

**UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF RHODE ISLAND**

IN RE:

DONALD W. WYATT DETENTION
FACILITY

20-mc-00004

STATUS REPORT (APRIL 20, 2020)

Detainees at the Facility	TOTAL:	586
	(% capacity)	76%
	USMS	495
	ICE	80
	Navy, Tribal, BOP	11
Cumulative number of detainees tested	TOTAL:	2
	Negative tests	2
	Pending tests	0
	Positive tests	0
Cumulative number of staff tested (as self-reported by staff)	TOTAL:	17
	Negative tests	15
	Pending tests	2
	Positive tests	0
All efforts undertaken to mitigate the spread of COVID-19	See Attachment	A
All efforts undertaken to mitigate the spread of COVID-19 in light of a positive test		N/A
Protocols for screening and testing of detainees, staff, and others entering or leaving the Facility	See Attachment	A & B
Changes from Attachment A on prior Status Report, if any	See Attachment	C

Respectfully Submitted,

/s/ Daniel W. Martin

Daniel W. Martin, Warden, Donald W. Wyatt
Detention Facility

ATTACHMENT A
(Facility's Mitigation Efforts and Plan)

EFFORTS BY THE DONALD W. WYATT DETENTION FACILITY TO MITIGATE AND ADDRESS THE EFFECTS OF THE CORONAVIRUS PANDEMIC

Introduction

1. With the onset of the current pandemic, the Facility and its staff have been working around-the-clock to ensure that any threats posed by the coronavirus/COVID-19 pandemic are mitigated to the maximum extent possible.
2. Within the thirty-day period of March 20, 2020 to April 20, 2020, the Facility's overall population has fallen from 707 to 586 detainees (i.e., a drop of 121 detainees in one month).
3. The Facility relies on and routinely refers to the guidelines issued by the Centers for Disease Control (CDC) for correctional and detention facilities.

Specific Steps

4. The Facility has implemented strict protocols and undertaken extensive steps to minimize the threat of the coronavirus within the Facility, including, but not limited to:
 - a. Directing detainees to socially distance themselves by, among other things, sitting one to two detainees at a four-person table, providing guidance to avoid congregating in groups, permitting detainees to access the recreation yard attached to their unit on non-lockdown times, and reassigning detainees to available cells so as to further increase social distancing within the cells;
 - b. Communicating with the United States Marshals Service, ICE, and Bureau of Prisons to minimize sending potential detainees who exhibit COVID-19 symptoms;
 - c. Increasing mental health rounds throughout the Facility;

- d. Ensuring 24/7 on-site presence of nursing staff;
- e. Ensuring that our transportation staff communicates in real time with the Facility regarding the detainees' conditions who are arriving at the Facility and to isolate any incoming symptomatic detainees as much as possible;
- f. Medically screening new detainees for COVID-19 symptoms;
- g. Establishing a quarantine plan (described below) under the supervision and guidance of the Facility's medical director;
- h. Prohibiting staff from working who are experiencing any COVID-19 related symptoms, and to report any such symptoms immediately before self-isolating themselves and seeking medical attention;
- i. Requiring staff who have COVID-19 related symptoms to self-quarantine for 14 days and obtain clearance from their medical provider before returning to the Facility;
- j. Encouraging staff to follow the Governor's executive orders by minimizing their time outside of their homes so as to reduce their risks of exposure to the coronavirus;
- k. Encouraging staff to cease unnecessary physical contact such as handshakes, hugs, etc.;
- l. Implementing an enhanced cleaning protocol throughout the Facility;
- m. Providing additional soap, cleaning materials, and sanitizers throughout the Facility for use by detainees and staff;
- n. Cleaning frequently throughout the day and disinfecting tables, chairs, handrails, phone handsets, and other high-touch areas;

