a rise in the body's ability to fight off infections.

Vaccine Roadblocks

Researchers cautioned that Ad5 still has some issues. The biggest problem is that humans could be immune to adenovirus type 5. About half of the trial patients were found to have a pre-existing immunity to the cold virus which may have slowed the progress of the vaccine.

"Our study found that pre-existing Ad5 immunity could slow down the rapid immune responses to SARS-CoV-2 and also lower the peaking level of the responses," said Professor Feng-Cai Zhu from Jiangsu Provincial Center for Disease Control and Prevention.

The final results of the Ad5 injections will be evaluated after six months. Researchers are hoping the patients will show a continued resistance to the coronavirus.

A second trial involving 500 healthy adults is already underway in Wuhan, the alleged starting point of the worldwide pandemic. This trial will also see how the drug affects patients over the age of 60.

Division Update

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms *and* a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases.

If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 4,370 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 543 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 429 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 55 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

THURSDAY MAY 28, 2020 UPDATE

Disney CEO explains why it's safe to go back to Disney World

The Disney resort located in Orlando, Florida plans to reopen on July 11 for its Magic Kingdom and Animal Kingdom parks and July 15 for EPCOT and Hollywood Studios, the company said on Wednesday. The resort, which closed in mid-March because of the coronavirus pandemic, will implement several health and safety measures to prevent the spread of the coronavirus during a phased reopening. Chapek spoke with CNN Business about reopening the parks and how different they will look under the new health guidelines.

I'm a Disney World annual pass holder. Tell me why it's safe for me and my family to go back to Disney.

Well, I think what we can say is that we've done everything we can to open up responsibly. Taking the guidance of local health officials, state health officials, national health officials, plus our own well qualified doctors on staff to create an environment to create new operating procedures, to create new policies, to do new training, new standards of hygiene. So that when a guest comes in we can continue the trust that guests have always had with the Walt Disney Company and enjoy the parks so they can make those magical memories that last a lifetime.

What will the parks look like under the new health guidelines?

Well, the first thing that's going look different is that our cast and guests will both have masks on, and that's obviously something that we're not accustomed to in the parks. But you'll also see copious amount of tape at six foot distances in our queue lines and essentially throughout the park so that people know what six foot actually looks like. And we're going to help our guests help us maintain that social distancing, which is so important.

Obviously Central Florida is incredibly hot during the summer. How do you plan to enforce people wearing masks inside of the parks since it's a mandatory guideline?

Well, so far our experience has been that the guests have been very cooperative when it comes to wearing the masks. And I think that's really going to be part of the contract of coming to Walt Disney World in any capacity. We're going to enforce that rule. It's for everybody's safety. We've had a great experience in Shanghai. And so far the experience at Disney Springs, after only a short week, is that guests are willing to wear the masks because they know that it's for everyone's good... You know I've had this mask on pretty much the whole day, and you just forget about it after a while, and I think that's going to be a part of maintaining the magic.

The first phase will be at limited capacity, the plan said today, but it didn't say how much of a limited capacity it would be. Could you tell me, is it 25%? 50%?

Well, unlike Shanghai, where there were strict government mandates in terms of what capacity could be when we reopened, we don't have that here at Walt Disney World. So what we're doing is using the six foot social distancing in order to set what the capacity should be. So our industrial engineers have been busy over the last few months, trying to figure out what that would look like, and the capacity that we're going to open up with is actually slightly below where we really think we can reside with that six feet.

Obviously it's not profitable to operate a theme park at a limited capacity. But where would the breakeven be?

Well, we won't open up a park unless we can cover our variable costs — essentially our cost to operate the park. So then beyond that it becomes a question of trying to cover your overhead and your capital expenses that you have. And we'll make some baby steps towards that but we won't be essentially losing money, as your hypothesis suggests, when we open up. We just won't necessarily be operating in full capacity.

You've opened Shanghai, and now you're planning on opening Walt Disney World in Orlando. Do we have any information about Disneyland? Or the rest of the parks around the world?

