
JHA Prisoner Response Unit Communication Bulletin April 30, 2020

In the thirteen-day period from April 18 - April 30, JHA's Prisoner Response Unit fielded approximately 70 emails, phone calls, and social media contacts, and reviewed and logged more than 170 letters from people who are incarcerated, largely relating to COVID-19 response.

Important Updates Since April 17

On April 1, 2020, the population of IDOC was 37,001; as of April 30, it was 34,902. IDOC posted a list of all exits from March 1 to May 4.¹ Of the 4,361 people released in this time period, over 3,300 of them were released after serving their full sentences. Historically, in a typical month nearly 3,000 people enter and leave our prisons. Admissions to IDOC from jails were halted by the Governor's Executive Order on March 26, 2020, and as a result we expected to see a substantial population decrease through normal exits. The questions many people have posed are how many people have been released early by the state awarding discretionary good time credits, or using electronic detention or family and medical furloughs to reduce the population amid the COVID-19 pandemic? According to Injustice Watch reporting, 1,056 people exited Illinois prison facilities in March and April as a result of these optional measures, with 49 of them in their 60s, 70s, and 80s.² JHA continues to push for smart decarceration to advance public health and in anticipation of severe impending State budget issues that will worsen already unacceptable prison conditions.

To better understand eligibility criteria and policies and procedures for medical furloughs refer to the "Medical Furlough Release Criteria" document posted by IDOC on April 29.

JHA has received many calls, emails and letters with questions about medical furlough eligibility and procedures, we continue to refer people to the document IDOC posted with information about medical furloughs on April 29.³

¹ <https://www2.illinois.gov/idoc/Offender/Pages/CommunityNotificationofInmateEarlyRelease.aspx>

² <https://www.injusticewatch.org/news/prisons-and-jails/2020/hundreds-of-illinois-prisoners-released-as-covid-19-spreads-but-few-elderly-see-reprieve/>

³ <https://www2.illinois.gov/idoc/facilities/Documents/COVID-19/ExecutiveOrder/Final%20Medical%20Furlough%20Release%20Criteria.pdf#search=medical%20furlough>

As previously reported, JHA sent COVID-19 response surveys with prepaid return envelopes to almost all IDOC facilities, so that prisoners will be able to voluntarily and anonymously provide us with more first-hand information about their experience. Additionally, an online staff survey has been made available, along with a specific questionnaire for wardens at each institution. As of the writing of this document, JHA has received over 14,000 completed surveys. We are hard at work sorting and reviewing the responses and will share the information we received as soon as we are able. JHA continues to seek ways to find out what is going on inside our prisons during this difficult time.

Thank you to everyone who has called, emailed and written to JHA with your questions and updates.

JHA continually uses the information shared with us to follow up with administrators at the facility and the departmental levels, and to advocate for, and advance, improvements.



What JHA is Hearing from Impacted People about Life in IDOC during the COVID-19 Pandemic

JHA's fourth summary of updates, information, and concerns related to COVID-19 shared with JHA through outside contacts through April 30 and through prisoner letters received through April 27 is provided below. JHA relays some concerns in [blue text](#) verbatim. We are now also presenting more information logged in graphic format.

Please note: JHA is not able to substantiate much of the information shared. JHA has consolidated information received and shares it as an anecdotal resource. JHA believes that there will be wide variation in issues and practices. We are sharing the information we have received in order to promote system transparency and increase public awareness of how the pandemic is impacting people who live and work in Illinois' prisons.

PRU CONTACT TABLE

Issues Reported to JHA by Security-level of Prison					
<u>Issue Category</u>	<u>Security-level</u>				<u>Totals by Issue</u>
	<u>Minimum*</u>	<u>Medium**</u>	<u>Maximum</u>	<u>Mixed***</u>	
Early Release	30	23	3	6	62
Quarantine	4	16	5	2	27
Social Distancing	17	9	5	3	34
Use of PPE – Staff	10	11	5	2	28
Use of PPE – Prisoner	8	5	1	2	16
Communication	4	20	3	3	30
Sanitation	8	16	11	5	40
Access to Hygiene Items	10	16	6	5	37
Dietary	2	15	7	3	27
Commissary/Property	3	6	4	2	15
Access to Information	12	22	8	6	48
Medical/Mental Health Care	9	20	11	3	43
Staff Conduct	6	24	10	3	43
Fear	18	21	13	3	55
Other	9	26	2	7	44
Totals by Security-level	150	250	94	55	549
* Minimum-security prisons mostly use dorm style housing or housing other than conventional two-man cells.					
** Medium includes Graham Receiving & Classification					
*** Mixed limited to Dixon, Logan, and Kewanee					

<u>Issue Category</u>	<u>Issue Definition</u>
Early Release/EDSC	requests for early release for those who are medically vulnerable; close to out date, would be out with credit or restored credit; and others
Quarantine	references to lack of out of cell time, lockdown procedures, etc.
Social Distancing	references to movement, cells/dorms and shared spaces
Use of PPE – Staff	references to staff not wearing, not correctly wearing, or not having PPE
Use of PPE – Prisoners	Includes requests for PPE for prisoners
Communication	references to use of phone, emails, video visits, tablets, kiosks, and generally communicating with loved ones
Sanitation	references to cleanliness of cells, showers, shared spaces; clothing (laundry); water quality (brown water); etc.

