

Department Of Public Safety

Special Master Report

March 8, 2021



Department of Public Safety

Special Master Report

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Acknowledgements

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PSD – Staff

United Public Workers

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Department of the Attorney General

Department of Accounting and General Services

Department of Budget and Finance

Special Mahalo to

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**SPECIAL RECOGNITION AND ACKNOWLEDGEMENT TO THE
DEDICATED CORRECTIONAL FACILITY WARDENS, STAFF, LAW
ENFORCEMENT OFFICERS AND HEALTH CARE PROFESSIONALS
WHO ENDURED ENDLESS HOURS UNDER CHALLENGING
CONDITIONS AND UNWARRANTED CRITICISM.**

Department of Public Safety

Special Master Report to

Governor David Ige

March 8, 2021

With the growing criticism of the Department of Public Safety's (PSD) handling of COVID-19, Oahu Community Correctional Center's (OCCC) outbreak and the August announcement of PSD Director Nolan Espinda's retirement, Governor Ige assigned the Hawaii Paroling Authority Chair (this writer) to serve as PSD Special Master, to review the public's criticisms of the Department and PSD's response to the COVID-19 outbreak. Governor Ige also instructed the Special Master (thru the Director's Office) to execute any/all changes critical to the welfare of PSD's personnel, it's wards and the community. In addition, the Special Master is to provide the Governor with an overall assessment and recommendations moving forward. (1)

A review of public criticisms during month of August ranged from inadequate personal protective equipment (PPE), no clear plans to address the COVID-19 OCCC outbreak, the need for more testing and overcrowding concerns. Also noted was a lack of communication and transparency with a concentrated focus on the Oahu Community Correctional Center (OCCC) outbreak. The early Hawaii Correctional Systems Oversight Commission (HCSOC) meetings primarily focused on the withholding of HCSOC operation funds, concerns that not enough was being done to reduce facility populations that could aid in addressing the spread of COVID-19, and the push for outside assistance from other criminal justice entities to reduce the number of admissions and speed up releases. They also expressed their desire for PSD Director Espinda to appear on behalf of Public Safety as well as health officials. Private attorney Eric Seitz told the HCSOC he was preparing a federal lawsuit to have the court intervene as well as appoint a master to oversee OCCC and other PSD correctional facilities.

This report will address the criticisms noting PSD's responses beginning in March 2020. It is important to understand PSD's mission, organization structure and its responsibilities from a national and local perspective.

During this assignment(s), information was collected by way of documents and media reviews, meetings with committees, individual staff questionnaires, PSD statistics and serving as Special Master & Acting Director for the Department over a four-month period (September thru December of 2020).

(1)Note: September 8th Chair Hyun is appointed to serve as Special Master then appointed as Acting PSD Director for the months of October and November (as allowed by law) continuing to serve as Special Master to complete the report and transition the new Director. Board Member Fituina Tua was appointed to serve as Acting HPA Board Chair for October and November.

DEPARTMENT OVERVIEW

PSD Mission Statement: *To uphold justice and public safety by providing correctional and law enforcement services to Hawaii's communities with professionalism, integrity, and fairness.*

The Department of Public Safety is comprised of four (4) major components and two attached agencies. (*Exhibit I*)

- **Office of the Director**
 - Under the general direction of the Governor of the State of Hawaii, the director oversees, directs, and coordinates the plans, programs, and operations of the department to provide for the safety of the people of Hawaii.
- **Corrections Division**
 - Administers, through subordinate staff offices, and line divisions programs, services and facilities for the detention, custody, care, and redirection of persons committed to the control of the department pursuant to law.
- **Administration Division**
 - Administers, through subordinate staff offices, administrative systems, services and operations in and for PSD pertaining to general program planning, programming and evaluation, program budgeting, capital improvements, fiscal accounting and auditing, payroll, procurement and contracting, human resources, training and staff development, information technology, organization and methods, repairs and duplicating services, and other relevant functions consistent with sound administrative practices and applicable Federal, State and departmental laws, rules, and regulations
- **Law Enforcement Division (Office of the Sheriff and Narcotics Enforcement)**
 - Administers through subordinate staff offices and line divisions programs and services for protecting the public and preserving the peace, guarding persons, public property, and facilities; enforcing specified laws, rules, and regulations to prevent and control crime; enforcing the Uniform Controlled Substance Act; and serving legal process.
- **Hawaii Paroling Authority (Attached Agency)**
 - The Hawaii Paroling Authority (HPA) is a quasi-judicial body, which is attached to PSD for administrative purposes. The mission of this body is to 1) evaluate and grant parole when there is reasonable probability that the prisoner concerned will live and remain at liberty without violating the law and that the prisoner's release is not incompatible with the welfare and safety of the public; and 2) to utilize the agency and community resources as a link for parolees to reintegrate into society.

- **Crime Victims Compensation Commission (Attached Agency)**
 - The Crime Victim Compensation Commission mitigates the suffering and financial losses of victims of certain designated violent crimes, survivors of mass casualty incidents, dependents of deceased victims, and private citizens who are injured, or whose property is damaged, in the course of preventing a crime or apprehending a criminal by providing monetary compensation.

PSD Challenges:

Outdated Facility Design - The Hawaii facilities are old and outdated, incurring high maintenance costs and cannot stay within population design capacities while accommodating the numbers committed by the Hawaii courts. The Hawaii facilities are old, with the jails (CCCs) constructed in the late 70s, with the exception of the Women’s Community Correctional Center (WCCC) built in 1950. The prisons have older origins, as old as 1946 (Kulani Correctional Facility) and 1902 (Waiawa Correctional Facility) and were based on designs for a vastly smaller population and discretionary sentencing by the courts.

Vacancies Contributing to Understaffing – Facility shift coverage impacts, recruiting qualified and medically-certified Health Care Division staff, and civilian positions.

PSD Pandemic Plan Implementation - Of concern to PSD is inmates and staff electing not to subject themselves to COVID-19 testing, continued masking and practicing safe sanitizing measures.

Programs - Program and inmate movement between facilities was shut down to contain any potential spread of COVID-19, should staff or inmate become infected.

Lack of Community Resources - Community-based programs placed stringent requirements, including requiring inmates to be COVID-19-free or tested negative prior to being released from the correctional facilities and accepted into their programs. The Hawaii Paroling Authority (HPA) noted that community programs and clean and sober houses had waitlists as long as six months (and others posting 160 inmates on waitlist for available bed space). *

**Note: The Department of Public Safety was created by ACT 211 (HB 920) by the 1989 Legislative Session to ensure better organization and coordination of public safety functions, allow for standardized training, and establish a “career ladder” for public safety employees. The transition of functions and law enforcement was fully transferred July 1, 1991.*

**In total, PSD has 2,782 authorized positions: 1411 Uniform and 1371 Civilian Non-Uniform. At last count there are 2,387 employees and 4100 inmates that the PSD is responsible for with a total budget of \$286 million dollars. Inmates occupy 8 jails and prisons in Hawaii as well as a contracted Arizona facility in Eloy, Arizona.*

**HPA has a current active supervision caseload of 1500+ sentenced felons. For COVID-19 period March through December 2020, PSD released 654 sentenced felons to parole supervision (while 242 inmates were released due to end of sentence), HPA had returned 306 parolees for violations and discharged 280 from supervision due to completion of their term.*



OBSERVATIONS AND CONCERNS

Immediate Observations and Concerns:

- I. **Director's Office:** The span of control is too broad with conflicting purposes: Corrections, Law Enforcement (State Sheriffs) and Regulatory (NED) *
- II. **Proposed Budget Cuts** of 10%/15%/20% due to anticipated shortfall in revenues for the next four years.
- III. **CARES** funding requests in August and September
 - o Received \$8.85 million
- IV. **COVID-19 and PSD Pandemic Plan.**
 - o The first PSD COVID-19 Information Bulletin and Clinical Guide was issued March 9, 2020 followed by the PSD Pandemic Response Plan (PSDPRP) on March 23, 2020. In total there were seven (7) revisions with the most current general plan posted on the PSD website. The PSDPRP is a detailed comprehensive action plan which each individual facility has tailored to its own facility. As new DOH/CDC guidelines were released, the PSDPRP was updated to reflect the most current practice(s). The most current general plan posted on PSD website and is an attached exhibit (December 11, 2020). (Exhibit II)
- V. **Oahu Community Correctional Center (OCCC)** is Hawaii's largest jail facility. The current facility is, in parts, over 100 years old. The more recent structures were constructed in the late 1970s with an initial design capacity of 394. Current operational bed capacity is 954. September 7th the head count was 775 detainees down from March of 982. (Note: The detainee population declined due to Hawaii Supreme Court orders mandating the release of certain, qualified inmates, to alleviate strains on the facility during the COVID-19 pandemic. The population has steadily increased to near operational capacity once again.)
- VI. **Mass Testing** – to identify and contain any risk and potential outbreaks.
 - o Conducted at all facilities statewide with the exception of OCCC beginning September 21 thru November 10.

**Hawaii is one of four (4) States where Corrections, Law Enforcement and/or Regulatory services are combined under one Department. Hawaii is one of six (6) states that run jail and prison functions (Alaska, Connecticut, Delaware, Hawaii, Rhode Island and Vermont). Hawaii is the only state that has a combined function of jail, prisons, law enforcement and narcotics enforcement.*

**MASS TESTING: no inmates tested positive and two staff positive. Done in conjunction with DOH, HiEMA (National Guard), PSD health care and Community Agencies. Results: Total Inmates tested 1465, 00 positive. Total Staff 741, 2 positive Total estimated man hours – 1444.00 (Exhibit III)*

- VII. **Health Insurance Portability and Accountability Act (HIPAA).** HIPAA was created primarily to modernize the flow of healthcare information, stipulate how personally identifiable information maintained by the healthcare and healthcare insurance industries should be protected from fraud and theft, and address limitations on healthcare insurance coverage. The challenge for correctional facilities is the mixed setting of health care and non-clinical personnel working with the same population.
- VIII. **Department Relocation** from AAFES Building located at 919 Ala Moana Blvd. to the Keoni Ana Building, located at 1177 Alakea Street. The AAFES building is owned by the Office of Hawaiian Affairs. PSD administration had been operating on a month to month lease extension (original MOA ended June 30, 2018). Keoni Ana building was identified as a suitable building to relocate the PSD administration offices from the AAFES Building. For the Fiscal Year 2020-2021 Supplemental Budget, PSD requested \$5 million for the complete renovation of certain floors of the Keoni Ana building so that the interior build is compatible with the organizational space requirements. The Legislature denied the request. PSD administration is in the process of moving without the benefit of the additional funding.

The relocation of the PSD administration requires the move of approximately 180 authorized personnel positions, computers and sensitive equipment, furniture, and voluminous files and records. The relocation also requires the smooth transition of computer systems and local area network, the upgrade of telephone systems, the assignment of parking stalls in the Civic Center, and the renovation of the offices. The relocation project is spearheaded by Deputy Director Maria Cook, her Administrative Service Office staff, Hawaii Correctional Industries (HCI) staff and work furlough inmates. Without funds to renovate and relocate, PSD relied on HCI and work furlough inmates to “refresh” four (4) of the Keoni Ana building’s six (6) floors. *

1177 Alakea Street – American Mutual Building - construction was completed in 1959 occupied by the Hawaiian Telephone Company offices and it’s Credit Union. The State of Hawaii purchased the building in the early 1990s housing various legislative entities and divisions of various state departments occupied the building with the last known renovations occurring in the late 1990s. The Keoni Ana Building was also known as the Capitol Center Building. REFRESH encompassing cleaning, patching, taping, painting, carpet shampooing, furniture/partition assembly, ceiling replacement etc.

- IX. **Employee Morale** was affected due to numerous pending and unknown factors. Impending furloughs due to proposed budgets cuts across the board for all Executive Branch departments. Freeze on hiring and defunding of positions compounded an already overworked civilian and uniform staff. Other factors impacting morale was the PSD office relocation, negative media reports on PSD administration, Legislative criticisms about PSD, prison conditions, lack of transparency, etc. Employees also felt there was a lack of vision and direction especially considering COVID-19 outbreaks that impacted their working conditions and personal welfare. Communication and passing of information was challenging for a significant number of employees (civilian, correctional and law enforcement) who are without state-issued work email accounts.
- X. **Correctional Programs and Services** were severely impacted primarily due to PSD's immediate need to respond to and contain the COVID-19 virus. The focus turned to the PSD Pandemic Plan for separating/isolating, social distancing and testing of inmates, and included the suspension of inmate classes, programs, and movement between facilities. Work furlough (transition and job opportunities) was also suspended to mitigate introduction and spread of the COVID-19 virus into the facility. Job-seeking, substance abuse treatment, and sex offender treatment programs were also impacted, which delayed executing parole plans and eligibility for release on parole.
- XI. **Health Care Division** staffing was already short in the clinical/forensic areas prior to the COVID-19 pandemic, and now they had to address a COVID-19 threat to inmates, the increased risk to health care staff and the increased efforts to protect themselves just like their community counterparts. Although there was assistance from DOH and the Hawaii Army National Guard for mass testing, PSD's Health Care Division was challenged with the additional measures to address and prevent COVID-19 introduction, contain the spread, and report (daily) COVID-19-related mitigation efforts.
- XII. **Union complaints and grievances** related to working conditions, adequate PPE supply, and leadership concerns.
- XIII. **ReEntry** – Many of the stated objectives were not being accomplished. The delays impacted credentials of inmates for job seeking, program acceptance, and facility transfers. Complications to inter-departmental and governmental agencies agreements arose due to extensive legal reviews and acceptance.

- XIV. **CALEA – Commission on Accreditation for Law Enforcement Agencies.** In the 2019 Legislative Session, the Senate Committee on Public Safety, Military and Governmental Affairs asked for an update and status from the department. PSD responded that policies were being drafted as part of the initial requirements for submission (application) to the Commission. In October, it was assessed that only 20 percent of the necessary policies were drafted but still required PSD administrative review. In total, there needs to be 150 policies drafted and reviewed before they are submitted for consultation and CALEA application.
- XV. **Training and Staff Development (TSD)**
- Adult Corrections Officers (ACO) – TSD currently conducts 3-4 Basic Corrections Recruit Class (BCRC) training academy sessions per year comprising of up to 40 candidates per class. Based on graduation numbers alone, the current program will not fill current vacancies levels which is further compounded by attrition (retirements, resignations etc.)
 - Law Enforcement (Sheriffs) – TSD currently conducts one (1) Law Enforcement Recruit Class (LERC) training academy per year. The recruit class is trained in nearly 1,000 hours of academic instruction in laws and procedures, constant testing, training in physical fitness, and police tactics. The class is held over several months and therefore vacancies cannot be filled in a timely manner.
- XVI. **Law Enforcement** – morale, trust and leadership concerns were voiced through union grievances, complaints, and internal investigations as well as arbitration. A number of Deputies did not have email accounts or access to computers to gain access to bulletins and communiques.



**IMMEDIATE
ACTION
AND
RESPONSE**

IMMEDIATE ACTION and Response

Premise: Individuals with experience, credentials, capability, and who are well-versed in Hawaii's correctional system and law enforcement were needed. A team of Administrators were assembled who are capable of addressing all the identified issues and concerns with the bottom-line appropriate action and accountability.

- **Key Appointments/Reassignments/Hiring** due to transfers, retirement and expertise.
 - **Director** – Max Otani – appointed by Governor Ige (12/1/20)
 - **Deputy Director Law Enforcement** – Jordan Lowe (11/5/20)
 - **Sheriff** – William “Billy” Oku (12/1/20)
 - **Deputy Director Corrections** – Tommy Johnson (11/16/20)
 - **Corrections Programs** – reassignment Shari Kimoto (11/16/20)
 - Due to extensive knowledge of all facilities and programs
 - **Deputy Director Administration** – Maria Cook remains in place
 - **CALEA Manager** – Brandon Asuka hired 11/2/20 to review and assess current needs and action required to acquire accreditation by 2022.

- **COVID-19 Response** – Assess PPE inventory and back orders. Verification that all facilities had adequate and properly sized protective gear. Inventory checks were conducted to document all items in stock, and orders were made via the Hawaii Emergency Management Agency (HI-EMA) and private vendors. The challenge was obtaining a supply of Tyvek suits in sizes up to 8XL.

- **Mass Testing of All FACILITIES**
 - Considerable planning and coordination was done between the PSD administration, PSD Health Care Division, facility wardens, DOH, and the Hawaii National Guard. Once the planning was finalized and surplus PPE supplies were verified, PSD health care staff were deployed, with DOH and the National Guard support, to begin testing which started September 17, 2020 at Waiawa Correctional Facility (WCF), moved to other facilities statewide, and was completed at the Hawaii Community Correctional Center (HCCC) on November 10, 2020.
Results: 1,455 Inmates tested –00 positives
741 Staff tested - 2 positives. (Exhibit III)

- **Union complaints and grievances** Meetings and discussions, primarily with the United Public Workers Union (UPW), were held to explain PSD's position regarding OSHA compliance (N95 masks), COVID-19 testing, Personal Protective Equipment (PPE) and staff shortages. A review of the August inventory showed adequate PPEs and resources to order supplies when the inventory was low.

- **Vaccination Planning – first Meeting in October and November (DOH)**
 - Continue PSD employee vaccination plan
 - Plan and execute inmate vaccination plan

- **Budget – develop scenarios for 10/15/20% budget cuts to include facility closures, court security, furloughs, services, and programs**

- **Furlough planning – Internal discussions regarding various office program scenarios and facility civilian employees. Due to the required 24/7 coverage, ACOs were exempt from furloughs.**

- **Department Relocation – Dep A Maria Cook (and key personnel), developed a sequentially phased move out/in with a total moveout date by June 30, 2021. First major movement was for Personnel and Fiscal in December. Move out dates were contingent on Hawaii Correctional Industries (HCI) to “refresh”, build, assemble furnishings and office space.**
 - **December** **2nd floor** – Personnel
 - **February** **6th floor** – Director’s Office & Health Care
 - **March** **3rd floor** – Fiscal & MIS
 - **May** **5th floor** - Corrections

- **ReEntry Planning – The PSD Deputy Director for Corrections was tasked with the high priority as this had been a long-standing issue, as reported by the correctional facilities and the Hawaii Paroling Authority.**

- **CALEA – Hire additional staffing versed in policy writing and standards. Establish timelines culminating in Accreditation Award in November of 2022 (Exhibit IV). Note the following:**
 - Complete draft policies for administrative review followed by Union consultation
 - CIP funds for facility compliance
 - Application CALEA Inspection
 - Inspection and Award

- **Training and Staff Development (TSD) Academy – Additional Classes and Organization of Primary Functions**
 - Basic Corrections Recruit Class (BCRC) training - In addition to or supplement current academies, incorporate evening and/or weekend ACO training. Doing so may increase the pool of potential ACO applicants/candidates to fill vacancies

- Law Enforcement Recruit Class (LERC) training – One (1) class requires several months of intensive training. Consider incorporating evening and/or weekend LERC training. Doing so may increase the pool of potential deputy sheriff candidates.
- Firearms Section – Move the firearms section out of TSD and return management of the section to the Sheriff Division.
- **Public Information Office (PIO)**
 - **News Releases (transparency)** – Continue generating daily factual releases distributed to Governor’s Office and Legislators and made available to the media and public thru the State’s Joint Information Center (JIC) via their Daily News Digests, which have extensive local, national and international subscribership. Continue news release and other information distribution on PSD social media pages and PSD’s dedicated COVID-19 information and resources webpage.
 - **March thru July** - total of 17 PSD releases.
 - **August** - total of 24 releases **September 29, October 23, November 19, December 24 =TOTAL of 74**
- **Media** – Daily inquiries were fielded by Public Information Officer (PIO), Toni Schwartz. PIO challenges included fashioning factual responses, while remaining cognizant of and compliant with security issues, confidentiality, and HIPAA concerns.
 - **PSD website** link to dedicated COVID-19 webpage and telephone hotline specific to the Saguaro CC outbreak.
 - Inmate and facility testing results are also posted daily.
- **Hawaii Correctional Systems Oversight Commission** – Attend and respond to Commission questions. Prior to September the HCSOC had requested the Director’s presence to respond to questions in person. In October and November, the Acting Director attended the Commission’s meetings as did Director Max Otani in December and January.
- **Judiciary** – Courts were helpful with maximizing audio/visual (AV) hearings as well as relaxing release criteria for pre-trial detainees. The overall impact is reducing the court transportation and influx of new admissions into OCCC, thereby reducing the potential infectious types from entering the facility. Ongoing communications continue between Chief Judges and PSD.

- **Hawaii Paroling Authority (HPA):** HPA continues to review and release eligible sentenced inmates. PSD provided lists for HPA's review of sentenced felons with less than six (6) months remaining on the longest term for HPA/Pre-Parole to screen for eligibility for early release considerations. *

**Eligible sentenced inmates – Covid-19 free, vulnerable age groups, compassionate release, less than 6 months to Maximum sentence, early parole consideration, special "paper reviews", administrative non-in person hearings, parole to discharge non violent types, community program alternative. From March thru December, 645 inmates were released on parole supervision.*



SHORT-TERM RECOMMENDATIONS

SHORT TERM RECOMMENDATIONS:

- **COVID -19 monitoring and mitigation** - Continue monitoring and testing, as well as updating PSD's Pandemic Plan. Maintain adequate supply of PPE and special sizing. Remain OSHA compliant (N-95 fitted masks). Fill Health Care Division vacancies. Continue to reinforce messaging and communications reminding all PSD staff to remain vigilant in their hygiene practices and health safety while at work and home. Administrators, managers, supervisors should continue to monitor and enforce PSD Pandemic Plan compliance daily.

- **OCCC Relocation Project - Proceed** with legal research and procurement process for the **Oahu Community Correctional Center and Hookipa Project** (WCCC additional housing project).
 - Unnecessary delays will result in increased costs and result in continued overcrowding, challenging conditions and hamper the department's ability to provide an adequate and continuum of care in the jail.
 - Future modification/alterations are possible without delaying the process.

Purchase and Relocation to the Federal Detention Center (FDC) – The FDC is not and advisable replacement for OCCC as the structure is 20 years old (opening in 2001). Although the location is ideal, concerns about upcoming maintenance costs for an aging high-rise facility is not practical. Furthermore, from a security perspective and response, multi-level facilities will pose more safety and liability problems. The Department of Justice, Federal Bureau of Prisons which operates the FDC has previously stated that they have no wish to sell their federal facility.

- **CALEA** – Continue to Action Plan to accomplish certification by November 2022
 - Establish Permanent CALEA manager position under the PSD Deputy Director for Law Enforcement. Once the Law Enforcement Division (Sheriff Division) is CALEA certified; the manager will be required to maintain continued accreditation for the Law Enforcement Division. (Exhibit IV)

Hawaii Correctional Industries (HCI) – legislation to establish HCI as an **attached agency** to PSD. Currently in place is an advisory committee and operates as a revolving fund requiring minimal general funds. HCI is a valuable resource that utilizes sentenced felons to accomplish department projects while developing job skills and transition to the community. Properly managed, does not require director oversight to operate but will require administrative and fiscal support services due to its size.

- **Correctional Program Services – Expansion and/or development**
 - Establish FAITH POD (or Unit) in Hawaii facilities
 - Establish a K-9 dog rescue program working with community shelters and the Hawaii Humane Society.
 - Saguaro Correctional Center– establish a Sex Offender Treatment Program and Substance Abuse Treatment Program (RDAP 2.5)
 - Consider a “good time” schedule for “cut time” similar to Federal program in coordination with the Hawaii Paroling Authority (and in consultation with Judiciary).
 - OR establish behavioral contracts after the Minimum Hearings specifying exact criteria that MUST be accomplished to be paroled.

- **Training and Staff Development (TSD) Academy – Increase number of ACO and Sheriff training classes to include evening and weekend courses.**

- **Reserve Corp of ACOs and Deputy Sheriffs – Establish a reserve program to support facilities and operational requirements.**

- **Bill/Law to establish a State Law Enforcement Agency of sworn and unsworn officers.**

- **Bill/Law to establish Department of Corrections to oversee Jails, Prisons, Furlough Centers, and contract facilities housing inmates sentenced by Hawaii Courts.**

- **Bill/Law to increase penalties for crimes against PSD employees and retirees**

- **Expand inmate work furlough programs to include a Community Furlough Center staffed by Case Managers.**

- **Bill/Law for the Hawaii Department of Health (DOH) to fund, design, and construct a secure treatment facility for the mentally ill ***

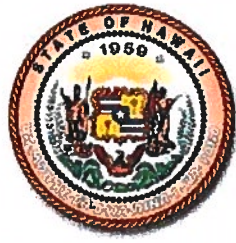
- **Bill/Law for the DOH to fund, design, construct a secure, intensive drug treatment facility ***

- **Adopt a Risk Management Assessment Model – Objective is to develop a formal process of gathering and evaluating data concerning current correctional practices, identifying risks, and establishing controls that facilitate PSD’s Department’s efforts to comply with State and Federal laws, HIOSH regulations, DOJ settlement agreements and HCCHC and Legal based standards. (Exhibit V.)**

- **PSD Information Technology Systems (ITS)**

- Replace Inmate Trust Account application.
- Interfacing GTL kiosks to issue debit cards and deposits.
- Replace ESign G1, DPS7 and TA paperwork (interim programs) with HiPay for Time and Attendance enhancing the ability to submit requests/approvals online (paperless), reduce overpayments and generate individual payroll statements and W-2s for tax purposes.
- Install Wi-Fi for 6 floors to include basement level.
- Leverage Office 365 best practices to enhance capability of working remotely as well as managing documents from the cloud.

***Note: A conservative estimate of the current inmate population profiles is that 80% to 90% are seriously mentally ill, have a long-standing substance abuse and addiction history, OR both (co-occurring).**



LONG TERM

RECOMMENDATIONS

LONG TERM RECOMMENDATIONS

- **Relocation and construction of a new OCCC.**
- **Establish State Law Enforcement Agency** with all state law enforcement entities under one administration. Re-establish a **Department of Corrections** - With a reduced population (less chronic substance abusers and mentally ill), staffing and population levels will be more easily managed with less reliance on private contract facilities.
- Expand the **Hawaii Correctional Industries** to conduct apprenticeship programs (in the trades) and provide trade certificates and credits toward trade specialties.
- Replace outdated OffenderTrak inmate tracking system with a new **CORRECTIONS COLLABORATION SYSTEM**. OffenderTrak has an end-of-life date of June 2025.
- **ITS Install a functioning Voice/Network**



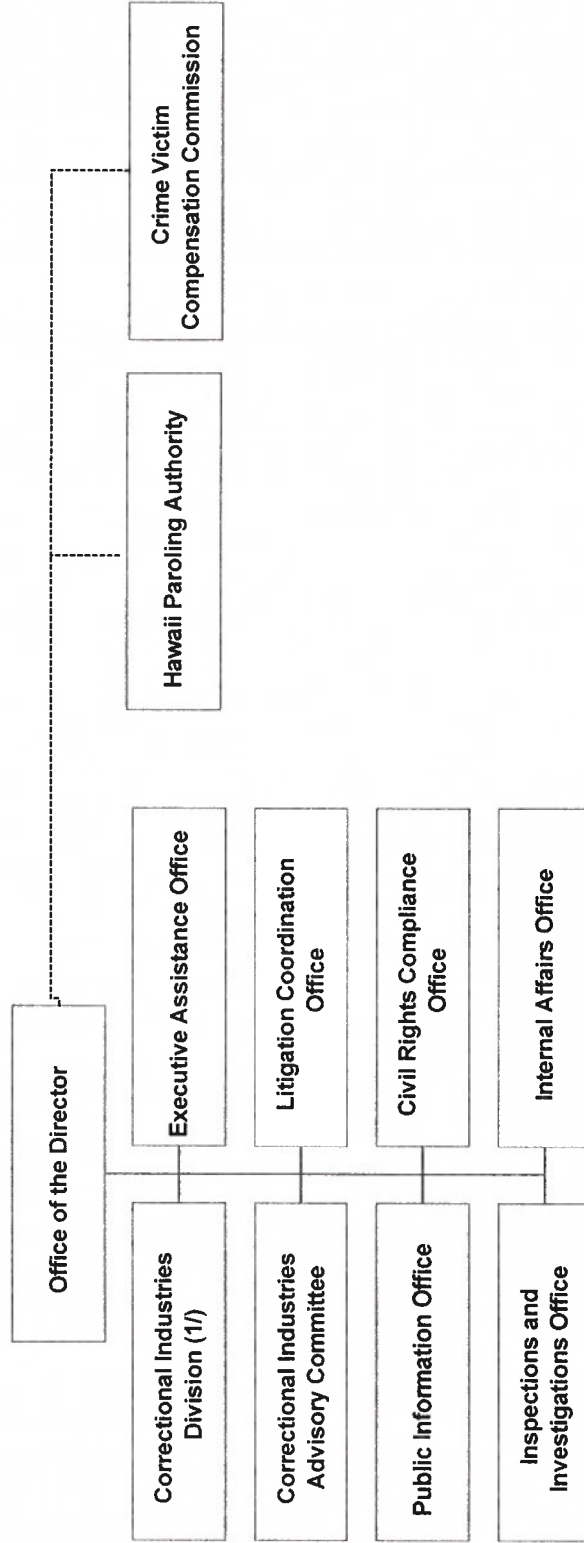
EXHIBITS

- I. Organization Charts and Functional Statements
- II. PSD Pandemic Plan (as posted on website)
- III. Mass Testing Dashboard
September 17 to November 10, 2020
- IV. CALEA Accreditation Time Table
- V. PSD Risk Assessment Plan

**ORGANIZATION
CHARTS
&
FUNCTIONAL
STATEMENTS**

STATE OF HAWAII
 DEPARTMENT OF PUBLIC SAFETY
 OFFICE OF THE DIRECTOR

ORGANIZATION CHART
 June 30, 2020
 Page 2



1/ Hawaii Correctional Industries relocated to the Office of the Director from Deputy Director for Corrections. Delegated authority effective on 10.22.2019.

2/ Act 179 created the Correctional Oversight Commission, consolidating both the Corrections Population Management Commission (CPMC), and the Reentry Commission effective 7.2.2019.

DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DIRECTOR
FUNCTIONAL STATEMENT

Under the general direction of the Governor of the State of Hawaii, the Director of the Department of Public Safety oversees, directs, and coordinates the plans, programs, and operations of the department to provide for the safety of the people of Hawaii. Programs and operations include:

Administration: Provides for administrative support services for the departmental functions, services, and operations pertaining to general program planning, programming, and evaluation, program budgeting, capital improvements, fiscal accounting and auditing, payroll, procurement and contracting, human resources, training, information technology, organization and methods, repairs and duplicating services, and other relevant functions consistent with laws, rules, and regulations.

