MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 12

Please take note of this twelfth update to the VADOC Pandemic Response Guidance. We continue to generate important communication to keep pace with our efforts to manage this unique COVID-19 situation; please review the update carefully to ensure that all information has been received.

Share this guidance with your management teams and employees as appropriate. Always be sure that you are referring to the latest issue on a particular topic. Remember that VPN access is needed to access the hyperlinks on the iDOC Virtual Library.

We continue to maintain our focus and sense of purpose during these challenging times. Thank you and your teams for their diligence and perseverance. Continue to keep your people, the offenders in our care, and yourselves informed, healthy, positive and safe. Their wellness is greatly impacted by your leadership.

Attachment

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Programs, Education, and Re-Entry
    Regional Operations Chiefs
    Regional Administrators
1. ADMINISTRATION & COORDINATION
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: Cumulative COVID-19 Questions & Answers (Through 4/27/20)

This latest version of the Cumulative Q/A includes current and relevant information regarding the Early Release Program currently affecting all aspects of operation in our organization today. As we move into implementation, we should continue to ask questions and consider new ways of thinking to solve problems as they arise.

Please continue to share this document with those who would benefit from its use.

Attachment

cc: David Robinson, Chief of Corrections Operations
   Joseph W. Walters, Deputy Director
   Scott Richeson, Deputy Director
   Regional Operations Chief
   Regional Administrators
   Steve Herrick, Health Services Director
   Lisa Kinney, Communications Director
   Randall Mathena
### Q&A outline follows VADOC Pandemic Response Guidance topics:

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### Administration/Coordination

#### Q
Any projection as to when this will end?

No. Governor’s State of Emergency is currently set for June 10 but this could be extended.

[4/13/20, West, Q2]

#### Training

##### Q
Is officer training still going forward at institutions?

Yes, but there are certain components of the training that are not, i.e. outside staff coming. A memo is forthcoming.

[4/13/20, East, Q3]

##### Q
Asking to confirm that the training sheet provided is all that is necessary to train on the thermometers.

Refer to memo and the completed training sheet needs to be placed in the employees training file.

[4/1/20, East, Q8]

##### Q
Are Basic Skills for P & P Officers still running?

Suspended

[3/25/20, West, Q2]

##### Q
Asking for clarification on upcoming trainings.

All training except BCO Training has been suspended.

[3/23/20, East, Q2]
Q  Is there information on training for new correctional officers:
   Follow up is needed.
   [3/23/20, West, Q4]

Q  How should those facilities that host in-service trainings for multiple sites respond?
   Guidance will be forthcoming, all in-service training has been cancelled.
   [3/18/20, Central, Q6]

- Community Staff – Facility Assignment
  Q  Seeking clarity on the Rapid Response Team schedule.
     This will be managed by Unit Heads at assignment.
     [4/8/20, Central, Q2]

  Q  If a district did not have any volunteers for the Rapid Response Team and the CPO
     selected a staff member. The staff member declined. Is there any further guidance for
     CPO?
     No one should be on the team who did not volunteer. A memo will be forthcoming
     from the Director and it will state that if necessary, P&P will be mandated to fill in.
     [4/3/20, Central, Q3]

  Q  Any guidance on Re-Entry Seniors going into institutions?
     Scott Richeson was consulted and at this time, this has been suspended. Scott
     Richeson stated they should help where the need is.
     [4/3/20, East, Q4]

  Q  Can community staff be assigned to help at prisons?
     At this time, conversations about community staff has not occurred due to the
     workload in the community. There is no plan at this time to use community staff to
     work at prisons.
     [3/23/20, Central, Q13]

- Community Staff – Technology
  Q  Has there been any follow-up on BOYD for clerical staff using their own cell phones?
     For staff who are teleworking, please work with your Region and IT.
     [Amended, 4/8/20]

     Pending Resolution
     [4/3/20, West, Q1]

  Q  Have the hot spots for positions in the community been approved?
     Felicia Stretcher working on this.
Non-Essential Staffing

Q When the OSA or OSS runs out of work, and run out of leave, will they then be on leave without pay?
Work with your RAs as they have numerous tasks that need to be performed daily.
[3/30/20, Central, Q14]

Q To clarify, the OSS and OSA are not considered essential.
Yes, work with your RAs as they have numerous tasks that need to be performed daily.
[3/30/20, West, Q5]

Q Any way we can include all staff as essential in districts?
Not at this time
[3/30/20, Central, Q13]

Q Does the definition of essential employees include support staff?
Refer to memo
[3/30/20, Central, Q1]

Q May non-essential employees finish working today?
The Governor’s order was effective immediately.
[3/30/20, Central, Q3]

Q In light of the Governor’s new order, are we to send non-essential staff home?
Yes, refer to memo
[3/30/20, East, Q10]

Overtime

Q Should staff be allowed to continue with overtime?
Wardens need to work with their ROC to determine staff coming from one prison to work at another prison to provide overtime.
[3/23/20, Central, Q7]

Employee Pay/ Benefits

Q With all that is going on, there is still a need for crisis intervention. Can something be set up by video so staff do not have to report in person?
See your Regional Operations Chief for further guidance.
[4/3/20, Central, Q8]

Q P&P may not have received the FFCRA.
Greg Holloway to ensure it is sent to all.
[4/3/20, East, Q2]

Q  Are Probation and Parole Officers exempt from the FFCRA Act?
Refer to Director Clarke’s memorandum, 4/3/2020.
[4/3/20, West, Q2]

Q With Flexible Reimbursement accounts and elective procedures being cancelled, there will be money left on card that cannot be used. Will that money simply be lost?

**COVID-19 and Health Care FSA’s**

*Can the plan year be extended?* Unfortunately no, the plan year is a 12-month period and, per the IRS, cannot be extended.

*Can my annual election be reduced as the result of a change in planned surgery?* At this time, guidance is not available regarding funds set aside for planned medical procedures that have been postponed due to COVID-19. COVID-19 and Dependent Care FSAs. Employees are encouraged to make everyone effort to appropriately utilize the funds during the plan year.

*Can a Dependent Care FSA annual election be reduced due to closure of school, daycare, or after-school activities due to the pandemic?* A change in the cost of childcare services is considered a Qualifying Mid-Year Event (QME) or Life Event. The employee may make an election change by submitting the enrollment form indicating the new election amount. The change will be effective the first of the month following receipt of the completed enrollment form and appropriate documentation. We will keep you updated, as additional information is available.
[4/1/20, East, Q7]

Q  Are wage employees going to be paid?
Wage employees and adjunct faculty will receive pro-rated paid leave (Public Health Emergency Leave) based on the hours they are normally scheduled to work. The maximum paid leave must not exceed the maximum number of hours they would normally work each week. If a wage employee normally works 20 hours per week, the maximum amount of paid leave should be 20 hours per week for up to two weeks. When a wage employee’s hours vary, use an average as the maximum. Note: Total hours worked and the total hours of Public Health Emergency Leave cannot exceed the 1450 hours for wage employees.
[3/16/20, East, Q2]
Commuting Restrictions

Q  The Governor just issued a stay at home order. Will another memo be issued for our staff?

A cover memo and template memo was issued yesterday with guidance for unit heads. All unit heads should verify essential staff are provided a copy of the memo, signed by the unit head, verifying the bearer is essential to the operations of the VADOC facility or office where they work. The employee should also carry their VADOC issued identification.

[3/30/20, East, Q4]

Q  West Virginia has mandated that their residents remain home and those working need a letter.

Use the memorandum from the Director identifying staff as essential. Unit Heads should also develop a letter for their employees. Additionally, and if at all possible, Wage Employees may telework.

[3/23/20, Central, Q5]

Callouts

Q  Asked for clarification on call-out reporting.

Only need the numbers for security and health care staff.

[3/23/20, West, Q5]

Joe Walters reported that effective immediately, the Facility HRO will report daily call-outs for COVID-19 for security staff (Officer through Major) and Medical Staff by 2:00 pm Friday to the OLU (Randy Mathena).

[3/23/20, Additional Question, Q3]

Staff COVID Testing

Q  From Randy Mathena – cannot share staff among facilities, especially if there has been a positive COVID-19 case in a facility.

[4/13/20, Additional Question, Q1]

Q  Is there guidance for staff recovery and when they may return to work?

Employees are seeing their own health care providers and should follow that provider’s guidance. The physician will released the employee to return to work.

[4/13/20, East, Q4]

Q  To date only inmates are being tested. I have staff in my P & P district who need to be screened. When we consult the Health Department, we are told to go to our own health care provider. VDH directs who will be tested based upon exposure. Currently, their guidance for employees is to refer them to their health care provider and their Department of Health.

[4/1/20, West, Q3]
Telework

Q  If an employee is teleworking and only has enough work for 4 hours, how are the other 4 hours calculated?  
If Public Health Leave is used, it must meet eligibility; otherwise, the employee will need to use his or her own leave. Supervisors are strongly encouraged to be flexible and work with staff to provide appropriate assignments and work. Please work with HR.  
[3/30/20, East, Q11]

Q  Any update on VPN?  
There have been definite issues and VPN capacity has been exceeded. Joe Walters reported that as of last night, VITA reported capacity has tripled and it is working.  
[3/27/20, West, Q3]

Q  Do facility staff have the option to telework?  
Director sent out a memo making staff at facilities designated employees. Wardens and Superintendents should still work with employees who request the option to telework and determine based on the employee’s circumstances, duties and capacity for job restructuring whether teleworking is an option. Each request for teleworking should be reviewed by the Warden or Superintendent on case by case basis.  
[3/18/20, West, Q3]

Q  Can district clerical staff telework?  
Yes, they are not deemed essential staff.  
[3/18/20, East, Q1]

Q  If teleworking, can staff work different hours (staggered hours)?  
Chief to make decision, employee may work hours supervisor and employee agree to.  
[3/16/20, Central, Q2]

Q  Does telecommuting apply to all Districts or just the 3 closed by the Governor?  
Not all positions are appropriate for telework. However, telework is supported where appropriate.  
[3/16/20, West, Q5]

Q  Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?  
Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.  
[3/16/20, East, Q8]
Q Can staff telework if kids are out of school or must they use Leave?
Chief’s discretion, complete telework agreement.
[3/16/20, West, Q6]

Q Policy requires a separate caretaker for children when an employee is teleworking– will this be relaxed for this event?
No final decision.
[3/16/20, West, Q7]

Q Can we allow non-essential staff “flex” to assist with child care? (ex: 4 – 10hr shifts or 3 – 12hr shifts)
If permitted by supervisor (must prioritize coverage @ facility).
[3/16/20, West, Q11]

Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
[3/16/20, East, Q8]

- Leave

Q If an employee has a chronic illness but no evidence of COVID-19 exposure/symptoms and they have received a note from their personal physician to self-quarantine for 5 days, is this to be honored?
Joe Walters stated that if a health care provider, because of risk factors, has told an employee to self-quarantine, the employee should consult first with HR before they go out on quarantine and may access leave. Unit heads are encouraged to be liberal.
[3/27/20, Central, Q2]

Q Clarification was sought on if the CPO and/or Lead Secretary could enter Public Health Emergency Leave.
Full-Time Employees can enter (PHL) in TAL and it can be approved by the Supervisor. Wage Employees will need to enter hours worked and put PHL in the comments section. The Chief/Supervisor will then need to approve it. TAL is web-based and the employee can log into TAL from any computer with internet connectivity. If the employee is unable to access TAL, then an administrator can do it for the employee. It will be tracked by the HROs.
[3/27/20, East, Q3]

Q Do Wage Employees have access to Public Health Emergency Leave?
Yes, but at a prorated rate.
Pursuant to the Governor’s closing of all services on the peninsula, clerical staff in the district have been on emergency leave. Should this continue? Refer to memorandum 3/27/2020 from Mr. Walters.

What leave can be used to make arrangements for child care? DHRM issued guidance, work with HR.

Are all employee vacation leave requests to be suspended/denied? No, only the Wardens, Assistant Wardens, Chiefs and Deputy Chief Probation Officers previously approved vacations are to be reviewed by the Regional Operations Chief with no further requests during this crisis.

**Recruitment**

In reference to the hiring freeze, is it beneficial for a district to hold off on advertising the vacancy – I don’t want to lose a position. If that’s what you want to do, do it.

It is understood that there is a freeze on hiring. Does that include transfers/laterals? If the hiring is in process and an offer has been extended and confirmed, you may move forward. All others must stop.

Could you provide further information about the hiring freeze? Refer to memorandum from Lucinda Childs-White, COVID-19 Response – Implementation of Hiring and Compensation Freeze, 4/6/2020

Am in the process of conducting a 2nd interview and do those still have to be done face-to-face. Joe Walters reported that they do not. They can be done electronically.

Can one-person conduct interviews? No, refer to Memorandum from Director Clarke.
Q Interviewees must come in person for the physical and urine screen, can this continue?
Refer to Memorandum from Director Clarke; urine screens will be necessary for CO Interviews.
[3/23/20, East, Q4]

Q Should facilities proceed with employee interviews?
Yes, proceed with interviews as scheduled and use the visitor COVID-19 screening form.
[3/18/20, West, Q2]

Q Should interview panels still be used?
See HR for guidance
[3/18/20, East, Q5]

- **Staff Attire**
  
  Q Are officers required to be clean shaven for FIT testing?
  HR will provide guidance.
  [Amended 4/8/20]
  
  If transporting to VCU they must be clean shaven. Will research if policy should be suspended.
  [4/6/20, Central, Q2]

  Q Given all the hard work non-security staff is doing, may we allow them to dress down?
  Wardens should use their own discretion.
  [3/30/20, Central, Q10]

- **Audits**
  
  Q Are COA audits on hold?
  COA on hold for 30 days.
  [3/16/20, Central, Q1]

  Q Are SRAs postponed?
  Yes, all SRAs and COAs are postponed.
  [3/18/20, Central, Q7]

- **Procurement/Co-Pays**
  
  Q Vendors may ask how they are supposed to collect the agreed upon co-pays - it is the vendor's responsibility to collect but they may decide to just charge DOC in full - is that something that DOC will approve?
  No, it is up to the Vendor to get their copay.
Q What is needed by VCE to track orders?
   In process, already ordered, being tracked.
   [3/16/20, West, Q4]

Q Are flu test kits tracked or reimbursed? They can probably be tracked but likely not reimbursed.
   Going to track; figure out reimbursement at end of process.
   [3/16/20, West, Q3]

Communications

Q Emergency Operations Center Mailbox. All correspondence intended for the EOC should be sent to: doc.olu.eoc.@vadoc.virginia.gov
   [4/3/20, Additional Question, Q2]

Q Users have not been able to navigate the second link sent for the survey.
   Units should contact Mr. Fleming or Dr. Celi.
   [3/27/20, East, Q4]

Q Cannot access the forms on the COVID-19 Response Guidance, keep receiving an error message.
   Mr. Fleming will investigate and work with his team to resolve. If you have issues, contact Moose Fleming.
   [3/25/20, Central, Q1]

General Prevention Measures

- Risk Zones

  Q Can disciplinary and grievances be photograph instead of having to bring them out of the Red Zone?
    Yes
    [4/17/20, Additional Question, Q2]

Q In the Interim Guidance document, section V, letter H, speaks to at risk staff. Will there be a list of specific health conditions to determine which employees cannot enter which zones?
   [4/17/20, West, Q1]
### Cleaning

- **Q** Should we begin developing a protocol for cleaning state vehicles?
  - Randy Mathena to follow-up
  - [4/6/20, East, Q3]

- **Q** Can staff bring their own sanitizing wipes into the facility?
  - Wardens should handle how they see fit.
  - [4/3/20, East, Q8]

- **Q** Can we begin using bleach right away?
  - With regular flu cases, no.
  - [4/1/2020, West, Q4]

- **Q** If Guidelines say that if an employee tests positive for COVID-19 they must be quarantined for 14 days. This employee would have been positive before identified and would have had contact with many in an institution. At your facilities, remind staff to keep their distance from each other and continue to clean objects, i.e. door handles, etc.
  - [3/30/20, West, Q4]

- **Q** Any guidance on how P&P offices are to be cleaned?
  - P&P Chief may allow vendors who do not have supplies to use our supplies. In the event a district doesn’t have a cleaning company, utilize the sanitation procedures.
  - [3/23/20, East, Q6]

- **Q** Do we have to post the MSDS sheet?
  - Yes
  - [3/18/20, Central, Q2]

### Sneeze Guards & Masks - Staff

- **Q** May the sneeze guards issued by DOC be worn outside of DOC districts?
  - Yes
  - [4/8/20, East, Q2]

- **Q** Is it mandated to wear sneeze guards in districts and regional offices?
  - Yes, this is mandatory.
  - [4/1/2020, West, Q1]

- **Q** Can we get sneeze guards to others who enter the facilities, i.e. kitchen maintenance?
  - Yes
  - [4/1/2020, West, Q1]
Q  May staff bring in their own masks?
   Yes
   [3/30/20, West, Q9]

Q  Staff who have been issued sneeze guards have requested to use their own masks, may they?
   Yes
   [3/30/20, Central, Q6]

Q  Staff is asking to use their own masks. May they use their own masks?
   Yes
   [3/30/20, East, Q8]

Q  Sneeze guards issued to staff. When they are leaving the institution a person must be clearly identified by staff at the front, must they lower their sneeze guards?
   Yes, they cannot go out of the front door until they have been clearly identified.
   [3/27/20, Central, Q4]

Q  Sneeze guards were issued without first identifying to whom they belonged and more may be needed.
   More can be issued. Work with your Regional Administrator who will coordinate with Marie Vargo.
   [3/27/20, Central, Q5]

Q  Comment, not a question, the unit found that when Carter Permanent Markers were used to identify sneeze guards, there was less fading then when Sharpie Permanent Markers were used.
   [3/27/20, Central, Q6]

Q  In the community, is it mandatory for P&P Officers to wear the sneeze guards?
   It is not mandatory for P&P.
   [3/27/20, Central, Q1]

Q  Should the sneeze mask memo be distributed or held until the mask arrive?
   WAIT until the masks arrive.
   [3/25/20, West, Q4]

Q  Are the sneeze guards for both staff and offenders?
   In the facility, for staff and offenders. In the community, for staff but not for offenders on probation.
   [3/23/20, Central, Q3]
Q  Masks (sneeze) are being sent to the field for use with GPS equipment install/removal.
   Refer to 3/24/2020 Memorandum.
   [3/23/20, Additional Question, Q1]

- **Offender Sneeze Guards**

  Q  May we give offenders releasing to districts space masks that we may have on hand?
     Yes  VCE is currently making masks for this purpose.  VCE will ship them to each Regional Office for distribution to Districts.
     [4/8/20, East, Q4]

  Q  Are inmates releasing from local jails provided masks?
     CPOs should reach out to their local jails to ask about their releasing practices.  All Districts will be provided a supply of masks that can be issued and laundered by Districts.
     [4/8/20, East, Q3]

  Q  Inside the facility, is it now mandatory that all staff and inmates wear sneeze guards?
     Yes and explain the “why” to the inmates.  That this virus is serious and this measure is to keep things clean and to stop the spread.
     [4/1/2020, West, Q5]

  Q  Will offenders wear the sneeze guards out to work?
     Yes
     [4/1/2020, East, Q15]

  Q  The memo disseminated to the inmates from the Director states that wearing the sneeze guard is optional.
     Director’s updated this memo and made it mandatory.
     [4/1/2020, East, Q13]

  Q  Is the wearing of sneeze guards in the parameter mandatory?
     Yes and when advising the inmate, explain the “why”.
     [4/1/2020, East, Q11]

  Q  When sneeze guards are issued, is there any time when inmates are required to remove them?
     Anytime as directed by the Warden or an Individual Officer for security reasons.
     [3/27/20, Central, Q3]
• **PPE/Gloves**

  Q When staff have brought in gloves from the warehouse, are those gloves to be counted?
  
  Comply with instructions on the survey. If the box has been opened, count the number of gloves in the box as opened. If the box brought in is unopened, count the number of gloves in the box as unopened.
  
  [3/30/20, Central, Q2]

  Q If I’ve already counted my gloves individually, and in the interest of submitting the survey by 2:00, should I go back and recount?
  
  If it’s been done, hit send.
  
  [3/27/20, West, Q2]

  Q The survey does not currently have glove size 2XL.
  
  This category will be added to the survey.
  
  [3/27/20, West, Q4]

  Q When counting gloves individually, is there the potential to contaminate them?
  
  Refer also to Memorandum Clarification of Daily Inventory PPE 3/28/2020.
  
  o Count of items—the count for both items used and items on hand continues for individual items using this approach:
  
  o On-hand—count the number of unopened boxes. Multiply the number of unopened boxes by the number of each items in each box for your total
  
  o Used—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes by the number of each items in each box for your total.
  
  [3/27/20, West, Q1]

• **Other PPE/Equipment**

  Q The temperature training guide states that gowns should be worn. Dr. Fuller’s guidelines do not mention gowns. Will the guidelines be amended?
  
  Follow Yellow Zone guidelines: Temperature check for Employees: Officers should wear washable coveralls, non-medical gloves (food services or reusable rubber) and sneeze guards in an outdoor setting.
  
  [4/8/20, East, Q1]

  Q In the guidance for the staff temperature checks it states that gowns and goggles should be warn. We don’t have either.
  
  Follow guidance on PPE Zones for temperature checks.
  
  [4/8/20, Central, Q1]
Q  Is it possible to get portable showers for staff?
   We have ready to deploy. If you have a need, contact your Regional Operations Chief who will discuss with chain of command.
   [Amended 4/8/20]

   We have 4 ready to deploy.
   [4/6/20, West, Q4]

Q  In the screening of staff memo, it states that staff doing the screening should be wearing gowns. We don’t have gowns (P&P) but we have aprons. Will they suffice?
   You do not have to wear either one. Refer to memo from Dr. Trey Fuller.
   [4/1/2020, Central, Q4]

Q  The thermometers received are different than the example.
   Work with Medical and use them how they are designed to be used.
   [4/1/2020, Central, Q2]

Q  What is the status of the hand sanitizer order?
   As of 4/3/2020, it has not arrived.
   [4/1/2020, East, Q12]

Q  There aren’t enough gowns at Cold Springs to do temperature checks.
   The same employee may wear the same PPE equipment to take temperatures; comply with CDC guidance.
   [3/30/20, West, Q2]

- **Soap**

  Q  Did not have any soap and needed to borrow from others.
     The ROCS will work with OLU to ensure the proper distribution of soap to facilities. If you don’t have soapy, let your ROC know.
     [3/23/20, Central, Q9]

  Q  Effective 3/30/2020 1 bar of soap per inmate will be issued.
     [3/23/20, Additional Question, Q2]

  Q  If it’s discovered that inmates have been hoarding soap, should the soap be taken.
     No and Randy Mathena to clarify with other regions.
     [3/23/20, West, Q6]
Visitors/Volunteers/Contractors/Lawyers

Q  May contract employees, such as Spectrum, help out?
Yes, they are considered essential personnel.
[4/1/2020, West, Q3]

Q  Is Armor and CGL essential?
Yes
[3/30/20, Central, Q9]

Q  Is Spectrum essential?
Yes, by contract
[3/30/20, Central, Q11]

Q  Do we send contractors away?
No
[3/30/20, Central, Q12]

Q  Are Contract employees essential?
Melissa Welch responded that Commissary and Chaplains have been determined essential.
[3/30/20, Central, Q5]

Q  Can we get approval for health authorities to bring into the facility their state issued phone as this would better assist with communication?
Health Authority may bring in phone. Phone and number will be verified upon entering and exiting the facility.
[3/16/20, West, Q16]

Q  A UPS driver refused to answer the questionnaire and said that UPS does not permit them to sign documents.
Delivery drivers do not have to complete questionnaire.
[3/16/20, East, Q12]

Q  Are we allowing access to the vendors for restocking of the vending machines for staff?
Vendors must complete questionnaire to enter.
[3/16/20, West, Q10]

Q  If an attorney visits and checks “yes” on the [screening] form, do we still allow them to enter facility or just offer the video visitation?
Previously addressed.
[03/16/20, West, Q15]
Entry Screening

Q  Are we required to screen those making deliveries to district offices?
If they are simply dropping off outside, no.  If they are coming inside the district, yes.
[4/3/20, Central, Q2]

Q  Is there additional training for the thermometers, or is it just the written instructions?
Detailed written instructions have been provided, refer to memorandum 4/3/2020.
There is not a current plan to provide further training.
[4/3/20, East, Q5]

Q  One of my staff says that asking the questions and taking the temperature is a violation of HIPPA rights.
This question was addressed offline.  DHRM is aware of the Agency’s policy and supports it.
[4/1/20, Central, Q5]

Q  If someone is denied entry that is documented.  Do we also document those who passed?
No, only those who have been denied.
[4/1/2020, East, Q9]

Q  Are employees screened only in the morning or throughout the day as well?
Refer to memo, only once per day.  If an employee exhibits symptoms, they should be sent home.  Employees should use proper PPE equipment for taking temperatures.
[4/1/2020, East, Q2]

Q  When will the temperature screening video come out from medical?
The training will NOT be a video; it will be a paper lesson plan with instruction provided by a health services team member.  The employee will be required to sign and verify training, and the documentation should be placed in the employee’s training file.  If there is an immediate need to train, bring someone from Health Services to train non-security staff.  Ensure that the training is clearly documented in the employees file.
[3/30/20, West, Q8]

Q  On the employee questionnaire, the question asking if an employee has traveled outside of Virginia is no longer listed.
The screening questions are being revised; will include have you traveled from an area with sustained community-level COVID-19 spread (domestic or international)
[3/30/20, West, Q3]
Q Once an employee arrives, their temperature has been checked, and then leaves the compound, does the temperature need to be checked each time they reenter?
   No, only upon arrival.  
   [3/30/20, West, Q1]

Q On the questionnaire a questions asks about a sore throat.  If an employee has a sore throat, are we to send them home?
   The CDC Guidelines does not mention a sore throat, follow memo.  
   [3/30/20, Central, Q7]

Q Is the training of non-medical staff for the taking of temperatures to be documented by the Wardens?
   Refer to memo  
   [3/30/20, East, Q5]

Q The memo providing guidance on temperature checks states that staff should be wearing a mask. What type of mask should they wear?  
   A surgical/medical mask will be sufficient while supplies last.  
   [3/30/20, East, Q12]

Q Do we have to use officers to screen or can we use non-security staff?
   Use all available staff.  
   [3/30/20, East, Q7]

Q Should we be verbally screening all staff?  
   Yes  
   [3/30/20, East, Q6]

Q Any update on temperature screening?  
   Task Force working on this.  
   [3/23/20, Central, Q9]

Q Will P&P districts be receiving thermometers for temperature checks?
   Yes, the plan is to have them at all districts.  
   [3/18/20, Central, Q3]

Q Should HR notify the Health Department when an employee calls about any symptoms rather than relying on the employees to do so?  
   Not DOC responsibility, is employee’s responsibility.  
   [3/16/20, West, Q12]
Transport

- **Transfers & Releases**
  
  Q  Will CCAP still be receiving referrals?
  
  No.
  
  [4/1/2020, Central, Q6]

  Q  When transporting inmates on buses, not able to keep the appropriate social distance.
  
  Make two runs.
  
  [3/30/20, East, Q9]

  Q  What happens when an offender reaches their release date from CCAP or an institution and needs to be quarantined?
  
  The facility needs to collaborate with the local Health Department.
  
  [3/25/20, West, Q1]

  Q  Are all transfers suspended?
  
  Yes, unless absolutely necessary; Mental Health transfers reviewed on case by case basis.
  
  [3/23/20, Central, Q1]

  Q  How should offenders residing at CCAP be handled when returning back to the site from court?
  
  Superintendent should coordinate with Jim Parks to see if court can release offender to community vs. returning to the CCAP facility.
  
  [3/18/20, Central, Q1]

  Q  Are offenders being screen prior to transfer?
  
  Any offender leaving or entering must be screened per medical guidelines. (*NOT screening workers)
  
  [3/16/20, East, Q7]

  Q  Mental Health transfers pending. These need to be reviewed case by case.
  
  Yes, with screening leaving from and arriving to facilities.
  
  [3/16/20, West, Q1]

  Q  Will there be a memo from HQ or Facility regarding stoppage of transfers?
  
  Jim Parks sent it out already however it can be sent out by you again. Already have direction in the field.
  
  [3/16/20, Central, Q4]
Transfer to Hospitals

Q  Per Larry Collins, VCU PD has stated there will be identified entry points to the hospital campus and at each entry point, persons attempting to enter will have their temperature scanned with a hand held device.  
Hinkle to make sure Mathena receives info.  
[3/16/20, Central, Q7]

Q  Regarding scanning for temperature prior to hospital entry, who will be doing the scanning? VCU medical staff or DOC staff?  
VCU staff should be responsible. Hinkle to clarify.  
[3/16/20, Central, Q8]

Q  We get offenders for medical and dental appointments from 28, 23, and 9. We also have workers here. We don’t plan on doing any medical screenings for these medical appointments. Should we keep on or just postpone those type of appointments?  
No screening on medical appointments.  
[3/16/20, West, Q13]

Transfer/Release from Custody

Q  The Early Release Plan say transport will be done, who will do it?  
If they can ride the bus, put them on a bus with the exception of COVID-19 positive inmates. The regions will need to work this out, but it begins with the facility  
[4/24/20, Central, Q5]

Q  There may be COVID-19 positive cases where the transport could take 7 – 8 hours. Is there the ability to meet the districts halfway?  
Will defer to ROCs to address.  
[4/24/20, Central, Q4]

Q  In regard to homeless offenders, rural areas are concerned about having to transport them in state cars as they are no other resources. This has already occurred in one jurisdiction. The officers wore PPE and were told to go home afterward and not return to the office. They wiped down the state vehicles, etc. If there is an offender on supervision that needs to stay in quarantine has no alternative place to do that, can the districts put them in motels? If so, what do we tell the managers?  
Further guidance forthcoming.  
[4/20/20, Additional Question, Q2]

Q  Will we get more guidance on how to deal with the positive cases that are/will be released from institutions?  
Work with the local Health Department to release offenders.  
[Amended 4/8/20]
We are learning as we navigate this process. Presently the Health Department is developing guidance.
[4/6/20, East, Q2]

Q Who will transport offenders who have been released?
Work with family members.
[4/6/20, West, Q3]

Q When CCAP has been completed a letter is sent to the Judge and the Judge grants release. Will a COVID-19 test be administered before release?
No
[4/6/20, West, Q2]

Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
If there is a temperature, notify Health Department.
[3/16/20, West, Q5]

Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
If there is a temperature, notify the Health Department.
[3/16/20, West, Q17]

Care for the Sick/Prescriptions

Q For those in the Yellow Zone for medical, will they need to wear surgical masks?
Yes
[4/17/20, West, Q2]

Q Trey Fuller reported the following: He recommends that KOP Transition Plan Steps 1 and 2 should be implemented now to eliminate pill lines. This will take some time to complete, but get it started now.
[4/3/20, Additional Question, Q1]

Q Will protocols for the administration of Narcan be developed?
Yes, guidance will be forthcoming.
[3/18/20, East, Q6]

Quarantining

- Offender Quarantines

Q For the inmates at VCCW who have recovered, were they in isolation for 14 days?
The answer is more complex and involved a medical review, testing and a period of time without symptoms. The determination is ultimately made by medical.
[4/13/20, West, Q3]
Q There was a conference call and the topic was “area of recovery.” I am not really clear on what that is for?
This is an area where those inmates who are cleared to return to their area are held before being released back into the population. Talk further with VCCW.
[4/13/20, East, Q1]

Q Is this area just for recoveries or also for those with pending tests and observation for symptoms?
Dr. Fuller state that it would depend on why the test, what the symptoms, etc. There needs to be a conference call between the facility, medical and Regional Leadership. Dr. Fuller to address.
[4/13/20, East, Q2]

- **Building Quarantines**
  Q If we have to quarantine a building, how will we rotate staff in that building?
  Herrick & Younce to create protocol by end of day.
  [3/16/20, West, Q8]

  Q Will we quarantine staff on premises?
  Follow guidance provided by Health Department as DOC has no authority to quarantine staff. Refer staff to their physician, local Health Department.
  [3/16/20, West, Q9]

- **Security**
  - **Mail & Legal Documents**
    Q UPS and FedEx are dropping off packages for Medical. K9 has said they should be searching these packages?
    If it’s for Medical get the package where it needs to go.
    [4/27/20, Central, Q2]

    Q How to handle Legal Mail received in the mailroom?
    Hold legal mail 3 days, if attorney drops off legal documents hold for 3 days, logged per normal procedure.
    [3/16/20, Central, Q5]

    Q How should Legal/documents be handled during an attorney’s non-contact/video visit?
    Taken to mailroom, logged, maintain for 3 days, give to offender.
    [3/16/20, Central, Q6]
Q Should we hold commercial photographs, newspapers, publications, etc., that the offender has forwarded for 3 days like we are doing with legal mail (originals not copies)?

Hold 3 days in mailroom.
[3/16/20, West, Q14]

- **Searches**

  Q Should random cell searches continue at the same rate?
  Yes, unless you suspect contraband.
  [4/3/20, Central, Q4]

  Q Are pat down searches waived? Are they waived if the unit has a body scanner?
  NO. YES, but there may be a security reason that may require a pat search.
  [3/27/20, East, Q5]

- **Phone Hot Spots**

  Q Can officers turn on hot spots?
  Approved for 90 days. Each region to send list to Randy Mathena for approval.
  [3/23/20, West, Q7]

**Operations – Other**

Q Bed space has been made available in North Housing. Should this be reflected in CORIS?
Mr. Hinkle and Mr. Fitz to work with Mr. Parks to ensure these beds are put in CORIS for count.
[4/3/20, Central, Q4]

Q In our institution we have stopped the staff salad bar and limited the number of staff in the dining hall to 10 people at a time. We are wondering if others are doing the same?
Will remain open at this time, wear your sneeze guard. Gloves will be provided at the station.
[4/1/2020, Central, Q3]

**Operations – Offenders**

- **Early Release Eligibility and Appeals**

  Q Twenty percent of my populations has an indeterminate sentence. How will this be addressed?
  The inmate should speak with their attorney.
  [4/24/20, East, Q13]
Q Inmates at the CCAP are not eligible for early release, do we need to share the Inmate Early Release Plan with them?
   No, do not need to share the plan with CCAP detainees.
   [4/24/20, East, Q11]

Q Can something be put on the public website that the early release does not apply to CCAP?
   No.
   [4/24/20, West, Q1]

Q How soon could we expect to see discharges?
   Some were let out on 4/23/2020, 4/24/2020 and some will be released on 4/27/2020.
   [4/24/20, Central, Q7]

Q Is there a time expectation on the appeal process?
   We should answer as quickly as possible due to the emergency time frame.
   [4/24/20, West, Q7]

Q If there is a grievance as a result of the appeal process, how should this be addressed?
   Follow the grievance process per policy
   [4/24/20, West, Q6]

Q Is there a deadline for appeals?
   After June 10, the Director has no authority to release unless this emergency is extended. At this time none past June 10, 2020.
   [4/24/20, Central, Q3]

Q Will these individuals be released with identification? DMV remains closed and they will not be able to obtain one once they are released. No ID means unable to apply for benefits, obtain employment, etc. it will be an incredible obstacle for these individuals. We have the Offender ID form we can provide but it will require us bringing them into the office and taking a picture, getting signatures, etc.
   Offenders may take the facility provided Offender Information Form to the local P&P Office to be issued an Offender Information Form printed on watermark paper. This includes offenders with and without supervision. Per OP 053.3, Facility Release of Offenders.
   [4/20/20, Additional Question, Q4]
Q Can counselors in institutions be asked to provide as much information as possible on these releases, such as including phone numbers and email addresses, and providing alternative names with contact information (family members, etc.)? Sometimes they cannot reach the relative or often don’t get phone numbers, but the additional information would help speed up the process when they’re not able to reach the primary person at the residence?
Yes, share information that is necessary to perform job.
[4/20/20, Additional Question, Q3]

Q If offenders are homeless, can we put them in motels, or is the expectation that we look for alternative plans?
We need to look for alternate plans. Last resort is motels.
[4/20/20, Additional Question, Q1]

Q Some inmates are saying that their release date isn’t estimated or that it’s not accurate. Will these be addressed?
Set criteria has been established. We will only use verified release date.
[4/20/20, Central, Q3]

Q Will CCAP be included in early release?
No
[4/20/20, Central, Q2]

Q In regard to the HPI for the early releases. If a home plan was done earlier this year, does that plan remain sufficient?
Yes
[4/20/20, Central, Q1]

Q Is there guidance on the early release for those offenders not on supervision?
This is addressed in the Inmate Early Release Plan. Is is being worked out in detail with the AG’s Office and more information will be forthcoming.
[4/20/20, East, Q2]

Q P&P will be receiving list of those inmates eligible for release. Will the facilities also get the lists?
No, not at this time.
[4/17/20, Central, Q1]

- **Drug Tests**

  Q Has there been a revision on the drug-testing memo?
  No, there has not.
  [3/30/20, West, Q7]
Q Should drug tests continue with outside workers?
   No, unless you suspect someone is under the influence. Refer to Memorandum.
   [3/23/20, East, Q4]

- Offender Phone Calls/Video Visits
  Q Can bereavement video visits happen?
   No, not at this time.
   [4/17/20, Central, Q2]

  Q We have offenders in certain housing statuses that have limited phone access. For restricted housing, should these remain (2,4,6 calls per month)?
   Give the offenders as many calls as possible during this time, but ultimately the decision is up to the Unit Head
   [3/18/20, Additional, Q1]

  Q There are facilities that have imposed limits on telephone use because of previous offender behavior. Should these be lifted?
   Yes, lift the ban
   [3/18/20, Additional, Q2]

  Q Will video bereavement be permitted for offenders?
   No
   [3/18/20, East, Q4]

  Q Access to phones can further be limited when in medical isolation and/or on death row. Should this be left up to the discretion of the Facility Unit Head to determine the number of calls the offenders can make on a weekly basis?
   Yes, this should be determined by the Unit Head
   [3/18/20, Additional, Q3]

- Offender Education
  Q If an offender needs a GED test, can the test still be administered?
   Yes with appropriate precautions.
   [3/25/20, West, Q5]

- Religious Holidays
  Q Religious holidays are approaching, specifically Passover and Ramadan.
   Refer to memorandums 3/27/2020 from Mr. Robinson.
   [3/25/20, East, Q3]
Q Ramadan is approaching, how should this be managed?
Waiting Further Guidance from AG’s Office.
[3/23/20, Central, Q14]

▪ Commissary

Q Can any consideration be given to allow inmates with more than 60 days SecurePacks?
Okay, just work with Mr. Fitz.
[4/8/20, Central, Q3]

Q Can we reduce the number of personal items on the approved list?
Wardens should handle how they see fit.
[4/3/20, East, Q7]

Q Will Secure Packs continue?
Yes, we will try to keep these going.
[4/1/20, Central, Q1]

Q Commissary is to continue but do not mix housing units. [3/23/20, Additional Question, Q4]

▪ Work/Programs/Recreation

Q We have a 3 acre garden at Virginia Tech farms and would like to be able to plant our potatoes, there are no community members around.
Yes, plant your potatoes.
[4/13/20, West, Q2]

Q Just need a clarification on Camp 18, they can work in the warehouse, but not come inside the parameter.
Do not mix populations.
[4/13/20, West, Q5]

Q CCAP can no longer go out into the community, but can they still cut grass at the sub office (Harrisonburg).
Yes, as long as they are not around community members.
[4/13/20, West, Q1]

Q Should outside work gangs continue going into the community?
Only, CCAO & Work release.
[Amended 4/8/20]

Pending Resolution
[4/3/20, Central, Q9]
Q Should we restrict contact sports in the rec yard?
   Yes
   [4/6/20, Central, Q1]

Q Should Capital Construction continue working inside Fluvanna?
   No
   [4/3/20, Central, Q10]

Q Families are inquiring about their loved ones going out to work. Is there a prepared response to provide them?
   Contact Rose Durbin for this response.
   [4/3/20, Central, Q6]

Q Will work forces from other institutions be on-going?
   As long as they don’t go inside the parameter of the other facility. Operations need to be up and running. Do not mix work groups at Work Centers.
   [4/3/20, Central, Q5]

Q We send inmates to Lawrenceville to clean and do commissary. Should that continue?
   Yes, but ensure they do not come in contact with inmates at Lawrenceville and only go where they are working. They are not to go inside the perimeter.
   [4/3/20, East, Q6]

Q Inmates are separated on site, but when they go to work in the community they are mingled.
   Do the best you can. Maybe those on the same worksite are in the same dorm area.
   [4/1/20, Central, Q7]

Q Are we still sending inmates out on work gangs?
   Yes
   [3/30/20, Central, Q8]

Worker/Student Pay

Q Offenders who are both workers in CORIS but are also students. If they are not being worked in the housing unit, are we to still pay them school hours?
   Yes, either create a job or they should be doing work provided by their teacher (see previous answers to similar question).
   [Amended 4/8/20]

   [4/6/20, Additional Question, Q1]
Q  Follow up to the March 25 Q & A, specifically with student/work pay. If we are paying those who are not working, what incentive is there for those who are working to continue working?  
You need to create work for these offenders that are not working such as a new job of cleaning.  
[3/25/20, Central, Q3]

Q  Will school workers and students be paid?  
Yes, they will be paid and should be doing work assigned by teachers.  
[3/23/20, Central, Q6]

Q  Will pay be cut off for those inmates who cannot work their jobs?  
No, they will receive pay.  
[3/23/20, Central, Q10]

Community

- Release
  Q  Can hygiene packages be given to inmates upon their release?  
Yes  
[4/24/20, West, Q8]

Q  Will the P-card be used for hygiene items?  
Work through your Regional Business Manager  
[4/24/20, Central, Q9]

Q  Should we reach out to owners of emergency housing to ask if they are in need of hygiene items?  
No  
[4/24/20, Central, Q8]

Q  Can hygiene items be purchased for all in emergency housing?  
Yes, Chief can spend up to $200.00.  
[4/24/20, East, Q8]

- Early Release Program

Q  I would ask that something be entered in the comments section when the counselor, or whoever is entering the investigation, noting the request is for an "expedited home plan investigation for IERP (Inmate Early Release Plan)."
Offender Management Services will make a note in CORIS.  
[Amended, 5/1/20]
[4/27/20, Central, Q1]

Q  Question #3 from the Eastern Region on 4/24/2020 says that if the home plan investigation (HPI) is completed before the positive is known, then the Warden and offender will call the family and advise the district when this has been done. Dr. Fuller’s memo dated 4/27/2020 titled COVID-19 Inmates Released with Pending COVID-19 Test Results only speaks to those involved in the home plan should be made aware but does not speak to who makes the notification.  
This will be updated the week of May 4-8, 2020.
[Amended, 5/1/20]
[4/27/20, West, Q1]

[4/27/20, Central, Q4]

Q  Will an out of state home plan have an impact on an inmate’s potential early release?  
It could, if not approved.  
[4/27/20, Central, Q3]

[4/27/20, East, Q1]

Q  For the early release offenders, are we following the same violation procedures for those offenders who commit new misdemeanors?  
If it is necessary to issue a PB-15, issue a PB-15.

[4/24/20, West, Q3]

Q  Those offenders who are tested in a facility and are released before the test results come in, will we be made aware of those results?  
Consider them positive and results will be forwarded when results are received. Refer to memo from Dr. Fuller dated 4/27/2020.
[4/24/20, West, Q3]
Q For those offenders who are positive for COVID-19 and have signed a medical release form – who is responsible for notifying the family members, or those they will be living with?
   The offender will sign a release to allow us to notify family members. When the district does the home plan investigation (HPI), they can share this information with the family. If the HPI is done before the positive is known, the Warden will alert the Chief and ensure that the release has been signed. The Warden and offender will call the family and advise the district that this notification has been done.
   [4/24/20, East, Q3]

Q If they have been directed to self-quarantine and are going to a halfway house, should we look at alternatives?
   Consult with your ROC and RA.
   [4/24/20, West, Q5]

Q Will districts get a copy of the medical release from the institution?
   Yes, Chief should work with Warden.
   [4/24/20, East, Q5]

Q How do you put conditions in CORIS? You have to identify a court? And when they are arrested on a PB-15 a hearing has to be held within 14 days.
   Jim Parks will seek guidance from AG’s office.
   [4/24/20, West, Q2]

Q With direct discharge and no supervision, how do we have the authority to supervise them?
   This legislation gives that authority to the Director.
   [4/24/20, Central, Q6]

Q Those offenders coming from a COVID-19 positive facility, are they being told to self-quarantine?
   Refer to memo from Dr. Fuller dated 4/27/2020.
   [4/24/20, West, Q4]

Q Can these early release offenders be assigned to ShadowTrack depending on how much time they have left or placed in Level Low without the COMPAS assessment?
   The district can determine the level of supervision as other cases coming on supervision.
   [4/24/20, Additional Question, Q1]
Q Can these early release cases be put on Shadow Track?  
The district can determine the level of supervision as other cases coming on supervision.  
[4/24/20, East, Q1]

Q Are these direct releases signing documents identifying they are on supervision and will it include their MED?  
Yes they are and districts will be getting a copy from Jim Parks.  
[4/24/20, East, Q9]

Q What is the timeframe for notification of releases?  
Jim Parks notified institutions electronically yesterday but not the districts. Going forward he will include the RA’s in this electronic notification, who will notify District.  
[4/24/20, East, Q10]

Q Will a list be received daily?  
Lists will be sent out as soon as possible.  
[4/24/20, East, Q12]

Q Will these lists be made available to Wardens & Superintendents?  
No, but they will be generated daily and screened.  
[4/24/20, Central, Q1]

Q The plan calls for verified calculated time. What about estimated calculations?  
We will not do any calculations.  
[4/24/20, Central, Q2]

Q It’s important that Wardens/Superintendents return emails and telephone calls and communicate with the districts.  
If your call into a Warden/Superintendent doesn’t call back, bypass your chain of command and call 757-334-9872.  
[4/24/20, East, Q6]

Q Do we have any more guidance on COA? Will they continue to be suspended?  
This is postponed for an additional 30 days.  
[4/20/20, East, Q1]
- **Parole Board Warrants**
  
  Q  Has there been clarification on the Parole Board denying Board Warrants?  
  If you need to issue a PB15, please do. A letter will be mailed to the Parole Board Chair on ICOTS cases.  
  [Amended, 5/1/20]  
  
  No, but will work on getting something out tomorrow. Randy Mathena to work on this.  
  [4/27/20, Central, Q5]  
  
  Q  Reports have been submitted to Court and Legal for GCA review and it hasn’t been done.  
  If it hasn’t been calculated, will not be done.  
  [4/24/20, East, Q14]  
  
  Q  We have attempted to get Board Warrants for offenders on parole in the community and the Parole Board has refused to issue the warrant.  
  Information has been shared with the Parole Board.  
  [4/24/20, East, Q4]  
  
  Q  What information is being communicated to the Circuit Courts? And what happens when these offenders are not compliant?  
  Refer to memo from Director Clarke on March 16, 2020.  
  [4/24/20, East, Q2]  
  
- **Intake**
  
  Q  With DNA and Livescan waived, can offenders who come in for Intake still be placed on Shadowtrack?  
  Yes These cases have always been accepted by the VBU although they will generate an investigation. The investigation can be completed with normal operations are resumed.  
  [Amended 4/8/20]  
  
  Randy Mathena to research an answer.  
  [4/6/20, East, Q1]  
  
  Q  Has there been further guidance given about offenders reporting into P&P Districts?  
  Yes, a memo came out titled Community Intake Process. If further questions, please consult Crystal Pulley.  
  [4/3/20, West, Q3]
Q If inmates who report in for intake are screened and do not pass, is there a specific waiver we should be using?
   Refer to Community Intake memo
   [4/1/20, East, Q10]

Q Given the Governor’s recent order, do we need to continue to have offenders come into the office for intake?
   Refer to memo
   [3/30/20, Central, Q2]

Q Are intakes still going forward in Community?
   Memo is forthcoming with further guidance.
   [3/30/20, East, Q3]

*Case Management*

Q Are urine screens for offenders still suspended?
   Yes, through June 10.
   [4/27/20, East, Q2]

Q How do we handle sex offenders who need to be installed on GPS and are also COVID-19 positive?
   Protocol forthcoming from Dr. Fuller.
   [4/24/20, East, Q7]

Q Any answer yet on the SVP evaluators and testing?
   Screen the evaluator and if not symptomatic, allow them in a room and do their testing with the inmate.
   [4/24/20, East, Q15]

Q The suspension of polygraph examinations will continue through June 10, 2020.
   Yes, unless there is reason to conduct based upon investigation.
   [4/17/20, Additional Question, Q1]

Q Should polygraphs continue?
   No, and Randi Lanzafama will prepare a memo for the field.
   [4/1/2020, East, Q16]
Q In the conditions being generated by the Parole Board, they indicate that “every effort will be made to ensure a home plan”. Will offenders be released without a home plan?  
If no home plan, look at using emergency housing resources. To be transparent, the Parole Board is working on three lists of offenders and the goal is to ensure everyone has a home plan.
[4/1/2020, East, Q4]

Q Will polygraphs in districts continue?  
Contact Randi Lanzafama  
[3/30/20, West, Q6]

Q The questions from 3/23/2020 stated that the Re-Entry Probation Officers would still enter prisons and this issue would be revisited. Has that directive changed?  
At this time it has not been reevaluated.  
[3/30/20, East, Q2]

Q Should offenders be allowed to travel out of state?  
No, if you have questions speak with your RA.  
[3/25/20, Central, Q2]

Q There has been a significant increase in releases from jails and intakes have doubled. Follow-up on question about transfers. If an offender is released from a CRP and a transfer cannot be completed, there is the potential that the offender will be homeless.  
Work with your Regional Administrator for Community to ensure that offenders are not homeless. Also, work with your RA on how to process jail intakes.  
[3/23/20, Central, Q2]

Q Should polygraph examinations continue?  
Yes, they should continue; however, if an offender presents with symptoms, do not test.  
[3/23/20, East, Q4]

Q Should SVP evaluators be allowed to enter the facility.  
Yes, allowed in if they are NOT displaying symptoms.  
[3/23/20, Central, Q8]

Q Will VSP Sex offender registry verifications be waived?  
Until further notice, the VSP are not requiring fingerprints or signatures on the SP237. Officers can write in the fingerprint and signature block "verified by ID." Offenders may also fill out a "mini registration form" that can be located on the VSP website. When the offender fills this out, they can email the form back into the VSP. If there is concern about annual verification of an offender's residence, these are not due until June 30.
Q Do districts still need to conduct home visits for high risk cases? 
   At the discretion of the Chief  
   [3/18/20, East, Q3]

Q Are Districts still to continue with DNA and fingerprinting?  
   Suspend for 30 days; re-evaluate in 30 days.  
   [3/16/20, East, Q4]

Q Are Senior Re-Entry Specialists to go into institutions?  
   Yes.  
   [3/16/20, East, Q6]

Q With regard to GPS alerts, how are staff supposed to handle going to the home and potentially having to change equipment with the risk of potential exposure?  
   6-foot (social distancing) distance unless contact is necessary, take PPE precautions.  
   [3/16/20, East, Q10]

Q What is the clarity with regard to High Level Supervising?  Are officers required to see these offenders or can these contacts be waived to the social distancing measures?  
   Required to see offender per normal high level.  
   [3/16/20, East, Q9]

**Transfers**

Q There is the waiver for home contacts.  Has the procedure for transfers changed?  
   At this time, it has not but this question should be flagged for follow-up.  
   [4/1/20, East, Q5]

Q If a probationer from Cold Springs has to be medically moved, where would the go?  
   You need to have an isolation plan.  If the probationer is exhibiting minor symptoms, they won’t need to go to a hospital.  Crystal Pulley, Jerry Fitz and Angela Brennan have been working on a plan and will involve how the Health Department wants to proceed.  
   [4/1/2020, West, Q2]

Q We need further guidance on ICOTS transfers.  
   Follow up is needed.  
   [3/23/20, West, Q3]

Q Are community transfers between districts currently suspended?  
   Yes, transfers are suspended for the next 30 days.  
   [3/18/20, Central, Q5]
Q If all transfers are suspended, we may potentially make an offender homeless. Work with Crystal to make a transfer happen. We don’t want to make an offender homeless. Crystal will work with the other 2 RAs and provide further guidance to the districts.
[3/23/20, West, Q1]

■ Teletherapy & Groups

Q Has the Substance Abuse Contract been modified to allow for assessments with telehealth?
Yes, refer to memorandum 4/21/2020.
[4/20/20, East, Q1]

Q I know our S/A contract has been modified to allow for telehealth opportunities for s/a groups. It apparently does not allow for assessments to be completed this way. Is there any way for us to refer clients for treatment, if they cannot attend an assessment face to face, and the contract does not allow them to be done remotely?
We are actively looking into ways for assessments to be done through telehealth, such as how to get electronic signatures, identification verification and HIPPA paperwork.
[4/10/20, East, Q1]

Q In the substance abuse modification memorandum from Scott Richeson, the last sentence says, that face-to-face treatment will end until June 10 or until there is a different directive from the Governor. This allows for an end sooner if the Governor issues a different directive.
[4/1/2020, East, Q1]

Q More information is needed on the MOU with the CSB. And is there a rate change for the SA teletherapy?
Scott Richeson will work with District 42 on these questions.
[4/1/2020, East, Q6]

Q Has the modified contract gone out to the substance abuse vendors?
Answered by Scott Richeson – it has and Procurement has asked for it to be signed and a copy returned by tomorrow. There will also be a memo forthcoming specific to CSB changes.
[3/30/20, East, Q1]

Q Is Substance abuse treatment available through teletherapy?
Contract has been modified to allow teletherapy effective March 26, 2020.
[3/25/20, East, Q1]
Q What is the DOC definition of teletherapy for community corrections?
Any telecommunication ability.
[3/18/20, West, Q4]

Q Will the rate per offender for teletherapy be the same as the current rates in the contract?
Yes
[3/18/20, West, Q6]

Q If teletherapy is offered by the vendor, how will each offender access the therapy?
It is incumbent upon the offender and teletherapist or it is cancelled.
[3/18/20, West, Q5]

Q How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
Screen shot of their telecommunication as their roster.
[3/18/20, West, Q7]

Q Should Sex Offender groups in the community be canceled?
YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
[3/18/20, Central, Q4]

Q Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
[3/16/20, East, Q11]

Q Are we still holding Groups?
Still may hold Programs, and Groups but must be supervised. Maintain groups in districts & facilities; if providers do not provide the service, they will not get paid.
[3/16/20, East, Q1]

Q Treatment/Decision Point classes?
Continue Processes.
[3/16/20, West, Q2]
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YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted. [3/18/20, Central, Q4]
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: Cumulative COVID-19 Questions & Answers (Through 4/20/20)

It takes high levels of teamwork and perseverance to maintain high levels of operations in exceptional times like these. Reflexivity and forward thinking bring about the questions that create the Cumulative COVID-19 Q/A. Promoting that level of communication and openness will enable us to continue to stay ahead of issues as they arise.

Please continue to share this document with those who would benefit from its use.

Attachment

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
Q&A outline follows VADOC Pandemic Response Guidance topics:

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**Administration/Coordination**

- **Q** Any projection as to when this will end?
  - *No. Governor’s State of Emergency is currently set for June 10 but this could be extended.*
  - [4/13/20, West, Q2]

- **Training**
  - **Q** Is officer training still going forward at institutions?
    - *Yes, but there are certain components of the training that are not, i.e. outside staff coming. A memo is forthcoming.*
    - [4/13/20, East, Q3]

  - **Q** Asking to confirm that the training sheet provided is all that is necessary to train on the thermometers.
    - *Refer to memo and the completed training sheet needs to be placed in the employees training file.*
    - [4/1/20, East, Q8]

  - **Q** Are Basic Skills for P & P Officers still running?
    - *Suspended*
    - [3/25/20, West, Q2]

  - **Q** Asked for clarification on upcoming trainings.
    - *All training except BCO Training has been suspended.*
    - [3/23/20, East, Q2]
Q  Is there information on training for new correctional officers:
Follow up is needed.
[3/23/20, West, Q4]

Q  How should those facilities that host in-service trainings for multiple sites respond?
Guidance will be forthcoming, all in-service training has been cancelled.
[3/18/20, Central, Q6]

- Community Staff – Facility Assignment
  Q  Seeking clarity on the Rapid Response Team schedule.
      This will be managed by Unit Heads at assignment.
      [4/8/20, Central, Q2]

  Q  If a district did not have any volunteers for the Rapid Response Team and the CPO
      selected a staff member.  The staff member declined.  Is there any further guidance for
      CPO?
      No one should be on the team who did not volunteer.  A memo will be forthcoming
      from the Director and it will state that if necessary, P&P will be mandated to fill in.
      [4/3/20, Central, Q3]

  Q  Any guidance on Re-Entry Seniors going into institutions?
      Scott Richeson was consulted and at this time, this has been suspended.  Scott
      Richeson stated they should help where the need is.
      [4/3/20, East, Q4]

  Q  Can community staff be assigned to help at prisons?
      At this time, conversations about community staff has not occurred due to the
      workload in the community.  There is no plan at this time to use community staff to
      work at prisons.
      [3/23/20, Central, Q13]

- Community Staff – Technology
  Q  Has there been any follow-up on BOYD for clerical staff using their own cell phones?
      For staff who are teleworking, please work with your Region and IT.
      [Amended, 4/8/20]

      Pending Resolution
      [4/3/20, West, Q1]

  Q  Have the hot spots for positions in the community been approved?
Felicia Stretcher working on this.
[4/3/20, East, Q3]

- **Non-Essential Staffing**
  
  Q When the OSA or OSS runs out of work, and run out of leave, will they then be on leave without pay?
  
  Work with your RAs as they have numerous tasks that need to be performed daily.
  [3/30/20, Central, Q14]

  Q To clarify, the OSS and OSA are not considered essential.
  
  Yes, work with your RAs as they have numerous tasks that need to be performed daily.
  [3/30/20, West, Q5]

  Q Any way we can include all staff as essential in districts?
  
  Not at this time
  [3/30/20, Central, Q13]

  Q Does the definition of essential employees include support staff?
  
  Refer to memo
  [3/30/20, Central, Q1]

  Q May non-essential employees finish working today?
  
  The Governor’s order was effective immediately.
  [3/30/20, Central, Q3]

  Q In light of the Governor’s new order, are we to send non-essential staff home?
  
  Yes, refer to memo
  [3/30/20, East, Q10]

- **Overtime**
  
  Q Should staff be allowed to continue with overtime?
  
  Wardens need to work with their ROC to determine staff coming from one prison to work at another prison to provide overtime.
  [3/23/20, Central, Q7]

- **Employee Pay/ Benefits**
  
  Q With all that is going on, there is still a need for crisis intervention. Can something be set up by video so staff do not have to report in person?
  
  See your Regional Operations Chief for further guidance.
  [4/3/20, Central, Q8]

  Q P&P may not have received the FFCRA.
Greg Holloway to ensure it is sent to all.
[4/3/20, East, Q2]

Q  Are Probation and Parole Officers exempt from the FFCRA Act?
Refer to Director Clarke’s memorandum, 4/3/2020.
[4/3/20, West, Q2]

Q  With Flexible Reimbursement accounts and elective procedures being cancelled, there will be money left on card that cannot be used. Will that money simply be lost?

**COVID-19 and Health Care FSA’s**

Can the plan year be extended? Unfortunately no, the plan year is a 12-month period and, per the IRS, cannot be extended.

Can my annual election be reduced as the result of a change in planned surgery? At this time, guidance is not available regarding funds set aside for planned medical procedures that have been postponed due to COVID-19. COVID-19 and Dependent Care FSAs. Employees are encouraged to make everyone effort to appropriately utilize the funds during the plan year.

Can a Dependent Care FSA annual election be reduced due to closure of school, daycare, or after-school activities due to the pandemic? A change in the cost of childcare services is considered a Qualifying Mid-Year Event (QME) or Life Event. The employee may make an election change by submitting the enrollment form indicating the new election amount. The change will be effective the first of the month following receipt of the completed enrollment form and appropriate documentation. We will keep you updated, as additional information is available.
[4/1/20, East, Q7]

Q  Are wage employees going to be paid?
Wage employees and adjunct faculty will receive pro-rated paid leave (Public Health Emergency Leave) based on the hours they are normally scheduled to work. The maximum paid leave must not exceed the maximum number of hours they would normally work each week. If a wage employee normally works 20 hours per week, the maximum amount of paid leave should be 20 hours per week for up to two weeks. When a wage employee’s hours vary, use an average as the maximum. Note: Total hours worked and the total hours of Public Health Emergency Leave cannot exceed the 1450 hours for wage employees.
[3/16/20, East, Q2]
- **Commuting Restrictions**
  
  Q  The Governor just issued a stay at home order. Will another memo be issued for our staff?
  
  A cover memo and template memo was issued yesterday with guidance for unit heads. All unit heads should verify essential staff are provided a copy of the memo, signed by the unit head, verifying the bearer is essential to the operations of the VADOC facility or office where they work. The employee should also carry their VADOC issued identification.
  
  [3/30/20, East, Q4]

  Q  West Virginia has mandated that their residents remain home and those working need a letter.
  
  Use the memorandum from the Director identifying staff as essential. Unit Heads should also develop a letter for their employees. Additionally, and if at all possible, Wage Employees may telework.
  
  [3/23/20, Central, Q5]

- **Callouts**
  
  Q  Asked for clarification on call-out reporting.
  
  Only need the numbers for security and health care staff.
  
  [3/23/20, West, Q5]

  Joe Walters reported that effective immediately, the Facility HRO will report daily call-outs for COVID-19 for security staff (Officer through Major) and Medical Staff by 2:00 pm Friday to the OLU (Randy Mathena).
  
  [3/23/20, Additional Question, Q3]

- **Staff COVID Testing**
  
  Q  From Randy Mathena – cannot share staff among facilities, especially if there has been a positive COVID-19 case in a facility.
  
  [4/13/20, Additional Question, Q1]

  Q  Is there guidance for staff recovery and when they may return to work?
  
  Employees are seeing their own health care providers and should follow that provider’s guidance. The physician will released the employee to return to work.
  
  [4/13/20, East, Q4]

  Q  To date only inmates are being tested. I have staff in my P & P district who need to be screened. When we consult the Health Department, we are told to go to our own health care provider.
VDH directs who will be tested based upon exposure. Currently, their guidance for employees is to refer them to their health care provider and their Department of Health.

[4/1/20, West, Q3]

- **Telework**

  Q If an employee is teleworking and only has enough work for 4 hours, how are the other 4 hours calculated?
  
  If Public Health Leave is used, it must meet eligibility; otherwise, the employee will need to use his or her own leave. Supervisors are strongly encouraged to be flexible and work with staff to provide appropriate assignments and work. Please work with HR.
  
  [3/30/20, East, Q11]

  Q Any update on VPN?
  
  There have been definite issues and VPN capacity has been exceeded. Joe Walters reported that as of last night, VITA reported capacity has tripled and it is working.
  
  [3/27/20, West, Q3]

  Q Do facility staff have the option to telework?
  
  Director sent out a memo making staff at facilities designated employees. Wardens and Superintendents should still work with employees who request the option to telework and determine based on the employee’s circumstances, duties and capacity for job restructuring whether teleworking is an option. Each request for teleworking should be reviewed by the Warden or Superintendent on case by case basis.
  
  [3/18/20, West, Q3]

  Q Can district clerical staff telework?
  
  Yes, they are not deemed essential staff.
  
  [3/18/20, East, Q1]

  Q If teleworking, can staff work different hours (staggered hours)?
  
  Chief to make decision, employee may work hours supervisor and employee agree to.
  
  [3/16/20, Central, Q2]

  Q Does telecommuting apply to all Districts or just the 3 closed by the Governor?
  
  Not all positions are appropriate for telework. However, telework is supported where appropriate.
  