Access to Hygiene Items/Hand Sanitizer	references inadequate access to, and need for hygiene items for living space and body, including soap, shampoo, bleach, mop/broom, rags, etc.
Dietary	references to the quality and/or quantity of food, or protocols related to food preparation and/or distribution
Commissary/Property	references to commissary access, spending caps, product limitations, and personal property
Access to Information	references to wanting more information, having general questions about what is going on, and loved ones trying to learn more by reaching out to facilities and Springfield; and access to the law library
Medical & Mental Health Care	references to treatment of virus-related issues, pre-existing issues, access to medication, previously scheduled outside appointments, and mental health meetings and crisis watch
Staff Conduct	references related to procedures such as shakedowns, crowding of prisoners, inconsistency between shifts, rude comments and behavior
Fear	references to feeling afraid or worried about the spread of COVID-19 generally, and for personal wellbeing specifically
Other	references to less frequent reports such as frequency and conditions of showers, incarcerated workers, programming, and recreation activities



QUESTIONS

1. *Why isn't IDOC moving quicker to reduce the population and protect the health of non-violent inmates who are approved for release?*
2. *What are the criteria being considered for early release by IDOC and the Governor?*
3. *Are there any prisoners' rights when it comes to administrative quarantine?*



EARLY RELEASE / SENTENCING CREDITS

Recently I was given a paper to set up my parole site for early release. I do not get out until October, but I was eligible for early release under the new COVID-19 guidelines. So, I waited for my parole site to get approved for 3 weeks without any answers. I finally wrote to my Counselor who told me that I was deferred for future observation. I do not understand since I haven't gotten into any trouble and I am incarcerated for a low-risk, non-violent offense. Because of COVID-19 I am very scared. My whole thing is don't come and tell me I'm getting out early only to get my hopes up. – Illinois River

I'm still in here, locked in a wing with 45 other men, 4 toilets and sinks, 3 phones, and 2 showers. If they release the people with a few months left, that will give more room to the people who have longer to do and make it possible to comply with the social distancing orders. – Vienna

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- Several people reported that they or their loved one had signed paperwork related to early release, and some had parole sites approved while others are waiting, all wondering why they haven't heard anything about next steps, and asking why the process of early release is taking so long.
 - People have argued that the lack of available programming both prior to and during COVID-19 has prevented them from accruing program sentence credits, and release earlier than their out date.
 - Many people report they are incarcerated for non-violent offenses and believe they and others similarly situated should be considered for early release.
 - People continue to seek information about early release for themselves and others.



QUARANTINE / MEDICAL ISOLATION

We're locked down 23 hours a day, 30 minutes in the morning and 30 minutes at night, not nearly enough time to shower and call our families. We haven't been to the commissary and we don't get daily rec. Our families are under the false pretense that this is an administrative quarantine and not a lockdown. – Dixon, written April 3 [No confirmed cases have been reported at Dixon]

I fell ill March 24 with a fever of 103.1, and was sent to the healthcare for further treatment. I was given two Tylenol and sent to segregation which is now considered quarantine. Where they sent me is for and only for disciplinary purposes. I am an asthmatic. The nurse stated that to her superior that the seg unit does not have medical equipment or oxygen. I was placed back here and left for dead with my only my asthma inhaler to help with my breathing. – Sheridan, written April 7 [As of May 7, IDOC reports 12 individuals with confirmed cases and 12 individuals recovered.]

My cellmate was told to pack up his belongings so he could be moved to the gym, because he tested positive for COVID-19. The gymnasium was converted into a place for housing inmates whom either came in contact or contracted COVID-19. The gym is now a place with 3 or 4 tents with 8 inmates to a tent, all infected and in close contact with one another. My cell mate was put in this "tent city" for four days, and after four days he was released and put right back in the cell with me, thus putting my life in danger. He was not tested before being released from the tent city and couldn't confirm if he still had COVID-19 or not. – Stateville CC, written April 16 [As of May 7, IDOC reports 139 confirmed prisoners and 119 prisoners recovered.]

- Various concerns about restrictions on lockdown/quarantine continue to be reported, e.g. laundry, mental health services, access to grievance forms, etc.
- Several people reported that those who are symptomatic are not being separated from others.
- Some people reported that new people were still being moved into their housing areas.

- People who are incarcerated and their loved ones continued to express concerns regarding other facilities' tactical teams being sent to Stateville where there are many COVID-19 cases and returning to work at other facilities without diagnosed cases without a quarantine period.



SOCIAL DISTANCING

They tell us there can't be more than 8 people in the dayroom but we sleep 20 people in 2 man bunks that only have 2 feet of space between them, and we stand in lines of 50 when we crowd the hallway to eat. – Lincoln

- Family members and prisoners reported concerns about staff conducting shakedowns of belongings, cells, and prisoner bodies at this time, notably while wearing the same gloves for each cell.
- People at various facilities still report concerns regarding being around many people without the ability to socially distance.
- Inability to socially distance was particularly noted as an issue during movement, e.g. to dietary, healthcare unit, in holding bullpens, showers, etc.