Corrections: Providing for the custody, care, and assistance in the rehabilitation of all persons incarcerated by the courts or otherwise subject to confinement based on alleged commitment of a criminal offense.

Law Enforcement: Guarding the State property and facilities, preserving the peace and protecting the public in designated areas, enforcing all state laws, rules, and regulations for the prevention and control of crime, enforcing the Uniform Controlled Substance Act and other substance-related regulations, and serving process in civil and criminal proceedings.

1. Plans, organizes, and directs comprehensive staff services in overall departmental planning and budgeting.
2. Directs the review and analysis of programs and operations to ensure effectiveness and economy of activities and compliance with legal and programmatic requirements.
3. Directs planning and programming for the short and long-range development of management systems, program services, and capital improvements.

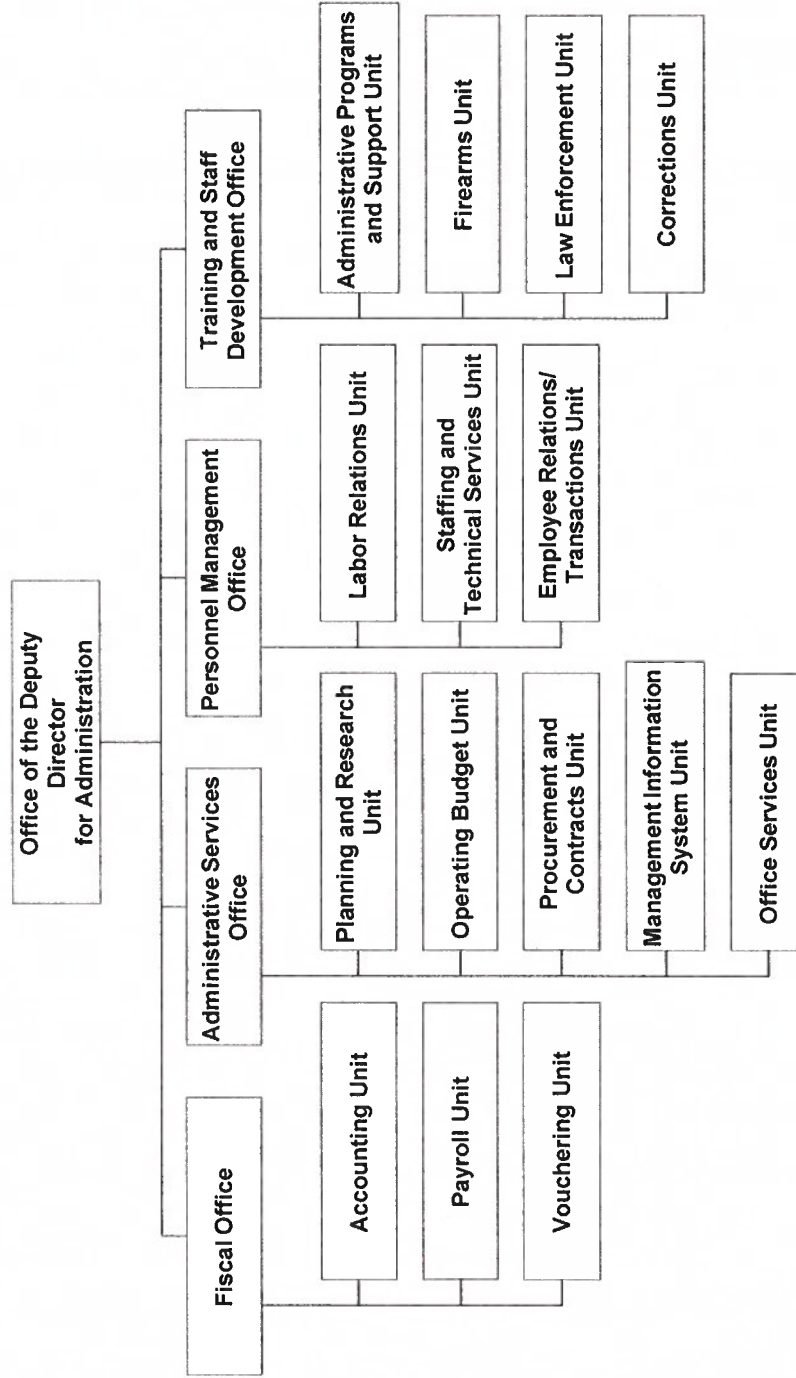
4. Directs budget formulation and justification, including comprehensive review and adjustment of recommendations relative to staffing, space requirements, equipment, supplies, and contract services.
5. Assess changes in community conditions and outlook that might impact the Department's public safety mission.
6. Directs the development of departmental rules and regulations, policies, and procedures to ensure a sound legal administrative framework for departmental decisions and actions.
7. Communicates departmental policies, goals, and objectives, and provides overall leadership to departmental staff to achieve unity of purpose, effective operation, and a high-level morale.
8. Recommends or approves departmental reorganization as authorized by the Governor, operating and capital improvements budgets, and statutory and other changes; presents justification and oral testimony at legislative hearings and briefings, as well as any other related meeting; and directs necessary follow through and implementation based on approvals and authorizations received.
9. Promotes legislative, community, and inter-agency rapport and support for departmental efforts through informational, personal contact, and other means.
10. Maintains effective working relationships with Federal, State, and County criminal justice agencies to foster coordination, collaboration, enhance the sharing of information and expertise, and improve the delivery of services, as applicable.
11. Authorizes contracts for goods and services. Directs control for the safekeeping and authorized use of departmental equipment, supplies, material, facilities, funds, and other resources.
12. Represents the Hawaii Paroling Authority and Criminal Injuries Compensation Commission with the Governor and the Legislature, as necessary. Directs budget, personnel, and other support services for these agencies, as necessary.

13. Plans, organizes, and coordinates the development of a comprehensive and integrated in-community program for offenders.
14. Provides advisory, consultative, and technical support services to operations in the implementation and management of community programs.
15. Conducts studies and prepares reports on various issues relative to community programs.
16. Monitors the performance of community programs delivered by departmental operations; analyzes and evaluates programs; and modifies program plans and priorities, as necessary.
17. Maintains liaison with community agencies or groups; coordinates program planning with community agencies; negotiates contracts with private providers for community-based programs.
18. Monitors the performance of private service contractors; provides periodic inspection of private and public community-based programs.
19. Maintains liaison with agencies and jurisdictions to resolve major project issues; establishes inter-agency agreements, as necessary.
20. Plans, develops, and organizes a departmental project management system, including a project validation and prioritization system to ensure maximum utilization resources.
21. Establishes time schedules for completion of approved projects; and ensures that projects move expeditiously towards completion.
22. Coordinates and monitors projects; conducts field visits to review progress of projects; and evaluates performance of projects.

STATE OF HAWAII
 DEPARTMENT OF PUBLIC SAFETY
 OFFICE OF THE DEPUTY DIRECTOR FOR ADMINISTRATION

ORGANIZATION CHART

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DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE DEPUTY DIRECTOR FOR ADMINISTRATION

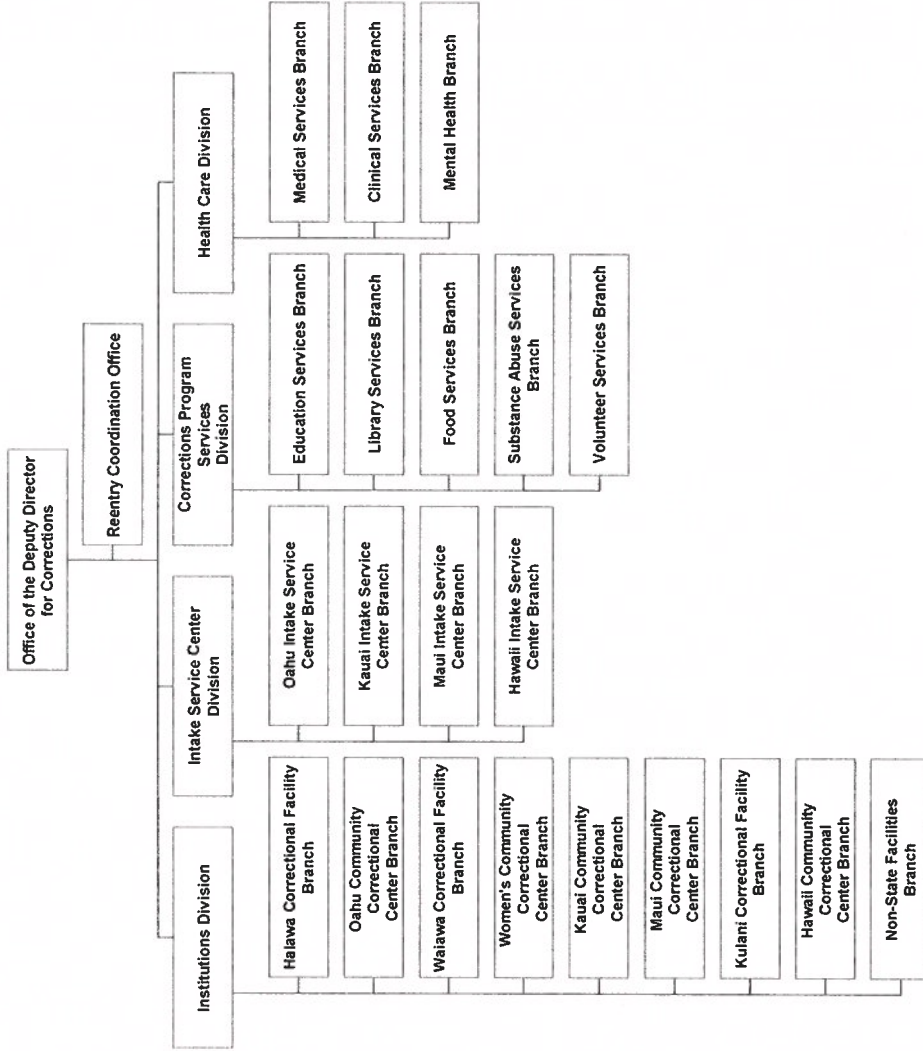
FUNCTIONAL STATEMENT

Under the general direction of the Director of Public Safety, administers, through subordinate staff offices, administrative systems, services and operations in and for the Department pertaining to general program planning, programming and evaluation, program budgeting, capital improvements, fiscal accounting and auditing, payroll, procurement and contracting, human resources, training and staff development, information technology, organization and methods, repairs and duplicating services, and other relevant functions consistent with sound administrative practices and applicable Federal, State, and Departmental laws, rules, and regulations.

1. Plans, organizes, directs, and coordinates a comprehensive and integrated system of staff services to facilitate Departmental planning and budgeting, assist operating units in accomplishing program objectives, and ensure the proper accounting and utilization of resources.
2. Recommends and adopts operating policies concerning staff services and develops and implements Department-wide procedures to ensure appropriate and consistent operations and the adequacy of staff services.
3. Reviews staff service plans, organization/reorganization, critical issues, proposed actions, and recommends executive approval, as necessary.
4. Plans, organizes, directs, and coordinates a comprehensive staff training and development system to ensure that all personnel are trained in the technical, administrative, and managerial aspects of operations.
5. Conducts the ongoing monitoring of staff services to ensure the effectiveness and efficiency of operations; and directs field visits, workshops, published manuals, special instructions, and other means to promote Department-wide adherence to policies and procedures relative to administrative services.
6. Maintains liaison with staff agencies and legislative committees to ensure Departmental compliance with guidelines, data requirements, and deadlines; and to ensure effective working relationships and presentation of Departmental policies, priorities, progress, and needs for favorable consideration.

STATE OF HAWAII
 DEPARTMENT OF PUBLIC SAFETY
 OFFICE OF THE DEPUTY DIRECTOR FOR CORRECTIONS
 ORGANIZATION CHART

June 30, 2020
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Hawaii Correctional Industries relocated to the Office of the Director from Deputy Director for Corrections. Delegated authority effective on 10.22.2019.

DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DEPUTY DIRECTOR FOR CORRECTIONS
FUNCTIONAL STATEMENT

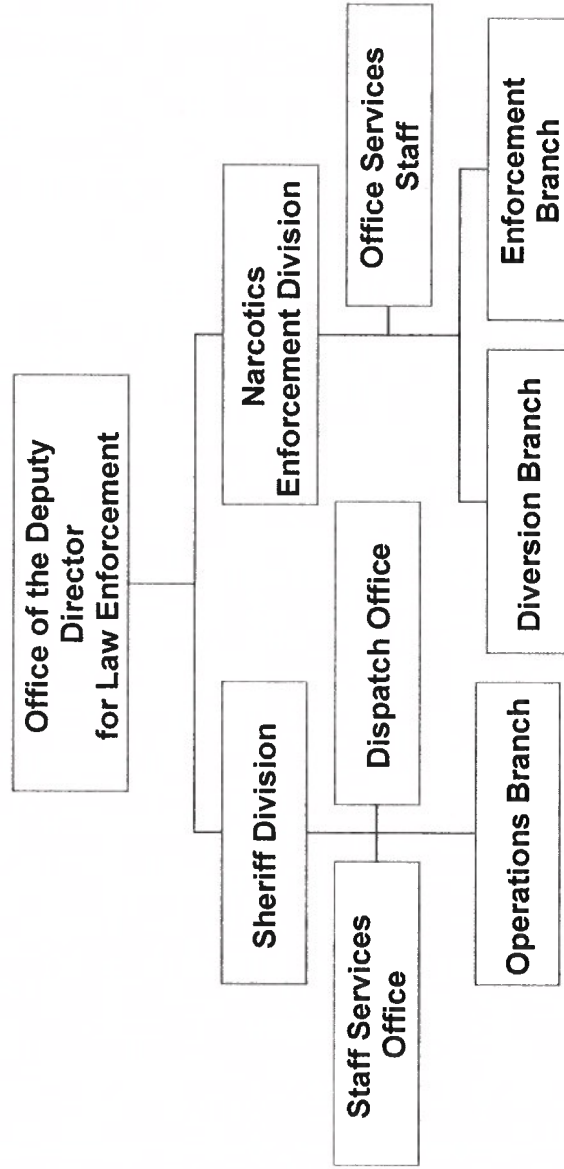
Under the general direction of the Director of Public Safety, administers, through subordinate staff offices and line divisions programs, services and facilities for the detention, custody, care, and redirection of persons committed to the control of the department pursuant to law.

1. Directs the design and development of the corrections system of programs, services, and facilities, including goals, objectives, priorities, and policies, and recommends implementation along with plans and strategies for such implementation.
2. Directs divisional operating and capital budget formulation and justification functions, including the review and adjustment of recommendations relative to staffing, space requirements, equipment, supplies, contract services, and so forth from all subordinate components.
3. Promotes public, legislative, and central staff and criminal justice agencies support of correctional plans and programs through community forums, legislative hearings on budgets and proposed legislation, and interagency dialogue and cooperation.
4. Establishes and directs expenditure and other management controls for the ongoing review of operations, resolution of potential problems, and response to emergency situations through regular and special operational reports, periodic staff meetings, on-site visits on a regular as well as emergency basis, special instructions, and other means.
5. Directs and coordinates the implementation of policy, and operational and organizational changes to improve the effectiveness and efficiency of programs, services, and functions.

STATE OF HAWAII
DEPARTMENT OF PUBLIC SAFETY
OFFICE OF THE DEPUTY DIRECTOR FOR LAW ENFORCEMENT

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DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE DEPUTY DIRECTOR FOR LAW ENFORCEMENT

FUNCTIONAL STATEMENT

6.30.2020

Under the general direction of the Director of Public Safety, administers through subordinate staff offices and line divisions programs and services for protecting the public and preserving the peace, guarding persons, public property and facilities; enforcing specified laws, rules and regulations to prevent and control crime; enforcing the Uniform Controlled Substance Act; and serving legal process.

1. Directs the review and assessment of law enforcement programs and security services within the purview of the Department, including goals, objectives, priorities and policies, and recommends implementation along plans and strategies for such implementation.
2. Directs divisional operating budget formulation and justification functions, including the review and adjustment of recommendations relative to staffing, space requirements, equipment, supplies, contract services, and so forth from all subordinate components.
3. Promotes public, legislative, and central staff and other criminal justice agencies support of law enforcement plans and programs through community forums, legislative hearings on budgets and proposed legislation, and interagency dialogue and cooperation.
4. Establishes and directs expenditure and other management controls for the ongoing review of operations, resolution of potential problems, and response to emergency situations through regular and special operational reports, periodic staff meetings, on-site visits on a regular as well as emergency basis, special instructions, and other means.
5. Directs and coordinates the implementation of policy, and operational and organizational changes to improve the effectiveness and efficiency of programs, services, and functions.



ATTACHED AGENCIES

Hawaii Paroling Authority

Crime Victims Compensation
Commission



HAWAII PAROLING AUTHORITY

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE DIRECTOR

FUNCTIONAL STATEMENT

HAWAII PAROLING AUTHORITY

The Hawaii Paroling Authority (HPA) is a quasi-judicial body, which is attached to the Department for administrative purposes. The mission of this body is to 1) evaluate and grant parole when there is reasonable probability that the prisoner concerned will live and remain at liberty without violating the law and that the prisoner's release is not incompatible with the welfare and safety of the public; and, 2) to utilize the agency and community resources as a link for parolees to reintegrate into society.

1. Serves as the central paroling authority for the State of Hawaii and responsible for the administration of and discharge of all parole and community supervision programs and services for the State.
2. Provides administrative hearings to:
 - a. Determine and establish appropriate minimum terms of imprisonment against judiciary imposed maximum terms;
 - b. Determine whether any eligible individual is in-fact ready for release on parole and the element of risk to the community is minimal; and,
 - c. Determine whether to revoke or suspend parole and recommit parole violators to prison.
3. Determines and establishes the rules of conduct expected of those released on parole; provides continual control and supervision of paroled individuals in the community; and revokes parole for those who violate their condition of parole or present a risk to community safety or welfare.
4. Ensures the optimum utilization of available resources within its jurisdiction and encourages the same from those outside of its jurisdiction in the services provided to parolees. Enters into agreements with other agencies, which promote public safety and rehabilitative efforts.
5. Recommends sound parole administration and community supervision to the Governor and testifies at legislative hearings on proposals affecting or relating to parole; informs the Legislature as to sound parole practices.
6. Interprets parole and community supervision programs to the public; be readily accessible to receive and respond quickly to the expressed needs of the community; and represents the State Administration at public functions that are related to parole and community supervision.
7. Provides required reports to the Governor; maintains a record of all meetings and proceedings; and appoints employees to the staff of the HPA.

PAROLE ADMINISTRATION

Under the general direction and guidance of the HPA, directs and maintains the operational work units of the Paroling Authority.

Basic authority and responsibility for the administration of the Parole Administration Division will be vested in the Paroles and Pardons Administrator. The major functions of the Division are:

1. Provides administrative direction in the formulation and implementation of comprehensive statewide parole and community supervision services.
2. Prescribes and provides direction in the development of policies, standards, criteria, procedures and rules and regulations as deemed to be necessary or appropriate to perform functions.
3. Provides consultative, interpretive, supportive, and technical services to the Parole Authority members, which includes briefing Authority members on statutory changes and recommends modification or revision to be made in existing statutes, rules and regulations, policies or procedures affecting the Authority.
4. Provides direction in the development and implementation of the parole data processing and evaluation system; analyzes reports available to determine whether changes are necessary or desirable in the operation of the Authority.
5. Develops and prepares the HPA's biennium and multi-year program budget plan for review and approval prior to submission to the Director of the Department of Public Safety; and allocates resources to meet the needs of the agency within the guidelines of the approved budget.
6. Provides direction in the planning and development of a full range of parole and community supervision services including intensive supervision, specialized services, institutional parole services (pre-parole functions), staff development, etc.
7. Provides channels of coordination and communication among the Department of Public Safety divisions, staff offices, branches, and other public and private organizations with parole and community supervision concerns.
8. Coordinates divisional activities with private and public agencies and develops inter-agency relationships and agreements.
9. Resolves major conflicts among operating or staff units of the Division.
10. Prepares legislative testimonies and assists in hearings.
11. Determines and schedules persons legally entitled to administrative hearings before the Authority; arrests and reimprisons parole violators; serves as the State's representative in adversary (revocation of parole) hearings; and presents all other cases to the Authority at and during their administrative hearings.
12. Serves as liaison with federal, state, and county and other agencies on matters related to parole and community supervision.

OFFICE SERVICES STAFF SECTION

The Office Services Staff Section provides direct support to the Parole Administration Division. Provides the clerical and record keeping services for the Division, including business management functions for the Paroling Authority and Division.

1. Assists in formulating the HPA's multi-year budget request in relation to personnel costs, operating costs, equipment costs and motor vehicles.
2. Prepares operational expenditure plans annually and provides justification for all budget accounts.

3. Keeps control of expenditures and encumbrances and informs Paroles and Pardons Administration of any surplus or deficit.
4. Seeks and negotiates new office space or locations.
5. Plans and implements office relocation and renovations.
6. Prepares purchase orders for all administrative and operational expenses.
7. Coordinates and maintains statewide equipment inventory.
8. Maintains personal actions.
9. Maintains accurate records of all persons incarcerated by the Department of Public Safety and those on parole; computes inmates' time served and schedules cases on a timely basis to be considered by the Authority.
10. Provides clerical support for the Division; prepares and issues legal notices; ensures reports required by the Authority are received on a timely basis; and records and disseminates all official actions of the Authority.

PRE-PAROLE SECTION

The Pre-Parole staff reports directly to the Parole Administration Division. Assists in the development and implementation of parole and community supervision services and programs to improve the overall adult parole supervision and counseling, case management and planning, and services to the inmate and parole population.

1. Serves as the Authority's liaison with the criminal justice agencies, correctional facilities, inmates, parolees, and other interested groups or individuals on parole matters through meetings, briefings, and conferences.
2. Assists the Authority in preparing for hearings and review activities by gathering information and preparing special reports related to minimum sentencing and parole consideration; and conducts preliminary hearings of parolees alleged to have violated conditions of parole.
3. Assists in the development, planning, organizing, evaluating, and implementing of divisional support services and staff training programs related to pre-parole functions and activities.
4. Assists in the development of policies and procedures, rules and regulations, and other operational directives regarding parole and institutional services (pre-parole functions), and programs.
5. Assists in the development of policies and procedures, rules and regulations, and other operational directives regarding parole and institutional services (pre-parole functions), and programs.
6. Serves notices of minimum sentence and parole consideration hearings.
7. Evaluates and assesses inmates' readiness for parole and community supervision and makes recommendation to the Paroling Authority.
8. Acts as a liaison between the Paroling Authority and community substance abuse treatment resources.
9. Conducts pre-parole workshops for inmates within six (6) months of their Tentative Parole Date (TPD).

SPECIAL SUPPORT SERVICES SECTION

The Special Support Services staff reports directly to the Parole Administration Division. Assists in the development and implementation of staff training, evaluates, and conducts analysis of program activities, policies, and procedures to ensure operational efficiency and resources are utilized effectively in support of agency goals and objectives. Maintains ICOTS system and coordinates Interstate Compact requests with other jurisdictions. Maintains and administers service contracts and grants in support of statewide parole operations.

1. Serves as the Authority's liaison with criminal justice agencies, correctional facilities, inmates, parolees, and other interested groups or individuals on all matters related to Interstate Compact functions. May serve as a member of the Interstate Compact Commission for the State of Hawaii.
2. Assists in the development, planning, organizing, evaluating, and implementing of divisional support services and staff training programs.
3. Serves as the Authority's liaison on all matters related to staff development and training, required certifications and re-certifications.
4. Assists in the development of policies and procedures, rules and regulations, and other operational directives regarding program activities and staff development and training.
5. Acts as a liaison between the Paroling Authority and community substance abuse treatment resources and other service providers.
6. Conducts workshops for staff related to development and training, Interstate Compact procedures, and purchase of services related matters.

PARDON/COMMUTATION INVESTIGATION & ICE SUPERVISION SECTION

The pardon/commutation Investigation & Immigration & Customs Enforcement (ICE) Supervision staff reports directly to the Parole Administration Division. Assist in the development and implementation of pardon/commutation investigation policies and procedures to improve the overall efficiency and timeliness of these processes.

1. Serves as the Authority's liaison with the United States Department of Homeland Security (ICE), the criminal justice agencies, correctional facilities, inmates, parolees, the general public and other interested groups or individuals on pardon/commutations through meetings, briefings, conferences, etc.
2. Assists the Parole Administration Division and the Authority by initiating and completing investigations for pardon/commutation. Review records and documents and gathers information and prepares special reports and investigative reports related to pardon/commutation applications; conducts in-person and/or telephonic interviews with applicants for pardon/commutation and others, as necessary.
3. Assists in the development, planning, organizing, evaluating, and implementing of divisional staff training as it relates to pardon/commutation investigations.
4. Assists in the development of policies and procedures, rules and regulations, and other operational directives regarding pardon/commutation matters.
5. Serves notices to inmates related to parole and deportations matters.
6. Evaluates and assesses inmates' readiness for parole when being considered for deportation and/or transfer to federal custody in preparation for deportation.
7. Coordinates with the United States Department of Homeland Security, Parole Administration Division, Field Parole Branch, and the Department of Public Safety to facilitate inmate releases to ICE and/or federal custody deportation.

8. Conducts pre-parole workshops for inmates being considered for parole only to final orders of deportation and/or transfer to federal custody in preparation for deportation.
9. Establishes and maintains direct person-to-person contact with parolees, their families, employers, etc., to ensure compliance with the conditions of parole and provides direct counseling services in assisting parolees to identify socio-economic problems or potential problems, refers parolees to appropriate agencies for assistance, or seeks resources to assist the parolees in meeting the challenges of their problems, and maintains accurate up-to-date case files on the parolees.
10. Conducts investigations of alleged parole violations; gathers evidence or data substantiating or disapproving statements of alleged parole violation; coordinates the witness's presence in cases that are heard by the Authority for parole violation; and takes initial action to re-imprison parolees who violate parole.

FIELD PAROLE BRANCH

The Field Parole Branch is under the direction of the Parole Administration Division. The Branch coordinates and supervises all activities of the county parole sections for each island. Implements and mandates policies and procedures emanating from the Division.

1. Plans, directs, coordinates, and controls section operations and activities to ensure the carrying out of Division objectives, plans, and programs.
2. Develops and implements section operational policies, procedures, and systems.
3. Establishes workload and personnel requirements and initiates request for necessary manpower.
4. Develops section performance definitions, criteria, or standards and evaluates section accomplishments against planned performance goals and operations.
5. Maintains at section level, a reporting system for branch management control purposes; submits monthly management reports and other mandated reports.
6. Maintains parole and community supervision database and coordinate activities with the Division's management information system.
7. Reviews employee development and training needs; plans and conducts training programs; consults and coordinates employee development and training activities with Division staff.
8. Assigns parole officers to parolees; provides direction in the development of program resources to meet the needs of the parolees; and investigates and processes parolee complaints against the parole officer or staff.
9. Coordinates with community service agencies, groups, and individuals interested in providing services and programs for parolees.
10. Provides supervision and direction for the parole officers and staff to meet the Division's goals and objectives; identifies, develops, and implements Branch training programs for professional and clerical staff; implements divisional action plans; and develops branch/section plans, policies, and procedures.
11. Reviews and ensures all investigations done by the parole sections are complete and timely; recommends to the Authority and Parole Administration Division, based on the investigation, appropriate courses of action.
12. Establishes and maintains close working relationship with law enforcement agencies.

PAROLE SECTION (EAST & WEST OAHU, HAWAII, MAUI, KAUAI)

The Parole Sections are under the direct control of the Field Parole Branch and responsible for the direct supervision of the parolee population on Oahu, Hawaii, Maui, Kauai, Molokai, and Lanai.

1. Establishes and maintains direct person-to-person contact with parolees, their families, employers, etc., to ensure compliance with the conditions of parole and provides direct counseling services in assisting parolees to identify socio-economic problems or potential problems, refers parolees to appropriate agencies for assistance, or seeks resources to assist the parolees in meeting the challenges of their problems, and maintains accurate up-to-date case files on the parolees.
2. Conducts investigations of alleged parole violations; gathers evidence or data substantiating or disapproving statements of alleged parole violation; coordinates the witness presence in cases that are heard by the Authority for parole violation; and takes initial action to reimprison parolees who violate parole.
3. Maintains a close working relationship with community law enforcement agencies.
4. Conducts special investigations, such as pardon applications made to the Governor, and collects data needed for evaluation and analysis by the Division and/or Authority.
5. Serves as the contact for the Authority on the neighbor islands on parole related matters.

INTENSIVE SUPERVISION PAROLE SECTION

The Intensive Supervision Parole Section is under the control of the Field Parole Branch. The Section is responsible for monitoring the activities of parolees with specific problems associated with their criminal offenses and current incarceration. These individuals require a high degree of assistance in their treatment plans with frequent to continuous face-to-face contacts.

The Section offers an intermediate step between intensive supervision and conventional parole supervision with a focus on the parolee's high "needs" versus high "risk". In many cases, these individuals may not have the opportunity to be released on parole without the assistance and subsequent supervision of this Section.

1. Establishes and maintains close working relationships with private and public treatment providers in the area of sex offender treatment, substance abuse treatment, mental health treatment, domestic violence, and developmental disability.
2. Administers the sex offender treatment (SOT) program of the HPA, which requires a thorough assessment of the offenders criminal, social, psychological history and institutional adjustment; determines whether the offender requires a psychophysiological assessment (penile plethysmograph) and appropriateness for the SOP program; and makes recommendations to the HPA on appropriateness and special conditions of parole.
3. Maintains an active involvement with the Hawaii Sex Offender Treatment Team and adheres to the Hawaii Master Plan on Adult Sex Offender Treatment. (HRS, Chapter 353E – Statewide Integrated Sex Offender Treatment Program).
4. Establishes and maintains frequent to continuous face-to-face contact with parolees, their families and /or significant others, employers, treatment providers, etc.; provides direct counseling services in assisting the parolees to identify socio-economic problems or potential problems; provides adjustment counseling and obtains resources to assist the parolees in meeting their immediate and long-term needs; and maintains accurate daily case files of each parolee.

5. Conducts investigations of alleged parole violation; gathers evidence to prove or disprove allegations of parole violation; coordinates the presence of witnesses in cases of alleged parole violation that are scheduled by the HPA; and initiates action to retake or reimprison parolees who violate parole.

SEX OFFENDER TREATMENT UNIT

The Sex Offender Treatment Unit (SOTU) is under the control of the Intensive Supervision Parole Section. The SOTU is responsible for supervising and monitoring the activities of adult sex offenders under parole supervision.