Once again, we're taking our guidance from the local government, both the Orange County government as well as the state of California. And they'll be advising us when we can reopen. We just learned this week that we'll be in stage three as determined in the state of California, which I think is good news for fans of Disneyland. But specifically when that will be will be a function of how that's all interpreted and we'll work with our state and local officials to make sure that's done in a responsible way as well.

If you keep the parks closed, you eliminate the risks of any guests or employees getting sick. Unfortunately, that puts a lot of your employees out of work. How do you balance those risks?

That essentially is the million dollar question I think all municipalities as well as people that operate theme parks as large as Disney theme parks have to deal with. To some extent, there's a trust that's built up in the Walt Disney Company that we'll operate responsibly when we do decide to open up. But we've got a myriad, layers upon layers upon layers of defenses against this virus.

We're going to be doing temperature checks daily for our cast members when they come to work every day. But also we've sent [each cast member] their own personal thermometer so that they can take their temperatures even before they show up to work. We talked about masks, we talked about social distancing, and we talked about things like new and improved hygiene and sanitation— even better than you're used to at Disney. We've got so many layers that we believe that we can open up responsibly even though there is still a risk out there and it's up to everybody to evaluate that risk given their own personal situation.

<u>Is Disney prepared to close down again if there is a significant second wave later this year?</u>

One of the reasons why we're moving so slowly, so deliberately and so cautiously, is that we hope to avoid that type of situation, and we think by moving very cautiously and deliberately, that we can mitigate the chances of that happening.

Division Update

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms and a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 4,870 negative test results, allowing us to release some temporary guarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 594 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 553 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 62 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

Los Angeles County Sheriff's Department DAILY BRIEFING NOVEL CORONAVIRUS (COVID-19)



Custody Operations

FRIDAY MAY 29, 2020 UPDATE

COVID-19: New rules announced for nursing homes testing, farm workers' safety

Gov. Jay Inslee on Thursday announced a series of new measures designed to step up testing at the state's nursing homes and assisted living centers as well as rolling out new safety precautions for workers in Washington's state's agricultural industry, which has been accused in recent days of not doing enough to provide adequate protections to limit the spread of the coronavirus.

Under the governor's measure for long-term care, all workers and residents of nursing homes will need to be tested for COVID-19 by June 12, while testing at assisted living housing that have memory care residents needs to be completed by June 23. Inslee said the state will dispatch testing kits to the centers that need them, and will also pay for the laboratory costs for some tests. The other element of the governor's news conference was about farm workers and increasing protections for industry workers from COVID-19.

Speaking from the state Capitol, Inslee said his order will help "honor the hands that harvest the crops," a phrase the governor said came originally an activist writer. You can watch the event here, in the online video player below or on KOMO-TV.

The key elements of the governor's order include:

- Requiring agricultural workers have access to safe transportation to work that limits the spread of COVID-19.
- Ensuring that employers provide more hand-washing stations that are more readily accessible to workers.
- Making sure that staffers have access to more face coverings while at work.
- Ensuring that workers are trained on how to properly report any issues or infractions that could expose them to COVID-19.

The speakers scheduled to participate in the news conference included Alejandro Sanchez, special assistant to the governor, Joel Sacks, director of the state Labor &

Industries office, John Wiesman, state health director, Charissa Fotinos, Health Care Authority deputy medical officer and Bill Moss, assistant secretary of Aging and Long-term Support Administration. On Wednesday, the governor outlined new directives to allow the resumption of religious worship services. For the counties that have been allowed to jump to phase 2, indoor church services have now been added to indoor dining and retail sales. Organizations will be able to have services up to 25 percent of the building's capacity or 50 folks, whichever is less, and 5 folks for in-home services.