USE OF PPE

The Director sent out memo's saying how the IDOC Correctional Officers are to wear masks and gloves when at work. I myself and plenty of other inmates are witnessing this mask situation as a concern because officers and other staff are not going by this memo. You have to understand that they pass out our food, our mail, our medication, everything we get is from these officers. So for the officers to disregard the memo that was set to keep us safe while incarcerated is saying they don't care about our well-being. When we bring up the situation about the masks and gloves to the officers, they just tell us why does it matter when a lot of us will never see the world anyway. – Menard

The officers have masks on sometimes. A lot of the time they have it down around their necks, which is pointless - Vienna

The Warden has stopped us from going to the building where we purchase commissary, so the correctional officers now bring it to us. We had a correctional officer come into the little space we call our dayroom. She took off her mask and coughed on the commissary she was passing out. When we said something, she laughed and put her mask back on. - Centralia

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- JHA continued to receive many reports of some staff not wearing PPE appropriate or not wearing their PPE at all during this period. IDOC has represented that it is monitoring use.
 - JHA received several reports that the masks being provided are thin, and likened to a beard mask given for people working in dietary. IDOC has represented that thin masks were distributed to facilities other than Stateville in April.
 - Many people have called and written concerned that prisoners had not been issued or permitted to wear masks. IDOC distributed a memo on May 4 stating that use of PPE for the population is being expanded, and all prisoners are required to wear an issued mask 24 hours a day. IDOC has represented that all prisoners will be given one n95 equivalent a week, for a three-week period.



COMMUNICATION

GTL along with the prison gave us 4 free emails a week, and a free video visit. The promise looks good on paper, but it is not feasible. - Stateville

- Several people reported that Western is giving 20 minutes for calls, starting from the time the cell door opens, resulting in significantly less time on the phone.
- People on lockdowns at various facilities reported not having access to various means of communication.
- JHA has received several contacts from people incarcerated at Reception and Classification Centers who were awaiting phone approval and backed up mail.
- People at other facilities continue to report issues with their phone PINs and approved lists. This appears to be related to ongoing issues with Securus that began in late 2019.
- JHA continues to receive requests related to GTL, asking for access to a digital law library and improved signals so that subscriptions can be used and families can be contacted.



SANITATION AND ACCESS TO HYGIENE/CLEANING PRODUCTS

To date, the facility has yet to distribute either cleaning supplies or hand sanitizer, although there is a bulletin on our institutional television station from Springfield, which states that both of these items are to be made available to us. - Lawrence

Hand sanitizer is not provided at or before every meal. – Stateville

They have installed a hand soap pump in the bathroom and hand out 2 bars of soap once a week. They also give us more bleach for porters to clean the bathroom with. - Logan

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- People who had been locked down reported not showering in more than a week, while others report having to choose between phone or shower during their limited out-of-cell time.
 - Many prisoners report that they have not been given hand sanitizer. JHA's understanding is that hand sanitizer should be dispensed by staff as needed and that it is not IDOC's intention that prisoners be allowed to keep it in their possession.
 - Some people continue to report inadequate or no cleaning supplies provided.
 - There continue to be reports of issues with laundry equipment and services.
 - Some people report plumbing issues and showers, sinks, or toilets not functioning properly, and water quality issues.
 - Some people report common areas (such as showers) are not being cleaned as often as they are supposed to be cleaned. IDOC has represented common areas should be cleaned multiple times per shift.



DIETARY

We are being fed the least amount possible. Me and my cellmate are literally starving in here, and feel that we are not going to make it to our next meal. – Graham R&C

The quantity of food being served has shrunk considerably since the facility began feeding everyone in our rooms. I believe that this is because everyone now has to be served a tray, while when we went to the dining room, about 75% of the population would attend any particular meal. - Lawrence

Food rations are down by half, literally half a sandwich. - Graham

- There were reports about the food menu not being followed, resulting in less quantity and variety of food being served.
- Some people have reported what should be hot food being served cold by the time it is delivered to their cell, and concern that the food could make them sick.
- People continued to express concerns about how their food was handled, for example, people passing trays wearing gloves also worn while cleaning, trays being touched by individuals who had not washed their hands, or dietary workers not wearing PPE. As a result, people have reported choosing not to eat the food.
- There were reports about the dishwashers at Logan and Menard being broken for a period of time, and increased concern in light of heightened sanitation needs.



COMMISSARY

We've been on lockdown for 22 hours per day since March and they limited our commissary to \$50 at a time to shop. This was fine until they stopped letting us shop since April 3rd, so it's impossible to get enough hygiene items to last if we have to wait that long in between shopping trips. – Centralia, written April 15

- People report that they are prohibited from purchasing what they need for pandemic preparedness due to commissary options being more limited and restricted, as well as due to costs.
- Common issues reported include not having commissary offered frequently enough, the delay in delivery of commissary items, and no access to it at all.
- Some people reported not being able to buy food off commissary. IDOC represented to JHA on April 22 that people should be able to buy food on commissary, however, frequency will vary by facility. JHA will continue to monitor and follow up on this issue.



ACCESS TO INFORMATION

Due to the outbreak there are a lot of questions we ask and every answer is different. So, we sit in confusion and worry because we can't be led right. – Graham R&C

We got to watch the news to know what's going on where we live. – Stateville

We currently have a counselor who shows up every blue moon, so we can't file a grievance. I've tried every option to start a grievance procedure, but to no avail. - Dixon

- Various reports from people who are incarcerated and their families and supporters indicate a possible need for both increased and consistent information about policies and practices, e.g. staff PPE, hand sanitizer access, and early release qualifications.
- Some people reported they were unable to get grievance forms, or that grievance forms have gone unanswered.
- JHA continues to receive reports of some staff being inconsistent, dismissive, rude, retaliatory, and unprofessional when people who are incarcerated attempt to obtain information from them.
- People reported difficulty getting law library services, particularly at the medium-security facilities.



