



Issue Brief

OREGON DEPARTMENT OF CORRECTIONS

COVID-19 at the Oregon Department of Corrections

Current Numbers

The Oregon Department of Corrections (DOC) COVID-19 website has updated information on employee and adult in custody (AIC) test results. This information can be accessed through the DOC homepage at www.oregon.gov/doc.

First positive COVID-19 cases at DOC

On March 8, Governor Kate Brown announced policies designed to slow the spread of COVID-19. On March 12, DOC announced the suspension of visiting and volunteers.

The first positive employee test was at the Oregon State Penitentiary on March 27. The first positive AIC test for COVID-19 was confirmed on April 2 at Santiam Correctional Institution.

DOC is following the recommendations of its medical doctors, who are working closely with the Oregon Health Authority (OHA) and following the Centers for Disease Control and Prevention (CDC) guidelines for when testing should occur.

The Agency Operations Center (AOC) is in daily consultation with DOC's Chief of Medicine and DOC's Infectious Disease Specialist to determine the best medical care for adults in Oregon DOC custody.

Testing of Employees

It is not possible for DOC to know how many employees have been tested for COVID-19 as that information is not always shared with the agency and is protected health information. DOC reports the self-disclosed confirmed employee cases of COVID-19 on the DOC website's tracking page.

Testing and Housing of AICs

AIC Screening Protocol

All AICs participating in work opportunities in institution kitchens, dining halls, physical plants, and correctional industries are screened for symptoms prior to reporting to their assignment. AICs who are showing symptoms

will be directed to Health Services for additional assessment.

AICs with Symptoms

AICs with symptoms of COVID-19 are screened by DOC's healthcare providers. Testing is determined by designated healthcare providers for each DOC institution, in accordance with guidance from DOC's Chief of Medicine and Infectious Disease Specialist, consistent with CDC and OHA clinical guidelines.

AICs Positive for COVID-19

When an AIC tests positive for the virus, DOC isolates the patient. That person may be transported to another facility for appropriate medical care. Not all prisons have 24/7 healthcare onsite.

Medical Isolation

Medical isolation refers to confining a confirmed or suspected COVID-19 case. Ideally, each isolated individual would be confined in a single cell with solid walls and a solid door that closes to prevent contact with others and to reduce the risk of transmission. Medical isolation ends when the individual meets pre-established clinical and/or testing 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.

Quarantine

Quarantine refers to confining individuals who have had close contact with a COVID-19 case to determine whether they develop symptoms of the disease. Quarantine for COVID-19 lasts for a period of 14 days. Ideally, each quarantined individual would be confined in a single cell with solid walls and a solid door that closes. If symptoms develop during the 14-day period, the AIC will be placed under medical isolation and evaluated for COVID-19. If symptoms do not develop, movement restrictions can be lifted, and the individual can return to their previous residency status within the facility.

The above definitions are from the CDC and “guidance may need to be adapted based on individual facilities’ physical space, staffing, population, operations, and other resources and conditions.”¹

Wearing Masks Inside DOC’s Institutions

DOC requires employees and AICs to wear masks if six feet of social distance cannot be maintained. In addition, wearing masks is mandatory in health services areas, some work areas, physical plants, and in food services for all AICs.

As of October 8th, the Agency Operations Center (AOC) has acquired a large quantity of enhanced face coverings for distribution to DOC employees and AICs. New research and guidance from the CDC and discussion with OHA encourage the highest level of protection available.

While these face coverings are technically [N-95](#) respirators, fit-testing will not be done for the vast majority of staff and AICs at this time.

Three of these face coverings will be available for employees and AICs through Health Services at each location.

Employee Screening Protocol

Upon entering the institution, a staff member takes employee temperatures and asks employees the following questions:

- Are you experiencing a new fever, cough, shortness of breath, repeated shaking with chills, muscle pain, headache, sore throat, congestion or runny nose, nausea or vomiting, diarrhea and/or new loss of taste or smell?
- Have you been identified through Local Public Health Authority or Health Provider contact tracing as a close contact with anyone diagnosed with COVID-19 illness within 14 days?

If any employee answers no to both questions and does not have a temperature above 100 degrees, the employee will be allowed to enter the facility. If an employee responds yes to one or more questions, and/or records an initial temperature above 100 degrees, the manager(s) will direct and employee to a

designated waiting area and will administer the secondary screening protocol.

The secondary screening protocol administered by the designated manager(s) is conducted no less than five minutes after the initial screening.

Social Distancing in Oregon’s Prisons

DOC has implemented social distancing measures:

- All DOC prisons are closed to visitors, volunteers, and the majority of contract employees.
- Modified line movements to limit the number of AICs in common areas.
- AICs are staying together by unit. For example, meals, medline and yard time.
- Markings have been placed on the ground six feet apart, indicating where people should stand in line.
- Various modifications have been made in the dorms.

AIC Communication

Communication

DOC is engaging in frequent communications with AICs in the form of updates, printed and hand delivered to every AIC, letters from health services, posters, digital announcements, and video messages. The Office of Communications provides as weekly update which includes current case numbers and helpful information on AIC kiosks and announcement boards. DOC has distributed and placed many signs regarding symptoms of COVID-19, hand-washing, and social distancing within DOC facilities.

AIC Mail and Library Books

All incoming and outgoing mail is quarantined for a minimum of 24 hours before processing. Library books used on housing unit book shelves will not be returned to the bookshelf by the AICs, but returned to a mail tub and quarantined for 24 hours before being placed back into circulation.

Transporting AICs

As part of the existing transfer process, all AICs are medically screened prior to leaving the facility. This practice is still being followed. If an AIC is transferred from a quarantined facility to another facility, they are quarantined for 14 days.

¹ Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

AIC work crews from non-endemic institutions are regularly screened and continue to be transported to their daily work locations in the community.

Tier Status

The tiered prevention plan and protocol was created by the AOC in conjunction with Health Services.

- Tier 1 – Institutions without known COVID-19.
- Tier 2 – Institutions with confirmed COVID-19 (AIC and/or employee) originating from the institution.
- Tier 3 – Institutions with confirmed COVID-19 and expanded testing of those with direct contact and all symptomatic AICs.
- Tier 4 – Entire institution quarantined for 14 days.
- Tier 5 – Consider multiple institutions quarantined for 14 days

All AIC transfers for Tiers 2-5 designated institutions are coordinated through the Agency Operations Center.

**The mission of the
Oregon Department of Corrections
is to promote public safety by
holding offenders accountable for their
actions and reducing the risk of future
criminal behavior.**



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