Inslee announced his phased approach to restarting the state's economy several weeks ago. Those phases are:

- Phase 1: Some outdoor recreation are allowed but the state's ban on large gatherings will remain and only certain businesses, including construction, landscaping, automobile sales and curb-side pickup for retail sales are permitted.
- Phase 2: Outdoor recreation of five or less are permitted along with in-store purchases retailers, with some restrictions, real estate transactions and hair salons and barbers are allowed to resume their operations. Restaurants can reopen provided they can accommodates half of their capacity with tables that seat no more than five people.
- Phase 3: The size of outdoor groups grows to up to 50 peoples and nonessential travel is permitted; the capacity of restaurants grows to 70 percent but tables cannot seat more than 10 peoples; movie theaters can reopen.
- Phase 4: Public interactions resume with physical distancing; gatherings of more than 50 people are allowed; clubs, concerts and large sporting events are permitted.

Under terms of the plan outlined, the counties can advance to phase 2 provided they have met several criteria outlined by the state, which include:

- A vote by the county's board of health to advance to the next phase.
- A letter from hospitals confirming that they have adequate bed capacity to treat patients and not be overwhelmed.
- An affirmative vote by local county commissioners.
- Adequate testing data to provide information about county residents.
- An ability to implement contact tracing in the county.
- An ability to isolate and guarantine COVID-19 positive patients.
- · An ability to perform outbreak investigations.

Division Update

We continue to screen, isolate, and test inmates upon intake, and from various housing areas, who exhibit flu like symptoms, (such as congestion, coughing, or shortness of breath), or who have a fever over 100.4, or who answer certain COVID-19 high risk screening questions. Previously, inmates were only isolated if they had both flu like symptoms and a fever. These protocols were changed several weeks ago at the recommendation of health officials, in order to better catch mild or early cases. If an inmate is transferred to medical isolation from a facility housing area, that housing area is temporarily placed on quarantine pending the test results, in order to limit potential exposure to other inmates and staff if the results were to return positive. When an inmate from a housing area tests positive, the housing area is quarantined for 14 days from the date the last positive inmate was removed for testing. Housing areas with a positive case are also subject daily to more intensive monitoring and screening by CHS. To date, we have received more than 5,235 negative test results, allowing us to release some temporary quarantines. However, even though an inmate may have tested negative for COVID-19, the screening and isolation process in each one of these cases still afforded us the opportunity to remove an inmate who may be suffering some other illness from the housing area, helping to prevent the spread of other common colds and flu. This process will continue for the duration of the declared public health emergency in Los Angeles County. As of this morning, the Department has 829 inmates who have tested positive for COVID-19 receiving appropriate care in medical isolation. 577 Inmates who were previously confirmed positive COVID-19 patients have fully recovered and have been able to be released from medical isolation. 71 Inmates who have tested positive for COVID-19 have been released and given a medical plan of action. The Department actively monitors each isolation and quarantine situation, and any staff members who may have had contact or exposure are identified and advised about available resources, and any necessary employee quarantine protocols.

Coronavirus disease 2019 (COVID-19) and you

What is coronavirus disease 2019?

Coronavirus disease 2019 (COVID-19) is a respiratory illness that can spread from person to person. The virus that causes COVID-19 is a novel coronavirus that was first identified during an investigation into an outbreak in Wuhan, China.

Can I get COVID-19?

Yes. COVID-19 is spreading from person to person in parts of the world. Risk of infection from the virus that causes COVID-19 is higher for people who are close contacts of someone known to have COVID-19, for example healthcare workers, or household members. Other people at higher risk for infection are those who live in or have recently been in an area with ongoing spread of COVID-19.

Learn more about places with ongoing spread at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html#geographic.

The current list of global locations with cases of COVID-19 is available on CDC's web page at https://www.cdc.gov/coronavirus/2019-ncov/locations-confirmed-cases.html.

How does COVID-19 spread?

The virus that causes COVID-19 probably emerged from an animal source, but is now spreading from person to person. The virus is thought to spread mainly between people who are in close contact with one another (within about 6 feet) through respiratory droplets produced when an infected person coughs or sneezes. It also may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the main way the virus spreads. Learn what is known about the spread of newly emerged coronaviruses at https://www.cdc.gov/coronavirus/2019-ncov/about/transmission.html.