MEDICAL CARE / MENTAL HEALTH

Today another man died. That makes 4 total in the last couple of weeks just where I am, there of which were on the same gallery as I am. Another 4 or 5 guys are still out at the hospital. This is terrifying and psychologically stressful. All of these guys have died who were friends to a lot of us, and mental health hasn't even come to see if guys need to talk to someone. - Stateville

- Many people wrote with the belief that prisoners' temperatures should be taken daily. Some people report that it is inconsistent at their facility, or has stopped before it was reported they would be taken. JHA's understanding is that IDOC currently thinks that prisoner temperature should be taken if they are symptomatic or expressing medical concern. Different facilities seem to have different practices and there seem to have been changes over time. Staff temperature is monitored daily.
- People continued to report lack of healthcare and dental services due to administrative quarantine measures, including refilling of prescriptions, renewal of inhalers and attending previously scheduled surgeries and procedures.



You can share your information, experiences and questions by leaving JHA a voicemail message at (312) 291-9183 ext. 208 or [completing our online form](#).

JHA continues to recommend that people reach out for information from IDOC at the facility level and through the dedicated COVID-19 response phone line (217) 558-2200 ext. 7700 and email doc.covid@illinois.gov. JHA encourages you to continue to share your experiences with these contacts with JHA as well [via our online contact form](#).

JHA will continue to share information received and hope you will continue to provide updates.

IDOC Response to JHA Bulletin

During COVID-19, JHA has not been able to go inside Illinois prisons to conduct monitoring visits. JHA is pursuing different avenues to increase direct communication with people incarcerated in Illinois to learn first-hand what they are experiencing and hear from them how IDOC policies and practices are being implemented. JHA expanded the reach of our Prison Response Unit beginning in mid-March in order to get more anecdotal information via letters, emails and phone calls. As of May 14, 2020, JHA has issued three communications bulletins, sharing what we are hearing from our constituents with concerned citizens and stakeholders. JHA provided a draft of this and each prior bulletin to IDOC prior to making them available on our website. On May 14, 2020, JHA received written comments from the Department in response to our fourth communications bulletin. This response is published starting on the next page. JHA's publication of IDOC's responses should not be considered an endorsement or indicative of agreement by JHA of the information included.

JHA has always engaged in a review process with IDOC, providing the Department an opportunity to read, discuss, comment, respond, or act on JHA feedback as presented in our publications. Transparency is critical to our mission and our monitoring work. For more information on our review process, please see [JHA's 2017 website article "How JHA's Prison Monitoring Works"](#).

We appreciate the Department's participation in the review process. JHA will continue to monitor these and other issues.

We look forward to continuing to work with all stakeholders to advance reforms needed to achieve a system that is fair, humane and effective.

IDOC Response to John Howard Communications Bulletin

The Illinois Department of Corrections (IDOC) continues to operate in transparency as we manage prison population during the COVID-19 pandemic. Persons in our custody are provided with daily communication through memos, offender television channels and staff reports. In addition, the IDOC website is updated daily to increase public awareness of our operations. IDOC has prepared responses to the John Howard Association's Communication Bulletin which includes concerns from offenders, advocates and the general public as it relates to the Coronavirus/ COVID-19 response.

EARLY RELEASE / SENTENCING CREDITS - PROCEDURES

IDOC General Earned Discretionary Sentence Credit Guidelines

1) Statutory Citation

730 ILCS 5/3-6-3(a)(3).

2) Eligibility Requirements

The following criteria will be utilized to determine eligibility for an Earned Discretionary Sentence Credit award:

- a. The Director may award up to 180 days of earned sentence credit for good conduct in specific instances as the Director deems proper.
- b. The good conduct may include, but is not limited to, compliance with the rules and regulations of the Department, service to the Department, service to a community, or service to the State.
- c. Eligible offenders for an award of earned sentence credit may be selected to receive the credit at the Director's or his or her designee's sole discretion.
- d. Eligibility for the additional earned sentence credit under this paragraph shall be based on, but is not limited to, the results of any available risk/needs assessment or other relevant assessments or evaluations administered by the Department using a validated instrument, any history of conviction for a forcible felony enumerated in Section 2-8 of the Criminal Code of 2012, the master record file, including, but not limited to, sentencing material including the facts and circumstances of the holding offense, the offender's behavior and disciplinary history while incarcerated, and reports or recommendations made concerning the offender, the offender's commitment to rehabilitation, including participation in programming offered by the Department, and any heroic action of the offender such as saving the life of an employee or other offender.
- e. No offender shall be eligible to receive earned discretionary sentence credit if he or she:

- Has been found guilty of a 100-level disciplinary offense under 20 Ill. Adm. Code 504. ***** Emergency Rules were filed placing a timeframe on the prohibition for 100 level offenses. Staff can review cases for those with 100 level tickets committed more than one year prior to the date of the EDSC review.**
 - Has been found guilty of, or has a pending charge resulting from, a criminal offense committed during his or her current term of incarceration.
- f. The Director shall make a written determination that the offender:
- is eligible for the earned sentence credit;
 - has served a minimum of 60 days, or as close to 60 days as the sentence will allow;
 - has received a risk/needs assessment or other relevant evaluation or assessment administered by the Department using a validated instrument; and
 - has met the eligibility criteria established by rule for earned sentence credit.
- g. Offenders serving 100% sentencing are not eligible to receive an award of Discretionary Sentence Credit.
- h. Offenders serving 85% sentencing cannot have sentence reduction beyond the 85%
- i. Offenders serving 85% sentencing with concurrent or consecutive 50% charges can only have sentence reductions on the 50% charges.
- j. Offenders serving 75% sentencing may not have their sentence reduced less than 60%, except for Gunrunning which shall not be reduced less than 75%
- k. Offenders sentenced for first degree murder or terrorism are ineligible.

QUARANTINE / MEDICAL ISOLATION:

Guidance for Selection of Offender Care Areas in IDOC Facilities.