1. Establishes and maintains close contact with private and public sex offender treatment providers.
2. Assesses the offender's criminal, social, psychological history, and institutional adjustment; and determines whether the offender requires a psychophysiological assessment (penile plethysmograph) and appropriateness for the SOT program.
3. Makes recommendations to the HPA on appropriateness and special condition of parole.
4. Involves and advises the offender of the case plan, SOT program guidelines, and their terms and condition of parole.
5. Maintains regular and appropriate contacts with the offenders in order to provide adjustment counseling and ensure public safety; and continuously assesses parolee's progress according to treatment plan and identifies signs of lapses or regression which could ultimately lead to a relapse and a repeat criminal behavior.

MENTAL HEALTH UNIT

The Mental Health Unit is under the control of the Intensive Supervision Parole Section. The Unit is responsible for providing direct casework services to parolees who are diagnosed as having a mental illness or disability according to the DSM III categories. This includes the mentally retarded offender.

1. Establishes and maintains close contacts with private and public treatment providers.
2. Assesses the offender's criminal, social, psychological history, and institutional adjustment; and determines whether the offender requires a psychological/psychiatric evaluation.
3. Makes recommendations to the HPA on appropriateness and special conditions of parole.
4. Coordinates all mental health cases with the correctional institution's Mental Health Unit and acts as a liaison between the Paroling Authority and community resources.
5. Profiles the mental health population under parole supervision.
6. Identifies the mental health population under parole supervision.
7. Provides direct casework services and coordinates with the Department of Health and other agencies and/or service providers, as necessary.

HIGH NEEDS SUPERVISION UNIT

The High Needs Unit is under the control of the Intensive Supervision Parole Section. The Unit is primarily responsible for providing direct casework services to high needs female parolees

who are diagnosed as having a mental illnesses or disabilities according to various DSM categories. This includes mentally retarded offenders, offenders with learning disabilities, personality's disorders, history of long-term substance abuse, and/or female offenders that have been sexually abused. High needs male parolees who qualify in one or more of the categories listed may also be assigned to this unit.

1. Establishes and maintains close contacts with private and public treatment providers.
2. Assesses the offender's criminal, social, psychological history, and institutional adjustment; and determines whether the offender requires a psychological/psychiatric evaluation.
3. Makes recommendations to the HPA on appropriateness and special conditions of parole.
4. Coordinates all mental health cases with the correctional institution's Mental Health Unit and acts as a liaison between the Paroling Authority and community resources.
5. Profiles the mental health population under the unit's parole supervision.
6. Identifies the mental health population under the unit's parole supervision.
7. Provides direct casework services and coordinates with the Department of Health and other agencies and/or service providers, as necessary.

INTENSIVE PAROLE SUPERVISION UNIT

The Intensive Parole Supervision Unit is under the control of the Intensive Supervision Parole Section. The Unit is responsible for monitoring the activities of selected high-risk parolees on a 24-hour, seven days a week supervision schedule, and offers an intermediate step between conventional parole supervision and incarceration before parole or prior to parole revocation.

1. Administers the intensive parole supervision program of the Authority, which requires continual daily monitoring of parolees placed in the program with strict compliance with the terms and conditions of parole.
2. Establishes and maintains direct person-to-person contact with the parolees, their families, employers, etc.; and provides direct counseling services in assisting parolees to identify socio-economic problems or potential problems; refers parolees to agencies for assistance to obtain resources to assist the parolees in meeting the challenges of their problems; and maintains accurate daily case files on the parolees.
3. Conducts investigations of alleged parole violations; gathers evidence to prove or disprove alleged parole violations; coordinates the presence of witnesses in cases of alleged parole violations that are scheduled by the Authority, and takes initial action to re-imprison parolees who violate parole.
4. Maintains a close working relationship with community law enforcement agencies.



**CRIME VICTIM
COMPENSATION
COMMISSION**

DEPARTMENT OF PUBLIC SAFETY

OFFICE OF THE DIRECTOR

FUNCTIONAL STATEMENT

CRIME VICTIM COMPENSATION COMMISSION

Under the general direction of the Director, the Crime Victim Compensation Commission (Commission) mitigates the suffering and financial losses of victims of certain designated violent crimes, survivors of mass casualty incidents, dependents of deceased victims, and private citizens who are injured, or whose property is damaged, in the course of preventing a crime or apprehending a criminal, by providing monetary compensation.

1. Receives, reviews, and verifies the compensation claims and supporting documents from victims and dependents of deceased victims, as well as claims from private citizens for their personal injury or property damage suffered in the prevention of a crime or apprehension of a criminal.
2. Investigates all claims to verify information.
3. Reviews police and medical reports to ascertain credibility and authenticity on the claims before the Commission.
4. Renders administrative decisions granting or denying compensation after determining eligibility under the statutory provisions and the rules as promulgated under Hawai'i Revised Statutes (HRS), Chapter 351, and Hawai'i Administrative Rules (HAR), Title 23, Chapter 605.
5. Conducts hearings on appeals from Administrative Decisions.
6. Submits an annual report of its activities to the Governor and Director of the Department of Public Safety.
7. Provides technical advice and disseminates information to interested parties.
8. Promotes public awareness and understanding of the provisions and the rules and regulations of HRS Chapter 351.
9. Initiates legislation and administrative action that promotes better service to crime victims. Reviews legislation that is proposed by other agencies to determine if such legislation is beneficial or detrimental to the Commission's purpose.

10. Acts as a liaison for the Department of Public Safety with the Legislature and Governor in matters pertaining to the administration of HRS Chapter 351, and HAR, Title 23, Chapter 605.
11. Insures the availability, adequacy, and accessibility of services of the Commission and its staff to the public on a continuing basis.
12. Promotes and maintains relations with national and local law enforcement agencies, victim advocate organizations, and international and interstate organizations with similar goals.

ADMINISTRATIVE DIVISION

Under the general direction and guidance of the Crime Victim Compensation Commission, directs and controls the operational work units of the Commission.

1. Provides administrative support, consultative and interpretive service, and technical assistance to the Commission, which includes briefing members of the Commission on statutory changes and recommends amendments to existing statutes, rules and regulations, policies, or procedures. Prepares testimony, as directed by the Commission, and testifies before the legislature on legislation that is beneficial or detrimental to the Commission's purpose.
2. Accepts claims for Commission review and action. Provides direction in the scheduling of cases before the Commission, ensures completeness of case files presented to the Commission, assigns cases as they are received from crime victims and ensures cases are properly closed after Commission action.
3. Develops the Commission's biennium and multi-year program budget plan for submission to the Director of the Department of Public Safety. Allocates resources to meet the needs of the Commission within the guidelines of the approved budget.
4. Promotes public awareness of the Commission's purpose. Provides technical advice and information to interested parties, and institutes action in appropriate cases in the name of victims and against offenders.
5. Prepares the annual report of the Commission's activities to the Governor and to the Director of the Department of Public Safety.

OFFICE SERVICES STAFF

The Office Services Staff (Staff) provides direct support to the Administrative Division (Division). Staff provides the record keeping and clerical services for the Division, including the administrative housekeeping responsibilities for the Commission and Division.

1. Maintains accurate records of Administrative Decisions and appeals filed with the Commission. Ensures that case files submitted to the Administrator or the Commission for action are complete and properly prepared. Provides clerical support to the Division; prepares and issues agendas and legal notices; and disseminates official actions of Administrator or the Commission.
2. Provides support for inventory control, budgetary accounting, equipment and supply purchasing, processing of expenditures, and office operations.
3. Identifies and expedites case preparation in domestic violence and sex assault cases.
4. Provides clerical support in maintaining physical and database files, preparing correspondence, and processing payments.
5. Provides legal assistance to staff including researching case data via electronic and physical means as well as monitoring restitution for Commission cases.

INVESTIGATIVE BRANCH

Under the general direction and guidance of the Commission, the Investigative Branch staff reviews and investigates applications for compensation from victims of certain designated violent crimes; reviews police, medical, and employer records to administratively determine eligibility and amount of compensation to be awarded; drafts administrative decisions awarding or denying compensation; and coordinates with other victim service providers to assure that victims receive compensation in a timely manner.

1. Reviews and verifies the compensation claims from victims and dependents of deceased victims, as well as claims of private citizens for their personal injury or property damage suffered in the prevention of a crime or apprehension of a criminal.
2. Reviews police and medical reports to determine authenticity of claims filed. Conducts interviews with claimants, police, and health care providers as needed to verify claims.
3. Prepares and submits case reports on claims to the Administrator/Commission upon completion of investigation to determine authenticity and accuracy of claims.

JUSTICE REINVESTMENT (JRI) RESTITUTION ACCOUNTABILITY PROJECT

Under the general direction and guidance of the Executive Director, the Justice Reinvestment (JRI) Restitution Accountability Project collects restitution and crime victim compensation fees from prison inmates and parolees; disburses restitution to appropriate victims/payees; identifies and addresses issues impacting the assessment and collection of restitution; and monitors the collection and disbursement of restitution from probationers through the repayment of restitution to the Commission on cases where the Commission provided compensation to crime victims. The Commission's restitution recovery efforts will assist the Correctional Facilities and the Paroling Authority to meet their statutory obligation to crime victims. The Commission's recovery efforts identify issues relating to the assessment and collection of restitution by prosecutors, victim witness advocates, correctional facilities, Hawai'i Paroling Authority, and the Judiciary and allow the Commission to work collaboratively with these agencies to address the problems.

1. Coordinates with correctional facilities and parole officers to open case files for prison inmates and parolees who will be submitting payments. Conducts case preparation research by obtaining necessary information from the correctional facilities and Hawai'i Paroling Authority, the Judiciary, and the county Prosecutors' offices and Victim Witness Assistance Divisions.
2. Receives court-ordered restitution and crime victim compensation fee payments from prison inmates and parolees and disburses restitution to appropriate victims/payees; and receives payment of court-ordered restitution from probationers to the Commission in cases where the Commission compensated crime victims.

3. Works with the Judiciary and the Prosecutors' Victim Witness Assistance Divisions in all counties to identify victim payees and determine their whereabouts. Maintains a confidential database of the identity of victims and their whereabouts so the safety needs of victims can be met.
4. Maintains database software that processes payments from offenders and disbursements to victims/payees; provides payment history and balance information to offenders, correctional facilities and parole officers; provides an electronic interface for correctional facilities to submit monthly inmate wage deductions; and generates reports on various restitution accountability indicators.
5. Coordinates with the correctional facilities and Hawai`i Paroling Authority to develop a system that correctly identifies all offenders who owe restitution, and that enforces restitution consistently and accurately for all inmates and parolees. Provide information and training to assist the correctional facilities and parole officers in implementing a uniform system-wide approach to restitution enforcement.
6. Monitors the collection of restitution by the correctional facilities and the Hawai`i Paroling Authority to ensure that offenders are held financially accountable for their crimes; to ensure compliance with all relevant policies, including HRS §353-22.6, which requires the facilities to deduct 10% of inmate wages for restitution; and to ensure that victims receive court-ordered restitution. Monitors the Judiciary's Probation Divisions for restitution cases involving the repayment of crime victim compensation pursuant to HRS §706-605(7) and HRS §706-646.
7. Provides periodic reports on various restitution indicators and benchmarks to the agencies mandated to assess and enforce restitution. Identifies issues impacting restitution assessment and collection, and coordinates with relevant agencies to address these issues.



**DEPARTMENT
OF
PUBLIC SAFETY**

Pandemic Plan

As posted on PSD website

State of Hawaii
Department of Public Safety



PANDEMIC RESPONSE PLAN
COVID-19

(December 11, 2020 Revision)

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Pandemic Response Plan Overview

The COVID-19 Pandemic Response Plan was developed by VitalCore Health Strategies and approved by Lannette Linthicum, M.D., and the Office of Correctional Health of the American Correctional Association (ACA). The Department of Public Safety reviewed the plan, which is based upon current guidance from the CDC, and adapted the plan for Hawaii’s correctional system. The CDC “Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities” provides additional detailed guidance. It is anticipated that the CDC guidance will continue to change so the plan will require revision accordingly.

COVID-19 presents unique challenges for prevention and containment in the correctional environment. Knowledge about COVID-19 and public health guidance for responding to the Pandemic is rapidly changing. Adaptable and updatable practical tools are needed to develop infection prevention and control plans for COVID-19 across a diverse array of U.S. jails and prisons.

The COVID-19 Pandemic Response Plan provides an outline of infection prevention and control information that should be considered for correctional facilities related to a COVID-19 response. The plan provides supplemental guidance to the previously distributed Infectious Disease Clinical Care Guide and existing policies. The plan outline is paired with a fillable MS WORD® Implementation Worksheet that can be customized to address facility-specific issues of concern.

The 1918-19 influenza pandemic provides important lessons for responding to COVID-19. During the 1918–19 influenza (“flu”) pandemic, certain cities fared better than others. Those U.S. cities that both acted promptly to control the flu and implemented multiple layers of protective measures had fewer flu cases and lower overall mortality. The COVID-19 Pandemic Response Plan includes multiple layers of protective measures to minimize the impact of the virus in the correctional environment.

The Pandemic Response Plan includes 15 response elements. Each element is outlined in the plan with a corresponding section of the Implementation Worksheet. When completing the Worksheet, it is recommended to reference the corresponding text in the Pandemic Response Plan. The Worksheet can be readily adapted to meet the unique challenges of a specific facility. The CDC [COVID-19 Management Assessment and Response Tool \(CMAR\) for Correctional and Detention Facilities](#) may also be used to facilitate communication between the Department of Health and correctional facilities of the Department of Public Safety in preparation for introduction, transmission, and mitigation of COVID-19 in correctional facilities.

Effective response to the extraordinary challenge of COVID-19 requires that all disciplines in a correctional facility work collaboratively to develop, modify, and implement plans as information and conditions change. Swift, decisive, yet evidenced-based planning is paramount. The intent of this document is to advance our collective efforts to better ensure the health and safety of our correctional employees and our incarcerated population.



COVID-19 Overview

The Department of Public Safety is closely monitoring the spread of the novel coronavirus 2019 (COVID-19). Current information provided by the Center for Disease Control and Prevention (CDC) is included below.

What is Coronavirus Disease 2019 (COVID-19)?

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 and is now causing an International pandemic.

How is the virus causing COVID-19 transmitted?

The virus is thought to spread mainly between people who are in close contact with one another (within approximately 6 feet) through respiratory droplets or small particles produced when an infected person coughs, sneezes, breathes, sings, or talks. Under certain circumstances (e.g., when people are in enclosed spaces with poor ventilation), COVID-19 can sometimes spread by airborne transmission. COVID-19 spreads less commonly through contact with contaminated surfaces (i.e., by touching a surface or object that has the virus, and then touching the mouth, nose, or eyes). The virus is spreading very easily and sustainably between people. In general, the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.

What are the symptoms of COVID-19?

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. People with the following symptoms may have COVID-19 (not all possible symptoms are listed):

- Fever or Chills
- Cough
- Shortness of Breath or Difficulty Breathing
- Fatigue
- Myalgia, Muscle or Body Aches
- Headache
- New Loss of Taste (ageusia) or Smell (anosmia)
- Sore throat
- Congestion or Runny Nose (Rhinorrhea)
- Nausea or Vomiting
- Diarrhea or Loose Stool

Emergency warning signs for COVID-19 include:

- Trouble Breathing
- Persistent Pain or Pressure in the Chest
- New Confusion
- Inability to Wake or Stay Awake
- Bluish Lips or Face

Seek emergency medical care immediately if someone is showing emergency warning signs. The list of emergency warning signs is not exhaustive. Contact medical if any other symptoms are severe or concerning. Complications of COVID-19 can include pneumonia, multi-organ failure, and in some cases death.



How can I help protect myself?

People can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick and people who do not live in your household; maintain good social distancing (about 6 feet).
- 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.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Routinely clean and disinfect frequently touched surfaces.
- Cover your mouth and nose with a mask when around others.
- Cover coughs and sneezes.
- Avoid crowded indoor spaces and ensure indoor spaces are properly ventilated by bringing in outdoor air as much as possible.
- Monitor your health daily. Be alert for symptoms of COVID-19 and take your temperature.

How long does it take for symptoms to develop?

The estimated *incubation period* (the time between being exposed and symptom onset) averages 4-5 days (median) and 5-6 days (mean) after exposure with a range of 2-14 days.

Is there a vaccine?

The federal government, through Operation Warp Speed, has been working to make one or more COVID-19 vaccines available as soon as possible. The CDC provides information about Vaccines, such as the Benefits of Getting a COVID-19 Vaccine and Different COVID-19 Vaccines. The CDC also provides training and educational materials for healthcare professionals, who are preparing for COVID-19 vaccination.

Is there a treatment?

The Food and Drug Administration (FDA) has approved one drug, remdesivir (Veklury), to treat certain patients who are hospitalized with COVID-19. The FDA can also issue emergency use authorizations (EUs) to allow healthcare providers to use products that are not yet approved, or that are approved for other uses, to treat patients with COVID-19 if certain legal requirements are met. Any treatments that are used for COVID-19 should be taken under the care of a healthcare provider. People have been seriously harmed and even died after taking unapproved products to self-treat. The National Institutes of Health (NIH) has developed and regularly updates Treatment Guidelines to help guide healthcare providers caring for patients with COVID-19.



COVID-19 Pandemic Response Plan Elements

1. Administration/Coordination

The Administration/Coordination element provides an overview of the plan in two phases: Preparation Steps for COVID-19 and Response Steps for Managing COVID-19. PREPARATION STEPS for COVID-19 summarizes activities that all correctional facilities should be engaged in while preparing for the possibility of COVID-19 in the facility. The steps can be used as an outline for daily meetings about COVID-19 to quickly review the status of plan implementation. RESPONSE STEPS for MANAGING COVID-19 summarizes activities that should be implemented after case(s) of suspected or confirmed COVID-19 have been identified in the facility in either a staff or inmate.

PHASE I. PREPARATION STEPS for COVID-19

a) Coordination of Facility Response

- Train staff on the facility's COVID-19 Pandemic Response Plan. All personnel should have a basic understanding of COVID-19, how COVID-19 spreads, what are the symptoms of coronavirus, and what measures are being implemented and can be taken by individuals to prevent or minimize the transmission of SARS-CoV-2.
- All individuals who have the potential for direct or indirect exposure to someone with COVID-19 or infectious materials (including body substances; contaminated medical supplies, devices, and equipment; contaminated environmental surfaces; or contaminated air) should follow and monitor infection control practices outlined in the CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, with adaptation to reflect facility operations and custody needs.
- It is critically important that correctional and health care leadership meet or consult regularly to review the current status of COVID-19, review updated guidance from the Centers for Disease Control and Prevention (CDC) and the Hawaii Department of Health, and flexibly respond to changes in current conditions.
- Regular meetings (through video- or tele-conference when social distancing is not possible), should be held, roles and responsibilities for various aspects of the local response determined, and plans developed and rapidly implemented.
- Consideration should be given to activating the Emergency Response Plan within the facility to coordinate response to a crisis.
- Responsibility should be assigned for tracking National and Local COVID-19 updates.

b) Coordination with Local Law Enforcement and Court Officials to Minimize Crowding

- Identify and implement legally acceptable alternatives to in-person court appearances.
- Continue to explore strategies to reduce new intakes to the correctional facility with local law enforcement and court officials.
- Utilize existing policies for alternatives to incarceration and consider other decompression strategies where allowable.



c) Review Personnel Policies and Practices

- Review the most recent version of the Department of Human Resources Development instructions for “2019 Novel Coronavirus (COVID-19): Questions and Answers for Supervisors and Managers,” currently Version #4, the CDC Interim Guidance “Implementing Safety Practices for Critical Infrastructure Workers who may have had Exposure to a Person with Suspected or Confirmed COVID-19,” CDC Interim Guidance for Businesses and Employers Responding to Coronavirus Disease 2019 (COVID-19), and the Occupational Safety and Health Administration website.
- Review contingency plans for reduced staffing.
- Consider offering alternative duties to staff at increased risk of severe illness with COVID-19.
- Remind staff to stay at home if they are sick.
- Implement employee screening (see Element #5).
- Send staff home if they experience COVID-19 symptoms (e.g., fever, cough, or shortness of breath), while at work, and advise to follow CDC recommended steps for persons with COVID-19 symptoms.
- Except for rare situations, a test-based strategy is no longer recommended by CDC and HDOH to determine when to allow staff to return to work. CDC and HDOH recommend the following symptom-based strategy for determining return to work.
 - Staff, who experienced *mild to moderate illness* and *are not severely immunocompromised*, may return to work after:
 - At least 10 days have passed since symptoms first appeared; **AND**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications; **AND**
 - Symptoms have improved* (e.g., cough, shortness of breath)
 - * Loss of taste and sense of smell may persist for weeks or months after recovery and need not delay the end of medical isolation.
 - Staff, who were *asymptomatic* throughout the infection and *are not severely immunocompromised*, may return to work after:
 - At least 10 days have passed since the date of collection of the first positive viral diagnostic test
 - Staff, who experienced *severe to critical illness* or *are severely immunocompromised*, may return to work after (consider consultation with an infectious disease expert):
 - At least 10 days and up to 20 days have passed since symptoms first appeared; **AND**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications; **AND**
 - Symptoms have improved (e.g., cough, shortness of breath)
 - Staff, who were *asymptomatic* throughout the infection and *are severely immunocompromised*, may return to work after:
 - At least 10 days and up to 20 days have passed since the date of collection of the first positive viral diagnostic test



- Identify staff with COVID-19 Exposures (see definition of close contact in Element #12).
 - If a staff member has a confirmed COVID-19 infection, inform other staff about possible exposure to COVID-19 (maintaining confidentiality in accordance with State and Federal laws).
 - Employees, who are COVID-19 close contacts, should get tested, consult their healthcare provider, self-monitor for symptoms and, if feasible, self-quarantine for 14 days. According to the CDC, “The best way to protect incarcerated/detained persons, staff, and visitors is to quarantine for 14 days.” As an alternative to the 14-day quarantine period for identified close contacts, who do not work, reside, visit, volunteer, or conduct business in a correctional facility, HDOH adopted the CDC option to shorten the quarantine period to 10 days, ONLY if the following criteria are met:
 - No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the quarantine period, up to the time quarantine is discontinued;
 - Self-monitoring for symptoms of COVID-19 illness for a full 14 days after the last date of exposure;
 - Close contacts who develop symptoms within 14 days of the last exposure should be tested for COVID-19 and self-isolate while awaiting results; **AND**
 - Close contacts are informed to strictly adhere to all recommended mitigation strategies, including:
 - ❖ Correct and consistent mask use
 - ❖ Physical distancing
 - ❖ Hand and cough hygiene
 - ❖ Avoiding crowds
 - ❖ Environmental cleaning and disinfection
 - ❖ Ensuring adequate indoor ventilation

HDOH advises that the 14-day quarantine remain in place for Hawaii’s jails and prisons.

- If due to staffing constraints, self-quarantine is not feasible for critical infrastructure workers (e.g., adult correctional officers, law enforcement officers, and healthcare workers), then asymptomatic exposed critical infrastructure workers may be permitted to continue to work following potential exposure to COVID-19 provided the employee remain asymptomatic and additional precautions are implemented to protect the critical infrastructure worker and others (see Returning to Work).
 - Pre-Screen: Employers should measure the employee’s temperature and assess symptoms prior to starting work each day.
 - Regular Monitoring: Employees should self-monitor and report to the supervisor the development of a temperature or other symptoms. To the extent possible, complete the self-monitoring form for asymptomatic workers with low risk exposure or the active monitoring form for asymptomatic workers with high risk exposure (see also Flowchart for management of HCWs with exposure to a person with COVID-19).
 - Wear a Surgical Mask: The employee should wear a surgical mask (unless contraindicated) at all times while in the workplace for 14 days after the last exposure.



- **Social Distance**: The employee should maintain 6 feet of physical distance from others and practice social distancing as work duties permit.
- **Disinfect and Clean Workspaces**: Continue enhanced cleaning and disinfecting practices in all areas, especially frequently touched surfaces and objects, including offices, bathrooms, common areas, and shared equipment (refer to CDC Guidance for Cleaning and Disinfecting).
- Employees, who have recovered from confirmed COVID-19 illness within the previous 3 months and remain without COVID-19 symptoms, do NOT require quarantine if exposed to someone with COVID-19.

d) Communication (Element #2)

- Initiate and maintain ongoing communication with local public health authorities.
- Communicate with community hospitals about procedures for transferring severely ill inmates.
- Develop and implement ongoing communication plans for staff, inmates, and families.

e) Implement General Prevention Measures (Element #3)

- Promote good health habits among employees (Table 1).
- Review protocols or practices regarding alcohol-based hand sanitizer use by employees.
- Conduct frequent environmental cleaning of high touch surfaces (refer to CDC Guidance for Cleaning and Disinfecting). Increase the number of inmate workers assigned to this duty.
- Implement social distancing measures to prevent the spread of germs. Review the list of possible social distancing measures in Element #3 and develop plans for individual facilities to implement at different levels of transmission intensity.
- Encourage the use of masks (unless contraindicated). Utilize no-contact barriers for inmate encounters as a supplement to the use of masks, where feasible.
- Minimize inmate movements within and between facilities. Consider limiting the transfer of inmates to and from other jurisdictions and facilities, unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding. Depending on the degree of local community transmission and potential for patient harm, adhere to the CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic.
- Implement infection prevention control guidance for screening of employees, visitors/vendors/volunteers, and new intakes (Element #3).

f) Visitors/Vendors/Volunteers (Element #4)

- Communicate with potential visitors.
- Conduct screening of visitors, vendors, and volunteers.



g) Continue to Conduct Employee Screening (Element #5)

h) Continue to Conduct New Intake Screening (Element #6)

i) Appropriately Manage and Test Symptomatic Inmates (Element #7)

- Provide education to all staff about source control and the importance of immediately providing a mask to inmates with symptoms of COVID-19.
- Suspend co-pays for inmates seeking medical evaluation for COVID-19 symptoms and implement COVID-19 testing of symptomatic inmates.

j) Attempt to Acquire Needed Personal Protective Equipment (PPE) and Other Supplies (Element #8)

- Ensure a sufficient stock of hygiene supplies, cleaning supplies, personal protective equipment (PPE), and medical supplies are available and plan for re-stocking.
- Review [Table 3](#). COVID-19 Personal Protective Equipment Recommendations and post as needed in the facility.
- Implement staff and inmate training on donning, doffing, and disposing PPE relevant to the level of contact with infectious materials anticipated from inmates with suspected and confirmed COVID-19.

k) Provide Training to Transport Officers on Safe Transport Utilizing PPE (Element #9)

- Identify staff who will provide transport.
- Identify staff who will provide training and document the training.

l) Identify Cells and Housing to be used for Medical Isolation (Element #10) and Quarantine (Element #12)

Ensure that **separate** physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate inmates with confirmed COVID-19 (individually or cohorted), 2) isolate inmates with suspected COVID-19 (individually – do not cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected inmates and/or close contacts are identified and require medical isolation or quarantine simultaneously. Note: Cohorting refers to the practice of isolating multiple inmates with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells.

- Print out color CDC Contact Precautions and CDC Droplet Precautions signs (Attachments #3 and #4). Print out color Isolation and Quarantine signs (Attachments #5 and #6).
- Review how staff will be assigned to work in isolation/quarantine areas.
- Appropriately train staff and inmates who work in laundry and food service.
- Train staff and inmate workers on how to clean areas where COVID-19 inmates spent time.



m) Health Care Staff Should Review Medical and Nursing Procedures for Caring for the Sick (Element #11)

- Maintain communication with the Medical Director and the Hawaii Department of Health to determine how COVID-19 testing will be performed and recommended criteria for testing.
- Encourage the use of existing no-contact barriers for patient encounters.
- Explore options for expanding telehealth capabilities.

PHASE II. RESPONSE STEPS for MANAGING COVID-19

- a) Implement alternative work arrangements for staff, as deemed feasible. Determine where inmates should be allowed to work, depending on exposure history.**
- b) Suspend all transfers of inmates to and from other jurisdiction and facilities unless necessary for medical evaluation, medical isolation/quarantine, extenuating security concerns, release, or to prevent overcrowding.**
- c) When possible, arrange for lawful alternatives to in-person court appearances.**
- d) Implement Routine Intake Quarantine of new admissions to the facility for 14 days before housed with the existing population, if possible.**
- e) Incorporate screening for COVID-19 symptoms and a temperature check into release planning. Provide releasing inmates with COVID-19 Re-entry Care Packs, which include one mask and the COVID-19 Re-entry Information Handout (see [Attachment 7](#)). Provide releasing inmates, who are under medical isolation or quarantine, with education about recommended follow-up.**
- f) Communicate with community hospitals about the potential need to transfer severely ill inmates.**
- g) Hygiene**
- Continue to ensure that hand hygiene supplies are well-stocked in all areas of the facility.
 - Continue to emphasize proper hand hygiene practices and cough etiquette.
 - Encourage staff to change clothes before leaving the worksite and designate a location for changing clothes.
- h) Environmental Cleaning**
- Continue to emphasize the importance of cleaning and disinfection (refer to CDC [Guidance for Cleaning and Disinfecting](#)).
 - Ensure compliance with the specific cleaning and disinfection procedures for areas where a COVID-19 case spent time (Element #10).



- i) Implement medical isolation of confirmed or suspected COVID-19 cases (Element #10).**
- Assess adequacy of PPE for staff working in medical isolation areas (see Element #8).
 - Implement telehealth modalities, if possible.
 - When there are space constraints related to medical isolation, consult with the health care provider and the Hawaii Department of Health on decisions about placement.
- j) Implement quarantine of close contacts of COVID-19 cases (Element #12).**
- Assess adequacy of PPE for staff working in quarantine areas (see Element #8).
 - Require all inmates wear masks while in quarantine, except when contraindicated or not feasible.
 - When there are space constraints related to quarantine, consult with the health care provider and the Hawaii Department of Health on decisions about placement.
- k) In the event of a COVID-19 outbreak, consult with the Medical Director and the Hawaii Department of Health on the recommended viral testing strategy for inmates and staff. Prior to conducting widespread testing, determine how test results will be used to make housing and movement decisions (i.e., where to house inmates with positive test results, negative test results with known exposure, and negative test results with no known exposure).**
- l) Implement a system for tracking information about inmates and staff with suspected/confirmed COVID-19 (Element #14).**

2. Communication

- The importance of regular communication with staff, the incarcerated population, and their families cannot be over-emphasized. You cannot communicate too much.
- Specific methods of communication for all groups should be established. Communication should be understandable for non-English speaking and low literacy persons. Provide accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low vision. Staff should be assigned to be responsible for crafting and disseminating regular updates.
- Post signage throughout the facility to communicate the Symptoms of COVID-19 and measures of prevention such as Hand Hygiene and Social Distancing. CDC Stop the Spread of Germs posters were distributed to all correctional facilities. Post signage to remind staff to Stay at Home When Sick. Communication Resources are available on the CDC website.
- As much as possible, provide COVID-19 information in person and allow opportunities for inmates and employees to ask questions (e.g., town hall format if social distancing is feasible, informal peer-to-peer education).