  [3/16/20, West, Q5]

  Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
[3/16/20, East, Q8]

Q Can staff telework if kids are out of school or must they use Leave?
Chief’s discretion, complete telework agreement.
[3/16/20, West, Q6]

Q Policy requires a separate caretaker for children when an employee is teleworking– will this be relaxed for this event?
No final decision.
[3/16/20, West, Q7]

Q Can we allow non-essential staff “flex” to assist with child care? (ex: 4 – 10hr shifts or 3 – 12hr shifts)
If permitted by supervisor (must prioritize coverage @ facility).
[3/16/20, West, Q11]

Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
[3/16/20, East, Q8]

- Leave

Q If an employee has a chronic illness but no evidence of COVID-19 exposure/symptoms and they have received a note from their personal physician to self-quarantine for 5 days, is this to be honored?
Joe Walters stated that if a health care provider, because of risk factors, has told an employee to self-quarantine, the employee should consult first with HR before they go out on quarantine and may access leave. Unit heads are encouraged to be liberal.
[3/27/20, Central, Q2]

Q Clarification was sought on if the CPO and/or Lead Secretary could enter Public Health Emergency Leave.
Full-Time Employees can enter (PHL) in TAL and it can be approved by the Supervisor. Wage Employees will need to enter hours worked and put PHL in the comments section. The Chief/Supervisor will then need to approve it. TAL is web-based and the employee can log into TAL from any computer with internet connectivity. If the
employee is unable to access TAL, then an administrator can do it for the employee. It will be tracked by the HROs.
[3/27/20, East, Q3]

Q  Do Wage Employees have access to Public Health Emergency Leave?
Yes, but at a prorated rate.
[3/27/20, East, Q2]

Q  Pursuant to the Governor’s closing of all services on the peninsula, clerical staff in the district have been on emergency leave. Should this continue?
Refer to memorandum 3/27/2020 from Mr. Walters.
[3/25/20, East, Q2]

Q  What leave can be used to make arrangements for child care?
DHRM issued guidance, work with HR.
[3/23/20, Central, Q12]

Q  Are all employee vacation leave requests to be suspended/denied?
No, only the Wardens, Assistant Wardens, Chiefs and Deputy Chief Probation Officers previously approved vacations are to be reviewed by the Regional Operations Chief with no further requests during this crisis.
[3/18/20, West, Q1]

- Recruitment

Q  In reference to the hiring freeze, is it beneficial for a district to hold off on advertising the vacancy – I don’t want to lose a position.
If that’s what you want to do, do it.
[4/6/20, West, Q1]

Q  It is understood that there is a freeze on hiring. Does that include transfers/laterals?
If the hiring is in process and an offer has been extended and confirmed, you may move forward. All others must stop.
[4/3/20, Central, Q1]

Q  Could you provide further information about the hiring freeze?
Refer to memorandum from Lucinda Childs-White, COVID-19 Response – Implementation of Hiring and Compensation Freeze, 4/6/2020
[4/3/20, East, Q1]

Q  Am in the process of conducting a 2nd interview and do those still have to be done face-to-face.
Joe Walters reported that they do not. They can be done electronically.
[4/1/2020, East, Q17]
Q  Can one-person conduct interviews?
    No, refer to Memorandum from Director Clarke.
    [3/23/20, East, Q5]

Q  Interviewees must come in person for the physical and urine screen, can this continue?
    Refer to Memorandum from Director Clarke; urine screens will be necessary for CO Interviews.
    [3/23/20, East, Q4]

Q  Should facilities proceed with employee interviews?
    Yes, proceed with interviews as scheduled and use the visitor COVID-19 screening form.
    [3/18/20, West, Q2]

Q  Should interview panels still be used?
    See HR for guidance
    [3/18/20, East, Q5]

- **Staff Attire**

  Q  Are officers required to be clean shaven for FIT testing?
    HR will provide guidance.
    [Amended 4/8/20]
    
    If transporting to VCU they must be clean shaven. Will research if policy should be suspended.
    [4/6/20, Central, Q2]

  Q  Given all the hard work non-security staff is doing, may we allow them to dress down?
    Wardens should use their own discretion.
    [3/30/20, Central, Q10]

- **Audits**

  Q  Are COA audits on hold?
    COA on hold for 30 days.
    [3/16/20, Central, Q1]

  Q  Are SRAs postponed?
    Yes, all SRAs and COAs are postponed.
    [3/18/20, Central, Q7]
• **Procurement/Co-Pays**

  **Q** Vendors may ask how they are supposed to collect the agreed upon co-pays - it is the vendor’s responsibility to collect but they may decide to just charge DOC in full - is that something that DOC will approve?
  **No, it is up to the Vendor to get their copay.**
  [3/18/20, West, Q8]

  **Q** What is needed by VCE to track orders?
  **In process, already ordered, being tracked.**
  [3/16/20, West, Q4]

  **Q** Are flu test kits tracked or reimbursed? They can probably be tracked but likely not reimbursed.
  **Going to track; figure out reimbursement at end of process.**
  [3/16/20, West, Q3]

**Communications**

  **Q** Emergency Operations Center Mailbox. All correspondence intended for the EOC should be sent to: [doc.olu.eoc.@vadoc.virginia.gov](mailto:doc.olu.eoc.@vadoc.virginia.gov)
  [4/3/20, Additional Question, Q2]

  **Q** Users have not been able to navigate the second link sent for the survey.
  **Units should contact Mr. Fleming or Dr. Celi.**
  [3/27/20, East, Q4]

  **Q** Cannot access the forms on the COVID-19 Response Guidance, keep receiving an error message.
  **Mr. Fleming will investigate and work with his team to resolve. If you have issues, contact Moose Fleming.**
  [3/25/20, Central, Q1]

**General Prevention Measures**

• **Risk Zones**

  **Q** Can disciplinary and grievances be photograph instead of having to bring them out of the Red Zone?
  **Yes**
  [4/17/20, Additional Question, Q2]

  **Q** In the Interim Guidance document, section V, letter H, speaks to at risk staff. Will there be a list of specific health conditions to determine which employees cannot enter which zones?
[4/17/20, West, Q1]

### Cleaning

- **Q** Should we begin developing a protocol for cleaning state vehicles?  
  *Randy Mathena to follow-up*  
  [4/6/20, East, Q3]

- **Q** Can staff bring their own sanitizing wipes into the facility?  
  *Wardens should handle how they see fit.*  
  [4/3/20, East, Q8]

- **Q** Can we begin using bleach right away?  
  *With regular flu cases, no.*  
  [4/1/2020, West, Q4]

- **Q** If Guidelines say that if an employee tests positive for COVID-19 they must be quarantined for 14 days. This employee would have been positive before identified and would have had contact with many in an institution. At your facilities, remind staff to keep their distance from each other and continue to clean objects, i.e. door handles, etc.  
  [3/30/20, West, Q4]

- **Q** Any guidance on how P&P offices are to be cleaned?  
  *P&P Chief may allow vendors who do not have supplies to use our supplies. In the event a district doesn’t have a cleaning company, utilize the sanitation procedures.*  
  [3/23/20, East, Q6]

- **Q** Do we have to post the MSDS sheet?  
  *Yes*  
  [3/18/20, Central, Q2]

### Sneeze Guards & Masks - Staff

- **Q** May the sneeze guards issued by DOC be worn outside of DOC districts?  
  *Yes*  
  [4/8/20, East, Q2]

- **Q** Is it mandated to wear sneeze guards in districts and regional offices?  
  *Yes, this is mandatory.*  
  [4/1/2020, West, Q1]
Q Can we get sneeze guards to others who enter the facilities, i.e. kitchen maintenance?  
Yes  
[4/1/2020, West, Q1]

Q May staff bring in their own masks?  
Yes  
[3/30/20, West, Q9]

Q Staff who have been issued sneeze guards have requested to use their own masks, may they?  
Yes  
[3/30/20, Central, Q6]

Q Staff is asking to use their own masks. May they use their own masks?  
Yes  
[3/30/20, East, Q8]

Q Sneeze guards issued to staff. When they are leaving the institution a person must be clearly identified by staff at the front, must they lower their sneeze guards?  
Yes, they cannot go out of the front door until they have been clearly identified.  
[3/27/20, Central, Q4]

Q Sneeze guards were issued without first identifying to whom they belonged and more may be needed.  
More can be issued. Work with your Regional Administrator who will coordinate with Marie Vargo.  
[3/27/20, Central, Q5]

Q Comment, not a question, the unit found that when Carter Permanent Markers were used to identify sneeze guards, there was less fading then when Sharpie Permanent Markers were used.  
[3/27/20, Central, Q6]

Q In the community, is it mandatory for P&P Officers to wear the sneeze guards?  
It is not mandatory for P&P.  
[3/27/20, Central, Q1]

Q Should the sneeze mask memo be distributed or held until the mask arrive?  
WAIT until the masks arrive.  
[3/25/20, West, Q4]
Q Are the sneeze guards for both staff and offenders?
   In the facility, for staff and offenders. In the community, for staff but not for offenders on probation.
   [3/23/20, Central, Q3]

Q Masks (sneeze) are being sent to the field for use with GPS equipment install/removal.
   Refer to 3/24/2020 Memorandum.
   [3/23/20, Additional Question, Q1]

- **Offender Sneeze Guards**

Q May we give offenders releasing to districts space masks that we may have on hand? Yes VCE is currently making masks for this purpose. VCE will ship them to each Regional Office for distribution to Districts.
   [4/8/20, East, Q4]

Q Are inmates releasing from local jails provided masks?
   CPOs should reach out to their local jails to ask about their releasing practices. All Districts will be provided a supply of masks that can be issued and laundered by Districts.
   [4/8/20, East, Q3]

Q Inside the facility, is it now mandatory that all staff and inmates wear sneeze guards?
   Yes and explain the “why” to the inmates. That this virus is serious and this measure is to keep things clean and to stop the spread.
   [4/1/2020, West, Q5]

Q Will offenders wear the sneeze guards out to work?
   Yes
   [4/1/2020, East, Q15]

Q The memo disseminated to the inmates from the Director states that wearing the sneeze guard is optional.
   Director’s updated this memo and made it mandatory.
   [4/1/2020, East, Q13]

Q Is the wearing of sneeze guards in the parameter mandatory?
   Yes and when advising the inmate, explain the “why”.
   [4/1/2020, East, Q11]

Q When sneeze guards are issued, is there any time when inmates are required to remove them?
   Anytime as directed by the Warden or an Individual Officer for security reasons.
   [3/27/20, Central, Q3]
PPE/Gloves

Q When staff have brought in gloves from the warehouse, are those gloves to be counted?
Comply with instructions on the survey. If the box has been opened, count the number of gloves in the box as opened. If the box brought in is unopened, count the number of gloves in the box as unopened.
[3/30/20, Central, Q2]

Q If I’ve already counted my gloves individually, and in the interest of submitting the survey by 2:00, should I go back and recount?
If it’s been done, hit send.
[3/27/20, West, Q2]

Q The survey does not currently have glove size 2XL.
This category will be added to the survey.
[3/27/20, West, Q4]

Q When counting gloves individually, is there the potential to contaminate them?
Refer also to Memorandum Clarification of Daily Inventory PPE 3/28/2020.
- Count of items—the count for both items used and items on hand continues for individual items using this approach:
- On-hand—count the number of unopened boxes. Multiply the number of unopened boxes by the number of each items in each box for your total
- Used—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes by the number of each items in each box for your total.
[3/27/20, West, Q1]

Other PPE/Equipment

Q The temperature training guide states that gowns should be worn. Dr. Fuller’s guidelines do not mention gowns. Will the guidelines be amended?
Follow Yellow Zone guidelines: Temperature check for Employees: Officers should wear washable coveralls, non-medical gloves (food services or reusable rubber) and sneeze guards in an outdoor setting.
[4/8/20, East, Q1]

Q In the guidance for the staff temperature checks it states that gowns and goggles should be warn. We don’t have either.
Follow guidance on PPE Zones for temperature checks.
[4/8/20, Central, Q1]
Q  Is it possible to get portable showers for staff?  
We have ready to deploy. If you have a need, contact your Regional Operations Chief who will discuss with chain of command. 
[Amended 4/8/20]

We have 4 ready to deploy. 
[4/6/20, West, Q4]

Q  In the screening of staff memo, it states that staff doing the screening should be wearing gowns. We don’t have gowns (P&P) but we have aprons. Will they suffice? 
You do not have to wear either one. Refer to memo from Dr. Trey Fuller. 
[4/1/2020, Central, Q4]

Q  The thermometers received are different than the example. 
Work with Medical and use them how they are designed to be used. 
[4/1/2020, Central, Q2]

Q  What is the status of the hand sanitizer order? 
As of 4/3/2020, it has not arrived. 
[4/1/2020, East, Q12]

Q  There aren’t enough gowns at Cold Springs to do temperature checks. 
The same employee may wear the same PPE equipment to take temperatures; comply with CDC guidance. 
[3/30/20, West, Q2]

-  **Soap**

  Q  Did not have any soap and needed to borrow from others. 
The ROCS will work with OLU to ensure the proper distribution of soap to facilities. 
If you don’t have soapy, let your ROC know. 
[3/23/20, Central, Q9]

  Q  Effective 3/30/2020 1 bar of soap per inmate will be issued. 
[3/23/20, Additional Question, Q2]

  Q  If it’s discovered that inmates have been hoarding soap, should the soap be taken. 
No and Randy Mathena to clarify with other regions. 
[3/23/20, West, Q6]

**Visitors/Volunteers/Contractors/Lawyers**

  Q  May contract employees, such as Spectrum, help out?
Yes, they are considered essential personnel.
[4/1/2020, West, Q3]

Q Is Armor and CGL essential?
Yes
[3/30/20, Central, Q9]

Q Is Spectrum essential?
Yes, by contract
[3/30/20, Central, Q11]

Q Do we send contractors away?
No
[3/30/20, Central, Q12]

Q Are Contract employees essential?
Melissa Welch responded that Commissary and Chaplains have been determined essential.
[3/30/20, Central, Q5]

Q Can we get approval for health authorities to bring into the facility their state issued phone as this would better assist with communication?
Health Authority may bring in phone. Phone and number will be verified upon entering and exiting the facility.
[3/16/20, West, Q16]

Q A UPS driver refused to answer the questionnaire and said that UPS does not permit them to sign documents.
Delivery drivers do not have to complete questionnaire.
[3/16/20, East, Q12]

Q Are we allowing access to the vendors for restocking of the vending machines for staff?
Vendors must complete questionnaire to enter.
[3/16/20, West, Q10]

Q If an attorney visits and checks “yes” on the [screening] form, do we still allow them to enter facility or just offer the video visitation?
Previously addressed.
[03/16/20, West, Q15]
Q Are we required to screen those making deliveries to district offices?
If they are simply dropping off outside, no. If they are coming inside the district, yes.
[4/3/20, Central, Q2]

Q Is there additional training for the thermometers, or is it just the written instructions?
Detailed written instructions have been provided, refer to memorandum 4/3/2020.
There is not a current plan to provide further training.
[4/3/20, East, Q5]

Q One of my staff says that asking the questions and taking the temperature is a violation of HIPPA rights.
This question was addressed offline. DHRM is aware of the Agency’s policy and supports it.
[4/1/20, Central, Q5]

Q If someone is denied entry that is documented. Do we also document those who passed?
No, only those who have been denied.
[4/1/2020, East, Q9]

Q Are employees screened only in the morning or throughout the day as well?
Refer to memo, only once per day. If an employee exhibits symptoms, they should be sent home. Employees should use proper PPE equipment for taking temperatures.
[4/1/2020, East, Q2]

Q When will the temperature screening video come out from medical?
The training will NOT be a video; it will be a paper lesson plan with instruction provided by a health services team member. The employee will be required to sign and verify training, and the documentation should be placed in the employee’s training file. If there is an immediate need to train, bring someone from Health Services to train non-security staff. Ensure that the training is clearly documented in the employees file.
[3/30/20, West, Q8]

Q On the employee questionnaire, the question asking if an employee has traveled outside of Virginia is no longer listed.
The screening questions are being revised; will include have you traveled from an area with sustained community-level COVID-19 spread (domestic or international)
[3/30/20, West, Q3]

Q Once an employee arrives, their temperature has been checked, and then leaves the compound, does the temperature need to be checked each time they reenter?
No, only upon arrival.
[3/30/20, West, Q1]

Q On the questionnaire a question asks about a sore throat. If an employee has a sore throat, are we to send them home?
The CDC Guidelines does not mention a sore throat, follow memo.
[3/30/20, Central, Q7]

Q Is the training of non-medical staff for the taking of temperatures to be documented by the Wardens?
Refer to memo
[3/30/20, East, Q5]

Q The memo providing guidance on temperature checks states that staff should be wearing a mask. What type of mask should they wear?
A surgical/medical mask will be sufficient while supplies last.
[3/30/20, East, Q12]

Q Do we have to use officers to screen or can we use non-security staff?
Use all available staff.
[3/30/20, East, Q7]

Q Should we be verbally screening all staff?
Yes
[3/30/20, East, Q6]

Q Any update on temperature screening?
Task Force working on this.
[3/23/20, Central, Q9]

Q Will P&P districts be receiving thermometers for temperature checks?
Yes, the plan is to have them at all districts.
[3/18/20, Central, Q3]

Q Should HR notify the Health Department when an employee calls about any symptoms rather than relying on the employees to do so?
Not DOC responsibility, is employee’s responsibility.
[3/16/20, West, Q12]

Transport

- Transfers & Releases
  Q Will CCAP still be receiving referrals?
    No.
Q When transporting inmates on buses, not able to keep the appropriate social distance.
Make two runs.
[3/30/20, East, Q9]

Q What happens when an offender reaches their release date from CCAP or an institution and needs to be quarantined?
The facility needs to collaborate with the local Health Department.
[3/25/20, West, Q1]

Q Are all transfers suspended?
Yes, unless absolutely necessary; Mental Health transfers reviewed on case by case basis.
[3/23/20, Central, Q1]

Q How should offenders residing at CCAP be handled when returning back to the site from court?
Superintendent should coordinate with Jim Parks to see if court can release offender to community vs. returning to the CCAP facility.
[3/18/20, Central, Q1]

Q Are offenders being screen prior to transfer?
Any offender leaving or entering must be screened per medical guidelines. (*NOT screening workers)
[3/16/20, East, Q7]

Q Mental Health transfers pending. These need to be reviewed case by case.
Yes, with screening leaving from and arriving to facilities.
[3/16/20, West, Q1]

Q Will there be a memo from HQ or Facility regarding stoppage of transfers?
Jim Parks sent it out already however it can be sent out by you again. Already have direction in the field.
[3/16/20, Central, Q4]

- **Transfer to Hospitals**

  Q Per Larry Collins, VCU PD has stated there will be identified entry points to the hospital campus and at each entry point, persons attempting to enter will have their temperature scanned with a hand held device.
  Hinkle to make sure Mathena receives info.
  [3/16/20, Central, Q7]
Q Regarding scanning for temperature prior to hospital entry, who will be doing the scanning? VCU medical staff or DOC staff?
VCU staff should be responsible. Hinkle to clarify.
[3/16/20, Central, Q8]

Q We get offenders for medical and dental appointments from 28, 23, and 9. We also have workers here. We don’t plan on doing any medical screenings for these medical appointments. Should we keep on or just postpone those type of appointments?
No screening on medical appointments.
[3/16/20, West, Q13]

- **Transfer/Release from Custody**
  
  Q In regard to homeless offenders, rural areas are concerned about having to transport them in state cars as they are no other resources. This has already occurred in one jurisdiction. The officers wore PPE and were told to go home afterward and not return to the office. They wiped down the state vehicles, etc. If there is an offender on supervision that needs to stay in quarantine has no alternative place to do that, can the districts put them in motels? If so, what do we tell the managers?
  Further guidance forthcoming.
  [4/20/20, Additional Question, Q2]

  Q Will we get more guidance on how to deal with the positive cases that are/will be released from institutions?
  Work with the local Health Department to release offenders.
  [Amended 4/8/20]

  We are learning as we navigate this process. Presently the Health Department is developing guidance.
  [4/6/20, East, Q2]

  Q Who will transport offenders who have been released?
  Work with family members.
  [4/6/20, West, Q3]

  Q When CCAP has been completed a letter is sent to the Judge and the Judge grants release. Will a COVID-19 test be administered before release?
  No
  [4/6/20, West, Q2]

  Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
  If there is a temperature, notify Health Department.
Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
   If there is a temperature, notify the Health Department.  
   [3/16/20, West, Q5]

Care for the Sick/Prescriptions

Q For those in the Yellow Zone for medical, will they need to wear surgical masks?  
   Yes  
   [4/17/20, West, Q2]

Q Trey Fuller reported the following: He recommends that KOP Transition Plan Steps 1 and 2 should be implemented now to eliminate pill lines. This will take some time to complete, but get it started now.  
   [4/3/20, Additional Question, Q1]

Q Will protocols for the administration of Narcan be developed?  
   Yes, guidance will be forthcoming.  
   [3/18/20, East, Q6]

Quarantining
  • Offender Quarantines

Q For the inmates at VCCW who have recovered, were they in isolation for 14 days?  
   The answer is more complex and involved a medical review, testing and a period of time without symptoms. The determination is ultimately made by medical.  
   [4/13/20, West, Q3]

Q There was a conference call and the topic was “area of recovery.” I am not really clear on what that is for?  
   This is an area where those inmates who are cleared to return to their area are held before being released back into the population. Talk further with VCCW.  
   [4/13/20, East, Q1]

Q Is this area just for recoveries or also for those with pending tests and observation for symptoms?  
   Dr. Fuller state that it would depend on why the test, what the symptoms, etc. There needs to be a conference call between the facility, medical and Regional Leadership. Dr. Fuller to address.  
   [4/13/20, East, Q2]

  • Building Quarantines

Q If we have to quarantine a building, how will we rotate staff in that building?
Herrick & Younce to create protocol by end of day.
[3/16/20, West, Q8]

Q Will we quarantine staff on premises?
Follow guidance provided by Health Department as DOC has no authority to quarantine staff. Refer staff to their physician, local Health Department.
[3/16/20, West, Q9]

Security

- Mail & Legal Documents
  Q How to handle Legal Mail received in the mailroom?
  Hold legal mail 3 days, if attorney drops off legal documents hold for 3 days, logged per normal procedure.
  [3/16/20, Central, Q5]

  Q How should Legal/documents be handled during an attorney’s non-contact/video visit?
  Taken to mailroom, logged, maintain for 3 days, give to offender.
  [3/16/20, Central, Q6]

  Q Should we hold commercial photographs, newspapers, publications, etc., that the offender has forwarded for 3 days like we are doing with legal mail (originals not copies)?
  Hold 3 days in mailroom.
  [3/16/20, West, Q14]

- Searches
  Q Should random cell searches continue at the same rate?
  Yes, unless you suspect contraband.
  [4/3/20, Central, Q4]

  Q Are pat down searches waived? Are they waived if the unit has a body scanner?
  NO. YES, but there may be a security reason that may require a pat search.
  [3/27/20, East, Q5]

- Phone Hot Spots
  Q Can officers turn on hot spots?
  Approved for 90 days. Each region to send list to Randy Mathena for approval.
  [3/23/20, West, Q7]

Operations – Other

Q Bed space has been made available in North Housing. Should this be reflected in CORIS?
Mr. Hinkle and Mr. Fitz to work with Mr. Parks to ensure these beds are put in CORIS for count.
[4/3/20, Central, Q4]

Q In our institution we have stopped the staff salad bar and limited the number of staff in the dining hall to 10 people at a time. We are wondering if others are doing the same?
Will remain open at this time, wear your sneeze guard. Gloves will be provided at the station.
[4/1/2020, Central, Q3]

Operations – Offenders
- Release Eligibility/Early Release
  Q Will these individuals be released with identification? DMV remains closed and they will not be able to obtain one once they are released. No ID means unable to apply for benefits, obtain employment, etc. it will be an incredible obstacle for these individuals. We have the Offender ID form we can provide but it will require us bringing them into the office and taking a picture, getting signatures, etc.
  Offenders may take the facility provided Offender Information Form to the local P&P Office to be issued an Offender Information Form printed on watermark paper. This includes offenders with and without supervision. Per OP 053.3, Facility Release of Offenders.
  [4/20/20, Additional Question, Q4]

  Q Can counselors in institutions be asked to provide as much information as possible on these releases, such as including phone numbers and email addresses, and providing alternative names with contact information (family members, etc.)? Sometimes they cannot reach the relative or often don’t get phone numbers, but the additional information would help speed up the process when they’re not able to reach the primary person at the residence?
  Yes, share information that is necessary to perform job.
  [4/20/20, Additional Question, Q3]

  Q If offenders are homeless, can we put them in motels, or is the expectation that we look for alternative plans?
  We need to look for alternate plans. Last resort is motels.
  [4/20/20, Additional Question, Q1]

  Q Some inmates are saying that their release date isn’t estimated or that it’s not accurate. Will these be addressed?
  Set criteria has been established. We will only use verified release date.
  [4/20/20, Central, Q3]
Q  Will CCAP be included in early release?  
   **No**  
   [4/20/20, Central, Q2]

Q  In regard to the HPI for the early releases. If a home plan was done earlier this year, does that plan remain sufficient?  
   **Yes**  
   [4/20/20, Central, Q1]

Q  Is there guidance on the early release for those offenders not on supervision?  
   This is addressed in the Inmate Early Release Plan.is is being worked out in detail with the AG’s Office and more information will be forthcoming.  
   [4/20/20, East, Q2]

Q  P&P will be receiving list of those inmates eligible for release. Will the facilities also get the lists?  
   **No, not at this time.**  
   [4/17/20, Central, Q1]

- **Drug Tests**
  Q  Has there been a revision on the drug-testing memo?  
   **No, there has not.**  
   [3/30/20, West, Q7]

  Q  Should drug tests continue with outside workers?  
   **No, unless you suspect someone is under the influence. Refer to Memorandum.**  
   [3/23/20, East, Q4]

- **Offender Phone Calls/Video Visits**
  Q  Can bereavement video visits happen?  
   **No, not at this time.**  
   [4/17/20, Central, Q2]

  Q  We have offenders in certain housing statuses that have limited phone access. For restricted housing, should these remain (2,4,6 calls per month)?  
   **Give the offenders as many calls as possible during this time, but ultimately the decision is up to the Unit Head**  
   [3/18/20, Additional, Q1]
Q There are facilities that have imposed limits on telephone use because of previous offender behavior. Should these be lifted?
Yes, lift the ban
[3/18/20, Additional, Q2]

Q Will video bereavement be permitted for offenders?
No
[3/18/20, East, Q4]

Q Access to phones can further be limited when in medical isolation and/or on death row. Should this be left up to the discretion of the Facility Unit Head to determine the number of calls the offenders can make on a weekly basis?
Yes, this should be determined by the Unit Head
[3/18/20, Additional, Q3]

- **Offender Education**
  Q If an offender needs a GED test, can the test still be administered?
  Yes with appropriate precautions.
  [3/25/20, West, Q5]

- **Religious Holidays**
  Q Religious holidays are approaching, specifically Passover and Ramadan.
  Refer to memorandums 3/27/2020 from Mr. Robinson.
  [3/25/20, East, Q3]
  
  Q Ramadan is approaching, how should this be managed?
  Waiting Further Guidance from AG’s Office.
  [3/23/20, Central, Q14]

- **Commissary**
  Q Can any consideration be given to allow inmates with more than 60 days SecurePacks?
  Okay, just work with Mr. Fitz.
  [4/8/20, Central, Q3]

  Q Can we reduce the number of personal items on the approved list?
  Wardens should handle how they see fit.
  [4/3/20, East, Q7]

  Q Will Secure Packs continue?
  Yes, we will try to keep these going.
  [4/1/20, Central, Q1]
Q  Commissary is to continue but do not mix housing units.  [3/23/20, Additional Question, Q4]

- **Work/Programs/Recreation**
  Q  We have a 3 acre garden at Virginia Tech farms and would like to be able to plant our potatoes, there are no community members around.
  Yes, plant your potatoes.
  [4/13/20, West, Q2]

  Q  Just need a clarification on Camp 18, they can work in the warehouse, but not come inside the parameter.
  Do not mix populations.
  [4/13/20, West, Q5]

  Q  CCAP can no longer go out into the community, but can they still cut grass at the sub office (Harrisonburg).
  Yes, as long as they are not around community members.
  [4/13/20, West, Q1]

  Q  Should outside work gangs continue going into the community?
  Only, CCAO & Work release.
  [Amended 4/8/20]

  Pending Resolution
  [4/3/20, Central, Q9]

  Q  Should we restrict contact sports in the rec yard?
  Yes
  [4/6/20, Central, Q1]

  Q  Should Capital Construction continue working inside Fluvanna?
  No
  [4/3/20, Central, Q10]

  Q  Families are inquiring about their loved ones going out to work.  Is there a prepared response to provide them?
  Contact Rose Durbin for this response.
  [4/3/20, Central, Q6]

  Q  Will work forces from other institutions be on-going?
As long as they don’t go inside the parameter of the other facility. Operations need to be up and running. Do not mix work groups at Work Centers.
[4/3/20, Central, Q5]

Q We send inmates to Lawrenceville to clean and do commissary. Should that continue? Yes, but ensure they do not come in contact with inmates at Lawrenceville and only go where they are working. They are not to go inside the perimeter.
[4/3/20, East, Q6]

Q Inmates are separated on site, but when they go to work in the community they are mingled. Do the best you can. Maybe those on the same worksite are in the same dorm area.
[4/1/20, Central, Q7]

Q Are we still sending inmates out on work gangs? Yes
[3/30/20, Central, Q8]

- Worker/Student Pay

Q Offenders who are both workers in CORIS but are also students. If they are not being worked in the housing unit, are we to still pay them school hours? Yes, either create a job or they should be doing work provided by their teacher (see previous answers to similar question).
[Amended 4/8/20]

[4/6/20, Additional Question ,Q1]

Q Follow up to the March 25 Q & A, specifically with student/work pay. If we are paying those who are not working, what incentive is there for those who are working to continue working? You need to create work for these offenders that are not working such as a new job of cleaning.
[3/25/20, Central, Q3]

Q Will school workers and students be paid? Yes, they will be paid and should be doing work assigned by teachers.
[3/23/20, Central, Q6]

Q Will pay be cut off for those inmates who cannot work their jobs? No, they will receive pay.
[3/23/20, Central, Q10]
Q  Do we have any more guidance on COA? Will they continue to be suspended?
   This is postponed for an additional 30 days.
   [4/20/20, East, Q1]

- **Intake**

  Q  With DNA and Livescan waived, can offenders who come in for Intake still be placed on Shadowtrack?
   Yes These cases have always been accepted by the VBU although they will generate an investigation. The investigation can be completed with normal operations are resumed.
   [Amended 4/8/20]
   Randy Mathena to research an answer.
   [4/6/20, East, Q1]

  Q  Has there been further guidance given about offenders reporting into P&P Districts?
   Yes, a memo came out titled Community Intake Process. If further questions, please consult Crystal Pulley.
   [4/3/20, West, Q3]

  Q  If inmates who report in for intake are screened and do not pass, is there a specific waiver we should be using?
   Refer to Community Intake memo
   [4/1/20, East, Q10]

  Q  Given the Governor’s recent order, do we need to continue to have offenders come into the office for intake?
   Refer to memo
   [3/30/20, Central, Q2]

  Q  Are intakes still going forward in Community?
   Memo is forthcoming with further guidance.
   [3/30/20, East, Q3]

- **Case Management**

  Q  The suspension of polygraph examinations will continue through June 10, 2020.
   Yes, unless there is reason to conduct based upon investigation.
   [4/17/20, Additional Question, Q1]

  Q  Should polygraphs continue?
No, and Randi Lanzafama will prepare a memo for the field.
[4/1/2020, East, Q16]

Q In the conditions being generated by the Parole Board, they indicate that “every effort will be made to ensure a home plan”. Will offenders be released without a home plan? If no home plan, look at using emergency housing resources. To be transparent, the Parole Board is working on three lists of offenders and the goal is to ensure everyone has a home plan.
[4/1/2020, East, Q4]

Q Will polygraphs in districts continue?
Contact Randi Lanzafama
[3/30/20, West, Q6]

Q The questions from 3/23/2020 stated that the Re-Entry Probation Officers would still enter prisons and this issue would be revisited. Has that directive changed? At this time it has not been reevaluated.
[3/30/20, East, Q2]

Q Should offenders be allowed to travel out of state?
No, if you have questions speak with your RA.
[3/25/20, Central, Q2]

Q There has been a significant increase in releases from jails and intakes have doubled. Follow-up on question about transfers. If an offender is released from a CRP and a transfer cannot be completed, there is the potential that the offender will be homeless.
Work with your Regional Administrator for Community to ensure that offenders are not homeless. Also, work with your RA on how to process jail intakes.
[3/23/20, Central, Q2]

Q Should polygraph examinations continue?
Yes, they should continue; however, if an offender presents with symptoms, do not test.
[3/23/20, East, Q4]

Q Should SVP evaluators be allowed to enter the facility.
Yes, allowed in if they are NOT displaying symptoms.
[3/23/20, Central, Q8]

Q Will VSP Sex offender registry verifications be waived?
Until further notice, the VSP are not requiring fingerprints or signatures on the SP237. Officers can write in the fingerprint and signature block "verified by ID."
may also fill out a "mini registration form" that can be located on the VSP website. When the offender fills this out, they can email the form back into the VSP. If there is concern about annual verification of an offender's residence, these are not due until June 30.
[3/18/20, East, Q1]

Q  Do districts still need to conduct home visits for high risk cases?
   At the discretion of the Chief
   [3/18/20, East, Q3]

Q  Are Districts still to continue with DNA and fingerprinting?
   Suspend for 30 days; re-evaluate in 30 days.
   [3/16/20, East, Q4]

Q  Are Senior Re-Entry Specialists to go into institutions?
   Yes.
   [3/16/20, East, Q6]

Q  With regard to GPS alerts, how are staff supposed to handle going to the home and potentially having to change equipment with the risk of potential exposure?
   6-foot (social distancing) distance unless contact is necessary, take PPE precautions.
   [3/16/20, East, Q10]

Q  What is the clarity with regard to High Level Supervising? Are officers required to see these offenders or can these contacts be waived to the social distancing measures?
   Required to see offender per normal high level.
   [3/16/20, East, Q9]

- Transfers

Q  There is the waiver for home contacts. Has the procedure for transfers changed?
   At this time, it has not but this question should be flagged for follow-up.
   [4/1/20, East, Q5]

Q  If a probationer from Cold Springs has to be medically moved, where would the go?
   You need to have an isolation plan. If the probationer is exhibiting minor symptoms, they won’t need to go to a hospital. Crystal Pulley, Jerry Fitz and Angela Brennan have been working on a plan and will involve how the Health Department wants to proceed.
   [4/1/2020, West, Q2]

Q  We need further guidance on ICOTS transfers.
   Follow up is needed.
   [3/23/20, West, Q3]
Q  Are community transfers between districts currently suspended?
   Yes, transfers are suspended for the next 30 days.
   [3/18/20, Central, Q5]

Q  If all transfers are suspended, we may potentially make an offender homeless.
   Work with Crystal to make a transfer happen. We don’t want to make an offender
   homeless. Crystal will work with the other 2 RAs and provide further guidance to
   the districts.
   [3/23/20, West, Q1]

- **Teletherapy & Groups**

  Q  Has the Substance Abuse Contract been modified to allow for assessments with
      telehealth?
     Yes, refer to memorandum 4/21/2020.
     [4/20/20, East, Q1]

  Q  I know our S/A contract has been modified to allow for telehealth opportunities for s/a
      groups. It apparently does not allow for assessments to be completed this way. Is
      there any way for us to refer clients for treatment, if they cannot attend an assessment
      face to face, and the contract does not allow them to be done remotely?
      We are actively looking into ways for assessments to be done through telehealth, such
      as how to get electronic signatures, identification verification and HIPPA paperwork.
      [4/10/20, East, Q1]

  Q  In the substance abuse modification memorandum from Scott Richeson, the last
      sentence says, *that face-to-face treatment will end until June 10 or until there is a
      different directive from the Governor.*
      This allows for an end sooner if the Governor issues a different directive.
      [4/1/2020, East, Q1]

  Q  More information is needed on the MOU with the CSB. And is there a rate change for
      the SA teletherapy?
      Scott Richeson will work with District 42 on these questions.
      [4/1/2020, East, Q6]

  Q  Has the modified contract gone out to the substance abuse vendors?
      Answered by Scott Richeson – it has and Procurement has asked for it to be signed and
      a copy returned by tomorrow. There will also be a memo forthcoming specific to CSB
      changes.
      [3/30/20, East, Q1]
Q Is Substance abuse treatment available through teletherapy?
   Contract has been modified to allow teletherapy effective March 26, 2020.
   [3/25/20, East, Q1]

Q What is the DOC definition of teletherapy for community corrections?
   Any telecommunication ability.
   [3/18/20, West, Q4]

Q Will the rate per offender for teletherapy be the same as the current rates in the contract?
   Yes
   [3/18/20, West, Q6]

Q If teletherapy is offered by the vendor, how will each offender access the therapy?
   It is incumbent upon the offender and teletherapist or it is cancelled.
   [3/18/20, West, Q5]

Q How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
   Screen shot of their telecommunication as their roster.
   [3/18/20, West, Q7]

Q Should Sex Offender groups in the community be canceled?
   YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
   [3/18/20, Central, Q4]

Q Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
   [3/16/20, East, Q11]

Q Are we still holding Groups?
   Still may hold Programs, and Groups but must be supervised. Maintain groups in districts & facilities; if providers do not provide the service, they will not get paid.
   [3/16/20, East, Q1]
Q  Treatment/Decision Point classes?
   Continue Processes.
   [3/16/20, West, Q2]

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   via teleconference. Polygraphs should continue to be conducted.
   [3/18/20, Central, Q4]
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 11

The eleventh update to the VADOCS Pandemic Response Guidance is provided here. Share this resource with your management team and employees as appropriate.

It is important that you use the most recent update to this guidance summary. This cumulative document, along with ongoing conference calls at the regional and divisional levels, keeps you up-to-date on new communications.

We continue to learn from our COVID-19 experiences and stay abreast of the latest guidance from CDC (Center for Disease Control) and VDH (Virginia Department of Health). Your awareness of this guidance assures your unit will have valuable information to carry out its responsibilities. In addition, you will be in an optimal position to help refine our guidance to address new, evolving conditions that we will face.

Thank you for your leadership as you maintain operations and provide services to our offenders during these unusual conditions. We must continue to maintain focus and determination in the days and weeks ahead. Your leadership will make the difference as we do so and impact the outlook of your employees. Support them and encourage them to practice safe and healthy habits in their work and daily routine.

Attachment

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Programs, Education, and Re-Entry
    Regional Operations Chiefs
    Regional Administrators
## Indexed on Benchmark Areas in ACA Guidance & Operational Areas of VADOC Staffing Levels

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3. General Prevention Measures

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### 4. Visitors / Volunteers/ Contractors / Lawyers

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### 5. Employee Screening

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| | Staff Precautions | | | COVID-19 Transfer to Local Hospitals/Medical Centers |
| | Vehicle Use & Sanitation | | | COVID-19 Transfers to VCU |
| | | 4/16/20 | CCO | COVID-19- Pending or Tested Positive Offender Transportation |
| | | 4/11/20 | CCO | COVID-19 Isolation Plan for Modified Operations |
| | | 4/10/20 | CCO | |
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| | Staff Precautions | | | VADOC COVID-19 Response Plan – Template |
| | Space Use & Sanitation | | | COVID-19 Infirmary Discharges |
| | | 4/4/20 | HSU | COVID-19 Bed Space Plan, Patient Locations |
| | | 4/3/20 | CCO/DDA | COVID-19 Isolation Plan for Modified Operations |
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4/20/2020 Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library
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## VADOC COVID-19 Response Guidance

**Version 11**

**4/20/2020**

Items in **GREEN** are additions since last update

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### Operational Areas

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**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library
## Operational Areas (cont.)

| D. Laundry | Ongoing Operation | 3/30/20 | CCO | COVID-19 Permanent Markers, Sneze Guards |
| E. Other – Operations | Social Distancing Employee Attire | 4/1/20 | CCO | COVID-19 – Variance to Operating Procedure 105.1, Employee Uniforms |
| | | 3/24/20 | CCO | COVID-19 Drug Testing Suspended |
| | | 3/19/20 | CCO | COVID-19 Offender Social Isolation |
| | | 3/27/20 | CCO | COVID-19 Law Library Operations (Offender) |
| | | 3/19/20 | CCO | Observance of Passover (Offender) |
| | | 3/19/202 | CCO | COVID-19 – Modified Commissary Operations |
| | | 3/19/202 | CCO | Temporary Suspension of the Publication Review Committee |
| | | 3/18/20 | CCO | Offender Notice-Temporary Suspension Publication Review |

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**COVID-19 Continuance of Drug Test Suspension**
- COVID-19 Re-entry Flyer for offenders during modified operations
- What You Need to Know
- COVID-19 Sneeze Guards for Releasing Offenders
- COVID-19 – Community Intake Process
- Temporary Suspension Peer Recovery Specialist Pilot
- COVID-19 Re-entry Condition Waived for Parole and Pardon Grants
- COVID-19 Outpatient SUD Contract Change
- COVID-19 – Home Visit Waiver
- COVID-19 Transfers Investigations Between Districts

**COVID-19 Drug Testing Suspended**

**COVID-19 GPS Equipment Protocol**

**COVID-19 Protocol**

**P&P District Essential Personnel Guidelines**

**P&P District COVID-19 Guidelines**

**P&P District COVID-19 Sign**

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4/20/2020 **Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library**
MEMORANDUM

To: All Unit Heads

From: Joseph W. Walters
Deputy Director for Administration

Subject: Virginia Agency Property System (VAPS) Property Updates

State agencies and institutions are mandated, by the Code of Virginia §2.2-1833, to update the Department of Treasury/Division of Risk Management (TRS/DRM) of properties under their control.

The TRS/DRM has notified the Department that the Virginia Agency Property System (VAPS) must be updated by May 5, 2020. The TRS/DRM has modified VAPS to capture the total number of full and part time employees working in each location.

Please report the total content value and number of full and part time employees for your section to Meriam Thacker in the Procurement and Risk Management section no later than April 28, 2020.

The total content value should include the total replacement cost for all items located in your unit inclusive of the following:

**FAACS (Fixed Asset Accounting and Control System)**
Real or personal property whose value and anticipated useful life is material enough to meet the standards for recording its value in the Commonwealth’s accounting system.

**General Equipment**
Any asset assigned to your unit that is not recorded in the FAACS. Examples of assets to be include are calculators, chairs, file cabinets, desks, cubicle walls, and the like.

**Supplies**

Please feel free to contact Meriam Thacker at (80) 887-8221 with any questions you might have. Thank you for your immediate attention to this matter.

cc: Harold W Clarke, Director
A. David Robinson, Chief of Corrections Operations
H. Scott Richeson, Deputy Director for Programs, Education, and Re-Entry
Regional Operations Chiefs
Regional Administrators
Regional Business Managers
Mike Williford
Meriam Thacker
MEMORANDUM

To: Human Resources Officers

From: Lucinda Childs-White
Human Resources Director

Subject: COVID-19 Resources - Responding to Employees Testing Positive for COVID-19

Responding when an employee tests positive for COVID-19 is a complex, multi-step process requiring empathy, collaboration with internal and external stakeholders, and timely action to limit the spread of the virus. To assist Human Resources staff with effectively managing these situations, resources have been compiled and developed based on guidance from the Centers for Disease Control and Prevention (CDC), Virginia Department of Health (VDH), Department of Human Resource Management, and best practices the Department of Corrections (DOC) has learned to date. These resources have been published on the shared drive: H:\HROs\COVID-19. Note: The documents contained within this folder are fluid and will continue to be updated as guidance changes throughout the evolution of this public health crisis. Please ensure you are using the most up-to-date versions on the network drive.

The checklist and guidance contained within the subfolder “HR To Do – COVID-19+ Employee” should be followed when an employee at your work location tests positive for COVID-19. Additionally, Human Resource Officers are responsible for coordinating with the Health Authority, Leadership at the DOC work location, and VDH to 1) conduct contact tracing; and 2) notify all staff at that location of the positive COVID-19 case.

Contracting tracing is a process designed to identify everyone in close contact with the COVID-19 positive source during the time that individual is symptomatic and two (2) days prior to the onset of symptoms. These close contacts, which include offenders, staff, and contractors, are at risk of infection. As a part of the contract tracing process, Human Resource Officers are responsible for the following actions for employees and contractors:

- Ensuring the COVID-19 source is isolated and does not return to work until released by their health care provider or health department;
- Identifying and tracking close contacts of the COVID-19 source;
- Taking quick action to ensure close contacts are quarantined;
- Notifying all employees at the work location of the COVID-19 positive case while protecting the anonymity of the source;
• Following up with the COVID-19 source and close contacts to express concern, provide
guidance, and gather information needed to track their status (e.g., symptoms
experienced, test date and results, and return to work date);
• Communicating and applying the appropriate leave type for eligible employees and
assisting management with identifying telework opportunities for those quarantined;
• Notifying the close contacts’ Human Resource Office if the contacts are contractors or
employees assigned to other DOC agencies/work locations, and keeping them informed
of their employees’ status, leave usage (for DOC employees), and return to work date;
• Helping to mitigate employees’ concerns about exposure to COVID-19 and directing
them to applicable resources (e.g., Employee Assistance Program).

Please ensure you familiarize yourself with the materials in the aforementioned folder, in
particular the VADOC Checklist – Employee Positives. If you have any questions, please do not
hesitate to reach out to the following contacts in the Office of Human Resources: Brittany Crane,
Stacy Beverly, Angelica (Angie) Jones, or Lucinda Childs-White.

LCW

Cc: Unit Heads
    HR Support Staff
    Director of Health Services
    Chief Nurse
    COVID-19 Leadership
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
        Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 10

Please review the tenth update to the VADOC Pandemic Response Guidance. Share this resource with your management team and employees as appropriate. Ensure you are taking note of new communications that are being released.

We continue to maintain operations and provide services to our offenders during trying conditions. Taking stock of all information resources is important. Ongoing communication is key to support our employees as they carry out our full range of responsibilities. Keep in contact with your regional and divisional offices as well.

Continue to practice safe and healthy habits in your work and daily routine. Remind and encourage your people to do the same! Focus and care are so essential as we continue through these challenging times.

Attachment

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Programs, Education, and Re-Entry
    Regional Operations Chiefs
    Regional Administrators
## VADOC COVID-19 Response Guidance

Version 10
4/20/2020

Items in **GREEN** are additions since last update

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- DEM Local Ems  
- Judicial | 4/14/20 Director COVID-19 Response, BCO Dialogue Skills Training Suspension  
4/14/20 HRD COVID-19 Rapid Response Team Pandemic Pay Program  
4/14/20 Director COVID-19-CDC Interim Guidance for Managing COVID-19 in Correctional and Detention Facilities Recommendation Updates  
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COVID-19-Response-Implementation of Hiring and Compensation Freeze  
COVID-19 FFCRA Exemption Institution Personnel and P&P Officers Working at Institutions  
Updated COVID-19 Judicial Emergency Declarations, Emergency Declaration  
COVID-19 HR Guidance-Families First Coronavirus Response Act  
COVID-19-Guidance on Public Health Emergency Leave |

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# VADOC COVID-19 Response Guidance

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### Benchmarks

- Employees
- Offenders
- Public/Families
- Applicants

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# VADOC COVID-19 Response Guidance

**Version 10**  
4/20/2020

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## ACA Benchmarks

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## ACA Visitors / Volunteers / Contractors / Lawyers

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**Version 10**

**4/20/2020**

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<td>COVID-19 Staff Return to Work Following COVID-19 Exposure or Diagnosis Return to Work Flowchart</td>
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<td>COVID-19 Operations Guidance on COVID-19 Pandemic Screening at Entry to all DOC Locations, Screening Questions, Thermometer Use Training</td>
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<td>COVID-19 Notification to Unit Employees in the Event of a Positive COVID Test Result, COVID-19 Exposure Notification (Office/Unit)</td>
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<td>COVID-19 Employee Screening Tool, What's Your Risk?</td>
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<td>CCO/DDA/ DPER</td>
<td>Coronavirus COVID-19 Screening Questionnaires Offender Intake and Transfer Screening Questionnaire</td>
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**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library
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PPE Sequence Instructions (Donning and Doffing)  
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COVID-19 PPE Survey Update- COVID-19 Offender Testing  
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| 9. Transport | Health Facility Notification Offender Precautions Staff Precautions Vehicle Use & Sanitation | 4/16/20 CCO | COVID-19 Transfer to Local Hospitals/Medical Centers  
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| | | 4/4/20 HSU |  
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| | | 3/23/20 CCO |  
| 11. Care for the Sick | Supportive Care | 3/24/20 CCO | COVID-19 Narcan Use  
[VADOC will follow VDH guidance through its Health Services Administration] |
# VADOC COVID-19 Response Guidance

**Version 10**

4/20/2020

Items in **GREEN** are additions since last update


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MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
     Director of Corrections

Subject: COVID-19 – Cumulative COVID-19 Questions Answers (Through 4/13/20)

We continue to make great progress in dealing with the COVID-19 outbreak across our Organization, continuing to manage issues as they occur and providing answers to questions. Please consult the latest addition of the Cumulative COVIC-19 Questions & Answers and refer to the insights that it can provide.

Attachment

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Programs, Education, and Re-Entry
    Regional Operations Chiefs
    Regional Administrators
Q&A calls:
- 3/16/2020
- 3/18/2020
- 3/20/2020
- 3/23/2020
- 3/25/2020
- 3/27/2020
- 3/30/2020
- 4/01/2020
- 4/03/2020
- 4/06/2020
- 4/08/2020
- 4/10/2020
- 4/11/2020

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**Administration/Coordination**

Q  Any projection as to when this will end?
   **No. Governor’s State of Emergency is currently set for June 10 but this could be extended.**
   [4/13/20, West, Q2]

**Training**

Q  Is officer training still going forward at institutions?
   **Yes, but there are certain components of the training that are not, i.e. outside staff coming. A memo is forthcoming.**
   [4/13/20, East, Q3]

Q  Asking to confirm that the training sheet provided is all that is necessary to train on the thermometers.
   Refer to memo and the completed training sheet needs to be placed in the employees training file.
   [4/1/20, East, Q8]

Q  Are Basic Skills for P & P Officers still running?
   **Suspended**
   [3/25/20, West, Q2]

Q  Asked for clarification on upcoming trainings.
   **All training except BCO Training has been suspended.**
   [3/23/20, East, Q2]

Q  Is there information on training for new correctional officers:
Follow up is needed.
[3/23/20, West, Q4]

Q  How should those facilities that host in-service trainings for multiple sites respond?
Guidance will be forthcoming, all in-service training has been cancelled.
[3/18/20, Central, Q6]

### Community Staff – Facility Assignment

Q  Seeking clarity on the Rapid Response Team schedule.
This will be managed by Unit Heads at assignment.
[4/8/20, Central, Q2]

Q  If a district did not have any volunteers for the Rapid Response Team and the CPO selected a staff member. The staff member declined. Is there any further guidance for CPO?
No one should be on the team who did not volunteer. A memo will be forthcoming from the Director and it will state that if necessary, P&P will be mandated to fill in.
[4/3/20, Central, Q3]

Q  Any guidance on Re-Entry Seniors going into institutions?
Scott Richeson was consulted and at this time, this has been suspended. Scott Richeson stated they should help where the need is.
[4/20, East, Q4]

Q  Can community staff be assigned to help at prisons?
At this time, conversations about community staff has not occurred due to the workload in the community. There is no plan at this time to use community staff to work at prisons.
[3/23/20, Central, Q13]

### Community Staff – Technology

Q  Has there been any follow-up on BOYD for clerical staff using their own cell phones?
For staff who are teleworking, please work with your Region and IT.
[Amended, 4/8/20]

Pending Resolution
[4/3/20, West, Q1]

Q  Have the hot spots for positions in the community been approved?
Felicia Stretcher working on this.
[4/3/20, East, Q3]
### Non-Essential Staffing

- **Q** When the OSA or OSS runs out of work, and run out of leave, will they then be on leave without pay?
  - Work with your RAs as they have numerous tasks that need to be performed daily.
  - [3/30/20, Central, Q14]

- **Q** To clarify, the OSS and OSA are not considered essential.
  - Yes, work with your RAs as they have numerous tasks that need to be performed daily.
  - [3/30/20, West, Q5]

- **Q** Any way we can include all staff as essential in districts?
  - Not at this time
  - [3/30/20, Central, Q13]

- **Q** Does the definition of essential employees include support staff?
  - Refer to memo
  - [3/30/20, Central, Q1]

- **Q** May non-essential employees finish working today?
  - The Governor’s order was effective immediately.
  - [3/30/20, Central, Q3]

- **Q** In light of the Governor’s new order, are we to send non-essential staff home?
  - Yes, refer to memo
  - [3/30/20, East, Q10]

### Overtime

- **Q** Should staff be allowed to continue with overtime?
  - Wardens need to work with their ROC to determine staff coming from one prison to work at another prison to provide overtime.
  - [3/23/20, Central, Q7]

### Employee Pay/ Benefits

- **Q** With all that is going on, there is still a need for crisis intervention. Can something be set up by video so staff do not have to report in person?
  - See your Regional Operations Chief for further guidance.
  - [4/3/20, Central, Q8]

- **Q** P&P may not have received the FFCRA.
  - Greg Holloway to ensure it is sent to all.
  - [4/3/20, East, Q2]
Q Are Probation and Parole Officers exempt from the FFCRA Act?
   Refer to Director Clarke’s memorandum, 4/3/2020.
   [4/3/20, West, Q2]

Q With Flexible Reimbursement accounts and elective procedures being cancelled, there will be money left on card that cannot be used. Will that money simply be lost?

**COVID-19 and Health Care FSA’s**

Can the plan year be extended? Unfortunately no, the plan year is a 12-month period and, per the IRS, cannot be extended.

Can my annual election be reduced as the result of a change in planned surgery? At this time, guidance is not available regarding funds set aside for planned medical procedures that have been postponed due to COVID-19. COVID-19 and Dependent Care FSAs. Employees are encouraged to make everyone effort to appropriately utilize the funds during the plan year.

Can a Dependent Care FSA annual election be reduced due to closure of school, daycare, or after-school activities due to the pandemic? A change in the cost of childcare services is considered a Qualifying Mid-Year Event (QME) or Life Event. The employee may make an election change by submitting the enrollment form indicating the new election amount. The change will be effective the first of the month following receipt of the completed enrollment form and appropriate documentation. We will keep you updated, as additional information is available.
   [4/1/20, East, Q7]

Q Are wage employees going to be paid?
   Wage employees and adjunct faculty will receive pro-rated paid leave (Public Health Emergency Leave) based on the hours they are normally scheduled to work. The maximum paid leave must not exceed the maximum number of hours they would normally work each week. If a wage employee normally works 20 hours per week, the maximum amount of paid leave should be 20 hours per week for up to two weeks. When a wage employee’s hours vary, use an average as the maximum. Note: Total hours worked and the total hours of Public Health Emergency Leave cannot exceed the 1450 hours for wage employees.
   [3/16/20, East, Q2]
- **Commuting Restrictions**
  
  **Q** The Governor just issued a stay at home order. Will another memo be issued for our staff?
  
  A cover memo and template memo was issued yesterday with guidance for unit heads. All unit heads should verify essential staff are provided a copy of the memo, signed by the unit head, verifying the bearer is essential to the operations of the VADOC facility or office where they work. The employee should also carry their VADOC issued identification.
  
  [3/30/20, East, Q4]

  **Q** West Virginia has mandated that their residents remain home and those working need a letter.
  
  Use the memorandum from the Director identifying staff as essential. Unit Heads should also develop a letter for their employees. Additionally, and if at all possible, Wage Employees may telework.
  
  [3/23/20, Central, Q5]

- **Callouts**
  
  **Q** Asked for clarification on call-out reporting.
  
  Only need the numbers for security and health care staff.
  
  [3/23/20, West, Q5]

  Joe Walters reported that effective immediately, the Facility HRO will report daily call-outs for COVID-19 for security staff (Officer through Major) and Medical Staff by 2:00 pm Friday to the OLU (Randy Mathena).
  
  [3/23/20, Additional Question, Q3]

- **Staff COVID Testing**
  
  **Q** From Randy Mathena – cannot share staff among facilities, especially if there has been a positive COVID-19 case in a facility.
  
  [4/13/20, Additional Question, Q1]

  **Q** Is there guidance for staff recovery and when they may return to work?
  
  Employees are seeing their own health care providers and should follow that provider’s guidance. The physician will released the employee to return to work.
  
  [4/13/20, East, Q4]

  **Q** To date only inmates are being tested. I have staff in my P & P district who need to be screened. When we consult the Health Department, we are told to go to our own health care provider.
  
  VDH directs who will be tested based upon exposure. Currently, their guidance for employees is to refer them to their health care provider and their Department of Health.
  
  [4/1/20, West, Q3]
Telework

Q If an employee is teleworking and only has enough work for 4 hours, how are the other 4 hours calculated?
If Public Health Leave is used, it must meet eligibility; otherwise, the employee will need to use his or her own leave. Supervisors are strongly encouraged to be flexible and work with staff to provide appropriate assignments and work. Please work with HR.
[3/30/20, East, Q11]

Q Any update on VPN?
There have been definite issues and VPN capacity has been exceeded. Joe Walters reported that as of last night, VITA reported capacity has tripled and it is working.
[3/27/20, West, Q3]

Q Do facility staff have the option to telework?
Director sent out a memo making staff at facilities designated employees. Wardens and Superintendents should still work with employees who request the option to telework and determine based on the employee’s circumstances, duties and capacity for job restructuring whether teleworking is an option. Each request for teleworking should be reviewed by the Warden or Superintendent on case by case basis.
[3/18/20, West, Q3]

Q Can district clerical staff telework?
Yes, they are not deemed essential staff.
[3/18/20, East, Q1]

Q If teleworking, can staff work different hours (staggered hours)?
Chief to make decision, employee may work hours supervisor and employee agree to.
[3/16/20, Central, Q2]

Q Does telecommuting apply to all Districts or just the 3 closed by the Governor?
Not all positions are appropriate for telework. However, telework is supported where appropriate.
[3/16/20, West, Q5]

Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
[3/16/20, East, Q8]
Q Can staff telework if kids are out of school or must they use Leave?
   Chief’s discretion, complete telework agreement.
   [3/16/20, West, Q6]

Q Policy requires a separate caretaker for children when an employee is teleworking—will this be relaxed for this event?
   No final decision.
   [3/16/20, West, Q7]

Q Can we allow non-essential staff “flex” to assist with child care? (ex: 4 – 10hr shifts or 3 – 12hr shifts)
   If permitted by supervisor (must prioritize coverage @ facility).
   [3/16/20, West, Q11]

Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
   Essential personnel to report. Chiefs will determine rotating teleworking schedule.
   Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
   [3/16/20, East, Q8]

- Leave

Q If an employee has a chronic illness but no evidence of COVID-19 exposure/symptoms and they have received a note from their personal physician to self-quarantine for 5 days, is this to be honored?
   Joe Walters stated that if a health care provider, because of risk factors, has told an employee to self-quarantine, the employee should consult first with HR before they go out on quarantine and may access leave. Unit heads are encouraged to be liberal.
   [3/27/20, Central, Q2]

Q Clarification was sought on if the CPO and/or Lead Secretary could enter Public Health Emergency Leave.
   Full-Time Employees can enter (PHL) in TAL and it can be approved by the Supervisor. Wage Employees will need to enter hours worked and put PHL in the comments section. The Chief/Supervisor will then need to approve it. TAL is web-based and the employee can log into TAL from any computer with internet connectivity. If the employee is unable to access TAL, then an administrator can do it for the employee. It will be tracked by the HROs.
   [3/27/20, East, Q3]

Q Do Wage Employees have access to Public Health Emergency Leave?
   Yes, but at a prorated rate.
[3/27/20, East, Q2]

Q Pursuant to the Governor’s closing of all services on the peninsula, clerical staff in the district have been on emergency leave. Should this continue?
Refer to memorandum 3/27/2020 from Mr. Walters.
[3/25/20, East, Q2]

Q What leave can be used to make arrangements for child care?
DHRM issued guidance, work with HR.
[3/23/20, Central, Q12]

Q Are all employee vacation leave requests to be suspended/denied?
No, only the Wardens, Assistant Wardens, Chiefs and Deputy Chief Probation Officers previously approved vacations are to be reviewed by the Regional Operations Chief with no further requests during this crisis.
[3/18/20, West, Q1]

- Recruitment

Q In reference to the hiring freeze, is it beneficial for a district to hold off on advertising the vacancy – I don’t want to lose a position.
If that’s what you want to do, do it.
[4/6/20, West, Q1]

Q It is understood that there is a freeze on hiring. Does that include transfers/laterals?
If the hiring is in process and an offer has been extended and confirmed, you may move forward. All others must stop.
[4/3/20, Central, Q1]

Q Could you provide further information about the hiring freeze?
Refer to memorandum from Lucinda Childs-White, COVID-19 Response – Implementation of Hiring and Compensation Freeze, 4/6/2020
[4/3/20, East, Q1]

Q Am in the process of conducting a 2nd interview and do those still have to be done face-to-face.
Joe Walters reported that they do not. They can be done electronically.
[4/1/2020, East, Q17]

Q Can one-person conduct interviews?
No, refer to Memorandum from Director Clarke.
[3/23/20, East, Q5]
Q Interviewees must come in person for the physical and urine screen, can this continue? 
Refer to Memorandum from Director Clarke; urine screens will be necessary for CO Interviews.  
[3/23/20, East, Q4]

Q Should facilities proceed with employee interviews? 
Yes, proceed with interviews as scheduled and use the visitor COVID-19 screening form.  
[3/18/20, West, Q2]

Q Should interview panels still be used? 
See HR for guidance  
[3/18/20, East, Q5]

- **Staff Attire**
  Q Are officers required to be clean shaven for FIT testing? 
HR will provide guidance.  
[Amended 4/8/20] 

  If transporting to VCU they must be clean shaven. Will research if policy should be suspended.  
[4/6/20, Central, Q2]

Q Given all the hard work non-security staff is doing, may we allow them to dress down? 
Wardens should use their own discretion.  
[3/30/20, Central, Q10]

- **Audits**
  Q Are COA audits on hold? 
COA on hold for 30 days.  
[3/16/20, Central, Q1]

Q Are SRAs postponed? 
Yes, all SRAs and COAs are postponed.  
[3/18/20, Central, Q7]

- **Procurement/Co-Pays**
  Q Vendors may ask how they are supposed to collect the agreed upon co-pays - it is the vendor’s responsibility to collect but they may decide to just charge DOC in full - is that something that DOC will approve? 
No, it is up to the Vendor to get their copay.
Q  What is needed by VCE to track orders?  
   In process, already ordered, being tracked.  
   [3/16/20, West, Q4]

Q  Are flu test kits tracked or reimbursed?  They can probably be tracked but likely not reimbursed.  
   Going to track; figure out reimbursement at end of process.  
   [3/16/20, West, Q3]

Communications

Q  Emergency Operations Center Mailbox.  All correspondence intended for the EOC should be sent to:  doc.olu.eoc.@vadoc.virginia.gov  
   [4/3/20, Additional Question, Q2]

Q  Users have not been able to navigate the second link sent for the survey.  
   Units should contact Mr. Fleming or Dr. Celi.  
   [3/27/20, East, Q4]

Q  Cannot access the forms on the COVID-19 Response Guidance, keep receiving an error message.  
   Mr. Fleming will investigate and work with his team to resolve.  If you have issues, contact Moose Fleming.  
   [3/25/20, Central, Q1]

General Prevention Measures

- Cleaning

  Q  Should we begin developing a protocol for cleaning state vehicles?  
     Randy Mathena to follow-up  
     [4/6/20, East, Q3]

  Q  Can staff bring their own sanitizing wipes into the facility?  
     Wardens should handle how they see fit.  
     [4/3/20, East, Q8]

  Q  Can we begin using bleach right away?  
     With regular flu cases, no.  
     [4/1/2020, West, Q4]
Q If Guidelines say that if an employee tests positive for COVID-19 they must be quarantined for 14 days. This employee would have been positive before identified and would have had contact with many in an institution.  
At your facilities, remind staff to keep their distance from each other and continue to clean objects, i.e. door handles, etc.  
[3/30/20, West, Q4]

Q Any guidance on how P&P offices are to be cleaned?  
P&P Chief may allow vendors who do not have supplies to use our supplies. In the event a district doesn’t have a cleaning company, utilize the sanitation procedures.  
[3/23/20, East, Q6]

Q Do we have to post the MSDS sheet?  
Yes  
[3/18/20, Central, Q2]

- **Sneeze Guards & Masks - Staff**
  Q May the sneeze guards issued by DOC be worn outside of DOC districts?  
Yes  
[4/8/20, East, Q2]

Q Is it mandated to wear sneeze guards in districts and regional offices?  
Yes, this is mandatory.  
[4/1/2020, West, Q1]

Q Can we get sneeze guards to others who enter the facilities, i.e. kitchen maintenance?  
Yes  
[4/1/2020, West, Q1]

Q May staff bring in their own masks?  
Yes  
[3/30/20, West, Q9]

Q Staff who have been issued sneeze guards have requested to use their own masks, may they?  
Yes  
[3/30/20, Central, Q6]

Q Staff is asking to use their own masks. May they use their own masks?  
Yes  
[3/30/20, East, Q8]
Q Sneeze guards issued to staff. When they are leaving the institution a person must be clearly identified by staff at the front, must they lower their sneeze guards?
Yes, they cannot go out of the front door until they have been clearly identified.
[3/27/20, Central, Q4]

Q Sneeze guards were issued without first identifying to whom they belonged and more may be needed.
More can be issued. Work with your Regional Administrator who will coordinate with Marie Vargo.
[3/27/20, Central, Q5]

Q Comment, not a question, the unit found that when Carter Permanent Markers were used to identify sneeze guards, there was less fading then when Sharpie Permanent Markers were used.
[3/27/20, Central, Q6]

Q In the community, is it mandatory for P&P Officers to wear the sneeze guards?
It is not mandatory for P&P.
[3/27/20, Central, Q1]

Q Should the sneeze mask memo be distributed or held until the mask arrive?
WAIT until the masks arrive.
[3/25/20, West, Q4]

Q Are the sneeze guards for both staff and offenders?
In the facility, for staff and offenders. In the community, for staff but not for offenders on probation.
[3/23/20, Central, Q3]

Q Masks (sneeze) are being sent to the field for use with GPS equipment install/removal.
Refer to 3/24/2020 Memorandum.
[3/23/20, Additional Question, Q1]

- **Offender Sneeze Guards**

  Q May we give offenders releasing to districts space masks that we may have on hand?
  Yes VCE is currently making masks for this purpose. VCE will ship them to each Regional Office for distribution to Districts.
  [4/8/20, East, Q4]

  Q Are inmates releasing from local jails provided masks?
  CPOs should reach out to their local jails to ask about their releasing practices. All Districts will be provided a supply of masks that can be issued and laundered by Districts.
[4/8/20, East, Q3]

Q  Inside the facility, is it now mandatory that all staff and inmates wear sneeze guards?
Yes and explain the “why” to the inmates. That this virus is serious and this measure is to keep things clean and to stop the spread.
[4/1/2020, West, Q5]

[4/1/2020, East, Q15]

Q  Will offenders wear the sneeze guards out to work?
Yes

[4/1/2020, East, Q13]

Q  The memo disseminated to the inmates from the Director states that wearing the sneeze guard is optional.
Director’s updated this memo and made it mandatory.

[4/1/2020, East, Q11]

Q  When sneeze guards are issued, is there any time when inmates are required to remove them?
Anytime as directed by the Warden or an Individual Officer for security reasons.

[4/1/2020, East, Q13]

PPE/Gloves

Q  When staff have brought in gloves from the warehouse, are those gloves to be counted?
Comply with instructions on the survey. If the box has been opened, count the number of gloves in the box as opened. If the box brought in is unopened, count the number of gloves in the box as unopened.

[3/30/20, Central, Q2]

Q  If I’ve already counted my gloves individually, and in the interest of submitting the survey by 2:00, should I go back and recount?
If it’s been done, hit send.

[3/27/20, West, Q2]

Q  The survey does not currently have glove size 2XL.
This category will be added to the survey.

[3/27/20, West, Q4]
Q  When counting gloves individually, is there the potential to contaminate them?
Refer also to Memorandum Clarification of Daily Inventory PPE 3/28/2020.
  o  Count of items—the count for both items used and items on hand continues for
    individual items using this approach:
  o  On-hand—count the number of unopened boxes. Multiply the number of
    unopened boxes by the number of each items in each box for your total
  o  Used—as soon as you have used one item from a box, consider the entire box as
    “used.” Do not count loose items in an opened box to avoid possible
    contamination. Multiply the number of opened boxes by the number of each
    items in each box for your total.
[3/27/20, West, Q1]

Other PPE/Equipment

Q  The temperature training guide states that gowns should be worn. Dr. Fuller’s
    guidelines do not mention gowns. Will the guidelines be amended?
Follow Yellow Zone guidelines: Temperature check for Employees: Officers should
    wear washable coveralls, non-medical gloves (food services or reusable rubber) and
    sneeze guards in an outdoor setting.
[4/8/20, East, Q1]

Q  In the guidance for the staff temperature checks it states that gowns and goggles
    should be worn. We don’t have either.
Follow guidance on PPE Zones for temperature checks.
[4/8/20, Central, Q1]

Q  Is it possible to get portable showers for staff?
We have ready to deploy. If you have a need, contact your Regional Operations Chief
    who will discuss with chain of command.
[Amended 4/8/20]

  We have 4 ready to deploy.
[4/6/20, West, Q4]

Q  In the screening of staff memo, it states that staff doing the screening should be
    wearing gowns. We don’t have gowns (P&P) but we have aprons. Will they suffice?
You do not have to wear either one. Refer to memo from Dr. Trey Fuller.
[4/1/2020, Central, Q4]

Q  The thermometers received are different than the example.
Work with Medical and use them how they are designed to be used.
[4/1/2020, Central, Q2]
Q What is the status of the hand sanitizer order?
As of 4/3/2020, it has not arrived.
[4/1/2020, East, Q12]

Q There aren’t enough gowns at Cold Springs to do temperature checks.
The same employee may wear the same PPE equipment to take temperatures; comply with CDC guidance.
[3/30/20, West, Q2]

- Soap
  Q Did not have any soap and needed to borrow from others.
The ROCS will work with OLU to ensure the proper distribution of soap to facilities. If you don’t have soapy, let your ROC know.
[3/23/20, Central, Q9]

Q Effective 3/30/2020 1 bar of soap per inmate will be issued.
[3/23/20, Additional Question, Q2]

Q If it’s discovered that inmates have been hoarding soap, should the soap be taken.
No and Randy Mathena to clarify with other regions.
[3/23/20, West, Q6]

Visitors/Volunteers/Contractors/Lawyers

Q May contract employees, such as Spectrum, help out?
Yes, they are considered essential personnel.
[4/1/2020, West, Q3]

Q Is Armor and CGL essential?
Yes
[3/30/20, Central, Q9]

Q Is Spectrum essential?
Yes, by contract
[3/30/20, Central, Q11]

Q Do we send contractors away?
No
[3/30/20, Central, Q12]
Q  Are Contract employees essential?  
Melissa Welch responded that Commissary and Chaplains have been determined essential.
[3/30/20, Central, Q5]

Q  Can we get approval for health authorities to bring into the facility their state issued phone as this would better assist with communication?  
Health Authority may bring in phone. Phone and number will be verified upon entering and exiting the facility.
[3/16/20, West, Q16]

Q  A UPS driver refused to answer the questionnaire and said that UPS does not permit them to sign documents.  
Delivery drivers do not have to complete questionnaire.
[3/16/20, East, Q12]

Q  Are we allowing access to the vendors for restocking of the vending machines for staff?  
Vendors must complete questionnaire to enter.
[3/16/20, West, Q10]

Q  If an attorney visits and checks “yes” on the [screening] form, do we still allow them to enter facility or just offer the video visitation?  
Previously addressed.
[03/16/20, West, Q15]

Entry Screening

Q  Are we required to screen those making deliveries to district offices?  
If they are simply dropping off outside, no. If they are coming inside the district, yes.
[4/3/20, Central, Q2]

Q  Is there additional training for the thermometers, or is it just the written instructions?  
Detailed written instructions have been provided, refer to memorandum 4/3/2020. There is not a current plan to provide further training.
[4/3/20, East, Q5]

Q  One of my staff says that asking the questions and taking the temperature is a violation of HIPPA rights.  
This question was addressed offline. DHRM is aware of the Agency’s policy and supports it.
[4/1/20, Central, Q5]
Q  If someone is denied entry that is documented. Do we also document those who passed?
   No, only those who have been denied.
   [4/1/2020, East, Q9]

Q  Are employees screened only in the morning or throughout the day as well?
   Refer to memo, only once per day. If an employee exhibits symptoms, they should be sent home. Employees should use proper PPE equipment for taking temperatures.
   [4/1/2020, East, Q2]

Q  When will the temperature screening video come out from medical?
   The training will NOT be a video; it will be a paper lesson plan with instruction provided by a health services team member. The employee will be required to sign and verify training, and the documentation should be placed in the employee’s training file. If there is an immediate need to train, bring someone from Health Services to train non-security staff. Ensure that the training is clearly documented in the employees file.
   [3/30/20, West, Q8]

Q  On the employee questionnaire, the question asking if an employee has traveled outside of Virginia is no longer listed.
   The screening questions are being revised; will include have you traveled from an area with sustained community-level COVID-19 spread (domestic or international)
   [3/30/20, West, Q3]

Q  Once an employee arrives, their temperature has been checked, and then leaves the compound, does the temperature need to be checked each time they reenter?
   No, only upon arrival.
   [3/30/20, West, Q1]

Q  On the questionnaire a questions asks about a sore throat. If an employee has a sore throat, are we to send them home?
   The CDC Guidelines does not mention a sore throat, follow memo.
   [3/30/20, Central, Q7]

Q  Is the training of non-medical staff for the taking of temperatures to be documented by the Wardens?
   Refer to memo
   [3/30/20, East, Q5]
The memo providing guidance on temperature checks states that staff should be wearing a mask. What type of mask should they wear?
A surgical/medical mask will be sufficient while supplies last.
[3/30/20, East, Q12]

Do we have to use officers to screen or can we use non-security staff?
Use all available staff.
[3/30/20, East, Q7]

Should we be verbally screening all staff?
Yes
[3/30/20, East, Q6]

Any update on temperature screening?
Task Force working on this.
[3/23/20, Central, Q9]

Will P&P districts be receiving thermometers for temperature checks?
Yes, the plan is to have them at all districts.
[3/18/20, Central, Q3]

Should HR notify the Health Department when an employee calls about any symptoms rather than relying on the employees to do so?
Not DOC responsibility, is employee’s responsibility.
[3/16/20, West, Q12]

Transport

Transfers & Releases

Will CCAP still be receiving referrals?
No.
[4/1/2020, Central, Q6]

When transporting inmates on buses, not able to keep the appropriate social distance.
Make two runs.
[3/30/20, East, Q9]

What happens when an offender reaches their release date from CCAP or an institution and needs to be quarantined?
The facility needs to collaborate with the local Health Department.
[3/25/20, West, Q1]
Q  Are all transfers suspended?
   Yes, unless absolutely necessary; Mental Health transfers reviewed on case by case basis.
   [3/23/20, Central, Q1]

Q  How should offenders residing at CCAP be handled when returning back to the site from court?
   Superintendent should coordinate with Jim Parks to see if court can release offender to community vs. returning to the CCAP facility.
   [3/18/20, Central, Q1]

Q  Are offenders being screen prior to transfer?
   Any offender leaving or entering must be screened per medical guidelines. (*NOT screening workers)
   [3/16/20, East, Q7]

Q  Mental Health transfers pending. These need to be reviewed case by case.
   Yes, with screening leaving from and arriving to facilities.
   [3/16/20, West, Q1]

Q  Will there be a memo from HQ or Facility regarding stoppage of transfers?
   Jim Parks sent it out already however it can be sent out by you again. Already have direction in the field.
   [3/16/20, Central, Q4]

- Transfer to Hospitals

Q  Per Larry Collins, VCU PD has stated there will be identified entry points to the hospital campus and at each entry point, persons attempting to enter will have their temperature scanned with a hand held device.
   Hinkle to make sure Mathena receives info.
   [3/16/20, Central, Q7]

Q  Regarding scanning for temperature prior to hospital entry, who will be doing the scanning? VCU medical staff or DOC staff?
   VCU staff should be responsible. Hinkle to clarify.
   [3/16/20, Central, Q8]

Q  We get offenders for medical and dental appointments from 28, 23, and 9. We also have workers here. We don’t plan on doing any medical screenings for these medical appointments. Should we keep on or just postpone those type of appointments?
   No screening on medical appointments.
   [3/16/20, West, Q13]
Transfer/Release from Custody

Q  Will we get more guidance on how to deal with the positive cases that are/will be released from institutions?
   Work with the local Health Department to release offenders.
   [Amended 4/8/20]

   We are learning as we navigate this process. Presently the Health Department is developing guidance.
   [4/6/20, East, Q2]

Q  Who will transport offenders who have been released?
   Work with family members.
   [4/6/20, West, Q3]

Q  When CCAP has been completed a letter is sent to the Judge and the Judge grants release. Will a COVID-19 test be administered before release?
   No
   [4/6/20, West, Q2]

Q  Has there been any discussion regarding taking the temperature of offenders being released from custody?
   If there is a temperature, notify Health Department.
   [3/16/20, West, Q5]

Q  Has there been any discussion regarding taking the temperature of offenders being released from custody?
   If there is a temperature, notify the Health Department.
   [3/16/20, West, Q17]

Care for the Sick/Prescriptions

Q  Trey Fuller reported the following: He recommends that KOP Transition Plan Steps 1 and 2 should be implemented now to eliminate pill lines. This will take some time to complete, but get it started now.
   [4/3/20, Additional Question, Q1]

Q  Will protocols for the administration of Narcan be developed?
   Yes, guidance will be forthcoming.
   [3/18/20, East, Q6]
Quarantining

▪ Offender Quarantines

Q For the inmates at VCCW who have recovered, were they in isolation for 14 days?
The answer is more complex and involved a medical review, testing and a period of
time without symptoms. The determination is ultimately made by medical.
[4/13/20, West, Q3]

Q There was a conference call and the topic was “area of recovery.” I am not really clear
on what that is for?
This is an area where those inmates who are cleared to return to their area are held
before being released back into the population. Talk further with VCCW.
[4/13/20, East, Q1]

Q Is this area just for recoveries or also for those with pending tests and observation for
symptoms?
Dr. Fuller state that it would depend on why the test, what the symptoms, etc.
There needs to be a conference call between the facility, medical and Regional
Leadership. Dr. Fuller to address.
[4/13/20, East, Q2]

▪ Building Quarantines

Q If we have to quarantine a building, how will we rotate staff in that building?
Herrick & Younce to create protocol by end of day.
[3/16/20, West, Q8]

Q Will we quarantine staff on premises?
Follow guidance provided by Health Department as DOC has no authority to
quarantine staff. Refer staff to their physician, local Health Department.
[3/16/20, West, Q9]

Security

▪ Mail & Legal Documents

Q How to handle Legal Mail received in the mailroom?
Hold legal mail 3 days, if attorney drops off legal documents hold for 3 days, logged per
normal procedure.
[3/16/20, Central, Q5]

Q How should Legal/documents be handled during an attorney’s non-contact/video visit?
Taken to mailroom, logged, maintain for 3 days, give to offender.
[3/16/20, Central, Q6]
Q Should we hold commercial photographs, newspapers, publications, etc., that the offender has forwarded for 3 days like we are doing with legal mail (originals not copies)?
Hold 3 days in mailroom.
[3/16/20, West, Q14]

- Searches
  Q Should random cell searches continue at the same rate?
  Yes, unless you suspect contraband.
  [4/3/20, Central, Q4]

  Q Are pat down searches waived? Are they waived if the unit has a body scanner?
  NO. YES, but there may be a security reason that may require a pat search.
  [3/27/20, East, Q5]

- Phone Hot Spots
  Q Can officers turn on hot spots?
  Approved for 90 days. Each region to send list to Randy Mathena for approval.
  [3/23/20, West, Q7]

Operations – Other

Q Bed space has been made available in North Housing. Should this be reflected in CORIS?
Mr. Hinkle and Mr. Fitz to work with Mr. Parks to ensure these beds are put in CORIS for count.
[4/3/20, Central, Q4]

Q In our institution we have stopped the staff salad bar and limited the number of staff in the dining hall to 10 people at a time. We are wondering if others are doing the same?
Will remain open at this time, wear your sneeze guard. Gloves will be provided at the station.
[4/1/2020, Central, Q3]

Operations – Offenders

- Drug Tests
  Q Has there been a revision on the drug-testing memo?
  No, there has not.
  [3/30/20, West, Q7]

  Q Should drug tests continue with outside workers?
  No, unless you suspect someone is under the influence. Refer to Memorandum.
[3/23/20, East, Q4]

- **Offender Phone Calls/Video Visits**
  - Q  We have offenders in certain housing statuses that have limited phone access. For restricted housing, should these remain (2,4,6 calls per month)?
    - Give the offenders as many calls as possible during this time, but ultimately the decision is up to the Unit Head
    - [3/18/20, Additional, Q1]
    
  - Q  There are facilities that have imposed limits on telephone use because of previous offender behavior. Should these be lifted?
    - Yes, lift the ban
    - [3/18/20, Additional, Q2]

  - Q  Will video bereavement be permitted for offenders?
    - No
    - [3/18/20, East, Q4]

  - Q  Access to phones can further be limited when in medical isolation and/or on death row. Should this be left up to the discretion of the Facility Unit Head to determine the number of calls the offenders can make on a weekly basis?
    - Yes, this should be determined by the Unit Head
    - [3/18/20, Additional, Q3]

- **Offender Education**
  - Q  If an offender needs a GED test, can the test still be administered?
    - Yes with appropriate precautions.
    - [3/25/20, West, Q5]

- **Religious Holidays**
  - Q  Religious holidays are approaching, specifically Passover and Ramadan.
    - Refer to memorandums 3/27/2020 from Mr. Robinson.
    - [3/25/20, East, Q3]

  - Q  Ramadan is approaching, how should this be managed?
    - Waiting Further Guidance from AG’s Office.
    - [3/23/20, Central, Q14]

- **Commissary**
  - Q  Can any consideration be given to allow inmates with more than 60 days SecurePacks?
    - Okay, just work with Mr. Fitz.
    - [4/8/20, Central, Q3]
Q  Can we reduce the number of personal items on the approved list?  
Wardens should handle how they see fit.  
[4/3/20, East, Q7]

Q  Will Secure Packs continue?  
Yes, we will try to keep these going.  
[4/1/20, Central, Q1]

Q  Commissary is to continue but do not mix housing units.  [3/23/20, Additional Question, Q4]

- **Work/Programs/Recreation**

  Q  We have a 3 acre garden at Virginia Tech farms and would like to be able to plant our potatoes, there are no community members around.  
  **Yes, plant your potatoes**  
  [4/13/20, West, Q2]

  Q  Just need a clarification on Camp 18, they can work in the warehouse, but not come inside the parameter.  
  **Do not mix populations**  
  [4/13/20, West, Q5]

  Q  CCAP can no longer go out into the community, but can they still cut grass at the sub office (Harrisonburg).  
  **Yes, as long as they are not around community members.**  
  [4/13/20, West, Q1]

  Q  Should outside work gangs continue going into the community?  
  **Only, CCAO & Work release.**  
  [Amended 4/8/20]

  **Pending Resolution**  
  [4/3/20, Central, Q9]

  Q  Should we restrict contact sports in the rec yard?  
  **Yes**  
  [4/6/20, Central, Q1]

  Q  Should Capital Construction continue working inside Fluvanna?  
  **No**  
  [4/3/20, Central, Q10]
Q Families are inquiring about their loved ones going out to work. Is there a prepared response to provide them?
Contact Rose Durbin for this response.
[4/3/20, Central, Q6]

Q Will work forces from other institutions be on-going?
As long as they don’t go inside the parameter of the other facility. Operations need to be up and running. Do not mix work groups at Work Centers.
[4/3/20, Central, Q5]

Q We send inmates to Lawrenceville to clean and do commissary. Should that continue?
Yes, but ensure they do not come in contact with inmates at Lawrenceville and only go where they are working. They are not to go inside the perimeter.
[4/3/20, East, Q6]

Q Inmates are separated on site, but when they go to work in the community they are mingled.
Do the best you can. Maybe those on the same worksite are in the same dorm area.
[4/1/20, Central, Q7]

Q Are we still sending inmates out on work gangs?
Yes
[3/30/20, Central, Q8]

- Worker/Student Pay

Q Offenders who are both workers in CORIS but are also students. If they are not being worked in the housing unit, are we to still pay them school hours?
Yes, either create a job or they should be doing work provided by their teacher (see previous answers to similar question).
[Amended 4/8/20]

[4/6/20, Additional Question ,Q1]

Q Follow up to the March 25 Q & A, specifically with student/work pay. If we are paying those who are not working, what incentive is there for those who are working to continue working?
You need to create work for these offenders that are not working such as a new job of cleaning.
[3/25/20, Central, Q3]

Q Will school workers and students be paid?
Yes, they will be paid and should be doing work assigned by teachers.
[3/23/20, Central, Q6]
Q  Will pay be cut off for those inmates who cannot work their job?
No, they will receive pay.
[3/23/20, Central, Q10]

Community

- Intake

Q  With DNA and Livescan waived, can offenders who come in for Intake still be placed on Shadowtrack?
Yes These cases have always been accepted by the VBU although they will generate an investigation. The investigation can be completed with normal operations are resumed.
[Amended 4/8/20]

Randy Mathena to research an answer.
[4/6/20, East, Q1]

Q  Has there been further guidance given about offenders reporting into P&P Districts?
Yes, a memo came out titled Community Intake Process. If further questions, please consult Crystal Pulley.
[4/3/20, West, Q3]

Q  If inmates who report in for intake are screened and do not pass, is there a specific waiver we should be using?
Refer to Community Intake memo
[4/1/20, East, Q10]

Q  Given the Governor’s recent order, do we need to continue to have offenders come into the office for intake?
Refer to memo
[3/30/20, Central, Q2]

Q  Are intakes still going forward in Community?
Memo is forthcoming with further guidance.
[3/30/20, East, Q3]

- Case Management

Q  Should polygraphs continue?
No, and Randi Lanzafama will prepare a memo for the field.
[4/1/2020, East, Q16]
Q  In the conditions being generated by the Parole Board, they indicate that “every effort will be made to ensure a home plan”. Will offenders be released without a home plan? If no home plan, look at using emergency housing resources. To be transparent, the Parole Board is working on three lists of offenders and the goal is to ensure everyone has a home plan.
[4/1/2020, East, Q4]

Q  Will polygraphs in districts continue?
Contact Randi Lanzafama
[3/30/20, West, Q6]

Q  The questions from 3/23/2020 stated that the Re-Entry Probation Officers would still enter prisons and this issue would be revisited. Has that directive changed?
At this time it has not been reevaluated.
[3/30/20, East, Q2]

Q  Should offenders be allowed to travel out of state?
No, if you have questions speak with your RA.
[3/25/20, Central, Q2]

Q  There has been a significant increase in releases from jails and intakes have doubled. Follow-up on question about transfers. If an offender is released from a CRP and a transfer cannot be completed, there is the potential that the offender will be homeless.
Work with your Regional Administrator for Community to ensure that offenders are not homeless. Also, work with your RA on how to process jail intakes.
[3/23/20, Central, Q2]

Q  Should polygraph examinations continue?
Yes, they should continue; however, if an offender presents with symptoms, do not test.
[3/23/20, East, Q4]

Q  Should SVP evaluators be allowed to enter the facility.
Yes, allowed in if they are NOT displaying symptoms.
[3/23/20, Central, Q8]

Q  Will VSP Sex offender registry verifications be waived?
Until further notice, the VSP are not requiring fingerprints or signatures on the SP237. Officers can write in the fingerprint and signature block "verified by ID." Offenders may also fill out a "mini registration form" that can be located on the VSP website. When the offender fills this out, they can email the form back into the VSP. If there is concern about annual verification of an offender's residence, these are not due until June 30.
Q  Do districts still need to conduct home visits for high risk cases?
   At the discretion of the Chief
   [3/18/20, East, Q3]

Q  Are Districts still to continue with DNA and fingerprinting?
   Suspend for 30 days; re-evaluate in 30 days.
   [3/16/20, East, Q4]

Q  Are Senior Re-Entry Specialists to go into institutions?
   Yes.
   [3/16/20, East, Q6]

Q  With regard to GPS alerts, how are staff supposed to handle going to the home and potentially having to change equipment with the risk of potential exposure?
   6-foot (social distancing) distance unless contact is necessary, take PPE precautions.
   [3/16/20, East, Q10]

Q  What is the clarity with regard to High Level Supervising? Are officers required to see these offenders or can these contacts be waived to the social distancing measures?
   Required to see offender per normal high level.
   [3/16/20, East, Q9]

- Transfers

Q  There is the waiver for home contacts. Has the procedure for transfers changed?
   At this time, it has not but this question should be flagged for follow-up.
   [4/1/20, East, Q5]

Q  If a probationer from Cold Springs has to be medically moved, where would the go?
   You need to have an isolation plan. If the probationer is exhibiting minor symptoms, they won’t need to go to a hospital. Crystal Pulley, Jerry Fitz and Angela Brennan have been working on a plan and will involve how the Health Department wants to proceed.
   [4/1/2020, West, Q2]

Q  We need further guidance on ICOTS transfers.
   Follow up is needed.
   [3/23/20, West, Q3]

Q  Are community transfers between districts currently suspended?
   Yes, transfers are suspended for the next 30 days.
   [3/18/20, Central, Q5]
Q If all transfers are suspended, we may potentially make an offender homeless. Work with Crystal to make a transfer happen. We don’t want to make an offender homeless. Crystal will work with the other 2 RAs and provide further guidance to the districts.
[3/23/20, West, Q1]

- Teletherapy & Groups

Q I know our S/A contract has been modified to allow for telehealth opportunities for s/a groups. It apparently does not allow for assessments to be completed this way. Is there any way for us to refer clients for treatment, if they cannot attend an assessment face to face, and the contract does not allow them to be done remotely? We are actively looking into ways for assessments to be done through telehealth, such as how to get electronic signatures, identification verification and HIPPA paperwork.
[4/10/20, East, Q1]

Q In the substance abuse modification memorandum from Scott Richeson, the last sentence says, that face-to-face treatment will end until June 10 or until there is a different directive from the Governor. This allows for an end sooner if the Governor issues a different directive.
[4/1/2020, East, Q1]

Q More information is needed on the MOU with the CSB. And is there a rate change for the SA teletherapy? Scott Richeson will work with District 42 on these questions.
[4/1/2020, East, Q6]

Q Has the modified contract gone out to the substance abuse vendors? Answered by Scott Richeson – it has and Procurement has asked for it to be signed and a copy returned by tomorrow. There will also be a memo forthcoming specific to CSB changes.
[3/30/20, East, Q1]

Q Is Substance abuse treatment available through teletherapy? Contract has been modified to allow telehealth effective March 26, 2020.
[3/25/20, East, Q1]

Q What is the DOC definition of teletherapy for community corrections? Any telecommunication ability.
[3/18/20, West, Q4]
Q  Will the rate per offender for teletherapy be the same as the current rates in the contract?
   Yes
   [3/18/20, West, Q6]

Q  If teletherapy is offered by the vendor, how will each offender access the therapy?
   It is incumbent upon the offender and teletherapist or it is cancelled.
   [3/18/20, West, Q5]

Q  How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
   Screen shot of their telecommunication as their roster.
   [3/18/20, West, Q7]

Q  Should Sex Offender groups in the community be canceled?
   YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
   [3/18/20, Central, Q4]

Q  Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
   [3/16/20, East, Q11]

Q  Are we still holding Groups?
   Still may hold Programs, and Groups but must be supervised. Maintain groups in districts & facilities; if providers do not provide the service, they will not get paid.
   [3/16/20, East, Q1]

Q  Treatment/Decision Point classes?
   Continue Processes.
   [3/16/20, West, Q2]
Q Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
[3/16/20, East, Q11]

Q How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
Screen shot of their telecommunication as their roster.
[3/18/20, West, Q7]

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YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
[3/18/20, Central, Q4]
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 Response Plan Checklists

We continue to learn from our experiences and refine our responses for when a possible COVID-19 case is discovered at one of our facilities. Please review the attached response checklists to further guide the planning by your management to be ready for a possible event.