The following guidance is provided to assist operations and health care staff in drafting a plan to best utilize the variety of existing spaces in Illinois Department of Correction Facilities. The Office of Health Services recognizes that there is no “one size fits all” approach to managing these unique spaces. The guidance is intended to identify care needs and allow the operations and health care teams to collaborate on plans to properly utilize space for those with COVID-19. This approach worked well at Stateville and allowed the operations team to designate spaces based on offender health care needs.

Objectives (see Figure below).

1. Separate symptomatic offenders from the general population
2. Isolate and test symptomatic offenders

3. Quarantine and monitor exposed asymptomatic offenders, and isolate and test those who develop symptoms
4. Isolate, monitor and treat symptomatic COVID-19 positive offenders and asymptomatic/exposed
5. Identify COVID-19 offenders who need hospital care
6. Care for offenders who return from the hospital for continued monitoring and care
7. Return offenders who have completed isolation, quarantine, or hospital-based care to the general population or designated area for recovered offenders.

In general, a facility will need to define the following areas:

1. General Population (recovered offenders)
2. Quarantine area for COVID-19 exposed without symptoms
3. Isolation area with monitoring space for COVID-19 positive patients with symptoms
4. Isolation area with close monitoring space for COVID-19 positive patients with symptoms and who may be at higher risk, or who have returned from a hospital
5. Isolation area for offenders with symptoms awaiting test results
6. Isolation area for COVID-19 offenders without symptoms (original symptoms improved)

From the CDC Management of Coronavirus Disease 2019 in Correctional Facilities. In order of preference, individuals under medical isolation should be housed:

1. Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully
2. Separately, in single cells with solid walls but without solid doors
3. As a cohort, in a large, well-ventilated cell with solid walls and a solid door that closes fully. Employ social distancing strategies related to housing.
4. As a cohort, in a large, well-ventilated cell with solid walls but without a solid door. Employ social distancing strategies related to housing.
5. 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. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)
6. 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 related to housing.

The basis of the health care plan relies on identifying offenders with symptoms.

When an offender becomes symptomatic with fever, cough, or difficulty breathing (influenza like illness) they should be assumed to be at high risk for COVID-19.

All symptomatic offenders must be moved away from asymptomatic offenders and placed in isolation pending test results to interrupt transmission of the virus. Symptomatic offenders may be cohorted in isolation together if single person isolation is not an option. They should always be at least 6 ft apart from other sick offenders and wear surgical masks.

All offenders who have been exposed to sick offenders and are asymptomatic must be quarantined. Symptomatic offenders may be cohorted in isolation together if single person isolation is not an option. They should always be at least 6 ft apart from other offenders and wear surgical masks. Use social distancing as much as possible when moving offenders.

There may be instances in which a symptomatic offender will have negative COVID-19 test. These individuals should be isolated and monitored in a separate area from COVID-19 positive offenders. They may need to be evaluated for other causes of the symptoms, tested for influenza, or observed or retested for COVID-19 if symptoms persist.

The most important part of this plan is to make certain that when individuals become symptomatic with COVID-19 they are monitored. We have learned that patients with symptoms may deteriorate rapidly once infected with the virus. This is especially true of those with the following conditions:

Diabetes	Hypertension
Cardiac Disease	Lung disease (COPD, Asthma)
Chronic Kidney Disease/Renal Failure	Dementia
Obesity	Cancer
Cirrhosis	HIV/AIDS
Other types of Immunosuppression	

Other less common symptoms have been included in this group such as sore throat, a loss of taste and/or smell, stomach discomfort, muscle aches. Up to 25-30 percent of individuals with COVID-19 will not have symptoms.

Symptomatic offenders must be tested for COVID-19 and influenza. The flu season is ending, and this recommendation may change in the weeks ahead. Health care staff must immediately refer all severely ill symptomatic offenders to a local hospital via ambulance per local EMS. Transfers to outside hospitals must not be delayed if an offender is severely ill.

COVID-19 offender’s symptoms and vital signs must be monitored. 3 Isolation with Monitoring

Isolation with Monitoring consists of temperature and oxygen saturation checks ideally every 4 hours to at least once every 8 hours. Symptom monitoring must be documented in the offender’s medical record. Isolation with monitoring may occur in a variety of settings. Preferred settings are described below.

Isolation with Close Monitoring

Isolation with Close Monitoring consists of temperature and oxygen saturation checks ideally every 4 hours. Symptom monitoring must be documented in the offender’s medical record. Locations for symptomatic close monitoring should have the ability to provide oxygen if needed. Ideally this space should be near the health care unit. Existing infirmary spaces is one type of close monitoring space. Temporary structures such as tents, or converted spaces such as gyms, or other common spaces may be converted to serve this purpose.

COVID-19 positive offenders who should be placed in isolation with close monitoring area include:

- offenders at high risk as determined above who are symptomatic and COVID positive,
- offenders who are not at high risk, but whose symptoms have not improved or worsen
- offenders who return from hospital-based treatment
- any other COVID-19 positive offenders at the discretion of the health care providers

Recovery

As COVID-19 positive offenders begin to recover, symptoms will improve. Offenders whose symptoms have completely resolved after 14 days from the date of onset may be considered safe to return to the general population. The CDC Management of Coronavirus Disease 2019 in Correctional Facilities utilizes

a 72 hours symptom free, symptoms improved, 7 days since symptom onset model in order to return offenders to the general population. IDOC has chosen the more conservative approach, but this recommendation may be changed as information becomes available.