- Examples of key communication messages for employees (refer to COVID-19 Communication Plan for Select Non-healthcare Critical Infrastructure Employers for methods of communication, additional key messages, and communication resources):
 - Provide updates on the status of COVID-19 within the facility.
 - The importance of staying home if signs or symptoms of COVID-19 are present.
 - The importance of staying home if there is known exposure to COVID-19.
 - Reminders about good health habits to protect themselves, emphasizing cough etiquette and hand hygiene.
 - Elements of the facility COVID-19 Pandemic Response Plan to keep employees safe, including the universal use of masks (unless contraindicated) and the importance of social distancing.
- Examples of key communication messages to inmates:
 - The importance of immediately reporting COVID-19 symptoms (and reporting if another inmate is experiencing COVID-19 symptoms in order to protect themselves). Establish procedures on how to report symptom observations.
 - Reminders about good health habits to protect themselves, emphasizing cough etiquette, hand hygiene, and reminders to use masks as much as possible.
 - Plans to support communication with family members (when personal visits are suspended or reduced).
 - Plans to keep inmates safe, including the presence of COVID-19 within the facility and the importance of social distancing.
 - The purpose of medical isolation and quarantine.
- Contact should be made and maintained with the Medical Director and the Hawaii Department of Health to obtain guidance, especially about managing and testing of inmates with COVID-19.
- Communication should also be established with local community hospitals to discuss referral mechanisms for seriously ill inmates.

Table 1. General Prevention Measures
<p>a. Promote good health habits among employees and inmates:</p> <ol style="list-style-type: none"> 1) Avoid close contact with persons who are sick. 2) Avoid touching your eyes, nose, or mouth. 3) Wash your hands often with soap and water for at least 20 seconds. 4) Cover your sneeze or cough with a tissue (or into a sleeve), then throw the tissue in the trash. 5) Avoid non-essential physical contact. No hugs, handshakes, fist bumps, or high-fives. <p>b. Conduct frequent environmental cleaning of “high touch” surfaces.</p> <p>c. Institute social distancing measures to prevent the spread of germs (i.e., examine and implement methods to ensure at least 6 feet of distance between individuals, when possible).</p> <p>d. Encourage the use of masks and other no-contact barriers.</p> <p>e. Employees must stay at home if they are sick.</p> <p>f. Influenza (flu) vaccine is recommended for persons not previously vaccinated.</p> <p>g. Follow infection prevention and control guidance when conducting screening.</p> <p>h. Utilize control strategies for aerosol generating procedures.</p>



3. General Prevention Measures

Throughout the duration of the COVID-19 pandemic, the following general prevention measures should be implemented to interrupt viral infection transmission (see *Table 1* above).

a. Good Health Habits

- Good health habits should be promoted in various ways (e.g., educational videos/posters, assessing adherence to cough etiquette and hand hygiene).
- All employees and inmates should view the COVID-19 educational video, which includes measures of prevention and detailed handwashing procedures.
- The CDC [Stop the Spread of Germs](#) poster should be posted throughout the facility. The CDC website has additional helpful educational posters: [CDC Posters](#)
- Each facility should ensure that adequate supplies and facilities are available for handwashing for both inmates and employees.
- With approval of the Warden, health care workers should have access to alcohol-based hand rub.
- Provisions should be made for employees, visitors, vendors, volunteers, and new intakes to wash their hands when they enter the facility.
- In order to help minimize the risk of transmitting SARS-CoV-2 between the facility and the community, encourage staff to change clothes before leaving the worksite and designate a location for changing clothes.

b. Environmental Cleaning

- Implement intensified cleaning and disinfecting procedures in accordance with the CDC [Interim Recommendations for U.S. Community Facilities with Suspected/Confirmed Coronavirus Disease 2019 \(COVID-19\)](#) and the CDC [Guidance for Cleaning and Disinfecting](#).
- Several times per day, routinely clean and disinfect surfaces and objects that are frequently touched, especially in common areas. These may include doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, computer equipment, handrails, elevator buttons, cell bars, etc.
- One strategy is to increase the number of workline inmates who are assigned to conduct continual cleaning of common areas throughout the day.
- Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs, computer equipment, telephones), after shared use and when the use of equipment has concluded.



- **Hard (non-porous) Surfaces:**
 - If surfaces are dirty, clean using a detergent or soap and water prior to disinfection.
 - Consult the [EPA List N: Disinfectants for Coronavirus \(COVID-19\)](#). Follow the manufacturer's instruction for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).
 - If EPA-approved disinfectants are not available, diluted, unexpired household bleach can be used if appropriate for the surface. Use bleach containing 5.25%-8.25% sodium hypochlorite. Never mix household bleach with ammonia or any other cleanser.
 - Refer to CDC guidance on [How to Make 0.1% Chlorine Solution to Disinfect Surfaces in Healthcare Settings](#) (see also [illustration](#)).
 - Alcohol solutions with at least 70% alcohol may also be used.
 - One efficient strategy for disinfection of hard, non-porous surfaces in large and difficult to reach areas is the timely and routine use of fogging devices, which dispense products with emerging viral pathogens and human coronavirus claims for use against SARS-CoV-2 (consult the [EPA Product List of Disinfectants for Use Against SARS-CoV-2](#)).
- **Soft (porous) Surfaces (e.g., carpeted floor, rugs, drapes):**
 - Remove visible contamination and clean with appropriate cleaner for soft surfaces.
 - If washable, launder in hottest water setting for the item and dry completely.
 - Or, use products with [EPA-approved viral pathogens claims](#).
- **Electronics:**
 - Remove visible contamination, if present.
 - Follow the manufacturer's instructions for all cleaning and disinfection of products.
 - Consider use of wipeable covers for electronics.
 - If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens and other surfaces. Dry surfaces thoroughly to avoid pooling of liquids.
- CDC provides guidance on heating, ventilating, and air-conditioning (HVAC) systems to help reduce the airborne concentration of the virus that causes COVID-19 (see [HVAC, ventilation, and filtration](#), [Ventilation](#), and [Guidelines for Environmental Infection Control in Health-Care Facilities](#)).

c. Social Distancing Measures

Social distancing, or physical distancing, means keeping space between all individuals (ideally at least 6 feet) regardless of symptoms and decreasing the frequency of contact between individuals. Various administrative measures should be implemented to lessen the chance of spreading the virus by reducing close contact between people. Due to differences among correctional facilities, facility administration should discuss and implement social distancing measures specific for the individual facility, as allowable by physical plant limitations, security restrictions, and operational resources. Examples of possible social distancing strategies for use at individual facilities include:



- **Common Areas**
 - Provide educational reminders to stay at least 6 feet from others.
 - Provide visual reminders (e.g., tape, paint), on floor surfaces every six feet in walking areas.
 - Enforce increased space between inmates in holding cells, lines, and waiting areas.
 - Remove every other chair in a waiting area.
- **Recreation**
 - Utilize recreation areas where inmates can spread out, if available.
 - Stagger time in recreation spaces.
 - Restrict recreation space usage to a single housing unit, where feasible.
 - Suspend close-contact sports (e.g., basketball). Encourage individual exercises (e.g., walking).
 - Suspend the use of equipment that multiple people will touch.
 - Clean and disinfect equipment after individual use and between group use.
- **Meals**
 - Stagger meal times, if possible.
 - Rearrange seating in dining hall to increase space between inmates (e.g., remove every other chair or use only one side of table).
 - Increase meals to cell opportunities.
 - Implement a rotational system among inmates for dining at the cafeteria.
- **Group Activities**
 - Limit the size of group activities.
 - Increase space between individuals during group activities.
 - Reduce the number of group participants to ensure physical separation of at least 6 feet between participants.
 - If available, consider the use of alternative settings to usual group activities (e.g., outdoor recreation areas, module dayroom areas, or other areas where inmates can spread out).
 - Temporarily suspend group programs. [Note: when discontinuing group activities, it is important to provide alternative forms of activity to support the mental health of inmates during the pandemic.]
- **Education and Program Services**
 - Convert the educational or program curriculum to self-study, if possible.
 - Consider the use of video modalities for education and other programs, if available.
 - Use no-contact barriers when meeting with inmates, if possible.
 - Limit the size of program participants to ensure physical separation of at least 6 feet between participants in the classroom.
 - Explore alternatives to in-person education.
- **Housing**
 - Arrange bunks so that inmates sleep head to foot.
 - If space allows, reassign bunks to provide more space between inmates (ideally 6 feet or more in all directions).
 - Minimize the number of inmates housed in the same room as much as possible.
 - Minimize mixing inmates from different housing units (e.g., workline, program attendance).
 - Conduct thorough cleaning and disinfection of living space when inmates leave.



- Health Care
 - Use no-contact barriers when meeting with inmates, if possible.
 - Use telehealth for virtual clinic visits with Providers, forensic examiners, community-based case managers, and other professional service providers, if available.
 - If available, designate a room near the intake area to evaluate new intakes with COVID-19 symptoms or exposure risk before the inmate moves to other parts of the facility.
 - If possible, designate a room near each housing unit to evaluate inmates with COVID-19 symptoms, rather than having inmates with COVID-19 symptoms walk through the facility to be evaluated in the medical unit. If designating a room near each housing unit is not feasible, consider staggering inmate sick call visits.
 - Stagger pill-lines or administer medication at modules.
 - Consider increased use of keep on person (KOP) medication orders.
 - Minimize Inmate Movement
 - Avoid transferring inmates between living areas, when possible.
 - Depending on the degree of local community transmission, suspend work furlough and other programs that involve inmate movement in and out of the facility. When work furlough or other programs resume, implement facility protocols to cohort work furlough and other transiently housed inmates with routine quarantine measures while at the facility, if possible.
 - Depending on the degree of local community transmission and potential for patient harm, adhere to the CDC Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic. Prioritize services that, if deferred, are most likely to result in patient harm. Prioritize at-risk populations who would benefit most from services (e.g., inmates with serious underlying health conditions, inmates most at-risk for complications from delayed care, or inmates without access to telehealth). When returning from outside facility appointments, implement routine quarantine measures for inmates who return to the facility, if possible.
 - Provide video or telephonic visitation, if available. When visitation resumes, use no-contact barriers and no-contact visit stations, if available.
- d. Encourage the use of Masks and Other No-Contact Barriers**
- Transmission of COVID-19 occurs from individuals who are symptomatic, asymptomatic (i.e., absence of symptoms), and pre-symptomatic (i.e., prior to the development of symptoms). This means COVID-19 could spread between people interacting in close proximity, even if those people are not exhibiting symptoms.
 - Encourage inmates to use masks provided at no cost by the facility and launder the masks routinely. Require employees and others present at correctional facilities to use masks to the extent possible. Anyone who has trouble breathing, is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not use masks (refer to additional CDC Considerations for Wearing Masks for conditions and situations that may require adaptation).



- Educate inmates, employees, and others at correctional facilities on How to Select, Wear, and Clean Your Mask. CDC recommends masks that have two or more layers of washable, breathable, tightly woven fabric (e.g., cotton and cotton blends); completely cover the nose and mouth and secure it under the chin; and fit snugly against the sides of the face and do not have gaps. CDC does NOT recommend masks that are made of single layer, loosely woven, hard to breath fabric (e.g., vinyl, plastic, leather). CDC does NOT recommend masks that have exhalation valves or vents for source control.
 - The use of masks helps protect the wearer from getting COVID-19 and helps the wearer, who has the virus and does not know it, from transmitting it to others (see CDC Use of Masks to Help Slow the Spread of COVID-19). If everyone wears a mask in congregate settings, the risk of exposure to SARS-CoV-2 can be reduced. Clearly explain the purpose of masks: “My mask protects you, your mask protects me.” Note: masks are a type of source control intended to help slow the spread of COVID-19 and are not Personal Protective Equipment (PPE). Masks are not surgical masks or respirators.
 - The use of a gaiter with two layers or folding the gaiter to make two layers is an acceptable substitute for masks. Due to insufficient evidence to support the use of face shields for source control, CDC does not recommend the use of face shields as a substitute for masks.
 - Utilize no-contact barriers for inmate encounters as a supplement to the use of masks, where feasible. A mask is NOT a substitute for social distancing.
- e. **Sick/Exposed Employees Remain Home**
- COVID-19 could gain entrance to a facility via infected employees. Staff should be educated to stay home if they have COVID-19 symptoms.
 - If employees develop fever, cough, shortness of breath, or other COVID-19 symptoms at work, they should be advised to immediately put on a mask, promptly inform their supervisor, leave the facility, and follow CDC recommended steps for persons who are ill with COVID-19 symptoms.
 - Employees should be advised to consult their health care provider by telephone.
 - If employees have been exposed, without the use of appropriate PPE, to a known COVID-19 case, adhere to the most recent version of the Department of Human Resources Development instructions for “2019 Novel Coronavirus (COVID-19): Questions and Answers for Supervisors and Managers,” currently Version #4, the CDC Interim Guidance “Implementing Safety Practices for Critical Infrastructure Workers who may have had Exposure to a Person with Suspected or Confirmed COVID-19,” the CDC “Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19,” and/or the CDC Interim Guidance on “Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed (COVID-19).”



- In addition to physical and medical considerations, the CDC provides information for employees on How to Cope with Job Stress and Build Resilience During the COVID-19 Pandemic (see also Coping with Stress, Grief and Loss, Fatigue, Alcohol and Substance Use, Support for People Experiencing Abuse, and specific information for Healthcare Personnel and First Responders). Employees seeking mental health assistance are encouraged to contact their Primary Care Provider or the Employee Assistance Program (WorkLifeHawaii.org): Oahu at (808) 543-8445 or Neighbor Islands and After Hours at (800) 994-3571. Additional sources of help include:

National Suicide Prevention Lifeline at 800-273-TALK (800-273-8255)

National Domestic Violence Hotline call 800-799-7233 or TTY 800-787-3224

Disaster Distress Helpline call 800-985-5990 or text TalkWithUs to 66746

f. Influenza Vaccination

- During influenza season, flu vaccination remains an important measure to prevent an illness that presents similarly to COVID-19.
- Encourage correctional employees to obtain flu vaccination.
- Offer the seasonal influenza vaccine to all inmates (existing population and new intakes). Implement the HCD inmate influenza vaccine campaign (see Attachment 9) to encourage improved compliance through positive behavioral reinforcement.

g. Infection Prevention and Control Guidance for Screening

Protocol when conducting temperature checks:

- Perform hand hygiene.
- Put on a surgical mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face) and disposable gloves [in facilities with PPE shortage, CDC provides Strategies to Optimize the Supply of PPE and Equipment].
- Check the individual's temperature. Refer to Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic for information on proper thermometer usage and factors that could impact thermometer readings.
 - Non-contact or disposable thermometers are preferred over reusable oral thermometers.
 - If performing temperature checks on multiple individuals, put on new gloves for each individual screen and thoroughly disinfect the thermometer between each screen.
 - If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next screen. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
- Remove and discard PPE.
- Perform hand hygiene.



Protocol when conducting temperature checks if a physical barrier or partition is used to protect the screener rather than a PPE-based approach (During screening, the screener stands behind a physical barrier, such as a plexiglass partition, which protects the screener's face and mucous membranes from respiratory droplets that may be produced when the person being screened sneezes, coughs, or talks):

- Perform hand hygiene.
- Put on disposable gloves [in facilities with PPE shortage, CDC provides [Strategies to Optimize the Supply of PPE and Equipment](#)].
- Check the individual's temperature by reaching around the partition or through the window. The screener's face must remain behind the barrier at all times during the screening.
 - Non-contact or disposable thermometers are preferred over reusable oral thermometers.
 - If performing temperature checks on multiple individuals, put on new gloves for each individual screen and thoroughly disinfect the thermometer between each screen.
 - If disposable or non-contact thermometers are used and the screener did not have physical contact with an individual, gloves do not need to be changed before the next screen. If non-contact thermometers are used, they should be cleaned with an alcohol wipe (or isopropyl alcohol on a cotton swab) between each individual.
- Remove and discard gloves.
- Perform hand hygiene.

h. Control Strategies for Aerosol Generating Procedures

- Refer to [Attachment 8](#) for recommended control strategies during aerosol generating procedures, including SARS-CoV-2 specimen collection, emergency dental procedures, CPAP/BiPAP, pulmonary function tests/peak flow tests, nebulizer treatment, and CPR.
- Adhere to the CDC [Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response](#) and guidance from the [Hawaii Board of Dentistry](#) (see [Dentist FAQs](#) document).

4. Visitors / Vendors / Volunteers

- Implement COVID-19 screening of visitors, vendors, and volunteers in accordance with State and County requirements ([Attachment 1A](#) or [Attachment 1B](#)).
- To the extent possible and unless contraindicated, visitors, vendors, and volunteers should be required to wear a mask or a higher medical grade mask while present at correctional facilities.
- Consideration should be given to limiting access to the facility by visitors, volunteers, and non-essential vendors.
- Promote non-contact visits and encourage alternatives to in-person visitation. Arrangements should be made to increase options for inmates to communicate with their families via telephone or video visitation, where possible.
- If possible, legal visits should occur remotely.



5. Employee Screening

- In locations where it is identified that there is sustained COVID-19 community transmission, employees should be screened upon arrival using the COVID-19 Employee Screening form, which asks questions about COVID-19 symptoms, COVID-19 positive results, travel, contact with a known or suspected COVID-19 individual, and temperature check, in accordance with State and County requirements (Attachment 2A or Attachment 2B).
- Facilities might choose to laminate employee screening forms (not the visitor/vendor/volunteer screening form), and have employees review the screening questions and verbally respond to them. Employees can then sign a log book that includes date, employee name, and position. The temperature should be taken and recorded by the screener in a fourth column in the log book. Employee screenings would not require documentation on an employee screening form, unless the employee responds "YES" to any question in section 1 or 2, responds "NO" to section 3, or has a temperature of 100.0°F or above. Only positive screens that would deny clearance into the facility require completion of the employee screening form. All cleared employees would only complete the log book (see example spreadsheet below).

DATE	EMPLOYEE NAME	POSITION	TEMPERATURE

- A temperature should also be taken ideally with a no-touch infrared thermometer. Refer to Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic for information on proper thermometer usage and factors that could impact thermometer readings.
- Screening is generally performed by non-health care personnel.
- Positive screens require notification of the Watch Commander and the employee's immediate supervisor for civilian staff.
- All actions should adhere to the most recent version of the Department of Human Resources Development instructions for "2019 Novel Coronavirus (COVID-19): Questions and Answers for Supervisors and Managers," currently Version #4.
- Employees who screen positive for symptoms should be sent home and advised to consult their healthcare provider.
- Employees who have had known close contact with a COVID-19 patient, while not wearing appropriate personal protective equipment, should get tested, consult their healthcare provider, self-monitor for symptoms (e.g., fever, cough, shortness of breath), and, if feasible, self-quarantine for 14 days. According to the CDC, "The best way to protect incarcerated/detained persons, staff, and visitors is to quarantine for 14 days." As an alternative to the 14-day quarantine period for identified close contacts, who do not work, reside, visit, volunteer, or conduct business in a correctional facility, HDOH adopted the CDC option to shorten the quarantine period to 10 days, ONLY if the following criteria are met:



- No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the quarantine period, up to the time quarantine is discontinued;
- Self-monitoring for symptoms of COVID-19 illness for a full 14 days after the last date of exposure;
- Close contacts who develop symptoms within 14 days of the last exposure should be tested for COVID-19 and self-isolate while awaiting results; **AND**
- Close contacts are informed to strictly adhere to all recommended mitigation strategies, including:
 - Correct and consistent mask use
 - Physical distancing
 - Hand and cough hygiene
 - Avoiding crowds
 - Environmental cleaning and disinfection
 - Ensuring adequate indoor ventilation

HDOH advises that the 14-day quarantine remain in place for Hawaii’s jails and prisons.

If self-quarantine is not feasible due to staffing constraints, asymptomatic exposed critical infrastructure workers (e.g., adult correctional officers, law enforcement officers, and healthcare workers), should report to work, wear a surgical mask, and perform frequent hand hygiene, in accordance with the CDC Interim Guidance “Implementing Safety Practices for Critical Infrastructure Workers who may have had Exposure to a Person with Suspected or Confirmed COVID-19,” the CDC “Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19,” and/or the CDC Interim Guidance “Criteria for Return to Work for Healthcare Personnel with Suspected or Confirmed (COVID-19).”

NOTE: Employees, who have recovered from confirmed COVID-19 illness within the previous 3 months and remain without COVID-19 symptoms, do NOT require quarantine if exposed to someone with COVID-19.

6. New Intake Screening

- New intakes should be provided masks (unless contraindicated) and screened for symptoms in accordance with established nursing protocols. Screening should take place in an outdoor space prior to entry, in the sally port, or at the point of entry into the facility immediately upon entry (weather, security protocols, and logistics permitting).
- Temperature should be taken, ideally with an infrared no-touch thermometer with staff wearing PPE as described in Element #3f.
- Additional questions should be asked regarding travel history and potential exposure to COVID-19.
- New inmate arrivals should be separated from other inmates until the screening process has been completed.
- If new intakes are identified with symptoms then ***immediately place a mask (unless contraindicated) on the inmate***, have the inmate perform hand hygiene, and place the inmate in a separate room, preferably with a toilet, while determining next steps. If no mask is immediately available, instruct the inmate to cover mouth/nose with cotton/cotton-blended shirt, towel, or pillowcase until a mask is available. Staff entering the room shall wear personal protective equipment (PPE) in accordance with guidance in Element #8.



- Identify inmates who were transferred with the symptomatic new intake for the need to quarantine (see Element #12).
- If new intakes report history of exposure to COVID-19, then they should be placed in quarantine (see Element #12).
- To the extent possible, implement routine intake quarantine (i.e., quarantine all new admissions to the facility for 14 days before housing such inmates in the general population). Inmates in routine intake quarantine should be housed separately from inmates who are quarantined due to contact with a suspected or confirmed COVID-19 case, if possible.
- Inmates, who have recovered from confirmed COVID-19 illness within the previous 3 months and remain without COVID-19 symptoms, do NOT require quarantine and do NOT require retesting.

7. Initial Management and Testing of SARS-CoV-2

- **Source control (placing a mask on a potentially infectious persons) is critically important.** If an inmate is identified with COVID-19 symptoms, then *immediately place a mask on the inmate (unless contraindicated)* and have the inmate perform hand hygiene.
- Place the inmate in a separate room, preferably with a toilet and sink, while determining next steps. Contact should be minimized to the extent possible until the symptomatic inmate is wearing a mask (unless contraindicated) and staff are wearing personal protective equipment (PPE) as outlined in Element #8.
- The CDC provides an [Overview of Testing for SARS-CoV-2](#) and [Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities](#). Decisions about how to manage and test inmates for SARS-CoV-2 should be made in collaboration with the facility Provider or Medical Director and the Hawaii Department of Health. Test strategy implementation should be guided by what is feasible, practical, and acceptable, and should be tailored to the needs at each facility.
- The CDC recommends using a viral (nucleic acid or antigen) test to diagnose infection. The “gold standard” for clinical diagnostic detection of SARS-CoV-2 remains RT-PCR. The CDC provides [Guidance for SARS-CoV-2 Point-of-Care Testing](#) and [Interim Guidance for Antigen Testing for SARS-CoV-2](#).
- Viral testing is recommended for inmates with signs or symptoms consistent with COVID-19 and all close contacts of persons with SARS-CoV-2 infection. Decisions on testing asymptomatic inmates without known or suspected SARS-CoV-2 exposure (e.g., testing in routine intake quarantine prior to rehousing in the general population, pre-release testing if released to a congregate setting or to a household with persons at increased risk for severe illness from COVID-19), should be based on an assessment of the unique situation in each facility and the testing requirements for certain pre-medical procedures (e.g., see [Interim SARS-CoV-2 Testing Guidelines for Patients in Outpatient Hemodialysis Facilities](#)), as determined by the Medical Director in consultation with the Hawaii Department of Health. The CDC does not recommend using antibody testing as the sole basis for diagnosing current infection (see the CDC [Interim Guidelines for COVID-19 Antibody Testing](#)). Antibody tests approved or authorized by the FDA are used to detect past infection with SARS-CoV-2.



- Inmates infected with SARS-CoV-2 can have another viral (e.g., influenza), bacterial, or fungal infection at the same time. During widespread cocirculation of SARS-CoV-2 and influenza, the CDC recommends clinicians consider testing inmates with compatible symptoms for both viruses.
- The CDC provides considerations for jails and prisons when Performing Broad-Based Testing for SARS-CoV-2 in Congregate Settings, including needed supplies, planning, physical space, protocol for testing multiple inmates in succession, staff assignments, and post-test tasks (see also the CDC Interim Considerations for SARS-CoV-2 Testing in Correctional and Detention Facilities). In addition to testing inmates, the CDC provides Interim Guidance on Testing Healthcare Personnel for SARS-CoV-2 and Considerations for Non-Healthcare Workplaces, and Testing Strategy for Coronavirus (COVID-19) in High-Density Critical Infrastructure Workplaces after a COVID-19 Case is Identified. If offering testing to staff, follow the guidance from the Equal Employment Opportunity Commission. Refer to the Occupational Safety and Health Administration Interim Guidance for compliance with 29 CFR Part 1904 with respect to COVID-19 occupational illness recording requirements.
- For additional testing information, see the CDC Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19, CDC Diagnostic Tests for COVID-19, Interim Laboratory Biosafety Guidelines for Handling and Processing Specimens Associated with Coronavirus Disease 2019 (COVID-19), Guidance for SARS-CoV-2 Point-of-Care Testing, and How to Report COVID-19 Laboratory Data.
- Nasopharyngeal swabbing should only be performed by staff with demonstrated competency. See instructional video at: <https://www.youtube.com/watch?v=DVJNWefmHJE>.
- Suspend co-pays for inmates seeking medical evaluation for possible COVID-19 symptoms.

8. Personal Protective Equipment (PPE)

<p>Table 2. Definitions of “Surgical Masks” and “Respirators”</p> <p>Surgical Masks: Disposable FDA-approved masks, which come in various shapes and types (e.g., flat with nose bridge and ties, duck billed, flat and pleated, pre-molded with elastic bands). If surgical masks are in short supply, use temporary alternative methods of source control, such as the use of cloth masks.</p> <p>Respirators: N-95 or higher filtering, face-piece respirators that are certified by CDC/NIOSH.</p>

- The CDC recommends the following Personal Protective Equipment (PPE) when an individual encounters a person with suspected or confirmed COVID-19.
 - **N95 Respirator.**
 - N95 respirators should be prioritized when staff anticipate contact with infectious aerosols or droplets from someone with COVID-19. Individuals working under conditions that require an N95 respirator should not use a cloth mask when an N95 is indicated.



- Through the established respiratory protection program, ensure that staff and inmates who require respiratory protection for work responsibilities have been medically cleared, trained, and fit-tested as appropriate.
- N95 respirators should not be worn with facial hair that interferes with the respirator seal.
- If N95 respirators are to be used, they must be used in the context of a fit-testing program. Fit testing is specific to the brand/size of respirator to be used.
- Perform User Seal Check prior to every use to ensure an adequate seal is achieved.
- **Surgical Mask.**
 - Worn to protect the wearer from splashes, sprays, and respiratory droplets generated by others. Note: Surgical masks are distinct from masks (i.e., cloth-type), which are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer. Individuals working under conditions that require a surgical mask should use a surgical mask, not a cloth mask.
- **Eye Protection (goggles or disposable face shield that fully covers the front and sides of the face).**
 - This does not include personal eyeglasses.
 - If reusable eye protection is used, it should be cleaned and disinfected in accordance with the manufacturer's instructions.
- **Gloves.**
 - Disposable examination gloves should be changed if torn or heavily contaminated.
- **Gown/One-Piece Coverall.**
 - If security staff are unable to wear a disposable gown or coverall due to limitations in access to the duty belt and gear, then the duty belt and gear should be disinfected after close contact with an inmate with confirmed or suspected COVID-19. Clothing should be changed as soon as possible. Clean and disinfect duty belt and gear prior to reuse.
 - If gowns/one-piece coveralls are in short supply, prioritize for aerosol-generating procedures and high contact activities.
- Train staff and inmates, who will have contact with infectious materials, to correctly don, doff, and dispose of PPE relevant to the level of contact anticipated with individuals with confirmed and suspected COVID-19. See CDC instructions on donning (putting on) and doffing (removing) PPE: Comprehensive PPE Training Videos , Using Personal Protective Equipment (PPE), PPE Sequence Poster, and Protecting Healthcare Personnel. Ensure strict adherence to OSHA PPE standards.
- It is strongly emphasized that hand hygiene be performed before donning and after doffing PPE.
- Designate PPE donning/doffing stations outside all spaces where PPE will be used. PPE stations should include a dedicated trash can for disposal of used PPE, a hand washing station or access to alcohol-based hand sanitizer, and a PPE Sequence Poster for donning and doffing.
- Ensure PPE is readily available where and when needed.
- Inventory current supplies of PPE and implement plans for restocking PPE as needed.



- Develop contingency plans for PPE shortages during the COVID-19 pandemic. The CDC notes that PPE shortages are anticipated in every category during the COVID-19 response. Refer to the CDC Strategies to Optimize the Supply of PPE and Equipment (see also N95 and Other Respirators and Implementing Filtering Facepiece Respirator (FFR) Reuse, Including Reuse after Decontamination, When There Are Known Shortages of N95 Respirators). The National Institute for Occupational Safety and Health (NIOSH) provides Recommended Guidance for Extended Use and Limited Reuse of N95 Filtering Facepiece Respirators in Healthcare Settings during periods of depleted N95 supplies.
- Criteria for using various types of PPE based on the type of contact is outlined in Table 3.
- The CDC identifies PPE as one of many examples of risk factors for heat-related illness. Heat stroke, the most severe form of heat-related illness, is a life-threatening medical emergency.

Early signs of heat stroke may include:

- Confusion
- Difficulty performing routine tasks or answering simple questions, like “What is today’s date?” or “Where are we?”
- Slurred speech

Late signs of heat stroke may include:

- Seizures
- Loss of consciousness
- Organ failure resulting in death

The CDC provides guidance on how to reduce the risk for heat-related illness during the COVID-19 pandemic (see What Workers Need to Know about Heat Stress Prevention during the COVID-19 Pandemic and Employer Information for Heat Stress Prevention during the COVID-19 Pandemic).