- o. Creating an additional night-time cleaning detail to clean and disinfect showers and other common areas with a bleach and water solution;
- p. Temporarily suspending physical visitation to the Facility by family members, attorneys, and other visitors to protect the detainees and their family members during this phase of the pandemic;
- q. Screening and limiting vendors and contractors to only those personnel and visits necessary to ensure continuity of operations, such as HVAC vendors and essential deliveries (i.e., medical, food, cleaning supplies, commissary, etc.);
- r. Screening vendors and contractors who must enter the Facility for COVID-19 related symptoms and denying entry to any individuals who exhibit such symptoms. This screening consists of a temperature check and answering screening questions regarding potential exposure and risks to the Facility;
- s. Increasing the use of audio and video conferencing services for court appearances and other visits traditionally held in-person, such as between detainees and their attorneys;
- t. Increasing the number of free phone calls that detainees may make each week;
- u. Restricting and minimizing staff members' physical contact with each other and interactions to the maximum extent possible;
- v. Providing bilingual instruction and guidance to detainees and staff regarding the critical needs to observe strict personal hygiene such as frequent hand-washing, avoiding touching facial areas, maintaining social distancing as much as possible, and promptly reporting any symptoms consistent with COVID-19;

- w. Suspending Facility programs until further notice and working to replace those programs with alternative activities;
- x. Holding town hall-style meetings led by me and the Facility's medical director with the detainees to explain the Facility's efforts, plans, and to assure them that the Facility is working diligently to reduce COVID-19 related risks. At these meetings, detainees requested more soap and personal hygiene products (which were provided), a reduced rate for paid phone calls (which was provided for domestic calls), and more access to Personal Protection Equipment (PPE) such as gloves and procedural masks (which the Facility has provided);
- y. Suspending the Facility's dental program and barber shop until further notice;
- z. Expediting the creation of a negative-pressure isolation and quarantine unit;
- aa. Obtaining COVID-19 testing kits from the Rhode Island Department of Health (RIDOH) to have on-hand;
- bb. Communicating daily with RIDOH regarding the status of the pandemic, testing protocols and timeframes, and the progression of the disease through the state; and
- cc. Replacing the currently-suspended in-person religious services with weekly rounds by the Facility's religious coordinator.

Quarantine Procedures

5. On April 1, 2020, the Facility implemented a 5-day/14-day two-step quarantine process, as follows:
 - a. The Facility designated Pod J-1 ("J-1") as the intake pod for all new detainees from the United States Marshals Service, ICE, the Federal Bureau of Prisons, and the United States Navy;

- b. J-1 is a separate and smaller unit within the Facility. It can house 48 detainees, and currently is at 50% capacity with approximately 24 detainees in that unit;
- c. The Facility selected J-1 as the most appropriate space for quarantine given its size, layout, and location within the Facility;
- d. The Facility uses J-1 as an initial intake holding pod to assess and clear detainees before releasing them into the general population;
- e. Although the Facility currently has two medical isolation units which are negatively pressured, the Facility's HVAC contractor is currently working on the Facility's roof to turn the entire J-1 pod (48 beds) into a negative pressure isolation unit should circumstances warrant. This work should be completed in the second half of April, 2020;
- f. The Facility screens new detainees by asking them questions regarding their travel history, contact with potential COVID-19 positive individuals, and other risk and exposure factors;
- g. All detainees arriving to J-1 are medically screened upon their arrival and locked down for five days. This is the *first step* of the quarantine process;
- h. This lockdown consists of being isolated into a single-person cell and separated from all other interaction with detainees in J-1. Quarantined detainees are permitted to leave their quarantine cells alone up to one hour per day to shower, recreate, and to make one phone call;
- i. Detainees in J-1 are monitored and medically screened daily, and mental health unit staff check in with the J-1 detainees every day the staff are onsite;

- j. After the five-day period, detainees are again screened by the Facility's medical staff, and if they are cleared, they can congregate with other detainees *only in J-1* with other cleared J-1 detainees. This is the *second step* of the quarantine process;
- k. During the remaining nine-day period, detainees are instructed to self-report any symptoms during their remaining nine days;
- l. Then, *after fourteen days in J-1*, detainees are once again medically screened for COVID-19 related symptoms and if they are medically cleared, then they are assigned to another housing unit in the Facility's general population;
- m. Any detainee who refuses medical screening is not moved to general population but is instead issued a disciplinary ticket and placed into segregation;
- n. To date, no detainee has refused COVID-19 related medical screening; and
- o. No detainee has been prevented from advancing from J-1 to general population due to suspected COVID-19 disease.