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath



What are severe complications from this virus?

Some patients have pneumonia in both lungs, multi-organ failure and in some cases death.

People can help protect themselves from respiratory illness with everyday preventive actions.

- · Avoid close contact with people who are sick.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

If you are sick, to keep from spreading respiratory illness to others, you should

- · Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Clean and disinfect frequently touched objects and surfaces.

What should I do if I recently traveled from an area with ongoing spread of COVID-19?

If you have traveled from an affected area, there may be restrictions on your movements for up to 2 weeks. If you develop symptoms during that period (fever, cough, trouble breathing), seek medical advice. Call the office of your health care provider before you go, and tell them about your travel and your symptoms. They will give you instructions on how to get care without exposing other people to your illness. While sick, avoid contact with people, don't go out and delay any travel to reduce the possibility of spreading illness to others.

Is there a vaccine?

There is currently no vaccine to protect against COVID-19. The best way to prevent infection is to take everyday preventive actions, like avoiding close contact with people who are sick and washing your hands often.

Is there a treatment?

There is no specific antiviral treatment for COVID-19. People with COVID-19 can seek medical care to help relieve symptoms.

For more information: www.cdc.gov/COVID19

SHARE FACTS ABOUT COVID-19

Know the facts about coronavirus disease 2019 (COVID-19) and help stop the spread of rumors.

FACT 1

Diseases can make anyone sick regardless of their race or ethnicity.

Fear and anxiety about COVID-19 can cause people to avoid or reject others even though they are not at risk for spreading the virus.

FACT 2 For most people, the immediate risk of becoming seriously ill from the virus that causes COVID-19 is thought to be low.

Older adults and people of any age who have serious underlying medical conditions may be at higher risk for more serious complications from COVID-19.

FACT 3

Someone who has completed quarantine or has been released from isolation does not pose a risk of infection to other people.

For up-to-date information, visit CDC's coronavirus disease 2019 web page.



FACT 4

There are simple things you can do to help keep yourself and others healthy.

- Wash your hands often with soap and water for at least 20 seconds, especially after blowing your nose, coughing, or sneezing; going to the bathroom; and before eating or preparing food.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Stay home when you are sick.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.

FACT 5

You can help stop COVID-19 by knowing the signs and symptoms:

- Fever
- Cough
- Shortness of breath

Seek medical advice if you

Develop symptoms

AND

 Have been in close contact with a person known to have COVID-19 or if you live in or have recently been in an area with ongoing spread of COVID-19.

cdc.gov/COVID-19

STOP THE SPREAD OF GERMS

Help prevent the spread of respiratory diseases like COVID-19.



Cover your cough or sneeze with a tissue, then throw the tissue in the trash.



Clean and disinfect frequently touched objects and surfaces.



Wash your hands often with soap and water for at least 20 seconds.



CORONAVIRUS 2019 (COVID-19)

What You Need to Know

Public Health is urging everyone to take precautions to slow the spread of COVID-19.

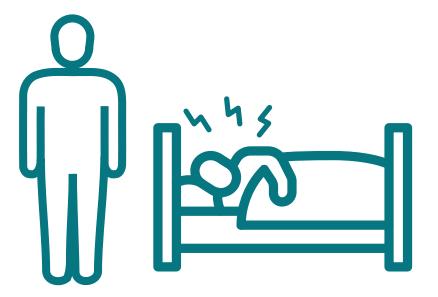
How is it spread?



Through droplets when an infected person coughs or sneezes

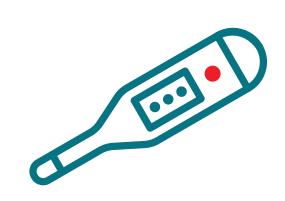


From touching surfaces and then touching your face

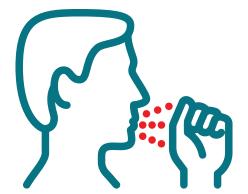


Close personal contact, such as caring for an infected person

What are the symptoms?