- Other Supplies
 - Standard medical supplies and pharmaceuticals for daily clinic needs
 - Liquid or foam soap when possible; If bar soap is used, ensure that it does not irritate the skin and thereby discourage frequent hand washing
 - Hand drying supplies
 - Tissues
 - Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible)
 - Cleaning supplies, including EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19
 - Sterile viral transport media and sterile swabs to collect nasopharyngeal specimens if COVID-19 testing is indicated



Table 3. COVID-19 Personal Protective Equipment Recommendations					
Situation	N95 respirator	Surgical mask	Eye protection	Gloves	Gown/coveralls
STAFF					
Staff performing routine screening and temperature checks on: employees, visitors/vendors/volunteers, or inmates		X	X	X	
Medical Isolation: Staff providing medical care for suspected/confirmed COVID-19 cases (including testing)	X ¹		X	X	X
Medical Isolation: Correctional staff entering isolation room	X ¹		X	X	X
Staff present during aerosolizing procedure on suspected or confirmed COVID-19 case	X		X	X	X
Staff handling laundry (from a COVID-19 case or close contact)				X	X
Staff handling used food service items (from a COVID-19 case or close contact)				X	X
Staff cleaning an area (where a COVID-19 case has spent time)	Additional PPE may be needed based on the product label.			X	X
Transport of suspected/confirmed COVID-19	X ¹	During transport			
Prior to & following transport (if in close contact)	X ¹		X	X	X
Quarantine: Direct contact with asymptomatic persons (including medical care/temperature checks)	X ¹		X	X	
Quarantine: Direct contact with asymptomatic persons (but not performing temperature checks or providing medical care) or no direct contact with asymptomatic persons who are close contacts to COVID-19		Surgical mask ¹ , eye protection and gloves as local supply and scope of duties allow.			
INCARCERATED/DETAINED PERSONS					
Confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19	Use masks for source control ²				
Quarantine: Asymptomatic COVID-19 close contacts	Use masks for source control ²				
Laundry worker (handling items from COVID-19 case or close contact)				X	X
Food service worker (handling items from COVID-19 case or close contact)				X	X
Worker performing cleaning (areas where COVID-19 case has spent time)	Additional PPE may be needed based on the product label.			X	X
<p>1 A NIOSH-approved N95 respirator is preferred. However, based on local situational analysis of prevalence and PPE supplies, surgical masks may be an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to staff.</p> <p>2 Masks (i.e., cloth-type) are NOT PPE and may not protect the wearer. Prioritize PPE for source control among all persons who do not meet criteria for N95 or surgical masks, and to conserve surgical masks for situations that require PPE.</p> <p>Adapted from: CDC. Interim Guidance on Management of COVID-19 in Correctional and Detention Facilities (Table 1); 10/21/20. Available at: https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Min_Mod_Trans</p>					



9. Transport

Depending on the degree of local community transmission, postpone non-essential inmate transports. To the extent possible, implement routine transport quarantine (i.e., quarantine of all inmates, who enter the facility by outside transport, for 14 days before housed in the general population). Inmates in routine transport quarantine should be housed separately from inmates who are quarantined due to contact with suspected or confirmed COVID-19 case(s).

Prior to transporting inmates to outside appointments and transferring inmates between other jurisdictions and facilities, procedures should be established to ensure screening is conducted by nursing. Positive screens should remain at the sending facility until cleared by the Provider. To the extent possible, inmates transported outside the facility must wear masks (unless contraindicated). Prior to the transport, ensure that the receiving facility has capacity to properly quarantine or medically isolate the inmate upon arrival.

Refer to the CDC [guidance for Emergency Medical Services](#) on safely transporting inmates with confirmed or suspected COVID-19. If a decision is made to transport a patient with confirmed or suspected COVID-19, or a quarantined close contact, to a health care facility and the transport vehicle is not equipped with the features described in the EMS guidance, the following transport considerations should be followed at a minimum.

- Notify the receiving health care facility of the pending transport of a potentially infectious patient.
- Patient wears a mask (unless contraindicated) and performs hand hygiene.
- Transporting officer wears recommended PPE, depending on local situational analysis of prevalence rates and PPE supplies: preferably N-95 respirator, gloves, gown, and eye protection if in close contact with inmate prior to transport. Note: when accompanying EMS in ambulance, transporting officer should use recommended PPE for aerosolizing procedures.
- Prior to transporting, all PPE (except for surgical mask or N-95) is removed and hand hygiene is performed. This is to prevent contaminating the driving compartment.
- Ventilation system should bring in as much outdoor air as possible. Set fan to high. If the vehicle has a ceiling hatch, keep it open.
- Do NOT place air on recirculation mode.
- Weather permitting, drive with the windows down.
- Following the transport, if close contact with the patient is anticipated, put on a new set of PPE. Perform hand hygiene after PPE is removed.
- After transporting a patient, air out the vehicle for one hour before using it without a mask.
- When cleaning the vehicle, wear a disposable gown and gloves. A mask and a face shield or goggles should be worn if splashes or sprays during cleaning are anticipated.
- Clean and disinfect the vehicle after the transport utilizing instructions in Element #3b.



Table 4. Definitions of "Medical Isolation" and "Quarantine"

Medical Isolation: refers to the procedure of separating someone with confirmed or suspected COVID-19 infection (i.e., those who are sick with COVID-19 symptoms and those with no symptoms), from others who are not infected.

Quarantine: refers to the procedure of separating people who might have been exposed to COVID-19 from others.

10. Medical Isolation / Cohorting (Symptomatic Persons)

A critical infection control measure for COVID-19 is to promptly separate inmates with confirmed or suspected COVID-19 infection (i.e., those who are sick with COVID-19 symptoms and those with no symptoms), from other inmates who are not infected. Medical isolation is a non-punitive medical intervention. To the extent possible, the conditions in medical isolation should be distinct from those in disciplinary segregation. While cohorting inmates with laboratory confirmed COVID-19 is acceptable, cohorting inmates with suspected COVID-19 is not recommended due to the high risk of transmission from infected to uninfected inmates. Inmates with laboratory confirmed COVID-19 should be housed separately from those with undiagnosed respiratory illness.

- The CDC provides guidance for housing individuals under medical isolation (refer to Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities). Facilities without sufficient space to implement effective medical isolation should coordinate with the Hawaii Department of Health to ensure that COVID-19 cases will be appropriately managed.
- To minimize the likelihood of disease transmission, inmates who are medically isolated or cohorted should wear a mask (unless contraindicated). Masks should be replaced as needed. Inmates who are cohorted with undiagnosed respiratory illness should wear a mask (unless contraindicated) to protect inmates with respiratory illnesses other than COVID-19.
- Facilities should ensure that medical isolation is operationally distinct from disciplinary segregation to the extent possible, even if the same housing spaces are used for both. To avoid being placed in punitive housing conditions, inmates may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected inmates who delay reporting symptoms. For example:
 - Ensure that inmates under medical isolation receive regular visits from medical staff and have access to mental health services.
 - Make efforts to provide similar access to radio, television, reading materials, personal property, and commissary, as would be available in regular housing units, if possible.
 - Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while medically isolated, where possible.
 - Communicate regularly with medically isolated inmates about the duration and purpose of the medical isolation period.



- Medical isolation cells or rooms should be identified with the Respiratory Infection Isolation Room Precautions sign (see Attachment 5) and relevant CDC Transmission-Based Precautions sign(s) (e.g., Contact Precautions and Droplet Precautions). See Attachment 3 and Attachment 4.
- The door to the Medical Isolation Cell should always remain closed, except when staff must enter and exit the cell, or when the medically isolated inmate must enter and exit the cell for treatment or bathroom use.
- Keep the inmate's movement outside the medical isolation space to an absolute minimum.
 - Provide medical care to medically isolated inmates inside the medical isolation space, unless they need to be transferred to a healthcare facility.
 - Dedicated medical equipment (e.g., blood pressure cuffs), should be left in room (ideally) or decontaminated in accordance with manufacturer's instructions.
 - Serve meals inside the medical isolation space. Inmates in medical isolation should throw disposable food service items in regular trash in the medical isolation room. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling food service items should clean their hands after removing gloves.
 - Exclude the inmate from all group activities.
 - Provide inmates in medical isolation with tissues, and if permissible and available, a lined no-touch trash receptacle. Instruct inmates to:
 - Cover their mouth and nose with a tissue when they cough or sneeze.
 - Dispose of used tissues immediately in the lined trash receptacle.
 - Wash hands immediately with soap and water for at least 20 seconds.
 - Laundry should be transported from the medical isolation area to the laundering location in a bag liner that is either disposable or can be laundered. Individuals handling laundry from COVID-19 cases should wear disposable gloves and gown, discard after each use, and perform hand hygiene. Do not shake dirty laundry (to minimize the possibility of dispersing virus through the air). Laundry from COVID-19 cases may be washed with other inmate laundry. Use the hottest appropriate water setting and dry items completely. Clean and disinfect clothes hampers in accordance with Element 3b.
 - Ideally, the Medical Isolation unit should have a dedicated bathroom attached. If not, inmates must wear a mask (unless contraindicated) to go to the bathroom outside the room. When a dedicated bathroom is not feasible, do not reduce access to restroom or shower use as a result. Clean and disinfect areas used by infected inmates frequently on an ongoing basis during medical isolation.
- If inmates with respiratory illness must be taken out of the medical isolation room, they should wear a mask (unless contraindicated) and perform hand hygiene before leaving the room.
- If an inmate who is in medical isolation must undergo a procedure that is likely to generate aerosols (e.g., suctioning, administering nebulized medication, testing for COVID-19), they should be placed in a separate room. An N95 respirator (not a surgical mask), gloves, gown, and face protection should be used by staff.



- If the facility is housing inmates with confirmed COVID-19 as a cohort:
 - Only inmates with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort inmates who have confirmed COVID-19 with other inmates who have suspected COVID-19, who are close contacts of individuals with confirmed or suspected COVID-19, or who have an undiagnosed respiratory infection that does meet the criteria for suspected COVID-19.
 - Use a well-ventilated room with solid walls and a solid door that closes fully, where possible.
 - To conserve PPE and reduce the risk of cross-contamination across different parts of the facility, consider using one large space for cohorted inmates with confirmed COVID-19 on medical isolation status. Depending on the degree and severity of illness among inmates, bunk beds may or may not be suitable.
- If feasible, designated security staff should be assigned to monitor medically isolated inmates in order to minimize exposures. If an inmate has laboratory-confirmed COVID-19, staff should maintain a consistent duty assignment in the same area of the facility across shifts to prevent transmission across different facility areas, where possible. Staff assigned to medical isolation posts should limit their movement to other parts of the facility as much as possible. If staff must serve multiple areas of the facility, ensure staff change PPE when leaving the medical isolation space. If PPE supplies necessitate reuse, staff should move from areas of low to high exposure risk (e.g., start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in a medical isolation unit).
- When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an inmate with COVID-19 symptoms while interviewing, escorting, or interacting in other ways. Keep interactions with inmates with COVID-19 symptoms as brief as possible.
- Admission to and Discharge from Medical Isolation must be ordered by a Provider.
 - If an inmate with suspected COVID-19 receives a positive SARS-CoV-2 test, continue medical isolation until discharged by the Provider.
 - If an inmate with suspected COVID-19 receives a negative SARS-CoV-2 test and the inmate is discharged from Medical Isolation by the Provider, the inmate may be returned to general population housing unless the inmate requires quarantine as a close contact of someone with COVID-19 or the inmate requires completion of the 14-day Routine Intake Quarantine.

Table 6. CDC Levels of Illness Severity
Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging).
Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥ 94% on room air at sea level.
Severe Illness: Individuals who have respiratory frequency > 30 breaths per minute, SpO2 < 94% on room air at sea level (or, for individuals with chronic hypoxemia, a decrease from baseline of > 3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) < 300 mmHg, or lung infiltrates > 50%.
Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.
Note: The highest level of illness severity experienced at any point in the clinical course should be used when determining the duration of transmission-based precautions.



- The CDC recommended strategy for discontinuing medical isolation and transmission-based precautions are expected to change as additional data on Duration of Isolation and Precautions for Adults with COVID-19 become available. Providers should review the CDC guidance cited above and HDOH Medical Advisories for rapidly changing updates. Except for rare situations, CDC and HDOH no longer recommend a test-based strategy for confirmed COVID-19. At this time, CDC and HDOH recommend the following symptom-based strategy for discontinuation of transmission-based precautions for confirmed COVID-19.
 - Inmates, who experienced *mild to moderate illness* and *are not severely immunocompromised*:
 - At least 10 days have passed since symptoms first appeared; **AND**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications; **AND**
 - Symptoms (e.g., cough, shortness of breath), have improved*

* Loss of taste and sense of smell may persist for weeks or months after recovery and need not delay the end of medical isolation.
 - Inmates, who were *asymptomatic* throughout the infection and are not *severely immunocompromised*:
 - At least 10 days have passed since the date of collection of the first positive viral diagnostic test
 - Inmates, who experienced *severe to critical illness* or who *are severely immunocompromised* (consider consultation with an infectious disease expert):
 - At least 20 days have passed since symptoms first appeared; **AND**
 - At least 24 hours have passed since last fever without the use of fever-reducing medications; **AND**
 - Symptoms (e.g., cough, shortness of breath), have improved
 - Inmates, who were *asymptomatic* throughout the infection and are *severely immunocompromised*:
 - At least 20 days have passed since the date of collection of the first positive viral diagnostic test
- According to the CDC, the above guidance on medical isolation does not imply immunity to COVID-19.
 - Available data suggest that a person with mild to moderate COVID-19 illness are infectious for no longer than 10 days. Individuals with severe to critical illness or are severely immunocompromised may have a longer infectious period, up to 20 days. Additionally, people who have recovered from COVID-19 may have low levels of virus detectable for up to 3 months after diagnosis. This means that if the person, who has recovered from COVID-19, is retested within 3 months of initial infection, the person may continue to have a positive test result, even though the person may not be spreading COVID-19.



- To date, reinfection appears to be uncommon during the initial 90 days after symptom onset of the preceding infection; however, research is ongoing (see [Reinfection with COVID-19](#)). Persons infected with related endemic human betacoronavirus appear to become susceptible again at around 90 days after onset of infection. Thus, for persons recovered from SARS-CoV-2 infection, a positive PCR during the 90 days after illness onset more likely represents persistent shedding of viral RNA than reinfection.
- For persons previously diagnosed with symptomatic COVID-19 who remain asymptomatic after recovery, retesting is not recommended within 3 months after the date of symptom onset for the initial COVID-19 infection.
- If a person who has recovered from COVID-19 develops new symptoms of COVID-19 and an evaluation fails to identify a diagnosis other than SARS-CoV-2 infection (e.g., [influenza](#), [seasonal allergy](#)), then an evaluation for reinfection may be indicated in consultation with an infectious disease expert, especially if the person had close contact with someone infected with COVID-19. Medical isolation is recommended during the evaluation and until the inmate meets criteria for discontinuation of transmission-based precautions.
- If an inmate with suspected or confirmed COVID-19 is to be released from the facility before discharge from medical isolation, notify the Hawaii Department of Health to provide direct linkage to community resources and release planning (e.g., transport, shelter, and medical care).
- If an inmate on medical isolation status is scheduled to transfer to the Hawaii State Hospital or another correctional facility, hold the transfer until the inmate is cleared for transfer by the Medical Director.
- After an inmate with COVID-19 is discharged from medical isolation, close off the area. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions ([consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions](#)) before beginning to clean and disinfect. Ensure that persons cleaning the area wear recommended PPE for medical isolation (see Table 3). Thoroughly clean and disinfect utilizing instructions in Element #3b with an emphasis on frequently touched surfaces.

11. Care for the Sick

- Staff evaluating and providing care for COVID-19 cases should follow the CDC [Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease \(COVID-19\)](#) and the National Institutes of Health [Coronavirus Disease 2019 \(COVID-19\) Treatment Guidelines](#). Monitor the guidance and the [CDC COVID-19 Published Science and Research](#) websites regularly for updates to the recommendations.
- Two main processes are thought to drive the pathogenesis of COVID-19. Early in the course of the infection, the disease is primarily driven by replication of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Later in the course of infection, the disease is driven by an exaggerated immune/inflammatory response to the virus that leads to tissue damage.



- Current clinical management of COVID-19 includes infection prevention and control measures and supportive care, including supplemental oxygen and mechanical ventilatory support when indicated. The U.S. Food and Drug Administration (FDA) has approved one drug, remdesivir (Veklury), for the treatment of COVID-19 in certain situations.
- The recipe for oral rehydration solution is shown in Table 6 below.

Table 6. Oral Rehydration Solution Recipe
1-gallon clean water
10-tablespoons of sugar
4-teaspoons salt
Directions: Stir up. Do not boil. Can add sugar-free drink mix to flavor. Use within 24 hours.

- Patients should be assessed at least twice daily for signs and symptoms of shortness of breath or decompensation.
- Clinicians should be aware of the potential for some patients to rapidly deteriorate 1 week after illness onset.
- The median time to acute respiratory distress syndrome (ARDS) ranges from 8 to 12 days.
- Several individuals with COVID-19 have been reported presenting with concurrent community-acquired bacterial pneumonia. The CDC recommends decisions to administer antibiotics to COVID-19 inmates should be based on the likelihood of bacterial infection (community-associated or healthcare-associated), illness severity, and current clinical practice guidelines.
- The facility should have a plan in place to safely transfer inmates with severe illness from COVID-19 to a local hospital if they require care beyond what the facility is able to provide.
- A low threshold should be used for making the decision to transport an inmate to the hospital if the inmate develops shortness of breath.
- Inmates diagnosed with COVID-19 should be evaluated and managed in chronic care clinic until they are feeling well and without symptoms for two weeks. Inmates should be instructed to immediately notify the Medical Unit if experiencing any relapse of COVID-19 symptoms.
- The CDC is actively working to learn about the range of short- and Long-Term Effects of COVID-19. The CDC reports that many organs (e.g., heart), besides the lungs are affected by COVID-19 and there are many ways infection can affect an individual's health (see also Late Sequelae of COVID-19).
- Inmates who are released while being treated for COVID-19 should be provided education about:
 - Steps to help prevent the spread of COVID-19 if you are sick
 - Symptoms of Coronavirus (COVID-19) and emergency warning signs (e.g., trouble breathing, persistent pain or pressure in the chest, new confusion, inability to wake or stay awake, and bluish lips or face), requiring immediate medical care.



12. Quarantine (*Asymptomatic Exposed Persons*)

The purpose of quarantine is to help prevent the spread of disease that can occur before a person knows they are sick or if they are infected with the virus without feeling symptoms. Quarantine is a medical intervention that separates inmates who might have been exposed to COVID-19 from others.

- In the context of COVID-19, a person is considered a Close Contact if the person has been within 6 feet of a confirmed COVID-19 case for a cumulative total of 15 minutes or more over a 24-hour period, starting from 48 hours before illness onset (or starting from 48 hours before the first positive test if asymptomatic) until the time the infected person meets criteria to end medical isolation; the person had direct physical contact (e.g., hugged, kissed), with a suspected or confirmed COVID-19 case; OR the person had direct contact with infectious secretions (e.g., sharing utensils, sneezed or coughed on), from a suspected or confirmed COVID-19 case.
- Refer to the Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan, Contact Tracing for COVID-19, Case Investigation and Contact Tracing in Non-healthcare Workplaces: Information for Employers, Managing Investigations During an Outbreak, and Operational Considerations for Adapting a Contact Tracing Program to Respond to the COVID-19 Pandemic for additional information on the use of Contact Tracing for the identification of Close Contacts in order to help contain disease outbreaks.
 - Contact tracing can be especially impactful when there is a small number of infected individuals in the facility or in a particular housing unit.
 - Contact tracing may be more feasible and effective in settings where inmates have limited contact with others (e.g., celled housing units), compared to settings where close contact is frequent and relatively uncontrolled (e.g., open dormitory housing units).
 - If there is a large number of individuals with COVID-19 in the facility, contact tracing may become difficult to manage. Under such conditions, consider broad-based testing in order to identify infections and prevent further transmission.
- Viral testing is recommended for all close contacts of persons with SARS-CoV-2 infection.
 - Medically isolate those who test positive to prevent further transmission.
 - Asymptomatic close contacts testing negative should be placed under quarantine precautions for 14 days from their last exposure.
 - Consider re-testing inmates in a quarantine cohort every 3-7 days to identify and medically isolate infected inmates early and minimize continued transmission within the cohort.
- Inmates who are close contacts of a suspected or confirmed COVID-19 case (i.e., other inmates, staff, visitors, vendors, volunteers), should be placed under quarantine for 14 days.
 - If an inmate is quarantined due to close contact with an individual who has laboratory confirmed COVID-19, but the quarantined inmate tests negative, the inmate should continue to quarantine for the full 14 days after last exposure and follow all recommendations of public health authorities. A negative COVID-19 test result means that the individual tested was likely not infected at the time the sample was collected or the specimen was inadequate. Persons with a negative COVID-19 test can develop infection at a later time.



- If an inmate is quarantined due to close contact with a suspected COVID-19 individual who subsequently tests negative, the inmate may be considered for medical discharge from quarantine by the Provider. Due to the possibility of false negative results and other medical considerations involving the medically isolated inmate, only a Provider may order the discontinuation of quarantine.
- NOTE: Inmates, who have recovered from confirmed COVID-19 illness within the previous 3 months and remain without COVID-19 symptoms, do NOT require quarantine and do NOT require retesting.
- Facilities should make every effort to quarantine close contacts of an inmate with suspected or confirmed COVID-19 individually. Cohorting multiple close contacts in quarantine could result in the transmission of COVID-19 to inmates who are not infected. Cohorting should only be practiced if there are no other available options. Do not add more inmates to an existing quarantine cohort after the 14-day quarantine clock has started, if possible.
- The CDC provides guidance for housing multiple individuals under quarantine, in order of preference, (refer to Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities). If ideal quarantine housing is not available in a facility, use the next best alternative as a harm reduction approach. Facilities without sufficient space to implement effective quarantine should consult with the Hawaii Department of Health to ensure that quarantine cases will be appropriately managed.
 - IDEAL: Separately, in single cells with solid walls (i.e., not bars), and solid doors that close fully.
 - Separately, in single cells with solid walls, but without solid doors.
 - As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each inmate in all directions.
 - As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each inmate in all directions, but without a solid door.
 - As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between inmates. Note: Inmates are single-celled, but the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.
 - As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies to maintain at least 6 feet of space between inmates housed in the same cell.
 - As a cohort, in inmates' regularly assigned housing unit, but with no movement outside the unit (if an entire housing unit has been exposed – referred to as “quarantine in place”). Employ social distancing strategies to maintain at least 6 feet of space between inmates.
 - Safely transfer to another facility with capacity to quarantine in one of the above arrangements. Note: Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.
- The solid door (if available) to the Quarantine Room should remain closed. A sign should be placed on the door of the room indicating that it is a Quarantine Room, which lists recommended personal protective equipment (PPE) (see Attachment 6).



- Facilities should maintain a system for the identification of inmates, with COVID-19, who are at increased risk for severe illness (e.g., Older Adults and People with Certain Medical Conditions). If feasible, facilities should quarantine inmates in single cells and avoid cohorting in quarantine People Who Are at Increased Risk for Severe Illness (see also the CDC list for People with Certain Medical Conditions and Evidence used to update the list of underlying medical conditions that increase a person's risk of severe illness from COVID-19). If cohorting is unavoidable, make all possible accommodations (e.g., intensify social distancing strategies), to reduce exposure risk and adverse health outcomes for inmates at increased risk for severe illness.
- If single cells for medical isolation (of those with suspected COVID-19) and quarantine (of close contacts) are limited, CDC recommends prioritizing the available housing in rank order as follows to reduce the risk of further SARS-CoV-2 transmission and adverse health outcomes:
 - Inmates with suspected COVID-19 who are at increased risk for severe illness from COVID-19.
 - Other inmates with suspected COVID-19.
 - Quarantined close contacts of someone with COVID-19 who are themselves at increased risk for severe illness from COVID-19.
- CDC recommends monitoring inmates in quarantine at least once per day for COVID-19 symptoms and temperature. If an inmate develops symptoms for SARS-CoV-2, the inmate should be considered a suspected COVID-19 case, given a mask (if not already wearing one), and moved to medical isolation immediately (individually, and separately from those with confirmed COVID-19 and others with suspected COVID-19) and further evaluated. If the inmate is tested and receives a positive result, the inmate can then be cohorted with other inmates with confirmed COVID-19. When an inmate who is part of a quarantined cohort becomes symptomatic:
 - If the inmate is tested for SARS-CoV-2 and receives a positive result, the 14-day quarantine clock for the remainder of the cohort must be reset to 0. Refer to the CDC guidance on when to start and end quarantine: Quarantine If You Might Be Sick.
 - If the inmate is tested for SARS-CoV-2 and receives a negative result: the 14-day quarantine clock for this inmate and the remainder of the cohort does not need to be reset. The inmate can return from medical isolation to the quarantine cohort for the remainder of the quarantine period as the symptoms and diagnosis allow.
 - If the inmate is not tested for SARS-CoV-2, the 14-day quarantine clock for the remainder of the cohort must be reset to 0. Refer to the CDC guidance on when to start and end quarantine: Quarantine If You Might Be Sick.
- Keep the inmate's movement outside the quarantine space to an absolute minimum.
 - Provide medical evaluation and care inside or near the quarantine space when possible.
 - Meals should be provided to quarantined inmates in the designated quarantine area. Disposable food service items can be placed in regular trash in the quarantine area. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling food service items should perform hand hygiene after removing gloves and gowns.
 - Exclude the inmate from all group activities.



- Laundry should be transported from the quarantine area to the laundering location in a bag liner that is either disposable or can be laundered. Individuals handling laundry from the quarantine area should wear disposable gloves, discard after each use, and perform hand hygiene. Do not shake dirty laundry (to minimize the possibility of dispersing virus through the air). Laundry from quarantined inmates may be washed with other inmate laundry. Use the hottest appropriate water setting and dry items completely. Clean and disinfect clothes hampers in accordance with Element 3b.
- Ideally, the quarantine area should have a dedicated bathroom attached. If not, inmates must wear a mask (unless contraindicated) to go to the bathroom outside the room. When a dedicated bathroom is not feasible, do not reduce access to restroom or shower use as a result. Clean and disinfect areas used by quarantined inmates frequently on an ongoing basis during the quarantine period.
- Restrict quarantined inmates from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.
- If a quarantined inmate leaves the quarantine space for any reason, the inmate should wear a mask (unless contraindicated) as source control.
 - Quarantined inmates housed as a cohort should wear masks at all times, except when contraindicated or not practicable.
 - Quarantined inmates housed alone should wear masks whenever another individual enters the quarantine space, except when contraindicated or not practicable.
- Staff assignments to quarantine spaces should remain as consistent as possible. Staff assigned to quarantine posts should limit their movement to other parts of the facility as much as possible. If staff must serve multiple areas of the facility, ensure staff change PPE when leaving the quarantine space. If PPE supplies necessitate reuse, staff should move from areas of low to high exposure risk to prevent cross-contamination.
- Admission to and Discharge from Quarantine must be ordered by a Provider.
 - Inmates quarantined individually may be considered for release from quarantine restrictions if they have not developed COVID-19 symptoms and have not tested positive for SARS-CoV-2 for 14 days since their last exposure to someone who tested positive.
 - Consider testing inmates who are cohorted on quarantine when identified as close contacts of someone with suspected (not tested) or confirmed COVID-19 at the end of the 14-day quarantine period, before releasing the cohort from quarantine.
- If an inmate on quarantine status (not routine quarantine) due to exposure to suspected or confirmed COVID-19 is to be released from the facility before medically discharged from quarantine, notify the Hawaii Department of Health to provide direct linkage to community resources and release planning (e.g., transport, shelter, and medical care).
- If an inmate on quarantine status is scheduled to transfer to the Hawaii State Hospital or another correctional facility, hold the transfer until the inmate is cleared for transfer by the Medical Director.



- Inmates who are released while in quarantine should be provided education about the following:
 - Self-quarantine and stay home for 14 days* after last exposure.
 - Check temperature twice a day and watch for Symptoms of COVID-19.
 - Stay away from people, especially those who are higher risk for getting very sick from COVID-19.

*As an alternative to the 14-day quarantine period for inmates being released while on quarantine status to non-congregate settings, the quarantine period may be shortened to 10 days, ONLY if the following criteria are met:

- No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the quarantine period, up to the time quarantine is discontinued;
- Self-monitoring for symptoms of COVID-19 illness for a full 14 days after the last date of exposure;
- If symptoms develop within 14 days of the last exposure, the inmate should be tested for COVID-19 and self-isolate while awaiting results; **AND**
- The inmate is informed to strictly adhere to all recommended mitigation strategies, including:
 - Correct and consistent mask use
 - Physical distancing
 - Hand and cough hygiene
 - Avoiding crowds
 - Environmental cleaning and disinfection
 - Ensuring adequate indoor ventilation

13. Surveillance for New Cases

Inmates and staff should immediately report suspected cases of COVID-19 to the medical unit. Facilities should ensure that inmates receive medical evaluation and treatment at the first signs of COVID-19 symptoms. The initial medical evaluation should determine whether a symptomatic individual is at increased risk for severe illness from COVID-19.

- Daily screening of workline inmates, who provide services within the facility (e.g., kitchen, janitorial, laundry), is recommended to prevent infection in multiple locations.
- If individuals with COVID-19 have been identified among staff or inmates (excluding the introduction of a known COVID-19 positive inmate admission to the facility) in a facility, consider implementing regular symptom screening and temperature checks in housing areas that have not yet identified infections, until no additional infections have been identified in the facility for 14 days.
- In addition to routine intake quarantine (see element #6) and routine transport quarantine (see element #9), to the extent possible, implement and customize routine quarantine procedures for inmates who leave and return to the facility for other reasons (e.g., work furlough, weekend sentence, inmate workline, pre-release). As an example, implement routine work furlough quarantine (i.e., cohorting and restricting movement within the facility of all inmates, who leave and return to the facility while participating in work furlough). Inmates in routine work furlough quarantine should be housed separately from inmates who are quarantined due to contact with a suspected or confirmed COVID-19 case and the general inmate population.



14. Data Collection, Analysis, and Reporting

Implement methods for tracking information about inmates and employees with suspected and/or confirmed COVID-19.