These checklists cover immediate actions to take—we know that a swift response limits exposure and makes for a more manageable situation. The checklists are not intended to be detailed and exhaustive. However, they do highlight key actions and communications that will be needed.

Earlier, your location has worked from templates for an Isolation Plan and Response Plan to identify housing space that could be used to separate (isolate suspected symptomatic offenders; quarantine other offenders who came in close contact). These checklists now prompt you to access these spaces in the event conditions arise.

Continue to consult your regional office in the planning and “thinking-through” that will be best for your facility.

Attachment

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief/Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce

April 17, 2020
### VADOC COVID-19 Response Plan Checklists

**Progression of Three Potential Response Conditions – Initial Response Checklists Follow**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Likely Source</th>
<th>Incident Command</th>
<th>Response Checklist Goals</th>
</tr>
</thead>
</table>
| 1. Report of Suspected Symptomatic Case | Could be any person—staff, offender, contractor | N/A | • Isolate possible case  
• Contain additional possible case(s)  
• Ensure notifications  
• Prepare to modify operations |
| 2. Report of Confirmed Positive Case | Likely to be facility’s Health Authority or Test Vendor | Invoke ICS | • Isolate actual case  
• Contain additional possible case(s)  
• Ensure notifications  
• Anticipate additional resource needs  
• Prepare to modify operations |
| 3. Report of Post-Infection Observation Case | Likely to be facility’s Health Authority | ICS Continues | • Ensure notifications  
• Anticipate additional resource needs  
• Prepare to modify operations |
# VADOC COVID-19 Response Plan Checklist

## 1: Report of Suspected Symptomatic Case

<table>
<thead>
<tr>
<th>Task</th>
<th>Assign/Delegate:</th>
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<tbody>
<tr>
<td>□ Receive notification of a case of suspected COVID 19 symptoms</td>
<td></td>
</tr>
<tr>
<td>□ Notify the Facility Unit Head and Administrative Duty Officer</td>
<td></td>
</tr>
<tr>
<td>□ Alert Institution Medical Staff (Physician and Nurse on Duty)</td>
<td></td>
</tr>
<tr>
<td>□ Notify ROC/RA</td>
<td></td>
</tr>
<tr>
<td>□ Confirm Medical Staff has notified HSU and VDH</td>
<td></td>
</tr>
<tr>
<td>□ Direct Facility Safety Officer to notify VADOC Safety Administrator</td>
<td>Safety Officer</td>
</tr>
<tr>
<td>□ Separate suspected symptomatic Offender; provide YELLOW Zone PPE</td>
<td></td>
</tr>
<tr>
<td>□ Provide YELLOW Zone PPE to Staff posted in immediate area</td>
<td></td>
</tr>
<tr>
<td>□ Assess suspected symptomatic Offender</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>□ Contain other Offender(s) in close contact with suspected symptomatic Offender</td>
<td></td>
</tr>
<tr>
<td>□ Assess other close contact Offender(s); provide YELLOW Zone PPE</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>□ Identify Staff who came in close contact with suspected symptomatic Offender</td>
<td></td>
</tr>
<tr>
<td>□ Move suspected symptomatic Offender to Isolation space or begin Isolation in place</td>
<td></td>
</tr>
<tr>
<td>□ Move other close contact Offender(s) to Quarantine space or begin Isolation in place</td>
<td></td>
</tr>
<tr>
<td>□ Limit all movement through incident/containment areas</td>
<td></td>
</tr>
<tr>
<td>□ Commence tracking (contact tracing) for all involved Staff and Offenders</td>
<td></td>
</tr>
<tr>
<td>□ Report suspected symptomatic case to Operations and Logistics Unit</td>
<td></td>
</tr>
<tr>
<td>□ Direct Safety Officer to prepare for cleaning of incident/containment areas</td>
<td>Safety Officer</td>
</tr>
<tr>
<td>□ Confirm modified operating schedule for Isolation/Quarantine areas</td>
<td></td>
</tr>
<tr>
<td>□ Confirm cleaning and sanitation schedules for Isolation/Quarantine areas</td>
<td>Safety Officer</td>
</tr>
</tbody>
</table>

*As of: 4/17/20*
# VADOC COVID-19 Response Plan Checklist

## 2: Report of Confirmed Positive Case

<table>
<thead>
<tr>
<th>Task</th>
<th>Assign/Delegate:</th>
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</thead>
<tbody>
<tr>
<td>☐ Receive notification of a confirmed positive case of COVID 19</td>
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</tr>
<tr>
<td>☐ Notify the Facility Unit Head and Administrative Duty Officer</td>
<td></td>
</tr>
<tr>
<td>☐ Confirm with/alert Institution Medical Staff (Physician and Nurse on Duty)</td>
<td></td>
</tr>
<tr>
<td>☐ Confirm Medical Staff has notified HSU and VDH</td>
<td></td>
</tr>
<tr>
<td>☐ Notify ROC/RA</td>
<td></td>
</tr>
<tr>
<td>☐ Direct Facility Safety Officer to notify VADOC Safety Administrator</td>
<td>Safety Officer</td>
</tr>
<tr>
<td>☐ Maintain confirmed positive Offender in Isolation; provide RED Zone PPE</td>
<td></td>
</tr>
<tr>
<td>☐ Provide RED Zone PPE to Staff posted in Isolation area</td>
<td></td>
</tr>
<tr>
<td>☐ Limit all movement through Isolation area</td>
<td></td>
</tr>
<tr>
<td>☐ Arrange enhanced disinfection of housing area where case became apparent</td>
<td>Safety Officer</td>
</tr>
<tr>
<td>☐ Continue to monitor other close contact Offender(s)</td>
<td>Medical Staff</td>
</tr>
<tr>
<td>☐ Continue to monitor close contact Staff</td>
<td>Human Resources</td>
</tr>
<tr>
<td>☐ Maintain tracking form for all involved Staff and Offenders</td>
<td></td>
</tr>
<tr>
<td>☐ Report positive confirmed case to Operations and Logistics Unit</td>
<td></td>
</tr>
<tr>
<td>☐ Confirm modified operating schedule for Isolation area</td>
<td></td>
</tr>
<tr>
<td>☐ Confirm cleaning and sanitation schedules for Isolation area</td>
<td>Safety Officer</td>
</tr>
</tbody>
</table>

*As of: 4/17/20*
### 3: Report of Post-Infection Observation Case

<table>
<thead>
<tr>
<th>Task</th>
<th>Assign/Delegate:</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Receive medical release of a COVID 19 Offender from Medical Provider</td>
<td></td>
</tr>
<tr>
<td>☐ Notify the Facility Unit Head and Administrative Duty Officer</td>
<td></td>
</tr>
<tr>
<td>☐ Notify ROC/RA</td>
<td></td>
</tr>
<tr>
<td>☐ Confirm Medical Staff has notified HSU and VDH</td>
<td></td>
</tr>
<tr>
<td>☐ Move post-infection Offender to Observation area if available; provide YELLOW Zone PPE</td>
<td></td>
</tr>
<tr>
<td>☐ Provide YELLOW Zone PPE to Staff posted in Observation area</td>
<td></td>
</tr>
<tr>
<td>☐ Limit all movement through Observation space</td>
<td></td>
</tr>
<tr>
<td>☐ Confirm modified operating schedule for Observation area</td>
<td></td>
</tr>
<tr>
<td>☐ Confirm cleaning and sanitation schedules for Observation area</td>
<td>Safety Officer</td>
</tr>
</tbody>
</table>

As of: 4/17/20
MEMORANDUM

To: Human Resource Officers

From: Lucinda Childs-White  
       Human Resources Director

Subject: Officers in Training (OIT) Redeployment and Related Overtime Changes

To be prepared to address critical staffing shortages due to COVID-19, OITs at the Academy for Staff Development are being held and redeployed as needed to serve on Rapid Response Teams. This means OITs on your payroll will be temporarily serving at other facilities during this public health crisis.

In addition, all OITs temporarily serving at other facilities will be eligible for overtime payments once they reach the 160 hour threshold in the 28-day work period. This exception to Operating Procedure 110.2, Overtime and Schedule Adjustments, applies to the current 28-day cycle that ends on April 26, 2020 and will be in place until the COVID-19 public health crisis is over.

Human Resource Officers (HROs) who have OITs temporarily working at their facility are responsible for tracking all hours and coordinating with the HRO at the home facility to share hours worked. These hours should be tracked on a generic 28-day cycle sheet and submitted to the home HRO. The home HRO will be responsible for keying hours and leave in the OIT’s DOCXL record and reporting overtime worked to the payroll office.

OITs serving on Rapid Response Teams are also eligible to receive pandemic pay payable through a bonus payment each pay period. The DOC Compensation Unit in the Office of Human Resources at Headquarters will track eligibility for the pandemic pay bonus and will send notifications to the payroll office and HRO each pay period accordingly.

We appreciate your continued flexibility and resilience as we adapt to this changing situation. If there are questions, please contact Stacy Beverly, Senior Human Resources Manager, at (804) 887-8321 or Dana Harty, Compensation Manager, at (540) 317-4642.

Cc: David Robinson, Chief of Corrections Operations  
   Joseph W. Walters, Deputy Director for Administration  
   Scott Richeson, Deputy Director of Programs, Education and Reentry
April 14, 2020

MEMORANDUM

TO:        Regional Operations Chiefs
           Regional Administrators
           Wardens and Superintendents
           Facility Training Staff

FROM:      Harold W. Clarke
           Director of Corrections

SUBJECT:   COVID-19 Response, BCO Dialogue Skills Training Suspension

The Academy for Staff Development (ASD) has been closely monitoring training challenges associated with the COVID-19 pandemic. Basic Correctional Officer (BCO) Phase Training has continued with consultation from the Department of Criminal Justice Services. Dialogue for Corrections Employees takes place during BCO Phase I: Week 2.

In an effort to minimize the risk of COVID-19 transmission and potential cross contamination by Dialogue Practitioners who are coming into the facilities to assist with the training, effective immediately, Dialogue for Corrections Employees is suspended.

Immediately upon resumption of normal operations at the employing facility, any Officer affected by this change shall have 120 calendar days to complete Dialogue Skills Training on-site or through the ASD. It shall be the facility’s responsibility to ensure that an accurate record of the affected employee is maintained with appropriate documentation placed in the Officer’s training record when the Dialogue for Corrections Employees requirement has been met.

This modification to BCO Phase I: Week 2 training is temporary and shall be removed once contact restrictions, currently in place because of the COVID-19 pandemic, have been lifted. The ASD Security Training Unit will be providing alternate training agendas.

For questions about this modification to initial phase training, please contact Security Training Manager, William E. Pierce at (804) 784-6848. For specific questions about Dialogue Skills Training, please contact Whitney Barton at (804) 664-0442.

cc:      A. David Robinson, Chief of Corrections Operations
         Joseph W. Walters, Deputy Director - Administration
         Lisa C. Hernandez, Corrections Administration Manager
         Randall Mathena, Director of Security & Correctional Enforcement,
         Luke E. Black, Training Director
         William E. Pierce, Security Training Manager
         Whitney N. Barton, Dialogue and Business Practices Administrator
MEMORANDUM

To: Unit Heads
   Human Resource Officers

From: Lucinda Childs-White  
      Human Resource Director

Subject: Covid-19 Rapid Response Team Pandemic Pay Program

April 14, 2020

The Department has identified staff willing to assist as members of COVID-19 Rapid Response Teams. Multidisciplinary teams of both security and non-security employees will assist facilities as needed. In the event of community spread and staffing shortages at a facility, these teams will be activated to respond.

Each team will assist as needed to provide security, assist with food preparation, and all other essential operational activities. Each team is comprised of corrections professionals who are willing to leave their home and travel to other facilities in need of critical services to maintain daily operations.

Each employee activated would receive a $200 pay stipend per week, $400 per pay period payable as a bonus for each week they are serve on a deployed team. The bonus is payable if the employee is actively serving on-site at a designated facility in need or on if the employee is on related COVID-19 leave for up to 2 pay periods once the COVID-19 leave begins (pay period the COVID-19 leave starts and the next pay period). Daily duty rosters will be used to verify eligibility for this bonus payment.

The Compensation Unit at Headquarters will track bonus eligibility and ensure bonus payments are submitted in a timely manner. Providing additional compensation to these individuals is important to ensure we have the adequate coverage in place to guarantee continuity of operations and public safety.

Please direct questions regarding this program to Dana Harty, Compensation Manager at 540-317-4642.

cc: Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    Scott Richeson, Deputy Director of Program, Education and Re-entry
    Regional Operations Chief
    Regional Administrators
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID 19 – CDC Interim Guidance for Managing COVID-19 in Correctional and Detention Facilities Recommendation Updates

On March 23, 2020, the Centers for Disease Control and Prevention (CDC) posted Interim Guidance for Managing COVID-19 in Correctional and Detention Facilities. The document provided interim guidance specific to correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors.

As we continue to receive updates and guidance, we will provide updates that require immediate attention. This memorandum provides information regarding three specific recommendations:

1. **Provide offenders under medical isolation with tissues.** Central Region has ordered 100 cases of tissues and upon receipt, will deliver to the Regional Stockpiles. Each Region should ensure delivery to facilities with suspected or confirmed COVID-19 offenders.

2. **Provide offenders under medical isolation with a lined no-touch trash receptacle, if permissible.** Trash receptacles should be easily accessible (in cell if applicable) and not require the offender to interact with others. In addition to personal trash receptacles, multiple larger lined no-touch trash receptacles should be located in cohort areas. Each facility should ensure that security level appropriate, lined no-touch trash receptacles are in place for offenders. Facilities should contact the Region is they need assistance in ordering these items.

3. **If the facility has suspected or confirmed COVID-19 offenders, the Facility Decontamination Plan should include direction for security staff to clean their duty belt, gear, clothing and boots each day.** Non-security staff should also have decontamination guidance. All staff should have a changing area, plastic bags for clothing/shoes, hand washing/sanitizer and showers prior to leaving the facility. **Note: Do not shake items.**

4. **Temperature check for employees.** Staff should wear non-medical gloves (food service or reusable rubber) and sneeze guard in the outdoor setting. **This is a change—coveralls are no longer required.** As a reminder, medical staff will not perform this task.

Thank you for your immediate attention to these CDC updates.

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director of Administration
    H. Scott Richeson, Deputy Director of Programs, Education and Re-Entry
    Regional Operations Chiefs/Administrators
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 9

Please take note of this ninth update to the VADOC Pandemic Response Guidance. A notable amount of communication was generated last week; please review the update carefully to ensure that all information has been received.

Continue to share it with your management teams and employees as appropriate. Always be sure that you are referring to the latest issue on a particular topic. Remember that VPN access is needed to access the hyperlinks on the iDOC Virtual Library.

We are responding to these unprecedented conditions with remarkable energy. Thank you and your teams for the focus and perseverance. Be diligent as you continue to keep your people, the offenders in our care, and yourselves healthy and safe. You are making all the difference.

Attachment

cc: David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
# VADOC COVID-19 Response Guidance

## Version 9

4/13/2020

Items in **GREEN** are additions since last update

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**Indexed on Benchmark Areas in ACA Guidance & Operational Areas of VADOC Staffing Levels**

<table>
<thead>
<tr>
<th>ACA Response Element</th>
<th>ACA Focal Points</th>
<th>Date</th>
<th>Source</th>
<th>Document</th>
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<tr>
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<td>Internal Collaboration</td>
<td>4/10/20</td>
<td>Director</td>
<td>COVID-19-Cumulative Questions Answers (Through 4/8/20)</td>
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<td>External Stakeholders</td>
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<td>Chaplain’s Consent to Participation in Telework Agreement</td>
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<td>● Judicial</td>
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<td>Telework Agreement Responsibilities of Chaplains</td>
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<td>Master List-Chaplains Telework Schedules</td>
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<td>4/3/20</td>
<td>Director</td>
<td>Updated COVID-19 Judicial Emergency Declarations, Emergency Declaration</td>
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<td>CCO</td>
<td>COVID-19 – Coordination with VDEM Local Emergency Managers</td>
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<td>3/26/20</td>
<td>Director</td>
<td>COVID-19 Guidance-Peninsula Health District Government Office Closures</td>
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4/13/2020 *Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library*
# VADOC COVID-19 Response Guidance

## Administration/Coordination (cont)

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<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Response/Action</th>
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<tbody>
<tr>
<td>3/25/20</td>
<td>HSU</td>
<td>Dental Staff Assistance in Medical Units during COVID-19 Response</td>
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<tr>
<td>3/23/20</td>
<td>DDA</td>
<td>Suspension of Institutional In-Service and Annual Range Training</td>
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<td>COVID-19-Designated Staff at Facilities</td>
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<td>Reporting of Call Outs, COVID-19</td>
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<td>COVID-19 – Safety Officer Cell Phone Authorization</td>
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<td>Facility Staff Levels – Range of Operating Conditions</td>
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<td>Facility Staffing Levels-Overview</td>
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## ACA Containment Benchmarks (cont.)

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## Response by Tenants of Leased Premises

- Leased Facilities through DGS
- Dental Staff Assistance in Medical Units during COVID-19 Response
- Suspension of Institutional In-Service and Annual Range Training
- COVID-19-Designated Staff at Facilities
- COVID-19-Social Distancing and Teleworking
- Reporting of Call Outs, COVID-19
- COVID-19 – Safety Officer Cell Phone Authorization
- Facility Staff Levels
- COVID-19 – Facility Staff Levels
- Facility Staffing Levels – Range of Operating Conditions
- Procurement COVID-19 Related Goods and Services
- Coronavirus COVID-19 Supply Procurement
- COVID-19 Response – Medical Cell Phone Authorization
- Designated Staff Change Probation & Parole Officers
- Non-Essential Business Travel

## Notes

- **4/13/2020**: Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library

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**4/13/2020**

Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library
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## VADOC COVID-19 Response Guidance

Items in **GREEN** are additions since last update.

**COVID-19 Daily Inventory of Personal Protective Equipment (PPE),**
- PPE Survey, Updated
- COVID-19 Daily Inventory of Personal Protective Equipment (PPE),
- PPE Survey
- COVID-19 Isolation Plan for Modified Operations

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| 11. Care for the Sick | Supportive Care | 3/24/20 | CCO |

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### VADOC Staffing Element

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**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library.

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**Items in GREEN** are additions since last update.

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### Other – Operations

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**COVID-19 Response – Keefe Commissary Contract**

- **COVID-19 Re-entry Flyer for offenders during modified operations**
  - What you Need to know
- **COVID-19 Sneeze Guards for Releasing Offenders**
- **COVID-19 – Community Intake Process**
- **Temporary Suspension Peer Recovery Specialist Pilot**
- **COVID-19 Re-entry Condition Waived for Parole and Pardon Grants**
- **COVID-19 Outpatient SUD Contract Change**
- **COVID-19 – Home Visit Waiver**
- **COVID-19 Transfers Investigations Between Districts**
- **COVID-19 Suspension of P&P Weapon Training Requirements**
- **COVID-19 Drug Testing Suspended**
- **COVID-19 – GPS Equipment Protocol**
- **COVID-19 – Protocol**
- **P&P District Essential Personnel Guidelines**
- **P&P District COVID-19 Guidelines**
- **P&P District COVID-19 Sign**
April 13, 2020

MEMORANDUM

To: All Unit Heads
Health Authorities

From: Harold W. Clarke
Director of Corrections

Subject: COVID 19 – CDC PowerPoint Presentation: Managing COVID-19 in Correctional and Detention Facilities

On March 23, 2020, the Centers for Disease Control and Prevention (CDC) posted Interim Guidance for Managing COVID-19 in Correctional and Detention Facilities. The document provided interim guidance specific to correctional facilities and detention centers during the outbreak of COVID-19, to ensure continuation of essential public services and protection of the health and safety of incarcerated and detained persons, staff, and visitors. The Virginia Department of Corrections reviewed all CDC elements to ensure our alignment with these recommendations.

The CDC has recently posted a PowerPoint presentation on Managing COVID-19 in Correctional and Detention Facilities. This resource provides a visual review of the CDC Interim Guidance. Please review the presentation and share this resource with your management team and staff as appropriate.

We will continue to provide you updates and guidance as it is received from CDC and VDH. Thank you for your continued leadership and vigilance.

cc: A. David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director of Administration
H. Scott Richeson, Deputy Director of Programs, Education, and Re-Entry
Regional Operations Chiefs
Regional Administrators
Steve Herrick, Health Services Director
Trey Fuller, Assistant Health Services Director
This interim guidance is based on what is currently known about the transmission and severity of coronavirus disease 2019 (COVID-19) as of March 30, 2020.

The US Centers for Disease Control and Prevention (CDC) will update this guidance as needed and as additional information becomes available. Please check the CDC website periodically for updated interim guidance.
Finding the CDC guidance for corrections

What types of facilities does the guidance cover?

- Prisons
- Jails
- Detention Centers

Size

Onsite healthcare capacity
Navigating the CDC Guidance Document

1. PREPARE
   - Communications
   - Personnel Practices
   - Operations
   - Supplies

2. PREVENT
   - Hygiene
   - Cleaning
   - Screening for Symptoms
   - Social Distancing

3. MANAGE
   - Medical Isolation
   - Quarantine
   - Infection Control
   - Clinical Care

Make sure to look at recommendations from all phases, regardless of whether you have cases
PREPARE

COMMUNICATE with local public health

IDENTIFY medical isolation and quarantine spaces ahead of time

PLAN for staff absences and encourage sick employees to stay home

POST information around the facility on COVID-19 symptoms and hygiene

CHECK supply stocks (cleaning supplies, hand washing supplies, medical supplies, PPE)
Communications Resources

A quick note on...SOAP

Make sure it is:
• Free
• Accessible
• Restocked continually
• Not irritating to skin

Alcohol-based hand sanitizer (at least 60% alcohol) is a good alternative when soap & water aren’t available – consider loosening restrictions where feasible
PREVENT

RAMP UP cleaning schedule & hand hygiene reminders

LIMIT transfers between facilities

SCREEN everyone coming in for symptoms (new intakes, staff, visitors)

IMPLEMENT social distancing

MAKE SURE everyone knows what to do if they have symptoms

ENCOURAGE non-contact visits or consider suspending visitation
Screening

1. Today or in the past 24 hours, have you had any of the following symptoms?
   - Fever, felt feverish, or had chills?
   - Cough?
   - Difficulty breathing?

2. In the past 14 days, have you had contact with a person known to be infected with coronavirus (COVID-19)?

3. Take the person’s temperature

- New intakes – AT SALLYPORT
- Incarcerated people leaving the facility
- Staff – daily on entry
- Visitors
Social Distancing

• Ideally 6 feet between people (sick or not)
• Decrease frequency of contact

Reduces risk of spreading disease
Social Distancing Examples for Corrections

**Common areas**
- Enforce increased space between people in holding cells, lines, and waiting areas such as intake (e.g., remove every other chair in a waiting area).

**Recreation**
- Choose spaces where people can spread out.
- Stagger time in recreation spaces.
- Assign each housing unit a dedicated recreation space to avoid mixing and cross-contamination.

**Meals**
- Stagger meals.
- Rearrange seating in the dining hall (e.g., remove every other chair and use only one side of the table).
- Provide meals inside housing units or cells.

**Group activities**
- Limit their size.
- Increase space between people.
- Suspend group programs where people will be in closer contact than in their housing environment.
- Choose outdoor areas or other areas where people can spread out.

**Housing**
- Reassign bunks to provide more space between people.
- Sleep head to foot.
- Minimize mixing of people from different housing areas.

**Medical**
- Designate a room near each housing unit to evaluate people with COVID-19 symptoms.
- Stagger sick call.
- Designate a room near the intake area to evaluate new entrants who are flagged by the intake screening process.

**NOT one-size-fits-all...** Each facility will need to choose what works for them.

**COMMUNICATE the reasons for social distancing.**
SUSPEND all non-medical transfers

INTEGRATE screening into release planning

COORDINATE with public health

MASK & MEDICALLY ISOLATE symptomatic people

IDENTIFY & QUARANTINE close contacts

WEAR recommended PPE

PROVIDE clinical care or transfer for care

COMMUNICATE clearly & often
<table>
<thead>
<tr>
<th>MEDICAL ISOLATION</th>
<th>QUARANTINE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Who:</strong> Symptomatic people</td>
<td><strong>Who:</strong> Close contacts of a known or suspected case (staff or incarcerated)</td>
</tr>
<tr>
<td><strong>What:</strong> MASK &amp; separate from others</td>
<td><strong>What:</strong> Separate from others Monitor for symptoms</td>
</tr>
<tr>
<td><strong>When:</strong> Immediately once symptoms appear</td>
<td><strong>When:</strong> Once identified as a close contact</td>
</tr>
<tr>
<td><strong>Where:</strong> Ideally, an individual cell</td>
<td><strong>Where:</strong> Ideally, an individual cell (if incarcerated) At home (if staff)</td>
</tr>
<tr>
<td><strong>Why:</strong> Prevent exposing others Evaluate, test if needed Give care</td>
<td><strong>Why:</strong> Prevent exposing others if infected</td>
</tr>
<tr>
<td><strong>How long:</strong> It’s complicated (More on next slide)</td>
<td><strong>How long:</strong> 14 days</td>
</tr>
<tr>
<td>Step</td>
<td>Details</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Medical Isolation</strong></td>
<td></td>
</tr>
<tr>
<td>Isolate anyone with symptoms of COVID-19</td>
<td></td>
</tr>
<tr>
<td><strong>Mask for source control</strong></td>
<td></td>
</tr>
<tr>
<td>Separate from others (individually if possible) &amp; restrict movement</td>
<td></td>
</tr>
<tr>
<td>Provide with tissues, trash can, and hand hygiene supplies</td>
<td></td>
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<tr>
<td>Notify public health</td>
<td></td>
</tr>
<tr>
<td>Clean &amp; disinfect thoroughly</td>
<td></td>
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<tr>
<td>Evaluate and test, if indicated</td>
<td></td>
</tr>
<tr>
<td>Give care (or transfer for care)</td>
<td></td>
</tr>
</tbody>
</table>
Options for Medical Isolation

when multiple people need to be isolated due to COVID-19

**IDEAL: SEPARATELY**
- Single cells with solid walls & solid door
- Single cells with solid walls

**NEXT BEST: AS A COHORT – use social distancing**
- Large, well-ventilated cell with solid walls & solid door
- Large, well-ventilated cell with solid walls
- Single, barred cells (ideally with empty cell between)
- Multi-person, barred cells (ideally with empty cell between)

**LAST RESORT: TRANSFER**
- Transfer to a facility with isolation space

(LAST RESORT due to possibility of introducing COVID-19 to another facility)
CAUTIONS for Cohorting COVID-19 Cases

**DO NOT** COHORT CONFIRMED CASES WITH SUSPECTED CASES

**DO NOT** COHORT CASES WITH UNDIAGNOSED RESPIRATORY INFECTIONS

PRIORITIZE SINGLE CELLS FOR PEOPLE AT HIGHER RISK OF SEVERE ILLNESS FROM COVID-19

- Older adults
- People with serious underlying medical conditions

USE SOCIAL DISTANCING AS MUCH AS POSSIBLE
When Does Medical Isolation End?

**Test-based strategy**
- Fever-free for ≥72 hours (without fever reducing medications) **AND**
- Respiratory symptoms have improved **AND**
- Tested negative in ≥2 consecutive respiratory specimens collected ≥24 hours apart

**Symptom-based strategy**
- Fever-free for ≥72 hours (without fever reducing medications) **AND**
- Respiratory symptoms have improved **AND**
- At least 7 days have passed since the first symptoms appeared

**If the person had a positive test but never had symptoms**
- At least 7 days have passed since the first positive COVID-19 test **AND**
- The person has had no subsequent illness
Quarantine

A close contact is anyone who:

- Has been within 6 feet of a confirmed/suspected case for a prolonged period of time
- Has had contact with infectious secretions from a confirmed/suspected case (e.g., coughed on)

Identify close contacts

Separate from others (ideally individually) & restrict movement

Monitor symptoms 2x per day

If symptoms develop, immediately mask and medically isolate

If cohorting and another case develops, 14-day clock restarts

Return to previous housing and lift movement restrictions after 14 days if no symptoms develop
Options for Quarantine

when multiple close contacts of a COVID-19 case need to be quarantined

IDEAL: SEPARATELY

• Single cells with solid walls & solid door
• Single cells with solid walls

NEXT BEST: AS A COHORT – use social distancing

• Large, well-ventilated cell with solid walls & solid door
• Large, well-ventilated cell with solid walls
• Single, barred cells (ideally with empty cell between)
• Multi-person, barred cells (ideally with empty cell between)
• If a whole housing unit has been exposed: quarantine in place, with no movement outside the unit

LAST RESORT: TRANSFER

• Transfer to a facility with quarantine space

(LAST RESORT due to possibility of introducing COVID-19 to another facility)
CAUTIONS for Cohorting Close Contacts of COVID-19 Cases

- Monitor symptoms closely, and immediately place symptomatic people under medical isolation to prevent further spread (14-day clock restarts).
- Prioritize single cells for people at higher risk of severe illness from COVID-19.
  - Older adults
  - People with serious underlying medical conditions
- Do not add people to an existing quarantine cohort.
- Do not mix people quarantined due to exposure with people under routine intake quarantine.
Clinical Care for Patients with COVID-19

  - Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19)
  - CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19)

- Evaluate people for COVID-19 at the first sign of symptoms
  - Include assessment of high risk status
  - Test for other causes of respiratory illness (e.g., influenza)

- Have a plan in place to safely transport cases to a local hospital if they need care beyond what the facility can provide
Infection Control & PPE

• Refer to full CDC guidance at https://www.cdc.gov/coronavirus/2019-nCoV/index.html:
  • CDC Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings
  • NOTE: language is not specific for correctional settings – implement as fully as able, may need to adapt

• Assess PPE needs based on the type of contact a person has with a confirmed/suspected COVID-19 case (see full guidance document and accompanying PPE table – details on next 2 slides)

• Minimize contact with a symptomatic person until that person is wearing a mask (6 feet if possible)

• Clean duty belt, gear, clothing that comes into contact with a symptomatic person

• Wash hands thoroughly after any contact
Infection Control & PPE

• Nationwide shortages are expected for all PPE categories:

• Refer to CDC’s guidance on optimizing PPE supplies: 

Some strategies include:
• **N95 respirators**: Face masks are an acceptable alternative to N95 respirators when supplies are limited. N95s should be prioritized for procedures expected to generate infectious aerosols.

• **Face masks**: Extended use for multiple patients; use beyond shelf life; reuse; prioritize for splashes/sprays; increase ventilation; homemade masks

• **Eye protection**: Choose reusable options if available; use beyond shelf life; extended use for multiple patients; clean disposable units; prioritize for splashes/sprays

• **Gowns**: Cloth/reusable options; use beyond shelf life; use gowns meeting international standards; prioritize for splashes/sprays/high-contact; other garments
Recommended PPE

PPE recommended for staff and incarcerated people depends on the level of contact they have with COVID-19 cases and/or contaminated materials

2\textsuperscript{nd} to last page of guidance document

\textbf{NOTE: Change} to table forthcoming – staff performing temperature checks do NOT need to wear gowns/coveralls.

\begin{table}[h]
\centering
\caption{Recommended Personal Protective Equipment (PPE) for Incarcerated/Detained Persons and Staff in a Correctional Facility during the COVID-19 Response}
\begin{tabular}{|c|c|c|c|c|c|}
\hline
\textbf{Classification of Individual Wearing PPE} & \textbf{N95 respirator} & \textbf{Face mask} & \textbf{Eye Protection} & \textbf{Gloves} & \textbf{Gowns/Coveralls} \\
\hline
\textbf{Incarcerated/Detained Persons} & & & & & \\
\hline
Asymptomatic incarcerated/detained persons (under quarantine as close contacts of a COVID-19 case*) & & & & & \\
Incarcerated/detained persons who are confirmed or suspected COVID-19 cases, or showing symptoms of COVID-19 & & & & & \\
Incarcerated/detained persons in a work placement handling laundry or used food service items from a COVID-19 case or case contact & & & & & \\
Incarcerated/detained persons in a work placement cleaning areas where a COVID-19 case has spent time & & & & & \\
\hline
\textbf{Staff} & & & & & \\
\hline
Staff having direct contact with asymptomatic incarcerated/detained persons under quarantine as close contacts of a COVID-19 case* (but not performing temperature checks or providing medical care) & & & & & \\
Staff performing temperature checks on any group of people (staff, visitors, or incarcerated/detained persons), or providing medical care to asymptomatic quarantined persons & & & & & \\
Staff having direct contact with (including transport) or offering medical care to confirmed or suspected COVID-19 cases (see CDC infection control guidelines) & & & & & \\
Staff present during a procedure on a confirmed or suspected COVID-19 case that may generate respiratory aerosols (see CDC infection control guidelines) & & & & & \\
Staff handling laundry or used food service items from a COVID-19 case or case contact & & & & & \\
Staff cleaning an area where a COVID-19 case has spent time & & & & & \\
\hline
\end{tabular}
\end{table}

* If a facility chooses to routinely quarantine all new intakes (without symptoms or known exposure to a COVID-19 case) before integrating into the facility’s general population, face masks are not necessary.

** A NIOSH-approved N95 is preferred. However, based on local and regional situational analysis of PPE supplies, face masks can be used as an 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.
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Cumulative COVID-19 Questions Answers (Through 4/8/20)

As the Cumulative COVID-19 Questions & Answers document continues to inform decision-making across our Organization, we must address issues and concerns as they arise. There is never an inappropriate time to promote clarity and transparency as we make difficult decisions during this crisis.

Please continue to use this resource and make it accessible to those who may need it.

Attachment

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Q&A calls:

- 3/16/2020
- 3/18/2020
- 3/20/2020
- 3/23/2020
- 3/25/2020
- 3/27/2020
- 3/30/2020
- 4/01/2020
- 4/03/2020
- 4/06/2020
- 4/08/2020

Q&A outline follows VADOC Pandemic Response Guidance topics:

<table>
<thead>
<tr>
<th>ACA Containment Benchmarks</th>
<th>VADOC Operations</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Administration/Coordination</td>
<td>• Security</td>
</tr>
<tr>
<td>• Communication</td>
<td>• Food Service</td>
</tr>
<tr>
<td>• General Prevention Measures</td>
<td>• Medical</td>
</tr>
<tr>
<td>• Visitors/Volunteers/Contractors/Lawyers</td>
<td>• Laundry</td>
</tr>
<tr>
<td>• Employee Screening</td>
<td>• Operations – Other</td>
</tr>
<tr>
<td>• New Intake Screening</td>
<td>• Operations – Offender</td>
</tr>
<tr>
<td>• Initial Management &amp; Testing of Respiratory Illness Cases</td>
<td>• Community</td>
</tr>
<tr>
<td>• Personal Protection Equipment (PPE)</td>
<td></td>
</tr>
<tr>
<td>• Transport</td>
<td></td>
</tr>
<tr>
<td>• Isolation/Cohorting (Symptomatic Persons)</td>
<td></td>
</tr>
</tbody>
</table>

Administration/Coordination

- **Training**

  Q Asking to confirm that the training sheet provided is all that is necessary to train on the thermometers.
  
  Refer to memo and the completed training sheet needs to be placed in the employees training file.
  
  [4/1/20, East, Q8]

  Q Are Basic Skills for P & P Officers still running?
  
  Suspended
  
  [3/25/20, West, Q2]

  Q Asked for clarification on upcoming trainings.
  
  All training except BCO Training has been suspended.
  
  [3/23/20, East, Q2]

  Q Is there information on training for new correctional officers:
  
  Follow up is needed.
  
  [3/23/20, West, Q4]

  Q How should those facilities that host in-service trainings for multiple sites respond?
  
  Guidance will be forthcoming, all in-service training has been cancelled.
  
  [3/18/20, Central, Q6]
Community Staff – Facility Assignment

Q  Seeking clarity on the Rapid Response Team schedule.  
   This will be managed by Unit Heads at assignment.
   [4/8/20, Central, Q2]

Q  If a district did not have any volunteers for the Rapid Response Team and the CPO selected a staff member.  The staff member declined.  Is there any further guidance for CPO?
   No one should be on the team who did not volunteer.  A memo will be forthcoming from the Director and it will state that if necessary, P&P will be mandated to fill in.
   [4/3/20, Central, Q3]

Q  Any guidance on Re-Entry Seniors going into institutions?
   Scott Richeson was consulted and at this time, this has been suspended.  Scott Richeson stated they should help where the need is.
   [4/3/20, East, Q4]

Q  Can community staff be assigned to help at prisons?
   At this time, conversations about community staff has not occurred due to the workload in the community.  There is no plan at this time to use community staff to work at prisons.
   [3/23/20, Central, Q13]

Community Staff – Technology

Q  Has there been any follow-up on BOYD for clerical staff using their own cell phones?
   For staff who are teleworking, please work with your Region and IT.
   [Amended, 4/8/20]

   Pending Resolution
   [4/3/20, West, Q1]

Q  Have the hot spots for positions in the community been approved?
   Felicia Stretcher working on this.
   [4/3/20, East, Q3]

Non-Essential Staffing

Q  When the OSA or OSS runs out of work, and run out of leave, will they then be on leave without pay?
   Work with your RAs as they have numerous tasks that need to be performed daily.
   [3/30/20, Central, Q14]
Q To clarify, the OSS and OSA are not considered essential.
Yes, work with your RAs as they have numerous tasks that need to be performed daily.
[3/30/20, West, Q5]

Q Any way we can include all staff as essential in districts?
Not at this time
[3/30/20, Central, Q13]

Q Does the definition of essential employees include support staff?
Refer to memo
[3/30/20, Central, Q1]

Q May non-essential employees finish working today?
The Governor’s order was effective immediately.
[3/30/20, Central, Q3]

Q In light of the Governor’s new order, are we to send non-essential staff home?
Yes, refer to memo
[3/30/20, East, Q10]

- **Overtime**

  Q Should staff be allowed to continue with overtime?
  Wardens need to work with their ROC to determine staff coming from one prison to work at another prison to provide overtime.
  [3/23/20, Central, Q7]

- **Employee Pay/ Benefits**

  Q With all that is going on, there is still a need for crisis intervention. Can something be set up by video so staff do not have to report in person?
  See your Regional Operations Chief for further guidance.
  [4/3/20, Central, Q8]

  Q P&P may not have received the FFCRA.
  Greg Holloway to ensure it is sent to all.
  [4/3/20, East, Q2]

  Q Are Probation and Parole Officers exempt from the FFCRA Act?
  Refer to Director Clarke’s memorandum, 4/3/2020.
  [4/3/20, West, Q2]
Q With Flexible Reimbursement accounts and elective procedures being cancelled, there will be money left on card that cannot be used. Will that money simply be lost?

**COVID-19 and Health Care FSA’s**

**Can the plan year be extended?** Unfortunately no, the plan year is a 12-month period and, per the IRS, cannot be extended.

**Can my annual election be reduced as the result of a change in planned surgery?** At this time, guidance is not available regarding funds set aside for planned medical procedures that have been postponed due to COVID-19. COVID-19 and Dependent Care FSAs. Employees are encouraged to make every effort to appropriately utilize the funds during the plan year.

**Can a Dependent Care FSA annual election be reduced due to closure of school, daycare, or after-school activities due to the pandemic?** A change in the cost of childcare services is considered a Qualifying Mid-Year Event (QME) or Life Event. The employee may make an election change by submitting the enrollment form indicating the new election amount. The change will be effective the first of the month following receipt of the completed enrollment form and appropriate documentation. We will keep you updated, as additional information is available.

[4/1/20, East, Q7]

Q Are wage employees going to be paid?

Wage employees and adjunct faculty will receive pro-rated paid leave (Public Health Emergency Leave) based on the hours they are normally scheduled to work. The maximum paid leave must not exceed the maximum number of hours they would normally work each week. If a wage employee normally works 20 hours per week, the maximum amount of paid leave should be 20 hours per week for up to two weeks. When a wage employee’s hours vary, use an average as the maximum. Note: Total hours worked and the total hours of Public Health Emergency Leave cannot exceed the 1450 hours for wage employees.

[3/16/20, East, Q2]

- **Commuting Restrictions**

  Q The Governor just issued a stay at home order. Will another memo be issued for our staff?

  A cover memo and template memo was issued yesterday with guidance for unit heads. All unit heads should verify essential staff are provided a copy of the memo, signed by the unit head, verifying the bearer is essential to the operations of the VADOC facility or office where they work. The employee should also carry their VADOC issued identification.

  [3/30/20, East, Q4]
Q West Virginia has mandated that their residents remain home and those working need a letter. 

Use the memorandum from the Director identifying staff as essential. Unit Heads should also develop a letter for their employees. Additionally, and if at all possible, Wage Employees may telework.

[3/23/20, Central, Q5]

- **Callouts**

  Q Asked for clarification on call-out reporting.

  Only need the numbers for security and health care staff.

  [3/23/20, West, Q5]

  Joe Walters reported that effective immediately, the Facility HRO will report daily call-outs for COVID-19 for security staff (Officer through Major) and Medical Staff by 2:00 pm Friday to the OLU (Randy Mathena).

  [3/23/20, Additional Question, Q3]

- **Staff COVID Testing**

  Q To date only inmates are being tested. I have staff in my P & P district who need to be screened. When we consult the Health Department, we are told to go to our own health care provider.

  VDH directs who will be tested based upon exposure. Currently, their guidance for employees is to refer them to their health care provider and their Department of Health.

  [4/1/20, West, Q3]

- **Telework**

  Q If an employee is teleworking and only has enough work for 4 hours, how are the other 4 hours calculated?

  If Public Health Leave is used, it must meet eligibility; otherwise, the employee will need to use his or her own leave. Supervisors are strongly encouraged to be flexible and work with staff to provide appropriate assignments and work. Please work with HR.

  [3/30/20, East, Q11]

  Q Any update on VPN?

  There have been definite issues and VPN capacity has been exceeded. Joe Walters reported that as of last night, VITA reported capacity has tripled and it is working.

  [3/27/20, West, Q3]
Do facility staff have the option to telework?
Director sent out a memo making staff at facilities designated employees. Wardens and Superintendents should still work with employees who request the option to telework and determine based on the employee’s circumstances, duties and capacity for job restructuring whether teleworking is an option. Each request for teleworking should be reviewed by the Warden or Superintendent on case by case basis.
[3/18/20, West, Q3]

Can district clerical staff telework?
Yes, they are not deemed essential staff.
[3/18/20, East, Q1]

If teleworking, can staff work different hours (staggered hours)?
Chief to make decision, employee may work hours supervisor and employee agree to.
[3/16/20, Central, Q2]

Does telecommuting apply to all Districts or just the 3 closed by the Governor?
Not all positions are appropriate for telework. However, telework is supported where appropriate.
[3/16/20, West, Q5]

Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
[3/16/20, East, Q8]

Can staff telework if kids are out of school or must they use Leave?
Chief’s discretion, complete telework agreement.
[3/16/20, West, Q6]

Policy requires a separate caretaker for children when an employee is teleworking— will this be relaxed for this event?
No final decision.
[3/16/20, West, Q7]

Can we allow non-essential staff “flex” to assist with child care? (ex: 4 – 10hr shifts or 3 – 12hr shifts)
If permitted by supervisor (must prioritize coverage @ facility).
[3/16/20, West, Q11]
Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown? 
   Essential personnel to report. Chiefs will determine rotating teleworking schedule. 
   Operate under emergency order/essential services. Probationer will be allowed in for essential functions. 
   [3/16/20, East, Q8]

- **Leave**

Q If an employee has a chronic illness but no evidence of COVID-19 exposure/symptoms and they have received a note from their personal physician to self-quarantine for 5 days, is this to be honored? 
   Joe Walters stated that if a health care provider, because of risk factors, has told an employee to self-quarantine, the employee should consult first with HR before they go out on quarantine and may access leave. Unit heads are encouraged to be liberal. 
   [3/27/20, Central, Q2]

Q Clarification was sought on if the CPO and/or Lead Secretary could enter Public Health Emergency Leave. 
   Full-Time Employees can enter (PHL) in TAL and it can be approved by the Supervisor. Wage Employees will need to enter hours worked and put PHL in the comments section. The Chief/Supervisor will then need to approve it. TAL is web-based and the employee can log into TAL from any computer with internet connectivity. If the employee is unable to access TAL, then an administrator can do it for the employee. It will be tracked by the HROs. 
   [3/27/20, East, Q3]

Q Do Wage Employees have access to Public Health Emergency Leave? 
   Yes, but at a prorated rate. 
   [3/27/20, East, Q2]

Q Pursuant to the Governor’s closing of all services on the peninsula, clerical staff in the district have been on emergency leave. Should this continue? 
   Refer to memorandum 3/27/2020 from Mr. Walters. 
   [3/25/20, East, Q2]

Q What leave can be used to make arrangements for child care? 
   DHRM issued guidance, work with HR. 
   [3/23/20, Central, Q12]

Q Are all employee vacation leave requests to be suspended/denied? 
   No, only the Wardens, Assistant Wardens, Chiefs and Deputy Chief Probation Officers previously approved vacations are to be reviewed by the Regional Operations Chief with no further requests during this crisis.
[3/18/20, West, Q1]

- **Recruitment**

  Q In reference to the hiring freeze, is it beneficial for a district to hold off on advertising the vacancy – I don’t want to lose a position.
  If that’s what you want to do, do it.
  [4/6/20, West, Q1]

  Q It is understood that there is a freeze on hiring. Does that include transfers/laterals?
  If the hiring is in process and an offer has been extended and confirmed, you may move forward. All others must stop.
  [4/3/20, Central, Q1]

  Q Could you provide further information about the hiring freeze?
  Refer to memorandum from Lucinda Childs-White, COVID-19 Response – Implementation of Hiring and Compensation Freeze, 4/6/2020
  [4/3/20, East, Q1]

  Q Am in the process of conducting a 2nd interview and do those still have to be done face-to-face.
  Joe Walters reported that they do not. They can be done electronically.
  [4/1/2020, East, Q17]

  Q Can one-person conduct interviews?
  No, refer to Memorandum from Director Clarke.
  [3/23/20, East, Q5]

  Q Interviewees must come in person for the physical and urine screen, can this continue?
  Refer to Memorandum from Director Clarke; urine screens will be necessary for CO Interviews.
  [3/23/20, East, Q4]

  Q Should facilities proceed with employee interviews?
  Yes, proceed with interviews as scheduled and use the visitor COVID-19 screening form.
  [3/18/20, West, Q2]

  Q Should interview panels still be used?
  See HR for guidance
  [3/18/20, East, Q5]
**Staff Attire**

- **Q** Are officers required to be clean shaven for FIT testing?
  - **HR will provide guidance.**
  - [Amended 4/8/20]

  If transporting to VCU they must be clean shaven. Will research if policy should be suspended.
  - [4/6/20, Central, Q2]

- **Q** Given all the hard work non-security staff is doing, may we allow them to dress down?
  - **Wardens should use their own discretion.**
  - [3/30/20, Central, Q10]

**Audits**

- **Q** Are COA audits on hold?
  - **COA on hold for 30 days.**
  - [3/16/20, Central, Q1]

- **Q** Are SRAs postponed?
  - **Yes, all SRAs and COAs are postponed.**
  - [3/18/20, Central, Q7]

**Procurement/Co-Pays**

- **Q** Vendors may ask how they are supposed to collect the agreed upon co-pays - it is the vendor's responsibility to collect but they may decide to just charge DOC in full - is that something that DOC will approve?
  - **No, it is up to the Vendor to get their copay.**
  - [3/18/20, West, Q8]

- **Q** What is needed by VCE to track orders?
  - **In process, already ordered, being tracked.**
  - [3/16/20, West, Q4]

- **Q** Are flu test kits tracked or reimbursed? They can probably be tracked but likely not reimbursed.
  - **Going to track; figure out reimbursement at end of process.**
  - [3/16/20, West, Q3]

**Communications**

- **Q** Emergency Operations Center Mailbox. All correspondence intended for the EOC should be sent to: [doc.olu.eoc.@vadoc.virginia.gov](mailto:doc.olu.eoc.@vadoc.virginia.gov)
  - [4/3/20, Additional Question, Q2]
Q  Users have not been able to navigate the second link sent for the survey.  
   Units should contact Mr. Fleming or Dr. Celi.  
   [3/27/20, East, Q4]

Q  Cannot access the forms on the COVID-19 Response Guidance, keep receiving an error message.  
   Mr. Fleming will investigate and work with his team to resolve.  If you have issues, contact Moose Fleming.  
   [3/25/20, Central, Q1]

General Prevention Measures

- **Cleaning**

  Q  Should we begin developing a protocol for cleaning state vehicles?  
     Randy Mathena to follow-up  
     [4/6/20, East, Q3]

  Q  Can staff bring their own sanitizing wipes into the facility?  
     Wardens should handle how they see fit.  
     [4/3/20, East, Q8]

  Q  Can we begin using bleach right away?  
     With regular flu cases, no.  
     [4/1/2020, West, Q4]

  Q  If Guidelines say that if an employee tests positive for COVID-19 they must be quarantined for 14 days.  This employee would have been positive before identified and would have had contact with many in an institution.  
     At your facilities, remind staff to keep their distance from each other and continue to clean objects, i.e. door handles, etc.  
     [3/30/20, West, Q4]

  Q  Any guidance on how P&P offices are to be cleaned?  
     P&P Chief may allow vendors who do not have supplies to use our supplies.  In the event a district doesn’t have a cleaning company, utilize the sanitation procedures.  
     [3/23/20, East, Q6]

  Q  Do we have to post the MSDS sheet?  
     Yes  
     [3/18/20, Central, Q2]
Sneeze Guards & Masks - Staff

Q May the sneeze guards issued by DOC be worn outside of DOC districts?
   Yes
   [4/8/20, East, Q2]

Q Is it mandated to wear sneeze guards in districts and regional offices?
   Yes, this is mandatory.
   [4/1/2020, West, Q1]

Q Can we get sneeze guards to others who enter the facilities, i.e. kitchen maintenance?
   Yes
   [4/1/2020, West, Q1]

Q May staff bring in their own masks?
   Yes
   [3/30/20, West, Q9]

Q Staff who have been issued sneeze guards have requested to use their own masks, may they?
   Yes
   [3/30/20, Central, Q6]

Q Staff is asking to use their own masks. May they use their own masks?
   Yes
   [3/30/20, East, Q8]

Q Sneeze guards issued to staff. When they are leaving the institution a person must be clearly identified by staff at the front, must they lower their sneeze guards?
   Yes, they cannot go out of the front door until they have been clearly identified.
   [3/27/20, Central, Q4]

Q Sneeze guards were issued without first identifying to whom they belonged and more may be needed.
   More can be issued. Work with your Regional Administrator who will coordinate with Marie Vargo.
   [3/27/20, Central, Q5]

Q Comment, not a question, the unit found that when Carter Permanent Markers were used to identify sneeze guards, there was less fading then when Sharpie Permanent Markers were used.
   [3/27/20, Central, Q6]
Q In the community, is it mandatory for P&P Officers to wear the sneeze guards?
   It is not mandatory for P&P.
   [3/27/20, Central, Q1]

Q Should the sneeze mask memo be distributed or held until the mask arrive?
   WAIT until the masks arrive.
   [3/25/20, West, Q4]

Q Are the sneeze guards for both staff and offenders?
   In the facility, for staff and offenders. In the community, for staff but not for offenders on probation.
   [3/23/20, Central, Q3]

Q Masks (sneeze) are being sent to the field for use with GPS equipment install/removal.
   Refer to 3/24/2020 Memorandum.
   [3/23/20, Additional Question, Q1]

- **Offender Sneeze Guards**

  Q May we give offenders releasing to districts space masks that we may have on hand?
     Yes VCE is currently making masks for this purpose. VCE will ship them to each Regional Office for distribution to Districts.
     [4/8/20, East, Q4]

  Q Are inmates releasing from local jails provided masks?
     CPOs should reach out to their local jails to ask about their releasing practices. All Districts will be provided a supply of masks that can be issued and laundered by Districts.
     [4/8/20, East, Q3]

  Q Inside the facility, is it now mandatory that all staff and inmates wear sneeze guards?
     Yes and explain the “why” to the inmates. That this virus is serious and this measure is to keep things clean and to stop the spread.
     [4/1/2020, West, Q5]

  Q Will offenders wear the sneeze guards out to work?
     Yes
     [4/1/2020, East, Q15]

  Q The memo disseminated to the inmates from the Director states that wearing the sneeze guard is optional.
     Director’s updated this memo and made it mandatory.
     [4/1/2020, East, Q13]
Q  Is the wearing of sneeze guards in the parameter mandatory?
   Yes and when advising the inmate, explain the “why”.
   [4/1/2020, East, Q11]

Q  When sneeze guards are issued, is there any time when inmates are required to remove them?
   Anytime as directed by the Warden or an Individual Officer for security reasons.
   [3/27/20, Central, Q3]

**PPE/Gloves**

Q  When staff have brought in gloves from the warehouse, are those gloves to be counted?
   Comply with instructions on the survey. If the box has been opened, count the number of gloves in the box as opened. If the box brought in is unopened, count the number of gloves in the box as unopened.
   [3/30/20, Central, Q2]

Q  If I’ve already counted my gloves individually, and in the interest of submitting the survey by 2:00, should I go back and recount?
   If it’s been done, hit send.
   [3/27/20, West, Q2]

Q  The survey does not currently have glove size 2XL.
   This category will be added to the survey.
   [3/27/20, West, Q4]

Q  When counting gloves individually, is there the potential to contaminate them?
   Refer also to Memorandum Clarification of Daily Inventory PPE 3/28/2020.
   o  Count of items—the count for both items used and items on hand continues for individual items using this approach:
   o  On-hand—count the number of unopened boxes. Multiply the number of unopened boxes by the number of each items in each box for your total
   o  Used—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes by the number of each items in each box for your total.
   [3/27/20, West, Q1]

**Other PPE/Equipment**

Q  The temperature training guide states that gowns should be worn. Dr. Fuller’s guidelines do not mention gowns. Will the guidelines be amended?
   Follow Yellow Zone guidelines: Temperature check for Employees: Officers should wear washable coveralls, non-medical gloves (food services or reusable rubber) and sneeze guards in an outdoor setting.
[4/8/20, East, Q1]

Q  In the guidance for the staff temperature checks it states that gowns and goggles should be worn. We don’t have either.
Follow guidance on PPE Zones for temperature checks.
[4/8/20, Central, Q1]

[4/8/20, Central, Q1]

Q  Is it possible to get portable showers for staff?
We have ready to deploy. If you have a need, contact your Regional Operations Chief who will discuss with chain of command.
[Amended 4/8/20]

We have 4 ready to deploy.
[4/6/20, West, Q4]

[4/1/2020, Central, Q2]

Q  The thermometers received are different than the example.
Work with Medical and use them how they are designed to be used.
[4/1/2020, Central, Q2]

[4/1/2020, East, Q12]

Q  There aren’t enough gowns at Cold Springs to do temperature checks.
The same employee may wear the same PPE equipment to take temperatures; comply with CDC guidance.
[3/30/20, West, Q2]

- Soap

Q  Did not have any soap and needed to borrow from others.
The ROCS will work with OLU to ensure the proper distribution of soap to facilities. If you don’t have soapy, let your ROC know.
[3/23/20, Central, Q9]

Q  Effective 3/30/2020 1 bar of soap per inmate will be issued.
[3/23/20, Additional Question, Q2]
If it’s discovered that inmates have been hoarding soap, should the soap be taken. No and Randy Mathena to clarify with other regions. [3/23/20, West, Q6]

**Visitors/Volunteers/Contractors/Lawyers**

Q May contract employees, such as Spectrum, help out? Yes, they are considered essential personnel. [4/1/2020, West, Q3]

Q Is Armor and CGL essential? Yes [3/30/20, Central, Q9]

Q Is Spectrum essential? Yes, by contract [3/30/20, Central, Q11]

Q Do we send contractors away? No [3/30/20, Central, Q12]

Q Are Contract employees essential? Melissa Welch responded that Commissary and Chaplains have been determined essential. [3/30/20, Central, Q5]

Q Can we get approval for health authorities to bring into the facility their state issued phone as this would better assist with communication? Health Authority may bring in phone. Phone and number will be verified upon entering and exiting the facility. [3/16/20, West, Q16]

Q A UPS driver refused to answer the questionnaire and said that UPS does not permit them to sign documents. Delivery drivers do not have to complete questionnaire. [3/16/20, East, Q12]

Q Are we allowing access to the vendors for restocking of the vending machines for staff? Vendors must complete questionnaire to enter. [3/16/20, West, Q10]
Q If an attorney visits and checks “yes” on the [screening] form, do we still allow them to enter facility or just offer the video visitation?
*Previously addressed.*
[03/16/20, West, Q15]

**Entry Screening**

Q Are we required to screen those making deliveries to district offices?
*If they are simply dropping off outside, no. If they are coming inside the district, yes.*
[4/3/20, Central, Q2]

Q Is there additional training for the thermometers, or is it just the written instructions?
*Detailed written instructions have been provided, refer to memorandum 4/3/2020. There is not a current plan to provide further training.*
[4/3/20, East, Q5]

Q One of my staff says that asking the questions and taking the temperature is a violation of HIPPA rights.
*This question was addressed offline. DHRM is aware of the Agency’s policy and supports it.*
[4/1/20, Central, Q5]

Q If someone is denied entry that is documented. Do we also document those who passed?
*No, only those who have been denied.*
[4/1/2020, East, Q9]

Q Are employees screened only in the morning or throughout the day as well?
*Refer to memo, only once per day. If an employee exhibits symptoms, they should be sent home. Employees should use proper PPE equipment for taking temperatures.*
[4/1/2020, East, Q2]

Q When will the temperature screening video come out from medical?
*The training will NOT be a video; it will be a paper lesson plan with instruction provided by a health services team member. The employee will be required to sign and verify training, and the documentation should be placed in the employee’s training file. If there is an immediate need to train, bring someone from Health Services to train non-security staff. Ensure that the training is clearly documented in the employees file.*
[3/30/20, West, Q8]
Q On the employee questionnaire, the question asking if an employee has traveled outside of Virginia is no longer listed.
   The screening questions are being revised; will include have you traveled from an area with sustained community-level COVID-19 spread (domestic or international)
   [3/30/20, West, Q3]

Q Once an employee arrives, their temperature has been checked, and then leaves the compound, does the temperature need to be checked each time they reenter?
   No, only upon arrival.
   [3/30/20, West, Q1]

Q On the questionnaire a questions asks about a sore throat. If an employee has a sore throat, are we to send them home?
   The CDC Guidelines does not mention a sore throat, follow memo.
   [3/30/20, Central, Q7]

Q Is the training of non-medical staff for the taking of temperatures to be documented by the Wardens?
   Refer to memo
   [3/30/20, East, Q5]

Q The memo providing guidance on temperature checks states that staff should be wearing a mask. What type of mask should they wear?
   A surgical/medical mask will be sufficient while supplies last.
   [3/30/20, East, Q12]

Q Do we have to use officers to screen or can we use non-security staff?
   Use all available staff.
   [3/30/20, East, Q7]

Q Should we be verbally screening all staff?
   Yes
   [3/30/20, East, Q6]

Q Any update on temperature screening?
   Task Force working on this.
   [3/23/20, Central, Q9]

Q Will P&P districts be receiving thermometers for temperature checks?
   Yes, the plan is to have them at all districts.
   [3/18/20, Central, Q3]
Q Should HR notify the Health Department when an employee calls about any symptoms rather than relying on the employees to do so?
Not DOC responsibility, is employee’s responsibility.
[3/16/20, West, Q12]

Transport

- Transfers & Releases

Q Will CCAP still be receiving referrals?
No.
[4/1/2020, Central, Q6]

Q When transporting inmates on buses, not able to keep the appropriate social distance.
Make two runs.
[3/30/20, East, Q9]

Q What happens when an offender reaches their release date from CCAP or an institution and needs to be quarantined?
The facility needs to collaborate with the local Health Department.
[3/25/20, West, Q1]

Q Are all transfers suspended?
Yes, unless absolutely necessary; Mental Health transfers reviewed on case by case basis.
[3/23/20, Central, Q1]

Q How should offenders residing at CCAP be handled when returning back to the site from court?
Superintendent should coordinate with Jim Parks to see if court can release offender to community vs. returning to the CCAP facility.
[3/18/20, Central, Q1]

Q Are offenders being screen prior to transfer?
Any offender leaving or entering must be screened per medical guidelines. (*NOT screening workers)
[3/16/20, East, Q7]

Q Mental Health transfers pending. These need to be reviewed case by case.
Yes, with screening leaving from and arriving to facilities.
[3/16/20, West, Q1]
Q Will there be a memo from HQ or Facility regarding stoppage of transfers?
Jim Parks sent it out already however it can be sent out by you again. Already have direction in the field.
[3/16/20, Central, Q4]

- Transfer to Hospitals
  Q Per Larry Collins, VCU PD has stated there will be identified entry points to the hospital campus and at each entry point, persons attempting to enter will have their temperature scanned with a hand held device.
  Hinkle to make sure Mathena receives info.
  [3/16/20, Central, Q7]

  Q Regarding scanning for temperature prior to hospital entry, who will be doing the scanning? VCU medical staff or DOC staff?
  VCU staff should be responsible. Hinkle to clarify.
  [3/16/20, Central, Q8]

  Q We get offenders for medical and dental appointments from 28, 23, and 9. We also have workers here. We don’t plan on doing any medical screenings for these medical appointments. Should we keep on or just postpone those type of appointments?
  No screening on medical appointments.
  [3/16/20, West, Q13]

- Transfer/Release from Custody
  Q Will we get more guidance on how to deal with the positive cases that are/will be released from institutions?
  Work with the local Health Department to release offenders.
  [Amended 4/8/20]

  We are learning as we navigate this process. Presently the Health Department is developing guidance.
  [4/6/20, East, Q2]

  Q Who will transport offenders who have been released?
  Work with family members.
  [4/6/20, West, Q3]

  Q When CCAP has been completed a letter is sent to the Judge and the Judge grants release. Will a COVID-19 test be administered before release?
  No
  [4/6/20, West, Q2]
Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
If there is a temperature, notify Health Department.
[3/16/20, West, Q5]

Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
If there is a temperature, notify the Health Department.
[3/16/20, West, Q17]

Care for the Sick/Prescriptions

Q Trey Fuller reported the following: He recommends that KOP Transition Plan Steps 1 and 2 should be implemented now to eliminate pill lines. This will take some time to complete, but get it started now.
[4/3/20, Additional Question, Q1]

Q Will protocols for the administration of Narcan be developed?
Yes, guidance will be forthcoming.
[3/18/20, East, Q6]

Quarantining

- Building Quarantines
  Q If we have to quarantine a building, how will we rotate staff in that building?
  Herrick & Younce to create protocol by end of day.
  [3/16/20, West, Q8]

  Q Will we quarantine staff on premises?
  Follow guidance provided by Health Department as DOC has no authority to quarantine staff. Refer staff to their physician, local Health Department.
  [3/16/20, West, Q9]

Security

- Mail & Legal Documents
  Q How to handle Legal Mail received in the mailroom?
  Hold legal mail 3 days, if attorney drops off legal documents hold for 3 days, logged per normal procedure.
  [3/16/20, Central, Q5]

  Q How should Legal/documents be handled during an attorney’s non-contact/video visit?
  Taken to mailroom, logged, maintain for 3 days, give to offender.
  [3/16/20, Central, Q6]
Q Should we hold commercial photographs, newspapers, publications, etc., that the offender has forwarded for 3 days like we are doing with legal mail (originals not copies)?
   Hold 3 days in mailroom.
   [3/16/20, West, Q14]

Searches
Q Should random cell searches continue at the same rate?
   Yes, unless you suspect contraband.
   [4/3/20, Central, Q4]
Q Are pat down searches waived? Are they waived if the unit has a body scanner?
   NO. YES, but there may be a security reason that may require a pat search.
   [3/27/20, East, Q5]

Phone Hot Spots
Q Can officers turn on hot spots?
   Approved for 90 days. Each region to send list to Randy Mathena for approval.
   [3/23/20, West, Q7]

Operations – Other
Q Bed space has been made available in North Housing. Should this be reflected in CORIS?
   Mr. Hinkle and Mr. Fitz to work with Mr. Parks to ensure these beds are put in CORIS for count.
   [4/3/20, Central, Q4]
Q In our institution we have stopped the staff salad bar and limited the number of staff in the dining hall to 10 people at a time. We are wondering if others are doing the same?
   Will remain open at this time, wear your sneeze guard. Gloves will be provided at the station.
   [4/1/2020, Central, Q3]

Operations – Offenders
Drug Tests
Q Has there been a revision on the drug-testing memo?
   No, there has not.
   [3/30/20, West, Q7]
Q Should drug tests continue with outside workers?
   No, unless you suspect someone is under the influence. Refer to Memorandum.
   [3/23/20, East, Q4]

- Offender Phone Calls/Video Visits
  Q We have offenders in certain housing statuses that have limited phone access. For
    restricted housing, should these remain (2,4,6 calls per month)?
    Give the offenders as many calls as possible during this time, but ultimately the
    decision is up to the Unit Head
    [3/18/20, Additional, Q1]

  Q There are facilities that have imposed limits on telephone use because of previous
    offender behavior. Should these be lifted?
    Yes, lift the ban
    [3/18/20, Additional, Q2]

  Q Will video bereavement be permitted for offenders?
    No
    [3/18/20, East, Q4]

  Q Access to phones can further be limited when in medical isolation and/or on death
    row. Should this be left up to the discretion of the Facility Unit Head to determine the
    number of calls the offenders can make on a weekly basis?
    Yes, this should be determined by the Unit Head
    [3/18/20, Additional, Q3]

- Offender Education
  Q If an offender needs a GED test, can the test still be administered?
    Yes with appropriate precautions.
    [3/25/20, West, Q5]

- Religious Holidays
  Q Religious holidays are approaching, specifically Passover and Ramadan.
    Refer to memorandums 3/27/2020 from Mr. Robinson.
    [3/25/20, East, Q3]

  Q Ramadan is approaching, how should this be managed?
    Waiting Further Guidance from AG’s Office.
    [3/23/20, Central, Q14]
Commissary

Q Can any consideration be given to allow inmates with more than 60 days SecurePacks?
   Okay, just work with Mr. Fitz.
   [4/8/20, Central, Q3]

Q Can we reduce the number of personal items on the approved list?
   Wardens should handle how they see fit.
   [4/3/20, East, Q7]

Q Will Secure Packs continue?
   Yes, we will try to keep these going.
   [4/1/20, Central, Q1]

Q Commissary is to continue but do not mix housing units. [3/23/20, Additional Question, Q4]

Work/Programs/Recreation

Q Should outside work gangs continue going into the community?
   Only, CCAO & Work release.
   [Amended 4/8/20]

   Pending Resolution
   [4/3/20, Central, Q9]

Q Should we restrict contact sports in the rec yard?
   Yes
   [4/6/20, Central, Q1]

Q Should Capital Construction continue working inside Fluvanna?
   No
   [4/3/20, Central, Q10]

Q Families are inquiring about their loved ones going out to work. Is there a prepared response to provide them?
   Contact Rose Durbin for this response.
   [4/3/20, Central, Q6]

Q Will work forces from other institutions be on-going?
   As long as they don’t go inside the parameter of the other facility. Operations need to be up and running. Do not mix work groups at Work Centers.
   [4/3/20, Central, Q5]
Q We send inmates to Lawrenceville to clean and do commissary. Should that continue? Yes, but ensure they do not come in contact with inmates at Lawrenceville and only go where they are working. They are not to go inside the perimeter.
[4/3/20, East, Q6]

Q Inmates are separated on site, but when they go to work in the community they are mingled. Do the best you can. Maybe those on the same worksite are in the same dorm area. [4/1/20, Central, Q7]

Q Are we still sending inmates out on work gangs? Yes [3/30/20, Central, Q8]

- **Worker/Student Pay**

  Q Offenders who are both workers in CORIS but are also students. If they are not being worked in the housing unit, are we to still pay them school hours? Yes, either create a job or they should be doing work provided by their teacher (see previous answers to similar question).
  [Amended 4/8/20] [4/6/20, Additional Question, Q1]

  Q Follow up to the March 25 Q & A, specifically with student/work pay. If we are paying those who are not working, what incentive is there for those who are working to continue working? You need to create work for these offenders that are not working such as a new job of cleaning. [3/25/20, Central, Q3]

  Q Will school workers and students be paid? Yes, they will be paid and should be doing work assigned by teachers. [3/23/20, Central, Q6]

  Q Will pay be cut off for those inmates who cannot work their jobs? No, they will receive pay. [3/23/20, Central, Q10]
Community

- **Intake**
  
  **Q** With DNA and Livescan waived, can offenders who come in for Intake still be placed on Shadowtrack?
  
  Yes These cases have always been accepted by the VBU although they will generate an investigation. The investigation can be completed with normal operations are resumed.
  