Fever



Cough



Difficulty Breathing

What can I do to protect myself and others from COVID-19?

- Stay home as much as possible
- If you have to go out for essential services or goods:
 - Wear a cloth face covering like a bandana over your nose and mouth (infants and children under 2 should not use a face cover, children 3-8 years should only use one if they are closely supervised by an adult and do not have breathing difficulties)
 - Stay at least 6 feet away from others.
- Wash your hands often with soap and water for at least 20 seconds.

- If soap and water are not readily available, use hand sanitizer with at least 60% alcohol.
- Clean and disinfect frequently touched objects and surfaces.
- Avoid touching your eyes, nose, and mouth
 - Cover your cough or sneeze with a tissue, then throw the tissue in the trash. If you do not have a tissue, use your elbow (not your hands).
 - Clean and disinfect frequently touched objects and surfaces.

NOVEL CORONAVIRUS (COVID-19) What You Need to Know

Public Health is urging everyone to take precautions to slow the spread of COVID-19.

How is it spread?





Through droplets when an infected person coughs or sneezes

Close personal contact, such as caring for an infected person

The novel coronavirus is a new type of virus that recently started making people sick.

It started in mainland China but is now infecting people around the world including those here in Los Angeles.

What are the symptoms?







What can I do to protect myself and others from respiratory infections like COVID-19?

- Everyone particularly those who are 65 and over, those with underlying health conditions, and pregnant women should avoid any non-essential travel, public gathering, or places where large groups of people congregate.
- Stay home when you are sick.
- Limit close contact with people who are sick.
- Wash your hands often with soap and water for at least 20 seconds.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Clean and disinfect frequently touched objects and surfaces.

- Avoid touching your eyes, nose, and mouth.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash. If you do not have a tissue, use your sleeve (not your hands).
- Use facemasks only if you are sick or have been instructed to do so by your health care provider.
- Get a flu shot to prevent influenza if you have not done so this season.







COVER YOUR COUGH

Stop the spread of germs and keep others from getting sick.



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

Throw the tissue in the trash.



If you don't have a tissue, cough or sneeze into your upper sleeve or elbow.

Don't sneeze into your hands.



You may be asked to wear a facemask to protect others.



Wash hands often with soap and warm water for 20 seconds. If soap and water aren't available, use alcohol-based hand sanitizer.





CUBRA SU TOS

Detenga la propagación de gérmenes y evite que otros se enfermen.



Cúbrase la boca y la nariz con un pañuelo cuando tosa o estornude. Tire el pañuelo a la basura.



Si no tiene un pañuelo de papel, **tosa o estornude en la manga superior o el codo.** No estornude en sus manos.



Es posible que se le pida que **use una mascarilla** para proteger a los demás.



Lávese las manos frecuentemente con jabón y agua tibia durante 20 segundos. Si no tiene agua y jabón disponible, use un desinfectante de manos a base de alcohol.

RESTRICTIONS ARE IN PLACE

DO NOT ENTER

UNLESS YOU HAVE TAKEN YOUR <u>TEMPERATURE</u> THE EVENING AND MORNING BEFORE YOUR SHIFT

DO NOT ENTER

AND NOTIFY YOUR SUPERVISOR IF:

- You are waiting for COVID-19 TEST RESULTS
- You have had a **FEVER** in the last 24 hours (100.4° or higher)
- You have been **FEVERISH** or have had **CHILLS** in the last 24 hours
- You have a COUGH or DIFFICULTY BREATHING
- You have been told by a MEDICAL PROVIDER not to come to work
- You have had **CONTACT** in the past 14 DAYS with a person known to be infected with COVID-19