- COVID-19 data assists public health professionals and health care providers monitor the spread and intensity of COVID-19 in our correctional system; supports an understanding of the illness, disease severity, and associated social disruptions; and informs the public health response to COVID-19. The following information should be tracked:
 - Facility: the specific correctional facility where the inmate is housed.
 - Tested: the number of inmates who have been administered a COVID-19 viral test and received results while incarcerated.
 - Results Pending: the number of inmates who have been administered a COVID-19 viral test and are waiting for results.
 - Refused Testing: the number of symptomatic inmates who refused COVID-19 viral testing.
 - Negative: the number of inmates who have been administered a COVID-19 test and have received a negative result from a COVID-19 viral test while incarcerated.
 - Inconclusive: the number of inmates who have been administered a COVID-19 test and have received an inconclusive result from a COVID-19 viral test while incarcerated.
 - Positive: the number of inmates who have been administered a COVID-19 test and have received a positive result from a COVID-19 viral test while incarcerated.
 - Pre-Incarceration Positive: the number of inmates who received a positive result from a COVID-19 viral test prior to incarceration.
 - Number of Persons in Medical Isolation: the number of inmates who received a positive result from a COVID-19 viral test and are currently infectious and the number of inmates who are presenting with symptoms of COVID-19 and have been separated, in a single cell or by cohorting, from others who are not ill in order to prevent the spread of disease.
 - Number of Persons in Quarantine: the number of inmates who are asymptomatic close contacts of individuals with suspected or known COVID-19.
 - Hospitalization: the number of inmates with laboratory confirmed COVID-19 who are currently hospitalized.
 - Recovered: the number of inmates who received a positive COVID-19 viral test, but have been successfully treated and discharged from medical isolation by the Provider in accordance with CDC guidelines.
 - Court-Ordered Release: the number of inmates who were released by court order while on medical isolation status and followed by the DOH.
 - Deaths: the number of inmates who received a positive COVID-19 viral test and was under the care of a Provider for COVID-19 at the time of death. This is provisional data that does not reflect the actual cause of death, which is based on the medical examiner report and autopsy.



- The Human Infection with 2019 Novel Coronavirus Person Under Investigation (PUI) and Case Report Form is submitted to the Hawaii Department of Health when COVID-19 viral testing is requested for inmates with symptoms of COVID-19. The form includes basic inmate medical and social history information, as well as information about clinical symptoms, pre-existing medical conditions, and respiratory diagnostic test results.
- To the extent permitted by Federal and State laws, facilities and programs should maintain a database on the number of employees who have tested positive for COVID-19, the number of employees who are recovered from COVID-19, and the number of employee deaths related to COVID-19. If a staff member has a confirmed SARS-CoV-2 infection, maintain the infected employee's confidentiality as required by the Americans with Disabilities Act.

15. Continuous Quality Improvement

The purpose of Continuous Quality Improvement (CQI) programs is to improve health care by identifying problems, implementing and monitoring corrective action, and studying the effectiveness of the corrective action. Periodically and at the conclusion of an outbreak, the facility should review the implementation of the COVID-19 Pandemic Response Plan in the context of identifying what has worked well and what areas require improvement. Findings from the facility CQI committee should be reported to the Division Administration for appropriate distribution to assist all correctional facilities. Members of the facility CQI committee should include the Warden and relevant Section Administrators.



COVID-19 Pandemic Response Plan Implementation Worksheet	
<p>This MS Word® template worksheet is designed for facilities to operationalize the guidance in this COVID-19 Pandemic Response Plan. It should be adapted to the unique needs of your facility.</p>	
<p>Date Updated:</p>	<p>Completed by:</p>
1. Administration/Coordination	
<p>a. Identify members of the facility leadership team responsible for COVID-19 pandemic response planning and implementation, including roles and responsibilities:</p> <p>b. How will facility administration regularly meet?</p>	
<p>c. Who is responsible for monitoring COVID-19 updates from CDC and Hawaii Department of Health?</p> <p>CDC Website: https://www.cdc.gov/coronavirus/2019-ncov/index.html</p> <p>Hawaii Department of Health Websites: https://health.hawaii.gov/news/covid-19-updates/ https://health.hawaii.gov/docd/advisories/novel-coronavirus-2019/ https://health.hawaii.gov/docd/for-healthcare-providers/news-updates/</p>	
2. Communication	
<p>a. The mechanisms for regular updates (paper/electronic/telephonic) will be as follows:</p> <ul style="list-style-type: none"> ▪ Staff: ▪ Inmates: ▪ Families of inmates: <p>Review recommendations for posting signage in the facility. What signage will be posted in the facility and where will the signage be posted?</p>	



b. The following staff are responsible for communicating with stakeholders:

c. Department of Health:

Oahu (Disease Reporting Line): (808) 586-4586
Maui District Health Office: (808) 984-8213
Kauai District Health Office: (808) 241-3563
Big Island District Health Office (Hilo): (808) 933-0912
Big Island District Health Office (Kona): (808) 322-4877
After hours on Oahu: (808) 600-3625
After hours on neighbor islands: (800) 360-2575 (toll free)

Fax: (808) 586-4595

d. Communicate with the Hawaii Department of Health and discuss guidance on management and COVID-19 testing of persons with respiratory illness.

Document date of communication and the plans discussed:

e. Local community referral hospital:

Phone:

3. General Prevention Measures

a. Good Health Habits: How will good health habits be promoted with your staff (e.g., posters, leadership emphasizing hand hygiene, educational video, email messages to staff)?



- 1) Are there facilities for employees and visitors to wash hands when entering and leaving the facility? YES NO If no, what are the plans to address this issue?

- 2) Are there facilities for inmates to wash hands at intake? YES NO
If no, what are the plans to address this issue?

- 3) Are soap dispensers or hand soap available in all employee and inmate restrooms? YES NO
What is the plan to ensure soap dispensers are refilled regularly?

- 4) What is the plan to ensure inmates have an adequate supply of soap?

- 5) Are signs for hand hygiene and respiratory etiquette visibly posted at the entry, in modules, and other high traffic areas? YES NO

- 6) Are tissues available? YES NO If so, where?

- 7) Are no-touch trash receptacles available? YES NO
If so, where?

b. Environmental Cleaning:

Review updated CDC recommendations regarding environmental cleaning. Note: common EPA-registered household disinfectants are considered effective. (If necessary) purchase EPA hospital-grade disinfectants from Schedule N: <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2>. (Recommended products are both a surface cleaner and disinfectant with a 3-minute wet time or less.) What disinfectants will the facility use?

Identify "high-touch" surfaces in the facility (e.g., doorknobs, handrails, keys, telephones):

The following plan will be implemented to increase the frequency and the extent of cleaning and disinfection of high-touch surfaces in this facility:



c. Social Distancing Measures: What administrative measures will your facility implement to increase social distancing (Review across all Sections in the facility)?

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)
- 7)
- 8)
- 9)

In what areas of the facility do staff interact or come in close contact with one another (e.g., break rooms, locker rooms, shared offices)?

What precautions are you taking to prevent transmission between staff members in these spaces?

d. Encourage the Use of Masks and Other No-Contact Barriers:

Will the facility distribute masks to staff and inmates? YES NO

What is the facility plan for inmate encounters using no-contact barriers?



e. Employees Stay Home When Sick: Does communication with employees include the message that they should stay home when sick or under quarantine? YES NO

Sick employees should be advised to follow CDC guidance on What to do if you are Sick

If NO, what corrective action will be implemented?

f. Influenza Vaccination: Is there flu vaccine in stock? YES NO

If yes, number of doses?

If yes, what plans are there to continue offering vaccination to health care staff and inmates who have not been vaccinated?

g. Infection Prevention and Control Guidance When Screening: Have staff who conduct screening of employees, visitors, vendors, volunteers, and new intakes received education on the infection prevention and control guidance? YES NO

If no, what corrective action be taken?

g. Control Strategies for Aerosol Generating Procedures:

Did medical staff implement control strategies for aerosol generating procedures involving diagnostics, CPAP/BiPAP use, pulmonary function/peak flow tests, and nebulizer treatments?
YES NO

If NO, what corrective actions are being implemented?

Did dental staff implement control strategies for aerosol generating procedures in accordance with the CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response and guidance from the Hawaii Board of Dentistry?
YES NO

If NO, what corrective actions are being implemented?



4. Visitors / Vendors / Volunteers

What changes in procedures/policies are being instituted in response to COVID-19 for:

a. Visitors:

b. Volunteers:

c. Vendors:

d. Attorneys:

What signage or methods are being used to communicate with visitors?

Is the facility prepared to conduct screening for visitors/vendors/volunteers? YES NO

If yes, who will conduct the screening?

5. Employee Screening

Do you have an infrared no-touch thermometer for employee screening? YES NO

If NO, what are your plans for acquiring an infrared no-touch thermometer?

When did your facility implement employee screening?

The following system will be utilized for employees to report illness/exposures:

The following system will be used to track employee illness/exposures:



6. New Intake Screening

It is recommended that new arrivals be isolated from rest of population until screening is performed. New intakes should be screened with temperature and questionnaire.

Where will screening occur?

Who will conduct screening?

What other screening logistics are being considered?

7. Initial Management and Testing of SARS-CoV-2

It is recommended that individuals with symptoms be immediately issued a mask and be placed in a separate room with a toilet and sink.

What separate room will be used for this purpose?

Do you have capacity in this facility to perform testing of SARS-CoV-2? YES NO

If yes, what are the plans to ensure competency in nasopharyngeal swabbing?

What are current recommendations from your Medical Director and the Hawaii Department of Health regarding COVID-19 testing?

Review CDC recommendation for collection of clinical specimens. Do you have needed supplies for testing? YES NO

If NO, what are your plans to obtain the supplies?



Planning for how the facility will modify operations when implementing broad-based testing for SARS-CoV-2.

Will specific housing units or areas be designated for inmates who test positive? YES NO

How will the facility manage those who decline testing?

If testing reveals that more inmates are positive than negative, will those who test negative be reassigned to different housing (rather than reassigning those who test positive)? YES NO

If yes, how will the facility mitigate further transmission within the facility?

How will housing areas be systematically and thoroughly cleaned and disinfected if large numbers of positive inmates are identified and housing units are rearranged?

How will the facility manage the logistics of moving large numbers of inmates into different housing arrangements (e.g., where will inmates go while the housing units are being cleaned and disinfected, and how will positive and negative inmates be separated during this time)?



8. Personal Protective Equipment

Date: **What is the current inventory of the following?**

Surgical Masks:

N-95 respirators:

Gowns (disposable):

Gowns (washable):

Eye Protection- Goggles:

Eye Protection—Disposable face shields:

What is your plan for securing and maintaining an adequate supply of PPE?

If respirators are available, but in limited supply, what activities will they be prioritized for?

What is your plan for fit-testing adult correctional officers?

What is your plan for fit-testing health care workers?

What is your plan for fit-testing inmate workline?

How does the facility plan to train adult correctional officers in donning and doffing of PPE?

Who will conduct the training?

Who will organize the training?

When will the training occur?

How does the facility plan to train Health Care Workers in donning and doffing of PPE?

How does the facility plan to train inmate workline in donning and doffing of PPE?



Review Table 3 (COVID-19 Personal Protective Equipment Recommendations) and the CDC Strategies to Optimize the Supply of PPE and Equipment. What strategies are being implemented to optimize the supply of PPE and equipment?

9. Transport

What is your plan for training transport staff on procedures for transport?

10. Medical Isolation / Cohorting (*Symptomatic Inmates*)

What is your capacity for medically isolating inmates with suspected COVID-19 in single cells with a toilet?

Where will medical isolation cells for suspected COVID-19 be located?

What is your capacity for cohorting inmates in cells, quads, modules, or dorms, with toilets/sinks?

What areas of the facility have been designated for medical isolation of confirmed COVID-19 in cohorts?

What is your plan for designating and training officers assigned to medical isolation cells, quads, modules, or dorms on isolation room procedures?

Is it feasible to designate specific security staff to only monitor medically isolated inmates to minimize the potential for exposure among staff? YES NO

If YES, how will staff be selected for this duty?



Review recommendations for laundry and food service. What are your plans for educating staff and inmate workers on the laundry and food service recommendations?

Review recommendations for cleaning areas where COVID-19 cases spent time. What are your plans for training staff and inmate workers on the cleaning recommendations?

11. Care for the Sick

Do you have an adequate supply of Oxygen and medications for supportive care of a respiratory illness?

What is your facility plan for monitoring ill inmates?

12. Quarantine (*Asymptomatic Exposed Inmates*)

What cells, quads, modules, and dorms could be used for individual quarantine?

What cells, quads, modules, and dorms could be used for group quarantine?

How do you plan to monitor inmates under quarantine?

What is your plan for supplying masks needed for an entire housing unit of inmates for a period of 14 days?



What is your plan/ability to provide single cells for exposed persons who have risks for complications (e.g., over age 60 or with medical risk factors)?

NOTE: the Red Quarantine sign has been revised to the Blue Quarantine sign in Attachment 6.

13. Surveillance for New Cases

What is the facility plan for notifying the medical unit of suspected COVID-19 cases by inmates and staff?

What is the facility procedure for daily screening of workline inmates?

14. Data Collection, Analysis, and Reporting

Who is responsible for collecting and reporting data on employees with suspected/confirmed COVID-19?

How will the employee information be communicated to the data collector?

Who is responsible for collecting and reporting data on inmates with suspected/confirmed COVID-19?

Daniel Kinikini, CRS, and Toni Schwartz, PIO, collect and report on data, respectively.

How will the inmate information be communicated to the data collector?

Facility nursing will report instances of COVID-19 testing, requiring medical isolation and quarantine as a Priority I Incident.



15. Continuous Quality Improvement

Who are the members of the facility CQI committee for COVID-19?

Who will be responsible for communicating the results of the reviews to the Division Administrators for appropriate distribution to other facilities?



Attachment 1A. COVID-19 Visitor/Vendor/Volunteer Screening Tool A

**DEPARTMENT OF PUBLIC SAFETY
CORONAVIRUS DISEASE 2019 (COVID-19)
VISITOR/VENDOR/VOLUNTEER SCREENING TOOL**

SECTION A (TO BE COMPLETED BY VISITOR/VENDOR/VOLUNTEER)

Please complete the following:	
Date of Requested Entrance	
Name	
1. Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 10 days, have you tested positive for COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you traveled off-island?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you had contact with a person suspected or known to be infected with COVID-19?
2. Today or in the past 14 days, have you had any of the following symptoms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, Felt Feverish, or Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Body Aches
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestion or Runny Nose
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea or Loose Stool
3. Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can staff take your temperature?

SECTION B (TO BE COMPLETED BY STAFF)

4. Take Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the visitor/vendor/volunteer 100.0°F or above?
5. Clearance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the visitor/vendor/volunteer clear for purpose of this screening to enter the facility?

Staff Name: _____

Staff Title: _____



Attachment 1B. COVID-19 Visitor/Vendor/Volunteer Screening Tool B

**DEPARTMENT OF PUBLIC SAFETY
 CORONAVIRUS DISEASE 2019 (COVID-19)
 VISITOR/VENDOR/VOLUNTEER SCREENING TOOL**

SECTION A (TO BE COMPLETED BY VISITOR/VENDOR/VOLUNTEER)

Please complete the following:	
Date of Requested Entrance	
Name	
1. Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 10 days, have you tested positive for COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you traveled outside Hawaii?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you had contact with a person suspected or known to be infected with COVID-19?
2. Today or in the past 14 days, have you had any of the following symptoms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, Felt Feverish, or Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Body Aches
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestion or Runny Nose
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea or Loose Stool
3. Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can staff take your temperature?

SECTION B (TO BE COMPLETED BY STAFF)

4. Take Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the visitor/vendor/volunteer 100.0°F or above?
5. Clearance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the visitor/vendor/volunteer clear for purpose of this screening to enter the facility?

Staff Name: _____

Staff Title: _____



Attachment 2A. COVID-19 Employee Screening Tool A

**DEPARTMENT OF PUBLIC SAFETY
CORONAVIRUS DISEASE 2019 (COVID-19)
EMPLOYEE SCREENING TOOL**

SECTION A (TO BE COMPLETED BY EMPLOYEE)

Please complete the following:	
Date	
Employee Name	
1. Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 10 days, have you tested positive for COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you traveled off-island?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you had contact with a person suspected or known to be infected with COVID-19, while not wearing recommended PPE?
2. Today or in the past 14 days, have you had any of the following symptoms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, Felt Feverish, or Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Body Aches
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestion or Runny Nose
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea or Loose Stool
3. Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can the screener take your temperature?

SECTION B (TO BE COMPLETED BY SCREENER)

4. Take Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the employee 100.0°F or above?
5. Clearance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the employee clear for purpose of this screening to enter the facility?

Screener Name: _____

Screener Title: _____



Attachment 2B. COVID-19 Employee Screening Tool B

DEPARTMENT OF PUBLIC SAFETY
 CORONAVIRUS DISEASE 2019 (COVID-19)
 EMPLOYEE SCREENING TOOL

SECTION A (TO BE COMPLETED BY EMPLOYEE)

Please complete the following:	
Date	
Employee Name	
1. Please answer the following questions:	
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 10 days, have you tested positive for COVID-19?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you traveled outside Hawaii?
<input type="checkbox"/> Yes <input type="checkbox"/> No	In the past 14 days, have you had contact with a person suspected or known to be infected with COVID-19, while not wearing recommended PPE?
2. Today or in the past 14 days, have you had any of the following symptoms?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fever, Felt Feverish, or Chills
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cough
<input type="checkbox"/> Yes <input type="checkbox"/> No	Shortness of Breath or Difficulty Breathing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fatigue
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscle or Body Aches
<input type="checkbox"/> Yes <input type="checkbox"/> No	Headache
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Loss of Taste or Smell
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sore Throat
<input type="checkbox"/> Yes <input type="checkbox"/> No	Congestion or Runny Nose
<input type="checkbox"/> Yes <input type="checkbox"/> No	Nausea or Vomiting
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diarrhea or Loose Stool
3. Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Can the screener take your temperature?

SECTION B (TO BE COMPLETED BY SCREENER)

4. Take Temperature	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the temperature of the employee 100.0°F or above?
5. Clearance	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the employee clear for purpose of this screening to enter the facility?

Screener Name: _____

Screener Title: _____




Attachment 3. CDC Contact Precautions Sign

STOP


CONTACT PRECAUTIONS


EVERYONE MUST:

STOP


 **Clean their hands, including before entering and when leaving the room.**


PROVIDERS AND STAFF MUST ALSO:

 **Put on gloves before room entry. Discard gloves before room exit.**

 **Put on gown before room entry. Discard gown before room exit.**

Do not wear the same gown and gloves for the care of more than one person.

 **Use dedicated or disposable equipment. Clean and disinfect reusable equipment before use on another person.**

 U.S. Department of Health and Human Services
Centers for Disease Control and Prevention
Prevention



Attachment 4. CDC Droplet Precautions Sign



STOP **DROPLET PRECAUTIONS** **STOP**

EVERYONE MUST:
Clean their hands, including before entering and when leaving the room.



Make sure their eyes, nose and mouth are fully covered before room entry.



or



Remove face protection before room exit.



U.S. Department of Health and Human Services
Centers for Disease Control and Prevention







Attachment 5. Isolation Room Precautions Sign

<h2 style="text-align: center;">Respiratory Infection Isolation Room Precautions</h2> <p style="text-align: center;"><i>PRECAUCIONES de sala de aislamiento de infección respiratoria</i></p>	
<p>TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE:</p> <p><i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitación tienen que:</i></p>	
	<p>HAND HYGIENE <i>Higiene De Las Manos</i></p>
	<p>Face Mask or N-95 Respirator <i>Mascarilla Facial o Respirador N95</i></p>
	<p>Gloves <i>Gauntos</i></p>
	<p>GOWN <i>Bata</i></p>
	<p>Eye Protection <i>Protección para los ojos</i></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>NOTICE KEEP THIS DOOR CLOSED</p> </div>	<p>Ensure that the door to this room remains closed at all times.</p> <p><i>Asegúrese de mantener la puerta de esta habitación cerrada todo el tiempo.</i></p>



Attachment 6. Quarantine Room Precautions Sign

<h1>Quarantine Room Precautions</h1> <p><i>PRECAUCIONES de Sala de Cuarentena</i></p>	
<p>TO PREVENT THE SPREAD OF INFECTION, ANYONE ENTERING THIS ROOM SHOULD USE:</p> <p><i>Para prevenir el esparcimiento de infecciones, todas las personas que entren a esta habitacion tienen que:</i></p>	
	<p>HAND HYGIENE</p> <p><i>Hygiene De Las Manos</i></p>
	<p>Face Mask</p> <p><i>Mascara facial</i></p>
	<p>Eye Protection</p> <p><i>Protección para los ojos si contacto cercano</i></p>
	<p>Gloves</p> <p><i>Guantes</i></p>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p>NOTICE</p> <p>KEEP THIS DOOR CLOSED</p> </div>	<p>Ensure that the door to this room remains closed <u>at all times.</u></p> <p><i>Asegurese de mantener la puerta de esta habitacion cerrada todo el tiempo.</i></p>



Attachment 7. COVID-19 Re-entry Information Handout



DEPARTMENT OF PUBLIC SAFETY COVID-19 RE-ENTRY INFORMATION



Coronavirus Disease 2019 (COVID-19) is a respiratory illness that can spread from person-to-person. Symptoms of the disease may include fever, cough, and/or shortness of breath. Severe cases can result in hospitalization and death. Residents of Hawaii are advised to take a few simple precautions to help reduce their risk of exposure.



HOW TO PROTECT YOURSELF & OTHERS

Avoiding crowds and other people's personal space helps to curb the spread of the virus. Social Distancing or keeping at least six feet away from other people will also reduce your chances of catching COVID-19. Examples general prevention measures:

- Avoid handshaking, hugging, and other intimate types of greetings
- Wash your hands often with soap and water for at least 20 seconds after you have been in a public place, or after blowing your nose, coughing, or sneezing
- Avoid touching your eyes, nose, and mouth with unwashed hands
- Clean and disinfect frequently touched objects and surfaces
- Avoid groups larger than 10 people, especially in poorly ventilated spaces
- Stay at home as much as possible
- Wear a cloth face mask or equivalent face covering



SELF-QUARANTINE

People who have been exposed to the new coronavirus and who are at risk for coming down with COVID-19 should self-quarantine. Health experts recommend a self-quarantine period of 14 days. Two weeks provides enough time for people to know whether they will become ill and be contagious to other people. Self-quarantine involves:

- Staying at home
- Not having visitors
- Practicing social distancing with other people in your household
- Standard hygiene practice and frequent hand washing
- Not sharing things like towels and dining ware



RESOURCES AND LINKS

Below are COVID 19 hotline numbers and web links for more information:

- Hawaii Department of Health
 - o 2-1-1
 - o <https://www.hawaii-covid19.com/> or <https://www.health.hawaii.gov/coronavirusdisease2019/>
- Centers for Disease Control and Prevention
 - o 1-800-232-4636
 - o <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>



Attachment 8. Control Strategies for Aerosol Generating Procedures

General Strategies to Reduce Risk with Aerosol Generating Procedures:

1. Examine whether the procedure is medically necessary, identify viable effective alternatives, and consider temporarily discontinuing non-essential use during the COVID-19 pandemic.
2. If aerosol generating procedures are deemed medically necessary, minimize the risk by:
 - a. Limiting staff involved in the procedure
 - b. Recommended PPE: N95 respirator, face shield, gloves and gown.
 - c. Perform in airborne infection isolation (All) room or single room with solid walls and doors.
 - d. Thoroughly disinfect the room after use.

Procedure	Recommendations
Diagnostics (e.g., COVID-19, Influenza)	Nasopharyngeal and oropharyngeal swabs should be performed in a room with a door that closes. PPE: N95 respirator, gown, gloves, eye protection
Dental	Dental Health Professionals adhere to the CDC Interim Infection Prevention and Control Guidance for Dental Settings During the COVID-19 Response and guidance from the Hawaii Board of Dentistry . PPE: N95 respirator, gown, gloves, eye protection
CPAP/BiPAP	Providers review patients with sleep apnea on CPAP/BiPAP: <ul style="list-style-type: none"> ▪ For most patients on CPAP the short-term discontinuation of CPAP is less risky than the potential for aerosolized virus spread with CPAP use during pandemic. ▪ For patients on BiPAP/CPAP with severe sleep apnea and comorbidities (such as significant cardiomyopathy with history of arrhythmias) for whom short-term discontinuation of BiPAP/CPAP is not considered safe, single cell housing (with solid door) should be sought. ▪ COVID-19 can live on surfaces so frequent cleaning of CPAP equipment being used is encouraged during the pandemic
PFTs/Peak Flow Meters	It is recommended that pulmonary function tests and peak flow measurements be postponed due to COVID-19 pandemic.
Nebulizer Treatments	Avoid nebulizer use by converting to metered dose inhaler (MDI) if possible <ul style="list-style-type: none"> ▪ Use MDI with spacer, if possible ▪ Consider increasing puffs per sitting and more frequent use, if clinically indicated ▪ Some medications are available as dry powder inhaler ▪ National supply issues have been reported for some MDIs; consult with pharmacist as needed If must use nebulizer: <ul style="list-style-type: none"> ▪ Use in single room with closed door ▪ Limit staff and staff present use N95 respirator, gown, gloves, eye protection ▪ Disinfect room and equipment after treatment
CPR	CPR is performed in accordance with American Heart Association guidelines. Modifications include: <ul style="list-style-type: none"> ▪ Limit number of people in room to essential (no more than 3) ▪ Put on appropriate PPE before entering the scene: N95 respirator, gown, gloves, eye protection ▪ Use of bag-mask ventilation over mouth-mask/face shield preferred

Adapted from: VitalCore Health Strategies and California Department of Corrections Division of Health Care Services Memorandum: Aerosol Generating Procedures, April 8, 2020.

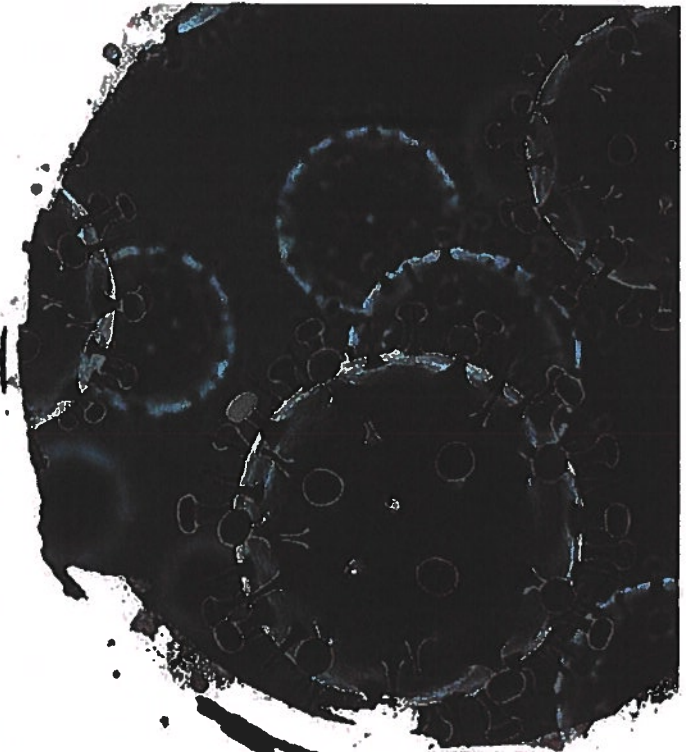


Attachment 9. HCD Seasonal Influenza Campaign

**Da FLU ends
with “U”**

**Get Your Free Flu Shot Today
and
Get 1 FUTURE COPAY Credit**

**Copay credit can only be used for one (1) future visit.
One (1) per person per year.
Expires one (1) year from the date of your flu shot.
Non-transferrable (no trading). No cash value.**





Appendix 1. CDC Definitions of Commonly Used Terms

Close contact of someone with COVID-19 – Someone who was within 6 feet of an infected person for a cumulative total of 15 minutes or more over a 24-hour period* starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the person is isolated.

** Individual exposures added together over a 24-hour period (e.g., three 5-minute exposures for a total of 15 minutes). Data are limited, making it difficult to precisely define “close contact;” however, 15 cumulative minutes of exposure at a distance of 6 feet or less can be used as an operational definition for contact investigation. Factors to consider when defining close contact include proximity (closer distance likely increases exposure risk), the duration of exposure (longer exposure time likely increases exposure risk), whether the infected individual has symptoms (the period around onset of symptoms is associated with the highest levels of viral shedding), if the infected person was likely to generate respiratory aerosols (e.g., was coughing, singing, shouting), and other environmental factors (crowding, adequacy of ventilation, whether exposure was indoors or outdoors). If the employee has not received training on proper selection and use of respiratory PPE, such as an N95, the determination of close contact should generally be made irrespective of whether the contact was wearing respiratory PPE. At this time, differential determination of close contact for those using fabric face coverings is not recommended.*

Cohorting – The practice of isolating multiple individuals with laboratory-confirmed COVID-19 together or quarantining close contacts of an infected person together as a group due to a limited number of individual cells. While cohorting those with confirmed COVID-19 is acceptable, cohorting individuals with suspected COVID-19 is not recommended due to high risk of transmission from infected to uninfected individuals.

Community transmission of SARS-CoV-2 – When individuals are exposed to the virus through contact with someone in their local community, rather than through travel to an affected location. When community transmission is occurring in a particular area, correctional facilities and detention centers are more likely to start seeing infections inside their walls.

Confirmed vs. suspected COVID-19 – A person has **confirmed COVID-19** when they have received a positive result from a COVID-19 viral test (antigen or PCR test) but they may or may not have symptoms. A person has **suspected COVID-19** if they show symptoms of COVID-19 but either have not been tested via a viral test or are awaiting test results. If their test result is positive, suspected COVID-19 is reclassified as confirmed COVID-19.

Masks – Masks cover the nose and mouth and are intended to help prevent people who have the virus from transmitting it to others, even if they do not have symptoms. CDC recommends wearing cloth masks in public settings where social distancing measures are difficult to maintain. Masks are recommended as a simple barrier to help prevent respiratory droplets from traveling into the air and onto other people when the person wearing the mask coughs, sneezes, talks, or raises their voice. This is called **source control**. If everyone wears a mask in congregate settings, the risk of exposure to SARS-CoV-2 can be reduced. Anyone who has trouble breathing or is unconscious, incapacitated, younger than 2 years of age or otherwise unable to remove the mask without assistance should not wear a mask (for more details see How to Wear Masks). **CDC does not recommend use of masks for source control if the mask has an exhalation valve or vent**). Individuals working under conditions that require PPE should not use a cloth mask when a surgical mask or N95 respirator is indicated. Surgical masks and N95 respirators should be reserved for situations where the wearer needs PPE. Detailed recommendations for wearing a mask can be found here.



Medical isolation – Separating someone with confirmed or suspected COVID-19 infection to prevent their contact with others to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established criteria for release from isolation, in consultation with clinical providers and public health officials. In this context, isolation does NOT refer to punitive isolation for behavioral infractions within the custodial setting. Staff are encouraged to use the term “medical isolation” to avoid confusion, and should ensure that the conditions in medical isolation housing are distinct from those in punitive isolation.

Quarantine – The practice of separating individuals who have had close contact with someone with COVID-19 to determine whether they develop symptoms or test positive for the disease. Quarantine reduces the risk of transmission if an individual is later found to have COVID-19. Quarantine for COVID-19 should last for 14 days after the exposure has ended. Ideally, each quarantined individual should be housed in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, and/or a quarantined individual receives a positive viral test result for SARS-CoV-2, the individual should be placed under medical isolation and evaluated by a healthcare professional. If symptoms do not develop during the 14-day period and the individual does not receive a positive viral test result for SARS-CoV-2, quarantine restrictions can be lifted. (NOTE: Some facilities may also choose to implement a “routine intake quarantine,” in which individuals newly incarcerated/detained are housed separately or as a group for 14 days before being integrated into general housing. This type of quarantine is conducted to prevent introduction of SARS-CoV-2 from incoming individuals whose exposure status is unknown, rather than in response to a known exposure to someone infected with SARS-CoV-2.)