SOCIAL DISTANCING AND PPE USAGE AND DELIVERY

The attached memos and direction demonstrate and outline the expectation given to support social distancing.

- March 31, 2020 -All staff at Stateville issued PPE
- April 2, 2020 - Direction that all staff will be required to wear masks
- April 4, 2020 -Every offender issued surgical mask at Stateville
- April 25, 2020- All offenders at Logan, Fox Valley, Hill and Sheridan receive masks.
- May 2, 2020- All offenders were issued KN95 masks:

Wardens,

Please see the attached memo regarding the issuance of masks to the offender population. Each of your facilities will be receiving a 3-week supply of these masks through your RDC this week. The plan will be to issue the masks (KN-95) to each offender, with the exception of those outlined in the document under the Mental Health section, every Saturday. Upon distribution of the new masks, the offender shall discard their old mask. It is imperative appropriate PPE is worn while issuing/receiving the offender masks and the used masks are properly discarded. Please ensure donning/doffing information as well as proper use of the masks is properly communicated to the offender population via bulletins and the offender television channel.

Subject: COVID-19 Revised Guidelines for Masking of Offenders

To mitigate the spread of COVID-19, the current recommendations from the CDC include wearing masks or face coverings in public settings or where social distancing may be difficult to maintain or where there is significant community-based transmission of the disease. Based on these current recommendations, IDOC has expanded its masking algorithm and has begun universal masking of all offenders

WHEN TO WEAR A MASK

Face masks offer source control and will help to mitigate the spread of COVID-19 in the community. They have therefore been advised for use in the public with little exception. Given the unique environment of correctional and other congregant living facilities, the setting for wearing face masks requires additional clarification.

- Face masks should be labeled with the offender's proper identifying information prior to distribution.
- Offenders will be given clear instructions on the proper donning and doffing of face masks and important safety features.

- Neither the safety nor benefit of wearing face masks during sleep is known so face masks should not be worn to sleep. Face masks should instead be doffed and stored with the offender until time to don again.
- Offenders must wear a face mask when removed from their cell.
- Offenders that are in a dorm setting or sharing a double cell should wear masks daily.
- Offenders residing in single cells behind solid doors are not required to wear their masks throughout the day while alone. These offenders, however, would require wearing their mask when they are removed from the cell or receiving any care cell front.
- Masks should be disposed of weekly and replaced weekly with a fresh, new mask. If a mask becomes soiled or the integrity of the masks is otherwise compromised in any way, it should be immediately replaced.

MENTAL HEALTH CONSIDERATIONS

Due to the unique setting of corrections and the potential concern for self-harm amongst some offenders, extra precaution will need to be exercised with issuing masks. Face masks should not be distributed to those who are on crisis watch. Offenders who are acutely psychiatrically ill will require consultation with Mental Health before being issued a mask. Risk may outweigh the benefits of masks use in this population and should be avoided until the patient is stable or used with caution under the guidance of mental health professionals. These offenders are often housed in single cells with solid doors, where the need for masking will be significantly reduced. When masks are required for this population, such as is required upon removal from the cell, use of masks with short ear loops or short elastic head ties are preferred.

COMMUNICATION

Realizing that outside communication with family and loved ones is important, the following memo was issued.

From: Eilers, John

Sent: Friday, March 13, 2020 8:50 PM

To: DOC.DL-Wardens Only

Cc: Lindsay, Camile J. ; Robinson, Nikki <; Porter, Tangenise

Subject: Offender Trust Fund Accounts

Importance: High

All,

We have been advised that each offender has been provided with a trust fund deposit of \$4.15. The value is net of any court ordered fee(s), restitution(s), or beginning negative balance. These funds will cover two (2) twenty-minute phone calls and reimbursement for one (1) video visit. I want to commend Chief Brunk and his staff as well as your Business Office staff. Everyone did a phenomenal job completing this task on such short notice.

SANITATION AND ACCESS TO HYGIENE/CLEANING PRODUCTS

Safety and sanitation are priorities and have been enhanced as it relates to our COVID-19 response. These inventories and memos can be found on the IDOC website <https://www2.illinois.gov/idoc>.

COVID-19 Supplies

[Chemical Inventory 5-10-20](#)

[Medical Inventory 5-10-20](#)

DIETARY/COMMISSARY/ACCESS TO INFORMATION

The department continues to provide the offender population with the nutritional standards and guidelines that are regulated for each meal. Commissary continues to be made available and access to information will continue as indicated in the below memos.

To: Men and Women in Custody

From: Alyssa Williams, Chief of Programs and Support Services

Date: March 20, 2020

Subject: Administrative Quarantine

Dear Men and Women in the care of the Illinois Department of Corrections:

We are facing unprecedented circumstances across the United States and State of Illinois. Out of an abundance of caution, we are instituting an Administrative Quarantine effective immediately.

Administrative Quarantine is an intentional form of restricted movement within a facility to accommodate for unusual needs or circumstances, such as a pandemic outbreak. This measure must be taken to ensure the health and safety of those who live and work in our facilities. We are asking for your assistance to minimize the difficulties you will face during this time.

We will continue to ensure you receive all necessary treatment and services, while finding creative ways to deliver programs vital to your success. We are working to minimize the impact on current Earned Program Sentence Credit contracts through alternative programming.

The Department will continue offering the following services:

- Showers
- Access to the phone and GTL kiosks
- Cleaning supplies
- Law Library
- Commissary

Please be aware that our medical and mental health staff are stretched thin and need to be focusing on our most vulnerable patients at this time. Please continue to utilize proper procedure for sick call and mental health evaluations.