  [Amended 4/8/20]

  Randy Mathena to research an answer.
  
  [4/6/20, East, Q1]

  **Q** Has there been further guidance given about offenders reporting into P&P Districts?
  
  Yes, a memo came out titled Community Intake Process. If further questions, please consult Crystal Pulley.
  
  [4/3/20, West, Q3]

  **Q** If inmates who report in for intake are screened and do not pass, is there a specific waiver we should be using?
  
  Refer to Community Intake memo
  
  [4/1/20, East, Q10]

  **Q** Given the Governor’s recent order, do we need to continue to have offenders come into the office for intake?
  
  Refer to memo
  
  [3/30/20, Central, Q2]

  **Q** Are intakes still going forward in Community?
  
  Memo is forthcoming with further guidance.
  
  [3/30/20, East, Q3]

- **Case Management**

  **Q** Should polygraphs continue?
  
  No, and Randi Lanzafama will prepare a memo for the field.
  
  [4/1/2020, East, Q16]
Q  In the conditions being generated by the Parole Board, they indicate that “every effort will be made to ensure a home plan”. Will offenders be released without a home plan? If no home plan, look at using emergency housing resources. To be transparent, the Parole Board is working on three lists of offenders and the goal is to ensure everyone has a home plan.
[4/1/2020, East, Q4]

Q  Will polygraphs in districts continue?
Contact Randi Lanzafama
[3/30/20, West, Q6]

Q  The questions from 3/23/2020 stated that the Re-Entry Probation Officers would still enter prisons and this issue would be revisited. Has that directive changed?
At this time it has not been reevaluated.
[3/30/20, East, Q2]

Q  Should offenders be allowed to travel out of state?
No, if you have questions speak with your RA.
[3/25/20, Central, Q2]

Q  There has been a significant increase in releases from jails and intakes have doubled. Follow-up on question about transfers. If an offender is released from a CRP and a transfer cannot be completed, there is the potential that the offender will be homeless.
Work with your Regional Administrator for Community to ensure that offenders are not homeless. Also, work with your RA on how to process jail intakes.
[3/23/20, Central, Q2]

Q  Should polygraph examinations continue?
Yes, they should continue; however, if an offender presents with symptoms, do not test.
[3/23/20, East, Q4]

Q  Should SVP evaluators be allowed to enter the facility.
Yes, allowed in if they are NOT displaying symptoms.
[3/23/20, Central, Q8]

Q  Will VSP Sex offender registry verifications be waived?
Until further notice, the VSP are not requiring fingerprints or signatures on the SP237. Officers can write in the fingerprint and signature block "verified by ID." Offenders may also fill out a "mini registration form" that can be located on the VSP website. When the offender fills this out, they can email the form back into the VSP. If there is concern about annual verification of an offender's residence, these are not due until June 30.
[3/18/20, East, Q1]

Q  Do districts still need to conduct home visits for high risk cases?
    At the discretion of the Chief
    [3/18/20, East, Q3]

Q  Are Districts still to continue with DNA and fingerprinting?
    Suspend for 30 days; re-evaluate in 30 days.
    [3/16/20, East, Q4]

Q  Are Senior Re-Entry Specialists to go into institutions?
    Yes.
    [3/16/20, East, Q6]

Q  With regard to GPS alerts, how are staff supposed to handle going to the home and potentially having to change equipment with the risk of potential exposure?
    6-foot (social distancing) distance unless contact is necessary, take PPE precautions.
    [3/16/20, East, Q10]

Q  What is the clarity with regard to High Level Supervising? Are officers required to see these offenders or can these contacts be waived to the social distancing measures?
    Required to see offender per normal high level.
    [3/16/20, East, Q9]

- Transfers

Q  There is the waiver for home contacts. Has the procedure for transfers changed?
    At this time, it has not but this question should be flagged for follow-up.
    [4/1/20, East, Q5]

Q  If a probationer from Cold Springs has to be medically moved, where would the go?
    You need to have an isolation plan. If the probationer is exhibiting minor symptoms, they won’t need to go to a hospital. Crystal Pulley, Jerry Fitz and Angela Brennan have been working on a plan and will involve how the Health Department wants to proceed.
    [4/1/2020, West, Q2]

Q  We need further guidance on ICOTS transfers.
    Follow up is needed.
    [3/23/20, West, Q3]

Q  Are community transfers between districts currently suspended?
    Yes, transfers are suspended for the next 30 days.
    [3/18/20, Central, Q5]
Q If all transfers are suspended, we may potentially make an offender homeless. Work with Crystal to make a transfer happen. We don’t want to make an offender homeless. Crystal will work with the other 2 RAs and provide further guidance to the districts.
[3/23/20, West, Q1]

- Teletherapy & Groups

Q In the substance abuse modification memorandum from Scott Richeson, the last sentence says, that face-to-face treatment will end until June 10 or until there is a different directive from the Governor. This allows for an end sooner if the Governor issues a different directive.
[4/1/2020, East, Q1]

Q More information is needed on the MOU with the CSB. And is there a rate change for the SA teletherapy?
Scott Richeson will work with District 42 on these questions.
[4/1/2020, East, Q6]

Q Has the modified contract gone out to the substance abuse vendors?
Answered by Scott Richeson – it has and Procurement has asked for it to be signed and a copy returned by tomorrow. There will also be a memo forthcoming specific to CSB changes.
[3/30/20, East, Q1]

Q Is Substance abuse treatment available through teletherapy?
Contract has been modified to allow teletherapy effective March 26, 2020.
[3/25/20, East, Q1]

Q What is the DOC definition of teletherapy for community corrections?
Any telecommunication ability.
[3/18/20, West, Q4]

Q Will the rate per offender for teletherapy be the same as the current rates in the contract?
Yes
[3/18/20, West, Q6]

Q If teletherapy is offered by the vendor, how will each offender access the therapy?
It is incumbent upon the offender and teletherapist or it is cancelled.
[3/18/20, West, Q5]
Q How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
Screen shot of their telecommunication as their roster.
[3/18/20, West, Q7]

Q Should Sex Offender groups in the community be canceled?
YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
[3/18/20, Central, Q4]

Q Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
[3/16/20, East, Q11]

Q Are we still holding Groups?
Still may hold Programs, and Groups but must be supervised. Maintain groups in districts & facilities; if providers do not provide the service, they will not get paid.
[3/16/20, East, Q1]

Q Treatment/Decision Point classes?
Continue Processes.
[3/16/20, West, Q2]

Q Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
[3/16/20, East, Q11]
Q  How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
   Screen shot of their telecommunication as their roster.
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Q  Should Sex Offender groups in the community be canceled?
   YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
   [3/18/20, Central, Q4]
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 Telework Approval for Facility Chaplains

In the ongoing changing landscape precipitated by the COVID-19 pandemic, the following steps are being implemented within VADOC facilities regarding facility chaplaincy:

In an effort to facilitate the continuation of the Faith Based Services contract between the Virginia Department of Corrections and Gracelnside (contractor), the following telework agreement has been approved and is to be implemented, effective Monday, April 13, 2020.

Attachment 1

- Chaplains Consent to Participate in Telework Agreement. This agreement outlines the requirements that the chaplain is to complete when working offsite and for the facility in the case of an emergency where the offender requests spiritual care. All chaplains have been provided a state issued laptop and will be able to use Zscaler software to enable them to continue their duties from their home during this period.

Attachment 2

- Telework Agreement – Responsibilities of Chaplains – COVID19

Attachment 3

- Chaplains Contact Information - COVID-19, a spreadsheet provided by Gracelnside. This document is to be shared with the IPM, CHAP, Watch Commander and Duty Officer. The attachment contains (a) the chaplains listed alphabetically by last name, (b) the facility or facilities at which each chaplain serves, (c) each chaplain’s DOC email address (for routine business use), (d) each chaplain’s special temporary Gmail address (through which chaplains at their discretion may communicate with offenders to provide spiritual guidance, support and comfort at their facility via the JPay email system and to which DOC staff members may send chaplains emails of a private pastoral/spiritual or prayer request nature – from staff members’ personal home email accounts, and (e) each chaplain’s personal phone contact number (for DOC administrator and staff use during chaplains’ established telecommute work hours and for emergency pastoral care/grief counseling calls for offenders or staff members in times of crisis.
– with permission of the Unit Head or Administrative Duty Officer – with calls to be dialed and supervised by DOC administrators or staff (in the same manner that authorized calls are made using administrative telephones).

- The chaplain’s temporary Gmail address is not to be used to receive and respond to routine programmatic or institutional religious requests. These should be submitted to the chaplain through an offender request form or an informal complaint form (if from an offender) or by an email to the chaplain’s VADOC email address or a phone call (if by staff). Should the offender or a staff member submit a request of this nature through secured messaging, the chaplain will remind the offender or staff person of the way to properly submit this kind of routine business request.

- JPay is providing the chaplains with free stamps for the chaplains to send secure messages to the offenders (at the chaplains’ discretion) and for the offender to respond back to the chaplain. If the offender does not use the stamp that the chaplain attaches to respond back to the chaplain, the stamp becomes void and the offender cannot use the stamp to secure message another person.

Attachment 4

- Master List – Chaplains Telework Schedules – COVID-19, a spreadsheet provided by GracelInside that details the daily and hourly telework work schedules of all chaplains assigned to DOC facilities. These are the officially set/established work (and “on call”) hours for the chaplains during the telework agreement.

The Virginia Department of Corrections and GracelInside chaplains and staff will work together as a team to provide spiritual guidance, support and comfort to offenders and staff of all faiths during this difficult and challenging time. The spiritual and emotional well-being of both our dedicated staff members and of the offenders under our care and supervision is of paramount importance as we work our way through this national and global crisis.

This telework agreement shall remain in effect until June 10, 2020, unless rescinded earlier or extended beyond this date as deemed appropriate.

If you have questions regarding this telework agreement, please contact Melissa Welch at: Melissa.Welch@vadoc.virginia.gov or (804) 887-8214.

Attachments

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Jermiah Fitz, Corrections Operations Administrator
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
    Peter Batley
COVID-19 Chaplain’s Consent to Participation in Telework Agreement

Section I - The following constitutes an agreement on the terms of telework for:

<table>
<thead>
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<th>Name of Chaplain</th>
<th>Name of Facility</th>
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<tbody>
<tr>
<td>____________________________</td>
<td>____________________________</td>
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<tr>
<td>April 13, 2020</td>
<td>June 10, 2020</td>
</tr>
<tr>
<td>Telework Start Date</td>
<td>Telework End Date (unless rescinded earlier or extended beyond this date as deemed appropriate)</td>
</tr>
</tbody>
</table>

Chaplain Work Location:

1. Central workplace is: _____________________________________________________________
2. Alternate Home Work Location is:_________________________________________________
   ____________________________________________________________________________

   Provide the physical address where you will work and where your State-issued laptop will be used while teleworking.

Chaplain Work Schedule

1. Normal work hours at alternate location: See Attachment 4 – Master List – Chaplains Telework Schedule – COVID-19 for each Chaplain’s work days/hours.

   Time and Attendance:
   1. Chaplain’s time and attendance will be recorded the same as performing official duties at the central workplace.
   2. Supervisors will maintain a copy of the teleworker’s work schedule, and employee’s time and attendance will be recorded the same as if performing official duties at the central workplace.

Work Standards/Performance

1. Chaplain may be required to return to the central work location on scheduled telework days based on operational requirements.
2. Chaplain will complete all assigned work according to work assignments mutually agreed upon by the Chaplain and GraceInside and the Contract Administrator (see Attachment 1).
3. Chaplain will further communicate with the IPM/CHAP or other facility representative to receive assignments and to review completed work as necessary or appropriate.
4. Supervisor will evaluate employee’s job performance to ensure the telework agreement is being met.
5. All work must be performed at agreed upon alternate work location. Changes in work location must be pre-approved by the Supervisor as outlined in this agreement. DOC must know where the state-issued laptop is at all times.
6. If children or adults in need of primary care are in the alternate work location during employee’s work hours, some other individual must be present to provide the care. Note that during the COVID-19 this has been relaxed, but this should be reported to the supervisor for transparency.
7. Chaplain will track work assignments that have been completed each day to be reported to the Supervisor/GraceInside.
**Equipment/Supply Needs:**

1. Chaplain who borrows agency equipment (laptop or other state-owned equipment) agrees to protect such equipment in accordance with agency guidelines. State-owned equipment will be serviced and maintained by the agency at the employee’s central work location.

2. Chaplain may obtain printer paper from their central work location as well as pens, notepads, sticky notes, correction fluid, rubber bands, mailing envelopes and other office supply products as needed.

3. If employee provides own equipment, he/she is responsible for servicing and maintaining it.

4. Neither the agency nor the state will be liable for damages to an employee’s personal or real property, for reason, during the course of the performance of official duties or while using the state equipment in the employee’s residence or alternative work place.

5. Neither the agency nor the state will be responsible for operating costs, home maintenance, or any other incidental costs (e.g. utilities, internet service providers, long distance phone calls, etc.) associated with the use of the employee’s residence.

**Confidentiality/Security:**

1. Chaplain will apply approved safeguards to protect agency or state records from unauthorized disclosure or damage, and will comply with the privacy requirements set forth in DOC operating procedures.

2. Chaplain will conduct work at their alternative work location in compliance with Operating Procedure 310.2, Information Technology Security, and all information security standards.

**Agreement Concurrences:**

1. Chaplain agrees to participate in teleworking and to adhere to applicable guidelines and policies.  
   X YES ___ NO

2. GracelInside/Contract Administrator concurs with Chaplain participation and agrees to adhere to applicable guidelines and policies.  X YES ___ NO

3. The telework agreement will extend to June 10, 2020 unless it is deemed appropriate to shorten or lengthen the telework period, in which case the chaplain will be notified and will sign an addendum document.

**Agreement Signatures:**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chaplain’s signature</td>
<td>Date</td>
</tr>
<tr>
<td>GracelInside Representative</td>
<td>Date</td>
</tr>
<tr>
<td>Contract Administrator’s Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
Telework Agreement
Responsibilities of Chaplains
COVID-19

1. Chaplains will regularly correspond with offenders, utilizing various methods (depending on the type and purpose of the correspondence).

   A. Chaplains will go to their assigned facility or facilities each Tuesday and Friday (during regular business hours but at a time and duration of their choosing) to pick up and drop off mail from/to the mail room or other designated area, including Informal Requests, Grievances and other written correspondence from offenders. They will research the issues, formulate written responses and return these upon their next visit. The chaplain should either make copies of completed correspondence or keep a logbook of all such correspondence as documentation. Chaplains are to ensure these responses are timely and in accordance with the Offender Grievance Procedure.

   B. For pastoral care purposes, chaplains and offenders may correspond by secure messaging through JPay (at the chaplain’s discretion). Chaplains will each create a temporary Gmail email account for this purpose (submitting it to GraceInside and the DOC Contract Administrator), then log into JPay.com using the newly created email, creating a special VADOC chaplain account. The Contract Administrator will alert JPay that they are GraceInside/DOC chaplains and JPay will then add free stamps for the chaplain to use. The chaplain must initiate the secure message to a specific offender. If the Chaplains permits the offender to respond back, the Chaplain will attach a free stamp. If the stamp is not used to respond to the Chaplain, the free stamp is void and cannot be used for another purpose. Chaplains are to use this tool only for work/professional duties (i.e. pastoral care, spiritual guidance, comfort, encouragement, etc.) – in compliance with all DOC policies and procedures – and only for the duration of the telework agreement. After that, chaplains will eliminate the temporary email address and terminate their JPay accounts. No further secure message correspondence will be allowed between chaplains and offenders once facilities return to normal operations. NOTE: Many/most routine matters (involving pastoral care, comfort, encouragement, grief, etc.) can easily be handled by informal written correspondence between chaplains and offenders (through the institutional mail). See “C” below.

   C. Offenders and chaplains may also correspond via letters or notes (not cards) for religious/spiritual counsel, guidance, comfort, encouragement, etc. The Department will supply chaplains with writing paper/notepads, pens, envelopes, etc. for this purpose. All such written correspondence will take place through institutional mail only, and must be of a religious/spiritual nature (observing all DOC policies in regard to fraternization, PREA, etc.). Regular institutional and religious programmatic issues
should be handled via Informal Complaint Forms, and copies will be kept on all such correspondence/responses.

D. In Crisis Situations, DOC line staff will assist the offender by contacting a designated administrative contact person that will call the chaplain on their personal number to advise them of the crisis or family emergency. With the approval of the Warden, designee or the designated administrative contact person, the offender may be allowed a phone call with the chaplain over a regular DOC phone, with the DOC staff discreetly dialing the number. The phone call will take place under proper supervision. Such calls should normally be limited to no longer than 20 or 30 minutes. Several follow-up phone calls for spiritual counsel/comfort may be permitted if needed. Chaplains should document any such crisis phone calls, as well as the action plan that was carried out as follow-up. In the event of the death of a loved one/family member, chaplains may attempt to obtain DVD/video footage of the funeral/memorial service. With approval from the Warden, the chaplain may travel to the facility to allow the offender to view the DVD in a designated location (with the chaplain present/supervising).

2. Chaplains will regularly correspond with DOC administrators and staff (along with Gracelinside Central/Executive Staff) through a variety of methods and for various purposes, both of a business nature and of a pastoral nature. Designated facility administrators (IPM/CHAP/Warden/Watch Commander/Duty Officer) will receive a schedule that outlines the days/times that each chaplain is on the clock for telecommuting and responding to such correspondence (or phone calls, etc.). There will also be a complete listing of each chaplain’s DOC email address (for business purposes), their specially created Gmail email address (for spiritual/pastoral care issues/prayer requests, etc. from staff – which should be sent from the DOC staff person’s home using their personal email address – not the DOC email system) and also their personal contact phone number (normal precautions used to protect information from the offender population).

A. Chaplains will continue to regularly check and respond to their DOC email. They will stay in contact with and regularly communicate (via emails, phone calls, video conference calls, etc.) with their DOC On-Site Contract Administrator (usually the IPM or the CHAP) to answer questions, help with assignments and assist as needed; and with the Warden and other administrators/department heads for conference call or video meetings and updates on COVID-19 and other facility issues.

B. The DOC email account (for business purposes), the temporary Gmail account and the chaplain’s personal phone number will be provided to designated facility administrators and may be shared with any DOC staff members that wish to contact the chaplain, in particular for pastoral care, comfort, spiritual guidance, prayer, etc. DOC facility staff persons should use their personal email accounts at home to write to the chaplains on their special Gmail accounts for pastoral care purposes. They may
also call the chaplain for pastoral care purposes or in the event of a personal crisis or family emergency. Additionally, DOC facility staff may write the chaplain informal letters or notes of a pastoral/spiritual nature and receive written responses back from the chaplains. All such correspondence should go through the institutional mail and should be both private and appropriate. All personal contact information for the chaplain must be kept secure and not given to offenders (with the exception of the chaplain’s temporary Gmail account).

C. Business/work-related assignments may be communicated to chaplains by facility administrators via DOC emails, phone calls, written correspondence in the institutional mail, etc. Chaplains are available on their telework days/hours to assist the facility as needed during this time. As listed on Attachment 1, the Chaplain is on duty to respond to DOC emails, telephone calls, written correspondence, etc. The DOC has provided chaplains with access to CORIS through VPN so they can continue to do faith group enrollments for new offenders, do the Quarterly Open Enrollment add/drops from offenders, etc. Chaplains will work with facility administrators to post such enrollment periods and in the distribution and collection of Add/Drop Forms and the placing of all such forms in the chaplain’s institutional mailbox for pick-up.

D. Chaplains will be required to submit all regular documentation to GracelInside (such as Time Sheets and the Monthly MRSP Reports) so GracelInside can submit the needed information to its DOC Contract Administrator. Regional Supervising Chaplains will continue to do “virtual site visits” with the chaplains in their region via phone calls, video conferencing, etc. and will submit both Site Visit Reports and the Monthly Activity Report. They will also continue to assist GracelInside/DOC with performance evaluations, problem resolution, disciplinary measures, employment interviews, etc., as well as take part in GracelInside Board & Committee Meetings as requested.

3. Chaplains will maintain relationships with religious volunteers. This may be through phone calls, emails, written correspondence, etc. It is imperative to keep volunteers informed regarding religious/spiritual issues in the facility, prayer requests from offenders they work with, updates on the COVID-19, etc. All volunteer contacts should be logged for documentation and submitted to GracelInside’s Central Office and to the Regional Supervising Chaplain.

A. Chaplains should maintain relationships with Kairos teams and volunteers for their facilities and assist them with scheduling and start-up tasks once the religious programs are restored.

B. Chaplains should maintain relationships with all facility religious volunteers. When normal facility operations resumes and religious programs are restored, chaplains will work with the volunteers in re-starting and scheduling their programs. Facility administrators should be kept informed of all religious program scheduling, issues with volunteers, etc.
C. Chaplains will work with the IPM and/or the CHAP in keeping both offenders and volunteers informed of any upcoming holy day observances for the various faith groups. (This will be dictated by memoranda from the CCO.)

D. Chaplains will assist offenders and facility administrators with the Mercy Mail Program as needed and as requested.

4. Chaplains will use the teleworking period as a time for personal, vocational and spiritual growth and development. GraceInside will provide all chaplains with a video conferencing platform for Regional and Statewide Chaplain Meetings and Training Sessions can take place on a regular and ongoing basis.

A. Chaplains will together do thorough reviews and discussions of all relevant DOC policies and procedures (dealing with religious programs, volunteers, personal property, etc.). The Religious Advisor, the Regional Supervising Chaplains and other chaplains will be assigned to lead such video training sessions.

B. Chaplains (both regionally and statewide) will hold video conferencing meetings to discuss and compile lists of resources (organizations, volunteers, books, articles, websites, etc.) for all of the VADOC recognized faith groups. The DOC will create a “Chaplain Resources” shared drive folder on its network in which all such shared resources may be catalogued, shared and stored. This will become a valuable tool for chaplains in the future and must be maintained and kept current by a Chaplains Resource Committee appointed annually by GraceInside.

C. Chaplains and/or outside consultants and resource persons will conduct special topical and developmental trainings to all GraceInside chaplains and staff via video training sessions. Topics may include the beliefs and practices of various faith groups, religious/cultural diversity, updates on pastoral care techniques, etc. Holy days/seasons, dietary issues, faith objects, etc. will be discussed in detail so chaplains and outside resource persons can share resources and best practices.

D. Chaplains will utilize the teleworking period to catch up on or get ahead on all required DOC e-training courses for 2020. The Religious Advisor and/or the Regional Supervising Chaplains will train all chaplains to take courses through LMS.

E. Chaplains may also individually study and write to prepare future sermons or studies (for when religious services at the facilities resume), do worship service planning, etc.

F. Perform other duties as assigned by the Facility Administration subject to the approval of the Contract Administrator and GraceInside.
I have reviewed the assigned work as noted above and agree to complete the tasks at my alternate work location.

___________________________________________________
Chaplain’s Signature

___________________________________________________
Supervisor’s Signature

___________________________________________________
Contract Administrator’s Signature
<table>
<thead>
<tr>
<th>NAME</th>
<th>FACILITY/FACILITIES</th>
<th>DOC EMAIL ADDRESS</th>
<th>TEMPORARY GMAIL ADDRESS</th>
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<tbody>
<tr>
<td>ARMSTRONG, Tommy</td>
<td>Dilwyn Correctional Center</td>
<td><a href="mailto:thomas.armstrong@vadoc.virginia.gov">thomas.armstrong@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainvccc2000@gmail.com">chaplainvccc2000@gmail.com</a></td>
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<tr>
<td>BALL, Robert</td>
<td>Nottoway Correctional Center</td>
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<td>BLYTHE, Michael</td>
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<td><a href="mailto:michael.blythe@vadoc.virginia.gov">michael.blythe@vadoc.virginia.gov</a></td>
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<tr>
<td>BROADIE, Janice</td>
<td>Central Virginia Correctional Unit #13</td>
<td><a href="mailto:janice.broadie@vadoc.virginia.gov">janice.broadie@vadoc.virginia.gov</a></td>
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<td><a href="mailto:chaplainvccc1@gmail.com">chaplainvccc1@gmail.com</a></td>
<td>540-810-1023</td>
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<td>CAUTHORNE, Clifton</td>
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<td><a href="mailto:chaplain.cauthorne@gmail.com">chaplain.cauthorne@gmail.com</a></td>
<td>276-207-3649</td>
</tr>
<tr>
<td>CORBITT, Calvin</td>
<td>Indian Creek Correctional Center</td>
<td><a href="mailto:calvin.corbitt@vadoc.virginia.gov">calvin.corbitt@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainccc@gmail.com">chaplainccc@gmail.com</a></td>
<td>252-267-2365</td>
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<tr>
<td>HOLLENBAUGH, Wayne</td>
<td>Greensville Correctional Center S-3</td>
<td><a href="mailto:wayne.hollenbaugh@vadoc.virginia.gov">wayne.hollenbaugh@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainvccc3@gmail.com">chaplainvccc3@gmail.com</a></td>
<td>435-729-0277</td>
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<tr>
<td>HUFF, Douglas</td>
<td>Green Rock Correction Center</td>
<td><a href="mailto:douglas.huff@vadoc.virginia.gov">douglas.huff@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainvccc@gmail.com">chaplainvccc@gmail.com</a></td>
<td>336-3312-6297</td>
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<tr>
<td>HUNLEY, Darrell</td>
<td>Pocahontas State Correctional Center</td>
<td><a href="mailto:darrell.hunley@vadoc.virginia.gov">darrell.hunley@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainpccc@gmail.com">chaplainpccc@gmail.com</a></td>
<td>276-945-3055</td>
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<td>JOHNSON, Richard</td>
<td>Bland Correctional Center</td>
<td><a href="mailto:richard.johnson@vadoc.virginia.gov">richard.johnson@vadoc.virginia.gov</a></td>
<td><a href="mailto:blandchaplain@gmail.com">blandchaplain@gmail.com</a></td>
<td>276-389-8403</td>
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<tr>
<td>JONES, Patrick</td>
<td>Sussex I State Prison</td>
<td><a href="mailto:patrick.jones@vadoc.virginia.gov">patrick.jones@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplain1sp@gmail.com">chaplain1sp@gmail.com</a></td>
<td>804-512-7461</td>
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<tr>
<td>McDANIEL, Randy</td>
<td>River North Correctional Center</td>
<td><a href="mailto:randy.mcclint@vadoc.virginia.gov">randy.mcclint@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainrncccc@gmail.com">chaplainrncccc@gmail.com</a></td>
<td>540-230-1587</td>
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<tr>
<td>MENSASH, Edmond</td>
<td>St. Bride's Correctional Center</td>
<td><a href="mailto:edmond.mensah@vadoc.virginia.gov">edmond.mensah@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainbccc@gmail.com">chaplainbccc@gmail.com</a></td>
<td>312-714-4781</td>
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<tr>
<td>MEYER, Nicholas</td>
<td>Coffeewood Correctional Center</td>
<td><a href="mailto:nicholas.meyer@vadoc.virginia.gov">nicholas.meyer@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainwccc@gmail.com">chaplainwccc@gmail.com</a></td>
<td>540-208-3588</td>
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<td>MOORE III, William</td>
<td>Sussex II State Prison</td>
<td><a href="mailto:william.mccs@vadoc.virginia.gov">william.mccs@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainwccc2@gmail.com">chaplainwccc2@gmail.com</a></td>
<td>804-402-3397</td>
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<tr>
<td>MOSES, Jerusha</td>
<td>Fluvanna Correctional Center for Women</td>
<td><a href="mailto:jerusha.moses@vadoc.virginia.gov">jerusha.moses@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainmosessfcw@gmail.com">chaplainmosessfcw@gmail.com</a></td>
<td>804-625-5511</td>
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<tr>
<td>RASNAKE, Evan</td>
<td>Keen Mountain Correctional Center</td>
<td><a href="mailto:evan.rasnales@vadoc.virginia.gov">evan.rasnales@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainkmccc2@gmail.com">chaplainkmccc2@gmail.com</a></td>
<td>276-701-2510</td>
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<tr>
<td>REAGAN, Randall</td>
<td>Wallens Ridge State Prison</td>
<td><a href="mailto:randall.reagan@vadoc.virginia.gov">randall.reagan@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainwrsp@gmail.com">chaplainwrsp@gmail.com</a></td>
<td>276-298-4166</td>
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<td>RHYNE, Vera</td>
<td>State Farm Complex / DOC Secure Care Unit at MCV Medical Center</td>
<td><a href="mailto:vera.rhyne@vadoc.virginia.gov">vera.rhyne@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainfccc@gmail.com">chaplainfccc@gmail.com</a></td>
<td>804-306-7159</td>
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<tr>
<td>RITTER, Paul</td>
<td>Keen Mountain Correctional Center &amp; Marion Correctional Treatment Center</td>
<td><a href="mailto:paul.ritter@vadoc.virginia.gov">paul.ritter@vadoc.virginia.gov</a></td>
<td><a href="mailto:kmccchaplain1@gmail.com">kmccchaplain1@gmail.com</a></td>
<td>540-810-8352</td>
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<tr>
<td>RODNEY, Claudette</td>
<td>Lawrenceville Correctional (GEO)</td>
<td><a href="mailto:claude.d.rodney@vadoc.virginia.gov">claude.d.rodney@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainrodeny1cc@gmail.com">chaplainrodeny1cc@gmail.com</a></td>
<td>804-545-5461</td>
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<td>SMITH, Donna</td>
<td>Greensville Correctional Center S-2</td>
<td><a href="mailto:donna.b.smith@vadoc.virginia.gov">donna.b.smith@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainssmsms2cc@gmail.com">chaplainssmsms2cc@gmail.com</a></td>
<td>434-233-4822</td>
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<td>STINE, Donald</td>
<td>Buckingham Correction Center</td>
<td><a href="mailto:donald.stine@vadoc.virginia.gov">donald.stine@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainbkccc@gmail.com">chaplainbkccc@gmail.com</a></td>
<td>434-238-4505</td>
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<td>THEIBEN, Daniel</td>
<td>Red Onion/Wallens Ridge (Special Housing)</td>
<td><a href="mailto:daniel.theiben@vadoc.virginia.gov">daniel.theiben@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainrhcc@gmail.com">chaplainrhcc@gmail.com</a></td>
<td>276-639-8980</td>
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<td>VOSBURG, Michael</td>
<td>Deerfield Correction Center</td>
<td><a href="mailto:michael.vosburg@vadoc.virginia.gov">michael.vosburg@vadoc.virginia.gov</a></td>
<td><a href="mailto:zhkimkevosburg@gmail.com">zhkimkevosburg@gmail.com</a></td>
<td>804-314-3052</td>
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<td>WALL, Curtis</td>
<td>Basslife Correction Center &amp; Lunenburg Correctional Center</td>
<td><a href="mailto:curtis.wall@vadoc.virginia.gov">curtis.wall@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainbacccc@gmail.com">chaplainbacccc@gmail.com</a></td>
<td>804-551-5466</td>
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<td>WILLET, Rita</td>
<td>Virginia Correctional Center for Women</td>
<td><a href="mailto:rita.willet@vadoc.virginia.gov">rita.willet@vadoc.virginia.gov</a></td>
<td><a href="mailto:chaplainvccc@gmail.com">chaplainvccc@gmail.com</a></td>
<td>804-539-2236</td>
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<tr>
<td>NAME</td>
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<td>TUESDAY</td>
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<tr>
<td>ARMSTRONG, Tommy</td>
<td><a href="mailto:thomas.armstrong@vadoc.virginia.gov">thomas.armstrong@vadoc.virginia.gov</a></td>
<td>Dillwyn Correctional Center</td>
<td>7:00 AM to 2:30 PM</td>
<td>TOTAL: 7.5 HOURS</td>
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<tr>
<td>BALL, Robert</td>
<td><a href="mailto:robert.ball@vadoc.virginia.gov">robert.ball@vadoc.virginia.gov</a></td>
<td>Nottoway Correctional Center</td>
<td>7:00 AM to 3:00 PM</td>
<td>TOTAL: 8 HOURS</td>
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<tr>
<td>BLYTHE, Michael</td>
<td><a href="mailto:michael.blythe@vadoc.virginia.gov">michael.blythe@vadoc.virginia.gov</a></td>
<td>Greensville Correctional Center S-1</td>
<td>9:00 AM to 4:00 PM</td>
<td>TOTAL: 7 HOURS</td>
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<tr>
<td>BROADIE, Janice</td>
<td><a href="mailto:janice.broadie@vadoc.virginia.gov">janice.broadie@vadoc.virginia.gov</a></td>
<td>Central Virginia Correctional Unit #13</td>
<td>10:00 AM to 2:00 PM</td>
<td>TOTAL: 4 HOURS</td>
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<tr>
<td>BROWN, Lisa</td>
<td><a href="mailto:l.brown@vadoc.virginia.gov">l.brown@vadoc.virginia.gov</a></td>
<td>Hayneville Correctional Center</td>
<td>8:00 AM to 12:00 PM</td>
<td>TOTAL: 4 HOURS</td>
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<tr>
<td>BURKE, Robby</td>
<td><a href="mailto:robby.burke@vadoc.virginia.gov">robby.burke@vadoc.virginia.gov</a></td>
<td>Augusta Correctional Center</td>
<td>9:00 AM to 5:00 PM</td>
<td>TOTAL: 8 HOURS</td>
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<tr>
<td>CAUTHORINE, Clifton</td>
<td><a href="mailto:cliff.cauthorne@vadoc.virginia.gov">cliff.cauthorne@vadoc.virginia.gov</a></td>
<td>Red Onion State Prison</td>
<td>8:00 AM to 6:00 PM</td>
<td>TOTAL: 10 HOURS</td>
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<tr>
<td>CORBITT, Calvin</td>
<td><a href="mailto:calvin.corbitt@vadoc.virginia.gov">calvin.corbitt@vadoc.virginia.gov</a></td>
<td>Indian Creek Correctional Center</td>
<td>12:00 PM to 6:00 PM</td>
<td>TOTAL: 6 HOURS</td>
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<tr>
<td>HOLLENBAUGH, Wayne</td>
<td><a href="mailto:wayne.hollenbaugh@vadoc.virginia.gov">wayne.hollenbaugh@vadoc.virginia.gov</a></td>
<td>Greensville Correctional Center S-3</td>
<td>8:30 AM to 12:00 PM</td>
<td>TOTAL: 7.5 HOURS</td>
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<tr>
<td>HUFF, Douglas</td>
<td><a href="mailto:douglas.huff@vadoc.virginia.gov">douglas.huff@vadoc.virginia.gov</a></td>
<td>Green Rock Correctional Center</td>
<td>8:00 AM to 4:00 PM</td>
<td>TOTAL: 8 HOURS</td>
</tr>
<tr>
<td>HUNLEY, Darrell</td>
<td><a href="mailto:darrell.hunley@vadoc.virginia.gov">darrell.hunley@vadoc.virginia.gov</a></td>
<td>Pocahontas State Correctional Center</td>
<td>6:00 AM to 2:00 PM</td>
<td>TOTAL: 8 HOURS</td>
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<tr>
<td>JOHNSON, Richard</td>
<td><a href="mailto:richard.johnson@vadoc.virginia.gov">richard.johnson@vadoc.virginia.gov</a></td>
<td>Bland Correctional Center</td>
<td>7:30 AM to 4:00 PM</td>
<td>TOTAL: 8.5 HOURS</td>
</tr>
<tr>
<td>JONES, Patrick</td>
<td><a href="mailto:patrick.jones@vadoc.virginia.gov">patrick.jones@vadoc.virginia.gov</a></td>
<td>Sussex I State Prison</td>
<td>8:00 AM to 3:00 PM</td>
<td>TOTAL: 7 HOURS</td>
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<tr>
<td>MCDANIEL, Randy</td>
<td><a href="mailto:randy.mcDaniel@vadoc.virginia.gov">randy.mcDaniel@vadoc.virginia.gov</a></td>
<td>River North Correctional Center</td>
<td>7:00 AM to 3:00 PM</td>
<td>TOTAL: 8 HOURS</td>
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<td>MENSAM, Edmond</td>
<td><a href="mailto:edmond.mensam@vadoc.virginia.gov">edmond.mensam@vadoc.virginia.gov</a></td>
<td>St. Bride's Correctional Center</td>
<td>4:00 PM to 9:00 PM</td>
<td>TOTAL: 5 HOURS</td>
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<td>MEYER, Nicholas</td>
<td><a href="mailto:nicholas.meyer@vadoc.virginia.gov">nicholas.meyer@vadoc.virginia.gov</a></td>
<td>Coffeewood Correctional Center</td>
<td>7:00 AM to 5:00 PM</td>
<td>TOTAL: 10 HOURS</td>
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<td>MOORE III, William</td>
<td><a href="mailto:william.moore@vadoc.virginia.gov">william.moore@vadoc.virginia.gov</a></td>
<td>Sussex II State Prison</td>
<td>8:00 AM to 4:00 PM</td>
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<td>MOSES, Jerusha</td>
<td><a href="mailto:jerusha.moses@vadoc.virginia.gov">jerusha.moses@vadoc.virginia.gov</a></td>
<td>Fluvanna Correctional Center for Women</td>
<td>12:00 PM to 5:00 PM</td>
<td>TOTAL: 5 HOURS</td>
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<tr>
<td>RASNAKE, Evan</td>
<td><a href="mailto:evan.rasnake@vadoc.virginia.gov">evan.rasnake@vadoc.virginia.gov</a></td>
<td>Keen Mountain Correctional Center</td>
<td>9:00 AM to 4:00 PM</td>
<td>TOTAL: 7 HOURS</td>
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Mail pick-up & delivery at HCC on Tues. & Thurs. (4 hrs. each day)
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<tr>
<th>NAME</th>
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<th>FACILITY/FACILITIES</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
<th>SUNDAY</th>
<th>TOTAL WORK HOURS PER WEEK</th>
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<tr>
<td>Reagan, Randall</td>
<td><a href="mailto:randall.reagan@vadoc.virginia.gov">randall.reagan@vadoc.virginia.gov</a></td>
<td>Wallens Ridge State Prison</td>
<td>8:00 AM to 5:30 PM TOTAL: 9.5 HOURS</td>
<td>8:00 AM to 4:15 PM TOTAL: 8.25 HOURS</td>
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<td>7:00 AM to 4:30 PM TOTAL: 9.5 HOURS</td>
<td>8:00 AM to 5:30 PM TOTAL: 9.5 HOURS</td>
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<td>Rhine, Vera</td>
<td><a href="mailto:vera.rhine@vadoc.virginia.gov">vera.rhine@vadoc.virginia.gov</a></td>
<td>State Farm Complex / DOC Secure Care Unit at MCV Medical Center</td>
<td>8:00 AM to 4:00 PM TOTAL: 8 HOURS</td>
<td>7:00 AM to 6:30 PM TOTAL: 9.5 HOURS</td>
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<td>Ritter, Paul</td>
<td><a href="mailto:paul.ritter@vadoc.virginia.gov">paul.ritter@vadoc.virginia.gov</a></td>
<td>Keen Mountain Correctional Center</td>
<td>7:30 AM to 3:30 PM TOTAL: 8 HOURS</td>
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<td>Ritter, Paul</td>
<td><a href="mailto:paul.ritter@vadoc.virginia.gov">paul.ritter@vadoc.virginia.gov</a></td>
<td>Marion Correctional Treatment Center</td>
<td>7:30 AM to 4:30 PM TOTAL: 9 HOURS</td>
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<td><a href="mailto:claudette.rodney@vadoc.virginia.gov">claudette.rodney@vadoc.virginia.gov</a></td>
<td>Lawrenceville Correctional Center</td>
<td>8:00 AM to 4:00 PM TOTAL: 9 HOURS</td>
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<td>Smith, Donna</td>
<td><a href="mailto:donna.b.smith@vadoc.virginia.gov">donna.b.smith@vadoc.virginia.gov</a></td>
<td>Greensville Correctional Center 5-2</td>
<td>8:00 AM to 3:00 PM TOTAL: 5.5 HOURS</td>
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<td><a href="mailto:donald.stine@vadoc.virginia.gov">donald.stine@vadoc.virginia.gov</a></td>
<td>Buckingham Correctional Center</td>
<td>8:00 AM to 5:00 PM TOTAL: 8 HOURS</td>
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<td><a href="mailto:daniel.theiben@vadoc.virginia.gov">daniel.theiben@vadoc.virginia.gov</a></td>
<td>Red Onion/Wallens Ridge (Special Hours)</td>
<td>9:00 AM to 3:00 PM TOTAL: 6 HOURS</td>
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<td>Vosburg, Michael</td>
<td><a href="mailto:michael.vosburg@vadoc.virginia.gov">michael.vosburg@vadoc.virginia.gov</a></td>
<td>Deerfield Correctional Center</td>
<td>9:00 AM to 2:12 PM TOTAL: 5.20 HOURS</td>
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<td>Baskerville Correctional Center</td>
<td>8:00 AM to 3:00 PM TOTAL: 6 HOURS</td>
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<td>Lunenburg Correctional Center</td>
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<td>Willett, Rita</td>
<td><a href="mailto:rita.willett@vadoc.virginia.gov">rita.willett@vadoc.virginia.gov</a></td>
<td>Virginia Correctional Center for Women</td>
<td>8:00 AM to 1:30 PM TOTAL: 5.5 HOURS</td>
<td>8:00 AM to 5:00 PM TOTAL: 9 HOURS</td>
<td>8:00 AM to 5:00 PM TOTAL: 9 HOURS</td>
<td>8:00 AM to 5:00 PM TOTAL: 9 HOURS</td>
<td>8:00 AM to 5:00 PM TOTAL: 9 HOURS</td>
<td>32.5 HOURS</td>
<td>130 HOURS</td>
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MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Cumulative COVID-19 Questions Answers (Through 4/6/20)

This is the fourth issue of cumulative Questions & Answers on topics raised by our units. As we move further into managing current conditions, we are experiencing and learning about new operational details that are important to the health of both staff and offenders. These questions are a resource for Units across the State to continue clarifying key points.

Please share this resource with your management team and employees as appropriate. It opens opportunities for the next rounds of questions and answers that will support our operations.

Attachment

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Eastern Region:

1. With DNA and Livescan waived, can offenders who come in for Intake still be placed on Shadowtrack? Yes

2. Will we get more guidance on how to deal with the positive cases that are/will be released from institutions? Work with the local Heath Department to release offenders.

3. Should we begin developing a protocol for cleaning state vehicles? This is being developed.

Central Region:

1. Should we restrict contact sports in the rec yard? Yes

2. Are officers required to be clean shaven for FIT testing? HR will provide guidance.

Western Region:

1. In reference to the hiring freeze, is it beneficial for a district to hold off on advertising the vacancy – I don’t want to lose a position. If that’s what you want to do, do it.

2. When CCAP has been completed a letter is sent to the Judge and the Judge grants release. Will a COVID-19 test be administered before release? No

3. Who will transport offenders who have been released? Work with family members.

4. Is it possible to get portable showers for staff? We have 4 ready to deploy. If you have a need, contact your Regional Operations Chief who will discuss with chain of command.

Additional Questions:

1. Offenders who are both workers in CORIS but are also students. If they are not being worked in the housing unit, are we to still pay them school hours? Yes, either create a job or they should be doing work provided by their teacher (see previous answers to similar question).

2. Should outside work gangs continue going into the community? Only CCAP & Work Release

3. Has there been any follow-up on BYOD for clerical staff using their own cell phones? For staff who are teleworking, please work with your Region and IT.
April 6, 2020

To: Regional Operations Chiefs/Regional Administrators
   Wardens/Superintendents
   Facility Training Staff

From: Joseph W. Walters
      Deputy Director for Administration

Subject: COVID - 19 Response, Version 2
         Additional Modifications to BCO Phase 4

The Academy for Staff Development has been closely monitoring training challenges associated with the COVID-19 pandemic. An immediate need has presented itself in the manner in which the Department administers the Field Training process associated with Corrections Officer certification. The Department has been consulting with the Virginia Department of Criminal Justice Services to ensure that we have solutions in place that allow us to continue the certification of Officers during this time of modified operations.

Effective Immediately:

1. The requirement for Officers-In-Training (OIT) to conduct two offender transportations is temporarily waived. OITs must still meet all conditions as set forth in Performance Outcomes 11.26 – 11.28 during this time. This can be accomplished through review of Post Orders and familiarization of facility procedure associated with transportation under the guidance of a Field Training Officer.

2. The requirement for OITs to spend at least one full day participating in offender visitation is temporarily waived. The OIT must still meet all other conditions set forth in Performance Outcome 11.57. This can be accomplished through review of Post Orders and familiarization of facility procedure associated with visitation under the guidance of a Field Training Officer. The OIT must also demonstrate familiarity with Operating Procedure 851.1 – Visiting Privileges.

3. Immediately upon the resumption of visitation at the employing facility any Officer who is affected by this change shall have 120 calendar days to participate in one full day of standard visitation at the employing facility.
4. Immediately upon the resumption of normal transportation operations at the employing facility any Officer who is affected by this change shall have 120 calendar days to participate in two transportation trips under the supervision of a Field Training Officer.

5. It shall be the facility’s responsibility to ensure an accurate record of affected employees is maintained and appropriate documentation placed in the Officer’s training record when the visitation and transportation requirements has been met.

These modifications to the Field Training Process are temporary and shall be immediately ended upon the lifting of offender transportation restrictions and visitation restrictions currently in place because of the COVID-19 pandemic.

Please contact Security Training Manager William E. Pierce at (804)-784-6848 if you have any questions about these modifications.

cc: Harold W. Clarke __
    A. David Robinson
    Joseph W. Walters
    Lisa C. Hernandez
    Randall Mathena
    William E. Pierce
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Cumulative COVID-19 Questions Answers (Through 4/1/20)

This is the third issue of cumulative Questions & Answers on topics raised by our units. The thoughtfulness of the questions show that we are continually examining our current operations, the impact of changing conditions, and what next-step information and guidance is needed.

Continue clarifying key points so that you and your employees can act with confidence as you continue to manage through these unprecedented times.

Please share this resource with your management team and employees as appropriate. This is good follow-through. And, it opens opportunities for the next rounds of questions and answers that will support our operations.

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Administration/Coordination

- **Training**
  
  **Q** Asking to confirm that the training sheet provided is all that is necessary to train on the thermometers. 
  Refer to memo and the completed training sheet needs to be placed in the employees training file. 
  [4/1/20, East, Q8]

  **Q** Are Basic Skills for P & P Officers still running? 
  Suspended 
  [3/25/20, West, Q2]

  **Q** Asked for clarification on upcoming trainings. 
  All training except BCO Training has been suspended. 
  [3/23/20, East, Q2]

  **Q** Is there information on training for new correctional officers: 
  Follow up is needed. 
  [3/23/20, West, Q4]

  **Q** How should those facilities that host in-service trainings for multiple sites respond? 
  Guidance will be forthcoming, all in-service training has been cancelled. 
  [3/18/20, Central, Q6]
### Community Staff – Facility Assignment

**Q** Can community staff be assigned to help at prisons?

*At this time, conversations about community staff has not occurred due to the workload in the community. There is no plan at this time to use community staff to work at prisons.*

[3/23/20, Central, Q13]

### Non-Essential Staffing

**Q** When the OSA or OSS runs out of work, and run out of leave, will they then be on leave without pay?

*Work with your RAs as they have numerous tasks that need to be performed daily.*

[3/30/20, Central, Q14]

**Q** To clarify, the OSS and OSA are not considered essential.

*Yes, work with your RAs as they have numerous tasks that need to be performed daily.*

[3/30/20, West, Q5]

**Q** Any way we can include all staff as essential in districts?

*Not at this time*

[3/30/20, Central, Q13]

**Q** Does the definition of essential employees include support staff?

*Refer to memo*

[3/30/20, Central, Q1]

**Q** May non-essential employees finish working today?

*The Governor’s order was effective immediately.*

[3/30/20, Central, Q3]

**Q** In light of the Governor’s new order, are we to send non-essential staff home?

*Yes, refer to memo*

[3/30/20, East, Q10]

### Overtime

**Q** Should staff be allowed to continue with overtime?

*Wardens need to work with their ROC to determine staff coming from one prison to work at another prison to provide overtime.*

[3/23/20, Central, Q7]
Employee Pay/ Benefits

Q With Flexible Reimbursement accounts and elective procedures being cancelled, there will be money left on card that cannot be used. Will that money simply be lost?

COVID-19 and Health Care FSA’s

Can the plan year be extended? Unfortunately no, the plan year is a 12-month period and, per the IRS, cannot be extended.

Can my annual election be reduced as the result of a change in planned surgery? At this time, guidance is not available regarding funds set aside for planned medical procedures that have been postponed due to COVID-19. COVID-19 and Dependent Care FSAs. Employees are encouraged to make everyone effort to appropriately utilize the funds during the plan year.

Can a Dependent Care FSA annual election be reduced due to closure of school, daycare, or after-school activities due to the pandemic? A change in the cost of childcare services is considered a Qualifying Mid-Year Event (QME) or Life Event. The employee may make an election change by submitting the enrollment form indicating the new election amount. The change will be effective the first of the month following receipt of the completed enrollment form and appropriate documentation. We will keep you updated, as additional information is available.

[4/1/20, East, Q7]

Q Are wage employees going to be paid?

Wage employees and adjunct faculty will receive pro-rated paid leave (Public Health Emergency Leave) based on the hours they are normally scheduled to work. The maximum paid leave must not exceed the maximum number of hours they would normally work each week. If a wage employee normally works 20 hours per week, the maximum amount of paid leave should be 20 hours per week for up to two weeks. When a wage employee’s hours vary, use an average as the maximum. Note: Total hours worked and the total hours of Public Health Emergency Leave cannot exceed the 1450 hours for wage employees.

[3/16/20, East, Q2]
Commuting Restrictions

Q The Governor just issued a stay at home order. Will another memo be issued for our staff?
A cover memo and template memo was issued yesterday with guidance for unit heads. All unit heads should verify essential staff are provided a copy of the memo, signed by the unit head, verifying the bearer is essential to the operations of the VADOC facility or office where they work. The employee should also carry their VADOC issued identification.
[3/30/20, East, Q4]

Q West Virginia has mandated that their residents remain home and those working need a letter.
Use the memorandum from the Director identifying staff as essential. Unit Heads should also develop a letter for their employees. Additionally, and if at all possible, Wage Employees may telework.
[3/23/20, Central, Q5]

Callouts

Q Asked for clarification on call-out reporting.
Only need the numbers for security and health care staff.
[3/23/20, West, Q5]

Joe Walters reported that effective immediately, the Facility HRO will report daily call-outs for COVID-19 for security staff (Officer through Major) and Medical Staff by 2:00 pm Friday to the OLU (Randy Mathena).
[3/23/20, Additional Question, Q3]

Staff COVID Testing

Q To date only inmates are being tested. I have staff in my P & P district who need to be screened. When we consult the Health Department, we are told to go to our own health care provider.
VDH directs who will be tested based upon exposure. Currently, their guidance for employees is to refer them to their health care provider and their Department of Health.
[4/1/20, West, Q3]

Telework

Q If an employee is teleworking and only has enough work for 4 hours, how are the other 4 hours calculated?
If Public Health Leave is used, it must meet eligibility; otherwise, the employee will need to use his or her own leave. Supervisors are strongly encouraged to be flexible and work with staff to provide appropriate assignments and work. Please work with HR.
[3/30/20, East, Q11]
Q  Any update on VPN?
There have been definite issues and VPN capacity has been exceeded. Joe Walters reported that as of last night, VITA reported capacity has tripled and it is working. [3/27/20, West, Q3]

Q  Do facility staff have the option to telework?
Director sent out a memo making staff at facilities designated employees. Wardens and Superintendents should still work with employees who request the option to telework and determine based on the employee’s circumstances, duties and capacity for job restructuring whether teleworking is an option. Each request for teleworking should be reviewed by the Warden or Superintendent on case by case basis. [3/18/20, West, Q3]

Q  Can district clerical staff telework?
Yes, they are not deemed essential staff. [3/18/20, East, Q1]

Q  If teleworking, can staff work different hours (staggered hours)?
Chief to make decision, employee may work hours supervisor and employee agree to. [3/16/20, Central, Q2]

Q  Does telecommuting apply to all Districts or just the 3 closed by the Governor?
Not all positions are appropriate for telework. However, telework is supported where appropriate. [3/16/20, West, Q5]

Q  Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions. [3/16/20, East, Q8]

Q  Can staff telework if kids are out of school or must they use Leave?
Chief’s discretion, complete telework agreement. [3/16/20, West, Q6]

Q  Policy requires a separate caretaker for children when an employee is teleworking– will this be relaxed for this event?
No final decision. [3/16/20, West, Q7]
Q Can we allow non-essential staff “flex” to assist with child care? (ex: 4 – 10hr shifts or 3 – 12hr shifts)
   If permitted by supervisor (must prioritize coverage @ facility).
   [3/16/20, West, Q11]

Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
   Essential personnel to report. Chiefs will determine rotating teleworking schedule.
   Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
   [3/16/20, East, Q8]

- Leave

Q If an employee has a chronic illness but no evidence of COVID-19 exposure/symptoms and they have received a note from their personal physician to self-quarantine for 5 days, is this to be honored?
   Joe Walters stated that if a health care provider, because of risk factors, has told an employee to self-quarantine, the employee should consult first with HR before they go out on quarantine and may access leave. Unit heads are encouraged to be liberal.
   [3/27/20, Central, Q2]

Q Clarification was sought on if the CPO and/or Lead Secretary could enter Public Health Emergency Leave.
   Full-Time Employees can enter (PHL) in TAL and it can be approved by the Supervisor. Wage Employees will need to enter hours worked and put PHL in the comments section. The Chief/Supervisor will then need to approve it. TAL is web-based and the employee can log into TAL from any computer with internet connectivity. If the employee is unable to access TAL, then an administrator can do it for the employee. It will be tracked by the HROs.
   [3/27/20, East, Q3]

Q Do Wage Employees have access to Public Health Emergency Leave?
   Yes, but at a prorated rate.
   [3/27/20, East, Q2]

Q Pursuant to the Governor’s closing of all services on the peninsula, clerical staff in the district have been on emergency leave. Should this continue?
   Refer to memorandum 3/27/2020 from Mr. Walters.
   [3/25/20, East, Q2]

Q What leave can be used to make arrangements for child care?
   DHRM issued guidance, work with HR.
   [3/23/20, Central, Q12]
Q Are all employee vacation leave requests to be suspended/denied?
No, only the Wardens, Assistant Wardens, Chiefs and Deputy Chief Probation Officers previously approved vacations are to be reviewed by the Regional Operations Chief with no further requests during this crisis.
[3/18/20, West, Q1]

- Recruitment
  Q Am in the process of conducting a 2nd interview and do those still have to be done face-to-face.
  Joe Walters reported that they do not. They can be done electronically.
  [4/1/2020, East, Q17]

Q Can one-person conduct interviews?
No, refer to Memorandum from Director Clarke.
[3/23/20, East, Q5]

Q Interviewees must come in person for the physical and urine screen, can this continue?
Refer to Memorandum from Director Clarke; urine screens will be necessary for CO Interviews.
[3/23/20, East, Q4]

Q Should facilities proceed with employee interviews?
Yes, proceed with interviews as scheduled and use the visitor COVID-19 screening form.
[3/18/20, West, Q2]

Q Should interview panels still be used?
See HR for guidance
[3/18/20, East, Q5]

- Staff Attire
  Q Given all the hard work non-security staff is doing, may we allow them to dress down?
  Wardens should use their own discretion.
  [3/30/20, Central, Q10]

- Audits
  Q Are COA audits on hold?
  COA on hold for 30 days.
  [3/16/20, Central, Q1]
Q  Are SRAs postponed?
   Yes, all SRAs and COAs are postponed.
   [3/18/20, Central, Q7]

  ▪ Procurement/Co-Pays
   Q  Vendors may ask how they are supposed to collect the agreed upon co-pays - it is the vendor’s responsibility to collect but they may decide to just charge DOC in full - is that something that DOC will approve?
      No, it is up to the Vendor to get their copay.
      [3/18/20, West, Q8]

   Q  What is needed by VCE to track orders?
      In process, already ordered, being tracked.
      [3/16/20, West, Q4]

   Q  Are flu test kits tracked or reimbursed? They can probably be tracked but likely not reimbursed.
      Going to track; figure out reimbursement at end of process.
      [3/16/20, West, Q3]

Communications

Q  Users have not been able to navigate the second link sent for the survey.
   Units should contact Mr. Fleming or Dr. Celi.
   [3/27/20, East, Q4]

Q  Cannot access the forms on the COVID-19 Response Guidance, keep receiving an error message.
   Mr. Fleming will investigate and work with his team to resolve. If you have issues, contact Moose Fleming.
   [3/25/20, Central, Q1]

General Prevention Measures

  ▪ Cleaning
    Q  Can we begin using bleach right away?
       With regular flu cases, no.
       [4/1/2020, West, Q4]
Q If Guidelines say that if an employee tests positive for COVID-19 they must be quarantined for 14 days. This employee would have been positive before identified and would have had contact with many in an institution.
At your facilities, remind staff to keep their distance from each other and continue to clean objects, i.e. door handles, etc.
[3/30/20, West, Q4]

Q Any guidance on how P&P offices are to be cleaned?
P&P Chief may allow vendors who do not have supplies to use our supplies. In the event a district doesn’t have a cleaning company, utilize the sanitation procedures.
[3/23/20, East, Q6]

Q Do we have to post the MSDS sheet?
Yes
[3/18/20, Central, Q2]

Q Do we have to post the MSDS sheet?
Yes
[3/18/20, Central, Q2]

- **Sneeze Guards & Masks - Staff**
  Q Is it mandated to wear sneeze guards in districts and regional offices?
  Yes, this is mandatory.
  [4/1/2020, West, Q1]

  Q Can we get sneeze guards to others who enter the facilities, i.e. kitchen maintenance?
  Yes
  [4/1/2020, West, Q1]

  Q May staff bring in their own masks?
  Yes
  [3/30/20, West, Q9]

  Q Staff who have been issued sneeze guards have requested to use their own masks, may they?
  Yes
  [3/30/20, Central, Q6]

  Q Staff is asking to use their own masks. May they use their own masks?
  Yes
  [3/30/20, East, Q8]
Q. Sneeze guards issued to staff. When they are leaving the institution a person must be clearly identified by staff at the front, must they lower their sneeze guards?
   Yes, they cannot go out of the front door until they have been clearly identified.
   [3/27/20, Central, Q4]

Q. Sneeze guards were issued without first identifying to whom they belonged and more may be needed.
   More can be issued. Work with your Regional Administrator who will coordinate with Marie Vargo.
   [3/27/20, Central, Q5]

Q. Comment, not a question, the unit found that when Carter Permanent Markers were used to identify sneeze guards, there was less fading then when Sharpie Permanent Markers were used.
   [3/27/20, Central, Q6]

Q. In the community, is it mandatory for P&P Officers to wear the sneeze guards?
   It is not mandatory for P&P.
   [3/27/20, Central, Q1]

Q. Should the sneeze mask memo be distributed or held until the mask arrive?
   WAIT until the masks arrive.
   [3/25/20, West, Q4]

Q. Are the sneeze guards for both staff and offenders?
   In the facility, for staff and offenders. In the community, for staff but not for offenders on probation.
   [3/23/20, Central, Q3]

Q. Masks (sneeze) are being sent to the field for use with GPS equipment install/removal.
   Refer to 3/24/2020 Memorandum.
   [3/23/20, Additional Question, Q1]

• **Offender Sneeze Guards**

  Q. Inside the facility, is it now mandatory that all staff and inmates wear sneeze guards?
   Yes and explain the “why” to the inmates. That this virus is serious and this measure is to keep things clean and to stop the spread.
   [4/1/2020, West, Q5]

  Q. Will offenders wear the sneeze guards out to work?
   Yes
   [4/1/2020, East, Q15]
Q  The memo disseminated to the inmates from the Director states that wearing the sneeze guard is optional.  
Director’s updated this memo and made it mandatory.  
[4/1/2020, East, Q13]

Q  Is the wearing of sneeze guards in the parameter mandatory?  
Yes and when advising the inmate, explain the “why”.  
[4/1/2020, East, Q11]

Q  When sneeze guards are issued, is there any time when inmates are required to remove them?  
Anytime as directed by the Warden or an Individual Officer for security reasons.  
[3/27/20, Central, Q3]

- **PPE/Gloves**

  Q  When staff have brought in gloves from the warehouse, are those gloves to be counted?  
Comply with instructions on the survey. If the box has been opened, count the number of gloves in the box as opened. If the box brought in is unopened, count the number of gloves in the box as unopened.  
[3/30/20, Central, Q2]

  Q  If I’ve already counted my gloves individually, and in the interest of submitting the survey by 2:00, should I go back and recount?  
If it’s been done, hit send.  
[3/27/20, West, Q2]

  Q  The survey does not currently have glove size 2XL.  
This category will be added to the survey.  
[3/27/20, West, Q4]

  Q  When counting gloves individually, is there the potential to contaminate them?  
Refer also to Memorandum Clarification of Daily Inventory PPE 3/28/2020.  
- Count of items—the count for both items used and items on hand continues for individual items using this approach:  
- On-hand—count the number of unopened boxes. Multiply the number of unopened boxes by the number of each items in each box for your total  
- Used—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes by the number of each items in each box for your total.  
[3/27/20, West, Q1]
Other PPE/Equipment

Q In the screening of staff memo, it states that staff doing the screening should be wearing gowns. We don’t have gowns (P&P) but we have aprons. Will they suffice? You do not have to wear either one. Refer to memo from Dr. Trey Fuller.
[4/1/2020, Central, Q4]

Q The thermometers received are different than the example. Work with Medical and use them how they are designed to be used.
[4/1/2020, Central, Q2]

Q What is the status of the hand sanitizer order? As of 4/3/2020, it has not arrived.
[4/1/2020, East, Q12]

Q There aren’t enough gowns at Cold Springs to do temperature checks. The same employee may wear the same PPE equipment to take temperatures; comply with CDC guidance.
[3/30/20, West, Q2]

Soap

Q Did not have any soap and needed to borrow from others. The ROCS will work with OLU to ensure the proper distribution of soap to facilities. If you don’t have soapy, let your ROC know.
[3/23/20, Central, Q9]

Q Effective 3/30/2020 1 bar of soap per inmate will be issued.
[3/23/20, Additional Question, Q2]

Q If it’s discovered that inmates have been hoarding soap, should the soap be taken. No and Randy Mathena to clarify with other regions.
[3/23/20, West, Q6]

Visitors/Volunteers/Contractors/Lawyers

Q May contract employees, such as Spectrum, help out? Yes, they are considered essential personnel.
[4/1/2020, West, Q3]

Q Is Armor and CGL essential? Yes
[3/30/20, Central, Q9]
Q  Is Spectrum essential?
   Yes, by contract
   [3/30/20, Central, Q11]

Q  Do we send contractors away?
   No
   [3/30/20, Central, Q12]

Q  Are Contract employees essential?
   Melissa Welch responded that Commissary and Chaplains have been determined essential.
   [3/30/20, Central, Q5]

Q  Can we get approval for health authorities to bring into the facility their state issued phone as this would better assist with communication?
   Health Authority may bring in phone. Phone and number will be verified upon entering and exiting the facility.
   [3/16/20, West, Q16]

Q  A UPS driver refused to answer the questionnaire and said that UPS does not permit them to sign documents.
   Delivery drivers do not have to complete questionnaire.
   [3/16/20, East, Q12]

Q  Are we allowing access to the vendors for restocking of the vending machines for staff?
   Vendors must complete questionnaire to enter.
   [3/16/20, West, Q10]

Q  If an attorney visits and checks “yes” on the [screening] form, do we still allow them to enter facility or just offer the video visitation?
   Previously addressed.
   [03/16/20, West, Q15]

Entry Screening

Q  One of my staff says that asking the questions and taking the temperature is a violation of HIPPA rights.
   This question was addressed offline. DHRM is aware of the Agency’s policy and supports it.
   [4/1/20, Central, Q5]
Q: If someone is denied entry that is documented. Do we also document those who passed?
   No, only those who have been denied.
   [4/1/2020, East, Q9]

Q: Are employees screened only in the morning or throughout the day as well?
   Refer to memo, only once per day. If an employee exhibits symptoms, they should be sent home. Employees should use proper PPE equipment for taking temperatures.
   [4/1/2020, East, Q2]

Q: When will the temperature screening video come out from medical?
   The training will NOT be a video; it will be a paper lesson plan with instruction provided by a health services team member. The employee will be required to sign and verify training, and the documentation should be placed in the employee’s training file. If there is an immediate need to train, bring someone from Health Services to train non-security staff. Ensure that the training is clearly documented in the employees file.
   [3/30/20, West, Q8]

Q: On the employee questionnaire, the question asking if an employee has traveled outside of Virginia is no longer listed.
   The screening questions are being revised; will include have you traveled from an area with sustained community-level COVID-19 spread (domestic or international)
   [3/30/20, West, Q3]

Q: Once an employee arrives, their temperature has been checked, and then leaves the compound, does the temperature need to be checked each time they reenter?
   No, only upon arrival.
   [3/30/20, West, Q1]

Q: On the questionnaire a questions asks about a sore throat. If an employee has a sore throat, are we to send them home?
   The CDC Guidelines does not mention a sore throat, follow memo.
   [3/30/20, Central, Q7]

Q: Is the training of non-medical staff for the taking of temperatures to be documented by the Wardens?
   Refer to memo
   [3/30/20, East, Q5]

Q: The memo providing guidance on temperature checks states that staff should be wearing a mask. What type of mask should they wear?
   A surgical/medical mask will be sufficient while supplies last.
   [3/30/20, East, Q12]
Q  Do we have to use officers to screen or can we use non-security staff?
   Use all available staff.
   [3/30/20, East, Q7]

Q  Should we be verbally screening all staff?
   Yes
   [3/30/20, East, Q6]

Q  Any update on temperature screening?
   Task Force working on this.
   [3/23/20, Central, Q9]

Q  Will P&P districts be receiving thermometers for temperature checks?
   Yes, the plan is to have them at all districts.
   [3/18/20, Central, Q3]

Q  Should HR notify the Health Department when an employee calls about any symptoms
   rather than relying on the employees to do so?
   Not DOC responsibility, is employee’s responsibility.
   [3/16/20, West, Q12]

Transport

- Transfers & Releases
  Q  Will CCAP still be receiving referrals?
     No.
     [4/1/2020, Central, Q6]

  Q  When transporting inmates on buses, not able to keep the appropriate social
distance.
     Make two runs.
     [3/30/20, East, Q9]

  Q  What happens when an offender reaches their release date from CCAP or an
institution and needs to be quarantined?
     The facility needs to collaborate with the local Health Department.
     [3/25/20, West, Q1]

  Q  Are all transfers suspended?
     Yes, unless absolutely necessary; Mental Health transfers reviewed on case by case
basis.
     [3/23/20, Central, Q1]
Q How should offenders residing at CCAP be handled when returning back to the site from court?
Superintendent should coordinate with Jim Parks to see if court can release offender to community vs. returning to the CCAP facility.
[3/18/20, Central, Q1]

Q Are offenders being screen prior to transfer?
Any offender leaving or entering must be screened per medical guidelines. (*NOT screening workers)
[3/16/20, East, Q7]

Q Mental Health transfers pending. These need to be reviewed case by case.
Yes, with screening leaving from and arriving to facilities.
[3/16/20, West, Q1]

Q Will there be a memo from HQ or Facility regarding stoppage of transfers?
Jim Parks sent it out already however it can be sent out by you again. Already have direction in the field.
[3/16/20, Central, Q4]

▪ Transfer to Hospitals
Q Per Larry Collins, VCU PD has stated there will be identified entry points to the hospital campus and at each entry point, persons attempting to enter will have their temperature scanned with a hand held device.
Hinkle to make sure Mathena receives info.
[3/16/20, Central, Q7]

Q Regarding scanning for temperature prior to hospital entry, who will be doing the scanning? VCU medical staff or DOC staff?
VCU staff should be responsible. Hinkle to clarify.
[3/16/20, Central, Q8]

Q We get offenders for medical and dental appointments from 28, 23, and 9. We also have workers here. We don’t plan on doing any medical screenings for these medical appointments. Should we keep on or just postpone those type of appointments?
No screening on medical appointments.
[3/16/20, West, Q13]

▪ Transfer/Release from Custody
Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
If there is a temperature, notify Health Department.
[3/16/20, West, Q5]
Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
   If there is a temperature, notify the Health Department.
   [3/16/20, West, Q17]

Care for the Sick

Q Will protocols for the administration of Narcan be developed?
   Yes, guidance will be forthcoming.
   [3/18/20, East, Q6]

Quarantining

- Building Quarantines
  Q If we have to quarantine a building, how will we rotate staff in that building?
    Herrick & Younce to create protocol by end of day.
    [3/16/20, West, Q8]

  Q Will we quarantine staff on premises?
    Follow guidance provided by Health Department as DOC has no authority to quarantine staff. Refer staff to their physician, local Health Department.
    [3/16/20, West, Q9]

Security

- Mail & Legal Documents
  Q How to handle Legal Mail received in the mailroom?
    Hold legal mail 3 days, if attorney drops off legal documents hold for 3 days, logged per normal procedure.
    [3/16/20, Central, Q5]

  Q How should Legal/documents be handled during an attorney’s non-contact/video visit?
    Taken to mailroom, logged, maintain for 3 days, give to offender.
    [3/16/20, Central, Q6]

  Q Should we hold commercial photographs, newspapers, publications, etc., that the offender has forwarded for 3 days like we are doing with legal mail (originals not copies)?
    Hold 3 days in mailroom.
    [3/16/20, West, Q14]
• **Searches**
  - **Q**: Are pat down searches waived? Are they waived if the unit has a body scanner?  
    - **NO. YES, but there may be a security reason that may require a pat search.**  
    - [3/27/20, East, Q5]

• **Phone Hot Spots**
  - **Q**: Can officers turn on hot spots?  
    - **Approved for 90 days. Each region to send list to Randy Mathena for approval.**  
    - [3/23/20, West, Q7]

**Operations – Other**

- **Q**: In our institution we have stopped the staff salad bar and limited the number of staff in the dining hall to 10 people at a time. We are wondering if others are doing the same?  
  - **Will remain open at this time, wear your sneeze guard. Gloves will be provided at the station.**  
  - [4/1/2020, Central, Q3]

**Operations – Offenders**

• **Drug Tests**
  - **Q**: Has there been a revision on the drug testing memo?  
    - **No, there has not.**  
    - [3/30/20, West, Q7]

  - **Q**: Should drug tests continue with outside workers?  
    - **No, unless you suspect someone is under the influence. Refer to Memorandum.**  
    - [3/23/20, East, Q4]

• **Offender Phone Calls/Video Visits**
  - **Q**: We have offenders in certain housing statuses that have limited phone access. For restricted housing, should these remain (2,4,6 calls per month)?  
    - **Give the offenders as many calls as possible during this time, but ultimately the decision is up to the Unit Head**  
    - [3/18/20, Additional, Q1]

  - **Q**: There are facilities that have imposed limits on telephone use because of previous offender behavior. Should these be lifted?  
    - **Yes, lift the ban**  
    - [3/18/20, Additional, Q2]
Q Will video bereavement be permitted for offenders?
No
[3/18/20, East, Q4]

Q Access to phones can further be limited when in medical isolation and/or on death row. Should this be left up to the discretion of the Facility Unit Head to determine the number of calls the offenders can make on a weekly basis?
Yes, this should be determined by the Unit Head
[3/18/20, Additional, Q3]

- **Offender Education**
  
  Q If an offender needs a GED test, can the test still be administered?
  Yes with appropriate precautions.
  [3/25/20, West, Q5]

- **Religious Holidays**
  
  Q Religious holidays are approaching, specifically Passover and Ramadan.
  Refer to memorandums 3/27/2020 from Mr. Robinson.
  [3/25/20, East, Q3]

  Q Ramadan is approaching, how should this be managed?
  Waiting Further Guidance from AG’s Office.
  [3/23/20, Central, Q14]

- **Commissary**
  
  Q Will Secure Packs continue?
  Yes, we will try to keep these going.
  [4/1/20, Central, Q1]

  Q Commissary is to continue but do not mix housing units. [3/23/20, Additional Question, Q4]

- **Work/Programs**
  
  Q Inmates are separated on site, but when they go to work in the community they are mingled.
  Do the best you can. Maybe those on the same worksite are in the same dorm area.
  [4/1/20, Central, Q7]

  Q Are we still sending inmates out on work gangs?
  Yes
  [3/30/20, Central, Q8]

- **Worker/Student Pay**
Q  Follow up to the March 25 Q & A, specifically with student/work pay. If we are paying those who are not working, what incentive is there for those who are working to continue working?
   You need to create work for these offenders that are not working such as a new job of cleaning.
   [3/25/20, Central, Q3]

Q  Will school workers and students be paid?
   Yes, they will be paid and should be doing work assigned by teachers.
   [3/23/20, Central, Q6]

Q  Will pay be cut off for those inmates who cannot work their jobs?
   No, they will receive pay.
   [3/23/20, Central, Q10]

Community

  Intake
   Q  If inmates who report in for intake are screened and do not pass, is there a specific waiver we should be using?
      Refer to Community Intake memo
      [4/1/20, East, Q10]

   Q  Given the Governor’s recent order, do we need to continue to have offenders come into the office for intake?
      Refer to memo
      [3/30/20, Central, Q2]

   Q  Are intakes still going forward in Community?
      Memo is forthcoming with further guidance.
      [3/30/20, East, Q3]

  Case Management
   Q  Should polygraphs continue?
      No, and Randi Lanzafama will prepare a memo for the field.
      [4/1/2020, East, Q16]

   Q  In the conditions being generated by the Parole Board, they indicate that “every effort will be made to ensure a home plan”. Will offenders be released without a home plan?
      If no home plan, look at using emergency housing resources. To be transparent, the Parole Board is working on three lists of offenders and the goal is to ensure everyone has a home plan.
      [4/1/2020, East, Q4]
Q  Will polygraphs in districts continue?
    Contact Randi Lanzafama
    [3/30/20, West, Q6]

Q  The questions from 3/23/2020 stated that the Re-Entry Probation Officers would still enter prisons and this issue would be revisited. Has that directive changed?
    At this time it has not been reevaluated.
    [3/30/20, East, Q2]

Q  Should offenders be allowed to travel out of state?
    No, if you have questions speak with your RA.
    [3/25/20, Central, Q2]

Q  There has been a significant increase in releases from jails and intakes have doubled. Follow-up on question about transfers. If an offender is released from a CRP and a transfer cannot be completed, there is the potential that the offender will be homeless.
    Work with your Regional Administrator for Community to ensure that offenders are not homeless. Also, work with your RA on how to process jail intakes.
    [3/23/20, Central, Q2]

Q  Should polygraph examinations continue?
    Yes, they should continue; however, if an offender presents with symptoms, do not test.
    [3/23/20, East, Q4]

Q  Should SVP evaluators be allowed to enter the facility.
    Yes, allowed in if they are NOT displaying symptoms.
    [3/23/20, Central, Q8]

Q  Will VSP Sex offender registry verifications be waived?
    Until further notice, the VSP are not requiring fingerprints or signatures on the SP237. Officers can write in the fingerprint and signature block "verified by ID." Offenders may also fill out a "mini registration form" that can be located on the VSP website. When the offender fills this out, they can email the form back into the VSP. If there is concern about annual verification of an offender's residence, these are not due until June 30.
    [3/18/20, East, Q1]

Q  Do districts still need to conduct home visits for high risk cases?
    At the discretion of the Chief
    [3/18/20, East, Q3]
Q Are Districts still to continue with DNA and fingerprinting?  
Suspend for 30 days; re-evaluate in 30 days.  
[3/16/20, East, Q4]

Q Are Senior Re-Entry Specialists to go into institutions?  
Yes.  
[3/16/20, East, Q6]

Q With regard to GPS alerts, how are staff supposed to handle going to the home and  
potentially having to change equipment with the risk of potential exposure?  
6-foot (social distancing) distance unless contact is necessary, take PPE precautions.  
[3/16/20, East, Q10]

Q What is the clarity with regard to High Level Supervising?  Are officers required to see  
these offenders or can these contacts be waived to the social distancing measures?  
Required to see offender per normal high level.  
[3/16/20, East, Q9]

- Transfers

Q There is the waiver for home contacts.  Has the procedure for transfers changed?  
At this time, it has not but this question should be flagged for follow-up.  
[4/1/20, East, Q5]

Q If a probationer from Cold Springs has to be medically moved, where would the go?  
You need to have an isolation plan.  If the probationer is exhibiting minor symptoms,  
they won’t need to go to a hospital.  Crystal Pulley, Jerry Fitz and Angela Brennan have  
been working on a plan and will involve how the Health Department wants to proceed.  
[4/1/2020, West, Q2]

Q We need further guidance on ICOTS transfers.  
Follow up is needed.  
[3/23/20, West, Q3]

Q Are community transfers between districts currently suspended?  
Yes, transfers are suspended for the next 30 days.  
[3/18/20, Central, Q5]

Q If all transfers are suspended, we may potentially make an offender homeless.  
Work with Crystal to make a transfer happen.  We don’t want to make an offender homeless.  Crystal will work with the other 2 RAs and provide further guidance to the districts.
Teletherapy & Groups

Q In the substance abuse modification memorandum from Scott Richeson, the last sentence says, *that face-to-face treatment will end until June 10 or until there is a different directive from the Governor.*
This allows for an end sooner if the Governor issues a different directive.
[4/1/2020, East, Q1]

Q More information is needed on the MOU with the CSB. And is there a rate change for the SA teletherapy?
Scott Richeson will work with District 42 on these questions.
[4/1/2020, East, Q6]

Q Has the modified contract gone out to the substance abuse vendors?
Answered by Scott Richeson – it has and Procurement has asked for it to be signed and a copy returned by tomorrow. There will also be a memo forthcoming specific to CSB changes.
[3/30/20, East, Q1]

Q Is Substance abuse treatment available through teletherapy?
Contract has been modified to allow teletherapy effective March 26, 2020.
[3/25/20, East, Q1]

Q What is the DOC definition of teletherapy for community corrections?
Any telecommunication ability.
[3/18/20, West, Q4]

Q Will the rate per offender for teletherapy be the same as the current rates in the contract?
Yes
[3/18/20, West, Q6]

Q If teletherapy is offered by the vendor, how will each offender access the therapy?
It is incumbent upon the offender and teletherapist or it is cancelled.
[3/18/20, West, Q5]

Q How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
Screen shot of their telecommunication as their roster.
[3/18/20, West, Q7]
Q Should Sex Offender groups in the community be canceled?
YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
[3/18/20, Central, Q4]

Q Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
[3/16/20, East, Q11]

Q Are we still holding Groups?
Still may hold Programs, and Groups but must be supervised. Maintain groups in districts & facilities; if providers do not provide the service, they will not get paid.
[3/16/20, East, Q1]

Q Treatment/Decision Point classes?
Continue Processes.
[3/16/20, West, Q2]

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[3/18/20, Central, Q4]
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 8

Please take note of the eighth update to the VADOC Pandemic Response Guidance. Continue to share it with your management teams and employees as appropriate.