NOTE: According to the CDC, “The best way to protect incarcerated/detained persons, staff, and visitors is to quarantine for 14 days.” As an alternative to the 14-day quarantine period for identified close contacts, who do not work, reside, visit, volunteer, or conduct business in a correctional facility, HDOH adopted the CDC option to shorten the quarantine period to 10 days, ONLY if the following criteria are met:

- No clinical evidence of COVID-19 has been elicited by daily symptom monitoring during the quarantine period, up to the time quarantine is discontinued;
- Self-monitoring for symptoms of COVID-19 illness for a full 14 days after the last date of exposure;
- Close contacts who develop symptoms within 14 days of the last exposure should be tested for COVID-19 and self-isolate while awaiting results; **AND**
- Close contacts are informed to strictly adhere to all recommended mitigation strategies, including:
 - Correct and consistent mask use
 - Physical distancing
 - Hand and cough hygiene
 - Avoiding crowds
 - Environmental cleaning and disinfection
 - Ensuring adequate indoor ventilation

HDOH advises that the 14-day quarantine remain in place for Hawaii’s jails and prisons.

Social distancing – The practice of increasing the space between individuals and decreasing their frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet of physical distance between all individuals, even those who are asymptomatic). Social distancing strategies can be applied on an individual level (e.g., avoiding physical contact), a group level (e.g., canceling group activities where individuals would be in close contact), and an operational level (e.g., rearranging chairs in the dining hall to increase distance between them). Social distancing is vital for the prevention of respiratory diseases such as COVID-19, because people who have been infected with SARS-CoV-2 but do not have symptoms can still spread the infection. Additional information about social distancing, including information on its use to reduce the spread of other viral illnesses, is available in this CDC publication.

MASS TESTING

Dashboard

September 17, 2021

thru

November 10, 2021

DEPARTMENT OF PUBLIC SAFETY (PSD) MASS TESTING

FACILITIES	HCCC	HCF	KCCC	KCF	MCCC	WCF	WCCC	TOTAL
Date of Testing	Oct. 22, 24, 29, Nov 09, 10	Sept. 22, 23, 24, 25	Oct 19, 20	Sept. 21, 22, Oct. 19, 22	Oct 19, 20	Sept. 17, 18	Oct 6, 8	
# of Inmates tested	102	636	41	164	166	229	127	1465
# of Negative results	102	636	41	164	166	229	127	1465
# of Positive results	0	0	0	0	0	0	0	0
# of Staff tested	69	171	146	74	100	98	83	741
# of Negative results	69	170	146	74	100	97	83	739
# of Positive results	0	1	0	0	0	1	0	2
Healthcare man hours								
Institutions (Facilities) man hours	6.5	64	2	37.5	80	42	17	595.00
Hawaii National Guard man hours	88	184		88	240			249.00
Estimated Total MAN HOURS	94.5	248	2	125.5	320	42	17	1444.00

HCCC STAFF ONLY ASSISTED W/SET-UP (HAWAII NATIONAL GUARD CONDUCTED ALL TESTING)

KCCC STAFF ONLY ASSISTED W/SET-UP (HEALTHCARE CONDUCTED ALL TESTING)



CALEA

Commission on
Accreditation for Law
Enforcement Agencies



Department of Public Safety
CALEA Accreditation

PURPOSE

The Commission on Accreditation for Law Enforcement Agencies (CALEA) helps to establish a body of professional standards and an accreditation process that requires Department of Public Safety (PSD) to develop comprehensive written directives, reports, and analysis to assist the CEO in making fact-based, informed management decisions.



HISTORY PERSPECTIVE OF CALEA

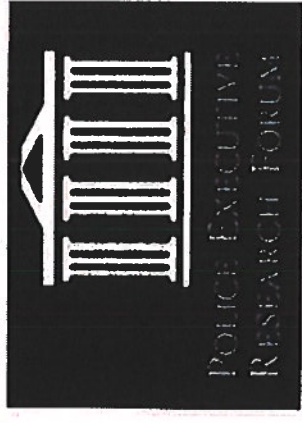
CALEA emerged as a solution to assist in the professional development of law enforcement in 1979 due to:

- Periods of civil unrest
- Lack of confidence in law enforcement
- Desire to professionalize the vocation
- Understanding the need of an independent authority



FOUNDING ORGANIZATIONS

- International Association of Chiefs of Police (IACP)
- National Organization of Black Law Enforcement Executives (NOBLE)
- National Sheriffs' Association (NSA)
- Police Executive Research Forum (PERF)



WHY CALEA?

- Improve accountability
- Strengthen crime prevention and control capabilities
- Formalize essential management procedures
- Establish fair and nondiscriminatory practices
- Solidify interagency cooperation and coordination
- Increase community confidence in the department



TIMELINE – 2021

Complete policies

Jan. – Mar.

Legislative session

- Secure CIP money
- Work with legislature to fill gaps

Jan. – May

Gathering proofs (supporting documents)

Apr. – June

Internal Assessment

July

Mock Assessment

August

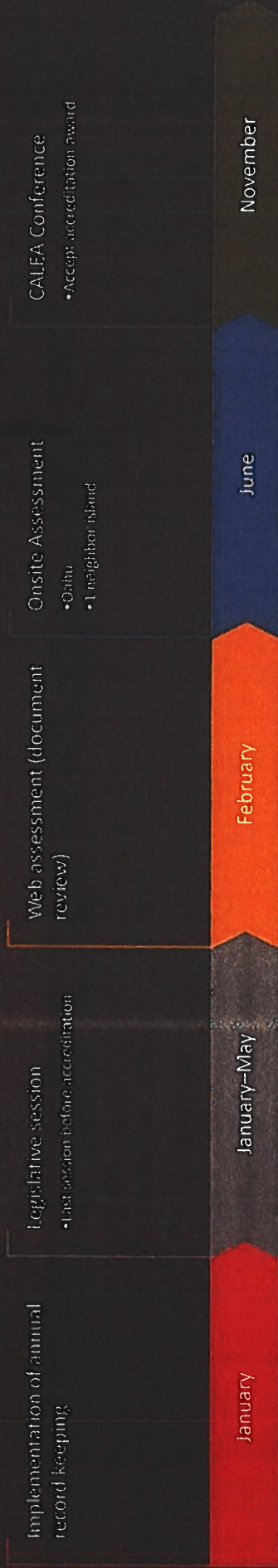
Implementing recommendations from assessments

Sep. – Dec.

Request scheduling of onsite assessment

Dec

TIMELINE – 2022

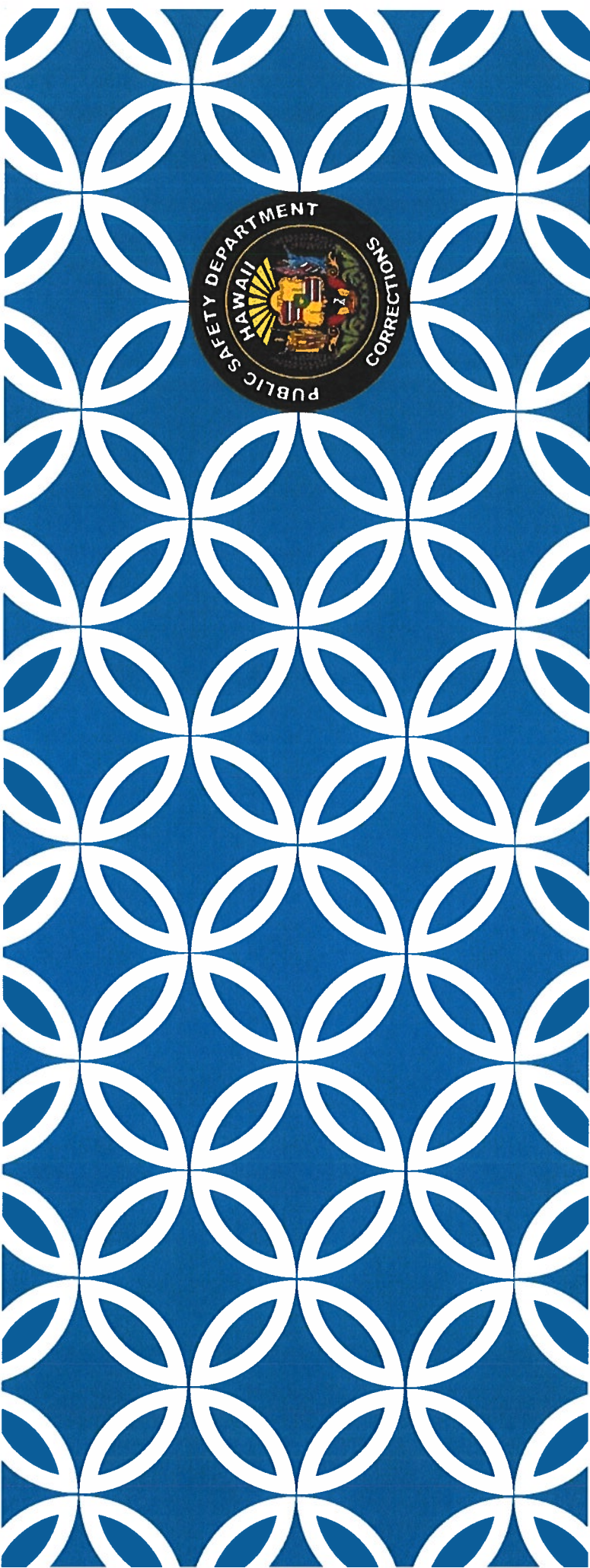




PSD

Risk Assessment Plan

Laying the ground work for the future

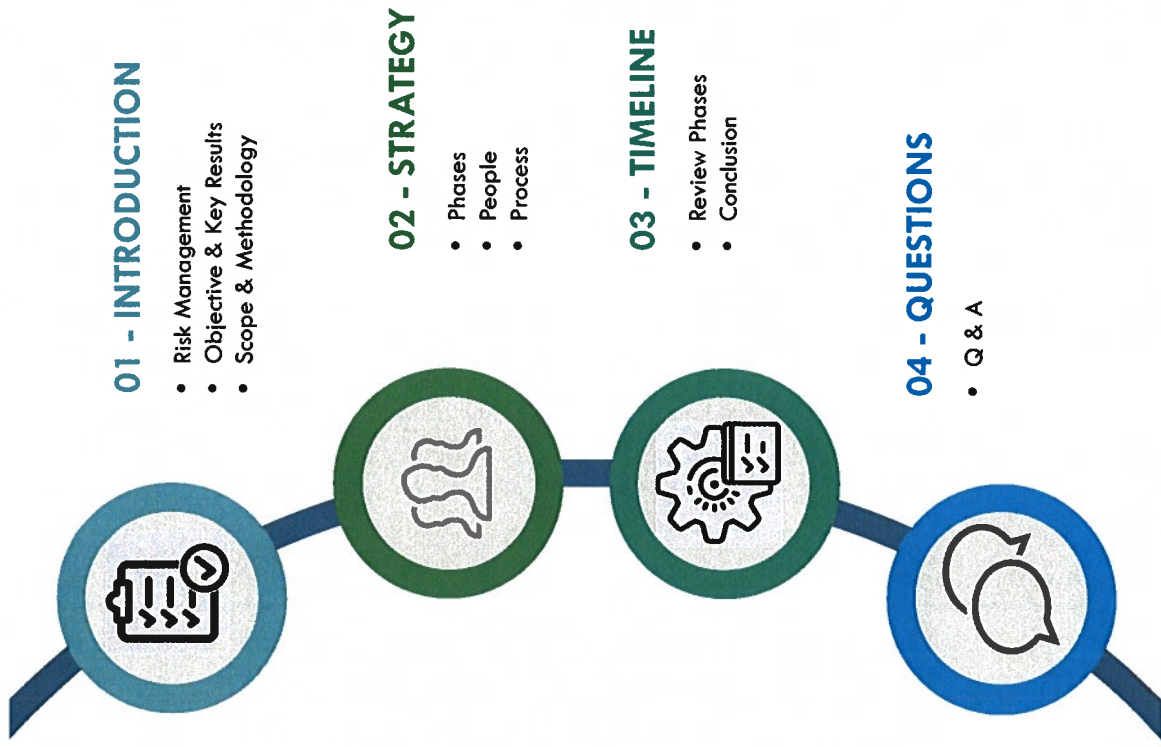


Laying the Groundwork for the Future

PSD RISK ASSESSMENT PLAN

December 2020

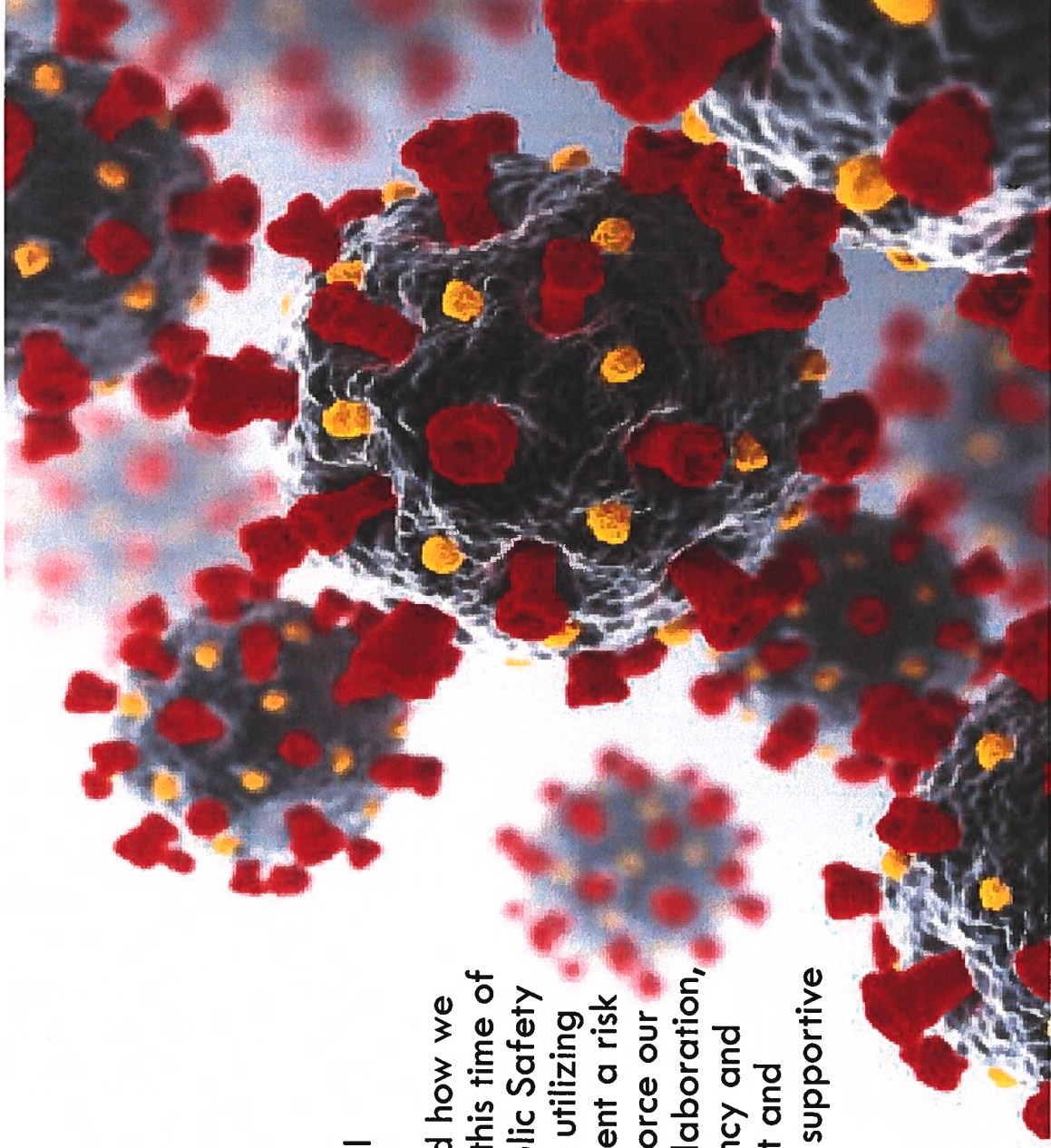
CONTENTS



INTRODUCTION

Risk Management

Following the outbreak of the novel coronavirus, our Department, the environments in which we work, and how we work are rapidly evolving. During this time of uncertainty, the Department of Public Safety is prepared to adjust and plans on utilizing technology to develop and implement a risk management process that will reinforce our operational practices, establish collaboration, improve training, create transparency and communication among management and staff, and reestablish a strong and supportive work environment.



Objective & Key Results

Objective

To develop a formal process of gathering and evaluating data concerning current correctional practices, identifying risks, and establishing controls that facilitate the Department's effort to comply with State and Federal laws, HIOSH regulations, DOJ settlement agreements, and NCCCHC and Legal Based Standards.

Key Results

- 1) To enhance communication and improve organizational, operational, and training practices,
- 2) To strengthen the work culture and environment and develop and retain a quality workforce, and
- 3) To increase our ability to monitor compliance and to decrease our exposure to litigation and adverse publicity.

Scope & Methodology

The process behind facility risk management requires the following:

SCOPE	METHOD
1 Develop a team.	Identify subject matter knowledgeable staff, train, and provide them with proper resources.
2 Review and revise current facility policies and practices that are significant to the audit objectives.	Review current Department policy, State statutes and Federal regulations, Legal Based Standards, and current intake, correctional program, security, ADA, training, PREA, sanitation, and management practices.
3 Determine the best methods to track and document compliance issues.	Evaluate each facility's practices, interview key staff, and develop a standard procedure.
4 Develop corrective action plans to address compliance issues.	Utilize all reports and historical documentation to develop a feasible strategy to address deficiencies.
5 Document progress and outcomes and review and assess any other issues related to the audit.	Roadmap process, communicate with staff, implement changes, and capture lessons learned for future efforts.
6 Prevent recurrence and close-out self audit.	Conduct a debrief, recognize staff, prepare for next audit.

Preliminary Considerations

*Before the Department begins the task of implementing facility risk assessments, there are points worth considering...

- **Is the Department ready for risk assessments and self-audits?**

Staff must be willing to look at competencies and be held accountable for progress toward targeted assessment outcomes.

- **What logistical challenges will the assessors face, and how will they deliver timely outcomes without disrupting operations?**

Administrators, the audit team, and facility staff must be willing to adjust, cooperate, and problem-solve to get to targeted outcomes.

- **Are the staff selected for the assessment willing and able to focus exclusively on the process and see it thorough to completion?**

Administrators must make a commitment that a small number of staff assigned to the assessment will be free to complete the assessment without interruption.

- **Are administrators committed to reviewing the audit findings and on planning to improve core functions and deficiencies?**

The single most important aspect of the assessment is the development and implementation of a well thought out corrective action plan.

Better Information Leads to
Better Outcomes

At the Department Level,

- 1) it is important that staff have the training and resources needed to conduct the assessments,
- 2) administrators are transparent with the results of the audit findings, involve staff in the development of corrective action plans, and are clear about responsibilities, and
- 3) follow-ups to initial findings are vital, not only do they address the problems, but they help to improve the workplace and in turn, boost morale.

STRATEGY

Getting the Department Mission Right

These are challenging times for our Department. With our jails and prisons facing the challenges of easing conditions of confinement and reducing inmate populations to prevent Covid-19 exposures to budgets being stretched especially thin and looming furloughs in today's weakened economy, it is more important than ever to evaluate our policies and practices as we have the rare opportunity to bring about substantial change. Working towards our mission is one of the most important and challenging foundations to improving the workplace and serving our communities.

3 STAGES OF OUR INTERNAL AUDIT STRATEGY

PHASES

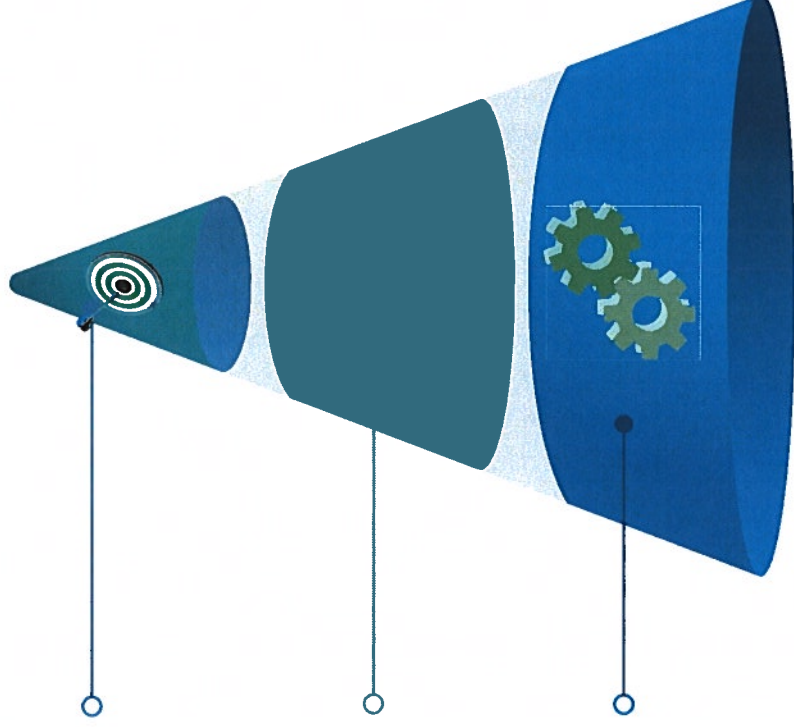
Plan and prepare, execute, report, debrief, follow-up, and plan for the next assessment.

PEOPLE

Identify and train key staff and assign roles and responsibilities.

PROCESS

Document potential risk and compliance issues, develop corrective action plans.



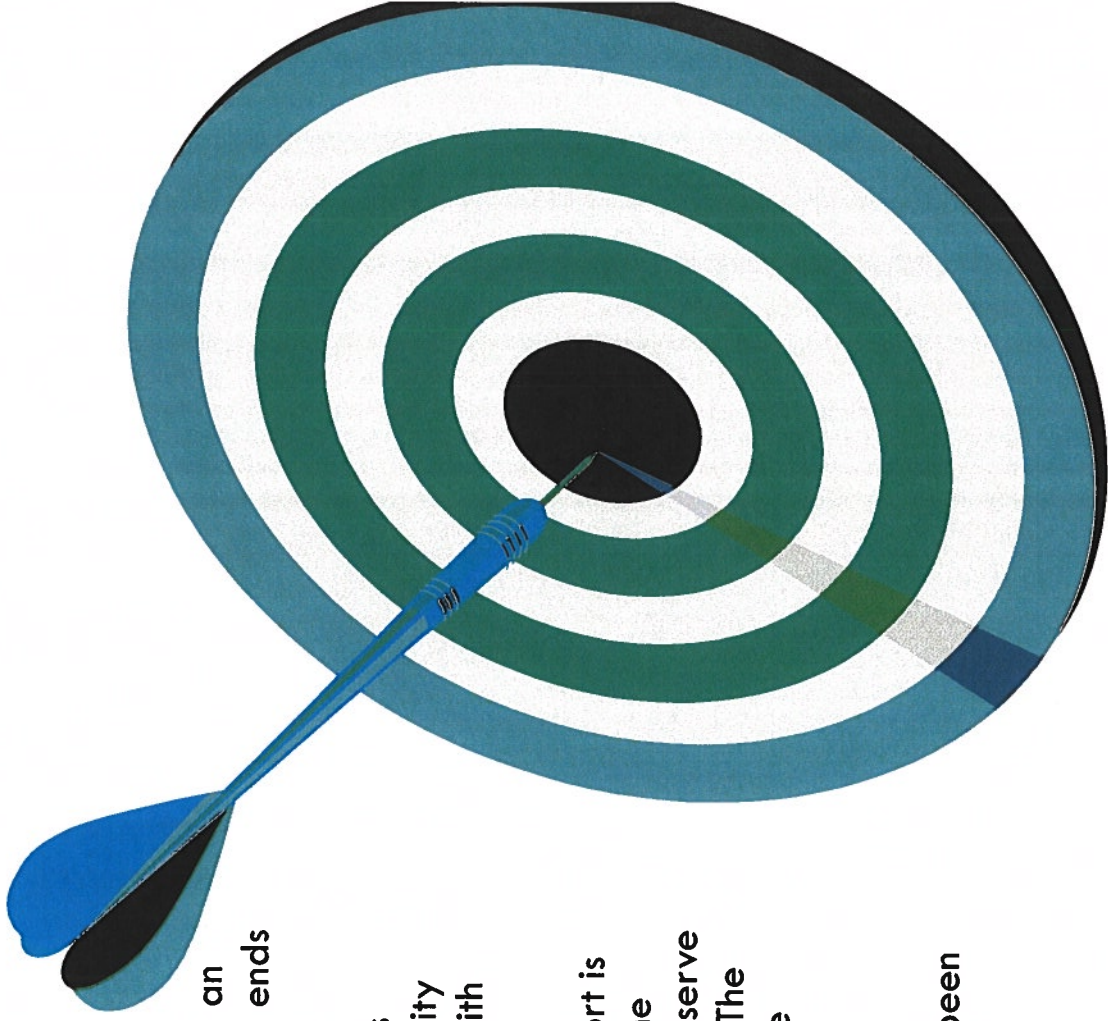
What is an internal audit?

An internal audit measures our Department's operational effectiveness and efficiency by aligning policy, practice and procedures to laws and established standards. It is our way of performing our own quality measurement and management process. To this end, it is vital that the audit team gathers accurate information and is independent and objective.

Why?

- Demonstrates the Departments ability to meet regulatory requirements,
- Increases awareness, understanding, and accountability,
- Identifies improvement opportunities.

PHASES



Audit planning and preparation phase: This stage of an audit begins with the decision to conduct the audit and ends when the audit itself begins.

Audit execution phase: It consists of multiple activities including on-site audit management, meeting with facility staff, understanding the process, and communicating with administrators.

Audit reporting phase: The purpose of the audit report is to communicate the results of the on-site inspections. The report should provide correct and clear data that will serve as a management tool in addressing important issues. The audit process may end when the report is issued by the audit team or after follow-up actions are completed.

Audit follow-up and closure phase: The audit is completed when all the planned audit activities have been carried out.

Audit Planning & Preparation Phase

This is a new undertaking, with new people, using new tools. The team should be trained on: how to revise Department and facility policies; how to use the Legal Based Standards System (AARMS) to upload documentation, review standards, facilitate communication and collaboration amongst team members, administrators, and support staff; and how to identify potential risks, prioritize, and plan going forward.

This phase will give our Department time to get things in order and expose potential resource needs to strengthen the audits execution phase. This phase should take 9 to 12 months.

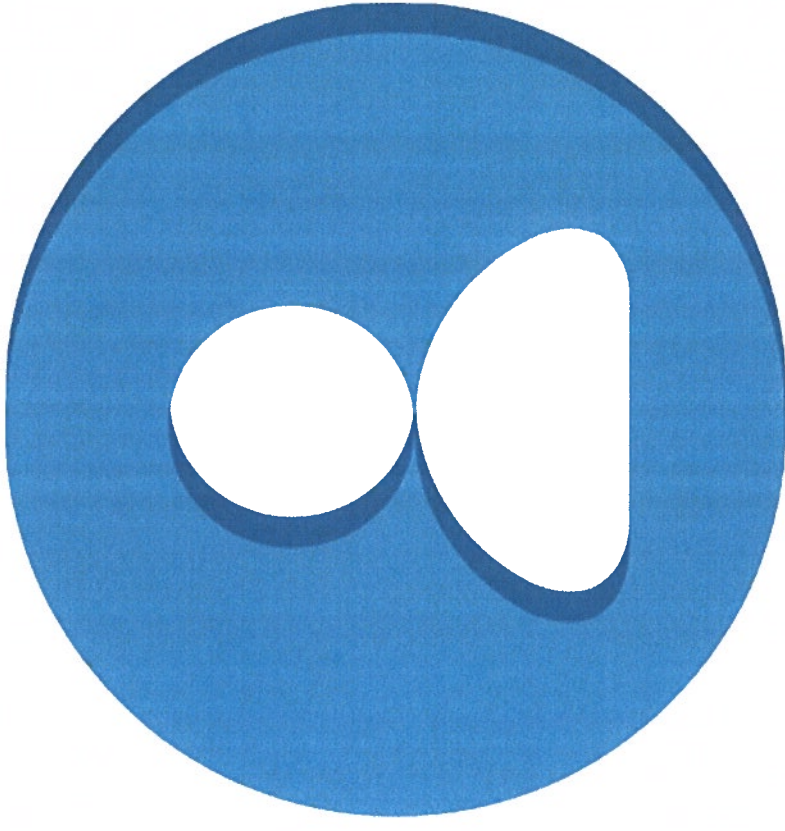
PEOPLE

Identifying Key Staff

Selecting audit team members is an **important** part of Stage 1 or the “Planning and Preparation Stage” of the audit.

The overall responsibility will be on the branch, program and division administrators. The Director and the Deputy Directors should be a part of the process of evaluating the selected team members and the availability of the selected staff that’s required to carry out the audit.

Once the team is selected, support staff will need to be identified. Administrators, audit team members, and support staff will need to meet to discuss scheduling, reporting, roles, responsibilities, and outcomes.



Developing the Team

There's no one-size-fits-all approach to setting up internal audits. Each division, program, office, and facility will have its own particulars, needs, and concerns.

Foster:

- Collaborative work approach,
- Effective interdepartmental communication, and a
- Well-trained audit team versed in the fundamentals of governance, risk management, internal control, planning, supervision, monitoring and that have learned the technical, analytical, and organizational skills necessary to manage the revision of P&P's and the corrections audit and inspection system.

“ **CULTIVATING
CULTURE** ”

CREATING OPEN LINES OF COMMUNICATION,
ESTABLISHING A COLLABORATIVE WORK
APPROACH, AND PROVIDING THE REQUIRED
RESOURCES WILL GO A LONG WAY IN
ATTAINING THE DESIRED OUTCOMES AND
BUILDING MORALE.

Audit Execution Phase

Once the audit is planned, the audit staff will begin working with facility support staff to upload documentation into the Legal Based Standards System. Administrators are kept informed of the audit process through regular Zoom status meetings. Audit observations, potential findings, and recommendations are identified and discussed.

This phase should take 9 to 12 months.

Audit Reporting & Follow-Up Phase

A summary of the audit findings, conclusions, and specific recommendations are communicated with administrators, IDA, DEP-C, and DIR, and corrective action plans are developed. Administrators follow up on all corrective action plans and within the timeframes that were set. These actions become a part of the final report which is distributed to the appropriate level of administration.