To ensure your voice is being heard, we are instituting a virtual “suggestion box” via GTL, in addition to physical suggestion boxes at all facilities. We have also partnered with GTL to provide additional free services that will be announced at a later date.

Thank you for your cooperation as we work through this difficult situation together.

The following are found on our website and accessible to all to retrieve and review.

Department Communication with Men and Women in Custody

The Department is communicating regularly with people in custody to ensure they feel safe. In addition to memos, information is also being communicated verbally and via television, tablets and MP3 players.

[COVID-19 Update 2](#)

[Proper Handwashing Technique](#)

[Exercise During the Pandemic](#)

[COVID-19 Update](#)

[Coping with the Stress of COVID-19](#)

[Confirmed Cases](#)

[John Howard Association](#)

[Free GTL Services](#)

[Administrative Quarantine](#)

[Communication Efforts](#)

[Preventative Measures](#)

[Limiting Exposure](#)

[Proactive Steps to Stay Healthy](#)

March 16, 2020

Dear Men and Women in Custody,

Your health, safety, and well-being are among our highest priorities at the Illinois Department of Corrections. In order to prevent the spread of illness, the Department has consulted with internal and external experts and determined a course of action.

To address specific issues related to the flu and COVID-19, we are working to limit exposure to risk factors and symptoms. In order to accomplish this, the following will be done:

- 1) Asymptomatic individuals with exposure to risk factors will be quarantined.
- 2) Symptomatic individuals with exposure to risk factors will be isolated.

For your safety and the safety of others, you are required to have your temperature taken when requested. If you refuse to have this done, you will be subject to quarantine. As a reminder, please continue to follow these common-sense practices:

- Wash your hands regularly for at least 20 seconds using soap and water.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid close contact with people who are sick.
- Cover your mouth and nose with the inside of the arm or with a tissue when coughing or sneezing. Throw the tissue away immediately. Wash hands as soon as possible afterward.

Sincerely,

Alyssa Williams
Chief of Program and Support Services

MEDICAL CARE / MENTAL HEALTH

In addition to the daily presence and availability of mental health and medical staff, the below directions have been given and monitored.

To: Wardens, Regional Psychologist Administrators, Healthcare Unit Administrators

From: Dr. Steve Meeks, Agency Medical Director

Dr. Melvin Hinton, Chief of Mental Health Services

Dr. William Puga, Chief of Psychiatry

Date: March 20, 2020

Subject: Medical and Mental Health Services During Administrative Quarantine

As we prepare our facilities for the upcoming restrictions on movement, it is important to remember what medical and mental health service delivery is required. Since we are trying to reduce the spread of a virus, we should be looking to minimize the amount of traffic flow across the footprint of the facilities. This will take careful coordination between operations, medical and mental health staff.

Each facility will need to develop and enact a plan that will ensure the best way to achieve efficiency in medical and mental health service delivery. At a minimum, these plans need to adhere to the following guidelines based on the Administrative Quarantine parameters and any alterations must be approved by executive operations, medical or mental health staff. Please ensure your plans are shared with all staff so continuity of service is uninterrupted.

The Office of Health Services has defined primary duties that must be delivered throughout the Administrative Quarantine process. These duties include:

Medical Services

- Daily sick call done cell front will continue on site for all housing units.
- Daily med lines will continue uninterrupted and should occur on the housing units.
- Phlebotomy and insulin lines should also continue on the housing units.
- Emergency care will remain a priority at all times. When necessary, offenders will be transferred to the Health Care Unit. Emergency writs will also continue without a change in operation.
- HIV, Hepatitis C, hypertension, diabetes, MIC or other scheduled chronic medicine clinics should continue with a focus only on those who are not medically stable and be conducted on the unit whenever possible. For patients whose chronic medical conditions are not well controlled or stable and require a telemedicine subspecialty visit, patient should be escorted using universal precautions and social distancing when possible to receive telemedicine services. The rooms should be cleaned thoroughly after each visit.
- Annual visits and routine well care visits will be suspended.
- Healthcare visits in general will occur on the housing unit to minimize movement.
- Those with respiratory complaints should be masked immediately before being moved for further assessment. Upon assessment, those with fever should be isolated and appropriate units quarantined. Those requiring close medical attention will be isolated in the Healthcare Unit when necessary.
- Those who are febrile or otherwise symptomatic, will be tested for Influenza A and Influenza B. Negative flu swabs will trigger an automatic test for COVID-19 while ensuring proper isolation and quarantine protocols are followed for each viral illness, respectively.
- Staff working in close quarters (Healthcare Unit) with offenders who are isolated for any respiratory should use proper Personal Protective Equipment "PPE."

The Office of Mental Health Services has defined primary duties that must be delivered throughout the Administrative Quarantine process. These duties include:

Mental Health Services

- PREA, crisis and suicide intervention services.
- Mental health screenings, evaluations, and assessments (in accordance with health and safety protocols).
- Individualized treatment plan development (in accordance with health and safety protocols).
- Group and individual psychotherapy (in accordance with health and safety protocols).
- Regularly scheduled assessment contacts with all offenders /patients on the mental health caseload (in accordance with health and safety protocols).
- Required restrictive housing unit rounds/assessments (in accordance with health and safety protocols).

- Production of legible, confidential documentation for services rendered in accordance with Department of Corrections policy, procedure and professional ethics.
- Discharge and re-entry planning (in accordance with health and safety protocols).
- Comprehensive mental health evaluation reports.
- Non-prescribing MHPs are responsible for obtaining the offender's informed consent prior to undertaking any therapeutic intervention other than crisis intervention (in accordance with health and safety protocols).
- Psychiatric providers are responsible for obtaining the offender's informed consent for treatment with psychotropic medication (in accordance with health and safety protocols).