This resource provides you with an updated, cumulative summary of important COV-19 related communications. You will continue to receive real time communications from executive areas as needed.

We can see that more and more communications are updates of earlier memoranda. This is an indicator that we are able to refine guidance based on our experiences and with the consultation with external partners. Both forms of collaboration are essential as we keep pace with changing conditions.

So, always be sure that you are referring to the latest issue on a particular topic.

Email distribution of real-time communications, these cumulative Pandemic Response Guidance updates and the series of regional/divisional conference calls provide ongoing methods to make sure we are all up to date. Use these tools to organize the information that you continue to share abundantly with your people. They will continue to adjust operations accordingly under your leadership.

Please, support your people and allow them to support you. Focus, healthy habits and an awareness of Oneness are essential ingredients to our success as we navigate these unprecedented times.

cc: David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
## ACA Containment Benchmarks

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### 4/6/2020 Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library
## Communication

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## ACA Containment Benchmarks (cont)

### 3. General Prevention Measures

- **Hand Sanitizer**
  - 4/3/20 | DDA | COVID-19 Response Distillery Produced Hand Sanitizer - Infirmary and Medical Use, V1
- **Sneeze Guards**
  - 4/2/20 | Director | COVID-19 Sneeze Guards (Staff), COVID-19 Sneeze Guards (Offender)
- **Staff/Offenders**
  - 3/31/20 | Task Force | COVID-19 GTL Offender Telephone Sanitation
- **Fitness to Report to Work**
  - 3/23/20 | CCO | COVID-19 – Personal Hand Sanitizer, Staff
- **Health Habits**
  - 3/17/20 | CCO | Offender Mail Handling of Loose Publications
- **Environmental Cleaning**
  - 3/17/20 | CCO | Medical Epidemic/Pandemic Sanitation Memo
- **Social Distancing**

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# VADOC COVID-19 Response Guidance

Version 8

4/6/2020

Items in **GREEN** are additions since last update

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## VADOC COVID-19 Response Guidance

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### 8. Personal Protection Equipment (PPE)

<table>
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<tr>
<th>Staff Precautions Inventory Management</th>
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- COVID-19 PPE Survey Update-COVID-19 Offender Testing
- COVID-19 Clarification of Daily Inventory of Personal Protection Equipment
- PPE Survey
- COVID-19 Daily Inventory of Personal Protective Equipment (PPE)
- PPE Survey Updated
- COVID-19 Daily Inventory of Personal Protective Equipment (PPE)
- PPE Survey
- COVID-19 Isolation Plan for Modified Operations

### 9. Transport

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<th>Health Facility Notification</th>
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- COVID-19 Isolation Plan for Modified Operations

### 10. Isolation/Cohorting (Symptomatic Persons)

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<th>Offender Precautions Staff Precautions Space Use &amp; Sanitation</th>
<th>HSU</th>
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- COVID-19 Infirmary Discharges
- COVID-19 Bed Space Plan, Patient Locations
- COVID-19 Isolation Plan for Modified Operations

### 11. Care for the Sick

<table>
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<tr>
<th>Supportive Care</th>
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- COVID-19 Narcan Use
- [VADOC will follow VDH guidance through its Health Services Administration]

### 12. Quarantine (Asymptomatic Exposed Persons)

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<th>Identify close contacts Offender Precautions Staff Precautions Space Use &amp; Sanitation</th>
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- COVID-19 Bed Space Plan, Patient Locations
- COVID-19 Isolation Plan for Modified Operations

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**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library

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## VADOC COVID-19 Response Guidance

Items in **GREEN** are additions since last update

### Operational Area – VADOC Staffing

<table>
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<tr>
<th>VADOC Staffing Element</th>
<th>VADOC Key Topics</th>
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<tr>
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<td>VMS Connectivity</td>
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<td>VADOC COVID-19 Response – Video Management System (MaxPro)</td>
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<td>B. Food Service</td>
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<td>Food Service Emergency Menu, COVID-19 14-day Menu</td>
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<td>C. Medical</td>
<td>Offender Screenings Treatment Medicaid</td>
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<td>COVID-19 PPE Contingency Strategy, DOC Risk Zones, Red Zone, Yellow Zone, Green Zone (Version 2)</td>
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<td>COVID-19 Training Requirements for Onboarding of Medical Staff</td>
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<td>Dental Staff Assistance in Medical Units during COVID-19 Response</td>
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<td>Task Force</td>
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<td>D. Laundry</td>
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<td>COVID-19 Permanent Markers, Sneeze Guards</td>
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<td>E. Other – Operations</td>
<td>Social Distancing Employee Attire</td>
<td>4/1/20</td>
<td>CCO</td>
<td>COVID-19 – Variance to Operating Procedure 105.1, Employee Uniforms</td>
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<td>COVID-19 Drug Testing Suspended</td>
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Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library
## F. Other – Offender

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- **COVID-19 – Passover 2020 (Revised)**
- **COVID-19 Law Library Operations**
- **COVID-19 Law Library Operations (Offender)**
- **COVID-19 Observance of Passover 2020, COVID-19**
- **Observance of Passover (Offender)**
- **COVID-19 Observance of Passover 2020, COVID-19**
- **Observance of Passover (Offender)**
- **COVID-19 – Modified Commissary Operations**
- **Temporary Suspension of the Publication Review Committee**
- **Offender Notice-Temporary Suspension Publication Review**
- **COVID-19 – Second Quarter Securepak**
- **COVID-19 Response – Keefe Commissary Contract**

## G. Community

<table>
<thead>
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<th>GPS</th>
<th>Essential Personnel</th>
<th>Office Access</th>
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- **COVID-19 Sneeze Guards for Releasing Offenders**
- **COVID-19 – Community Intake Process**
- **Temporary Suspension Peer Recovery Specialist Pilot**
- **COVID-19 Re-entry Condition Waived for Parole and Pardon Grants**
- **COVID-19 Outpatient SUD Contract Change**
- **COVID-19 – Home Visit Waiver**
- **COVID-19 Transfers Investigations Between Districts**
- **COVID-19 Suspension of P&P Weapon Training Requirements**
- **COVID-19 Drug Testing Suspended**
- **COVID-19 – GPS Equipment Protocol**
- **COVID-19 – Protocol**
- **P&P District Essential Personnel Guidelines**
- **P&P District COVID-19 Guidelines, P&P District COVID-19 Sign**

**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library
MEMORANDUM

To: Executive Team
Organizational Unit Heads

From: Lucinda Childs-White
Director of Human Resources

Subject: COVID-19 Response - Implementation of Hiring and Compensation Freeze

On April 2, 2020, the Department received notification from the Governor’s Chief of Staff that an immediate freeze on hiring and compensation actions is being instituted to help pay for the unbudgeted costs of COVID-19. The purpose of this memorandum is to provide guidance on how this freeze will be implemented in the Department of Corrections.

The freeze includes all classified full-time and wage positions with the exception of hiring authorization for the following positions specifically approved by the Secretary of Public Safety and Homeland Security:

- Wardens and Superintendents
- Security Staff of All Ranks
- Probation Officers of All Ranks
- Surveillance Officers
- Casework Counselors
- Cognitive Counselors
- Building and Grounds positions
- Farm Supervisors
- Treatment Plant Operators and Supervisors
- Health Care Professionals
- Food Service Positions
Implementation of Hiring and Compensation Freeze
April 6, 2020
Page 2 of 2

At this time, the recruitment and selection process, including advertising and screening positions, holding interviews, and extending job offers, may continue for the above positions only.

The following guidance applies to all other positions not included in the exemptions identified above:

- Verbal or written offers made prior to April 3, 2020 will be honored.
- The positions will not be posted in the Recruitment Management System (RMS) or advertised at this time.
- For those positions currently advertised, the postings will be put on hold in RMS.
- For positions with advertisement periods that have closed in RMS, the positions will be screened and the hiring process will then be put on hold. Notifications will be sent to applicants that the recruitment for these positions is on hold and will resume when the hiring freeze is lifted.
- Interviews should not be held.
- No verbal or written job offers may be made, even if the position has been previously authorized to fill.

Positions not confirmed as exemptions to the freeze will require Secretarial approval before advertising. Unit Heads must secure approval from their region and appropriate Senior Executive Team Member (e.g., Director, Chief of Corrections Operations, Deputy Director) to advertise and fill these positions. The Senior Executive Team Member will then forward their approval to Emmanuel Wright, Recruitment Manager, in the Office of Human Resources at Headquarters.

Please contact Emmanuel Wright (Emmanuel.Wright@vadoc.virginia.gov) or Dana Harty (Dana.Harty@vadoc.virginia.gov) with any questions.

Thank you for your patience and cooperation during this difficult time.

LCW

cc: Harold W. Clarke, Director
    A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director, Division of Programs, Education & Reentry
    Human Resource Officers
    Human Resource Support Staff
MEMORANDUM

To: Wardens & Superintendents
    Chiefs of Probation & Parole
    Regional Operations Chiefs
    Regional Administrators
    Executive Team

From: Harold W. Clarke, Director

Subject: COVID-19 Families First Coronavirus Response Act - Exemption for Correctional Institution Personnel and Probation and Parole Officers Working at These Institutions

Earlier today, guidance was provided to Human Resource Officers (HROs) about the Families First Coronavirus Response Act (FFCRA), which became effective April 1, 2020. The purpose of this memorandum is to clarify the exemptions listed under this Act relative to Department of Corrections’ employees.

According to the Department of Labor, the following employees may be excluded from Paid Sick Leave or Expanded Family and Medical Leave by their employer under the FFCRA: correctional institution personnel, physicians, nurses, public health personnel, and persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency, as well as individuals who work for facilities employing these individuals and whose work is necessary to maintain the operation of the facility. Due to the critical nature of these positions in supervising and caring for the offender population, preventing the spread of COVID-19, and ensuring business continuity and public safety, Department employees working at correctional facilities, including those who have been reassigned from Community Corrections (e.g., Probation Officers) to ensure critical staffing levels are maintained will be exempted from Paid Sick Leave or Expanded Family and Medical Leave by their Employer under the FFCRA.

If there are questions about the aforementioned exceptions or the FFCRA, please contact Stacy Beverly (804) 887-8321 or Angelica Jones (804) 887-8128 in the Office of Human Resources at Headquarters.

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    Scott Richeson, Deputy Director of Programs, Education and Reentry
    Lucinda Childs-White, Human Resources Director
    Human Resource Officers
MEMORANDUM

TO: All Unit Heads

FROM: Harold W. Clarke
       Director of Corrections

SUBJECT: Updated COVID-19 Judicial Emergency Declarations

On March 16, 2020, the Supreme Court of Virginia suspended all non-essential and non-emergency proceedings in Virginia District and Circuit Courts until April 6, 2020. Shortly thereafter, Director Harold W. Clarke issued a memorandum providing guidance on the tolling and extension of relevant deadlines related to those proceedings. The following summary supplements that memorandum with updates from the Supreme Court of Virginia and includes, for the first time, guidance on current federal standing orders in the Eastern and Western Districts of Virginia.

Regarding state courts in Virginia: on March 27, 2020, the Supreme Court of Virginia extended its suspension of all non-essential and non-emergency proceedings in Virginia District and Circuit Courts through April 26, 2020. Accordingly, all civil, traffic, and criminal deadlines are tolled and extended until that date with limited exception.

Regarding federal courts: on March 24, 2020, federal courts located in the Eastern and Western Districts of Virginia extended to May 1, 2020, their suspension of all non-critical and non-emergency in-person proceedings. In doing so, all civil and criminal in-person proceedings in the U.S. District Courts for the Eastern and Western Districts of Virginia including court appearances, trials, hearings, and settlement conferences scheduled to occur through May 1, were postponed and continued, and will be rescheduled at a later date.

Because these orders directly affect cases filed by VDOC offenders, the Office of the Attorney General has instructed that copies be posted in all facilities to ensure notice to offenders. Due to COVID-19 restrictions, the Office of the Attorney General has recognized that offenders may not have access to facility libraries and recommends that copies be made available inside housing units or in another manner determined appropriate by each facility.

Please find attached original and updated court orders from the Supreme Court of Virginia and the United States District Courts for the Eastern and Western Districts of Virginia.

Attachment

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Programs, Education and Re-entry
IN RE: ORDER DECLARING A JUDICIAL EMERGENCY
IN RESPONSE TO COVID-19 EMERGENCY

On March 12, 2020, Governor Northam entered Executive Order Number Fifty-One (2020) Declaration of a State of Emergency Due to Novel Coronavirus COVID-19. The Governor noted that the Virginia Department of Health (VDH) has been working with local, state, and federal officials, healthcare and emergency management experts, and various state agencies to form a COVID-19 Taskforce to prepare for and respond to this threat, and that, given recent confirmed occurrences of COVID-19 within the Commonwealth and in neighboring states, as well as information from the Centers for Disease Control and Prevention, it is anticipated that the disease will spread. A state of emergency exists in the Commonwealth of Virginia and efforts of the executive branch are underway to continue to prepare and coordinate its response to the potential spread of COVID-19, a communicable disease of public health threat. This state of emergency became effective March 12, 2020, and is to remain in full force and in effect until June 10, 2020, unless sooner amended or rescinded by further executive order.

On March 13, 2020, the Governor advised that “if you have not already, please continue to review your [Continuity of Operations or] COOP plan. It is critical that you think about essential functions as they relate specifically to the COVID-19 event.” Many courts are actively doing so and court users and the public may access information on courts’ responses to the COVID-19 emergency online at: http://www.vacourts.gov/. All judges and clerks may access resources and information via the Court’s intranet site at: http://oesinet/. Courts that have not already done so, should review their continuity of operations plan and consult remotely with local stakeholders.

In 2010, the Supreme Court of Virginia’s Pandemic Flu Preparedness Commission issued the Pandemic Influenza Bench Book for Virginia’s Court System and it has been available since then to the public and court personnel via the Court’s web site at: http://www.vacourts.gov/programs/pfp/benchbook.pdf. It was revised in 2017, and most recently was specifically referenced in emails sent to all judges and clerks by the Executive Secretary on February 26 and March 11, 2020, with information for all courts to use in addressing the current COVID-19 emergency.

On Sunday March 15, 2020, Governor Northam announced a statewide ban on all events over 100 people. In light of the foregoing and the Chief Justice having received today, March 16, 2020, a request from the Governor for a declaration of a judicial emergency in all district and circuit courts of the Commonwealth of Virginia, pursuant to Va. Code § 17.1-330, this Order declaring a judicial emergency is hereby issued for all district and circuit courts of the Commonwealth to protect the health and safety of court employees, litigants, judges, and the general public. This Order shall be in effect from today, Monday, March 16, to Monday, April 6, 2020, and it is hereby ORDERED that NON-ESSENTIAL, NON-EMERGENCY court
proceedings in all circuit and district courts be and hereby are SUSPENDED and all deadlines are hereby tolled and extended, pursuant to Va. Code § 17.1-330(D), for a period of twenty-one (21) days, and all circuit and district courts shall implement the following measures absent a specific exception as listed below:

1. Continue all civil, traffic and criminal matters, including jury trials, subject to a defendant’s right to a speedy trial, with the exception of emergency matters, including but not limited to, quarantine or isolation matters, arraignments, bail reviews, protective order cases, emergency child custody or protection cases, and civil commitment hearings. Judges may exercise their discretion with regard to proceeding with ongoing jury trials, and in cases where the defendant is incarcerated.

2. Continue all ceremonies, such as juvenile licensing ceremonies.

3. Limit courtroom attendance to attorneys, parties, and necessary witnesses and members of the press in any matters that cannot be continued.


5. For jury trials that cannot be continued, excuse or postpone jury service for jurors who are ill, caring for someone who is ill, or in a high-risk category as defined by the Center for Disease Control (CDC).


7. Require attorneys to use e-Filing if available.

8. Require individuals with legitimate court business who are ill, caring for someone who is ill, or is otherwise in a high-risk category, as defined by the Center for Disease Control (CDC), to call the local clerk of court or other appropriate court personnel to request an appropriate accommodation.

9. Consult with the locality, including the sheriff, about posting signage at all public entry points advising individuals not to enter the building if they have:

   a. visited China, Iran, South Korea, any European countries, or any other high-risk countries identified by the CDC in the previous 14 days;

   b. traveled domestically within the United States where COVID-19 has sustained widespread community transmission;

   c. been asked to quarantine, isolate, or self-monitor by any doctor, hospital, or health agency;

   d. been diagnosed with, or have had contact with anyone who has been diagnosed with, COVID-19;
e. a fever, cough, or shortness of breath; or

f. resided with or been in close contact with any person in the above-mentioned categories.

Individuals attempting to enter the court in violation of these protocols may be denied entrance by a bailiff or court security officer, and may be directed to contact the clerk’s office by telephone or other remote means to inform the clerk of their business before the court so as to receive further instruction regarding alternate arrangements for court access.

10. Consult with the sheriff and/or bailiffs to prohibit individuals or groups from congregating anywhere in the courthouse, and to require social distancing throughout the courthouse, including inside the courtroom.

11. Use telephonic or video technology, as provided in the Code of Virginia, for all necessary hearings, trials, or other matters, including arraignments.

Nothing in this Order shall preclude the chief district and chief circuit judges from implementing additional local policies as needed. Except as provided in this order, to the extent possible, the courts and clerks’ offices shall remain operational and provide essential services while balancing the health and safety needs of court visitors and personnel. This Order shall be effective from March 16, 2020, to April 6, 2020. This Order may be extended for additional periods not to exceed 21 calendar days or for the duration of the threat, by a majority of the justices of the Supreme Court to mitigate the risks potential spread of COVID-19.

____________________________
Donald W. Lemons
Chief Justice of the Supreme Court of Virginia
Supreme Court of Virginia

IN RE: ORDER EXTENDING DECLARATION OF JUDICIAL EMERGENCY
IN RESPONSE TO COVID-19 EMERGENCY

On March 16, 2020, the Chief Justice, having received a request from the Governor pursuant to Va. Code § 17.1-330, entered an Order declaring a judicial emergency, recognizing the need to protect the health and safety of court employees, litigants, attorneys, judges, and the general public. After careful consideration and review, the Justices of this Court hereby unanimously ORDER that the declaration of judicial emergency be in effect and continue beginning April 6 through April 26, 2020, for all district and circuit courts of the Commonwealth.

Except as provided in this order, the courts and clerks’ offices shall remain operational and provide services required by law while, at the same time, maintaining protections for the health and safety of court users and personnel. With the exception of matters enumerated herein, all applicable deadlines, time schedules and filing requirements, including any applicable statute of limitations which would otherwise run during the period this order is in effect, are hereby tolled and extended, pursuant to Va. Code § 17.1-330(D), for the duration of this Order.

All courts shall implement the following measures during this extended period absent a specific exception as listed below.

1. The court shall continue all civil, traffic and criminal matters, including jury trials, except for emergency and other matters as provided in this Order. For example, routine proceedings, including but not limited to non-emergency: warrants in debt, unlawful detainers, issuance of garnishments and writs of eviction shall be continued during the period this Order is in effect.

2. In any matter heard or considered by a court as provided in this order, judges shall exercise their discretion as necessary in determining whether the matter is urgent and must be heard
without delay in order to protect important liberty and constitutional interests and the health and safety of the parties, and others necessarily involved and affected by the proceedings.

3. The court’s determination that a criminal case must be heard in order to avoid violating a defendant’s right to a speedy trial shall be made by the presiding judge on a case by case basis. Among other things, considerations may include the liberty interests of the defendant, and the health and safety of the parties, attorneys, court personnel, and others necessarily involved and the ability of the court to safely proceed, taking into account the ability of the court to use technology as authorized by law, social distancing and other measures.

4. The court shall give precedence on the docket to emergency matters including, but are not limited to, quarantine or isolation matters, criminal arraignments, bail reviews, protective order cases, emergency child custody or protection cases, civil commitment hearings, petitions for temporary injunctive relief, proceedings related to emergency protection of elderly or vulnerable persons, petitions for appointment of a guardian or conservator, and proceedings necessary to safeguard applicable constitutional protections. Judges should exercise their discretion with regard to holding ongoing jury trials, grand jury proceedings, cases where the defendant is incarcerated, foster care cases, and child dependency cases. The exercise of discretion should focus primarily on considerations of the liberty and constitutional interests at stake, the health and safety of the parties, attorneys, court personnel, and others necessarily involved, and the ability of the court to safely proceed, taking into account the ability of the court to use technology as authorized by law, social distancing and other measures.

5. To the extent authorized by law, all matters that a court hears pursuant to this Order should be conducted by two-way electronic audio-visual communication, if available. The parties, attorneys, witnesses and others should be allowed to appear by such two-way electronic audio-visual communication in order to reduce or eliminate the need for parties, attorneys and others necessarily involved to physically appear in the courthouse. If a party, witness, or other
participant is unable to participate via the provided secure communication platform such as Polycom or Webex, if available, then, upon request to the court, they may participate by telephone. Requests to participate by telephone should be liberally granted.

6. The court shall continue all ceremonies, such as specialty court graduations and juvenile licensing ceremonies.

7. The court shall limit courtroom attendance in any matters that cannot be continued to attorneys, parties, necessary witnesses, interpreters, court personnel, court reporters, bailiffs and those deemed necessary by the presiding judge, and members of the press where permitted by law.

8. The court should issue summonses in lieu of capiases for failure to appear.

9. For jury trials that cannot be continued, the court should excuse or postpone jury service for jurors who are in a high-risk category as defined by the Centers for Disease Control and Prevention (CDC) at https://www.cdc.gov/, or who are ill, caring for someone who is ill, or are caring for children under the age of 16.

10. The court should require attorneys to use e-Filing if available.

11. The court should require individuals with legitimate court business who are ill, caring for someone who is ill, or who are otherwise in a high-risk category, as defined by the CDC, to call the clerk of court or other appropriate court personnel to request an appropriate accommodation.

12. The court shall consult with the sheriff about posting signage at all public entry points advising individuals not to enter the building if they have, within the previous 14 days:
   a. visited China, Iran, South Korea, any European countries, or any other high-risk countries identified by the CDC;
   b. traveled domestically within the United States where COVID-19 has sustained widespread community transmission;
   c. been asked to quarantine, isolate, or self-monitor by any doctor, hospital, or health agency;
d. been diagnosed with, or have had contact with anyone who has been diagnosed with, COVID-19;

e. experienced a fever, cough, or shortness of breath; or

f. resided with or been in close contact with any person in the above-mentioned categories.

Individuals attempting to enter the court in violation of these protocols shall be denied entrance by a bailiff or court security officer, and will be directed to contact the clerk’s office by telephone or other remote means to inform the clerk of their business before the court so as to receive further instruction regarding alternate arrangements for court access.

13. The sheriff and/or bailiffs shall prohibit individuals or groups from congregating anywhere in the courthouse, and require social distancing throughout the courthouse, including inside the courtroom.

14. Nothing in this Order shall preclude the chief district and chief circuit judges from implementing additional local policies as needed, and as allowed by law.

15. If a court finds it necessary to limit access to the court clerk’s office for any time during the scope of this order, the clerk’s office shall, nonetheless remain accessible during regular business hours by telephone and email, with such contact information posted on the Internet and at any public entrance(s). If available, drop boxes should be used for any conventionally filed documents and clerks shall take steps to safely accommodate any individual(s) requiring access for important matters, including but not limited to, title or record searches and recordation of land records.

This Order shall be effective beginning April 6 through April 26, 2020. This Order may be extended for additional periods as provided in Va. Code § 17.1-330. It is so ORDERED.

THE SUPREME COURT OF VIRGINIA

 empresas

CHIEF JUSTICE DONALD W. LEMONS Entered 3/27/2020
In re: EXTENSION TO THE MODIFICATIONS OF COURT OPERATIONS: SUPPLEMENT TO GENERAL ORDERS 2020-02 and 2020-03

General Order No. 2020-07

The instant General Order supplements General Orders 2020-02 and 2020-03. Since the entry of such General Orders, the United States District Court for the Eastern District of Virginia has continued to closely monitor the outbreak of Coronavirus Disease 2019 (COVID-19), as well as the developing guidance from the Centers for Disease Control and Prevention ("CDC"),\(^1\) and the increasingly stringent responses from all branches and levels of government. This includes the President of the United States’ recommendation that all Americans avoid gathering in groups of more than ten people,\(^2\) the CDC’s recommendation that all Americans avoid close contact with other people (i.e., being within six feet) "if COVID-19 is spreading in your community,"\(^3\) and the following sixteen states issuing "stay home" orders: California,

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Connecticut, Delaware, Hawaii, Illinois, Indiana, Louisiana, Massachusetts, Michigan, New Jersey, New Mexico, New York, Ohio, Oregon, Washington, and West Virginia. Additionally, yesterday, the Governor of Maryland issued an order closing all non-essential businesses, as well as an advisory urging citizens to stay in their homes unless they have an essential reason to go out. The Governor of Virginia likewise acted yesterday to: (1) close all K-12 schools for the remainder of the 2019-2020 school year; and (2) close certain categories of non-essential businesses. Both the Maryland and Virginia executive orders permit fines and imprisonment as a punishment for violating such orders.

These heightened restrictions reflect the thousands of new COVID-19 cases being identified each day in the United States, with the available evidence revealing that the spread of COVID-19 is rapidly accelerating in both the United States and the Commonwealth of Virginia. Specifically, in the past few days, the United States has become the country with the second greatest number of individuals known to be currently infected with COVID-19. The number of confirmed cases in the United States has more than doubled in the last three days, and just yesterday, more than 10,000 new cases were identified. The number of daily fatalities has also roughly doubled over the last three days, with more than 100 fatalities occurring on each of the two days immediately preceding the entry of this Order.
While a state-by-state comparison reveals that Virginia's number of known COVID-19 cases is relatively lower than many other states, Virginia's fatality rate, based on the number of known cases, is relatively higher than many other states. This suggests that the true number of Virginia COVID-19 cases, and the degree of local community spread, is not fully captured by the statistics being reported at this time. Moreover, there is clear evidence of insufficient testing, including the fact that testing centers within our District have temporarily shut down and/or cut back their hours in recent days due to a supply shortage of approved tests. The insufficiency of current testing suggests the likelihood that COVID-19 is substantially more widespread in Virginia than it appears from the official numbers. Moreover, while the total number of cases is unlikely to be fully captured by the currently reported statistics, of the known cases, 15% of infected individuals in the Commonwealth have required hospitalization so far.

Health officials have consistently warned that the next several weeks pose the greatest risk of increased community transmission of COVID-19, and that without additional isolation measures designed to "flatten the curve" of the arc reflecting diagnosed cases, the healthcare system risks being overwhelmed and therefore unable to adequately care for those sickened by COVID-19. In evaluating the specific risk of exposure inside the federal
Courthouses in our District over the coming weeks, it is notable that the three areas of greatest concentration of COVID-19 cases in Virginia all fall within commuting distance to a federal Courthouse in the District. Additionally, data currently available from the Virginia Department of Health reveals that approximately 90% of the confirmed COVID-19 cases in Virginia are located within the Eastern District.⁴

After careful consideration of the risks to the public, litigants, counsel, judges, and court employees, and after consultation with appropriate stakeholders, this Court has determined that it is necessary and appropriate to: (1) extend the time period for the suspension of all non-critical and non-emergency in-person proceedings in our Courthouses, as previously identified in General Order 2020-03, as well as all civil and criminal jury trials and grand jury proceedings, as addressed in General Orders 2020-02 and 2020-03; (2) extend filing dates for cases with upcoming deadlines; (3) inform the public of the drop-boxes recently installed in our Courthouses to facilitate filings by individuals who do not have access to CM/ECF; (4) make further speedy trial findings; and (5) update the list of foreign countries and "U.S. Regions" associated with visitor restrictions at our Courthouses.

It is therefore ORDERED that:

(1) All of the time periods set forth in General Order 2020-03 that would expire on Tuesday, March 31, 2020, are hereby extended through Friday, May 1, 2020. Similarly, the time periods set forth in General Order 2020-02 that would expire on April 17, 2020, are hereby extended through Friday, May 1, 2020. As such, all civil and criminal in-person proceedings in the U.S. District Court for the Eastern District of Virginia, including court appearances, trials, hearings, and settlement conferences, scheduled to occur through May 1, 2020, are POSTPONED and CONTINUED, and will be rescheduled at a later date, unless the presiding judge in an individual case issues, or has issued, an order after the filing of General Order 2020-03 directing that a particular critical or emergency proceeding will be held on or before May 1, 2020, because a manifest injustice would result if such proceeding were not conducted on an expedited basis.\(^5\) While the grand jury is not meeting formally during this suspension, the United States is permitted to seek documents and testimony for return dates after May 1, 2020.

(2) In General Order 2020-03, this Court extended all filing deadlines set to fall between March 17, 2020, and March 31, 2020, by fourteen days, absent order of the presiding judge. Such

\(^5\) Furthermore, this suspension of proceedings does not extend to conference calls or video proceedings scheduled or confirmed with a presiding judge after the filing of General Order 2020-03.
extension was in recognition of the reality that self-quarantines, teleworking issues, the unexpected need to care for minors released from schools and daycare facilities or close family members, and other COVID-19 related issues, would hinder many attorneys and litigants from submitting timely filings with rapidly approaching deadlines. In light of the same concerns, all filing deadlines now set to fall on or before April 14, 2020, are EXTENDED by fourteen days, unless the presiding judge in an individual case issues, or has issued, an order after the filing of General Order 2020-03 directing that filings be submitted on or before April 14, 2020. Parties and counsel are encouraged to continue submitting filings, and to the extent appropriate, disputes may be resolved by the Court without an in-person hearing. Any requests for further briefing extensions will be considered on a case-by-case basis.

(3) The public is hereby INFORMED that, in order to reduce person-to-person contact for individuals submitting in-person filings, drop-boxes have been installed in our Norfolk, Alexandria, Richmond, and Newport News Courthouses. Such drop-boxes will allow litigants to date stamp their filings and securely submit them without entering the Clerk’s Office. This procedure

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6 Consistent with General Order 2020-03, this Order does not toll any applicable statute of limitations. Moreover, of course, the timing for filing an appeal is not a “filing deadline” that this Court has the authority to extend.
will further reduce person-to-person contact while allowing filings to continue uninterrupted. Of course, all counsel registered to submit filings via CM/ECF, as well as those registered to view dockets electronically via PACER, are encouraged to continue utilizing the available technology to avoid unnecessary visits to our Courthouses.

(4) For the same reasons stated above outlining the day-to-day evolution of state-wide shutdowns and increasing community spread of COVID-19—reasons that highlight the necessity of a further continuance of all in-person proceedings other than critical or emergency proceedings—and for the reasons explained in detail in General Order 2020-06, to include the procedural challenges to seating a jury in the midst of the COVID-19 pandemic, the following time periods are hereby excluded from the relevant speedy trial calculations pursuant to 18 U.S.C. § 3161(h)(7)(A): (1) the time period subject to the suspension of grand jury proceedings as ordered today (the period of April 1, 2020, through May 1, 2020); and (2) the time period subject to the suspension of criminal jury trials as ordered today (the period of April 18, 2020, through May 1, 2020). The Court makes such findings after balancing the factors discussed in 18 U.S.C. § 3161(h)(7)(B), as the Court finds that the exclusion of such time from the speedy trial period is necessary to balance the health and safety of jurors and prospective jurors, court employees, litigants (to
include criminal defendants), counsel, judges, and the public, with the Constitutional responsibility to continue federal court operations during the COVID-19 outbreak. In particular, the increasingly stringent responses from various branches and levels of government, to include the statewide "stay home" orders, as well as the growing number of COVID-19 cases confirmed within this District, and the ongoing recommendations from health officials regarding the immediate need to limit gatherings and person-to-person contact, mandate swift action to protect the public health and outweighs the rights of the impacted defendants, and the public, to a speedy trial.

As indicated in General Order 2020-06, the U.S. Attorney is requested to file a motion and proposed order in all criminal matters in which an indictment is delayed, or purportedly delayed, due to the absence of a sitting grand jury. See Zedner v. United States, 547 U.S. 489, 506 (2006). As to trial continuances, judges of this Court will handle case specific speedy trial findings at the appropriate time.

(5) While counsel and litigants are encouraged to interact with the Court through electronic and remote means whenever possible, the Courthouses and Clerks' Offices of the Eastern District of Virginia remain open at this time. In General Order 2020-03, the Court established restrictions regarding which persons would be denied entry to U.S. Courthouses or U.S. Probation
Offices in the Eastern District of Virginia without prior permission from the Chief Judge. Those restrictions remain in place; however, it is hereby ORDERED that, with regard to restrictions (5) and (6), the listed Countries shall be updated to reflect the current countries for which the CDC has issued a Level Two or Level Three travel health notice, and the listed "U.S. Regions" shall be updated to include all of the following locations: the State of California, the State of New York, the State of New Jersey, and the State of Washington. These updates to the visitor restrictions reflect recent developments, to include the reported numbers of COVID-19 cases within the listed regions, and are designed to limit the spread of COVID-19. Additionally, the attached updated versions of the Public Notices shall be posted outside of each respective U.S. Courthouse in the District.

It is so ORDERED.

/s/
Mark S. Davis
CHIEF UNITED STATES DISTRICT JUDGE

Norfolk, Virginia
March 24, 2020
PUBLIC NOTICES - VISITOR RESTRICTIONS

Attached Notices:
- Alexandria Courthouse
- Newport News Courthouse
- Norfolk Courthouse
- Richmond Courthouse
Alexandria Court Access Notice regarding Coronavirus (COVID-19)

Due to the ongoing coronavirus (COVID-19) outbreak, please read the below Order before entering the Courthouse:

By Order of the Chief Judge, the following persons shall not enter any U.S. Courthouse or U.S. Probation Office in the Eastern District of Virginia without prior permission from the Chief Judge:

(1) any persons who have been diagnosed with COVID-19;
(2) any persons who have come into contact with any individual who has been diagnosed with COVID-19;
(3) any persons who have been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;
(4) any persons who reside with, or have had close contact with, any individual who has been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;
(5) any persons who have, within the last fourteen days, been in any of the following U.S. regions or any of the countries for which the CDC has issued Level Two or Level Three travel
health notices, including, as of the date of this order, the below listed countries:

**U.S. REGIONS**
- STATE OF NEW YORK
- STATE OF NEW JERSEY
- STATE OF CALIFORNIA
- STATE OF WASHINGTON

**COUNTRIES**
- CHINA
- IRAN
- SOUTH KOREA
- EUROPE (SCHENGEN AREA): AUSTRIA, BELGIUM, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, ITALY, LATVIA, LIECHTENSTEIN, LITHUANIA, LUXEMBOURG, MALTA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, MONACO, SAN MARINO, AND VATICAN CITY
- UNITED KINGDOM AND IRELAND: ENGLAND, SCOTLAND, WALES, NORTHERN IRELAND, REPUBLIC OF IRELAND
- JAPAN
- BRAZIL, CHILE, ECUADOR
- AUSTRALIA
- CANADA
- INDIA, PAKISTAN, PHILIPPINES, INDONESIA, MALAYSIA, SINGAPORE, THAILAND
- ISRAEL, SAUDI ARABIA, QATAR, TURKEY, ROMANIA
- SOUTH AFRICA

(6) any persons who reside with, or have had close contact with, any individual who, within the last fourteen days, has been in one of the countries or regions listed above.

Anyone attempting to enter in violation of these protocols will be denied entry. If you are scheduled to appear at a U.S. Courthouse or Probation Office in this District and are unable to do so because
of the restrictions in this Order, you are directed to proceed as follows:

- If you are represented by an attorney, please contact your attorney;
- If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
- If you are scheduled to meet with a Pretrial Services Officer, please contact the office of Pretrial Services at (703) 299-2250;
- If you are scheduled to meet with a Probation officer, please contact the Probation Office at (703) 299-2300;
- If you are a juror, please contact the Jury Department at (703) 299-2104;
- For Bankruptcy matters, please contact the Bankruptcy Court Clerk’s Office at (703) 258-1200;
- For District Court matters, please contact the District Court Clerk’s Office at (703) 299-2100; and
- For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

These restrictions will remain in place temporarily until it is determined to be safe to remove them. Any person who thinks that they may have been exposed to COVID-19 should contact their healthcare provider immediately.
Newport News Court Access Notice regarding Coronavirus (COVID-19)

Due to the ongoing coronavirus (COVID-19) outbreak, please read the below Order before entering the Courthouse:

By Order of the Chief Judge, the following persons shall not enter any U.S. Courthouse or U.S. Probation Office in the Eastern District of Virginia without prior permission from the Chief Judge:

1. any persons who have been diagnosed with COVID-19;

2. any persons who have come into contact with any individual who has been diagnosed with COVID-19;

3. any persons who have been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;

4. any persons who reside with, or have had close contact with, any individual who has been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;

5. any persons who have, within the last fourteen days, been in any of the following U.S. regions or any of the countries for which the CDC has issued Level Two or Level Three travel
health notices, which include, as of the date of this Order, the below listed countries:

**U.S. REGIONS**
- STATE OF NEW YORK
- STATE OF NEW JERSEY
- STATE OF CALIFORNIA
- STATE OF WASHINGTON

**COUNTRIES**
- CHINA
- IRAN
- SOUTH KOREA
- EUROPE (SCHENGEN AREA): AUSTRIA, BELGIUM, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, ITALY, LATVIA, LIECHTENSTEIN, LITHUANIA, LUXEMBOURG, MALTA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, MONACO, SAN MARINO, AND VATICAN CITY
- UNITED KINGDOM AND IRELAND: ENGLAND, SCOTLAND, WALES, NORTHERN IRELAND, REPUBLIC OF IRELAND
- JAPAN
- BRAZIL, CHILE, ECUADOR
- AUSTRALIA
- CANADA
- INDIA, PAKISTAN, PHILIPPINES, INDONESIA, MALAYSIA, SINGAPORE, THAILAND
- ISRAEL, SAUDI ARABIA, QATAR, TURKEY, ROMANIA
- SOUTH AFRICA

(6) any persons who reside with, or have had close contact with, any individual who, within the last fourteen days, has been in one of the countries or regions listed above. **Anyone attempting to enter in violation of these protocols will be denied entry.** If you are scheduled to appear at a U.S. Courthouse or Probation Office in this District and are unable to do so because
of the restrictions in this Order, you are directed to proceed as follows:

- If you are represented by an attorney, please contact your attorney;
- If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
- If you are scheduled to meet with a Pretrial Services Officer, please contact Pretrial Services at (757) 223-4640;
- If you are scheduled to meet with a Probation Officer, please contact the Probation Office at (757) 223-4640;
- If you are a juror, please contact the Jury Department at (757) 222-7200;
- For Bankruptcy matters, please contact the Bankruptcy Court Clerk's Office at (757) 244-3678;
- For District Court matters, please contact the District Court Clerk's Office at (757) 247-0784; and
- For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

These restrictions will remain in place temporarily until it is determined to be safe to remove them. Any person who thinks that they may have been exposed to COVID-19 should contact their healthcare provider immediately.
Norfolk Court Access Notice regarding Coronavirus (COVID – 19)

Due to the ongoing coronavirus (COVID-19) outbreak, please read the below Order before entering the Courthouse:

By Order of the Chief Judge, the following persons shall not enter any U.S. Courthouse or U.S. Probation Office in the Eastern District of Virginia without prior permission from the Chief Judge:

1. any persons who have been diagnosed with COVID-19;
2. any persons who have come into contact with any individual who has been diagnosed with COVID-19;
3. any persons who have been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;
4. any persons who reside with, or have had close contact with, any individual who has been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;
5. any persons who have, within the last fourteen days, been in any of the following U.S. regions or any of the countries for which
the CDC has issued Level Two or Level Three travel health notices, including, as of the date of this order, the below listed countries:

**U.S. REGIONS**
- STATE OF NEW YORK
- STATE OF NEW JERSEY
- STATE OF CALIFORNIA
- STATE OF WASHINGTON

**COUNTRIES**
- CHINA
- IRAN
- SOUTH KOREA
- EUROPE (SCHENGEN AREA): AUSTRIA, BELGIUM, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, ITALY, LATVIA, LIECHTENSTEIN, LITHUANIA, LUXEMBOURG, MALTA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, MONACO, SAN MARINO, AND VATICAN CITY
- UNITED KINGDOM AND IRELAND: ENGLAND, SCOTLAND, WALES, NORTHERN IRELAND, REPUBLIC OF IRELAND
- JAPAN
- BRAZIL, CHILE, ECUADOR
- AUSTRALIA
- CANADA
- INDIA, PAKISTAN, PHILIPPINES, INDONESIA, MALAYSIA, SINGAPORE, THAILAND
- ISRAEL, SAUDI ARABIA, QATAR, TURKEY, ROMANIA
- SOUTH AFRICA

(6) any persons who reside with, or have had close contact with, any individual who, within the last fourteen days, has been in one of the countries or regions listed above.

Anyone attempting to enter in violation of these protocols will be denied entry. If you are scheduled to appear at a U.S. Courthouse or Probation Office in this District and are unable to do so because
of the restrictions in this Order, you are directed to proceed as follows:

- If you are represented by an attorney, please contact your attorney;
- If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
- If you are scheduled to meet with a Pretrial Services Officer, please contact Pretrial Services at (757) 222-7400;
- If you are scheduled to meet with a Probation Officer, please contact the Probation Office at (757) 222-7300;
- If you are a juror, please contact the Jury Department at (757) 222-7200;
- For Bankruptcy matters, please contact the Bankruptcy Court Clerk’s Office at (757) 222-7500;
- For District Court matters, please contact the District Court Clerk’s Office at (757) 222-7201 for civil matters and at (757) 222-7202 for criminal matters; and
- For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

These restrictions will remain in place temporarily until it is determined to be safe to remove them. Any person who thinks that they may have been exposed to COVID-19 should contact their healthcare provider immediately.
Richmond Court Access Notice regarding Coronavirus (COVID – 19)

Due to the ongoing coronavirus (COVID-19) outbreak, please read the below order before entering the Courthouse:

By Order of the Chief Judge, the following persons shall not enter any U.S. Courthouse or U.S. Probation Office in the Eastern District of Virginia without prior permission from the Chief Judge:

(1) any persons who have been diagnosed with COVID-19;

(2) any persons who have come into contact with any individual who has been diagnosed with COVID-19;

(3) any persons who have been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;

(4) any persons who reside with, or have had close contact with, any individual who has been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;

(5) any persons who have, within the last fourteen days, been in any of the following U.S. regions or any of the countries for which the CDC has issued Level Two or Level Three travel...
health notices, including, as of the date of this order, the below listed countries:

**U.S. REGIONS**
- STATE OF NEW YORK
- STATE OF NEW JERSEY
- STATE OF CALIFORNIA
- STATE OF WASHINGTON

**COUNTRIES**
- CHINA
- IRAN
- SOUTH KOREA
- EUROPE (SCHENGEN AREA): AUSTRIA, BELGIUM, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, ITALY, LATVIA, LIECHTENSTEIN, LITHUANIA, LUXEMBOURG, MALTA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, MONACO, SAN MARINO, AND VATICAN CITY
- UNITED KINGDOM AND IRELAND: ENGLAND, SCOTLAND, WALES, NORTHERN IRELAND, REPUBLIC OF IRELAND
- JAPAN
- BRAZIL, CHILE, ECUADOR
- AUSTRALIA
- CANADA
- INDIA, PAKISTAN, PHILIPPINES, INDONESIA, MALAYSIA, SINGAPORE, THAILAND
- ISRAEL, SAUDI ARABIA, QATAR, TURKEY, ROMANIA
- SOUTH AFRICA

(6) any persons who reside with, or have had close contact with, any individual who, within the last fourteen days, has been in one of the countries or regions listed above.

Anyone attempting to enter in violation of these protocols will be denied entry. If you are scheduled to appear at a U.S. Courthouse or Probation Office in this District and are unable to do so because
of the restrictions in this Order, you are directed to proceed as follows:

- If you are represented by an attorney, please contact your attorney;
- If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
- If you are scheduled to meet with a Pretrial Services Officer, please contact Pretrial Services at (804) 916-2800;
- If you are scheduled to meet with a Probation officer, please contact the Probation Office at (804) 916-2500;
- If you are a juror, please contact the Jury Department at (804) 916-2212;
- For Bankruptcy matters, please contact the Bankruptcy Court Clerk’s Office at (804) 916-2400;
- For District Court matters, please contact the District Court Clerk’s Office at (804) 916-2220 for civil matters and at (804) 916-2230 for criminal matters; and
- For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

These restrictions will remain in place temporarily until it is determined to be safe to remove them. Any person who thinks that they may have been exposed to COVID-19 should contact their healthcare provider immediately.
In re:

COURT OPERATIONS UNDER THE EXIGENT CIRCUMSTANCES CREATED BY THE OUTBREAK OF CORONAVIRUS DISEASE 2019 (COVID-19): TEMPORARY CONTINUANCE OF COURT PROCEEDINGS AND RESTRICTIONS ON VISITORS TO COURTHOUSES

General Order No. 2020-03

The United States District Court for the Eastern District of Virginia has been closely monitoring the outbreak of Coronavirus Disease 2019 (COVID-19), as well as the developing guidance from the Centers for Disease Control and Prevention ("CDC").¹ The CDC has described the outbreak as a "rapidly evolving situation" and, as conditions worsen, is providing continuously updated guidance regarding the appropriate community response. Most recently, the CDC has recommended: (1) that in-person events consisting of fifty or more people should be canceled or postponed for the next eight weeks; and (2) that events of any size should be conducted only if it is possible to proceed in a manner that protects vulnerable populations. The President of the United States subsequently recommended that all Americans avoid gathering in groups of more than ten people.

Consistent with the evolving CDC advisories, this Court has implemented a staged response to the ongoing public health

emergency, and has done so with the input from multiple stakeholders and in conformity with this Court's Continuity of Operations Plan. The first stage involved suspending non-case related outside events, tours, and other gatherings in our Courthouses, as well as postponing naturalization ceremonies for the remainder of March 2020. The second stage of our response occurred on March 12, 2020, when this Court issued a General Order postponing and continuing to a future date the misdemeanor, traffic, and petty offense dockets scheduled District-wide through April 30, 2020. Gen. Order 2020-01. The third stage of our response occurred on March 13, 2020, when this Court issued a General Order postponing and continuing to a future date all civil and criminal jury empanelments, jury trials, and grand jury proceedings scheduled to commence from March 16, 2020 through April 17, 2020 before any district or magistrate judge in any U.S. Courthouse in the Eastern District of Virginia, with an exception permitting Alexandria grand juries to meet. Gen. Order 2020-02.

The rapidly evolving community, state, and federal response to the spread of COVID-19 has seen significant developments over the last week.² Given these developments, as well as the growing

² The President of the United States declared a national emergency, the Governor of the Commonwealth of Virginia declared a state of emergency, multiple federal courts have suspended jury proceedings, and classes at Virginia state universities, as well as K-12 public schools within Virginia, have been canceled or temporarily suspended. Additionally, today, on March 16, 2020, the Supreme Court of Virginia declared a "judicial emergency,"
number of confirmed COVID-19 cases within this District,\(^3\) the Commonwealth of Virginia, and the surrounding states, and the rising number of U.S. and worldwide fatalities, additional preventive measures are appropriate at this time. It is therefore ORDERED that:

(1) All civil and criminal proceedings in the U.S. District Court for the Eastern District of Virginia, including court appearances, trials, hearings, and settlement conferences, scheduled to occur from Tuesday, March 17, 2020, through Tuesday, March 31, 2020, are POSTPONED and CONTINUED, and will be rescheduled at a later date, unless the presiding judge in an individual case issues an order after the filing of this General Order directing that a particular proceeding will be held on or before March 31, 2020. The above two-week postponement expressly applies to proceedings before the previously excepted Alexandria grand jury, unless directed otherwise by further order of this Court. While the grand jury is not meeting formally, the United States is permitted to seek documents and testimony for return dates after March 31, 2020. Moreover, due to the temporary unavailability of

\(^3\) The number of confirmed cases within this District has increased each day, as have the number of reports from recent visitors to our Courthouses indicating that they are concerned that they may have been exposed to COVID-19 and are now under self-quarantine.
a grand jury in this District, the time period from March 17, 2020 through March 31, 2020 is excluded from the thirty day time period for filing an indictment or information, pursuant to 18 U.S.C. § 3161(b) and (h)(7).

(2) All filing deadlines now set to fall between March 17, 2020, and March 31, 2020, are EXTENDED by fourteen days, unless the presiding judge in an individual case sets a different date by an order issued after the filing of this General Order.

(3) The Court will remain open for critical or emergency criminal and civil matters related to public safety, public health and welfare, and individual liberty, to include initial appearances, preliminary hearings, arraignments, detention hearings, and the issuance of warrants, as well as those proceedings ordered by any presiding judge after the filing of this General Order.

(4) This Order does not toll any applicable statute of limitations. Electronic filing through CM/ECF will remain available, and self-represented litigants may submit filings at each U.S. Courthouse during that Court's regular business hours. For emergency criminal matters, please contact the Clerk's Office at the appropriate Courthouse or the assigned
duty magistrate judge. For emergency civil matters, please contact the Clerk's Office at the appropriate Courthouse.4

Although Court proceedings are continued through March 31, 2020, the Courthouses and Clerks' Offices of the Eastern District of Virginia remain open at this time to receive filings and handle critical or emergency matters. As noted above, individual judges may take action to hold hearings or other proceedings on a case-by-case basis if such proceeding can be conducted in a manner that minimizes person-to-person contact and protects vulnerable individuals.

While our Courthouses will remain open at this time, it is hereby ORDERED that the following persons shall not enter any U.S. Courthouse or U.S. Probation Office in the Eastern District of Virginia without prior permission from the Chief Judge:

(1) any persons who have been diagnosed with COVID-19;

(2) any persons who have come into contact with any individual who has been diagnosed with COVID-19;

(3) any persons who have been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;

4 The relevant contact information for each Courthouse is available at the links below:
Norfolk Courthouse - http://www.vaed.uscourts.gov/locations/nor.htm
Court of Appeals matters - http://www.ca4.uscourts.gov/contact
(4) any persons who reside with, or have had close contact with, any individual who has been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;

(5) any persons who have, within the last fourteen days, been in any of the following U.S. regions or any of the countries for which the CDC has issued Level Two or Level Three travel health notices, including, as of the date of this order, the below listed countries:

**U.S. REGIONS**
- NEW ROCHELLE, NEW YORK
- STATE OF WASHINGTON

**COUNTRIES**
- CHINA
- IRAN
- SOUTH KOREA
- EUROPE (SCHENGEN AREA): AUSTRIA, BELGIUM, CZECH REPUBLIC, DENMARK, ESTONIA, FINLAND, FRANCE, GERMANY, GREECE, HUNGARY, ICELAND, ITALY, LATVIA, LIECHTENSTEIN, LITHUANIA, LUXEMBOURG, MALTA, NETHERLANDS, NORWAY, POLAND, PORTUGAL, SLOVAKIA, SLOVENIA, SPAIN, SWEDEN, SWITZERLAND, MONACO, SAN MARINO, AND VATICAN CITY
- UNITED KINGDOM AND IRELAND: ENGLAND, SCOTLAND, WALES, NORTHERN IRELAND, REPUBLIC OF IRELAND
- JAPAN

(6) any persons who reside with, or have had close contact with, any individual who, within the last fourteen days, has been in one of the countries or regions listed above.\(^5\)

\(^5\) As dictated by the ever-changing circumstances and the anticipated increase in community spread of COVID-19, the Court may issue further staged responses
In order to ensure compliance with the above restrictions designed to limit the spread of COVID-19, it is further ORDERED that the United States Marshal and his Deputies are authorized to deny entry to anyone attempting to enter a U.S. Courthouse or Probation Office within this District in violation of this General Order. Additionally, the attached Public Notices shall be posted outside of each respective U.S. Courthouse in the District.

If you are scheduled to appear at a U.S. Courthouse or Probation Office in this District and are unable to do so because of the restrictions in this Order, you are directed to proceed as follows:

- If you are represented by an attorney, please contact your attorney;
- If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
- If you are scheduled to meet with a Pretrial Services Officer, please contact the office of Pretrial Services;
- If you are scheduled to meet with a Probation officer, please contact the Probation Office;
- If you are a juror, please contact the Jury Department;

as the situation evolves, including possible expansions of the list of countries and regions set forth in the instant Order.
• For Bankruptcy matters, please contact the Bankruptcy Court Clerk’s Office;

• For District Court matters, please contact the District Court Clerk’s Office;

• For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court.⁶

The temporary restrictions regarding visitors set forth in this General Order shall remain in place until it is determined that it is appropriate to remove them. This Court shall continue to update these restrictions by further Order as dictated by changing circumstances and as additional guidance is received.

It is so ORDERED.

/s/ Mark S. Davis
CHIEF UNITED STATES DISTRICT JUDGE

Norfolk, Virginia
March 16, 2020

⁶ The relevant contact information for each Courthouse is listed above in footnote 4.
PUBLIC NOTICES - VISITOR RESTRICTIONS

Attached Notices:

• Alexandria Courthouse
• Newport News Courthouse
• Norfolk Courthouse
• Richmond Courthouse
United States District Court  
Eastern District of Virginia  

Public Notice - Alexandria  
Visitor Restrictions

In light of the Coronavirus Disease 2019 (COVID-19) outbreak and in accordance with the guidance issued by the Centers for Disease Control ("CDC"), the United States District Court for the Eastern District of Virginia hereby announces the following restrictions on entry to the courthouse and probation offices:

The following persons shall not enter any U.S. Courthouse or U.S. Probation Office in the Eastern District of Virginia without prior permission from the Chief Judge:

1. any persons who have been diagnosed with COVID-19;
2. any persons who have come into contact with any individual who has been diagnosed with COVID-19;
3. any persons who have been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;
4. any persons who reside with, or have had close contact with, any individual who has been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;
5. any persons who have, within the last fourteen days, been in any of the following U.S. regions or any of the
countries for which the CDC has issued Level Two or Level Three travel health notices, including, as of the date of this order, the below listed countries:

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- NEW ROCHELLE, NEW YORK
- STATE OF WASHINGTON

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- CHINA
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(6) any persons who reside with, or have had close contact with, any individual who, within the last fourteen days, has been in one of the countries or regions listed above. Anyone attempting to enter in violation of these protocols will be denied entry. If you are scheduled to appear at a U.S. Courthouse or Probation Office in this District and are unable to do so because of the restrictions in this Order, you are directed to proceed as follows:

- If you are represented by an attorney, please contact your attorney;
• If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
• If you are scheduled to meet with a Pretrial Services Officer, please contact the office of Pretrial Services at (703) 299-2250;
• If you are scheduled to meet with a Probation officer, please contact the Probation Office at (703) 299-2300;
• If you are a juror, please contact the Jury Department at (703) 299-2104;
• For Bankruptcy matters, please contact the Bankruptcy Court Clerk’s Office at (703) 258-1200;
• For District Court matters, please contact the District Court Clerk’s Office at (703) 299-2100; and
• For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

These restrictions will remain in place temporarily until it is determined to be safe to remove them. Any person who thinks that they may have been exposed to COVID-19 should contact their healthcare provider immediately.

/s/ Mark S. Davis
CHIEF UNITED STATES DISTRICT JUDGE

Norfolk, Virginia
March 16, 2020
UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF VIRGINIA

Public Notice - Newport News
Visitor Restrictions

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(4) any persons who reside with, or have had close contact with, any individual who has been instructed to self-quarantine by any doctor, hospital, health practitioner, or health agency;

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• If you are represented by an attorney, please contact your attorney;
• If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
• If you are scheduled to meet with a Pretrial Services Officer, please contact the office of Pretrial Services at (757) 223-4640;
• If you are scheduled to meet with a Probation officer, please contact the Probation Office at (757) 223-4640;
• If you are a juror, please contact the Jury Department at (757) 222-7200;
• For Bankruptcy matters, please contact the Bankruptcy Court Clerk’s Office at (757) 244-3678;
• For District Court matters, please contact the District Court Clerk’s Office at (757) 247-0784; and
• For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

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/s/ Mark S. Davis
CHIEF UNITED STATES DISTRICT JUDGE

Norfolk, Virginia
March 16, 2020
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- If you are represented by an attorney, please contact your attorney;
• If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;

• If you are scheduled to meet with a Pretrial Services Officer, please contact the office of Pretrial Services at (757) 222-7400;

• If you are scheduled to meet with a Probation officer, please contact the Probation Office at (757) 222-7300;

• If you are a juror, please contact the Jury Department at (757) 222-7200;

• For Bankruptcy matters, please contact the Bankruptcy Court Clerk’s Office at (757) 222-7500;

• For District Court matters, please contact the District Court Clerk’s Office at (757) 222-7201 for civil matters and at (757) 222-7202 for criminal matters; and

• For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

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[Norfolk, Virginia
March 16, 2020]

/s/ Mark S. Davis
CHIEF UNITED STATES DISTRICT JUDGE
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- If you are represented by an attorney, please contact your attorney;
• If you are an attorney and are scheduled to appear in court before a judge, please contact that chambers directly;
• If you are scheduled to meet with a Pretrial Services Officer, please contact the office of Pretrial Services at (804) 916-2800;
• If you are scheduled to meet with a Probation officer, please contact the Probation Office at (804) 916-2500;
• If you are a juror, please contact the Jury Department at (804) 916-2212;
• For Bankruptcy matters, please contact the Bankruptcy Court Clerk's Office at (804) 916-2400;
• For District Court matters, please contact the District Court Clerk's Office at (804) 946-2220 for civil matters and at (804) 916-2230 for criminal matters; and
• For U.S. Court of Appeals matters, please contact Patricia S. Connor, Clerk of Court at (804) 916-2700.

These restrictions will remain in place temporarily until it is determined to be safe to remove them. Any person who thinks that they may have been exposed to COVID-19 should contact their healthcare provider immediately.

/s/ Mark S. Davis
CHIEF UNITED STATES DISTRICT JUDGE

Norfolk, Virginia
March 16, 2020
IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA

IN THE MATTER OF:

COURT OPERATIONS UNDER THE
EXIGENT CIRCUMSTANCES CREATED
BY COVID-19 — Standing Order No. 2020-5

The President of the United States and the Governor of the Commonwealth Virginia have declared states of emergency in response to the continued spread of COVID-19.

The Centers for Disease Control and Prevention (CDC) and other public health authorities have advised the taking of precautions to reduce the possibility of exposure to the virus and slow the spread of disease. The CDC is recommending that people attempt to keep physical distance between themselves and other people. The CDC is also recommending employers attempt to minimize exposure between employees and the public and to consider public health and safety when scheduling group or public events.

Participants in court proceedings often are in close proximity to each other. As such, and following the guidance obtained from the Administrative Office of United States Courts, reviewing orders entered by courts from around the country, and consulting Virginia Department of Health officials located in the Western District of Virginia, the court implements the following temporary steps to protect public health, reduce the size of public gatherings and eliminate unnecessary travel.

Effective March 16, 2020, at 5 p.m., it is ORDERED as follows:

1. The United States District Court and the United States Bankruptcy Court for the Western District of Virginia will remain open for business, subject to the following limitations.

2. All in-person criminal, civil and bankruptcy proceedings on or before March 31, 2020, are
CONTINUED and will be rescheduled at a later date, unless a presiding judge in an individual case issues an order after the date of this Order directing that a particular proceeding will be held on or before March 31, 2020.

3. All civil jury trials on or before April 30, 2020, are CONTINUED and will be rescheduled. Issues concerning pending pretrial deadlines are to be addressed with the presiding judge.

4. All criminal jury trials on or before April 30, 2020, are CONTINUED and will be rescheduled. Issues concerning pending pretrial deadlines are to be addressed with the presiding judge. As regards continuances of criminal trials on or before April 30, 2020, the court, on its own motion, finds that the time of the continuances required by this order is excluded under the Speedy Trial Act, 18 U.S.C. § 3161(h)(7)(A), as the court finds that the ends of justice served by the continuances outweigh the interests of the parties and the public in a speedy trial. In this regard, the court is concerned about the reduced ability during this pandemic to obtain an adequate spectrum of jurors and the effect of existing public health recommendations on the availability of counsel, witnesses, and court staff to be present in the courtroom.

5. All misdemeanor and petty offense dockets on or before April 30, 2020, are CONTINUED and will be rescheduled.

6. All Veterans Treatment Court, Reentry Court and Drug Treatment Court sessions on or before March 31, 2020, are CANCELLED.

7. Grand jury proceedings scheduled between March 18, 2020, and March 31, 2020, are CONTINUED.

8. Despite the continuance of in-person court proceedings, judges may continue to conduct
proceedings by telephone or video conferencing where practicable and authorized by law.

9. In particular, magistrate judges may conduct initial criminal proceedings by video teleconferencing as authorized under Federal Rules of Criminal Procedure 5(f) and 10(c). Where the circumstances of those rules cannot be met, initial criminal proceedings are to be conducted in person to satisfy constitutional and statutory requirements.

10. Individual judges presiding over criminal proceedings may take such actions as may be lawful and appropriate to ensure the fairness of the proceedings and preserve the rights of the parties.

11. While some court employees may be assigned to work remotely, the district’s courthouses will remain open, electronic filings will be processed, and intake desks will remain available for non-electronic filings. Staff in the clerk’s offices will be available by telephone and email, and mail will be received. The public and practicing bar are encouraged to continue using court services while following all applicable public health guidance.

12. The court will continue to monitor the COVID-19 public health emergency and will amend this order as appropriate.

Enter this 16th day of March 2020.

[Signature]
Michael F. Urbanski
Chief United States District Judge
IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA

IN THE MATTER OF:

COURT OPERATIONS UNDER THE
EXIGENT CIRCUMSTANCES CREATED
BY COVID-19

Amended Standing
Order No. 2020-5

Given the continuing spread of novel coronavirus COVID-19 and Governor Northam’s March 23, 2020 decision to close schools for the academic year and restrict the operation of other businesses, the United States District Court for the Western District of Virginia extends the restriction on in-person court proceedings established in Standing Order 2020-5 to any in-person criminal, civil and bankruptcy proceedings on or before May 1, 2020.

The Centers for Disease Control and Prevention (CDC) and other public health authorities have advised the taking of precautions to reduce the possibility of exposure to the virus and slow the spread of disease. The CDC is recommending that people attempt to keep physical distance between themselves and other people. The CDC is also recommending employers attempt to minimize exposure between employees and the public and to limit events and meetings that require close contact.

Participants in court proceedings often are in close proximity with each other. As such, and following the guidance obtained from the Administrative Office of United States Courts, reviewing orders entered by courts from around the country, and consulting Virginia Department of Health officials located in the Western District of Virginia, the court implements the following temporary steps to protect public health, reduce the size of public gatherings and eliminate unnecessary travel.

Effective immediately, it is ORDERED as follows:
1. The United States District Court and the United States Bankruptcy Court for the Western District of Virginia will remain open for business, subject to the following limitations.

2. All in-person criminal, civil and bankruptcy proceedings on or before May 1, 2020, are **CONTINUED** and will be rescheduled at a later date, unless a presiding judge in an individual case issues an order after the date of this Order directing that a particular proceeding will be held on or before May 1, 2020.