MANDATORY REQUIREMENT

You MUST take your TEMPERATURE on BOTH the evening and morning before your shift

IF YOU FEEL SICK DURING YOUR SHIFT

PUT ON A MASK AND NOTIFY YOUR SUPERVISOR IMMEDIATELY

General Cleaning Guidance for Respiratory Illness in Group Settings

This information is for people who clean public places like hotels, churches, and schools. It does NOT replace routine cleaning and disinfection procedures but provides **additional** information for cleaning to prevent the spread of respiratory viruses like the one that causes Coronavirus Disease-2019. (COVID-19)

Staff should use protective clothing and equipment as described in their work policies and procedures. There is **no** need for special clothing or equipment, like masks or coveralls, beyond what is usually required for regular cleaning.

Clean all frequently touched items.

Clean all "high-touch" surfaces such as counters, tabletops, doorknobs, light switches, bathroom fixtures, toilets, trash cans, phones, remote controls, keyboards, tablets, and bedside tables. Use an Environmental Protection Agency (EPA)-registered product that cleans (removes germs) and disinfects (kills germs). Always follow the instructions on the labels of cleaning products and disinfectants.

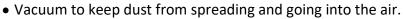
Hard surfaces:





- Wash stained surfaces with a general household cleaner to remove dirt, germs, and grease. Rinse with water, then use an EPAregistered disinfectant. Follow the manufacturer's recommended concentration, use, and contact time.
- If an EPA-registered disinfectant is not available, use chlorine bleach solution (approximately 4 teaspoons of bleach in 1 quart of water or 5 tablespoons (1/3 cup) bleach per gallon of water). Prepare the bleach solution daily or as needed. Test strips can be used to check if the solution is the right strength.
- 70% alcohol-based disinfectants are recommended to prevent the spread of viruses but the alcohol can evaporate quickly and not fully disinfect. If you use these products, follow the contact times in the instructions.

Carpets, couches, and other porous (absorbent) surfaces:



- Spot-clean spills of bodily fluid promptly following policies and procedures.
- Deep clean carpets, avoiding splashing as much as possible



General Cleaning Guidance for Respiratory Illness in Group Settings

 Use steam cleaners to clean carpets and other porous surfaces if needed.
 Wash sheets, blankets, towels, curtains and other linens with household laundry soap and hot water (167 °F or more). Dry on a high heat setting according to policies and procedures.
 Utensils and tools: Clean and sanitize plates, glasses, and silverware in a dishwasher or by hand with soap, hot water, and an EPA approved sanitizer. Clean mops and cloths with soap and hot water and sanitize with an EPA-registered disinfectant or bleach solution and allow to dry. Use single-use, disposable mop heads and/or cloths as an alternative. Read directions carefully when using disinfecting wipes on electronics. Check that the electronics can withstand the use of multiple wipes that are needed to keep the surface wet long enough to meet the required contact time.
 Trash disposal: Wear gloves when handling trash or waste. Ensure that trash is thrown into sturdy, leak-proof (e.g. plastic) bags that are tied shut, placed directly into trash bins and disposed of regularly. Handle medical waste (such as needles) according to policies and procedures. After cleaning and throwing away waste, remove gloves and wash hands.
 Other general cleaning guidance: Immediately throw away all disposable cleaning items. Wash hands frequently, including after emptying waste baskets and touching tissues and similar waste. Wash your hands thoroughly and often with soap and water for at least 20 seconds or use an alcohol-based hand sanitizer that contains at least 60% alcohol. See Public Health's guidance on the correct way to wash your hands. http://publichealth.lacounty.gov/acd/handwash.htm



Guía de limpieza general para enfermedades respiratorias en entornos grupales

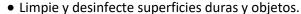
Esta información es para personas que limpian lugares públicos como hoteles, iglesias y escuelas. NO reemplaza los procedimientos rutinarios de limpieza y desinfección, sino que es información adicional para limpiar con el objetivo de evitar la propagación de virus respiratorios como el que causa la enfermedad del coronavirus 2019 (COVID-19).