Protocols in the event of a confirmed COVID-19 case

6. Every day, the Facility reports via email to the governmental entities who entrust their detainees to the Facility's care the status of COVID-19 within its population.

7. If a detainee tests positive for COVID-19, the Facility has a plan in place to address that situation using all precautions necessary throughout this process. The Facility will:¹

¹ It is difficult to lay out every single step the Facility will take if it has a positive case because of the number of action items that will be required, the exigencies of the situation, and the need to be flexible and adapt to every situation's unique needs. But, nonetheless, this document provides the framework and parameters that will guide the Facility's action.

- a. Isolate the detainee in the medical isolation/negative pressure unit,² give the detainee a mask to wear, and further medically evaluate the detainee;
- b. Interview the detainee to determine the nature and extent of their symptoms, the date of their onset, who they recently came into close contact with (i.e., contact tracing, as defined by the CDC), what areas they may have touched, and other specific facts to assess the detainee's condition and their potential impact on staff and other detainees within the Facility;
- c. Clean and sanitize any areas identified as part of this interview that need to be addressed;
- d. Interview other detainees who were identified during the contact tracing process;
- e. Secure and isolate the detainee's unit and limit access by staff to those staff necessary and with appropriate protections (masks, gloves, etc.), inform other detainees in the affected unit of the positive case, instruct them to wear masks when outside their cells, remind them to report any symptoms immediately, remind them of the importance of personal hygiene and social distancing, and medically screen them twice per day;
- f. Order a COVID-19 test for any detainee who presents with symptoms necessitating such a test; and
- g. Notify all necessary parties and agencies, including, but not limited to, the Rhode Island Department of Health, the Facility's staff, and its user agencies.

² A negative pressure environment reduces air pressure so that outside air can be brought into the segregated environment. The goal of this environment is to trap and keep potentially harmful particles within the negative pressure room by preventing internal air from leaving that space.

8. The Facility has several contingency plans in place if it experiences multiple COVID-19 cases. For example, the Facility can handle up to two cases within its health services unit. But, if the number of cases increases, the Facility is prepared to use F-pod which is currently empty and has 16 cells. If necessary, the Facility can use J-1 for overflow from F-pod given that J-1 will be entirely negative pressured. The Facility would then assess the situation to determine the most appropriate cohorting and living arrangements depending on the specifics of each detainee's situation (i.e., comorbidities, age, risk factors, etc.)

General Facility cleaning, sanitizing, and prevention measures

9. The Facility has placed COVID-19 related signage from the CDC regarding symptoms, hygiene, and best practices throughout the Facility in English and Spanish. When the Facility holds its town-hall style meetings (including the one it recently held regarding COVID-19), translators are available to assist with any detainee needing translation to ensure the messages are received and understood by all detainees.

10. Every cell has its own sink and soap is provided to the detainees.

11. Hand sanitizing is available to the detainees upon request from staff when detainees are out of their cells.

12. The Facility is working on placing standalone sanitizer kiosks throughout the Facility's common areas for detainees to easily access. These kiosks are on order and will be installed immediately upon their arrival.

13. Cleaning chemicals in spray bottles and paper towels are available on the units throughout the day and are consistently monitored and refilled by staff when needed. When detainee workers are out of their cells and working in the pods, they are consistently spraying, wiping, and cleaning high-touch areas such as handles, railings, chairs, tables, screens, microwaves,

etc. In addition, the third-shift cleaning crew (while other detainees are in their cells) performs a thorough bleach-based cleaning of each unit which takes an average of several hours each night.

14. Procedural face masks have been distributed to staff and detainees. The Facility is also working on a system to create its own cloth face coverings for distribution within the Facility.