3. All civil jury trials on or before May 1, 2020, are **CONTINUED** and will be rescheduled. Issues concerning pending pretrial deadlines are to be addressed with the presiding judge.

4. All criminal jury trials on or before May 1, 2020, are **CONTINUED** and will be rescheduled. Issues concerning pending pretrial deadlines are to be addressed with the presiding judge. As regards continuances of criminal trials on or before May 1, 2020, the court, on its own motion, finds that the time of the continuances required by this order is excluded under the Speedy Trial Act, 18 U.S.C. § 3161(h)(7)(A), as the court finds that the ends of justice served by the continuances outweigh the interests of the parties and the public in a speedy trial. In this regard, the court is concerned about the reduced ability during this pandemic to obtain an adequate spectrum of jurors and the effect of existing public health recommendations on the availability of counsel, witnesses, and court staff to be present in the courtroom.

5. All misdemeanor and petty offense dockets on or before May 1, 2020, are **CONTINUED** and will be rescheduled.

6. All Veterans Treatment Court, Reentry Court and Drug Treatment Court sessions on or before May 1, 2020, are **CANCELLED**.

7. Grand jury proceedings scheduled on or before April 17, 2020 are **CONTINUED**.
8. Despite the continuance of in-person court proceedings, judges may continue to conduct proceedings by telephone or video conferencing where practicable and authorized by law.

9. In particular, magistrate judges may conduct initial criminal proceedings by video teleconferencing as authorized under Federal Rules of Criminal Procedure 5(f) and 10(c). Where the circumstances of those rules cannot be met, initial criminal proceedings are to be conducted in person to satisfy constitutional and statutory requirements.

10. Individual judges presiding over criminal proceedings may take such actions as may be lawful and appropriate to ensure the fairness of the proceedings and preserve the rights of the parties.

11. While some court employees may be assigned to work remotely, the district’s courthouses will remain open, electronic filings will be processed, and intake desks will remain available for non-electronic filings. Staff in the clerk’s offices will be available by telephone and email, and mail will be received. The public and practicing bar are encouraged to continue using court services while following all applicable public health guidance.

12. Consistent with the requirements of the Bail Reform Act, 18 U.S.C. 3145(b), concerning review of a detention orders, and in an effort to reduce the public health risk to federal defendants detained in local jails, any motion for reconsideration or review of a detention order should be made in writing and docketed via ECF. In cases where the defendant and government cannot agree as to terms and conditions of bond necessitated by the present public health crisis, the government shall file a response in writing within 3 (three) days. The motion shall be determined promptly by the court.
13. The court will continue to monitor the COVID-19 public health emergency and will
amend this order as appropriate.

Enter this 24th day of March 2020.

Signature: Michael F. Urbanski
Chief United States District Judge
Families First Coronavirus Response Act (FFCRA):
Effective April 1, 2020

**Summary:** All public employers are covered under FFCRA, including the Virginia Department of Corrections (VADOC). This new law is effective April 1, 2020 and includes two major components: (1) Emergency Paid Sick Leave Act; (2) Emergency Family and Medical Leave Expansion Act.

**Exceptions:** Employers of health care providers or emergency responders may elect to exclude such employees from the provisions of this Act (i.e., employee paid sick leave or expanded family and medical leave) on a case-by-case basis. Emergency responders including public health personnel and correctional institution personnel. Agencies are encouraged to provide access to the paid leave as staffing levels permit to limit the spread of the virus.

**Qualifying Reasons for Leave:**

1. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID–19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
3. The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to either number 1 or 2 above.
5. The employee is caring for his or her son or daughter if the school or place of care of the son or daughter has been closed, or the childcare provider of such son or daughter is unavailable, due to COVID–19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the secretary of health and human services in consultation with the secretary of the treasury and the secretary of labor.

**FEDERAL EMERGENCY PAID SICK LEAVE**

**Eligibility:** All employees (wage and full-time).

**Duration of Leave:** If the employees are unable to work (or telework) due to COVID-19, the following applies:

- Full-time employees are entitled to up to **80 hours of paid sick leave**.
- Wage employees are entitled to paid sick leave on a **prorated** basis (number of hours they work on average over a two week period)

**Pay Requirements:**

- **Qualifying Reasons for Leave 1-3:** Paid sick leave must be paid at 100% of the employee's regular rate of pay.
**EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION**

**Eligibility:** All wage and full-time employees who have been employed for at least 30 days. *Note: days do not need to be consecutive. No minimum number of hours worked.*

**Leave Duration:** Up to an additional 10 weeks of paid expanded family and medical leave at 2/3 the employee’s regular rate of pay when the employee is unable to work due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19 (see Reason 5 above).

- **Full-time employees:** eligible for up to 10 additional weeks of leave at 40 hours a week.
- **Wage employees:** eligible for leave based on the number of hours that the employee is normally scheduled to work over that period.

**Pay Requirements:**

- **Qualifying Reasons for Leave 5:** Compensate employees at 2/3 their regular rate of pay up to the cap.

**Leave Administration:**

- Leave may be taken intermittently or on a reduced leave schedule (if the employee and agency agree) by the employee to care for their child whose school or place of care is closed or whose child care provider is unavailable because of COVID-19 related reasons.
- Employees should provide notice of leave as soon as practicable and follow the leave request procedures.
- An employee may elect to use any personal leave for the remaining 1/3 of their regular rate of pay or when they reach the dollar limits to provide them with 100% income replacement.
- Be FLEXIBLE! Remember that documentation may not be readily available.
- Cannot require an employee to use other types of paid leave (including but not limited to PHEL) before the employee uses the paid sick time available under this law.
- Employer may not require the employee to find his/her own replacement/coverage.
- Eligible employees could be entitled to both PHEL and this type of leave.
- Convert to a 5/2 schedule, 5 eight hour days (same as you would for PHEL)
- No carryover of this leave at the end of the year; no payout on separation.
- There is no new leave category in our VADOC timekeeping systems (DOCXL or TAL) - make a notation on the record about FFCRA.
- Prepare DOC-3’s for payroll when employees utilize this leave so they can pay them appropriately.
• Do not use the standard DOL FMLA certification forms for this emergency FML. A template FML request form is available on DHRM's website. [https://www.dhrm.virginia.gov/covid-19](https://www.dhrm.virginia.gov/covid-19)

• Employees who have already used some or all of their FMLA period since January 10 for any reason, are entitled only to the remainder of the 12 week period for FML Expansion Act benefits.

<table>
<thead>
<tr>
<th>Reason for Leave</th>
<th>Pay Requirement</th>
<th>Pay Cap</th>
<th>Duration of Emergency Sick Leave</th>
<th>Duration of Family Medical Leave</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Quarantine or isolation order related to COVID-19</td>
<td>Pay at regular rate</td>
<td>Up to $511 per day and $5,110 in the aggregate (over a 2-week period)</td>
<td>Full-Time: 80 hours (2 weeks) of leave</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Wage: Prorated based on the number of hours they work on average over a two week period</td>
<td></td>
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</tr>
<tr>
<td>2. Advised by HCP to self-quarantine related to COVID-19</td>
<td>Pay at regular rate</td>
<td>Up to $511 per day and $5,110 in the aggregate (over a 2-week period)</td>
<td>Full-Time: 80 hours (2 weeks) of leave</td>
<td>N/A</td>
</tr>
<tr>
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<td></td>
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<td>3. Experiencing COVID-19 symptoms and seeking a medical diagnosis</td>
<td>Pay at regular rate</td>
<td>Up to $511 per day and $5,110 in the aggregate (over a 2-week period)</td>
<td>Full-Time: 80 hours (2 weeks) of leave</td>
<td>N/A</td>
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<td>Wage: Prorated based on the number of hours they work on average over a two week period</td>
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<td>4. Caring for an individual subject to an order described in (1) or self-quarantine as described in (2)</td>
<td>2/3 their regular rate of pay</td>
<td>Up to $200 per day and $2,000 in the aggregate (over a 2-week period)</td>
<td>Full-Time: 80 hours (2 weeks) of leave</td>
<td>N/A</td>
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<tr>
<td></td>
<td></td>
<td>Wage: Prorated based on the number of hours they work on average over a two week period</td>
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</table>
| 5. Caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 | 2/3 their regular rate of pay | Up to $200 per day and $12,000 in the aggregate (over a 12-week period) | Full-Time: 80 hours (2 weeks) of leave  
Wage: Prorated based on the number of hours they are normally scheduled to work over that period | Full-Time: 10 weeks (40 hours/week) of leave  
Wage: Prorated based on the number of hours they are normally scheduled to work over that period |
|---|---|---|---|---|
| 6. Experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services | 2/3 their regular rate of pay | Up to $200 per day and $2,000 in the aggregate (over a 2-week period) | Full-Time: 80 hours (2 weeks) of leave  
Wage: Prorated based on the number of hours they work on average over a two week period | N/A |

**Resources**

https://www.dhrm.virginia.gov/covid-19

https://www.dol.gov/agencies/whd/pandemic


https://www.dol.gov/agencies/whd/pandemic/ffcra-questions

https://www.dol.gov/sites/dolgov/files/WHD/Pandemic/FFCRA.pdf


MEMORANDUM

To: Human Resources Officers
    Human Resources Support Staff

From: Lucinda Childs-White
      Human Resources Director


The Department of Human Resource Management (DHRM) Policy 4.52, *Public Health Emergency Leave*, provides eligible employees up to 160 hours of paid leave to attend to their own medical needs (and/or those of their immediate family members) related to the declared public health threat created by the COVID-19 pandemic. The purpose of this memorandum is to provide guidance for the consistent utilization of Public Health Emergency Leave (PHEL) across the Department.

Definitions for the purpose of this memorandum:

- *Quarantine* - the physical separation, including confinement or restriction of movement of individuals exposed to a contagious disease to limit the transmission of COVID-19 to others.

- *Close Contact* – a) being within approximately 6 feet of a COVID-19 case for a prolonged period of time; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed or sneezed on).

- *Symptomatic* – Individuals exhibiting signs of COVID-19 such as fever, cough, and difficulty breathing.

- *Asymptomatic* – Showing no symptoms.

Guidance:

- All employees’ positions must be reviewed to determine feasibility of telework. If possible, employees should be allowed to telework unless they are providing essential services onsite at the workplace, which cannot be done remotely. Telework allows for
business continuity during this emergency situation and prevents further spread of COVID-19 across the Department.

- All employees who telework should have a completed telework agreement. Be innovative when assessing the feasibility of telework: ask whether work processes can be restructured; technology can be utilized; cross-training and growth opportunities can be identified; or special projects or duties can be assigned to allow for remote work.

- All essential employees as designated by the Director of Corrections and outlined in Operating Procedure 110.3, Emergency Closings, must be prepared to report to the workplace as scheduled by their supervisors and Unit Heads, unless telework arrangements are approved.

Employee Screening

- Employees who are denied entry into the workplace due to the results of the verbal screening and/or temperature check must contact their Health Care Provider (HCP) and/or local Health Department within 24 hours to obtain further guidance including but not limited to the need to self-quarantine and possible return to work date. Employees are responsible for notifying Human Resources of any instructions from their HCP or local Health Department no later than 48 hours following their denial of entry to the workplace. Note: Due to the volume of cases health departments and HCPs are managing at this time, employees may not be able to receive this verification in writing. Therefore, the employee should provide the name of the HCP and/or Health Department, the date/time they called, whom they spoke with, and the advice they provided.

  o Human Resources is responsible for communicating with the supervisors of employees denied entry into the workplace to discuss their employees’ absence from the workplace and the potential for telework arrangements. Human Resources must then contact the employee to provide guidance about the use of Public Health Emergency Leave (if telework is not feasible) and the need to contact their health care provider and/or local Health Department.

  o All employees denied entrance to the workplace due to verbal screening and/or temperature check should use PHEL, if telework is not available, until they are cleared to return to work, or receive a negative test result or alternative diagnosis.

  o If the employee is symptomatic and/or tested positive for COVID-19, they will either file a Short Term Disability Claim under the Virginia Sickness & Disability Program (VSDP) or follow FMLA guidelines if they are on the Traditional Sick Leave Program.

- If employees inform Human Resources of an underlying health condition that results in them responding “yes” to any of the questions on the verbal screening questionnaire or not passing the temperature check, they will be denied entry to the workplace and must contact their HCP in accordance with the aforementioned timeframes and guidelines. Once the employee provides the necessary documentation, the employee should be issued a letter or card with the Unit Head’s signature instructing those facilitating the
employee screener and temperature check to not deny them entry relative to the 
screening criteria identified by their HCP. This letter or card should not contain any 
diagnosis or confidential medical information.

- Essential employees who only present a cough, with no other symptoms, should be 
  allowed to enter the workplace. However, if the employee is concerned that the cough 
could be related to symptoms of the COVID-19, they may choose to contact their HCP 
and or local Health Department for further guidance. The employee should be reminded 
to notify their supervisor and Human Resources if they experience any other symptoms 
consistent with COVID-19, leave the workplace, and contact their local Health 
Department and/or HCP.

- Employees considered high risk for complications from COVID-19 due to age or 
  underlying health condition may request to self-quarantine. Please dialogue with 
  employees who express concerns about being high risk to discuss the precautionary 
  measures your worksite is taking to prevent the spread of COVID-19 and options for 
  social distancing (including but not limited to moving their work location to a less 
populated area, a change in schedule, or telework). They may use their personal leave 
balances if they insist on self-quarantining away from the workplace, or if their HCP 
advises self-quarantine. However, if Human Resources receives medical documentation, 
which verifies this employee is being treated for a known chronic health condition that 
makes them at more high-risk for contracting COVID-19 or experiencing complications 
from it, PHEL can be considered if teleworking is not an option. Be flexible in terms of 
the leave type the employee requests to use. In these circumstances, given the 
unknown duration of this public health crisis, telework opportunities (using the 
aforementioned guidance) should be strongly considered for both the benefit of the 
employee and agency.

- Employees returning from an area with a sustained community-level spread of COVID-
  19 whether internationally¹ or domestically² must monitor their health and limit 
  interactions with others for 14 days from the last date of travel³. If telework is not 
  possible, the employee should be provided with PHEL for this time period. If the 
  employee does not develop symptoms, the employee may return to work after the 
  expiration of the 14-day quarantine. Note: a medical note is not necessary in these 
circumstances.

- Non-essential wage employees should be allowed to complete their work or other 
  assignments remotely. However, if telework or other off-site arrangements cannot be 
  made, PHEL must be given to the employee on a prorated basis, as a final option.

- Contractors are not eligible for PHEL. Their compensation and benefits are determined 
  by their employer.

² https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/cases-in-us.html#reporting-cases
Once an employee is symptomatic or has tested positive for COVID-19, they must contact the REED Group if they are under the VDSP program to initiate a disability claim. PHEL should be utilized when a wage or full-time employee meets any of the following criteria: has symptoms consistent with COVID-19; has been assessed as a close contact of an individual with a confirmed positive test result for COVID-19; is waiting for their COVID-19 test results; or is under quarantine after traveling from a high-risk area.

If an employee is symptomatic or has tested positive for COVID-19, medical documentation should be obtained to clear this employee for return to work. If the employee is self-monitoring and is asymptomatic, medical documentation may not be available. In this case, the employee may return to work after the self-monitoring period has ended. Note: we cannot require the employee to be tested for COVID-19, since there is stringent criteria the employee must meet in order to be tested, outside of their control.

**Recording use of PHEL:** The utilization of PHEL should be recorded for all applicable employees and reported on as requested. This includes reporting all PHEL hours on a DOC-3 to payroll, as required by the Department of Accounts (DOA).

These are challenging times, and there may be situations that continue to generate questions. Please do not hesitate to contact us in Office of Human Resources at Headquarters with any questions or concerns.

LCW
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Coordination with VDEM Local Emergency Managers

In our continued preparation for response to COVID-19, VADOC must initiate our collaboration and coordination with Virginia Department of Emergency Management (VDEM) Local Emergency Managers/Coordinators. Please contact your Local Emergency Manager to share your facility specific COVID-19 plans and discuss potential coordination.

Emergency Managers/Coordinators play a vital role to ensure a fast, agile and integrated approach with local partners when responding to and recovering from disasters. VDEM staff can assist us in planning, response and recovery operations.

The following link provides a VDEM Local Emergency Manager’s Directory that can be filtered by locality. https://lemd.vdem.virginia.gov/Public/Default.aspx

When preparing for and responding to confirmed or possible COVID-19, close coordination and effective communications are important among Local Emergency Managers and VADOC Unit Heads.

Thank you for engaging our local partners to prepare and plan for a coordinated response to COVID-19 in our communities.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections


We are now in our third week of regional conference calls where subject matter experts from across all divisions join in to share the latest developments and status updates on key efforts during our response to the COV-19 Pandemic.

The rhythm assures that every Monday-Wednesday-Friday there is an opportunity to raise immediate concerns and issues. On-the-spot decisions can be made as needed. The Pandemic Response Plan Guidance (version 6 came out earlier today), attests to the written communication necessary to carry out those decisions.

At this time, we begin to share the cumulative information that develops from the question and answer (Q&A) portion of each conference call. The Operations & Logistics Unit captures questions and coordinates the research into developing written responses. Call by call, that critical support will continue.

The cumulative Q&A is helpful in that it allows us to see the evolution of our responses as we face changing conditions. We will continue to respond to this evolving situation.

Please share this new resource with your management team and employees as appropriate. It is important that you have an array of tools that will support your leadership role. The cumulative Q&A is a concise and reassuring resource that shows we focus on what is needed to navigate these trying times.

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Includes Q&A’s from COVID-19 conference calls:
- 3/16/2020
- 3/18/2020
- 3/20/2020
- 3/23/2020
- 3/25/2020

Q&A outline follows VADOC Pandemic Response Guidance topics:

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<td>• Community</td>
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Administration/Coordination

### Training

**Q** Are Basic Skills for P & P Officers still running?  
**Suspended**  
[3/25/20, West, Q2]

**Q** Asked for clarification on upcoming trainings.  
All training except BCO Training has been suspended.  
[3/23/20, East, Q2]

**Q** Is there information on training for new correctional officers:  
Follow up is needed.  
[3/23/20, West, Q4]

**Q** How should those facilities that host in-service trainings for multiple sites respond?  
Guidance will be forthcoming, all in-service training has been cancelled.  
[3/18/20, Central, Q6]

### Community Staff – Facility Assignment

**Q** Can community staff be assigned to help at prisons?  
At this time, conversations about community staff has not occurred due to the workload in the community. There is no plan at this time to use community staff to work at prisons.  
[3/23/20, Central, Q13]

### Overtime

**Q** Should staff be allowed to continue with overtime?  
Wardens need to work with their ROC to determine staff coming from one prison to work at another prison to provide overtime.  
[3/23/20, Central, Q7]
**Employee Pay**

**Q** Are wage employees going to be paid?

Wage employees and adjunct faculty will receive pro-rated paid leave (Public Health Emergency Leave) based on the hours they are normally scheduled to work. The maximum paid leave must not exceed the maximum number of hours they would normally work each week. If a wage employee normally works 20 hours per week, the maximum amount of paid leave should be 20 hours per week for up to two weeks. When a wage employee’s hours vary, use an average as the maximum. Note: Total hours worked and the total hours of Public Health Emergency Leave cannot exceed the 1450 hours for wage employees.

[3/16/20, East, Q2]

**Commuting Restrictions**

**Q** West Virginia has mandated that their residents remain home and those working need a letter.

Use the memorandum from the Director identifying staff as essential. Unit Heads should also develop a letter for their employees. Additionally, and if at all possible, Wage Employees may telework.

[3/23/20, Central, Q5]

**Callouts**

**Q** Asked for clarification on call-out reporting.

Only need the numbers for security and health care staff.

[3/23/20, West, Q5]

Joe Walters reported that effective immediately, the Facility HRO will report daily call-outs for COVID-19 for security staff (Officer through Major) and Medical Staff by 2:00 pm Friday to the OLU (Randy Mathena).

[3/23/20, Additional Question, Q3]

**Telework**

**Q** Any update on VPN?

There have been definite issues and VPN capacity has been exceeded. Joe Walters reported that as of last night, VITA reported capacity has tripled and it is working.

[3/27/20, West, Q3]

**Q** Do facility staff have the option to telework?

Director sent out a memo making staff at facilities designated employees. Wardens and Superintendents should still work with employees who request the option to telework and determine based on the employee’s circumstances, duties and capacity for job restructuring whether teleworking is an option. Each request for teleworking should be reviewed by the Warden or Superintendent on case by case basis.

[3/18/20, West, Q3]
Q Can district clerical staff telework?
   Yes, they are not deemed essential staff.
   [3/18/20, East, Q1]

Q If teleworking, can staff work different hours (staggered hours)?
   Chief to make decision, employee may work hours supervisor and employee agree to.
   [3/16/20, Central, Q2]

Q Does telecommuting apply to all Districts or just the 3 closed by the Governor?
   Not all positions are appropriate for telework. However, telework is supported where appropriate.
   [3/16/20, West, Q5]

Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
   Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
   [3/16/20, East, Q8]

Q Can staff telework if kids are out of school or must they use Leave?
   Chief’s discretion, complete telework agreement.
   [3/16/20, West, Q6]

Q Policy requires a separate caretaker for children when an employee is teleworking—will this be relaxed for this event?
   No final decision.
   [3/16/20, West, Q7]

Q Can we allow non-essential staff “flex” to assist with child care? (ex: 4 – 10hr shifts or 3 – 12hr shifts)
   If permitted by supervisor (must prioritize coverage @ facility).
   [3/16/20, West, Q11]

Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown?
   Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.
   [3/16/20, East, Q8]
**Leave**

Q If an employee has a chronic illness but no evidence of COVID-19 exposure/symptoms and they have received a note from their personal physician to self-quarantine for 5 days, is this to be honored?

Joe Walters stated that if a health care provider, because of risk factors, has told an employee to self-quarantine, the employee should consult first with HR before they go out on quarantine and may access leave. Unit heads are encouraged to be liberal.

[3/27/20, Central, Q2]

Q Clarification was sought on if the CPO and/or Lead Secretary could enter Public Health Emergency Leave.

Full-Time Employees can enter (PHL) in TAL and it can be approved by the Supervisor. Wage Employees will need to enter hours worked and put PHL in the comments section. The Chief/Supervisor will then need to approve it. TAL is web-based and the employee can log into TAL from any computer with internet connectivity. If the employee is unable to access TAL, then an administrator can do it for the employee. It will be tracked by the HROs.

[3/27/20, East, Q3]

Q Do Wage Employees have access to Public Health Emergency Leave?

Yes, but at a prorated rate.

[3/27/20, East, Q2]

Q Pursuant to the Governor’s closing of all services on the peninsula, clerical staff in the district have been on emergency leave. Should this continue?

Refer to memorandum 3/27/2020 from Mr. Walters.

[3/25/20, East, Q2]

Q What leave can be used to make arrangements for child care?

DHRM issued guidance, work with HR.

[3/23/20, Central, Q12]

Q Are all employee vacation leave requests to be suspended/denied?

No, only the Wardens, Assistant Wardens, Chiefs and Deputy Chief Probation Officers previously approved vacations are to be reviewed by the Regional Operations Chief with no further requests during this crisis.

[3/18/20, West, Q1]

**Recruitment**

Q Can one-person conduct interviews?

No, refer to Memorandum from Director Clarke.

[3/23/20, East, Q5]
Q Interviewees must come in person for the physical and urine screen, can this continue? Refer to Memorandum from Director Clarke; urine screens will be necessary for CO Interviews.
[3/23/20, East, Q4]

Q Should facilities proceed with employee interviews? Yes, proceed with interviews as scheduled and use the visitor COVID-19 screening form.
[3/18/20, West, Q2]

Q Should interview panels still be used? See HR for guidance
[3/18/20, East, Q5]

**Audits**

Q Are COA audits on hold? COA on hold for 30 days.
[3/16/20, Central, Q1]

Q Are SRAs postponed? Yes, all SRAs and COAs are postponed.
[3/18/20, Central, Q7]

**Procurement/Co-Pays**

Q Vendors may ask how they are supposed to collect the agreed upon co-pays - it is the vendor's responsibility to collect but they may decide to just charge DOC in full - is that something that DOC will approve? No, it is up to the Vendor to get their copay.
[3/18/20, West, Q8]

Q What is needed by VCE to track orders? In process, already ordered, being tracked.
[3/16/20, West, Q4]

Q Are flu test kits tracked or reimbursed? They can probably be tracked but likely not reimbursed. Going to track; figure out reimbursement at end of process.
[3/16/20, West, Q3]

**Communications**

Q Users have not been able to navigate the second link sent for the survey. Units should contact Mr. Fleming or Dr. Celi.
[3/27/20, East, Q4]
Q  Cannot access the forms on the COVID-19 Response Guidance, keep receiving an error message.  
Mr. Fleming will investigate and work with his team to resolve.  If you have issues, contact Moose Fleming.  
[3/25/20, Central, Q1]

General Prevention Measures

- Cleaning
  Q  Any guidance on how P&P offices are to be cleaned?  
  P&P Chief may allow vendors who do not have supplies to use our supplies.  In the event a district doesn’t have a cleaning company, utilize the sanitation procedures.  
  [3/23/20, East, Q6]

  Q  Do we have to post the MSDS sheet?  
  Yes  
  [3/18/20, Central, Q2]

  Q  Do we have to post the MSDS sheet?  
  Yes  
  [3/18/20, Central, Q2]

- Sneeze Guards & Masks
  Q  Sneeze guards issued to staff.  When they are leaving the institution a person must be clearly identified by staff at the front, must they lower their sneeze guards?  
  Yes, they cannot go out of the front door until they have been clearly identified.  
  [3/27/20, Central, Q4]

  Q  Sneeze guards were issued without first identifying to whom they belonged and more may be needed.  
  More can be issued.  Work with your Regional Administrator who will coordinate with Marie Vargo.  
  [3/27/20, Central, Q5]

  Q  Comment, not a question, the unit found that when Carter Permanent Markers were used to identify sneeze guards, there was less fading then when Sharpie Permanent Markers were used.  
  Refer also to Memorandum Permanent Markers_Sneeze Guards 3/28/2020.  
  [3/27/20, Central, Q6]

  Q  When sneeze guards are issued, is there any time when inmates are required to remove them?  
  Anytime as directed by the Warden or an Individual Officer for security reasons.  
  [3/27/20, Central, Q3]
Q In the community, is it mandatory for P&P Officers to wear the sneeze guards?  
It is not mandatory for P&P.  
[3/27/20, Central, Q1]

Q Should the sneeze mask memo be distributed or held until the mask arrive?  
WAIT until the masks arrive.  
[3/25/20, West, Q4]

Q Are the sneeze guards for both staff and offenders?  
In the facility, for staff and offenders. In the community, for staff but not for offenders on probation.  
[3/23/20, Central, Q3]

Q Masks (sneeze) are being sent to the field for use with GPS equipment install/removal.  
Refer to 3/24/2020 Memorandum.  
[3/23/20, Additional Question, Q1]

- Gloves

Q If I’ve already counted my gloves individually, and in the interest of submitting the survey by 2:00, should I go back and recount?  
If it’s been done, hit send.  
[3/27/20, West, Q2]

Q The survey does not currently have glove size 2XL.  
This category will be added to the survey.  
[3/27/20, West, Q4]

Q When counting gloves individually, is there the potential to contaminate them?  
Refer also to Memorandum Clarification of Daily Inventory PPE 3/28/2020.  
  o Count of items—the count for both items used and items on hand continues for individual items using this approach:  
  o On-hand—count the number of unopened boxes. Multiply the number of unopened boxes by the number of each items in each box for your total  
  o Used—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes by the number of each items in each box for your total.  
[3/27/20, West, Q1]

- Soap

Q Did not have any soap and needed to borrow from others.  
The ROCS will work with OLU to ensure the proper distribution of soap to facilities. If you don’t have soapy, let your ROC know.  
[3/23/20, Central, Q9]
Q Effective 3/30/2020 1 bar of soap per inmate will be issued.
[3/23/20, Additional Question, Q2]

Q If it’s discovered that inmates have been hoarding soap, should the soap be taken.
No and Randy Mathena to clarify with other regions.
[3/23/20, West, Q6]

**Visitors/Volunteers/Contractors/Lawyers**

Q Can we get approval for health authorities to bring into the facility their state issued phone as this would better assist with communication?
Health Authority may bring in phone. Phone and number will be verified upon entering and exiting the facility.
[3/16/20, West, Q16]

Q A UPS driver refused to answer the questionnaire and said that UPS does not permit them to sign documents.
Delivery drivers do not have to complete questionnaire.
[3/16/20, East, Q12]

Q Are we allowing access to the vendors for restocking of the vending machines for staff?
Vendors must complete questionnaire to enter.
[3/16/20, West, Q10]

Q If an attorney visits and checks “yes” on the [screening] form, do we still allow them to enter facility or just offer the video visitation?
Previously addressed.
[03/16/20, West, Q15]

**Employee Screening**

Q Any update on temperature screening?
Task Force working on this.
[3/23/20, Central, Q9]

Q Will P&P districts be receiving thermometers for temperature checks?
Yes, the plan is to have them at all districts.
[3/18/20, Central, Q3]

Q Should HR notify the Health Department when an employee calls about any symptoms rather than relying on the employees to do so?
Not DOC responsibility, is employee’s responsibility.
[3/16/20, West, Q12]
Transport

- **Transfers & Releases**
  - Q What happens when an offender reaches their release date from CCAP or an institution and needs to be quarantined?
    The facility needs to collaborate with the local Health Department.
    [3/25/20, West, Q1]

  - Q Are all transfers suspended?
    Yes, unless absolutely necessary; Mental Health transfers reviewed on case by case basis.
    [3/23/20, Central, Q1]

  - Q How should offenders residing at CCAP be handled when returning back to the site from court?
    Superintendent should coordinate with Jim Parks to see if court can release offender to community vs. returning to the CCAP facility.
    [3/18/20, Central, Q1]

  - Q Are offenders being screen prior to transfer?
    Any offender leaving or entering must be screened per medical guidelines. (*NOT screening workers)
    [3/16/20, East, Q7]

  - Q Mental Health transfers pending. These need to be reviewed case by case.
    Yes, with screening leaving from and arriving to facilities.
    [3/16/20, West, Q1]

  - Q Will there be a memo from HQ or Facility regarding stoppage of transfers?
    Jim Parks sent it out already however it can be sent out by you again. Already have direction in the field.
    [3/16/20, Central, Q4]

- **Transfer to Hospitals**
  - Q Per Larry Collins, VCU PD has stated there will be identified entry points to the hospital campus and at each entry point, persons attempting to enter will have their temperature scanned with a hand held device.
    Hinkle to make sure Mathena receives info.
    [3/16/20, Central, Q7]

  - Q Regarding scanning for temperature prior to hospital entry, who will be doing the scanning? VCU medical staff or DOC staff?
    VCU staff should be responsible. Hinkle to clarify.
    [3/16/20, Central, Q8]
Q We get offenders for medical and dental appointments from 28, 23, and 9. We also have workers here. We don’t plan on doing any medical screenings for these medical appointments. Should we keep on or just postpone those type of appointments?
 No screening on medical appointments.
[3/16/20, West, Q13]

**Transfer/Release from Custody**

Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
 If there is a temperature, notify Health Department.
[3/16/20, West, Q5]

Q Has there been any discussion regarding taking the temperature of offenders being released from custody?
 If there is a temperature, notify the Health Department.
[3/16/20, West, Q17]

**Care for the Sick**

Q Will protocols for the administration of Narcan be developed?
 Yes, guidance will be forthcoming.
[3/18/20, East, Q6]

**Quarantining**

**Building Quarantines**

Q If we have to quarantine a building, how will we rotate staff in that building?
 Herrick & Younce to create protocol by end of day.
[3/16/20, West, Q8]

Q Will we quarantine staff on premises?
 Follow guidance provided by Health Department as DOC has no authority to quarantine staff. Refer staff to their physician, local Health Department.
[3/16/20, West, Q9]

**Security**

**Mail & Legal Documents**

Q How to handle Legal Mail received in the mailroom?
 Hold legal mail 3 days, if attorney drops off legal documents hold for 3 days, logged per normal procedure.
[3/16/20, Central, Q5]

Q How should Legal/documents be handled during an attorney's non-contact/video visit?
 Taken to mailroom, logged, maintain for 3 days, give to offender.
[3/16/20, Central, Q6]
Q Should we hold commercial photographs, newspapers, publications, etc., that the offender has forwarded for 3 days like we are doing with legal mail (originals not copies)?
Hold 3 days in mailroom.
[3/16/20, West, Q14]

- Searches
  Q Are pat down searches waived? Are they waived if the unit has a body scanner?
  NO. YES, but there may be a security reason that may require a pat search.
  [3/27/20, East, Q5]

- Phone Hot Spots
  Q Can officers turn on hot spots?
  Approved for 90 days. Each region to send list to Randy Mathena for approval.
  [3/23/20, West, Q7]

Operations – Offenders

- Drug Tests
  Q Should drug tests continue with outside workers?
  No, unless you suspect someone is under the influence. Refer to Memorandum.
  [3/23/20, East, Q4]

- Offender Phone Calls/Video Visits
  Q We have offenders in certain housing statuses that have limited phone access. For restricted housing, should these remain (2,4,6 calls per month)?
  Give the offenders as many calls as possible during this time, but ultimately the decision is up to the Unit Head
  [3/18/20, Additional, Q1]

  Q There are facilities that have imposed limits on telephone use because of previous offender behavior. Should these be lifted?
  Yes, lift the ban
  [3/18/20, Additional, Q2]

  Q Will video bereavement be permitted for offenders?
  No
  [3/18/20, East, Q4]
Q Access to phones can further be limited when in medical isolation and/or on death row. Should this be left up to the discretion of the Facility Unit Head to determine the number of calls the offenders can make on a weekly basis?

Yes, this should be determined by the Unit Head

[3/18/20, Additional, Q3]

### Offender Education

Q If an offender needs a GED test, can the test still be administered?

Yes with appropriate precautions.

[3/25/20, West, Q5]

### Religious Holidays

Q Religious holidays are approaching, specifically Passover and Ramadan.

Refer to memorandums 3/27/2020 from Mr. Robinson.

[3/25/20, East, Q3]

Q Ramadan is approaching, how should this be managed?

Waiting Further Guidance from AG’s Office.

[3/23/20, Central, Q14]

### Commissary

Q Commissary is to continue but do not mix housing units. [3/23/20, Additional Question, Q4]

### Worker/Student Pay

Q Follow up to the March 25 Q & A, specifically with student/work pay. If we are paying those who are not working, what incentive is there for those who are working to continue working?

You need to create work for these offenders that are not working such as a new job of cleaning.

[3/25/20, Central, Q3]

Q Will school workers and students be paid?

Yes, they will be paid and should be doing work assigned by teachers.

[3/23/20, Central, Q6]

Q Will pay be cut off for those inmates who cannot work their jobs?

No, they will receive pay.

[3/23/20, Central, Q10]

### Community

#### Case Management

Q Should offenders be allowed to travel out of state?

No, if you have questions speak with your RA.

[3/25/20, Central, Q2]
Q. There has been a significant increase in releases from jails and intakes have doubled. Follow-up on question about transfers. If an offender is released from a CRP and a transfer cannot be completed, there is the potential that the offender will be homeless.
   Work with your Regional Administrator for Community to ensure that offenders are not homeless. Also, work with your RA on how to process jail intakes.
   [3/23/20, Central, Q2]

Q. Should polygraph examinations continue?
   Yes, they should continue; however, if an offender presents with symptoms, do not test.
   [3/23/20, East, Q4]

Q. Should SVP evaluators be allowed to enter the facility.
   Yes, allowed in if they are NOT displaying symptoms.
   [3/23/20, Central, Q8]

Q. Will VSP Sex offender registry verifications be waived?
   Until further notice, the VSP are not requiring fingerprints or signatures on the SP237. Officers can write in the fingerprint and signature block "verified by ID." Offenders may also fill out a "mini registration form" that can be located on the VSP website. When the offender fills this out, they can email the form back into the VSP. If there is concern about annual verification of an offender's residence, these are not due until June 30.
   [3/18/20, East, Q1]

Q. Do districts still need to conduct home visits for high risk cases?
   At the discretion of the Chief
   [3/18/20, East, Q3]

Q. Are Districts still to continue with DNA and fingerprinting?
   Suspend for 30 days; re-evaluate in 30 days.
   [3/16/20, East, Q4]

Q. Are Senior Re-Entry Specialists to go into institutions?
   Yes.
   [3/16/20, East, Q6]

Q. With regard to GPS alerts, how are staff supposed to handle going to the home and potentially having to change equipment with the risk of potential exposure?
   6-foot (social distancing) distance unless contact is necessary, take PPE precautions.
   [3/16/20, East, Q10]
Q  What is the clarity with regard to High Level Supervising? Are officers required to see these offenders or can these contacts be waived to the social distancing measures?
   Required to see offender per normal high level.
   [3/16/20, East, Q9]

- Transfers
  Q  We need further guidance on ICOTS transfers.
     Follow up is needed.
     [3/23/20, West, Q3]

  Q  Are community transfers between districts currently suspended?
     Yes, transfers are suspended for the next 30 days.
     [3/18/20, Central, Q5]

  Q  If all transfers are suspended, we may potentially make an offender homeless.
     Work with Crystal to make a transfer happen. We don’t want to make an offender homeless. Crystal will work with the other 2 RAs and provide further guidance to the districts.
     [3/23/20, West, Q1]

- Teletherapy & Groups
  Q  Is Substance abuse treatment available through teletherapy?
     Contract has been modified to allow teletherapy effective March 26, 2020.
     [3/25/20, East, Q1]

  Q  What is the DOC definition of teletherapy for community corrections?
     Any telecommunication ability.
     [3/18/20, West, Q4]

  Q  Will the rate per offender for teletherapy be the same as the current rates in the contract?
     Yes
     [3/18/20, West, Q6]

  Q  If teletherapy is offered by the vendor, how will each offender access the therapy?
     It is incumbent upon the offender and teletherapist or it is cancelled.
     [3/18/20, West, Q5]

  Q  How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
     Screen shot of their telecommunication as their roster.
     [3/18/20, West, Q7]
Q. Should Sex Offender groups in the community be canceled?

YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.

[3/18/20, Central, Q4]

Q. Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services.

If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.

[3/16/20, East, Q11]

Q. Are we still holding Groups?

Still may hold programs, and groups but must be supervised. Maintain groups in districts & facilities; if providers do not provide the service, they will not get paid.

[3/16/20, East, Q1]

Q. Treatment/Decision Point classes?

Continue processes.

[3/16/20, West, Q2]

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Screen shot of their telecommunication as their roster.

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YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.

[3/18/20, Central, Q4]
March 30, 2020

TO: All Headquarters Unit Heads
FROM: Harold W. Clarke
       Director

SUBJECT: COVID-19 Response
         Telework for Headquarters Employees

In response to the COVID-19 pandemic, Governor Ralph S. Northam declared a State of Emergency for the Commonwealth of Virginia on March 12, 2020. On March 23, 2020, as this situation continued to evolve, Governor Northam issued Executive Order 53, which ordered the closure of certain non-essential businesses and bans on all gatherings of more than ten (10) people. Today, the Governor issued an order requiring state residents to remain at home unless they are seeking essential services.

Employees working at Virginia Department of Corrections' Headquarters have done a tremendous job continuing to support daily operations as well as responding to the current emergency. Many units have already implemented teleworking options for their employees or have rearranged employees' schedules to reduce the number of employees present at one time in the office. These efforts have assisted us in decreasing exposure for our workforce.

As the Commonwealth of Virginia continues to face this rapidly changing situation, the decision has been made to have all Headquarters employees telework until further notice, unless they need to report to the office to carryout essential functions that cannot be completed remotely. Unit Heads must designate the essential work functions within their organizational units and assess to what extent these functions can be completed remotely.

There are many units that conduct business outside of Headquarters; this directive only applies to those employees that physically perform work at the Headquarters building. Because many of you have already implemented some measure of this plan, you should be familiar with the employees who can work remotely at this time. If an employee has the capability to telework and is not required to report to the office, they must begin teleworking immediately.
In cases where employees do not have sufficient work to perform remotely to fill a 40 hour workweek, their job should be restructured, to the extent possible, to allow them to continue supporting the Department’s operations. In order to continue operations, please identify one employee in each unit/sub-unit to report to the office one or two days per week to pick up mail/documents, scan needed information to other unit members, and perform other tasks for the unit as needed. These trips to the office should be limited to only the time needed to perform these essential tasks. If staff must report to the office to perform their jobs, you must implement a staggered shift schedule to limit employees’ exposure to others. If employees must work the same time/day, they must maintain as much distance from each other as possible. Additionally, meetings should only be performed if essential, and then technology should be used to conduct the meeting. It is imperative that employees practice social distancing during this time.

Employees should be aware that they could be called to support mission essential operations during these extraordinary circumstances. For example, employees may be asked to answer phone lines for units that have 24/7 operations; act as delivery drivers to take documents from one unit to another; or perform other critical tasks. Employees must be flexible during this time and work effectively as a team to manage this public health crisis.

During this state of emergency, the Governor has increased the Public Health Emergency Leave allotment to 160 hours for the year. Department of Human Resource Management (DHRM) Policy 4.52, Public Health Emergency Leave (PHEL), outlines the guidance on use of this special leave status. As noted in Deputy Director Joseph W. Walters memo dated March 27, 2020, COVID 19 TAL Submissions for Public Health Emergency Leave, supervisors must confirm that submissions for PHEL are compliant with this DHRM policy. Employees must work with Human Resource staff to ensure proper monitoring of PHEL usage so that it does not exceed the maximum allotment of 160 hours. If employees are not eligible to use PHEL, then they should be allowed liberal use of their personal leave balances.

I know these are challenging times, and employees are working hard to continue our operations during this crisis. I truly appreciate all that you do to ensure the Department continues to offer exceptional services to those that depend on us for lasting public safety.

cc: A. David Robinson
    Joseph W. Walters
    H. Scott Richeson
March 30, 2020

MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director

Subject: COVID-19 – Virginia Essential Critical Infrastructure Worker

As a result of the Governor’s announcement today, we are providing you with a template that can be used to issue a memorandum confirming the essential status of designated employees.

Please be sure that the memorandum is prepared on your unit’s letterhead for the Unit Head’s signature.

At this time, all employees assigned to facilities, including CCAP, have been designated as essential; Chiefs, Deputy Chiefs, Probation and Parole Officers Sr, Probation and Parole Officers, and Surveillance Officers have been designated essential for our districts. This is in addition to all other employees designated as essential in Department Operating Procedures.

Please direct any questions or need for clarification to your regional office.

Thank you for putting this in place so that our staff will be able to navigate their travel to and from work.

Attachment

HWC
MEMORANDUM

To: Whom It May Concern

From: <Unit Head Name>
      <Title>

Subject: COVID-19 – Virginia Essential Critical Infrastructure Worker

The individual in possession of this memo is an Essential Employee working for the Virginia Department of Corrections at <Facility/Work Location>. The Virginia Department of Corrections is a public safety agency that provides facility operations and community supervision services essential to continued critical infrastructure viability.

This employee is required to maintain their normal work schedule in order to maintain essential operations. As a result, the holder of this memorandum must be able to travel to/from work throughout the day and night. Therefore, I request that you please allow this essential employee to continue travel to their place of employment for the duration of this national emergency.

Please contact NAME at (XXX) XXX-XXXX should you have any questions regarding this memorandum.

<UH Initials>
March 27, 2020

MEMORANDUM

To: Eastern Region Unit Heads

From: Joseph W. Walters
Deputy Director for Administration

Subject: COVID-19 Guidance - Peninsula Health District Government Office Closures

On Sunday, March 15, 2020, the public was advised of a cluster of COVID-19 cases in the Peninsula Health District. This includes the City of Williamsburg, City of Newport News, City of Hampton, City of Poquoson, James City County, and York County. Local government offices were closed and Governor Ralph Northam made the decision to close Executive Branch offices and state facilities in those counties and cities immediately. Governor Northam’s order closing Executive Branch offices in this health district has not been lifted.

During this period of emergency closure, essential staff are required to work and carry out assigned duties. The Department of Human Resource Management provided clarification due to the unusual nature of this event, and full-time non-essential staff working in the Peninsula Health District are not required to report to the office but may be required to telework. Telework may include normal duties that can be completed remotely, online training, or special assignments and projects. Flexibility is encouraged during this time, and unit heads should look for innovative ways to redesign work processes to permit non-essential employees to telework to support the agency’s mission.

Teleworking tools and resources are available on the Department of Human Resource Management’s website: https://www.dhram.virginia.gov/covid-19

Non-essential employees unable to telework should continue to receive emergency closing leave. Likewise, similar wage positions are eligible to use prorated public health emergency leave (PHEL). If you have any questions about this leave or the office closures please contact your human resource officer.

Thank you for your attention to this important information.

JWW

cc: Harold W. Clarke, Director
A. David Robinson, Chief of Corrections Operations
H. Scott Richeson, Deputy Director of Re-entry, Education and Programs
Gregory Holloway, Regional Operations Chief
Anne Barker, Regional Administrator
Marcus Elam, Regional Administrator
Tabatha Mamorno, Human Resource Officer
March 26, 2020

To: Regional Operations Chiefs
Regional Administrators
Chief Probation & Parole Officers
All Headquarters Unit Heads

From: Harold W. Clarke
Director

Subject: Direction from Department of General Services
on COVID-19 Responses by Tenants of Leased Premises

The Department of General Services (DGS) has provided direction to the Department of
Corrections (DOC) in the event a person visiting one of our facilities leased through DGS is
diagnosed with COVID-19. This includes all persons that may conduct business in the facility
such as employees, contractors, volunteers, offenders, clients, family members, or other visitors.
Even though this may be difficult to determine in all cases, if we are informed of a diagnosis, then
the following guidelines should be followed. This guidance was provided for DOC owned
properties earlier, but this information specifically deals with leased premises. Please refer to the
attachment for a list of all properties leased by the DOC through DGS.

If it is reported or becomes known that a person with a positive diagnosis of COVID-19 has
conducted business or been present in a Regional Office, Probation and Parole Office/Sub-Office,
Warehouse or other leased building, the Unit Head should take the following steps:

- Report the incident through the appropriate departmental leadership chain. Employees
  should follow the information provided by DOC, in conjunction with the Department of
  Human Resource Management and the Virginia Department of Health, regarding
  employee-reporting requirements in case of COVID-19 exposure.
- Alert Lyman Brown, DOC Real Estate Manager, immediately at (804) 887-8094 or via
  email at Lyman.Brown@vadoc.virginia.gov. Please include as many details as possible
  in your report regarding the circumstances of the person’s presence in and around the
  leased property, but disclosure of the person’s identity is not required.
- Upon receipt of this information, Lyman Brown will alert DGS and inform them of the
  reported information. Mr. Brown will also fill out the online form required by DGS to ensure
  that they have the information needed to assist with sanitizing the facility, if their assistance
  is requested.
- Please attempt to ascertain the exact whereabouts of the person when they were at the
  office/facility and with whom they may have come in contact while there. This information
  will be helpful in developing any cleaning schedule/plan for the facility, as areas the
  affected person did not enter will not need to be closed for cleaning. For example, in
Probation & Parole Offices that have modular structures, if a person only enters the modular structure and no other buildings/areas, then only the modular structure may need to be closed for cleaning.

If an exposure occurs and the need arises to have the office/facility cleaned, the Unit Head should work with Mr. Brown to arrange cleaning of the affected areas through the landlord’s custodial service or with another cleaning company, as necessary. All DOC offices/facilities are provided with approved CorrectPac Red Germicidal Detergent from Virginia Correctional Enterprise for disinfecting hard non-porous surfaces. In the event that an area or office needs to be disinfected this product should be used by either the staff cleaning/disinfecting the area and/or the cleaning contactor during this process. This is an EPA approved germicidal disinfectant indicated to eliminate viruses like COVID-19.

You should be aware, that in the event of a possible COVID-19 contamination occurring at your leased premises, DGS recommends closing the premises or the potentially affected area of the premises, if it can be isolated, for a minimum of four (4) days. The area should remain vacant for three (3) days, based on National Institute of Health information that the virus is detectable on some surfaces for that period, and at least one (1) additional day to disinfect the affected area and all high-touch/common areas of the facility in which the person was present. If the leased premises are part of a larger facility, the decision to close the facility and/or common areas of the facility will be the landlord’s decision.

The exact time to reopen the leased premises or a portion thereof will depend on the size of the area to be disinfected and the availability of contractors. Mr. Brown will work as the liaison between DOC leadership, the landlord and DGS to determine when the premises will be available for re-occupancy.

If agency personnel need access to the leased premises during this time of being closed, it is subject to Director Clarke’s approval. Mr. Brown will work with DOC leadership, DGS, and the landlord to make the determination if the premises is safe to enter. This is a good time to review your Continuity of Operations Plan and ensure staff are prepared to work at a remote location for extended periods of time, if needed.

To ensure we do not duplicate reporting and that these matters are being managed in a consistent manner, please communicate this information as noted above. Please do not contact DGS or the landlord directly as Lyman Brown will be responsible for managing these incidents for the Department. Please contact Lyman Brown by one of the methods noted above with any questions.

cc: A. David Robinson
    Joseph W. Walters
    H. Scott Richeson
    Tim Newton
    Lisa C. Hernandez
    Randall Mathena
    Lyman Brown
# DGS ADMINISTERED LEASES

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<tr>
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<td>Norfolk P&amp;P Dist. #2</td>
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<td>11/30/2021</td>
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<td>861 Monticello Ave</td>
<td>Towne Bank Building</td>
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<tr>
<td>Norfolk, VA 23510</td>
<td>109 E. Main St., Ste 200</td>
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<tr>
<td>Suffolk P&amp;P Dist. #6</td>
<td>Y. K. Chaing</td>
<td>12/31/2020</td>
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<tr>
<td>425 W. Washington St, Suite 5</td>
<td>c/o Doris Lee</td>
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<tr>
<td>Suffolk, VA 23434</td>
<td>5221 Bennetts Pasture Road</td>
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<td>PO Box 58429</td>
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<td>Raleigh, NC 27658-8429</td>
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<td>Chesapeake P&amp;P Dist #31</td>
<td>Live Oak Group, LLC</td>
<td>2/29/2024</td>
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<tr>
<td>808 Live Oak Dr, Ste 125</td>
<td>c/o Ashby Development</td>
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<tr>
<td>Chesapeake, VA 23320</td>
<td>2001 Old Greenbrier Rd., Suite A</td>
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<td>471 Main St.</td>
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<tr>
<td>Warsaw, VA 22572</td>
<td>P. O. Box 1600</td>
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<td>Horsley Treolo Holdings, LLC</td>
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<td>Franklin P&amp;P Dist #42</td>
<td>Brenda L. McDannald</td>
<td>1/31/2021</td>
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<tr>
<td>161 Steward Dr</td>
<td>4100 Union Church Rd.</td>
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<tr>
<td>Franklin, VA 23851</td>
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<tr>
<td>Arlington P&amp;P Dist #10 3300 N. Fairfax Dr., Ste 320 Arlington, VA 22201</td>
<td>Capital Syndicate LLC c/o The Charles Michael Group LLC P. O. Box 150607 Alexandria, VA 22315</td>
<td>6/30/2023</td>
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<tr>
<td>Woodstock P&amp;P Dist #11 sub 101 South Main St Woodstock, VA 22664</td>
<td>David A. Rao 420 Neff Avenue, Suite 215 Harrisonburg, VA 22801</td>
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<tr>
<td>Fredericksburg P&amp;P Dist #21 5620 Southpoint Centre Blvd., Suite 110 Fredericksburg, VA 22407-2601</td>
<td>Battlefield Industrial Park, LLC P. O. Box 7165 Fredericksburg, VA 22404</td>
<td>3/31/2023</td>
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<tr>
<td>Farmville P&amp;P Dist #24 601 Industrial Park Rd, PO Box 271 Farmville, VA 23901-0271</td>
<td>Town of Farmville PO Drawer 368 Farmville, VA 23901</td>
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<tr>
<td>Leesburg P&amp;P Dist #25 751-D Miller Dr, Unit D Leesburg, VA 20175</td>
<td>County of Loudon, Virginia Dept. of General Services Attn: Kathleen Richmond 801 Sycolin Rd. P. O. Box 7100 Leesburg, VA 20177</td>
<td>8/31/2023</td>
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<td>Fairfax P&amp;P Dist #29 10398 Democracy Lane, Ste 101 Fairfax, VA 22030</td>
<td>Courthouse Plaza One, LLC c/o Wilco 7811 Montrose Rd, Suite 200 Potomac, MD 20854-3300</td>
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<tr>
<td>Fairfax P&amp;P Dist #29 sub IMP Building 8850-A Richmond Highway Alexandria, VA 22309</td>
<td>JK Investments, Acct. #5515267006 PNC Bank, Route #054000030 8850 Richmond Hwy, Suite 107 Alexandria, VA 22309</td>
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<td>Henrico P&amp;P Dist #32 2914 Hungary Spring Rd Richmond, VA 23228</td>
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<td>Dominion Lock &amp; Security, Inc J. Alton Tucker</td>
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<td>Christopher &amp; Kathy L. Scher</td>
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<td>Patrick Henry DRP</td>
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<td>Appalachian Title Company, Attn: Carmen Puckett</td>
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<td>106 W. Blue Ridge St., Ste &quot;B&quot;</td>
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<td>B. G. Sowder</td>
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<td>4/30/2024</td>
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<td>Conmar, LLC</td>
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<tr>
<td>601 Port Centre Parkway</td>
<td>Attn: Conrad Haas</td>
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<tr>
<td>Suite 200</td>
<td>Bank of Hampton Roads</td>
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<tr>
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<td>Suffolk, VA 23434</td>
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<td>Woodland Development, Inc</td>
<td>5/31/2020</td>
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<tr>
<td>Chappel Drive</td>
<td>Attn: Mr. Edwin Watson</td>
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<td>James N. Yates</td>
<td>07/31/2028</td>
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<td>Dennis E. Nagel</td>
<td>1/31/2024</td>
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<tr>
<td>701 E. 1st Street, Suite 101</td>
<td>70 E. 1st Street, Suite 201</td>
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<td>Christiansburg, VA 24073</td>
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<td>Giles County</td>
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<td>120 North Main Street, Suite 4</td>
<td>Attn: Giles County Treasurer</td>
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<td>Mr. and Mrs. Johnny Guilliams</td>
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<td>2003 West Main St.</td>
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<td>12/31/2020</td>
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<td>11A Water Street, Suite 11A</td>
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<td>Front Royal, VA 22630</td>
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<td>11/30/2026</td>
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<td>2209 Florida Avenue</td>
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<td>Roslyn Farm Corporation</td>
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<td>23378 Commerce Drive</td>
<td>Attn: Kirk Salvo</td>
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<td>Horsley Treolo Holdings LLC</td>
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<td>B and E Investment Group, LLC</td>
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<td>20 S. Roanoke St.</td>
<td>Attn: Mr. Hal T. Bailey, Sr., PE</td>
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<td>P. O. Box 619</td>
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**REGIONAL OFFICES**

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<td>Mark Reinhardt</td>
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<td>Central Regional Office</td>
<td>R. E. Collier of Virginia, LLC</td>
<td>10/31/2022</td>
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<td>Rockwood Office Park</td>
<td>9415 Hull Street Rd., Suite E</td>
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<tr>
<td>9503 Hull Street Road, Suite A</td>
<td>Richmond, VA 23236</td>
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<td>North Chesterfield, VA 23236</td>
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**WAREHOUSES**
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<td>Food Service Warehouse</td>
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<td>Crozet, VA 22932</td>
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<td>Daniel, Daniel &amp; Daniel</td>
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<td>c/o Standard Properties</td>
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<td>AF Byrd Center VA, LLC</td>
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<td>J. Milton Dunn</td>
<td>6/30/2020</td>
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<td>23184 Courthouse Road</td>
<td>18518 Comans Well Road</td>
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<tr>
<td>Yale, VA 23897</td>
<td>Yale, VA 23897</td>
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</tbody>
</table>
MEMORANDUM

TO: Dental Supervisors

FROM: Rachel Provau, Chief Nurse
       Dr. Adam Wyatt, Chief Dentist

SUBJECT: Dental Staff Assistance in Medical Units during COVID-19 Response

As part of our emergency preparation in response to the COVID-19 pandemic, there is formal request for dental staff (dental hygienists and dental assistants) to assist medical/nursing staff in maintaining health units within their locally assigned facilities. The need for emergency dental staffing patterns is understood and should not be interrupted.

The designated dental staff members will be allocated as needed, during their normal working hours, to medical departments within their locally assigned facilities based on the current dental clinic coverage for Class 3 and Class 4 treatment and skill level. Their duties will be in congruence with their current scope of practice and licensure with the Virginia Board of Health professionals (see Attachment A).

The allocation will be accomplished by the assigned Headquarters nursing team member that is assigned to logistics/staffing in conjunction with the Supervising Clinical Dentist (administrative or clinical primary care provider/doctor) that is directing this support. All available treatment and management for patient care options will remain under the direction of the Supervising Dental Clinician, in accordance with the most recent dental and medical care updates that have been passed through the VADOC Director, the HSU Director, the Chief Dentist and the Regional Dental Clinic Directors.

PR/AW/cld

Attachment

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
DENTAL SUPPORT FOR MEDICAL STAFF DURING CRISIS EVENTS

Dentist (DDS/DMD):

✓ Diagnosis and treatment planning
✓ Performing surgical or cutting procedures on hard or soft tissues, as provided under Code of Virginia
✓ Prescribing or parenterally administering drugs or medicaments, as provided under Code of Virginia
✓ Administering and monitoring moderate sedation, deep sedation or general anesthesia, as provided under Code of Virginia
✓ Duties as below for RDH and CDA/DA

Hygienist (RDH):

✓ Take, record and monitor blood pressure, pulse and temperature
✓ Prepare patients for treatment (seating, positioning)
✓ Sterilization and disinfection procedures for patient care areas
✓ Compliance with OSHA and CDC guidelines
✓ Taking (dental) radiographs
✓ Transfer (dental) instruments
✓ Recording patient encounter events (for review by Medical staff)
✓ Administrative support (retrieving/delivering charts, answering phones, etc)

Certified Dental Assistant (CDA)/Dental Assistant (DA):

✓ Take, record and monitor blood pressure, pulse and temperature
✓ Prepare patients for treatment (seating, positioning)
✓ Sterilization and disinfection procedures for patient care areas
✓ Compliance with OSHA and CDC guidelines
✓ Taking (dental) radiographs
✓ Transfer (dental) instruments
✓ Recording patient encounter events (for review by Medical staff)
✓ Administrative support (retrieving/delivering charts, answering phones, etc)
March 23, 2020

To: Regional Operations Chiefs/Regional Administrators
    Wardens/Superintendents
    Facility Training Staff

From: Joseph W. Walters
      Deputy Director for Administration

Subject: Suspension of Institutional In-Service and Annual Range Training

Effective immediately, the Virginia Department of Corrections is suspending institutional in-service classes and annual firearms recertification training. This will make employees available to perform job duties/tasks as needed at the facility during the COVID-19 pandemic. Institutional Training Officers (ITOs) should maintain lists of staff who do not fulfill this training requirement so they can ensure employees attend all required training as soon as possible after the suspension is lifted.

The Department of Criminal Justice Services (DCJS) has advised that no individual training extensions associated with this suspension of training will be required. The traditional training extension process will resume immediately upon the continuation of normal training activities. The Academy will answer questions about specific individual's training status and documentation requirements as needed.

Please note that the suspension will apply only to annual Institutional In-service classroom training and Annual Firearms Recertification training. Employees can still complete all required mandated online training. At this time, initial phase training and range classes for Officers-In-Training (OIT) will continue. Please contact Security Training Manager William E. Pierce at (804)-784-6848 if you have any questions about this suspension.

cc: Harold W. Clarke
    A. David Robinson
    Lisa C. Hernandez
    Randall Mathena
    Luke E. Black
    William E. Pierce
MEMORANDUM

To: All Facility Employees

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Designated Staff at Facilities

With the increasingly rigorous efforts to prevent COVID-19 from spreading throughout our workplace, the Department has been reviewing our continuity of operations' plans and preparing for all possible scenarios. An analysis on minimum staffing levels was recently completed at each facility within our Agency. Findings from these assessments revealed that more staffing than just those employees considered designated staff under Operating Procedure 110.3, Emergency Closings, may be needed to maintain critical operations at each facility.

To ensure continuity of operations during this public health crisis, all employees whose primary work location is at a correctional facility are now considered designated staff. All staff working at these locations are needed to maintain critical services during authorized emergency closings and lock-downs. It is vital that the Agency, including employees and leadership, remain flexible and work collaboratively to get us through this difficult time.

Please ensure you continue to take precautions to maintain your health and protect the safety and wellness of your fellow employees and those populations under our care and supervision. Thank you for your continued dedication and hard work. More than ever your efforts and commitment to working together to endure this crisis are acknowledged and greatly appreciated!

HWC
MEMORANDUM

To: All Headquarters Employees

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 - Social Distancing & Telework

March 20, 2020

During this evolving public health crisis, we are implementing a number of social distancing measures at Headquarters to protect your health and safety while maintaining continuity of operations. In addition to switching to takeout only orders for the Almost Home Café, we are implementing a number of strategies for social distancing including the following:

- Alternating work schedules that minimize the number of employees in a work area at any given time.
- Encouraging telework. Organizational Unit Heads must assess whether telework is a viable option for employees within their units, which includes evaluating options for positions that are not normally eligible for telework. Teleworking capabilities are determined by the needs of each operational unit. However, Unit Heads are encouraged to be flexible and identify innovative ways to redesign work processes in a manner that allows nontraditional positions to telework. Teleworking tools and resources can be found on the Department of Human Resource Management's website: https://www.dhhrm.virginia.gov/covid-19
- Relocating employees to an area within an office that is more isolated or has less foot traffic.
- Using available technology to hold meetings and collaborate, and limiting meetings and gatherings within the workplace to 10 or fewer people.

Supervisors and Unit Heads are strongly encouraged to be as proactive as possible in identifying and implementing viable and innovative social distancing measures during this time. If you have any questions about the options within your unit, please contact your supervisor, Organizational Unit Head, or Human Resource Officer.

Thank you for your continued attention to this serious public health matter and efforts to continue the important work of our Department while keeping yourselves and colleagues safe.

HWC
March 20, 2020

TO: All Wardens and Superintendents

FROM: A. David Robinson
Chief of Corrections Operations

Joseph W. Walters
Deputy Director – Administration

SUBJECT: Reporting of Call-Outs – COVID 19

Governor Ralph Northam declared a state of emergency due to COVID-19 on March 12, 2020, in Executive Order Number 51. As a part of the state’s management of this emergency, Director Clarke will need accurate information regarding the number of call-outs in certain essential employee roles resulting from COVID-19.

Beginning Friday, March 20, 2020, each facility human resource officer is to report the total number of Security employees and Health Services employees who have called out sick each day due to COVID-19. Please do not include call-ins for any other reason (childcare needs, car trouble, etc.). The count must include call-ins received during the previous six (6) days and the day of notification to OLU (Saturday – Friday.) Report information on field unit personnel separately from the parent facility.

Please submit this information on a weekly basis to the OLU e-mail at docolu@vadoc.virginia.gov no later than 2:00pm each Friday until further notice. The first submission is due to OLU on March 27, 2020, with one report noting the number of call-outs by day for the current and the previous (6) days.

Thank you for your attention to this important matter,

cc: Director Harold W. Clarke
Executive Team Members
Regional Operations Chiefs
Regional Administrators
Lucinda Childs-White
Human Resource Officers
March 19, 2020

MEMORANDUM

To: Wardens & Superintendents
From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Safety Officer Cell Phone Authorization

As part of our emergency preparations in response to the COVID-19 pandemic, effective immediately, all Safety Officers have been authorized and are required to bring either their state issued or personal cell phone into a secure facility to perform their duties until further notice.

Facility staff must account for all cell phones entering and exiting the secure perimeter as directed by Operating Procedure 445.1, Employee, Visitor, and Offender Searches.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 – Facility Staff Levels

March 19, 2020

At this time, unit heads at all facilities must update their Facility Staffing Levels one-page summary and submit through their Regions. Regional submissions are needed no later than 8:30 am on Monday, March 23.

- Review the Facility Staffing Levels Overview (attachment). It connects assessment of staffing level needs at each facility to OLU calls/reports and regional operations.
- Note instructions (which follow below) for completing the updated staffing level template (attachment).
- Note that starting the Operations & Logistics Unit will begin listing facilities operating at less than normal operations in the VADOC Coronavirus (COVID-19) Update section in the Daily Executive Staff Briefing report.

Your focus on staffing needs helps us proactively benchmark levels at which the regions and the agency need to step up support and assistance. As our staff are indeed our most important resources, this effort is a high priority.

The dedication and sense of duty being demonstrated by everyone is a powerful reflection of the core values of the Department and our commitment to our mission under uncertain and trying conditions. I appreciate this engagement and level of accomplishment that they will sustain.

Please direct comments or questions about these materials to your Regional Administrator.
Instructions – Facility Staffing Levels Template 3-19-2020

COMPLETION

1. Unit should submit completed forms in Word document format to their regions; no handwritten or .PDF submissions.

2. Totals—The TOTALS row for each mode should be one number that includes Day and Night staffing.

3. Region should send their submissions by email to Moose Fleming, Steve Smith and Jennifer Bray.

DEFINITIONS

4. Lockdown Offender Workers--only workers for Laundry and Chemicals are anticipated out-of-cell; other situations refer to the Regional Operations Chief.

5. Minimal Operations—no offenders out of cell are anticipated.

6. Utility needs—for Minimal Operations, add (if needed) the number of “utility” staff that will be needed to carry out essential tasks. These tasks would not require certification or licensure. Example: staff needed to package and deliver meals to housing areas.

Attachment

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
<table>
<thead>
<tr>
<th>Function</th>
<th>Mode</th>
<th>Normal Operations</th>
<th>Modified Lockdown</th>
<th>Lockdown</th>
<th>Minimal Operations</th>
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<td>Y</td>
<td>N</td>
<td>N</td>
<td>No offenders</td>
</tr>
<tr>
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<td>Y</td>
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<td>N</td>
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<td><strong>VCE/Agribusiness</strong></td>
<td></td>
<td>Y</td>
<td>Y</td>
<td></td>
<td>Laundry/Chemicals Only</td>
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<tr>
<td><strong>Utility</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
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<td>6A-6P</td>
<td>6A-6P</td>
<td>6A-6P</td>
<td>6P-6A</td>
</tr>
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<td>Offender Supervision, Movement, Out-of-Cell Periods &amp; Showers</td>
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<tr>
<td><strong>Medical</strong></td>
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<td><strong>Laundry</strong></td>
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<td>6A-6P</td>
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<tr>
<td>Enter zeroes unless done on-site</td>
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</tr>
<tr>
<td><strong>Building &amp; Grounds</strong></td>
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<td><strong>Wastewater Treatment</strong></td>
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<td>Enter zeroes unless done on-site</td>
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<td><strong>Totals (Day + Night)</strong></td>
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3/19/2020
Facility Staffing Levels

Managing Range of Operating Conditions
Facility Staffing Levels

Purpose & Success Criteria

**Purpose**

- Confirm staffing levels needed to sustain operations for a range of conditions
- Confirm reporting for internal expectations and requirements

**Success Criteria**

Staffing levels meet adequate security, safety and health needs for:

- Employees and offenders
- Others entering facilities

Reporting routine supports:

- Real-time operational accountabilities
- Intra-agency purposes
Facility Staffing Levels

Range of Operating Conditions

Operating conditions impacted by **Staff Availability** (community), **Quarantine** (offenders) and/or **Resources** (i.e., equipment, supplies or transportation demands)

**Core Functions**
- Security
- Control
- Supervision
- Food Service
- Medical
- Laundry
- Building & Grounds
- Wastewater
- Power Plant

**Operating Conditions**
- Normal Operations
- Modified Lockdown
- Lockdown
- Minimal Operations

**Staffing Areas**
- Security
- Food Service
- Medical
- Laundry
- Buildings & Grounds
- Wastewater
- Power Plant
- Contractors
- Utility (Minimal Operations only)
Facility Staffing Levels

Management of Operating Conditions

Operating conditions impacted by Staff Availability (community), Quarantine (offenders) and/or Resources (i.e., equipment, supplies or transportation demands)

Normal Operations
- Management Levels
  - Unit Head
  - ROC/RA
- Reporting
  - Normal OLU calls/reports
- Command Agenda
  - Confirm/monitor contractor projects

Modified Lockdown *
- Management Levels
  - Unit Head
  - ROC/RA
  - Director & CCO
- Reporting
  - Normal OLU calls/reports
- Command Agenda
  - Go/No Go on contractor projects
  - AM/PM review of staffing
  - Stage regional support

Lockdown * Minimal Operations *
- Management Levels
  - Unit Head
  - ROC/RA
  - Director & CCO
- Reporting
  - Normal OLU calls/reports
- Command Agenda
  - Halt contractor projects
  - AM/PM review of staffing
  - Execute regional support

* OLU Daily Reports will list facilities in these operating conditions

3/19/2020
March 18, 2020

MEMORANDUM

To: All DOC Unit Heads

From: Joseph W. Walters
Deputy Director for Administration

Re: Procurement of COVID-19 Related Goods and Services

The Virginia Department of Corrections has initiated procurement activities to supply certain critical equipment on an agency level in support of our public safety mission.

The Procurement Unit at headquarters has centrally ordered a large quantity of nitrile gloves that should be delivered this week. In addition, a Quick Quote solicitation is out with bids due on tomorrow for the following items:

Medical Facemasks – 800 each
Medical Facemasks with shields – 800 each
N95 Respirators – 400 each
P100 Respirators – 400 each
Protective Gowns – 800 each
Thermometers, Infrared – 92 each
Wipes, with bleach – 240 cases
Hand Sanitizer Bottles, 33 oz. – 920 pump bottles

Quantifit Respirator Fit Testing System – 4 each
Kit 1 40MM DIN Single Screw In Adaptor – 4 each

Tomorrow, we will have a better idea of not only what is available now, but also the lead times on out of stock items. The designated staging locations for the receipt and distribution of medical supplies in response to the pandemic are the Central Regional Office, Western Regional Office, Eastern Regional Office and the OLU at State Farm. These locations were designated by the COVID-19 committee but are subject to change as required.
The Procurement Unit will continue to work with agency personnel to identify additional needed medical equipment supplies, and order accordingly.

As you are aware, Governor Ralph Northam issued Executive Order Number Fifty-One (2020) Declaration of a State of Emergency Due to Novel Coronavirus COVID-19 on March 12, 2020. The emergency declaration grants broader authority to agencies in procuring supplies and equipment to respond to the emergency, but please be aware that we should continue to follow policies and procedures as outlined in the Agency Procurement and Surplus Property Manual (APSPM) as much as possible. Units should continue to purchase needed supplies and the above guidelines apply whether payment is by check or with a Small Purchase Charge Card.

Accounting has requested that any purchases related to COVID-19 be tracked for the purpose of possible reimbursement of these expenses. I recommend your business manager and procurement staff maintain a folder with hardcopies of Purchase Orders, receipts, etc…as well as utilizing the Excel spreadsheet the Budget office is using to track the expenditures. Use PO category “E01 – Emergency” in eVA and make a note in the Comments section that this is a COVID-19 purchase.

Please feel free to contact Laura Bishop, Director of Procurement and Risk Management, at 804-887-8332 or by email at laura.bishop@vadoc.virginia.gov with any questions you may have.

cc: Harold W. Clarke, Director
    A. David Robinson, Chief of Corrections Operations
    H. Scott Richeson, Deputy Director of Programs, Education, and Re-entry
    Regional Operations Chiefs
    Regional Administrators
    Regional Managers
    Regional Business Managers
March 12, 2020

MEMORANDUM

To: All Unit Heads and Business Managers

From: Joseph W. Walters, Deputy Director for Administration

Subject: Coronavirus COVID-19 Supply Procurement

Ensuring all of our facilities and institutions have access to necessary supplies to address COVID-19 is a priority for the Department of Corrections. To ensure efficient and consolidated ordering of supplies, a special procurement process has been set up for these supplies. Additionally, to track all expenses associated with the Department’s response to COVID-19, an accounting coding has been set up for these expenses.

Initial Supply Ordering
Currently, Headquarters Procurement is in the process of ordering the following items for consolidation at staging areas, to include each Regional Office and OLU: gloves, respirators, face shields, goggles, and gowns. A supply of each of these items has been identified and will be delivered to each of the staging areas. Other items determined to be needed beyond these identified should be submitted as a request for purchase to Warden Rodney Younce or Health Services Director Steve Herrick for approval. Once, approved, Headquarters Procurement will initiate purchase of these items.

Resupply Ordering
Any need for resupplying of items purchased during the initial order must be communicated to and approved by either Warden Younce or Dr. Herrick. Upon approval these items can be purchased through the Regional Business Managers using the designed accounting coding developed.

Payment Processing
For orders paid for using a p-card, an ATA will need to be performed moving these expenses to the accounting code tracking COVID-19 expenses. For orders that will be paid through Accounts Payable, please have the receiver confirm shipment, sign and date invoice, and submit the invoice to headquarters for processing. Confirmed and signed invoices can be emailed to Meagan.Sok@vadoc.virginia.gov.
Accounting Coding
The below coding structure has been developed for COVID-19 tracking. It is imperative that all expenses incurred as a result of the Department's response to COVID-19 be tracked and coded in this fashion. The Department will be asked to report out about expenses incurred in our response with the potential for reimbursement.