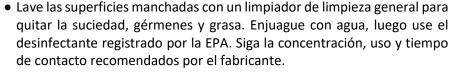
El personal debe usar ropa y equipo de protección, como los que se describen en sus políticas y procedimientos de trabajo. **No** hay necesidad de usar ropa o equipos especiales, como máscaras u overoles, más allá de lo que se utilice para la limpieza usual.

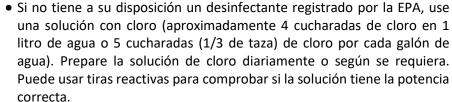
Limpie los objetos que se tocan frecuentemente.

Limpie todas las superficies que se toquen frecuentemente como mostradores, mesas, pomos, interruptores de luz, accesorios del baño, inodoros, cubos de basura, teléfonos, controles remotos, teclados, tablets y mesitas de noche. Use un producto registrado por la Agencia de Protección Ambiental (EPA) que limpie (quite gérmenes) y desinfecte (elimine gérmenes). Siempre siga las instrucciones en las etiquetas de los productos de limpieza y desinfectantes.

Superficies duras:







 Los desinfectantes a base de alcohol del 70 % se recomiendan para evitar la propagación de virus, pero el alcohol se puede evaporar rápidamente y no desinfectar totalmente. Si usa estos productos, siga los tiempos de contacto en las instrucciones.

Alfombras, sofás y otras superficies porosas (absorbentes):

- Aspire para evitar esparcir el polvo y que se disperse en el aire.
- Limpie rápidamente los derrames puntuales de fluidos corporales según las políticas y procedimientos.
- Limpie a profundidad las alfombras y evite salpicar líquidos tanto como sea posible.



Guía de limpieza general para enfermedades respiratorias en entornos grupales

 Utilice limpiadores a vapor para limpiar alfombras y otras superficies porosas, según se requiera.
Ropa de casa: • Lave las sábanas, mantas, toallas, cortinas y otra ropa de casa con jabón detergente para hogar y agua caliente (75 °C [167 °F] o más). Déjelos secar en un entorno de alta temperatura, de acuerdo con las políticas y procedimientos.
 Utensilios y herramientas: Limpie y desinfecte platos, vasos y cubiertos en un lavavajillas o a mano con jabón, agua caliente y un desinfectante aprobado por la EPA. Limpie los trapeadores y trapos con jabón y agua caliente, y desinfecte con un desinfectante registrado por la EPA o solución con cloro y déjelos secar. Como alternativa, use cabezas de trapeador y trapos desechables de un solo uso. Lea las instrucciones con cuidado al momento de usar toallitas desinfectantes sobre dispositivos electrónicos. Compruebe que estos permiten que pase varias veces las toallitas, ya que esto es necesario para mantener la superficie húmeda el tiempo necesario para cumplir con el tiempo de contacto requerido.
 Desechar la basura: Use guantes cuando manipule basura o desechos. Asegúrese de desechar la basura en bolsas fuertes y a prueba de fugas (p. ej., plástico) que se deben cerrar completamente y que deben colocarse directamente en cubos de basura y ser desechados de forma regular. Deseche los desperdicios médicos (como agujas) según las políticas y procedimientos. Después de limpiar y deshacerse de todos los desechos, quítese los guantes y lávese las manos.
 Otras orientaciones generales de limpieza: Deshágase inmediatamente de todos los objetos de limpieza desechables. Lávese las manos frecuentemente, incluso después de vaciar los cubos de basura y tocar tejidos y desechos similares. Lávese las manos minuciosamente y con frecuencia con jabón y agua durante al menos 20 segundos o use un desinfectante a base de alcohol que contenga al menos 60 % de alcohol. Vea las orientaciones de Salud Pública sobre la forma correcta de lavarse las manos. http://publichealth.lacounty.gov/acd/handwash.htm





STEPS FOR HANDWASHING

Stop the spread of germs and keep yourself and others from getting sick.