15. Although the Facility cannot control the ingress and egress of detainees because such decisions are made by its user agencies, the Facility medically screens every detainee before release and also communicates regularly with user agencies who are sending new detainees for intake to ensure as much as possible that no COVID-19 suspected or positive detainees are introduced into the Facility.

ATTACHMENT B
(Screening Protocols)

DETAINEES

Place Label Here

DONALD W. WYATT DETENTION FACILITY
Detainee COVID-19 SCREEN

Detainee Name (Print)		ID#		DOB
DETAINEE QUESTIONNAIRE		COMMENTS		
1.	Fever: Onset date (/ /) Measured, highest temp: _____ Current Temp: _____	Yes	No	
2.	Dry cough Onset date (/ /)	Yes	No	
3.	Shortness of breath/dyspnea Onset date (/ /)	Yes	No	
4.	Productive Cough Onset date (/ /)	Yes	No	
5.	Sore throat Onset date (/ /)	Yes	No	
6.	Headache Onset date (/ /)	Yes	No	
7.	Chills Onset date (/ /)	Yes	No	
8.	Muscle aches Onset date (/ /)	Yes	No	
9.	Nausea/vomiting Onset date (/ /)	Yes	No	
10.	Abdominal pain Onset date (/ /)	Yes	No	
11.	Diarrhea Onset date (/ /)	Yes	No	
12.	Runny nose/rhinorrhea Onset date (/ /)	Yes	No	
TRAVEL HISTORY				
13 *	Have you been out of the continental United States (CONUS) (Lower 48) in the past 14 days? If yes: Last date outside CONUS: _____	Yes	No	

14*	Have you been in close contact with a person with laboratory-confirmed 2019-novel coronavirus in the past 14 days? Last date you had contact with that person: (/ /)	Yes	No	
15	YES To #1-4, # 13 or 14: Call HSA/Designee Immediately Clinical impression patient has ILI: Call HSA/Designee Immediately	Yes	No	

DRAFT VERSION 20 April 2020

Staff Name (Print) _____ Signature _____

Date: _____ Time: _____

STAFF AND VISITORS

**CENTRAL FALLS
DETENTION FACILITY CORPORATION**

**STAFF AND VISITOR
COVID-19 SCREENING TOOL**

Name (Print)		DOB	
PART 1			COMMENTS
	PERSON REFUSES TEMPERATURE CHECK	Person does not enter and call Shift Commander Immediately	
1.	Fever: Onset date (/ /) Measured, highest temp: _____ Current Temp: _____	Yes	No
2.	Do you feel feverish? (Chills, sweats etc.)	Yes	No
3.	Do you have a dry cough?	Yes	No
4.	Are you feeling short of breath?	Yes	No
5.	Do you feel like you are ill?	Yes	No
PART 2/COMPLETE IF YES TO ANY 1-5 ABOVE			COMMENTS
6.	Cough Onset date (/ /)	Yes	No
7.	Shortness of breath/dyspnea Onset date (/ /)	Yes	No
8.	Sore throat Onset date (/ /)	Yes	No
9.	Headache Onset date (/ /)	Yes	No
10.	Chills Onset date (/ /)	Yes	No
11.	Muscle aches Onset date (/ /)	Yes	No
12.	Diarrhea/Nausea/vomiting Onset date (/ /)	Yes	No
13.	Runny nose/rhinorrhea Onset date (/ /)	Yes	No
TRAVEL HISTORY			
14. *	Have you been out of the continental United States (CONUS) (Lower 48) in the past 14 days? If yes: Last date outside CONUS: _____	Yes	No
15. *	Have you been in close contact with a person with laboratory-confirmed COVID-19 in the past 14 days? Last date you had contact with that person: (/ /)	Yes	No

Body temperature at or above 99.6 degrees, and/or YES To # 1-5, 14 or 15, and/or Clinical impression patient has ILI: Person does not enter and call Shift Commander Immediately			
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DRAFT VERSION 2 APRIL 2020

Staff Name (Print) _____ Signature _____

Date: _____ Time: _____

ATTACHMENT C
(Changes from last Status Report)

N/A