Service Delivery Plan:

Space: · Each facility will designate a cell, room or area within each living unit or area where offenders can be seen and assessed for medical or mental health emergencies keeping in mind the social distancing requirement of at least six (6) feet separation requirement. Facilities are encouraged to look at existing spaces that can be repurposed if previously dedicated space does not meet the minimum square footage requirement.

· Each facility will designate an area for triage. This space will need to accommodate several providers for offender assessment and documentation completion by both healthcare and mental health staff when not in use for offender assessment. It can be on or nearby the living unit and capacity limits should be calculated so that social distancing requirements are maintained.

· Each facility will need to designate an area where offenders can be seen for routine medical and mental health services. This can be on or nearby the living unit. It will be a vital component to have a space for this service delivery. Facilities should recognize there will be a reduction of capacity and slowing of transporting offenders to these areas as appropriate sanitary precautions will need to be adhered. Even a slowed or reduced follow up schedule will provide our offenders with something to look forward to and certainly will help to reduce stress and anxiety.

· While some of these spaces may be utilized for dual purposes above, it is important to remember the need for advanced scheduling for routine services once they are authorized. It is equally important to ensure space is available for emergent stabilization efforts. Schedules for routine services should be posted on all living units and in clear view and a master schedule should be maintained and updated regularly within the facility and available upon request.

· All areas need to provide the appropriate level of privacy associated with the respective services. The department understands that there may be a need for some cell-front service delivery, but that should be minimized as much as possible again in accordance with safety and sanitation protocols.

· All staff involved need to be provided with the appropriate PPE inclusive of disinfectant products and access to facility porters while providing services to this population.

· It is understood that development of these plans may deviate from the guidelines provided within AD 05.01.301 Lockdowns. Continued adjustments will be made as the situation dictates.

Routine Care:

All Mental Health (MH) staff will meet at the start of day to plan daily intervention and receive facility updates. Coordination of services will be done in accordance with your facility leadership structure ensuring your Warden and Assistant Wardens are aware and have approved service delivery plans. Site-specific interventions are to be implemented such as:

Handouts: skills building, inspirational, crossword puzzles, word searches, etc. Please be mindful to provide pens/pencil/non-toxic crayons (provide the appropriate utensil based on the risk level of the

recipient). Also account for a plan of follow up/collection of appropriate materials for review and feedback by MH staff

Audio-visual: music, TV, movies, Public Service Announcements

Playing cards, puzzles

Books, magazines

The above may require extra resources and special permission and coordination with wardens.

Frequent, daily cell front presence of MH staff is important. However, it can be limited if/when the unit is quarantined.

Crisis Watch:

- Crisis assessments and Suicide Evaluations will be done in accordance with Administrative Directive 04.04.102 with modifications being made in accordance with safety and sanitary precautions.

Confidential space as allowed for social distancing as referenced above. Again, the department understands that there may be cases where follow-ups may have to be completed cell front due to safety precautions.

If designated crisis cells are filled to capacity, watch protocols shall be conducted in each individual cell with the cell contents being removed in accordance with risk level and frequency of checks shall be increased and staggered (being mindful of staffing resources and offender needs).

Residential Treatment Unit (RTU) Level of Care (these guidelines are in addition to the previously referenced sections):

- Regular, consistent therapeutic contact shall be maintained in accordance with health and safety protocols. As these offenders have already been identified as having an increased need for therapeutic services, efforts must be made to increase the frequency of rounds, availability of staff for intervention and assessment. Strategic planning and placement of staff through the RTU areas must be made.

Rotation of staff to guard against burnout should constantly be considered.

Inpatient (these guidelines are in addition to the previously referenced sections):

Regular, consistent contact shall be maintained. Please be mindful these offenders have been designated to be at the highest need in terms of acuity. A process to receive acute emergent admissions should be developed and ready to deploy if needed.

Medication:

All medication will be administered as per normal functioning, including injectable medications unless medically restricted.

All orders will continue, and expired meds will automatically renew for 30 days (Boswell acknowledgement is pending).

Transfers:

Transfers between facilities shall be reduced to a minimum. If more acute care is needed, such as transfer for Inpatient or RTU level of care, transfer will be allowed with consent of the Chiefs of Mental Health or Psychiatry.

Dressing out:

All Mental Health (MH) staff will be given masks and will wear them when inside the offender areas as directed by facility protocols.

All staff will practice social distancing as recommended, even amongst fellow staff. Handwashing after each individual patient contact is to be done as practical.

Physically Ill Offenders:

Medical intervention will supersede MH intervention

Please refer to facility medical services as to precautions to take if there is a MH urgency with an ill offender. Any contact with an ill offender will be made with medical oversight.

Medical Services

- Daily sick call will continue on site for each housing unit at all facilities
- Daily Med Lines will continue uninterrupted
- Emergency care will remain a priority. When necessary, offenders will be transferred to the Healthcare Unit when needed. Emergency writs will also continue without a change in operation.
- Routine healthcare will be focused on patients currently under poor control from our Chronic Medicine Clinics (including HIV, Hep C Clinics, etc.) if patients are poorly controlled. Healthcare in general will occur on the housing unit to minimize movement.

Thank you for the opportunity to provide you with information about departmental issues especially our COVID 19 response. As you receive more communications as it relates to our department and the persons in IDOC custody, please don't hesitate to inquire and allow us an opportunity to reply.