1. Wet your hands with warm water.



2. Lather up with soap. Soap gets rid of the oil that helps germs stick to your hands.



3. Rub and scrub your hands together for at least 20 seconds. Strongly rub and scrub your wrists, palms, between fingers, under your nails, and the backs of your hands. The soap and scrubbing action loosens the germs off your hands.



4. Rinse your hands thoroughly with warm, running water.



5. Dry your hands completely with a clean towel or paper towel. Use the towel to turn off the faucet when you're finished drying your hands. Throw the paper towel away.

If soap and water aren't available, use an alcohol-based hand sanitizer. Alcohol-based hand sanitizers can usually be found as a gel or wipes. Make sure the product is at least 60 percent alcohol.

To use an alcohol-based hand sanitizer:

- Rub the gel or wipe all over both hands.
- Rub hands together for 30 seconds until they feel dry.





PASOS PARA LAVARSE LAS MANOS

Detenga la propagación de gérmenes y evite enfermarse a usted mismo y a otras personas.



1. Moje sus manos con agua tibia.



2. Enjabone sus manos. El jabón ayuda a deshacerse del aceite que provoca que los gérmenes se adhieran a sus manos.



3. Frote sus manos entre sí por al menos 20 segundos. Frote con fuerza sus muñecas, palmas, entre los dedos, debajo de las uñas y al dorso de sus manos. Eljabón y el restrieque libera a los gérmenes.



4. Enjuague bien sus manos con agua corriente tibia.



5. Seque sus manos completamente con una toalla limpia o un papel absorbente. Utilícelo para cerrar el grifo cuando haya terminado de secarse las manos. Deseche el papel.

Si no hay agua y jabón disponibles, utilice un desinfectante para manos a base de alcohol. Los desinfectantes a base de alcohol suelen encontrarse en forma de gel o toallitas. Asegúrese de que el producto contiene por lo menos un 60 por ciento de alcohol.

Para usar un desinfectante para manos a base de alcohol:

- Frote el gel o la toallita por ambas manos.
- Frote sus manos entre sí por 30 segundos hasta que sienta que están secas.



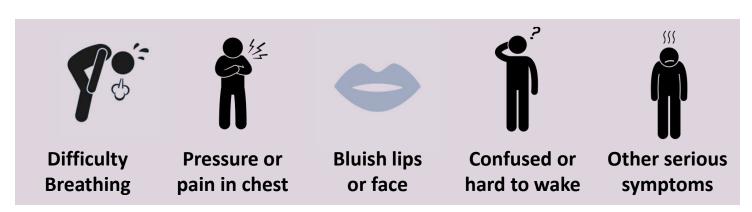


What to do if you Have Symptoms of Coronavirus Disease 2019

STAY HOME IF YOU ARE SICK

- During this outbreak, anyone in Los Angeles County with fever, cough, or shortness of breath is assumed to have coronavirus disease 2019 (COVID-19) and must self-isolate at home.
- Many people with COVID-19 will have a mild illness and get better at home.
- Call your doctor if you are 65 years and older, pregnant, or have a health condition such as a chronic disease or a weak immune system as you may be at higher risk of serious illness.
- Seek prompt medical care if your symptoms get worse.

CALL 911 IF THERE ARE EMERGENCY WARNING SIGNS



HELP PROTECT OUR COMMUNITY

- Stay at home until at least 7 days have passed after your symptoms first appeared AND at least 3 days after you are fever and symptom free.
- Tell everyone you had close contact with, starting 48 hours before your symptoms, that they need to quarantine for 14 days.
- Follow the <u>Home Care Instructions</u> on Public Health's Coronavirus website: <u>publichealth.lacounty.gov/media/Coronavirus/</u>.



Instructional Videos

VIDEO: Face Mask Care & Instruction for Inmates 04-17-2020



VIDEO: Healthy Habits for Employees 04-15-2020



VIDEO: Healthy Habits for Inmates 04-15-2020



Instructional Videos

VIDEO: PPE Demo 04-06-2020