Business Unit 75600
Fund 01000
Prgrsub 398005
Department Code 919
Account Code – based on type of expenditure

cc: Harold W. Clarke, Director
A. David Robinson, Chief of Corrections Operations
H. Scott Richeson, Deputy Director of Programs, Education and Reentry
Regional Operations Chiefs
Regional Administrators
Regional Business Managers
MEMORANDUM

To: Wardens & Superintendents  
From: A. David Robinson  
Chief of Corrections Operations  

Subject: COVID-19 Response – Medical Cell Phone Authorization  

As part of our emergency preparations in response to the COVID-19 pandemic, effective immediately, all Health Authorities and medical providers have been authorized and are required to bring either their state issued or personal cell phone into a secure facility to perform their duties until further notice. If no health authority is on duty, the ranking member of nursing inside the facility will be allowed this same privilege.

Facility staff must account for all cell phones entering and exiting the secure perimeter as directed by Operating Procedure 445.1, Employee, Visitor, and Offender Searches.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
March 16, 2020

TO:       All DOC Employees
FROM:    Harold W. Clarke
         Director

SUBJECT: Departmental Travel and Meeting Cancelations

On March 12, 2020, Governor Ralph S. Northam declared a State of Emergency for the Commonwealth of Virginia. During his remarks, the Governor provided additional measures that state agencies should take to combat the spread of COVID-19. These measures include, but are not limited to, halting all travel outside of Virginia, canceling all specially scheduled state conferences and large events for a minimum of 30 days, and limiting in-person meetings and non-essential, work-related gatherings. The Virginia Department of Corrections values the health of our employee workforce and is enacting the following proactive measures based on the Governor’s direction.

The Virginia Department of Corrections will cancel all travel for employees to in state and out-of-state conferences, training events, and large meetings from March 16, 2020, to April 12, 2020. Travelers must ensure they cancel all registrations, hotel accommodations, and mass transit arrangements. If you fail to cancel these arrangements, you will be responsible for the cost of the service. If you cannot cancel these services for a trip, please attached a copy of this letter to your Employee Reimbursement Request AND a signed statement verifying that you attempted to cancel a specific service, and the reason the service provider would not give a reimbursement. The Department will work with the employee under these unique circumstances to provide reimbursement.

Furthermore, the Department will cancel non-essential training events/meetings sponsored by the Academy for Staff Development. The Academy will provide information to all registered training participants for each class that will be canceled. The Academy will also be able to answer questions about alternate training events that employees can attend in the future to ensure credentials/licensure are maintained.

All non-essential work-related meetings should be canceled effectively immediately until April 12, 2020. These meetings include the Headquarters Executive Team Meeting, all
Learning Teams, Extended Leadership Team Meetings, Regional/Unit Meetings, etc. The meeting organizers should send cancelation notifications for all meetings impacted by this decision.

Agency leadership will continue to monitor recommendations from the Virginia Department of Health and the Virginia Department of Human Resource Management as concerns about the COVID-19 outbreak continue. Decisions about travel, training event/conferences, and non-essential work-related meetings scheduled after April 12, 2020, will be provided based on relevant public health guidance and the conditions as we near that date.

I appreciate your patience during this time as we work to ensure the health of our employees.
MEMORANDUM

To: All Employees

From: Harold W. Clarke
       Director

Subject: Designated Staff Change

During our recent review of our agency's COOP (Continuity of Operations Plan) and in light of the Commonwealth of Virginia's and the United States' declared State of Emergency, we have found it necessary to review the list of "designated staff" and have made appropriate modifications. Effective immediately, Surveillance Officers, Probation Officers, Probation Officer Seniors, Deputy Chiefs and Chiefs are now considered "designated staff".

DOC Operating Procedure 110.3, Emergency Closings will be modified accordingly to reflect this change. All "designated staff" are considered Essential and are required to work to maintain critical services during authorized emergency closings. The health and safety of our staff, offenders and the community remain our Department's primary focus.

We will continue to keep our staff informed as we work to effectively deal with this evolving situation.

HWC

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Re-entry, Education, and Programs
    Regional Operations Chiefs
    Regional Administrators
    Lucinda Childs-White, Human Resources Director
March 11, 2020

TO: Regional Operations Chiefs
    Headquarters Unit Heads

FROM: Joseph W. Walters
      Deputy Director for Administration

SUBJECT: Non-Essential Business Travel

As the Commonwealth of Virginia begins to deal with the impact of COVID-19, it has become necessary to evaluate the potential impact of non-essential travel on Department operations and our employees. To enable agency leadership to make the best decisions possible concerning business related travel, I am asking you to survey each of your units and provide a list of all approved and/or projected travel that is anticipated between now and April 30, 2020.

Please break this information into two lists, non-essential and essential travel. For purposes of this memo, non-essential travel will be defined as travel that is not required to maintain certifications and/or licensure needed in association with the duties of the employee’s position. Essential travel is travel that is required to maintain certification/licensure needed to perform the functions of an employee’s position, AND is not available at a future date. Please provide these lists via email no later than close of business on March 12, 2020. The lists should be sent to Barbara Reyes at Barbara.Reyes@vadoc.virginia.gov with a copy to Jennifer Bray at Jennifer.Bray@vadoc.virginia.gov for Chief of Corrections Operations A. David Robinson.

The Virginia Department of Corrections values the health of our employee workforce and is gathering this information to ensure we are prepared to follow any guidelines set forth by the Virginia Department of Health. At this time, no travel has been canceled; however, this is a rapidly evolving situation and we will provide guidance if any change in current operations becomes necessary.

cc: Harold W. Clarke
    A. David Robinson
    H. Scott Richeson
2.

COMMUNICATION
MEMORANDUM

To: Inmate Population  

From: Harold W. Clarke  
       Director of Corrections  

Subject: COVID-19: Inmate Early Release Plan Information  

April 26, 2020  

I wish to inform you of the Inmate Early Release Plan (IERP) developed by the Virginia Department of Corrections (DOC). Legislation passed this week by the General Assembly authorizes the Director of Corrections to discharge certain offenders who meet eligibility criteria, prior to their scheduled release date. This authority is temporary and is only in effect during the state of emergency declared by Governor Northam related to the COVID-19 pandemic, which expires June 10, 2020. The Governor may choose to extend the duration of the state of emergency.

DOC’s Offender Management Services (OMS) is managing the decision process. A review of all eligible inmates is already underway and there is no action needed on your part. Staff will meet with eligible inmates approved for release on an individual basis.

The eligibility criteria and decision process are contained in IERP. You will receive access to the plan through J-Pay, bulletin boards, and other communication options used at your facility on April 27, 2020.

After you have read the IERP and reviewed the specific criteria for eligibility, staff will be available to answer your questions and discuss your specific circumstances. They will provide you an appeals form at your request if you are not being considered and believe you are eligible.


The Unit Head will review appeal forms received from inmates. If it is determined you do not meet the criteria, the Unit Head will notify you. If the Unit Head agrees that you meet the criteria, your appeal will be forwarded to the DOC OMS and Director of Corrections for final review. You will receive a copy of the final decision.

cc: Executive Team  
Regional Administrators  
Jim Parks, Offender Management Director
MEMORANDUM

To: All Offenders

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 Offender Wellness Information

April 24, 2020

As this COVID-19 pandemic evolves each of you will be impacted and cope differently. While your reactions will be diverse, some of you may experience a heightened level of anxiety, stress, or other negative emotional or social well-being. These responses are to be expected. In addition, while the entire country is practicing social distancing, it remains very important for you to remain connected with families, friends, and those close to you. It is important for you to recognize and cope with any stress you are experiencing.

I am pleased to announce that in addition to onsite/on call mental health services, Virginia Department of Corrections Mental Health Services has established a support line, free of cost to you. This support line, known as “Warm Line” is available for you to call and connect with a Mental Health professional about fears, worries, stress or question about COVID-19. **Warm Line is available from 1p.m. – 9p.m. Monday- Friday by dialing #19.**

During times of uncertainty, it is perfectly acceptable to feel a wide range of emotions. Taking care of yourselves by focusing on positives and using available resources is a healthy way to cope with stress, to include reaching out for support. This is why we established this added support, “Warm Line”.

Please remain confident in the fact that your safety remains the utmost importance.
April 17, 2020

MEMORANDUM

To: All Employees

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 Employee Wellness Information

On April 14, 2020, the VADOC learned of our first offender death as well as the hospitalization of a staff member related to COVID-19. I certainly understand this news impacted those working closely with the employee and offender, just as it did me. As this news and the COVID-19 public health crisis continues to evolve, each of you will be impacted and cope differently. While our reactions will be diverse, some of us may experience a heightened level of anxiety, stress, or other negative emotional or social well-being. These responses can be expected given the nature of our work in public safety and the additional stress the COVID-19 pandemic has added to our work and personal lives.

It is important for us to recognize and cope with any stress we are experiencing. A list of wellness resources is available to all staff on the VADOC iDOC page under the Coronavirus Information link. Staff are encouraged to review the resources under the Employee Wellness Resources heading. While we are practicing social distancing, it remains very important for us to remain connected with our co-workers, families and friends. These connections can be accomplished through a variety of technology resources including video conferencing, social media, apps and the telephone.

If you feel you know would benefit from the COVID-19 Employee Wellness Resources, do not hesitate to use these resources. Additionally, if you feel you need to talk with someone about what you are experiencing, call your health care provider or the Employee Assistance Program (EAP). Details on EAP can also be found on iDOC under the Employee Wellness Resources header. A staff support line is also available for employees to call and connect with other DOC employees about fears, worries, stress or question about COVID-19. This staff support line is available from 12:30pm - 8:30pm daily beginning April 18, 2020 at the following number (804) 887-8700.

During times of uncertainty, it is perfectly acceptable to feel a wide range of emotions. Taking care of ourselves, colleagues, and families and finding healthy ways to cope with stress, to include reaching out for support, will help us remain a highly effective public safety agency. Together we make a difference, every day for many people across the Commonwealth. Please remain confident in the fact that your safety and the safety of those entrusted in our care remains of the utmost importance.
April 15, 2020

MEMORANDUM

To: All Headquarters Employees

From: Harold W. Clarke
      Director of Corrections

Subject: Follow up to COVID-19 Richmond Times Dispatch Article

On April 13, 2020, the Richmond Times Dispatch published an article titled “Seven prisoners who worked at cafe in Corrections Department HQ had COVID-19.” To ease any potential concerns regarding your potential risk of exposure to COVID-19, this memorandum provides clarification and additional facts about the individuals working out of Headquarters who tested positive for COVID-19.

On March 17, 2020, the Almost Home Café located at Headquarters switched to a take-out only model. Other social distancing measures were put in place on this same date to minimize the number of customers in the café and ensure at least six feet of distance between customers and those working in the cafeteria. Food service personnel in the cafeteria were also following the Department's Medical Epidemic/Pandemic Sanitation Plan.

A cafeteria worker from Central Virginia Correctional Unit 13 exhibited symptoms consistent with COVID-19 on March 30, 2020 prior to coming to work at the cafeteria that day; this individual later tested positive for COVID-19. As a result, a new crew of offender workers staffed the cafeteria beginning that day. A decision was also made on March 30th to require telework for all employees working at Headquarters, unless they performed essential services needed onsite. Offender workers and Department employees working closely with the individual who tested positive for COVID-19 were notified and quarantined consistent with guidelines from the Centers for Disease Control and Prevention (CDC).

Due to the proactive, precautionary measures implemented by the Department and the swift actions taken at the first indication of symptoms, no other employees working at Headquarters had close, prolonged contact with the offender worker who tested positive for COVID-19. It has now been more than 14 days from the onset of this individual’s symptoms with no reported cases of COVID-19 among employees working at Headquarters. Therefore, any potential risk has now passed.

As your safety is of utmost importance to leadership, any information pertinent to your health and safety will always be shared with you as it relates to the current COVID-19 pandemic.
Please ensure you continue to wear your mask, practice social distancing and take other precautions advised by Governor Ralph S. Northam, Centers for Disease Control and Prevention (CDC), and Virginia Department of Health (VDH) to protect yourselves, your colleagues, those populations under our care, and our community.

cc: A. David Robinson, Chief of Corrections Operations  
    Joseph W. Walters, Deputy Director for Administration  
    Scott Richeson, Deputy Director for Programs, Education and Re-entry  
    Lisa Kinney, Director of Communications  
    Lucinda Childs-White, Human Resources Director
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 7

Please take note of the updated resource, VADOC Pandemic Response Guidance. Continue to share it with your management teams and employees as appropriate.

You will continue to receive real time communications from executive areas as needed. This resource provides you with an updated, cumulative summary of important COV-19 related communications.

Our communication continues to keep pace with changing conditions we face. Your contributions—as we talk and think together help us to make good decisions. This compendium of memoranda confirm that we approaching this challenging period as one.

Continue to share information abundantly with your people. They appreciate the confidence you have in them to adjust operations accordingly. Their capacity for change and their willingness to do their part will go a long way to sustaining our efforts.

Please, stay focused, practice healthy habits and support each other. As you model the way, your employees will respond to your patience and encouragement.

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
## ACA Containment Benchmarks

### 1. Administration / Coordination

<table>
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<tr>
<th>ACA Focal Points</th>
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### 2. Communication

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**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library.

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*VADOC COVID-19 Response Guidance*

*Version 7*

*4/2/2020*

*Items in GREEN are additions since last update*
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3. General Prevention Measures

- Fitness to Report to Work
- Health Habits
- Environmental Cleaning
- Social Distancing

4. Visitors / Volunteers / Contractors / Lawyers

- Access Constraints
- Remote Alternatives

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4/2/2020 Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library
## ACA Containment Benchmarks (cont)

### 5. Employee Screening

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**Screening Questions**
- Temperature Check

**Notification**
- Offender Notification-COVID-19 – GTL - 2 Free Calls
- COVID-19 Response – Visitation Grievances
- VADOC COVID-19 Response – Attorney Visits by Phone
- VADOC COVID-19 Response – Facility Service Contractors
- Attorney Visits - COVID-19 Response
- Coronavirus COVID-19 Screening Questionnaires
- Visitor, Volunteer, Contractor Screening Questionnaire

### 6. New Intake Screening

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**Screening Questions**
- Temperature Check

**Symptomatic Cases**
- COVID-19 – Routing Jail Intakes to Sussex I State Prison
- Jail Intake
- COVID-19 and Jail Intake
- Coronavirus COVID-19 Screening Questionnaires
- Offender Intake and Transfer Screening Questionnaire

### 7. Initial Management & Testing of Respiratory Illness Cases

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**Offender Precautions**
- Staff Precautions
- Inventory Management

**Necessary Facilities**
- Health Services
  - Memo
  - Guideline
  - Attachment A
  - Attachment B

**Staff Precautions**
- COVID-19 Clarification of Daily Inventory of Personal Protection Equipment, PPE Survey
- COVID-19 Daily Inventory of Personal Protective Equipment (PPE), PPE Survey, Updated
- COVID-19 Daily Inventory of Personal Protective Equipment (PPE), PPE Survey
- COVID-19 Isolation Plan for Modified Operations

### 8. Personal Protection Equipment (PPE)

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**Inventory Management**
- COVID-19 Clarification of Daily Inventory of Personal Protection Equipment, PPE Survey
- COVID-19 Daily Inventory of Personal Protective Equipment (PPE), PPE Survey, Updated
- COVID-19 Daily Inventory of Personal Protective Equipment (PPE), PPE Survey
- COVID-19 Isolation Plan for Modified Operations

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### VADOC COVID-19 Response Guidance

**Items in GREEN are additions since last update**

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### VADOC Staffing Element

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Version 7

4/2/2020

Items in **GREEN** are additions since last update

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4/2/2020 *Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library*
## G. Community Re-entry Conditions

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### GPS

- Essential Personnel
- Office Access

### COVID-19 – Community Intake Process

- Temporary Suspension Peer Recovery Specialist Pilot
- COVID-19 Re-entry Condition Waived for Parole and Pardon

### COVID-19 Outpatient SUD Contract Change

- COVID-19 – Home Visit Waiver
- COVID-19 Transfers Investigations Between Districts

### COVID-19 - Suspension of P&P Weapon Training Requirements

- COVID-19 Drug Testing Suspended
- COVID-19 – GPS Equipment Protocol
- COVID-19 – Protocol

### P&P District Essential Personnel Guidelines

- P&P District COVID-19 Guidelines
- P&P District COVID-19 Sign

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**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library
April 2, 2020

MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
       Director of Corrections

Subject: COVID-19 – Cumulative COVID-19 Questions Answers (Through 3/30/20)

This is the second issue of cumulative Questions & Answers on topics raised by our units. The thoughtfulness of the questions show that we are examining our current operations, the impact of changing conditions, and what next-step information and guidance is needed.

As leaders, we need to be good listeners. Take advantage of timely matters voiced by employees and offenders. Bystand their comments and concerns, and raise them as constructive management topics in your regional and divisional interactions so that we can manage with good results.

Be proactive in clarifying key points so that you and your employees can act with confidence as you continue to manage through these unprecedented times.

Please share this resource with your management team and employees as appropriate. This is good follow-through. In addition, it opens opportunities for the next rounds of questions and answers that will support our operations.

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Includes Q&A’s from COVID-19 conference calls:
- 3/16/2020
- 3/18/2020
- 3/20/2020
- 3/23/2020
- 3/25/2020
- 3/27/2020
- 3/30/2020

Q&A outline follows VADOC Pandemic Response Guidance topics:

### ACA Containment Benchmarks
- Administration/Coordination
- Communication
- General Prevention Measures
- Visitors/Volunteers/Contractors/Lawyers
- Employee Screening
  - New Intake Screening
  - Initial Management & Testing of Respiratory Illness Cases
  - Personal Protection Equipment (PPE)
- Transport
- Isolation/Cohorting (Symptomatic Persons)

### VADOC Operations
- Security
- Food Service
- Medical
- Laundry
- Other – Operations
- Other – Offender
- Community

### Administration/Coordination

#### Training

**Q** Are Basic Skills for P & P Officers still running?  
**Suspended**  
[3/25/20, West, Q2]

**Q** Asked for clarification on upcoming trainings.  
All training except BCO Training has been suspended.  
[3/23/20, East, Q2]

**Q** Is there information on training for new correctional officers:  
Follow up is needed.  
[3/23/20, West, Q4]

**Q** How should those facilities that host in-service trainings for multiple sites respond?  
Guidance will be forthcoming, all in-service training has been cancelled.  
[3/18/20, Central, Q6]

#### Community Staff – Facility Assignment

**Q** Can community staff be assigned to help at prisons?  
At this time, conversations about community staff has not occurred due to the workload in the community. There is no plan at this time to use community staff to work at prisons.  
[3/23/20, Central, Q13]
### Non-Essential Staffing

**Q** When the OSA or OSS runs out of work, and run out of leave, will they then be on leave without pay?

*Work with your RAs as they have numerous tasks that need to be performed daily.*

[3/30/20, Central, Q14]

**Q** To clarify, the OSS and OSA are not considered essential.

*Yes, work with your RAs as they have numerous tasks that need to be performed daily.*

[3/30/20, West, Q5]

**Q** Any way we can include all staff as essential in districts?

*Not at this time*

[3/30/20, Central, Q13]

**Q** Does the definition of essential employees include support staff?

*Refer to memo*

[3/30/20, Central, Q1]

**Q** May non-essential employees finish working today?

*The Governor’s order was effective immediately.*

[3/30/20, Central, Q3]

**Q** In light of the Governor’s new order, are we to send non-essential staff home?

*Yes, refer to memo*

[3/30/20, East, Q10]

### Overtime

**Q** Should staff be allowed to continue with overtime?

*Wardens need to work with their ROC to determine staff coming from one prison to work at another prison to provide overtime.*

[3/23/20, Central, Q7]

### Employee Pay

**Q** Are wage employees going to be paid?

*Wage employees and adjunct faculty will receive pro-rated paid leave (Public Health Emergency Leave) based on the hours they are normally scheduled to work. The maximum paid leave must not exceed the maximum number of hours they would normally work each week. If a wage employee normally works 20 hours per week, the maximum amount of paid leave should be 20 hours per week for up to two weeks. When a wage employee’s hours vary, use an average as the maximum. Note: Total hours worked and the total hours of Public Health Emergency Leave cannot exceed the 1450 hours for wage employees.*
[3/16/20, East, Q2]

- **Commuting Restrictions**
  
  Q The Governor just issued a stay at home order. Will another memo be issued for our staff?
  
  A cover memo and template memo was issued yesterday with guidance for unit heads. All unit heads should verify essential staff are provided a copy of the memo, signed by the unit head, verifying the bearer is essential to the operations of the VADOC facility or office where they work. The employee should also carry their VADOC issued identification.
  
  [3/30/20, East, Q4]

  Q West Virginia has mandated that their residents remain home and those working need a letter.
  
  Use the memorandum from the Director identifying staff as essential. Unit Heads should also develop a letter for their employees. Additionally, and if at all possible, Wage Employees may telework.
  
  [3/23/20, Central, Q5]

- **Callouts**
  
  Q Asked for clarification on call-out reporting.
  
  Only need the numbers for security and health care staff.
  
  [3/23/20, West, Q5]

  Joe Walters reported that effective immediately, the Facility HRO will report daily call-outs for COVID-19 for security staff (Officer through Major) and Medical Staff by 2:00 pm Friday to the OLU (Randy Mathena).
  
  [3/23/20, Additional Question, Q3]

- **Telework**
  
  Q If an employee is teleworking and only has enough work for 4 hours, how are the other 4 hours calculated?
  
  If Public Health Leave is used, it must meet eligibility; otherwise, the employee will need to use his or her own leave. Supervisors are strongly encouraged to be flexible and work with staff to provide appropriate assignments and work. Please work with HR.
  
  [3/30/20, East, Q11]

  Q Any update on VPN?
  
  There have been definite issues and VPN capacity has been exceeded. Joe Walters reported that as of last night, VITA reported capacity has tripled and it is working.
  
  [3/27/20, West, Q3]
Q  Do facility staff have the option to telework?
   Director sent out a memo making staff at facilities designated employees. Wardens
   and Superintendents should still work with employees who request the option to
   telework and determine based on the employee’s circumstances, duties and capacity
   for job restructuring whether teleworking is an option. Each request for teleworking
   should be reviewed by the Warden or Superintendent on case by case basis.
   [3/18/20, West, Q3]

Q  Can district clerical staff telework?
   Yes, they are not deemed essential staff.
   [3/18/20, East, Q1]

Q  If teleworking, can staff work different hours (staggered hours)?
   Chief to make decision, employee may work hours supervisor and employee agree to.
   [3/16/20, Central, Q2]

Q  Does telecommuting apply to all Districts or just the 3 closed by the Governor?
   Not all positions are appropriate for telework. However, telework is supported where
   appropriate.
   [3/16/20, West, Q5]

Q  Are we (Hampton P&P) closed to the public entirely with no staff required to telework
   or are we open to the public with only essential personnel during his shutdown?
   Essential personnel to report. Chiefs will determine rotating teleworking schedule.
   Operate under emergency order/essential services. Probationer will be allowed in for
   essential functions.
   [3/16/20, East, Q8]

Q  Can staff telework if kids are out of school or must they use Leave?
   Chief’s discretion, complete telework agreement.
   [3/16/20, West, Q6]

Q  Policy requires a separate caretaker for children when an employee is teleworking– will
   this be relaxed for this event?
   No final decision.
   [3/16/20, West, Q7]

Q  Can we allow non-essential staff “flex” to assist with child care? (ex: 4 – 10hr shifts or 3
   – 12hr shifts)
   If permitted by supervisor (must prioritize coverage @ facility).
   [3/16/20, West, Q11]
Q Are we (Hampton P&P) closed to the public entirely with no staff required to telework or are we open to the public with only essential personnel during his shutdown? Essential personnel to report. Chiefs will determine rotating teleworking schedule. Operate under emergency order/essential services. Probationer will be allowed in for essential functions.

[3/16/20, East, Q8]

- **Leave**

  Q If an employee has a chronic illness but no evidence of COVID-19 exposure/symptoms and they have received a note from their personal physician to self-quarantine for 5 days, is this to be honored? Joe Walters stated that if a health care provider, because of risk factors, has told an employee to self-quarantine, the employee should consult first with HR before they go out on quarantine and may access leave. Unit heads are encouraged to be liberal.

  [3/27/20, Central, Q2]

  Q Clarification was sought on if the CPO and/or Lead Secretary could enter Public Health Emergency Leave. Full-Time Employees can enter (PHL) in TAL and it can be approved by the Supervisor. Wage Employees will need to enter hours worked and put PHL in the comments section. The Chief/Supervisor will then need to approve it. TAL is web-based and the employee can log into TAL from any computer with internet connectivity. If the employee is unable to access TAL, then an administrator can do it for the employee. It will be tracked by the HROs.

  [3/27/20, East, Q3]

  Q Do Wage Employees have access to Public Health Emergency Leave? Yes, but at a prorated rate.

  [3/27/20, East, Q2]

  Q Pursuant to the Governor’s closing of all services on the peninsula, clerical staff in the district have been on emergency leave. Should this continue? Refer to memorandum 3/27/2020 from Mr. Walters.

  [3/25/20, East, Q2]

  Q What leave can be used to make arrangements for child care? DHRM issued guidance, work with HR.

  [3/23/20, Central, Q12]

  Q Are all employee vacation leave requests to be suspended/denied? No, only the Wardens, Assistant Wardens, Chiefs and Deputy Chief Probation Officers previously approved vacations are to be reviewed by the Regional Operations Chief with no further requests during this crisis.
Recruitment

Q Can one-person conduct interviews?
   No, refer to Memorandum from Director Clarke.
   [3/23/20, East, Q5]

Q Interviewees must come in person for the physical and urine screen, can this continue?
   Refer to Memorandum from Director Clarke; urine screens will be necessary for CO Interviews.
   [3/23/20, East, Q4]

Q Should facilities proceed with employee interviews?
   Yes, proceed with interviews as scheduled and use the visitor COVID-19 screening form.
   [3/18/20, West, Q2]

Q Should interview panels still be used?
   See HR for guidance
   [3/18/20, East, Q5]

Staff Attire

Q Given all the hard work non-security staff is doing, may we allow them to dress down?
   Wardens should use their own discretion.
   [3/30/20, Central, Q10]

Audits

Q Are COA audits on hold?
   COA on hold for 30 days.
   [3/16/20, Central, Q1]

Q Are SRAs postponed?
   Yes, all SRAs and COAs are postponed.
   [3/18/20, Central, Q7]

Procurement/Co-Pays

Q Vendors may ask how they are supposed to collect the agreed upon co-pays - it is the vendor's responsibility to collect but they may decide to just charge DOC in full - is that something that DOC will approve?
   No, it is up to the Vendor to get their copay.
   [3/18/20, West, Q8]
Q What is needed by VCE to track orders?  
In process, already ordered, being tracked.  
[3/16/20, West, Q4]

Q Are flu test kits tracked or reimbursed? They can probably be tracked but likely not reimbursed.  
Going to track; figure out reimbursement at end of process.  
[3/16/20, West, Q3]

Communications

Q Users have not been able to navigate the second link sent for the survey.  
Units should contact Mr. Fleming or Dr. Celi.  
[3/27/20, East, Q4]

Q Cannot access the forms on the COVID-19 Response Guidance, keep receiving an error message.  
Mr. Fleming will investigate and work with his team to resolve. If you have issues, contact Moose Fleming.  
[3/25/20, Central, Q1]

General Prevention Measures

- Cleaning

Q If Guidelines say that if an employee tests positive for COVID-19 they must be quarantined for 14 days. This employee would have been positive before identified and would have had contact with many in an institution.  
At your facilities, remind staff to keep their distance from each other and continue to clean objects, i.e. door handles, etc.  
[3/30/20, West, Q4]

Q Any guidance on how P&P offices are to be cleaned?  
P&P Chief may allow vendors who do not have supplies to use our supplies. In the event a district doesn’t have a cleaning company, utilize the sanitation procedures.  
[3/23/20, East, Q6]

Q Do we have to post the MSDS sheet?  
Yes  
[3/18/20, Central, Q2]

Q Do we have to post the MSDS sheet?  
Yes  
[3/18/20, Central, Q2]
### Sneeze Guards & Masks

**Q** May staff bring in their own masks?

**Yes**

[3/30/20, West, Q9]

**Q** Staff who have been issued sneeze guards have requested to use their own masks, may they?

**Yes**

[3/30/20, Central, Q6]

**Q** Staff is asking to use their own masks. May they use their own masks?

**Yes**

[3/30/20, East, Q8]

**Q** Sneeze guards issued to staff. When they are leaving the institution a person must be clearly identified by staff at the front, must they lower their sneeze guards?

**Yes, they cannot go out of the front door until they have been clearly identified.**

[3/27/20, Central, Q4]

**Q** Sneeze guards were issued without first identifying to whom they belonged and more may be needed.

**More can be issued. Work with your Regional Administrator who will coordinate with Marie Vargo.**

[3/27/20, Central, Q5]

**Q** Comment, not a question, the unit found that when Carter Permanent Markers were used to identify sneeze guards, there was less fading then when Sharpie Permanent Markers were used.

**Refer also to Memorandum Permanent Markers Sneeze Guards 3/28/2020.**

[3/27/20, Central, Q6]

**Q** When sneeze guards are issued, is there any time when inmates are required to remove them?

**Anytime as directed by the Warden or an Individual Officer for security reasons.**

[3/27/20, Central, Q3]

**Q** In the community, is it mandatory for P&P Officers to wear the sneeze guards?

**It is not mandatory for P&P.**

[3/27/20, Central, Q1]

**Q** Should the sneeze mask memo be distributed or held until the mask arrive?

**WAIT until the masks arrive.**

[3/25/20, West, Q4]
Q Are the sneeze guards for both staff and offenders?
   In the facility, for staff and offenders. In the community, for staff but not for offenders on probation.
   [3/23/20, Central, Q3]

Q Masks (sneeze) are being sent to the field for use with GPS equipment install/removal.
   Refer to 3/24/2020 Memorandum.
   [3/23/20, Additional Question, Q1]

### PPE/Gloves

Q When staff have brought in gloves from the warehouse, are those gloves to be counted?
   Comply with instructions on the survey. If the box has been opened, count the number of gloves in the box as opened. If the box brought in is unopened, count the number of gloves in the box as unopened.
   [3/30/20, Central, Q2]

Q If I’ve already counted my gloves individually, and in the interest of submitting the survey by 2:00, should I go back and recount?
   If it’s been done, hit send.
   [3/27/20, West, Q2]

Q The survey does not currently have glove size 2XL.
   This category will be added to the survey.
   [3/27/20, West, Q4]

Q When counting gloves individually, is there the potential to contaminate them?
   Refer also to Memorandum Clarification of Daily Inventory PPE 3/28/2020.
   o Count of items—the count for both items used and items on hand continues for individual items using this approach:
   o On-hand—count the number of unopened boxes. Multiply the number of unopened boxes by the number of each items in each box for your total
   o Used—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes by the number of each items in each box for your total.
   [3/27/20, West, Q1]

### Other PPE

Q There aren’t enough gowns at Cold Springs to do temperature checks.
   The same employee may wear the same PPE equipment to take temperatures; comply with CDC guidance.
Soap

Q Did not have any soap and needed to borrow from others. The ROCS will work with OLU to ensure the proper distribution of soap to facilities. If you don’t have soap, let your ROC know.
[3/23/20, Central, Q9]

Q Effective 3/30/2020 1 bar of soap per inmate will be issued.
[3/23/20, Additional Question, Q2]

Q If it’s discovered that inmates have been hoarding soap, should the soap be taken. No and Randy Mathena to clarify with other regions.
[3/23/20, West, Q6]

Visitors/Volunteers/Contractors/Lawyers

Q Is Armor and CGL essential? Yes
[3/30/20, Central, Q9]

Q Is Spectrum essential? Yes, by contract
[3/30/20, Central, Q11]

Q Do we send contractors away? No
[3/30/20, Central, Q12]

Q Are Contract employees essential? Melissa Welch responded that Commissary and Chaplains have been determined essential.
[3/30/20, Central, Q5]

Q Can we get approval for health authorities to bring into the facility their state issued phone as this would better assist with communication? Health Authority may bring in phone. Phone and number will be verified upon entering and exiting the facility.
[3/16/20, West, Q16]

Q A UPS driver refused to answer the questionnaire and said that UPS does not permit them to sign documents. Delivery drivers do not have to complete questionnaire.
[3/16/20, East, Q12]
Q  Are we allowing access to the vendors for restocking of the vending machines for staff?  
Vendors must complete questionnaire to enter.  
[3/16/20, West, Q10]

Q  If an attorney visits and checks “yes” on the [screening] form, do we still allow them to 
enter facility or just offer the video visitation?  
Previously addressed.  
[03/16/20, West, Q15]

Entry Screening

Q  When will the temperature screening video come out from medical?  
The training will NOT be a video; it will be a paper lesson plan with instruction provided 
by a health services team member.  The employee will be required to sign and verify 
training, and the documentation should be placed in the employee’s training file.  If 
there is an immediate need to train, bring someone from Health Services to train non- 
security staff.  Ensure that the training is clearly documented in the employees file.  
[3/30/20, West, Q8]

Q  On the employee questionnaire, the question asking if an employee has traveled outside 
of Virginia is no longer listed.  
The screening questions are being revised; will include have you traveled from an area 
with sustained community-level COVID-19 spread (domestic or international)  
[3/30/20, West, Q3]

Q  Once an employee arrives, their temperature has been checked, and then leaves the 
compound, does the temperature need to be checked each time they reenter?  
No, only upon arrival.  
[3/30/20, West, Q1]

Q  On the questionnaire a questions asks about a sore throat.  If an employee has a sore 
throat, are we to send them home?  
The CDC Guidelines does not mention a sore throat, follow memo.  
[3/30/20, Central, Q7]

Q  Is the training of non-medical staff for the taking of temperatures to be documented 
by the Wardens?  
Refer to memo  
[3/30/20, East, Q5]
Q The memo providing guidance on temperature checks states that staff should be wearing a mask. What type of mask should they wear?  
A surgical/medical mask will be sufficient while supplies last.  
[3/30/20, East, Q12]

Q Do we have to use officers to screen or can we use non-security staff?  
Use all available staff.  
[3/30/20, East, Q7]

Q Should we be verbally screening all staff?  
Yes  
[3/30/20, East, Q6]

Q Any update on temperature screening?  
Task Force working on this.  
[3/23/20, Central, Q9]

Q Will P&P districts be receiving thermometers for temperature checks?  
Yes, the plan is to have them at all districts.  
[3/18/20, Central, Q3]

Q Should HR notify the Health Department when an employee calls about any symptoms rather than relying on the employees to do so?  
Not DOC responsibility, is employee’s responsibility.  
[3/16/20, West, Q12]

Transport

- Transfers & Releases
  Q When transporting inmates on buses, not able to keep the appropriate social distance.  
Make two runs.  
[3/30/20, East, Q9]

Q What happens when an offender reaches their release date from CCAP or an institution and needs to be quarantined?  
The facility needs to collaborate with the local Health Department.  
[3/25/20, West, Q1]

Q Are all transfers suspended?  
Yes, unless absolutely necessary; Mental Health transfers reviewed on case by case basis.  
[3/23/20, Central, Q1]
Q  How should offenders residing at CCAP be handled when returning back to the site from court?
   Superintendent should coordinate with Jim Parks to see if court can release offender to community vs. returning to the CCAP facility.
   [3/18/20, Central, Q1]

Q  Are offenders being screen prior to transfer?
   Any offender leaving or entering must be screened per medical guidelines. (*NOT screening workers)
   [3/16/20, East, Q7]

Q  Mental Health transfers pending. These need to be reviewed case by case.
   Yes, with screening leaving from and arriving to facilities.
   [3/16/20, West, Q1]

Q  Will there be a memo from HQ or Facility regarding stoppage of transfers?
   Jim Parks sent it out already however it can be sent out by you again. Already have direction in the field.
   [3/16/20, Central, Q4]

- **Transfer to Hospitals**

  Q  Per Larry Collins, VCU PD has stated there will be identified entry points to the hospital campus and at each entry point, persons attempting to enter will have their temperature scanned with a hand held device.
     Hinkle to make sure Mathena receives info.
     [3/16/20, Central, Q7]

  Q  Regarding scanning for temperature prior to hospital entry, who will be doing the scanning? VCU medical staff or DOC staff?
     VCU staff should be responsible. Hinkle to clarify.
     [3/16/20, Central, Q8]

  Q  We get offenders for medical and dental appointments from 28, 23, and 9. We also have workers here. We don’t plan on doing any medical screenings for these medical appointments. Should we keep on or just postpone those type of appointments?
     No screening on medical appointments.
     [3/16/20, West, Q13]

- **Transfer/Release from Custody**

  Q  Has there been any discussion regarding taking the temperature of offenders being released from custody?
     If there is a temperature, notify Health Department.
     [3/16/20, West, Q5]
Q Has there been any discussion regarding taking the temperature of offenders being released from custody?  
If there is a temperature, notify the Health Department.  
[3/16/20, West, Q17]

Care for the Sick

Q Will protocols for the administration of Narcan be developed?  
Yes, guidance will be forthcoming.  
[3/18/20, East, Q6]

Quarantining

- Building Quarantines
  Q If we have to quarantine a building, how will we rotate staff in that building?  
    Herrick & Younce to create protocol by end of day.  
    [3/16/20, West, Q8]

  Q Will we quarantine staff on premises?  
    Follow guidance provided by Health Department as DOC has no authority to quarantine staff. Refer staff to their physician, local Health Department.  
    [3/16/20, West, Q9]

Security

- Mail & Legal Documents
  Q How to handle Legal Mail received in the mailroom?  
    Hold legal mail 3 days, if attorney drops off legal documents hold for 3 days, logged per normal procedure.  
    [3/16/20, Central, Q5]

  Q How should Legal/documents be handled during an attorney’s non-contact/video visit?  
    Taken to mailroom, logged, maintain for 3 days, give to offender.  
    [3/16/20, Central, Q6]

  Q Should we hold commercial photographs, newspapers, publications, etc., that the offender has forwarded for 3 days like we are doing with legal mail (originals not copies)?  
    Hold 3 days in mailroom.  
    [3/16/20, West, Q14]


- **Searches**
  
  Q Are pat down searches waived? Are they waived if the unit has a body scanner?
  
  NO. YES, but there may be a security reason that may require a pat search.
  
  [3/27/20, East, Q5]

- **Phone Hot Spots**
  
  Q Can officers turn on hot spots?
  
  Approved for 90 days. Each region to send list to Randy Mathena for approval.
  
  [3/23/20, West, Q7]

**Operations – Offenders**

- **Drug Tests**
  
  Q Has there been a revision on the drug testing memo?
  
  No, there has not.
  
  [3/30/20, West, Q7]

  Q Should drug tests continue with outside workers?
  
  No, unless you suspect someone is under the influence. Refer to Memorandum.
  
  [3/23/20, East, Q4]

- **Offender Phone Calls/Video Visits**
  
  Q We have offenders in certain housing statuses that have limited phone access. For restricted housing, should these remain (2,4,6 calls per month)?
  
  Give the offenders as many calls as possible during this time, but ultimately the decision is up to the Unit Head
  
  [3/18/20, Additional, Q1]

  Q There are facilities that have imposed limits on telephone use because of previous offender behavior. Should these be lifted?
  
  Yes, lift the ban
  
  [3/18/20, Additional, Q2]

  Q Will video bereavement be permitted for offenders?
  
  No
  
  [3/18/20, East, Q4]

  Q Access to phones can further be limited when in medical isolation and/or on death row. Should this be left up to the discretion of the Facility Unit Head to determine the number of calls the offenders can make on a weekly basis?
  
  Yes, this should be determined by the Unit Head
Offender Education

Q If an offender needs a GED test, can the test still be administered?
Yes with appropriate precautions.
[3/25/20, West, Q5]

Religious Holidays

Q Religious holidays are approaching, specifically Passover and Ramadan.
Refer to memorandums 3/27/2020 from Mr. Robinson.
[3/25/20, East, Q3]

Q Ramadan is approaching, how should this be managed?
Waiting Further Guidance from AG’s Office.
[3/23/20, Central, Q14]

Commissary

Q Commissary is to continue but do not mix housing units.
[3/23/20, Additional Question, Q4]

Work/Programs

Q Are we still sending inmates out on work gangs?
Yes
[3/30/20, Central, Q8]

Worker/Student Pay

Q Follow up to the March 25 Q & A, specifically with student/work pay. If we are paying those who are not working, what incentive is there for those who are working to continue working?
You need to create work for these offenders that are not working such as a new job of cleaning.
[3/25/20, Central, Q3]

Q Will school workers and students be paid?
Yes, they will be paid and should be doing work assigned by teachers.
[3/23/20, Central, Q6]

Q Will pay be cut off for those inmates who cannot work their jobs?
No, they will receive pay.
[3/23/20, Central, Q10]
Community

- **Intake**
  
  Q  Given the Governor’s recent order, do we need to continue to have offenders come into the office for intake?  
  Refer to memo  
  [3/30/20, Central, Q2]

  Q  Are intakes still going forward in Community?  
  Memo is forthcoming with further guidance.  
  [3/30/20, East, Q3]

- **Case Management**
  
  Q  Will polygraphs in districts continue?  
  Contact Randi Lanzafama  
  [3/30/20, West, Q6]

  Q  The questions from 3/23/2020 stated that the Re-Entry Probation Officers would still enter prisons and this issue would be revisited. Has that directive changed?  
  At this time it has not been reevaluated.  
  [3/30/20, East, Q2]

  Q  Should offenders be allowed to travel out of state?  
  No, if you have questions speak with your RA.  
  [3/25/20, Central, Q2]

  Q  There has been a significant increase in releases from jails and intakes have doubled. Follow-up on question about transfers. If an offender is released from a CRP and a transfer cannot be completed, there is the potential that the offender will be homeless.  
  Work with your Regional Administrator for Community to ensure that offenders are not homeless. Also, work with your RA on how to process jail intakes.  
  [3/23/20, Central, Q2]

  Q  Should polygraph examinations continue?  
  Yes, they should continue; however, if an offender presents with symptoms, do not test.  
  [3/23/20, East, Q4]

  Q  Should SVP evaluators be allowed to enter the facility.  
  Yes, allowed in if they are NOT displaying symptoms.  
  [3/23/20, Central, Q8]
Q Will VSP Sex offender registry verifications be waived?
   Until further notice, the VSP are not requiring fingerprints or signatures on the SP237. Officers can write in the fingerprint and signature block "verified by ID." Offenders may also fill out a "mini registration form" that can be located on the VSP website. When the offender fills this out, they can email the form back into the VSP. If there is concern about annual verification of an offender's residence, these are not due until June 30.
   [3/18/20, East, Q1]

Q Do districts still need to conduct home visits for high risk cases?
   At the discretion of the Chief
   [3/18/20, East, Q3]

Q Are Districts still to continue with DNA and fingerprinting?
   Suspend for 30 days; re-evaluate in 30 days.
   [3/16/20, East, Q4]

Q Are Senior Re-Entry Specialists to go into institutions?
   Yes.
   [3/16/20, East, Q6]

Q With regard to GPS alerts, how are staff supposed to handle going to the home and potentially having to change equipment with the risk of potential exposure?
   6-foot (social distancing) distance unless contact is necessary, take PPE precautions.
   [3/16/20, East, Q10]

Q What is the clarity with regard to High Level Supervising? Are officers required to see these offenders or can these contacts be waived to the social distancing measures?
   Required to see offender per normal high level.
   [3/16/20, East, Q9]

- Transfers
  Q We need further guidance on ICOTS transfers.
    Follow up is needed.
    [3/23/20, West, Q3]

  Q Are community transfers between districts currently suspended?
    Yes, transfers are suspended for the next 30 days.
    [3/18/20, Central, Q5]
Q If all transfers are suspended, we may potentially make an offender homeless. Work with Crystal to make a transfer happen. We don’t want to make an offender homeless. Crystal will work with the other 2 RAs and provide further guidance to the districts.
[3/23/20, West, Q1]

- **Teletherapy & Groups**

  Q Has the modified contract gone out to the substance abuse vendors?
  Answered by Scott Richeson – it has and Procurement has asked for it to be signed and a copy returned by tomorrow. There will also be a memo forthcoming specific to CSB changes.
  [3/30/20, East, Q1]

  Q Is Substance abuse treatment available through teletherapy?
  Contract has been modified to allow teletherapy effective March 26, 2020.
  [3/25/20, East, Q1]

  Q What is the DOC definition of teletherapy for community corrections?
  Any telecommunication ability.
  [3/18/20, West, Q4]

  Q Will the rate per offender for teletherapy be the same as the current rates in the contract?
  Yes
  [3/18/20, West, Q6]

  Q If teletherapy is offered by the vendor, how will each offender access the therapy?
  It is incumbent upon the offender and teletherapist or it is cancelled.
  [3/18/20, West, Q5]

  Q How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
  Screen shot of their telecommunication as their roster.
  [3/18/20, West, Q7]

  Q Should Sex Offender groups in the community be canceled?
  YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
  [3/18/20, Central, Q4]
Q  Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
[3/16/20, East, Q11]

Q  Are we still holding Groups?
Still may hold Programs, and Groups but must be supervised. Maintain groups in districts & facilities; if providers do not provide the service, they will not get paid.
[3/16/20, East, Q1]

Q  Treatment/Decision Point classes?
Continue Processes.
[3/16/20, West, Q2]

Q  Western Tidewater CSB has advised that clinicians will not report to the district to conduct any further groups effective immediately. They suggested they will be checking on referred clients via phone calls. This is different/falls short from the tele therapy that some vendors were mentioned to be offering in our earlier conference call today. Your thoughts? I did advise that we had some facilitator/contract vendor situations come up today and it is probable that this will affect payment for services. If service is provided, including tele therapy, they get paid. If the service is not provided they will not be paid.
[3/16/20, East, Q11]

Q  How will the vendor verify that the offender attended the session since they will not be able to sign the required sign-in sheets?
Screen shot of their telecommunication as their roster.
[3/18/20, West, Q7]

Q  Should Sex Offender groups in the community be canceled?
YES, there should be no sex offender groups at the district office. Sex offender groups may continue off-site with an off-site provider if the group is kept under 10 people; or via teleconference. Polygraphs should continue to be conducted.
[3/18/20, Central, Q4]
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 6

Please review the updated resource, VADOC Pandemic Response Guidance. Continue to share it with your management teams and employees as appropriate.

This resource has been updated to provide you with a cumulative summary of important COV-19 related communications. You will continue to receive real time communications from executive areas as needed.

The depth and breadth of our communication reflects the intensity and focus we are bringing to bear in these challenging times. They represent our best thinking and hopefully shows the care with which we are tackling all of the complexities needed to sustain our operations in a considerate, healthy and safe manner.

Share information abundantly with your people—along with the Department’s appreciation of their hard work and engagement. Their efforts are the foundation of what it will take to successfully manage this unprecedented period of operations.

Continue to encourage your employees—and yourselves—to stay focused, practice healthy habits and support each other. Times like these draw the best out of each of us.

cc: A. David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
## VADOC COVID-19 Response Guidance

**Version 6**  
**3/31/2020**

Items in **GREEN** are additions since last update

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### Indexed on Benchmark Areas in ACA Guidance & Operational Areas of VADOC Staffing Levels

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3/31/2020 **Note**: VPN access needed to access documents hyperlinks on iDOC Virtual Library
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## Symptomatic Cases

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### 7. Initial Management & Testing of Respiratory Illness Cases

- **Offender Precautions**
  - Necessary Facilities
  - Staff Precautions

- **Necessary Facilities**
  - Various

- **Staff Precautions**
  - Health Services

- **Memo**
- **Guideline**
- **Attachment A**
- **Attachment B**

### 8. Personal Protection Equipment (PPE)

- **Staff Precautions**
  - Inventory Management

- **Inventory Management**
  - 3/30/20 CCO/DDA
  - 3/27/20 CCO/DDA
  - 3/26/20 CCO/DDA
  - 3/23/20 CCO

- **COVID-19 Clarification of Daily Inventory of Personal Protection Equipment, PPE Survey**
- **COVID-19 Daily Inventory of Personal Protective Equipment (PPE), PPE Survey, Updated**
- **COVID-19 Isolation Plan for Modified Operations**

### 9. Transport

- **Health Facility Notification**
  - Offender Precautions
  - Staff Precautions
  - Vehicle Use & Sanitation

- **Vehicle Use & Sanitation**
  - 3/23/20 CCO

- **COVID-19 Isolation Plan for Modified Operations**

### 10. Isolation/Cohorting (Symptomatic Persons)

- **Offender Precautions**
  - Staff Precautions
  - Space Use & Sanitation

- **Space Use & Sanitation**
  - 3/23/20 CCO

- **COVID-19 Isolation Plan for Modified Operations**

### 11. Care for the Sick

- **Supportive Care**
  - 3/24/20 CCO

- **COVID-19 Narcan Use**

- [VADOC will follow VDH guidance through its Health Services Administration]

### 12. Quarantine (Asymptomatic Exposed Persons)

- **Identify close contacts**
  - Offender Precautions
  - Staff Precautions
  - Space Use & Sanitation

- **Space Use & Sanitation**
  - 3/23/20 CCO

- **COVID-19 Isolation Plan for Modified Operations**

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3/31/2020 **Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library
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3/31/2020 **Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library
### G. Community

| Community (cont) | 3/19/202 | CCO | CCO | COVID-19 – Second Quarter Securepak  
| | 3/18/20 |  
| | 3/31/20 | CCO |  
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| GPS | COVID-19 – Home Visit Waiver  
| | Essential Personnel | COVID-19 Transfers Investigations Between Districts  
| | Office Access | COVID-19 Suspension of P&P Weapon Training Requirements  
| |  | COVID-19 Drug Testing Suspended  
| |  | COVID-19 – GPS Equipment Protocol  
| |  | COVID-19 – Protocol  
| |  | P&P District Essential Personnel Guidelines  
| |  | P&P District COVID-19 Guidelines  
| |  | P&P District COVID-19 Sign  

Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
Director of Corrections


Please review the updated resource, VADOC Pandemic Response Guidance, and share with your management teams and employees as appropriate.

You will continue to receive real time communications from executive areas as needed; this resource will be updated to provide you with a cumulative summary.

Hyperlinks allow access to the source documents on iDOC’s Virtual Library. As many of our employees are now working remotely, some may experience interruptions to the library through limits on VPN access.

It is also possible that devices and access methods being used remotely will not always successfully execute a hyperlink. However, all documents listed in the guidance matrix show the date of the original email that was used at the time of issue. That may be of assistance in locating a document in your G-mail account if you were on the distribution.

Good communication is so important in our work at this time. As leaders, you are at the heart of matters as we continue to manage and work through this challenging period. Encourage your employees—and yourselves—to stay focused, commit to healthy habits and support each other.

Remember that even in times like these, we are in the business of helping people to be better. Thank you for your leadership. It is making a difference.

cc: A. David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
## ACA Response Element

### ACA Focal Points

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### ACA Containment Benchmarks

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## VADOC COVID-19 Response Guidance

Items in **GREEN** are additions since last update

### Communications (cont)

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### Visitors / Volunteers/ Contractors / Lawyers

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<td>• Attachment A</td>
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**Note:** VPN access needed to access documents hyperlinks on iDOC Virtual Library
**VADOC COVID-19 Response Guidance**  
Version 5  
3/27/2020

Items in GREEN are additions since last update

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<td>Supportive Care</td>
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3/27/2020 Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library

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<td>Ongoing Operation</td>
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<td>[Laundry operations continue at all facilities during period of modified lockdowns]</td>
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3/27/2020 Note: VPN access needed to access documents hyperlinks on iDOC Virtual Library Page 4 of 5
March 25, 2020

MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
      Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 4

Please review the updated resource, VADOC Pandemic Response Guidance, and share with your management teams and employees as appropriate. Hyperlinks allow access to the source documents on iDOC’s Virtual Library.

You will continue to receive real time communications from executive areas as needed; this resource will be updated to provide you with a cumulative summary.

Consider updating your “go-to” binder using the updated index of this response guide to support timely reference and decision-making at your unit. It is important to keep all of our information organized in a manner that allows us to refer to it as specific needs and challenges are being addressed.

Thank you for your continued and positive leadership. It is a key to our efforts in maintaining safe, informed and reassuring environments for everyone—our employees, offenders and others who come in contact with our operations.

cc: A. David Robinson, Chief of Corrections Operations
     Joseph W. Walters, Deputy Director
     Scott Richeson, Deputy Director
     Regional Operations Chief
     Regional Administrators
     Steve Herrick, Health Services Director
     Lisa Kinney, Communications Director
     Randall Mathena
     Rodney Younce
# VADOC COVID-19 Response Guidance

Version 4  
3/25/2020

Items in **GREEN** are additions since last update

## Indexed on Benchmark Areas in ACA Guidance & Operational Areas of VADOC Staffing Levels

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| **2.** Communication | Employees Offenders Public/Families Applicants |  |
| | 3/24/20 Director | COVID-19 Change to the Interview Process for Employment |
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| | 3/19/20 Director | COVID-19 - Mandatory e-Learning |
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| **3.** General Prevention Measures | Fitness to Report to Work Health Habits Environmental Cleaning Social Distancing |  |
| | 3/23/20 CCO | COVID-19 – Personal Hand Sanitizer, Staff |
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| **4.** Visitors / Volunteers/ Access Constraints |  |
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| 7. Initial Management & Testing of Respiratory Illness Cases | Offender Precautions Necessary Facilities Staff Precautions | Varies | Health Services • Memo • Guideline • Attachment A • Attachment B |
| 11. Care for the Sick | Supportive Care | 3/24/20 CCO | COVID-19 Narcan Use [VADOC will follow VDH guidance through its Health Services Administration] |
### VADOC COVID-19 Response Guidance

**Version 4**

**3/25/2020**

Items in **GREEN** are additions since last update


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- COVID-19 Drug Testing Suspended
- COVID-19 – GPS Equipment Protocol
- COVID-19 – Protocol
- P&P District Essential Personnel Guidelines
- P&P District COVID-19 Guidelines
- P&P District COVID-19 Sign
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
director of Corrections

Subject: COVID-19 – Change to the Interview Process for Employment

In an effort to slow the spread of COVID-19, the Department of Corrections is shifting to the use of virtual interviews during the employment process. In-person interviews for all positions, with the exception of interviews for Corrections Officer positions conducted at hiring events, must be replaced with video or telephonic interviews. The following requirement within Operating Procedure 102.2, Recruitment, Selection & Appointment, has been waived during this public health crisis: “No final offer of employment will be made without a face-to-face interview with the appointing authority or designee.” Interviews may be conducted using a video interactive process or by telephone, but the use of at least one diverse interview panel member is still required.

Hiring events for Corrections Officers are the only circumstances approved for face-to-face interviews. Interviews for these positions must comply with Governor Northam’s COVID-19 social distancing measures. Candidates must be screened using the COVID-19 Employee Screening Tool (“What’s Your Risk?”) prior to entering the facility. Screening should take place at the time interviews are scheduled with instructions to the candidates to call if their status/risk changes up until the time of their interview. Candidates posing a higher risk of exposure to COVID-19 should be offered a telephonic interview. Interviews must be staggered with candidates scheduled in specific timeframes throughout the day, ensuring that no more than ten (10) persons, including the interviewer(s) and support persons, are in a room at one time. Additionally, persons should remain six (6) feet apart at all times.

Thank you for your cooperation in implementing these mitigation strategies to protect the safety of our current and future workforce. Please contact Emmanuel Wright, Recruitment Manager, with any questions at (804) 887-8328.

HWC

cc: A. David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director for Administration
H. Scott Richeson, Deputy Director for Re-entry, Education, and Programs
Regional Operations Chiefs
Regional Administrators
Regional Business Managers
Human Resource Officers & Support Staff
Executive Team
March 23, 2020

MEMORANDUM

To: All Unit Heads  

From: Harold W. Clarke  
Director of Corrections

Subject: COVID-19 – Pandemic Response Guidance, Version 3

Please review the attached resource, VADOC Pandemic Response Guidance, and share with your management teams and employees as appropriate. This guidance compiles VADOC communications from all executive areas and includes the hyperlinks to access the source documents on iDOC’s Virtual Library.

This guidance resource will be updated and reissued on an ongoing basis. You will continue to receive real time communications from executive areas as needed; this resource will be updated to provide you with a cumulative summary.

Consider creating a “go-to” binder using the index of this response guide to support timely reference and decision-making at your unit.

During times like these, we all appreciate timely communication as guidance and responses to changing conditions evolves. It is important to keep current as new information alerts us to our next steps. It is also important to keep all of the information organized in a manner that allows us to refer to it as specific needs and challenges are being addressed.

Thank you for your diligent leadership as our efforts continue to maintain safe, reassuring and positive environments for our employees, offenders and others who come in contact with our operations.

cc: A. David Robinson, Chief of Corrections Operations  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chief  
Regional Administrators  
Steve Herrick, Health Services Director  
Lisa Kinney, Communications Director  
Randall Mathena  
Rodney Younce
# VADOC COVID-19 Response Guidance

**Indexed on Benchmark Areas in ACA Guidance & Operational Areas of VADOC Staffing Levels**

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March 20, 2019

To: All VADOC Employees

From: Harold W. Clarke
       Director

Subject: Mandatory e-Learning Program – DOC – COVID-19 Coronavirus, 2020

In collaboration with the Health Services Unit, the Academy for Staff Development has created an e-Learning program titled \textit{DOC – COVID-19 Coronavirus, 2020}. This informational program consists of an overview of the Coronavirus, protocols for preventing the spread of the virus and staying safe, and links to additional informational resources. All employees are expected to complete this program by close of business on Wednesday March 25, 2020, or as soon as possible if on rest days or leave.

This program is now available in the Virginia Learning Center (VLC) at \url{covlc.virginia.gov}. Please access this website using Google Chrome. Please direct any questions about accessing this program to the Academy VLC Administrator at \url{VLC.Admin@vadoc.virginia.gov}. 
March 19, 2020

MEMORANDUM

To: All Employees

From: Harold W. Clarke
Director

Subject: COVID-19 Updates

This memorandum is to update all staff on recent events that are directly related to the COVID-19 pandemic. Yesterday, March 18, 2020, more than a dozen inmates at Coffewood Correctional Center had fevers. Two of the inmates tested positive for the flu. The Virginia Department of Health was contacted and we are working with them regarding COVID-19 testing. All of the inmates were located in the same housing unit; however, they are now quarantined for both their safety and the safety of others.

A memorandum was forwarded to all inmates in the VADOC advising them of health and safety procedures that should be followed at all times during this pandemic. This includes proper procedures for close contact with others, appropriate respiratory hygiene to include covering of the mouth with a disposable tissue where available and then quickly discarding the same, as well as the proper process for washing hands. Signs have been posted in housing units that include instructions on appropriate hygiene and other useful information.

This is an evolving situation with many moving parts. I commend each one of you on your service and commitment to the VADOC's public safety mission during this time.
March 19, 2020

MEMORANDUM

To: Offender Population

From: Harold W. Clarke
   Director

Subject: COVID-19 Updates

This memorandum is to update all inmates on recent events that are directly related to the COVID-19 pandemic. Yesterday, March 18, 2020, more than a dozen inmates at Coffeewood Correctional Center had fevers. Two of the inmates tested positive for the flu. The Virginia Department of Health was contacted and we are working with them regarding COVID-19 testing. All of the inmates were located in the same housing unit; however, they are now quarantined for both their safety and the safety of others.

The memorandum was forwarded to all inmates in the VADOC advising you of health and safety procedures that should be followed at all times during this pandemic. This includes proper procedures for close contact with others, appropriate respiratory hygiene to include covering of the mouth with a disposable tissue where available and then quickly discarding the same, as well as the proper process for washing hands. Signs have been posted in housing units that include instructions on appropriate hygiene and other useful information.

Slowing the spread of this virus is everyone's responsibility. Please continue to be vigilant and practice good hygiene.

cc: David Robinson, Chief of Corrections
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
MEMORANDUM

To: Offender Population
From: Harold W. Clarke
       Director

Subject: COVID-19 Offender Education

March 19, 2020

As a follow up to our previous letter to you regarding COVID-19, I would like to provide further education on how to prevent the transmission of the virus. These recommendations are from the leaders in the study of population disease management, specifically the Centers for Disease Control (CDC) and the World Health Organization.

The Department is still engaging in constant discussion and action around managing COVID-19 with the goal of keeping you safe. Please continue to understand that what we are asking of you is for your own safety. The changes made during this time are not permanent; they are temporary strategies to reduce risk and increase your chance of avoiding the illness. While COVID-19 should not cause panic, we should take action to reduce the spread and actions you can take are outlined below.

- **Avoid close contact with people who are sick or have flu-like symptoms, such as fever, cough, and sore throat.** Close contact is being defined as “being within approximately 6 feet of a COVID-19 case for a prolonged period of time.”
  - While you may not be able to avoid being within 6 feet of people during certain portions of your day, you can limit the amount of time spent in that situation. Even a distance of 3 feet is known to decrease the risk of transmission of viruses due to respiratory droplets.
  - Do not spend time in close contact with sick peers.

- **Practice good cough etiquette/respiratory hygiene.** Remember this virus and others are spread through the droplets that a person releases when coughing, sneezing or otherwise gets respiratory secretions on a surface or person.
  - Avoid touching your mouth, nose or eyes unless you have just washed your hands.
  - Follow the signs that are posted in your areas about hand washing and cough techniques.
  - Use disposable tissues to cough/sneeze and immediately throw them away once used and wash your hands.
  - If no tissue is readily available cough into your arm/shirt, but never cough or sneeze openly into the room.
• **Wash your hands.** See the second page of this memo for an illustration on proper technique.
  
  o Ensure you are washing your hands for a minimum of 20 seconds. Sing 20 seconds of your favorite song while washing your hands to help remember the time requirement or sing the "Happy Birthday" song twice. Ensure you get the backs of hands, in between fingers and under your nails. Turn off the faucet with a paper towel, if possible.

• **Do not share personal hygiene items or food.**

• **Clean and disinfect all frequently touched areas.** Help maintain a clean living space for yourself and your peers during this time.

cc: Harold W. Clarke, Director  
A. David Robinson, Chief of Corrections Operations  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chiefs  
Regional Administrators  
Lisa Kinney, Communications Director  
Randall Mathena
Wet hands with water

apply enough soap to cover all hand surfaces.

Rub hands palm to palm
	right palm over left dorsum with interlaced fingers and vice versa

palm to palm with fingers interlaced

backs of fingers to opposing palms with fingers interlocked

rotational rubbing of left thumb clasped in right palm and vice versa

rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa.

Rinse hands with water

dry thoroughly with a single use towel

use towel to turn off faucet

...and your hands are safe.
MEMÓRANDUM

To: Población delincuente
From: Harold W. Clarke
Director
Subject: COVID-19 Educación para los delincuentes.

Siguiendo nuestro primer memorándum en referencia a COVID-19, me gustaría presentar educación en lo que debemos hacer para prevenir la transmisión del virus. Estas recomendaciones son de los líderes en el estudio de manejo de enfermedades de la población, específicamente Centros para el Control de Enfermedades (CDC) y la Organización Mundial de la Salud.

El Departamento está participando en debates y acciones constantes en torno a la gestión del COVID-19 con el objetivo de mantenerle saludable. Por favor comprenda que pedimos es por su propia seguridad. Los cambios realizados por este tiempo no son permanentes; son estrategias temporales para prevenir el riesgo y evitar la enfermedad. Aunque el COVID-19 no debe causar pánico, necesitamos tomar medidas para reducir la propagación. Las acciones que debe tomar se detallan a continuación.

- Evite el contacto con personas que están enfermas o tienen síntomas similares a los de la gripe, como fiebre, tos y dolor de garganta. Definimos contacto cercano “si se encuentra dentro de 6 pies de un caso de COVID-19 por un tiempo prolongado”.
  - Si no es posible mantener una distancia de 6 pies durante ciertas partes del día, puede limitar la cantidad de tiempo que pasa en esta situación. Incluso una distancia de 3 pies disminuye el riesgo de transmisión de virus debido a las gotas respiratorias.
  - No pase tiempo en contacto cercano con compañeros enfermos.

- Practique una buena etiqueta de tos/higiene respiratoria. Recuerde que este virus y otros se propagan a través de las gotitas que una persona libera al toser, estornudar u obtener secreciones respiratorias en una superficie o persona.
  - Evite tocarse la boca, nariz, ojos a menos que se haya lavado las manos.
  - Siga la información que esta publicada en su área sobre el lavado de manos y las técnicas para la tos.
  - Use pañuelos desechables para toser/estornudar e inmediatamente tórelos a la basura después de usarlos y lávese las manos.
  - Si no hay pañuelos disponibles, tosa en su brazo/camisa, pero nunca tosa/estornude abiertamente en la habitación.
• **Lávese las manos.** Diríjase a la próxima página de este memorándum para obtener una ilustración de la técnica apropiada.

  - Asegúrese de lavarse las manos durante un mínimo de 20 segundos. Cante 20 segundos de su canción favorita mientras se lava las manos para ayudar a recordar el requisito de tiempo o cante la canción “Feliz Cumpleaños” dos veces. Asegúrese de obtener el dorso de las manos, entre los dedos y bajo las uñas. Apague el grifo con una toalla de papel, si está disponible.

• **No comparta artículos de higiene personal ni/o alimentos.**

• **Limpie y desinfecte todas las áreas frecuentemente tocadas.** Ayude a mantener un espacio limpio para usted y sus compañeros durante este tiempo.

cc: Harold W. Clarke, Director  
A. David Robinson, Chief of Corrections Operations  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chiefs  
Regional Administrators  
Lisa Kinney, Communications Director  
Randall Mathena
Duración de todo el procedimiento: 40-60 segundos

0. Mójese las manos con agua;
1. Deposite en la palma de la mano una cantidad de jabón suficiente para cubrir todas las superficies de las manos;
2. Frótese las palmas de las manos entre sí;
3. Frótese la palma de la mano derecha contra el dorso de la mano izquierda entrelazando los dedos y viceversa;
4. Frótese las palmas de las manos entre sí, con los dedos entrelazados;
5. Frótese el dorso de los dedos de una mano con la palma de la mano opuesta, agarrándose los dedos;
6. Frótese con un movimiento de rotación el pulgar izquierdo, atrapándolo con la palma de la mano derecha y viceversa;
7. Frótese la punta de los dedos de la mano derecha contra la palma de la mano izquierda, haciendo un movimiento de rotación y viceversa;
8. Enjuáguese las manos con agua;
9. Séquese con una toalla desechable;
10. Sirvase de la toalla para cerrar el grifo;
11. Sus manos son seguras.
Director's Announcement III re: COVID-19

Submitted by: Lisa Kinney  Submitted on: 3/17/2020

The Virginia Department of Corrections continues to monitor COVID-19 updates from the Virginia Department of Health, the Centers for Disease Control and Prevention, and the World Health Organization.

Staff are understandably stressed at this time. COVID-19 presents a novel situation for most of us. Please remember that all health plans offered to state employees and their dependents have employee assistance programs (EAPs). You can find more information on EAPs at www.dhram.virginia.gov.

Right now, there are no known COVID-19 cases in VADOc facilities.

As a reminder, the Virginia Department of Corrections employee COVID-19 recorded information line can be reached at (804) 887-8485, where you will find updated information specific to VADOc employees.

Updates:

The COVID-19 Medical Guideline (Virginia Department of Corrections Guideline for the Prevention and Management of Coronavirus (COVID-19) in Correctional Facilities) is posted on iDOC: /administration/health-services.aspx along with the Offender Screening Questionnaire and the Medical Evaluation Tool.

The VADOc Medical Epidemic/Pandemic Sanitation Plan was sent to all unit heads yesterday.

Medical staff will go to the sally port to meet with reception offenders for their initial medical assessment screening until further notice. We are actively working with unit heads and employees to identify positions suitable for teleworking, along with looking at other creative options such as job restructuring. We are focusing particularly on options available for employees aged 65 or older and those with chronic health conditions.

All attorney/authorized attorney representative visits will be conducted through non-contact options. These options include video visitation and non-contact visitation areas within the facilities.

All legal correspondence and/or legal mail will be isolated for a period of three days to limit the exposure to possible contaminates including COVID-19. These items will be processed using appropriate Personal Protection Equipment (PPE).

All employees should have received the COVID-19 Employee Screening Tool yesterday.

Offender visitation at all VADOc facilities remains cancelled until further notice.

Staff can find the latest information on the virus by going to the Virginia Department of Health (VDH) and the Centers for Disease Control (CDC).

Thank you for keeping up with the frequent updates that the COVID-19 pandemic requires while also ensuring the vital work of the Department continues.
Director's Announcement II re: COVID-19
Submitted by: Lisa Kinney Submitted on: 3/16/2020

There are still no known cases of COVID-19 among offenders and staff in Virginia’s prisons. In an effort to keep the new coronavirus from reaching the state’s correctional facilities, the Virginia DOC today announced that volunteers will not be allowed to enter correctional facilities until further notice.

Last week, the Virginia DOC cancelled all offender visitation until further notice. While visitation at correctional facilities is cancelled for now, off-site video visitation, facilitated through Assisting Families of Inmates (AFOI), remains available.

As of Thursday’s declaration of a state of emergency by Governor Ralph Northam, the VADOC suspended offender intake from local jails for 30 days. Offender transfers and movement between VADOC facilities has been suspended until further notice.

Offender medical transports will continue as scheduled unless an appointment is cancelled by the affected provider.

JPay and VADOC have worked together to credit each offender’s JPay account with two free JPay stamps per week during this time.

Contractors may still enter VADOC facilities to perform their contractual duties.

As a large public safety agency, the VADOC is accustomed to managing communicable diseases. We are carefully monitoring the COVID-19 situation, staying current with information and guidance provided by the Virginia Department of Health and the Centers for Disease Control and Prevention.

If an offender were to have a positive COVID-19 test, just like with the flu, VADOC would report that case to the Virginia Department of Health and follow their guidance. The affected offender’s facility would be locked down.

Last Modified: Tuesday, March 17, 2020
Director's Announcement I re: COVID-19
Submitted by: Lisa KinneySubmitted on: 3/16/2020

The Virginia Department of Corrections continues to monitor COVID-19 updates from the Virginia Department of Health, the Centers for Disease Control and Prevention, and the World Health Organization. This new coronavirus presents a dynamic situation and we will send you frequent updates as conditions change.

This afternoon, Governor Northam declared a state of emergency in the Commonwealth of Virginia. We have made the decision to cancel offender visitation at all VADOC facilities until further notice.

Guidance is updated on a regular basis on iDOC at this [link](https://idoc.cov.virginia.gov/announcements/director-s-announcement-i-re-covid-19.aspx).

The safety of our employees, offenders, volunteers, contractors, visitors and families remains Virginia Department of Corrections’ overriding priority. Right now, there are no known COVID-19 cases in VADOC facilities.

A dedicated Virginia Department of Corrections COVID-19 public information line is now operational. The phone number is 804-887-8484. Staff can find the latest information on the virus by going to the Virginia Department of Health (VDH) and the Centers for Disease Control (CDC).

I thank you for your dedication during this especially challenging time. As a public safety agency, we are accustomed to managing communicable diseases, but that doesn’t mean it’s easy on you or your families when we go through something like this. We will get through this together. Thank you for your hard work and your cooperation.
MEMORANDUM

To: All Employees

From: Harold W. Clarke
Director of Corrections

Subject: Coronavirus Prevention & Response

In keeping with Governor Ralph S. Northam’s letter to state employees on March 2, 2020 titled “Preparations for the Coronavirus,” the Virginia Department of Corrections has developed an approach for responding to the coronavirus (COVID-19) and protecting the health and safety of employees, visitors, and offenders. We will continue to address concerns related to the ongoing flu season and be proactive in our approach to plan and respond to COVID-19.

Flu activity is currently still high in the United States and expected to continue for weeks. The Centers for Disease Control (CDC) estimates there have been at least 34 million flu illnesses so far this season, with 350,000 hospitalizations and 20,000 deaths resulting from the illness.

According to Johns Hopkins University, as of March 9, 2020, there are 566 confirmed cases of COVID-19; two of these cases have been reported in Fairfax County, Virginia. The CDC has stated that COVID-19 is a new virus originating out of Wuhan City, China. The virus is thought to spread mainly from person-to-person through close contact (within six feet) and respiratory droplets produced when an infected person coughs or sneezes. It is possible a person may become infected by touching a surface or object with the virus on it; however, this is not thought to be the primary way the virus spreads.

While precaution and care are needed at this time, there is no cause for panic. As a large public safety agency, the Department of Corrections is accustomed to managing communicable diseases. We are carefully monitoring the COVID-19 situation, staying current with information and guidance provided by the CDC, and keeping in frequent contact with the Virginia Department of Health (VDH).

In order to be proactive and prepared for the spread of COVID-19 across Virginia, the Infrastructure & Environmental Management Unit is providing detailed guidance to facilities and other work locations regarding approved handwashing, sanitizing, and disinfectant products,
and instructions for the proper use of those products to provide protection from COVID-19. Where handwashing facilitates are not available, an approved hand sanitizer will be placed throughout facilities for use by employees, offenders, and visitors in areas such as medical units, cafeterias, visitor intake, Master Control, entry control, gym, etc. In addition, Organizational Unit Heads are strongly encouraged to review their Continuity of Operations Plan (COOP) with key personnel to ensure they are prepared to activate these plans if needed to maintain essential business functions.