This phase should take 3-4 months.

Audit Follow-up and Closure Phase

Administrators follow up on all corrective action plans and within the timeframes that were set. A summary of the audit findings, conclusions, and specific recommendations are officially communicated. These actions become a part of the final report which is distributed to the appropriate level of administration and planning begins for the next audit.

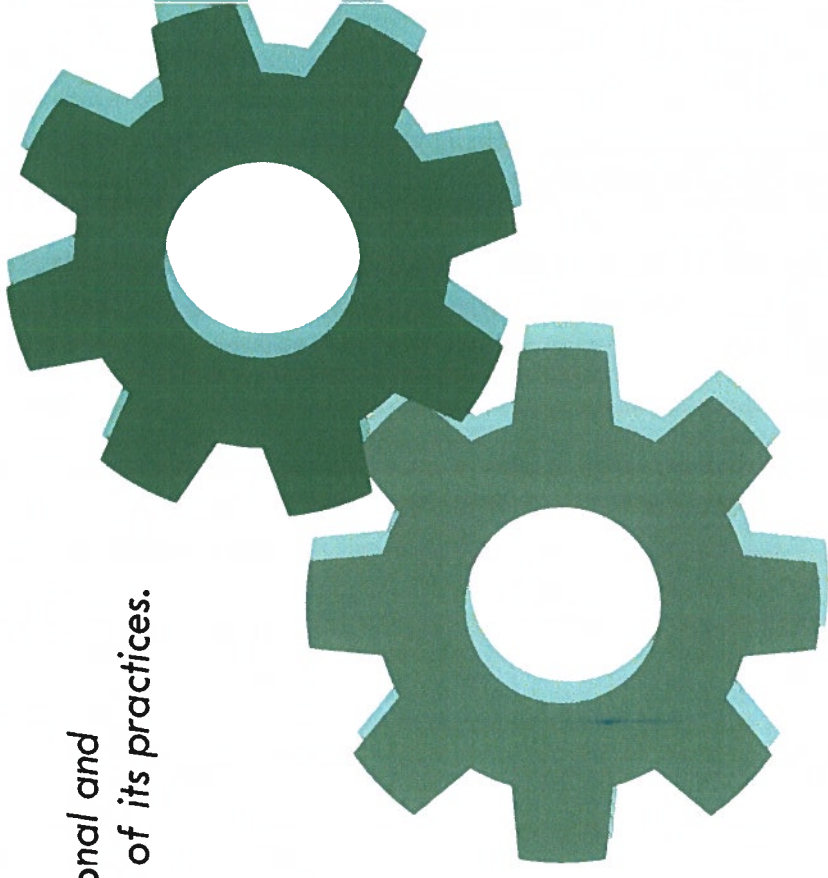
This phase should take 1 -2 months.

PROCESS

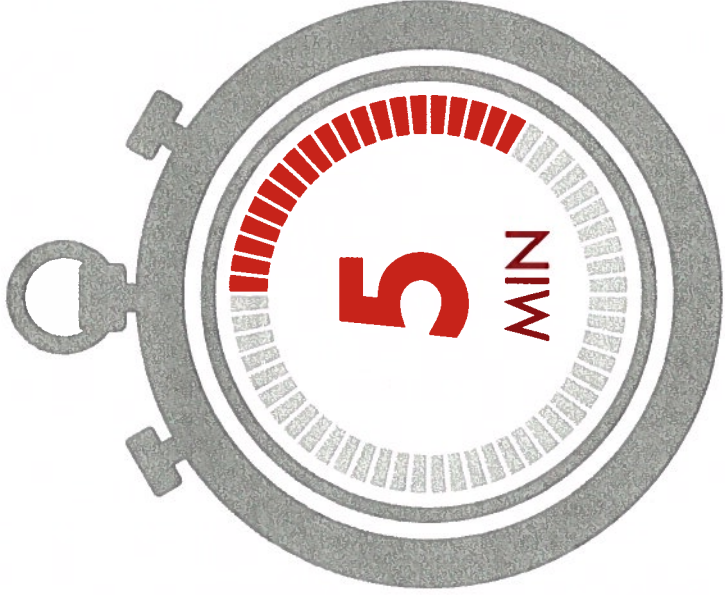
Internal audits will help our Department to achieve operational and regulatory objectives by keeping a pulse on the consistency of its practices.

The goal of the **internal audit** is to ensure organizational policies and procedures are followed and to alert management of gaps in policy compliance.

This next section will cover training, audit procedures, and compliance management.




**TIME
FOR
A**



BREAK!

Review and Revise Department and Facility P&P's

	DEPARTMENT OF PUBLIC SAFETY CORRECTION & ADMINISTRATION POLICY AND PROCEDURES	EFFECTIVE DATE: December 15, 2015	POLICY NO.: COR 14 15
	SUBJECT: DEBATE FURLOUGH PROGRAM	SUPERSEDES (Policy No. & Date): COR 14 14, 11/20/17	EFFECTIVE DATE: December 15, 2015

1.0 PURPOSE

To determine guidelines governing the determination of eligibility and granting of furloughs for committed inmates.

2.0 SCOPE

This policy shall apply to all P&C correctional facilities.

3.0 REFERENCES, DEFINITIONS, AND FORMS

1. REFERENCES

- a. Department of Public Safety (P&C), Policy and Procedures (P & P), COR 05 04, Restitution Collection
- b. P&C P & P, COR, 05 12, Inmate Trust Account
- c. P&C P & P, COR 14 01, Arrest Warrants for Furloughed Inmates
- d. P&C P & P, COR 14 22, Electronic Monitoring Service (EMS)
- e. P&C P & P, COR 14 27, Inmates with Disabilities
- f. P&C P & P, COR 14 30, Computerized Address
- g. P&C P & P, COR 15 06, Inmate Work and Conduct Reports
- h. P&C P & P, COR 16 05, Notification of Victim
- i. P&C P & P, COR 17 01, Personal Property, Confiscation and Disposition of
- j. P&C P & P, COR 18 01, Inmate Classification System
- k. P&C P & P, COR 18 02, Prison Classification Committee
- l. P&C P & P, COR 18 03, Inmate Classification and Facility Assignment of Prison Inmates.

COM P & P's	SUBJECT: DEBATE FURLOUGH PROGRAM	POLICY NO.: COR 14 15
	SUBJECT: DEBATE FURLOUGH PROGRAM	EFFECTIVE DATE: December 15, 2015

- a. P&C P&P, COR 18 05, Inmate Custody Assessment of Jail Inmates
- b. P&C P&P, COR 18 06, Jail Inmate Classification Review
- c. P&C P & P, COR 18 07, Exception Case
- d. P&C P & P, COR 18 08, Transfer of Adult Inmates
- e. *Freudenberg v. State, et al.*, 1:14-cv-00276 (D. Mass.) 9/16/14
- f. House Revised Statutes (HRS) § 313-8, Conditional Release Centers for Committed Persons.
- g. HRS § 313-17, Committed Persons, Furlough, Employment.
- h. HRS § 313-22, Obligation to Cover Non-Budgeted Costs
- i. HRS § 313-64, Committed Persons Paroled
- j. HRS § 313-2, Director of Public Safety, Powers and Duties
- k. HRS § 313-1, Conditions of Parole or Other Release from a Correctional Center or Facility
- l. HRS § 313-11, Escape from Residential Treatment Facility
- m. HRS § 710-1020, Escape in the First Degree
- n. HRS § 710-1021, Escape in the Second Degree
- o. State v. Pate, 801 NC-14-C000427 (March 02, 2016)
- p. Title II of the Americans with Disabilities Act of 1990 (ADA), 42 U.S.C. §§ 12131-12134
- q. ~~References~~
- r. ADA (Americans with Disabilities Act of 1990) Federal civil rights law protecting individuals with a disability.

Policy Characteristics

- Endure across time and administrations;
- Operationalize the Department's mission:

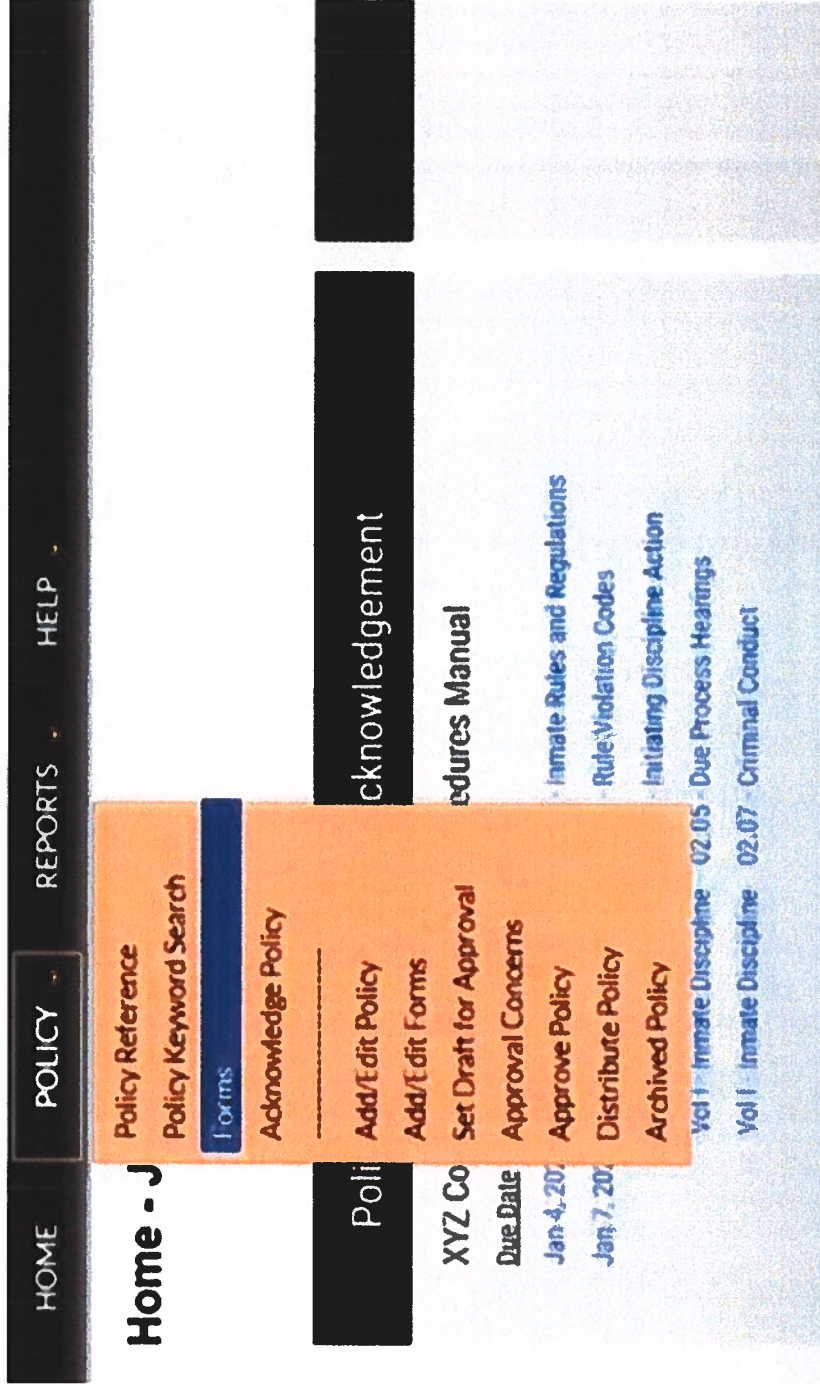
"To uphold justice and public safety by providing correctional and law enforcement services to Hawaii's communities with professionalism, integrity and fairness."

- Apply broadly across the Department or Division;
- Ensure compliance with applicable laws, regulations, settlement agreements and standards;
- Promote operational efficiency;
- Reduce Department and Facility risk;
- Clearly differentiate between "policy," "procedure," and other appropriate headings within the policy;
- Well structured, specific, and easy to understand.

Policy Review and Revisions

- Are reviewed with appropriate Division Deputy Director and subject matter knowledgeable staff and forwarded for comment and concurrence to all administrative units within the Department who may have interest in or be affected by the policy,
- Are consulted with ASO's Planning and Research Section's Management Analyst on proposed, amended, or rescinded forms.
- Ensure policies are revised in compliance with standard department format, procedures are clearly written, conforms with "References," and establishes responsibility for performance of functions,
- Ensure all internal controls within the Department are established and maintained,
- Ensure policies undergo consultation with labor unions and the AG's where applicable,
- Written and formatted in Microsoft Word and include appropriate revision marks,
- Require coordination with Department, division, and facility policy coordinators.

Legal Based Standards Policy Feature



HAWAII CORRECTIONS AUDIT & INSPECTION SYSTEM

“Legal Based Standards”

CORE FEATURES

- Capacity to centrally manage all audits and inspections under one system,
- Unlimited user accounts linked to email for effective communication,
- Easily updatable standards and guidelines,
- Dashboards, reports and charts allow administrators to see real-time results,
- Ability to set deadlines, assign, monitor, and follow-up on corrective action tasks,
- All actions are documented “date-stamp-time” for use in court.

The screenshot displays the user interface of the Hawaii PSD Corrections Audit and Inspection System. At the top, there is a navigation bar with the system name and user information. The main content area is divided into several sections: 'Home - Kona Main', 'Dashboard - Dashboard', 'Audit - 100% Legal Based Standards - Family - 2007-1-15', 'Facility Status' (with a pie chart showing 100% compliance), 'Messages' (with a notification about a new audit), 'Actions Due' (with a table of upcoming actions), and 'Reports - Reports - Summary' (with a table of reports). The dashboard includes various charts and tables providing real-time data on audits and inspections.



LEGAL BASED STANDARDS

Standard Reference

[Introduction](#)

[Definitions](#)

Audit	Section	Standard
2020 DOJ PREA	Section B: Administration	B01.01.01 Authority to Administer the Department of Public Safety.
2020 Facility Security Audit	Section C: Intake and Release	B01.01.02 Director's Duties.
2020 HI Legal-Based Inspection	Section D: Inmate Management	B01.01.03 Deputy Directors.
2019 Facility Security Audit	Section E: Inmate Communication	B01.01.04 Mission and Goals.
2019 HI Legal-Based Inspection	Section F: Security and Control	B01.01.05 Organizational Structure.
2018 DOJ PREA	Section G: Inmate Services	B01.02.01 Policies and Procedures Governing Corrections Operations.
2018 Facility Security Audit	Section H: Inmate Health Care	B01.02.02 Periodic Review and Revision of Policies and Procedures.
2018 HI Legal-Based Inspection	Section I: Sanitation and Maintenance	B01.02.03 Archive All Superseded Directives.
2017 HI Legal-Based Inspection	Section J: Advancement and Support Programs	B01.02.04 Directives Accessible to Staff.
2016 HI Legal-Based Inspection	Section K: Inmate Marriage and Access to Religion	B01.03.01 Enforcement of Policies and Procedures.
2015 HI Legal-Based Inspection	Section L: Facility – Support and Living Areas	B01.03.02 Provide Staff with a Code of Conduct.
DEMO	Section M: Americans with Disabilities Act	B02.01.01 Policies and Procedures Required Governing Access and Management of Prison and Jail Records.

[View](#)

LEGAL BASED STANDARDS

<< Back to List

Update

G02.03.03 - Special Diets: Religious.

Facility: Halawa Correctional Facility **Ready for Inspector:** No
Assigned to: Status: Needs Review
Prepared by: Due Date:

Description

Officials should accommodate requests for special diets for inmates when necessary to meet sincerely held religious beliefs.

Compliance. Compliance with this standard can be achieved by adopting and implementing written policies and procedures governing religious diet requests.

- A. Inmates should not be permitted to dictate specific menu items; however, officials must provide a diet sufficient to sustain the inmate in good health without "requiring a believer to defile himself by doing something that is completely forbidden by his religion"⁷, when reasonable alternatives are available.
- B. The cost of the more expensive frozen Kosher or Halal (Muslim) meals can be offset by supplementing the meals with less expensive whole fruits, vegetables, nuts, cereals, peanut butter, legumes, and other such items which do not violate religious requirements.
- C. Requests for special religious meals may be denied if the inmates demonstrate that they do not have a sincere belief in the religious requirement. Demonstrating a lack of sincerity of belief is difficult, but can be done. (E.g., showing that the inmate who wants a Kosher or Halal diet orders pork rinds from the commissary or fails to adhere to other central tenants of religious requirements.)
- D. Other religions also disallow the eating of certain foods or drinking certain beverages (E.g., Sikhs, Seventh Day Adventists, Mormons). Some are easy to satisfy by simply omitting an item (e.g. a beverage other than coffee or tea for Mormons), while others may be more difficult.
- E. Meeting the request would result in a substantial threat to the legitimate penological interests (i.e., safety, security, order, discipline, control) of the facility involved. For example where a Pagan religion wanted spears, drinking horns and other such items, safety and security concerns trumped.

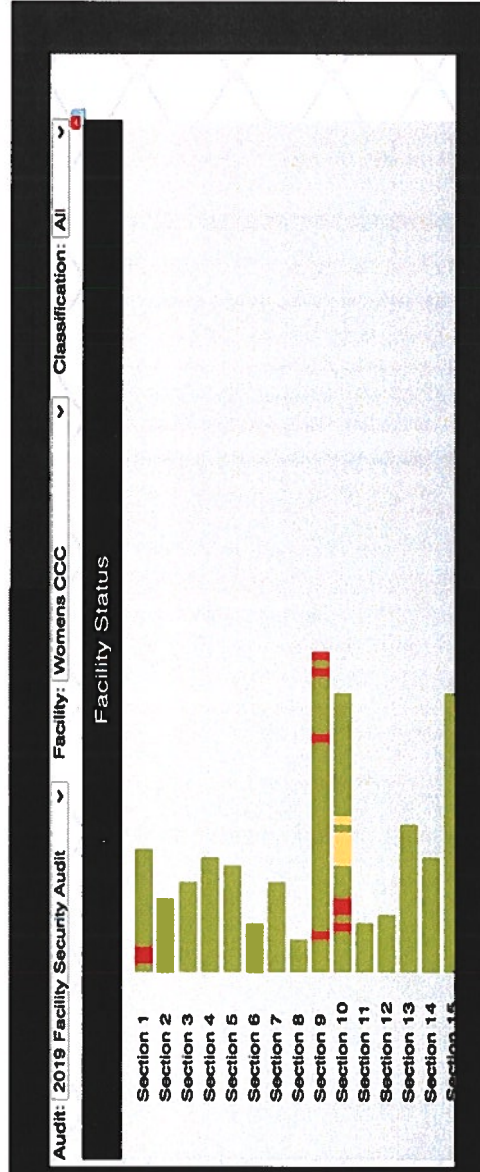
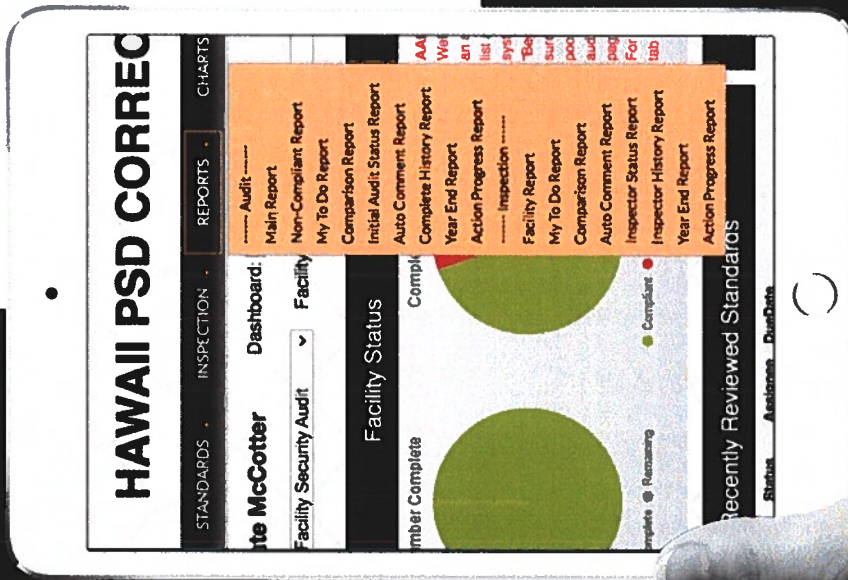
It should be noted that the U.S. Supreme Court ruled that Congress in authorizing "appropriate relief" for violations of RLUJPA did not authorize damages to be levied against corrections officials.⁸ *All of the circuits have refused to allow such an action to go forward. The principal underlying reason is the limitation of Congress's power under the Spending Clause.⁹

History

Seq	Documentation	Person	Activity	Date
1	Audit Performed			01/07/2020 04:59

REPORTS

Administrators, staff, and auditors are able to login to the system, see the compliance status of each facility, and print or view specific reports or standards to further compliance efforts.



ADD USERS/ASSIGN ROLES

Last Name	First Name	Username	Phone	Title	Is Active	Is Key Contact	Last Login
Edit Abac	Brian	brian.t.abac@hawaii.gov	808-243-5176	Lieutenant	Yes	No	2019-09-29 21:48:52.0
Edit Agarani	Tina	tina.k.agarani@hawaii.gov	808-587-3381	R.N. / Medical	Yes	No	
Edit Agbayani	Carrick	carrick.a.agbayani@hawaii.gov	808-485-5205	Supervisor	No	No	
Edit Aguon	Ralph	ralph.p.aguon@hawaii.gov	808-485-5285	Captain	No	No	
Edit Ahuna	Walter	walter.c.ahunajr@hawaii.gov	8089324438	Sergeant	Yes	Yes	
Edit Aiu	Mylie	mylie.lau@hawaii.gov		Staff	No	No	2016-08-22 14:17:08.0
Edit Akina	Edmund	edmund.k.akina@hawaii.gov	808-586-5511	Officer	No	No	
Edit Almadova	Benjamin	benjamin.d.almadova@hawaii.gov	808-832-1624	Captain	Yes	No	
Edit Altares	Cesar	cesar.d.altares@hawaii.gov	808-832-1624	Captain	Yes	Yes	2020-02-10 10:32:21.0
Edit Andrade	Nancy	nancy.j.andrade@hawaii.gov	808-241-3062	R.N. / Medical	No	No	2016-04-15 17:29:56.0
Edit Andre	Ross	ross.b.andre@hawaii.gov	808-243-5101	Sergeant	No	No	
Edit Antonio	Lyle	lyle.k.antonio@hawaii.gov	808-485-5225	Captain	Yes	No	2018-08-06 10:27:55.0
Edit Apana	Lisa	lisaann.s.apana@hawaii.gov	808-243-5011	Officer	Yes	No	2018-08-15 20:33:23.0
Edit Apato	Jennifer	jennifer.n.apato@hawaii.gov	808-832-1683	Administrator	Yes	Yes	2017-07-13 15:19:06.0
Edit Arai	Chie	chie.arai@hawaii.gov		Officer	No	No	
Edit Asato	Alan	alan.m.asato@hawaii.gov	808-587-1335	Administrator	Yes	Yes	
Edit Ashby	Renee	renee.lashby@hawaii.gov	8089324447	Administrator	Yes	Yes	2019-09-23 16:42:54.0
Edit Assily	Mahina	mahina.o.assily@hawaii.gov	8084855185	R.N. / Medical	No	No	2016-04-16 15:48:41.0
Edit Bartolome	Wendy	wendy.a.bartolome@hawaii.gov	808-587-3375	R.N. / Medical	Yes	No	
Edit Baysa	Anthony	anthony.s.baysa@hawaii.gov	808-832-1624	Lieutenant	No	No	
Edit Bechert	Samantha	Samantha.A.Bechert@hawaii.gov	8089324462	Secretary	Yes	No	2016-10-10 15:43:23.0
Edit Berschauer	Agnes	agnes.a.berschauer@hawaii.gov	808-832-1777	Officer	Yes	No	2019-06-03 12:36:25.0

COMPLIANCE MANAGEMENT

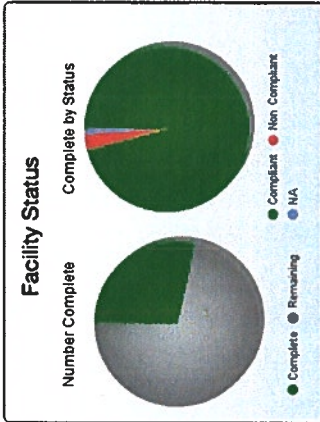


Hawaii PSD Corrections Audit and Inspection System



Home - John Wayne

Audit: 2018 HI Legal-Based Inspection Facility: DEMO Facility



Messages

Placeholder for messages.

Action Items Due

Next Due	Item ID	Due Date
	B01.01.05	08/29/2018

Recently Reviewed Standards

View Standard	Status	Assignee	Due Date
View B01.02.03	Compliant	Kimoto, Shari	08/22/2018
View B01.02.03	Compliant	Kimoto, Shari	08/22/2018
View B02.02.02	Needs Review	Wayne, John	
View B02.02.02	Needs Review	Wayne, John	
View B02.03.03	Compliant	Kimoto, Shari	
View B02.01.02	Non-Compliant		

Online Self-Audit

Support staff will conduct the online Hawaii PSD Audit and Inspections System self audit.

- Document Compliance,
- Attach Required P&P Statements to each standard,
- Notify administrators and audit team when complete.

Self-Audit Review

Administrators and the audit team will conduct the review.

- Verify Compliance,
- Review Policy and Standards,
- Ensure documents, proofs, and pictures are attached accordingly.

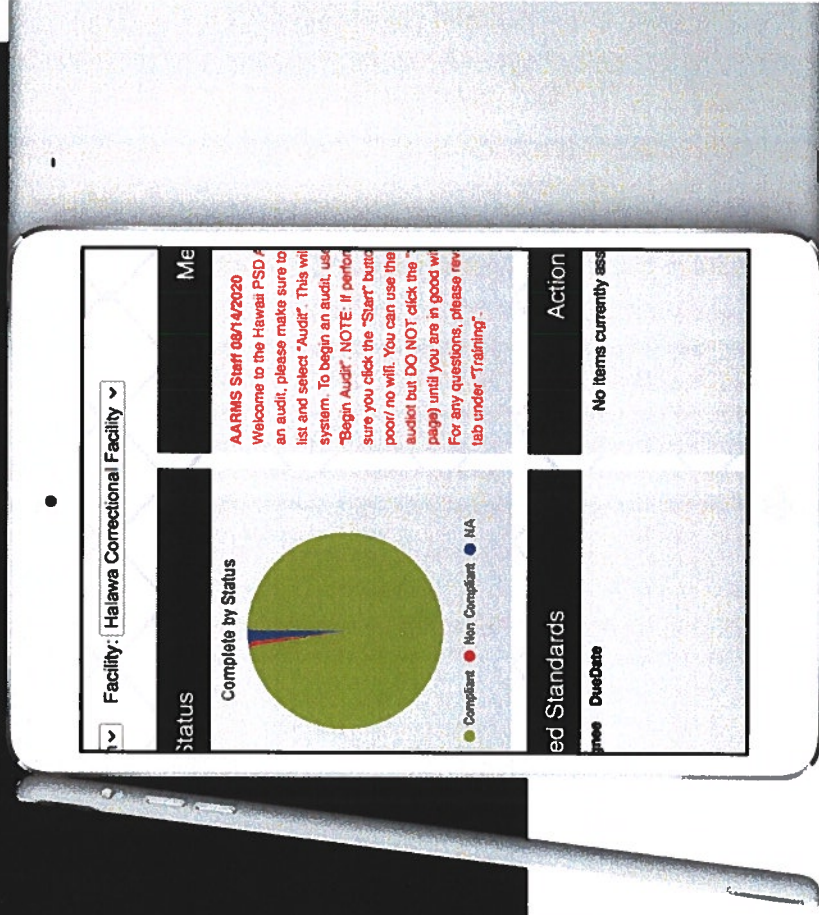


ON-SITE INSPECTIONS

Utilizing Technology

Each Auditor will use a Microsoft Surface Pro7 13" tablet. Each tablet will be Bluetooth and Wi-Fi enabled with a camera and USB-C port to capture and upload documentation.

Mobile auditing allows on-site interface and provides the Department with the opportunity to increase productivity and simplify the Department's efforts toward policy and compliance management.



On-site Inspections

The on-site inspections will be conducted by the audit team. The facilities should anticipate the auditors to be on-site for approximately three (3) days verifying procedures, inspecting the facility, working with and interviewing key staff, and reviewing documentation. At the end of the last day, the audit team will hold an exit conference attended by the facility administrator, commanding officers, and key staff. A recap of the initial audit findings will be reviewed and any questions the facility staff has about the inspections will be answered.

Follow-up and Closure

If the auditors determine that a facility “did not meet the standard” with respect to any standard provision, administrators, auditors, and support staff will jointly develop a **corrective action plan**. The audit team will then continue to work with staff toward compliance. The timeframes will be determined by a number of factors, but normally, it could be between 90 -180 days.

Corrective Action Plans

“An aspect of management that aims to rectify a process, a procedure, or even staff members behavior when any of these factors produce recurring issues or deviate from the intent of Department/Facility policy.”

Includes:

- Identifying and documenting the underlying cause to recurring or non-compliant issues,
- Determining the resources and steps required to resolve the issue,
- Implementing the plan, and
- Documenting progress and outcomes for future efforts.

**Note - Corrective action plans may be applied in different ways, depending on the division or facility.*

GOOD, BAD & TAKEAWAYS



Good

Develop a roadmap for continuous improvement, more efficient management, performance of staff will improve, ensures optimum use of resources, improve internal communication within the Department.



Bad

Shortage of qualified staff, employee frustration or apathy may result, and internal controls may be difficult to sustain, and resource limitations.

TIMELINES

INTERNAL AUDIT TIMELINE

Develop a Team

Identify, Train, Determine roles, responsibilities, and outcomes.

2021
(June - December)



Plan & Prepare

Determine methods to track and document compliance.

2022
(January - December)



Document & Report

Upload documents, meet, and discuss recommendations.

2022
(October - December+)



Review Policies & Practices

Ensure compliance, consistency and transparency.

2021
(February - June)



Execute

Collaborate, meet, inform, and develop action plan.

2022
(January - December)



Close & Plan for Next Audit

Summarize findings and plan for next audit.

Taking up the Challenge!!

The Covid-19 crisis has exacerbated the existing challenges our Department has faced and exposed new issues that we must address. As we continue to adjust to a “new normal,” it is critical that we understand the importance of planning for and assessing risk. For example, adhering to sound policies and procedures, employing quality control systems, and entrenching a culture of ethics and transparency can go a long way in helping our Department remain resilient in times of crisis. If one thing is certain, the novel coronavirus has revealed just how disruptive events can be on “business as usual” and emphasizes the need for continued and future planning.

QUESTIONS