In addition to the efforts the Department is taking to reduce the risk of COVID-19 spreading in our workplace, all employees are strongly encouraged to take the following precautions:

- **Notify your supervisor and Human Resource Officer immediately before returning to work if you have recently traveled internationally in areas under State Department and CDC Travel Advisory Zones**, including China, Italy, Iran, Japan, and South Korea. Supervisors aware of employees who have recently traveled to these zones must contact Human Resources for guidance before the employee returns to work. Human Resources will work with VDH to ensure proper protocols are followed. Please see the following link for up-to-date travel advisories: [https://wwwnc.cdc.gov/travel/notices](https://wwwnc.cdc.gov/travel/notices). Contact information for local health departments can be found on the following website: [http://www.vdh.virginia.gov/local-health-districts/](http://www.vdh.virginia.gov/local-health-districts/)

- **Request leave when you are sick.** Supervisors are encouraged to be flexible and allow employees to stay home (or go home if they become sick while at work) when they have symptoms of acute respiratory illness (e.g., shortness of breath, coughing, congestion, sore throat, etc.) and signs of a fever for least 24 hours without the use of a fever-reducer, cough suppressant, or other medication that suppresses symptoms.

- **Wash hands frequently with soap and water for at least 20 seconds.** If soap and water are not available, use an alcohol-based hand sanitizer until you are able to wash your hands with soap and water. See the following link for additional guidance related to proper handwashing: [https://www.cdc.gov/handwashing/when-how-handwashing.html](https://www.cdc.gov/handwashing/when-how-handwashing.html)

- **Clean and disinfect frequently touched surfaces and objects.** Use approved cleaning products to clean and disinfect keyboards, doorknobs, telephones, and other frequently touched surfaces.

- **Avoid touching your face, eyes, nose, or mouth with unwashed hands.**

- **Avoid close contact with people who are sick.**

- **Cover your mouth and nose with a tissue when you cough or sneeze**, then throw the tissue away and wash your hands. If you do not have a tissue, cough or sneeze into your upper sleeve or elbow, not your hands. See the following link for more guidance: [https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf](https://www.cdc.gov/flu/pdf/protect/cdc_cough.pdf)

- **Use remote conferencing instead of face-to-face meetings when possible.** Contact the Information Technology Unit for assistance with this telephone and video conferencing technology.
A communication strategy is in place to ensure all employees are provided up-to-date information about the flu and coronavirus. As the CDC and Virginia Department of Health update their recommendations regarding COVID-19, we will update our guidance and information on the DOC Intranet (idoc): https://idoc.cov.virginia.gov/index.aspx.

Organizational Unit Heads should consider putting posters and other informational materials in visible places in the workplace, such as those with links above and found on the CDC’s website: https://www.cdc.gov/coronavirus/2019-ncov/downloads/stop-the-spread-of-germs.pdf

Your health and safety are of utmost importance and concern as the Department continues to proactively implement strategies to protect our workforce and the populations we serve from COVID-19. If you have additional questions, please do not hesitate to contact your Human Resource Officer or Safety Officer.
3.
GENERAL PREVENTATIVE MEASURES
At this time, please implement Version 4 of the VADOC Medical Epidemic / Pandemic Sanitation Plan. Some important enhancements added to the plan require your immediate attention:

1. References to Nitrile gloves throughout changed to vinyl gloves.
   Exception: Nitrile glove use remains in effect for cleaning of Medical areas along with full PPE during an outbreak.

2. Use of goggles or safety glasses for PPE during cleaning.

3. A list of PPE to use when cleaning the kitchen.

Maintaining rigorous cleaning schedules is an important prevention strategy as we respond to COVID-19 conditions. They represent a visible and ongoing reminder to offenders and staff that sanitation is an integral part of our operations.

If you have questions about these updates or the plan, please contact your Regional Safety Specialist.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
The purpose of the Medical Epidemic / Pandemic Sanitation Plan is to provide guidance to all Virginia Department of Correction secure facilities on how to properly disinfect areas to prevent the spread of infectious diseases.

These guidelines provide minimal cleaning requirements to be followed. Additional cleanings should occur as needed. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

All Virginia Department of Corrections facilities must provide proper sanitation using approved chemicals and approved PPE. In addition, each facility will organize Offender Sanitation Crews, which may work outside their assigned housing unit on night shifts while complying with all security policies, procedures, and practices.

If you have any questions regarding the use of any chemicals, contact your regional Safety Coordinator.
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ADMINISTRATION, OFFICES, AND SUPPORT AREAS

Chemicals to be used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Vinyl gloves
Goggles/eye protection

For the safety of staff and visitors, high traffic and high contact areas in administration and support buildings must be cleaned four times per day: 8:30 AM, 10:00 AM, 12:30 PM, and 3:30 PM.

The following areas and surfaces will be disinfected using this sanitation procedure:
- Front desk area and surfaces
- Visitation desk area and surfaces
- Filing cabinets, especially handles
- Countertops
- Phones, computer mouse, keyboard, etc.
- Door knobs and light switches
- Nonporous surfaces on desk chairs and lobby chairs
- Vinyl chairs
- Chair Arms, coffee tables, and any other frequently touched surfaces
- Conference tables
- X-Ray Bins
- Vending machines

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries and the surface is clean and free of dirt and oils.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

**Do not spray cleaner directly on electronics as it may damage them.**
**Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.**
**Do not use these cleaners on floors.**
CONTROL BOOTHS

Chemicals to be used:
   CorrectPac Heavy Duty Cleaner (VCE)
   CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
   Vinyl gloves
   Goggles/eye protection

The following areas and surfaces will be disinfected using this sanitation procedure:
   • Desks and counters
   • Nonporous surfaces on chairs
   • Electronic components of door controls (keys, buttons, switches, etc.)
   • Door handles and light switches
   • Phones and Radios

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas are damp. For sensitive surfaces such as controls first spray the Heavy Duty Cleaner on a rag or towel to clean.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
ACADEMIC & VOCATIONAL CLASSROOMS

Chemicals to be used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Vinyl gloves
- Goggles/eye protection

Classrooms, including vocational classrooms, are high use, high contact areas and must be cleaned after each class or group.

The following areas and surfaces will be disinfected using this sanitation procedure:
- Desks and counters
- Nonporous surfaces on chairs
- Electronic components of door controls (keys, buttons, switches, etc.)
- Door handles and light switches
- Any computer keyboards/mice used, book covers, pencil sharpeners and other frequently touched surfaces

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
Definitions

“Disinfecting” works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces. Therefore, killing germs remaining on a surface after cleaning further reduces any risk of spreading infection (CDC, 2020).

"Food-contact surface" means a surface of equipment or a utensil with which food normally comes into contact, or a surface of equipment or a utensil from which food may drain, drip, or splash into a food, or onto a surface normally in contact with food (Code of Virginia, 2020).

"Utensil" means a food-contact implement or container used in the storage, preparation, transportation, dispensing, sale, or service of food, such as kitchenware or tableware that is multiuse, single service, or single use; gloves used in contact with food; temperature sensing probes of food temperature measuring devices and probe-type price or identification tags used in contact with food (Code of Virginia, 2020).

PPE Required:
- Vinyl gloves
- Goggles/eye protection

1. All food-contact surfaces in the kitchen, such as counters, prep areas, cutting boards, serving areas, as well as tables and seats in the dining halls, must be disinfected utilizing the Native Green SD Disinfecting Cleaner. This should be done multiple times throughout each shift as time and schedule allows.

2. Mist Native Green SD Disinfecting Cleaner onto surfaces. Let stand for 5 minutes. Dip all utensils in Native Green SD Disinfecting Cleaner. Follow pre-existing manual or mechanical warewashing, rinsing, and sanitation processes as normal.

3. Dining hall areas should be cleaned and disinfected in between each chow grouping to ensure surfaces remain disinfected for the new group.

4. High contact areas and surfaces, such as oven handles, sink handles, faucets, etc., must be wiped down with Native Green SD Disinfecting Cleaner as often as schedule and time allows.

5. During chow, an offender will disinfect each table with Native Green SD Food Service sanitizer once it is empty before allowing other offenders to use that table.

6. A Night Food Service Sanitation Crew will be established to disinfect the food service area during the night shift.

7. Hand washing is also necessary and mandatory. Hands should be washed anytime a food service worker changes tasks. For example, if you stop chopping vegetables to go change the trash, hands must be washed before going back to chopping vegetables. You also absolutely must wash your hands after touching your hair or face. Hand washing in food service is paramount.
CODE REQUIREMENTS

12VAC5-421-1650. Manual Warewashing Equipment, Wash Solution Temperature:
The temperature of the wash solution in manual warewashing equipment shall be maintained at not less than 110°F (43°C) or the temperature specified on the cleaning agent manufacturer's label instructions.

12VAC5-421-1660. Mechanical Warewashing Equipment, Wash Solution Temperature:
A. The temperature of the wash solution in spray type warewashers that use hot water to sanitize shall not be less than:
   1. For a stationary rack, single temperature machine, 165°F (74°C);
   2. For a stationary rack, dual temperature machine, 150°F (66°C);
   3. For a single tank, conveyor, dual temperature machine, 160°F (71°C); or
B. The temperature of the wash solution in spray-type warewashers that use chemicals to sanitize shall not be less than 120°F (49°C)

12VAC5-421-1900. Hot Water and Chemical:
After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in:
1. Hot water manual operations by immersion for at least 30 seconds as specified under 12VAC5-421-1670;
2. Hot water mechanical operations by being cycled through equipment that is set up as specified under 12VAC5-421-1610, 12VAC5-421-1680, and 12VAC5-421-1690 and achieving a utensil surface temperature of 160°F (71°C) as measured by an irreversible registering temperature indicator; or,
3. A contact time of at least 30 seconds for other chemical sanitizing solutions.

Food Service Manual Chapter 6. Page #14, paragraph M:
All eating and drinking utensils and, when required, the food-contact surfaces of all other equipment and utensils should be sanitized by one of the following methods:
c. Immersion for at least 30 seconds in a clean solution containing 200 ppm of Quaternary Ammonium as indicated on the manufacturer’s label (NATIVE GREEN #12 SANITIZER).
GYM & OUTSIDE RECREATION AREAS

Chemicals to be used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Vinyl gloves
Goggles/eye protection

Gym equipment harbors dangerous viruses and bacteria, such as MRSA, that can spread by contact. Use the following procedure to keep gym equipment clean and disinfected.

1. Offenders will disinfect equipment after each use and throughout each recreation period.

2. All vinyl parts of the equipment must be cleaned and disinfected after each use. This includes the seats and protective padding.

3. All other surfaces that are touched by the user when utilizing the machine should be cleaned and disinfected as well. This includes handles, bars, grips, anything hands or other body parts touch.

4. Noncontact parts of the machine should be cleaned four times daily using the procedure described below, including surfaces like metal frame components.

5. Other recreation equipment, such as basketballs, should be disinfected as well using the Red Germicidal cleaner following each use and allowed to air dry.

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

5. For hard non-porous surfaces, mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
HOUSING UNITS

Chemicals used:
- CorrectPac Red Germicidal Detergent (VCE)
- CorrectPac Blue Glass Cleaner (VCE)
- CorrectPac Green Heavy Duty Cleaner (VCE)
- CorrectPac Yellow Floor Cleaner (VCE)

PPE Required:
- Vinyl gloves
- Goggles/eye protection

Housing Units and cells should be cleaned using the following schedule and procedures. When the word disinfect is used or the use of the CorrectPac Germicidal Detergent (Red) is referenced, it refers to the following procedure:

- **For sensitive surfaces (such as electronics)**, mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

- **For hard non-porous surfaces** mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

- Tray slots are to be disinfected after cleaning items have been retrieved from the offender when cell cleaning is completed. This is to be used in applications where offender removal from the cell is not possible.

A. HOUSING UNIT CLEANING AND SANITATION SCHEDULE FOR DAY SHIFT
1. At 0830 hrs., 1000 hrs., 1230 hrs., and 1515 hrs.:
   a. Mist CorrectPac Green Heavy Duty Cleaner on shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors.
   b. Wipe shower curtains, sinks, commodes/urinals, shower walls/floors, seat under front wall, restroom floors and partition walls with a clean cloth or doodle pad.
   c. Disinfect shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors by misting these surfaces with Germicidal Detergent (Red).
   d. Wipe windows with CorrectPac Glass Cleaner (Blue).
   e. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on tile floor. Change water as needed.
   f. Wipe all trashcans, including handles, and recycling bins with Heavy Duty Cleaner (Green) on a cloth.
   g. Disinfect all trashcans and recycling bins by misting interior/exterior of trashcans and recycling bins with Heavy Duty Cleaner (Green) followed with the Germicidal Detergent (Red).
   h. Wipe water fountain with Germicidal Detergent (Red).
   i. Wipe exterior of ice machine, including edge over lid, with Germicidal Detergent (Red).
j. Sweep conduit area between center row of bunks.

k. Wipe doorframe, ledges, and window ledges with Heavy Duty Cleaner (Green) on a clean cloth. Spray with Germicidal Detergent (Red).

l. Wipe entire exterior cabinets of washers and dryers, including around and under lids of washers, and laundry bag rack with Heavy Duty Cleaner (Green) on a clean cloth followed with the CorrectPac Germicidal Detergent (Red).

m. Wipe interior and exterior of microwave ovens with Heavy Duty Cleaner (Green) on a clean cloth. Disinfect exterior key pad and handle of microwave with the CorrectPac Germicidal Detergent (Red).

n. Wipe walls down in dayroom, exterior walls of restroom, and outside of control room with Heavy Duty Cleaner (Green) on a clean cloth.

o. Wipe Pull-up Bar Machine with Heavy Duty Cleaner (Green) on a clean cloth, then mist exterior of Pull-up Bar Machine with Germicidal Detergent (Red).

p. Staff Restroom: Mist Heavy Duty Cleaner (Green) on sink, commode and floors/walls. Wipe sinks, commode, and floors/walls with clean cloth or doodle pad. Disinfect sink, commode, and floors/walls by misting with Germicidal Detergent (Red).

q. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down interior and exterior of ID box.

r. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down exterior phones.

s. Wipe exterior of washer and dryers with Heavy Duty Cleaner (Green) on a clean cloth. Disinfect with the CorrectPac Germicidal Detergent (Red).

2. 1000 hrs.

a. Janitors Closet: Clean mop basin and floors/walls with Heavy Duty Cleaner (Green) on a cloth. Mist mop basin and floors/walls with Germicidal Detergent (Red). Clean ceiling vent with house broom.

b. CIRC Offices: Sweep and damp mop floors. Wipe windows with Glass Cleaner. Wipe walls with Heavy Duty Cleaner (Green). Empty trash.

B. HOUSING UNIT CLEANING AND SANITATION SCHEDULE FOR NIGHT SHIFT: 1800 hrs. – 0600 hrs. Required and chemicals must be used

1. 1830 hrs., 2030 hrs., 2300 hrs., and 0030 hrs.

a. Mist Heavy Duty Cleaner (Green) on shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors. Wipe shower curtains, sinks, commodes/urinals, shower walls/floors, seat under front wall, restroom floors and partition wall with a clean cloth or doodle pad.

b. Disinfect shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors by misting with Germicidal Detergent (Red).

c. Wipe down all door handles, phones, Kiosks, irons, metal cabinets, tables and pencil sharpener with Germicidal Detergent (Red).

d. Wipe windows with Glass Cleaner (Blue).

e. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on tile floor. Change water as needed.

f. Mist all trashcans, including handles and recycling bins, with Heavy Duty Cleaner (Green) and let air dry.
g. Disinfect all trashcans and recycling bins by misting interior/exterior of trashcans and recycling bins with Germicidal Detergent (Red).
h. Wipe water fountains with Germicidal Detergent (Red).
i. Wipe exterior of ice machine, including ledge over lid, with Germicidal Detergent (Red).
j. Sweep conduit area between center row of bunks.
k. Wipe doorframes, ledges, and window ledges with Heavy Duty Cleaner (Green) on a clean cloth, then spray with Germicidal Detergent (Red) and allow to air dry.
l. Wipe entire exterior cabinets of washers and dryers, including around and under lids of washers, and laundry bag rack with Heavy Duty Cleaner (Green) on a clean cloth.
m. Wipe interior and exterior of microwave ovens with Heavy Duty Cleaner (Green) on a clean cloth.
n. Wipe walls down in dayroom, exterior walls of restroom, and outside of control room with Heavy Duty Cleaner (Green) on clean cloths.
o. Staff Restroom: Mist Heavy Duty Cleaner (Green) on sink, commode and floors/walls. Wipe sinks, commode, and floors/walls with clean cloth or doodle pad. Disinfect sink, commode, and floors/walls by misting with Germicidal Detergent (Red).
p. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down interior and exterior of ID box.
q. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down exterior phones.

2. 2030 hrs.
   Janitors Closet: Wipe mop basin and floors/walls with Heavy Duty Cleaner (Green) sprayed on a cloth. Mist mop basin and floors/walls with Germicidal Detergent (Red). Clean ceiling vent with house broom.

3. 0030 hrs.
   A. Spray shower/restroom ceiling with Heavy Duty Cleaner (Green) and scrub with a green or doodle pad; wipe dry with a towel on the doodle pad holder. Spray the ceiling with Germicidal Detergent (Red) and allow to dry.
   B. Spray Heavy Duty Cleaner (Green) into each restroom floor drain, each restroom sink drain, and each sink overflow port. Spray pressurized water into each floor drain, sink drain and sink overflow port by using a towel around the end of the water hose spray nozzle. Spray Germicidal Detergent (Red) into each floor drain, sink drain and sink overflow port.
OFFENDER CELLS AND DORMITORIES

Chemicals used:
   CorrectPac Red Germicidal Detergent (VCE)
   CorrectPac Blue Glass Cleaner (VCE) (as applicable)
   CorrectPac Green Heavy Duty Cleaner (VCE)

PPE Required:
   Vinyl gloves
   Eye protection

Offender cells and dormitories are to be cleaned and disinfected daily according to the following schedule and procedures using a cleaning cloth, sponge, or other approved item. When the word disinfect is used or the use of the CorrectPac Germicidal Detergent (Red) is referenced, it refers to the following procedure:

- **For hard non-porous surfaces** mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
- **Tray slots** are to be disinfected after cleaning items have been retrieved from the offender when cell cleaning is completed. This is to be used in applications where offender removal from the cell is not possible.
- **Strict control of cleaning materials** should be maintained. Ensure return of all products and tools provided to offenders for the purposes of cleaning their living areas.

3. At 0830 hrs., 1000 hrs., 1230 hrs., and 1515 hrs.:
   a. Mist CorrectPac Green Heavy Duty Cleaner on sinks, commodes, urinals, walls, and floors.
   b. Wipe sinks, commodes, urinals, walls, and floors with a clean cloth or approved item.
   c. Disinfect sinks, commodes, urinals, walls, and floors by misting these surfaces with Germicidal Detergent (Red).
   d. Wipe windows (as applicable) with CorrectPac Glass Cleaner (Blue).
   e. Wipe bed frames, non-porous bedding surfaces, doorframes, and window ledges (as applicable) with Heavy Duty Cleaner (Green) on a clean cloth. Spray with Germicidal Detergent (Red).
MEDICAL AREAS

Chemicals to be used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Vinyl gloves
- Goggles/eye protection

Use the following procedures medical areas disinfected:

1. The waiting area in medical must be cleaned and disinfected at least once per hour while patients are being seen. The seats are to be lightly sprayed with Heavy Duty Cleaner (Green) and then lightly misted with Germicidal Detergent (Red) and allowed to air dry. Remember, this disinfectant kills germs and pathogens as it dries.

2. Clean and disinfect high touch areas, such as door handles and knobs, at least once per hour as long as patients are being seen. For this procedure, spray a clean paper towel with Heavy Duty Cleaner (Green) and wipe down the surface, followed by another clean towel with Germicidal Detergent (Red). Allow to air dry.

3. Medical staff are to use the disinfectant wipes they are provided with to clean patient areas in between visits; however, Heavy Duty Cleaner (Green) and Germicidal Detergent (Red) may also be used, as long as the Germicidal is allowed to air dry in between uses.

4. The infirmary area may be cleaned using the same procedure for housing units; however, in the event of an infectious outbreak, special PPE would be required for cleaning these areas if they have housed infected individuals.
   a. A mask (respiratory protection N-95 or higher), fluid-resistant gown, goggles or face shield, and nitrile gloves are required to be utilized for this procedure, as well as a biohazard bag.
   b. Spray down all nonporous surfaces with Heavy Duty Cleaner (Green) and wipe down using paper towels. Put used paper towels into biohazard bag.
   c. Lightly mist all areas with Germicidal Detergent (Red) and allow to air dry.
   d. Once you are finished, all disposable personal protective equipment (gown, gloves, and disposable respirator) should be placed into the biohazard bag. All reusable PPE (elastomeric filtering facepieces, reusable face shields, eye protection) must be properly decontaminated using the Germicidal Detergent (Red) to clean and disinfect.
   e. The biohazard bag must then be secured with the tie made available to you and placed into the biohazard box to be disposed of. It is extremely important that materials used during the sanitation process are immediately disposed of in a properly labeled biohazard bag.

A Night Medical Sanitation Crew will be established to disinfect the medical area during the night shift.
OUTSIDE OF THE SECURE PERIMETER:
AGRICULTURE, BUILDINGS & GROUNDS, WAREHOUSE, WATER & WASTEWATER TREATMENT PLANTS

Chemicals used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Vinyl gloves
- Goggles/eye protection

Focus on cleaning and sanitizing all areas, especially those with shared equipment. Pallet jacks, forklifts, and tools are all included here. Please use the following procedure for your area.

1. For desk and office areas, please refer to the office cleaning procedure described above.

2. Pallet jacks and forklifts: Before each use and at least every 2 hours following, use the Heavy Duty Cleaner (Green) and a paper towel to wipe down all contact surfaces such as handles, seats, steering wheel, seat belt buckles, and controls. **Be absolutely certain the machine is completely powered off and in park prior to cleaning and Do NOT spray the machine or electronic components to avoid damaging them.**

3. Spray a fresh paper towel with Germicidal Detergent (Red) and wipe down again, ensure that the surfaces are wet but not saturated, allowing the machine to air dry.

4. Tools and tool handles should be cleaned and disinfected after each use, using the procedure described above. Spray the Heavy Duty Cleaner (Green) on a clean paper towel and wipe it down then use a clean paper towel to apply the Germicidal Detergent (Red), being careful with power tools to protect their electronic components. Be sure all power tools are powered down and remove batteries prior to cleaning.

5. For other types of heavy equipment, such as tractors, Gators, lawn tractors, etc., follow the procedure for pallet jacks and forklifts above.
PROPERTY AREAS

Chemicals used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Vinyl gloves
Goggles/eye protection

Use the following procedure for cleaning and sanitizing the Property Area:
1. All hard surfaces, such as tables and counter tops, should be cleaned and disinfected at the start of the shift and every 2 hours afterward.

2. Spray Heavy Duty Cleaner (Green) onto tables, plastic chairs, and countertops and wipe down using a paper towel. Spray with the Germicidal Detergent (Red) and allow surfaces to air dry. Pay particular attention to the chairs used during receiving to ensure they are properly cleaned and disinfected.

3. For electronic items, such as the labeler and washing machine, spray a clean paper towel with the Heavy Duty Cleaner (Green) and wipe down all surfaces, followed by a light spray on a fresh paper towel with Germicidal Detergent (Red) and wipe down. Pay particular attention to frequently touched areas, like handles and buttons.

4. All carts must be cleaned and disinfected following usage. Spray down with the Heavy Duty Cleaner (Green) and wipe down with paper towels, followed by a light misting of the Germicidal Detergent (Red) and allow it to air dry.
SALLYPORT & FRONT ENTRY

Chemicals used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Vinyl gloves
Goggles/eye protection

Use the following procedures to clean and disinfect the Sallyport. Perform four times per day:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
6. For the X-ray machine, spray Heavy Duty Cleaner (Green) onto a clean paper towel and wipe off areas, being mindful of electronic components. Do not spray the machine itself. Pay special attentions to buttons and switches and other areas that are touched frequently. Then follow the same procedure using the Germicidal Detergent (Red) and a clean towel.
TOWERS

Chemicals used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Vinyl gloves
Goggles/eye protection

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
TRANSPORTATION VEHICLES

Chemicals used:
- Bleach or Sodium Hypochlorite (outside of secured perimeter)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Nitrile gloves (Vinyl gloves if using CorrectPac Red Germicidal)
- Goggles/eye protection

It will be the responsibility of the transporting officers to disinfect all department cars, vans, and buses before and after every transport.

Special attention should be paid to the surface areas of the vehicle, especially if the vehicle is used for an outside medical/hospital trip.

Any of the chemicals below can be utilized to disinfect the vehicles; however, the dwell times vary. The dwell time indicates the required time that the surface must remain wet in order for the chemical to be effective.

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Dwell Time</th>
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</thead>
<tbody>
<tr>
<td>CorrectPac Germicidal (Red)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Bleach or Sodium Hypochlorite</td>
<td>See manufacturer’s recommendation</td>
</tr>
<tr>
<td>Disinfectant Wipe</td>
<td>See manufacturer’s recommendation</td>
</tr>
</tbody>
</table>

All vehicles will be wiped down with the selected disinfectant and must remain wet during the dwell time. Any vehicle that goes through the HUB at SCI BEN will be disinfected between trips. Once the offenders are unloaded, the vehicle will be disinfected and remain empty until after the dwell time. Offender work details can be utilized to disinfect the vehicles when appropriate. Below are the specific instructions on how to disinfect the vehicles.

A. Vehicles with hard surface or non-porous or semi-porous (imitation leather) surfaces:
   1. Use the chemical of choice (use a 10:1 solution of bleach and water because of the reduced dwell time or follow manufacturer’s recommendations on commercial product used). If using bleach a new bleach mixture MUST be mixed just prior to its use as it is ineffective 24 hours after mixed.
   2. Using a properly labeled spray bottle, set the nozzle on a fine mist.
   3. Lightly mist the rear seat or the seat that was occupied by the offender.
   4. When completed, spray all rear surfaces of the front seat or the seat directly in front of the offender.
   5. Lightly mist the post or column and doors of the vehicle.
   6. Repeat the same process for the staff member locations in the front of the vehicle such as steering wheel, gear shifter, door handle inside and out, etc.).
   7. Let air dry. Do not wipe the surfaces unless using a disinfectant wipe.
8. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
9. Commercial disinfectant wipes can be used on all surfaces.
10. Use hand protection when performing these tasks.

B. Vehicles with porous seat coverings:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the offender. Do not saturate the seat. The seat must remain wet or moist only for the allotted dwell time.
   3. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.

C. Buses with Nonporous or semi-porous (imitation leather) surfaces:
   1. Using a garden sprayer containing the chemical of choice, lightly mist all areas from the head area to the floor.
   2. Ensure there is adequate ventilation on the bus when administering the solution.
   3. Surface must remain wet for the duration of the dwell time.
   4. Saturation of the areas is not necessary.
   5. If ponding or puddling occurs, reduce the amount of product being used.
   6. Do not spray electronic equipment. Any equipment of this type must be disinfected by hand using a solution on a disposable cloth or towel.
   7. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
   8. Allow all surfaces to air dry.

D. Buses with Cloth Seats:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the offender. Do not saturate the seat, the seat must remain wet or moist only for the allotted dwell time.
   3. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
MEMORANDUM

To: All Unit Heads
From: Harold W. Clarke
       Director of Corrections
Subject: COVID-19 – Best Practices (4/6/20)

This Best Practices guide created through the tireless efforts of Units across our Agency is a testament to the hard work that our staff is doing to curtail the spread of the Coronavirus. While we continue to utilize PPE, employee screening, physical distancing, and hand washing we must continue to develop new practices that promote both staff and offender safety. This guide created to inform management teams and employees, equips them to approach complex problems during this pandemic.

Please share this resource with your management team and staff as appropriate.

Attachment

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Facilities

General Prevention Measures

Internal

- Plexiglas has been installed between inmate telephones. Coloring books have been purchased for those inmates who don't have a television. [04/06/20, Central, 11]

- A bathroom with a shower has been designated for staff who want to shower before leaving work. Have opened the barracks for those staff who do not want to go home after shift. [04/06/20, Central, 11]

- In the dorms, inmates are moved from top bunk to bottom and exploring the separation of bunkbeds. [04/06/20, Central, 7]

- More open areas for staff dining. Hand wash stations. Lines on entrances marking 6’. Staff clothing change stations. Modified count procedures. Door breaks suspended. Cohort staff assignments. 5-minute rule. Staggered report times to work. Limiting HU to HU staff movement. Conference calls for department management. [04/06/20, Central, 12]

Offender movement

- Taking temperatures of inmates going out to work and returning from work. Movement on the boulevard is always on the right. Number of staff in the dining hall is limited. [04/06/20, Central, 10]

- Limiting movement with staff and inmates as much as possible. [04/06/20, Central, 8]

- Work crews pack laundry bags so when they return, are searched and sent straight to the showers. Bays are separated by substance abuse groups and all group members are on the same bay. [04/06/20, West, 7]

- Clipboards outside to log those going in and out of housing units and other areas. [04/06/20, West, 11]

Cleaning

- Sanitation call is done before chow and to wash hands. We’ve added a picnic table for staff. [04/06/20, East, 11]

- There are handwashing stations outside of the facility and hand washing is a must. Outside workers must shower immediately after returning from work.
Physical Distancing

- In our dorms, we have moved inmates to every other bunk and have reduced the 1:1 contact as much as possible.
  [04/06/20, East, 9]

- When inmates are using the telephone, there is at least one empty telephone between them.
  [04/06/20, East, 12]

- Social distance lines are delineated in the hallways. If an inmate presents with a fever, isolate. In addition, if sending staff out on a rescue call, send officers out with PPE kits.
  [04/06/20, East, 13]

- Rec within pod is one tier at a time. Rec outside is one building at a time. Equipment is sanitized after use.
  [04/06/20, West, 9]

Offender Programs/Recreation

- Increased the number of movies the inmates can watch so they will spend more time in their rooms. Have restricted which doors to use for entry and exit. Virtual rounds.
  [04/06/20, Central, 9]

- Increasing rec time to allow them to be outside more and less inside. Looking to increase bed spacing.
  [04/06/20, West, 6]

- Extended rec hours.
  [04/06/20, West, 8]

Districts

General Prevention Measures

- Took lobby chairs out of the lobby and left only 4 and they are positioned 6 feet apart. Intakes are now done in the interview room right off the lobby. Staff are allowed to wear relaxed dress that they can easily launder (as opposed to dry cleaning).
  [04/06/20, Central, 2]

- We only allow 8 in the lobby at one time. Group musters vs. all muster.
  [04/06/20, East, 14]

- We have marked our office off in 6 foot increments. All intakes are done in the lobby area through the window.
[04/06/20, East, 7]

- Lobby area has 6 foot indicators to designate proper social distance.
  [04/06/20, West, 10]

- Intakes are done at the reception window and no one is allowed into the secure area.
  [04/06/20, Central, 4]

- If contact with an offender is needed, it is done outside at a picnic table. Movement within the office is limited and staff wipe down areas as they go.
  [04/06/20, East, 4]

- Have taken all of the chairs out of the lobby.
  [04/06/20, West, 2]

- Most staff within the district have their own offices so this allows for limited contact between staff. If face-to-face contact with an offender is needed, that is done outside the office. Additionally after each contact the area is decontaminated. Staff are asked to enter and exit through the staff only door.
  [04/06/20, East, 1]

- There is one bathroom designated for staff to change their clothing before the leave the office for the day. Additionally, Ziploc bags are given to the staff for storage of their sneeze guards.
  [04/06/20, East, 2]

- The number of staff working in the district is limited. One officer is designated as duty officer and will handle intakes, walk-ins, etc.
  [04/06/20, East, 3]

- The majority of the staff telework. The front door to the district is locked and entry into the lobby is limited.
  [04/06/20, East, 5]

- We have instituted a schedule A and B for when staff, if they must, may come into the district office. This controls for small, manageable numbers.
  [04/06/20, Central, 3]

**Cleaning**

- We have an assigned duty officer who sees any offenders who many need to report in. We also disinfect VCIN and Livescan daily.
  [04/06/20, East, 6]

- Staffing is kept small and spread-out through the district. Cleanings are done 2 x’s a day. Frequently checking in on staff.
  [04/06/20, Central, 1]
- Staff sprays their shoes after working and have another pair in their vehicles.  
  [04/06/20, West, 1]

### Physical Distancing

- We have begun passing legal mail through slots. We’ve posted signs to wear masks and practice social distancing. We are checking our staff before they get out of their vehicles.  
  [04/06/20, East, 10]

- Have instituted a schedule to limit the number of staff in the district. Judges are also instructing probationers to call the district first instead of just showing up.  
  [04/06/20, West, 3]

- When officers are in their offices, doors are closed.  
  [04/06/20, Central, 5]

- All lobby chairs have been removed with the exception of one. Only one person is allowed in lobby at a time.  
  [04/06/20, Central, 6]

### Entry Screening

- Beginning today, we started taking staff temperatures before the workday beings.  
  [04/06/20, East, 8]

### Telework

- District 37 has a Google Hangout for staff to keep in touch and the district keeps staffing levels to four.  
  [04/06/20, West, 4]
April 3, 2020

TO: All Unit Heads

FROM: Joseph W. Walters
Deputy Director for Administration

SUBJECT: COVID-19 Response
Distillery Produced Hand Sanitizer – Infirmary and Medical Use, Version 1

Compliance with Operating Procedure 302.2, Control of Hazardous Materials must be followed when your facility receives distillery-produced hand sanitizer. This product contains Hydrogen Peroxide and ingestion will cause vomiting and potential esophageal burns. This is why proper control, labeling, and education on its proper use is vital. At a minimum, the following steps shall be implemented once the distillery produced hand sanitizer is received:

- This product must only be issued to and under the exclusive control of medical staff at all times when in use and secured in a locked location when not in use. Security protocols for tracking chemicals with exemptions as per OP 302.2 shall be followed.
- These chemicals are FLAMMABLE, and as such, procedures for the proper storage of flammable chemicals must be followed.
- Master and perpetual inventories are required and the chemical must be added to the Safety Data Sheet inventory/log and the perpetual inventory log stored at the issue site.
- A copy of the SDS/Product component description must be available on-site.
- The Institutional Safety Specialist/Unit Safety Coordinator is responsible for ensuring the appropriate label is attached to the secondary container prior to issuance to medical staff.
- The empty container must be returned to the ISS/USC to receive additional quantities.
Additional containers of the distillery produced hand sanitizer shall be stored in an approved controlled location outside the secured perimeter in a flammable storage cabinet.

**USE INSTRUCTIONS**

- This product shall only be used as a hand sanitizer and shall be used ONLY if soap and water are not immediately available. As always, wash hands with soap and water as soon as feasible.
- Do NOT use hand sanitizer if your hands are visibly dirty or greasy.
- Avoid contact with mucous membranes.
- Application instructions:
  1. Put enough product on hands to cover and dampen all hand surfaces.
  2. Rub hand together, until hands feel dry, approximately 20 seconds.
  3. Do not rinse or wipe off the hand sanitizer before it's dry.

Please contact your Regional Safety Coordinator or Regional Environmental Specialist if you have any questions.

cc: Harold W. Clarke
     A. David Robinson
     Executive Team
     Regional Operations Chiefs
     Regional Administrators
     Monica Vannoy
     Regional Safety Officers
     Institutional Safety Officers/Unit Safety Coordinators
MEMORANDUM

To: All Employees

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 Sneeze Guards

Virginia Department of Corrections continues to be proactive in providing resources for our staff and offender population. While the Sneeze Guard will not avoid exposures to all hazards, it will provide an added level of protection and should provide an additional level of comfort.

Two Sneeze Guards will be or have been provided to each staff member. **Staff members are now required to wear their Sneeze Guards unless wearing another form of Personal Protection Equipment (PPE) mask.** Employees will be responsible for maintaining and laundering their provided Sneeze Guards. In the event the Sneeze Guard becomes unserviceable, staff may request a replacement mask from their immediate supervisor.

Please follow the procedure for proper application of the Sneeze Guard:

- Wash hands prior to putting on the guard
- Place the seam upward with the seam on the bridge of the nose
- Place the loop over the head, resting on the ears
- Wash hands after removing the guard
- Used guards shall be treated as infectious and laundered daily using hot water and **low heat drying**
- Infectious guards should be placed in a zip lock bag with the outside folded against itself to transport until laundered.
- Once the guard is laundered, do not place it back inside the same zip lock bag, as it is ready for use.

The Sneeze Guard is providing an added level of protection but should not be worn in place of PPE in situations where PPE is required. Sneeze Guards are not considered PPE since their capability to protect is unknown.
MEMORANDUM

To: Inmate Population
From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 Sneeze Guards

Virginia Department of Corrections continues to be proactive in providing resources for our staff and inmate population. While the Sneeze Guard will not avoid exposures to all hazards, it will provide an added level of protection and should provide an additional level of comfort.

Two Sneeze Guards were provided to each inmate. **All inmates are now required to wear their Sneeze Guards at all times unless instructed to remove it by a staff member.** Each inmate will be responsible for maintaining and laundering their provided guards. In the event the Sneeze Guard becomes unserviceable, inmates may request a replacement mask from their Unit Manager.

Please follow the procedure for proper application of the Sneeze Guard:

- Wash hands prior to putting on the guard
- Place the seam upward with the seam on the bridge of the nose
- Place the loop over the head, resting on the ears
- Wash hands after removing the guard
- Used guards shall be treated as infectious and laundered daily using hot water and **LOW heat settings.**

The Sneeze Guard is providing an added level of protection but should not be worn in place of PPE in situations where PPE is required. Sneeze Guards are not considered PPE since their capability to protect is unknown.
MEMORANDUM

To: All Unit Heads

From: Dr. Steve Herrick, Director of Health Services Signature on file
Co-Chair of VADOC COVID-19 Task Force
Rodney W. Younce, Warden Signature on file
Co-Chair of VADOC COVID-19 Task Force

Subject: COVID-19 GTL Offender Telephone Sanitation

Sanitation continues to be a primary tool in preventing the spread of the pandemic of COVID-19. In addition, proper sanitation will prevent damage to the GTL Offender Telephone System. Please do not spray chemicals directly on the electronics. Spray the chemical on a cloth and wipe the equipment down. Attached, please find, the “DO NOT SPRAY PHONES DIRECTLY” flyer provide by GTL.

If you have any questions, please direct them through your operational chain of command.

Attachment

cc: Harold W. Clarke, Director
David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director of Administration
Scott Richeson, Deputy Director of Programs, Education, and Reentry
Regional Operations Chiefs
Regional Administrators
Lisa Kinney, Communications Director
Randall Mathena, Director of Security and Correctional Enforcement
Jermiah Fitz, Corrections Operation Administrator
DO NOT SPRAY PHONES DIRECTLY

SPRAY CLEANER INTO A RAG FIRST THEN WIPE DOWN THE PHONES
March 30, 2020

MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Medical Epidemic/Pandemic Sanitation Plan, Version 3

Effective immediately, all facilities are to implement the revised Medical Epidemic / Pandemic Sanitation Plan, Version 3 (revision date March 30, 2020). This plan is designed to prevent the spread of the COVID-19 virus as well as other pathogens.

Further instructions were provided on offender cells and dormitories being cleaned and disinfected daily according to their schedule and procedures using a cleaning cloth, sponge, or other approved item.

If you have any questions about the use of chemicals, cleaning schedules, or procedures, please contact your Regional Safety Coordinator for assistance.

This plan will remain in effect until you are notified otherwise.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
The purpose of the Medical Epidemic / Pandemic Sanitation Plan is to provide guidance to all Virginia Department of Correction secure facilities on how to properly disinfect areas to prevent the spread of infectious diseases.

These guidelines provide minimal cleaning requirements to be followed. Additional cleanings should occur as needed. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

All Virginia Department of Corrections facilities must provide proper sanitation using approved chemicals and approved PPE. In addition, each facility will organize Offender Sanitation Crews, which may work outside their assigned housing unit on night shifts while complying with all security policies, procedures, and practices.

If you have any questions regarding the use of any chemicals, contact your regional Safety Coordinator.
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ADMINISTRATION, OFFICES, AND SUPPORT AREAS

Chemicals to be used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection

For the safety of staff and visitors, high traffic and high contact areas in administration and support buildings must be cleaned **four times per day**: 8:30 AM, 10:00 AM, 12:30 PM, and 3:30 PM.

The following areas and surfaces will be disinfected using this sanitation procedure:
- Front desk area and surfaces
- Visitation desk area and surfaces
- Filing cabinets, especially handles
- Countertops
- Phones, computer mouse, keyboard, etc.
- Door knobs and light switches
- Nonporous surfaces on desk chairs and lobby chairs
- Vinyl chairs
- Chair Arms, coffee tables, and any other frequently touched surfaces
- Conference tables
- X-Ray Bins
- Vending machines

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries and the surface is clean and free of dirt and oils.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

**Do not spray cleaner directly on electronics as it may damage them.**
**Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.**
**Do not use these cleaners on floors.**
CONTROL BOOTHs

Chemicals to be used:
   CorrectPac Heavy Duty Cleaner (VCE)
   CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
   Nitrile gloves
   Goggles/eye protection

The following areas and surfaces will be disinfected using this sanitation procedure:
   • Desks and counters
   • Nonporous surfaces on chairs
   • Electronic components of door controls (keys, buttons, switches, etc.)
   • Door handles and light switches
   • Phones and Radios

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas are damp. For sensitive surfaces such as controls first spray the Heavy Duty Cleaner on a rag or towel to clean.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
ACADEMIC & VOCATIONAL CLASSROOMS

Chemicals to be used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

Classrooms, including vocational classrooms, are high use, high contact areas and must be cleaned after each class or group.

The following areas and surfaces will be disinfected using this sanitation procedure:
- Desks and counters
- Nonporous surfaces on chairs
- Electronic components of door controls (keys, buttons, switches, etc.)
- Door handles and light switches
- Any computer keyboards/mice used, book covers, pencil sharpeners and other frequently touched surfaces

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
FOOD SERVICE AREAS

Definitions

“Disinfecting” works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces. Therefore, killing germs remaining on a surface after cleaning further reduces any risk of spreading infection (CDC, 2020).

"Food-contact surface" means a surface of equipment or a utensil with which food normally comes into contact, or a surface of equipment or a utensil from which food may drain, drip, or splash into a food, or onto a surface normally in contact with food (Code of Virginia, 2020).

"Utensil" means a food-contact implement or container used in the storage, preparation, transportation, dispensing, sale, or service of food, such as kitchenware or tableware that is multiuse, single service, or single use; gloves used in contact with food; temperature sensing probes of food temperature measuring devices and probe-type price or identification tags used in contact with food (Code of Virginia, 2020).

1. All food-contact surfaces in the kitchen, such as counters, prep areas, cutting boards, serving areas, as well as tables and seats in the dining halls, must be disinfected utilizing the Native Green SD Disinfecting Cleaner. This should be done multiple times throughout each shift as time and schedule allows.

2. Mist Native Green SD Disinfecting Cleaner onto surfaces. Let stand for 5 minutes. Dip all utensils in Native Green SD Disinfecting Cleaner. Follow pre-existing manual or mechanical warewashing, rinsing, and sanitation processes as normal.

3. Dining hall areas should be cleaned and disinfected in between each chow grouping to ensure surfaces remain disinfected for the new group.

4. High contact areas and surfaces, such as oven handles, sink handles, faucets, etc., must be wiped down with Native Green SD Disinfecting Cleaner as often as schedule and time allows.

5. During chow, an offender will disinfect each table with Native Green SD Food Service sanitizer once it is empty before allowing other offenders to use that table.

6. A Night Food Service Sanitation Crew will be established to disinfect the food service area during the night shift.

7. Hand washing is also necessary and mandatory. Hands should be washed anytime a food service worker changes tasks. For example, if you stop chopping vegetables to go change the trash, hands must be washed before going back to chopping vegetables. You also absolutely must wash your hands after touching your hair or face. Hand washing in food service is paramount.
CODE REQUIREMENTS

12VAC5-421-1650. Manual Warewashing Equipment, Wash Solution Temperature:
The temperature of the wash solution in manual warewashing equipment shall be maintained at not less than 110°F (43°C) or the temperature specified on the cleaning agent manufacturer's label instructions.

12VAC5-421-1660. Mechanical Warewashing Equipment, Wash Solution Temperature:
A. The temperature of the wash solution in spray type warewashers that use hot water to sanitize shall not be less than:
1. For a stationary rack, single temperature machine, 165°F (74°C);
2. For a stationary rack, dual temperature machine, 150°F (66°C);
3. For a single tank, conveyor, dual temperature machine, 160°F (71°C); or
B. The temperature of the wash solution in spray-type warewashers that use chemicals to sanitize shall not be less than 120°F (49°C)

12VAC5-421-1900. Hot Water and Chemical:
After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in:
1. Hot water manual operations by immersion for at least 30 seconds as specified under 12VAC5-421-1670;
2. Hot water mechanical operations by being cycled through equipment that is set up as specified under 12VAC5-421-1610, 12VAC5-421-1680, and 12VAC5-421-1690 and achieving a utensil surface temperature of 160°F (71°C) as measured by an irreversible registering temperature indicator; or,
3. A contact time of at least 30 seconds for other chemical sanitizing solutions.

Food Service Manual Chapter 6. Page #14, paragraph M:
All eating and drinking utensils and, when required, the food-contact surfaces of all other equipment and utensils should be sanitized by one of the following methods:
c. Immersion for at least 30 seconds in a clean solution containing 200 ppm of Quaternary Ammonium as indicated on the manufacturer’s label (NATIVE GREEN #12 SANITIZER).
GYM & OUTSIDE RECREATION AREAS

Chemicals to be used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

Gym equipment harbors dangerous viruses and bacteria, such as MRSA, that can spread by contact. Use the following procedure to keep gym equipment clean and disinfected.

1. Offenders will disinfect equipment after each use and throughout each recreation period.

2. All vinyl parts of the equipment must be cleaned and disinfected after each use. This includes the seats and protective padding.

3. All other surfaces that are touched by the user when utilizing the machine should be cleaned and disinfected as well. This included handles, bars, grips, anything hands or other body parts touch.

4. Noncontact parts of the machine should be cleaned four times daily using the procedure described below, including surfaces like metal frame components.

5. Other recreation equipment, such as basketballs, should be disinfected as well using the Red Germicidal cleaner following each use and allowed to air dry.

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

5. For hard non-porous surfaces, mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
Do not spray cleaner directly on electronics as it may damage them. 
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist. 
Do not use these cleaners on floors.
HOUSING UNITS

Chemicals used:
- CorrectPac Red Germicidal Detergent (VCE)
- CorrectPac Blue Glass Cleaner (VCE)
- CorrectPac Green Heavy Duty Cleaner (VCE)
- CorrectPac Yellow Floor Cleaner (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

Housing Units and cells should be cleaned using the following schedule and procedures. When the word disinfect is used or the use of the CorrectPac Germicidal Detergent (Red) is referenced, it refers to the following procedure:

- **For sensitive surfaces (such as electronics)** mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
- **For hard non-porous surfaces** mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
- **Tray slots are to be disinfected after cleaning items have been retrieved from the offender when cell cleaning is completed. This is to be used in applications where offender removal from the cell is not possible.**

A. HOUSING UNIT CLEANING AND SANITATION SCHEDULE FOR DAY SHIFT
1. At 0830 hrs., 1000 hrs., 1230 hrs., and 1515 hrs.:
   a. Mist CorrectPac Green Heavy Duty Cleaner on shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors.
   b. Wipe shower curtains, sinks, commodes/urinals, shower walls/floors, seat under front wall, restroom floors and partition walls with a clean cloth or doodle pad.
   c. Disinfect shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors by misting these surfaces with Germicidal Detergent (Red).
   d. Wipe windows with CorrectPac Glass Cleaner (Blue).
   e. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on tile floor. Change water as needed.
   f. Wipe all trashcans, including handles, and recycling bins with Heavy Duty Cleaner (Green) on a cloth.
   g. Disinfect all trashcans and recycling bins by misting interior/exterior of trashcans and recycling bins with Heavy Duty Cleaner (Green) followed with the Germicidal Detergent (Red).
   h. Wipe water fountain with Germicidal Detergent (Red).
   i. Wipe exterior of ice machine, including edge over lid, with Germicidal Detergent (Red).
j. Sweep conduit area between center row of bunks.
k. Wipe doorframe, ledges, and window ledges with Heavy Duty Cleaner (Green) on a clean cloth. Spray with Germicidal Detergent (Red).
l. Wipe entire exterior cabinets of washers and dryers, including around and under lids of washers, and laundry bag rack with Heavy Duty Cleaner (Green) on a clean cloth followed with the CorrectPac Germicidal Detergent (Red).
m. Wipe interior and exterior of microwave ovens with Heavy Duty Cleaner (Green) on a clean cloth. Disinfect exterior key pad and handle of microwave with the CorrectPac Germicidal Detergent (Red).
n. Wipe walls down in dayroom, exterior walls of restroom, and outside of control room with Heavy Duty Cleaner (Green) on a clean cloth.
o. Wipe Pull-up Bar Machine with Heavy Duty Cleaner (Green) on a clean cloth, then mist exterior of Pull-up Bar Machine with Germicidal Detergent (Red).
p. Staff Restroom: Mist Heavy Duty Cleaner (Green) on sink, commode and floors/walls. Wipe sinks, commode, and floors/walls with clean cloth or doodle pad. Disinfect sink, commode, and floors/walls by misting with Germicidal Detergent (Red).
q. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down interior and exterior of ID box.
r. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down exterior phones.
s. Wipe exterior of washer and dryers with Heavy Duty Cleaner (Green) on a clean cloth. Disinfect with the CorrectPac Germicidal Detergent (Red).

2. 1000 hrs.
a. Janitors Closet: Clean mop basin and floors/walls with Heavy Duty Cleaner (Green) on a cloth. Mist mop basin and floors/walls with Germicidal Detergent (Red). Clean ceiling vent with house broom.
b. CIRC Offices: Sweep and damp mop floors. Wipe windows with Glass Cleaner. Wipe walls with Heavy Duty Cleaner (Green). Empty trash.

B. HOUSING UNIT CLEANING AND SANITATION SCHEDULE FOR NIGHT SHIFT: 1800 hrs. – 0600 hrs. Required and chemicals must be used

1. 1830 hrs., 2030 hrs., 2300 hrs., and 0030 hrs.-
a. Mist Heavy Duty Cleaner (Green) on shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors. Wipe shower curtains, sinks, commodes/urinals, shower walls/floors, seat under front wall, restroom floors and partition wall with a clean cloth or doodle pad.
b. Disinfect shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors by misting with Germicidal Detergent (Red).
c. Wipe down all door handles, phones, Kiosks, irons, metal cabinets, tables and pencil sharpener with Germicidal Detergent (Red).
d. Wipe windows with Glass Cleaner (Blue).
e. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on tile floor. Change water as needed.
f. Mist all trashcans, including handles and recycling bins, with Heavy Duty Cleaner (Green) and let air dry.
g. Disinfect all trashcans and recycling bins by misting interior/exterior of trashcans and recycling bins with Germicidal Detergent (Red).
h. Wipe water fountains with Germicidal Detergent (Red).
i. Wipe exterior of ice machine, including ledge over lid, with Germicidal Detergent (Red).
j. Sweep conduit area between center row of bunks.
k. Wipe doorframes, ledges, and window ledges with Heavy Duty Cleaner (Green) on a clean cloth, then spray with Germicidal Detergent (Red) and allow to air dry.
l. Wipe entire exterior cabinets of washers and dryers, including around and under lids of washers, and laundry bag rack with Heavy Duty Cleaner (Green) on a clean cloth.
m. Wipe interior and exterior of microwave ovens with Heavy Duty Cleaner (Green) on a clean cloth.
n. Wipe walls down in dayroom, exterior walls of restroom, and outside of control room with Heavy Duty Cleaner (Green) on clean cloths.
o. Staff Restroom: Mist Heavy Duty Cleaner (Green) on sink, commode and floors/walls. Wipe sinks, commode, and floors/walls with clean cloth or doodle pad. Disinfect sink, commode, and floors/walls by misting with Germicidal Detergent (Red).
p. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down interior and exterior of ID box.
q. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down exterior phones.

2. 2030 hrs.
Janitors Closet: Wipe mop basin and floors/walls with Heavy Duty Cleaner (Green) sprayed on a cloth. Mist mop basin and floors/walls with Germicidal Detergent (Red). Clean ceiling vent with house broom.

3. 0030 hrs.
A. Spray shower/restroom ceiling with Heavy Duty Cleaner (Green) and scrub with a green or doodle pad; wipe dry with a towel on the doodle pad holder. Spray the ceiling with Germicidal Detergent (Red) and allow to dry.
B. Spray Heavy Duty Cleaner (Green) into each restroom floor drain, each restroom sink drain, and each sink overflow port. Spray pressurized water into each floor drain, sink drain and sink overflow port by using a towel around the end of the water hose spray nozzle. Spray Germicidal Detergent (Red) into each floor drain, sink drain and sink overflow port.
OFFENDER CELLS AND DORMITORIES

Chemicals used:
CorrectPac Red Germicidal Detergent (VCE)
CorrectPac Blue Glass Cleaner (VCE) *(as applicable)*
CorrectPac Green Heavy Duty Cleaner (VCE)

PPE Required:
Nitrile gloves
Eye protection

Offender cells and dormitories are to be cleaned and disinfected daily according to the following schedule and procedures using a cleaning cloth, sponge, or other approved item. When the word disinfect is used or the use of the CorrectPac Germicidal Detergent (Red) is referenced, it refers to the following procedure:

- **For hard non-porous surfaces** mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
- **Tray slots are to be disinfected after cleaning items have been retrieved from the offender when cell cleaning is completed. This is to be used in applications where offender removal from the cell is not possible.**
- **Strict control of cleaning materials should be maintained. Ensure return of all products and tools provided to offenders for the purposes of cleaning their living areas.**

3. At 0830 hrs., 1000 hrs., 1230 hrs., and 1515 hrs.:
   a. Mist CorrectPac Green Heavy Duty Cleaner on sinks, commodes, urinals, walls, and floors.
   b. Wipe sinks, commodes, urinals, walls, and floors with a clean cloth or approved item.
   c. Disinfect sinks, commodes, urinals, walls, and floors by misting these surfaces with Germicidal Detergent (Red).
   d. Wipe windows *(as applicable)* with CorrectPac Glass Cleaner (Blue).
   e. Wipe bed frames, non-porous bedding surfaces, doorframes, and window ledges *(as applicable)* with Heavy Duty Cleaner (Green) on a clean cloth. Spray with Germicidal Detergent (Red).
MEDICAL AREAS

Chemicals to be used:
   CorrectPac Heavy Duty Cleaner (VCE)
   CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
   Nitrile gloves
   Goggles/eye protection

Use the following procedures medical areas disinfected:

1. The waiting area in medical must be cleaned and disinfected at least once per hour while patients are being seen. The seats are to be lightly sprayed with Heavy Duty Cleaner (Green) and then lightly misted with Germicidal Detergent (Red) and allowed to air dry. Remember, this disinfectant kills germs and pathogens as it dries.

2. Clean and disinfect high touch areas, such as door handles and knobs, at least once per hour as long as patients are being seen. For this procedure, spray a clean paper towel with Heavy Duty Cleaner (Green) and wipe down the surface, followed by another clean towel with Germicidal Detergent (Red). Allow to air dry.

3. Medical staff are to use the disinfectant wipes they are provided with to clean patient areas in between visits; however, Heavy Duty Cleaner (Green) and Germicidal Detergent (Red) may also be used, as long as the Germicidal is allowed to air dry in between uses.

4. The infirmary area may be cleaned using the same procedure for housing units; however, in the event of an infectious outbreak, special PPE would be required for cleaning these areas if they have housed infected individuals.
   a. A mask (respiratory protection N-95 or higher), fluid-resistant gown, goggles or face shield, and nitrile gloves are required to be utilized for this procedure, as well as a biohazard bag.
   b. Spray down all nonporous surfaces with Heavy Duty Cleaner (Green) and wipe down using paper towels. Put used paper towels into biohazard bag.
   c. Lightly mist all areas with Germicidal Detergent (Red) and allow to air dry.
   d. Once you are finished, all disposable personal protective equipment (gown, gloves, and disposable respirator) should be placed into the biohazard bag. All reusable PPE (elastomeric filtering facepieces, reusable face shields, eye protection) must be properly decontaminated using the Germicidal Detergent (Red) to clean and disinfect.
   e. The biohazard bag must then be secured with the tie made available to you and placed into the biohazard box to be disposed of. It is extremely important that materials used during the sanitation process are immediately disposed of in a properly labeled biohazard bag.

A Night Medical Sanitation Crew will be established to disinfect the medical area during the night shift.
OUTSIDE OF THE SECURE PERIMETER:
AGribusiness, Buildings & Grounds, Warehouse, Water & Wastewater Treatment plants

Chemicals used:
   - CorrectPac Heavy Duty Cleaner (VCE)
   - CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
   - Nitrile gloves
   - Goggles/eye protection

Focus on cleaning and sanitizing all areas, especially those with shared equipment. Pallet jacks, forklifts, and tools are all included here. Please use the following procedure for your area.

1. For desk and office areas, please refer to the office cleaning procedure described above.

2. Pallet jacks and forklifts: Before each use and at least every 2 hours following, use the Heavy Duty Cleaner (Green) and a paper towel to wipe down all contact surfaces such as handles, seats, steering wheel, seat belt buckles, and controls. **Be absolutely certain the machine is completely powered off and in park prior to cleaning and Do NOT spray the machine or electronic components to avoid damaging them.**

3. Spray a fresh paper towel with Germicidal Detergent (Red) and wipe down again, ensure that the surfaces are wet but not saturated, allowing the machine to air dry.

4. Tools and tool handles should be cleaned and disinfected after each use, using the procedure described above. Spray the Heavy Duty Cleaner (Green) on a clean paper towel and wipe it down then use a clean paper towel to apply the Germicidal Detergent (Red), being careful with power tools to protect their electronic components. Be sure all power tools are powered down and remove batteries prior to cleaning.

5. For other types of heavy equipment, such as tractors, Gators, lawn tractors, etc., follow the procedure for pallet jacks and forklifts above.
PROPERTY AREAS

Chemicals used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection

Use the following procedure for cleaning and sanitizing the Property Area:
1. All hard surfaces, such as tables and counter tops, should be cleaned and disinfected at the start of the shift and every 2 hours afterward.

2. Spray Heavy Duty Cleaner (Green) onto tables, plastic chairs, and countertops and wipe down using a paper towel. Spray with the Germicidal Detergent (Red) and allow surfaces to air dry. Pay particular attention to the chairs used during receiving to ensure they are properly cleaned and disinfected.

3. For electronic items, such as the labeler and washing machine, spray a clean paper towel with the Heavy Duty Cleaner (Green) and wipe down all surfaces, followed by a light spray on a fresh paper towel with Germicidal Detergent (Red) and wipe down. Pay particular attention to frequently touched areas, like handles and buttons.

4. All carts must be cleaned and disinfected following usage. Spray down with the Heavy Duty Cleaner (Green) and wipe down with paper towels, followed by a light misting of the Germicidal Detergent (Red) and allow it to air dry.
SALLYPORT & FRONT ENTRY

Chemicals used:
  CorrectPac Heavy Duty Cleaner (VCE)
  CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
  Nitrile gloves
  Goggles/eye protection

Use the following procedures to clean and disinfect the Sallyport. Perform four times per day:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
6. For the X-ray machine, spray Heavy Duty Cleaner (Green) onto a clean paper towel and wipe off areas, being mindful of electronic components. Do not spray the machine itself. Pay special attentions to buttons and switches and other areas that are touched frequently. Then follow the same procedure using the Germicidal Detergent (Red) and a clean towel.
TOWERS

Chemicals used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
TRANSPORTATION VEHICLES

Chemicals used:
- Bleach or Sodium Hypochlorite (outside of secured perimeter)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

It will be the responsibility of the transporting officers to disinfect all department cars, vans, and buses before and after every transport.

Special attention should be paid to the surface areas of the vehicle, especially if the vehicle is used for an outside medical/hospital trip.

Any of the chemicals below can be utilized to disinfect the vehicles; however, the **dwell times vary**. The dwell time indicates the required time that the surface must remain wet in order for the chemical to be effective.

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<tr>
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All vehicles will be wiped down with the selected disinfectant and must remain wet during the dwell time. Any vehicle that goes through the HUB at SCI BEN will be disinfected between trips. Once the offenders are unloaded, the vehicle will be disinfected and remain empty until after the dwell time. Offender work details can be utilized to disinfect the vehicles when appropriate. Below are the specific instructions on how to disinfect the vehicles.

A. Vehicles with hard surface or non-porous or semi-porous (imitation leather) surfaces:
   1. Use the chemical of choice (use a 10:1 solution of bleach and water because of the reduced dwell time or follow manufacturer’s recommendations on commercial product used). If using bleach a new bleach mixture MUST be mixed just prior to its use as it is ineffective 24 hours after mixed.
   2. Using a properly labeled spray bottle, set the nozzle on a fine mist.
   3. Lightly mist the rear seat or the seat that was occupied by the offender.
   4. When completed, spray all rear surfaces of the front seat or the seat directly in front of the offender.
   5. Lightly mist the post or column and doors of the vehicle.
   6. Repeat the same process for the staff member locations in the front of the vehicle such as steering wheel, gear shifter, door handle inside and out, etc.).
   7. Let air dry. Do not wipe the surfaces unless using a disinfectant wipe.
8. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
9. Commercial disinfectant wipes can be used on all surfaces.
10. Use hand protection when performing these tasks.

B. Vehicles with porous seat coverings:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the offender. Do not saturate the seat. The seat must remain wet or moist only for the allotted dwell time.
   3. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.

C. Buses with Nonporous or semi-porous (imitation leather) surfaces:
   1. Using a garden sprayer containing the chemical of choice, lightly mist all areas from the head area to the floor.
   2. Ensure there is adequate ventilation on the bus when administering the solution.
   3. Surface must remain wet for the duration of the dwell time.
   4. Saturation of the areas is not necessary.
   5. If ponding or puddling occurs, reduce the amount of product being used.
   6. Do not spray electronic equipment. Any equipment of this type must be disinfected by hand using a solution on a disposable cloth or towel.
   7. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
   8. Allow all surfaces to air dry.

D. Buses with Cloth Seats:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the offender. Do not saturate the seat, the seat must remain wet or moist only for the allotted dwell time.
   3. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
March 23, 2020

MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Personal Hand Sanitizer, Staff

Effective immediately, staff will be allowed to bring a personal hand sanitizer, 10 ounces or smaller, into a secure facility. The employee will be responsible for bringing it out of the secure facility at the end of their work shift.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
MEDICAL EPIDEMIC / PANDEMIC
SANITATION PLAN

Version 2

VIRGINIA DEPARTMENT
OF CORRECTIONS
The purpose of the Medical Epidemic / Pandemic Sanitation Plan is to provide guidance all Virginia Department of Correction secure facilities on how to properly disinfect areas to prevent the spread of infectious diseases.

These guidelines provide minimal cleaning requirements to be followed. Additional cleanings should occur as needed. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

All Virginia Department of Corrections facilities must provide proper sanitation using approved chemicals and approved PPE. In addition, each facility will organize Offender Sanitation Crews, which may work outside their assigned housing unit on night shifts while complying with all security policies, procedures, and practices.

If you have any questions regarding the use of any chemicals, contact your Regional Safety Coordinator.
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ADMINISTRATION, OFFICES, AND SUPPORT AREAS

Chemicals to be used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

For the safety of staff and visitors, high traffic and high contact areas in administration and support buildings must be cleaned **four times per day**: 8:30 AM, 10:00 AM, 12:30 PM, and 3:30 PM.

The following areas and surfaces will be disinfected using this sanitation procedure:
- Front desk area and surfaces
- Visitation desk area and surfaces
- Filing cabinets, especially handles
- Countertops
- Phones, computer mouse, keyboard, etc.
- Door knobs and light switches
- Nonporous surfaces on desk chairs and lobby chairs
- Vinyl chairs
- Chair Arms, coffee tables, and any other frequently touched surfaces
- Conference tables
- X-Ray Bins
- Vending machines

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries and the surface is clean and free of dirt and oils.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface, do not wipe it off.

5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface, do not wipe it off.

**Do not spray cleaner directly on electronics as it may damage them.**
**Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.**
**Do not use these cleaners on floors.**
CONTROL BOOTH

Chemicals to be used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection

The following areas and surfaces will be disinfected using this sanitation procedure:
- Desks and counters
- Nonporous surfaces on chairs
- Electronic components of door controls (keys, buttons, switches, etc.)
- Door handles and light switches
- Phones and Radios

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas are damp. For sensitive surfaces such as controls first spray the Heavy Duty Cleaner on a rag or towel to clean.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface, do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface, do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
ACADEMIC & VOCATIONAL CLASSROOMS

Chemicals to be used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection

Classrooms, including vocational classrooms, are high use, high contact areas and must be cleaned after each class or group.

The following areas and surfaces will be disinfected using this sanitation procedure:
- Desks and counters
- Nonporous surfaces on chairs
- Electronic components of door controls (keys, buttons, switches, etc.)
- Door handles and light switches
- Any computer keyboards/mice used, book covers, pencil sharpeners and other frequently touched surfaces

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface, do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface, do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
FOOD SERVICE AREAS

Chemicals to be used:
   Native Green SD Disinfecting Cleaner (#930495)
   Native Green SD FS Sanitizer (#930490)

Definitions

“Disinfecting” works by using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces. Therefore, killing germs remaining on a surface after cleaning further reduces any risk of spreading infection (CDC, 2020).

"Food-contact surface" means a surface of equipment or a utensil with which food normally comes into contact, or a surface of equipment or a utensil from which food may drain, drip, or splash into a food, or onto a surface normally in contact with food (Code of Virginia, 2020).

"Utensil" means a food-contact implement or container used in the storage, preparation, transportation, dispensing, sale, or service of food, such as kitchenware or tableware that is multiuse, single service, or single use; gloves used in contact with food; temperature sensing probes of food temperature measuring devices and probe-type price or identification tags used in contact with food (Code of Virginia, 2020).

1. All food-contact surfaces in the kitchen, such as counters, prep areas, cutting boards, serving areas, as well as tables and seats in the dining halls, must be disinfected utilizing the Native Green SD Disinfecting Cleaner. This should be done multiple times throughout each shift as time and schedule allows.

2. Mist Native Green SD Disinfecting Cleaner onto surfaces. Let stand for 5 minutes. Dip all utensils in Native Green SD Disinfecting Cleaner. Follow pre-existing manual or mechanical warewashing, rinsing, and sanitation processes as normal.

3. Dining hall areas should be cleaned and disinfected in between each chow grouping to ensure surfaces remain disinfected for the new group.

4. High contact areas and surfaces, such as oven handles, sink handles, faucets, etc., must be wiped down with Native Green SD Disinfecting Cleaner as often as schedule and time allows.

5. During chow, an offender will disinfect each table with Native Green SD Food Service sanitizer once it is empty before allowing other offenders to use that table.

6. A Night Food Service Sanitation Crew will be established to disinfect the food service area during the night shift.

7. Hand washing is also necessary and mandatory. Hands should be washed anytime a food service worker changes tasks. For example, if you stop chopping vegetables to go change the trash, hands must be washed before going back to chopping vegetables. You also
absolutely must wash your hands after touching your hair or face. Hand washing in food service is paramount.

**CODE REQUIREMENTS**

**12VAC5-421-1650. Manual Warewashing Equipment, Wash Solution Temperature:**
The temperature of the wash solution in manual warewashing equipment shall be maintained at not less than 110°F (43°C) or the temperature specified on the cleaning agent manufacturer's label instructions.

**12VAC5-421-1660. Mechanical Warewashing Equipment, Wash Solution Temperature:**
A. The temperature of the wash solution in spray type warewashers that use hot water to sanitize shall not be less than:
1. For a stationary rack, single temperature machine, 165°F (74°C);
2. For a stationary rack, dual temperature machine, 150°F (66°C);
3. For a single tank, conveyor, dual temperature machine, 160°F (71°C); or
B. The temperature of the wash solution in spray-type warewashers that use chemicals to sanitize shall not be less than 120°F (49°C)

**12VAC5-421-1900. Hot Water and Chemical:**
After being cleaned, equipment food-contact surfaces and utensils shall be sanitized in:
1. Hot water manual operations by immersion for at least 30 seconds as specified under 12VAC5-421-1670;
2. Hot water mechanical operations by being cycled through equipment that is set up as specified under 12VAC5-421-1610, 12VAC5-421-1680, and 12VAC5-421-1690 and achieving a utensil surface temperature of 160°F (71°C) as measured by an irreversible registering temperature indicator; or,
3. A contact time of at least 30 seconds for other chemical sanitizing solutions.

**Food Service Manual Chapter 6. Page #14, paragraph M:**
All eating and drinking utensils and, when required, the food-contact surfaces of all other equipment and utensils should be sanitized by one of the following methods:
c. Immersion for at least 30 seconds in a clean solution containing 200 ppm of Quaternary Ammonium as indicated on the manufacturer’s label (NATIVE GREEN #12 SANITIZER).
GYM & OUTSIDE RECREATION AREAS

Chemicals to be used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection

Gym equipment harbors dangerous viruses and bacteria, such as MRSA, that can spread by contact. Use the following procedure to keep gym equipment clean and disinfected.

1. Offenders will disinfect equipment after each use and throughout each recreation period.

2. All vinyl parts of the equipment must be cleaned and disinfected after each use. This includes the seats and protective padding.

3. All other surfaces that are touched by the user when utilizing the machine should be cleaned and disinfected as well. This included handles, bars, grips, anything hands or other body parts touch.

4. Noncontact parts of the machine should be cleaned four times daily using the procedure described below, including surfaces like metal frame components.

5. Other recreation equipment, such as basketballs, should be disinfected as well using the Red Germicidal cleaner following each use and allowed to air dry.

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.

2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.

3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.

4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface, do not wipe it off.

5. For hard non-porous surfaces, mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface. Do not wipe it off.
Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
HOUSING UNITS

Chemicals used:
- CorrectPac Red Germicidal Detergent (VCE)
- CorrectPac Blue Glass Cleaner (VCE)
- CorrectPac Green Heavy Duty Cleaner (VCE)
- CorrectPac Yellow Floor Cleaner (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

Housing Units should be cleaned using the following schedule and procedures. When the word disinfect is used or the use of the CorrectPac Germicidal Detergent (Red) is referenced it refers to the following procedure:

- **For sensitive surfaces (such as electronics)** mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface, do not wipe it off.
- **For hard non-porous surfaces** mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface, do not wipe it off.

1. At 0830 hrs., 1000 hrs., 1230 hrs., and 1515 hrs.:
   a. Mist CorrectPac Green Heavy Duty Cleaner on shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors.
   b. Wipe shower curtains, sinks, commodes/urinals, shower walls/floors, seat under front wall, restroom floors and partition walls with a clean cloth or doodle pad.
   c. Disinfect shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors by misting these surfaces with Germicidal Detergent (Red).
   d. Wipe windows with CorrectPac Glass Cleaner (Blue).
   e. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on tile floor. Change water as needed.
   f. Wipe all trashcans, including handles, and recycling bins with Heavy Duty Cleaner (Green) on a cloth.
   g. Disinfect all trashcans and recycling bins by misting interior/exterior of trashcans and recycling bins with Heavy Duty Cleaner (Green) followed with the Germicidal Detergent (Red).
   h. Wipe water fountain with Germicidal Detergent (Red).
   i. Wipe exterior of ice machine, including edge over lid, with Germicidal Detergent (Red).
   j. Sweep conduit area between center row of bunks.
   k. Wipe doorframe, ledges, and window ledges with Heavy Duty Cleaner (Green) on a clean cloth. Spray with Germicidal Detergent (Red).
1. Wipe entire exterior cabinets of washers and dryers, including around and under lids of washers, and laundry bag rack with Heavy Duty Cleaner (Green) on a clean cloth followed with the CorrectPac Germicidal Detergent (Red).

m. Wipe interior and exterior of microwave ovens with Heavy Duty Cleaner (Green) on a clean cloth. Disinfect exterior key pad and handle of microwave with the CorrectPac Germicidal Detergent (Red).

n. Wipe walls down in dayroom, exterior walls of restroom, and outside of control room with Heavy Duty Cleaner (Green) on a clean cloth.

o. Wipe Pull-up Bar Machine with Heavy Duty Cleaner (Green) on a clean cloth, then mist exterior of Pull-up Bar Machine with Germicidal Detergent (Red).

p. Staff Restroom: Mist Heavy Duty Cleaner (Green) on sink, commode and floors/walls. Wipe sinks, commode, and floors/walls with clean cloth or doodle pad. Disinfect sink, commode, and floors/walls by misting with Germicidal Detergent (Red).

q. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down interior and exterior of ID box.

r. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down exterior phones.

s. Wipe exterior of washer and dryers with Heavy Duty Cleaner (Green) on a clean cloth. Disinfect with the CorrectPac Germicidal Detergent (Red).

2. 1000 hrs.

a. Janitors Closet: Clean mop basin and floors/walls with Heavy Duty Cleaner (Green) on a cloth. Mist mop basin and floors/walls with Germicidal Detergent (Red). Clean ceiling vent with house broom.

b. CIRC Offices: Sweep and damp mop floors. Wipe windows with Glass Cleaner. Wipe walls with Heavy Duty Cleaner (Green). Empty trash.

B. HOUSING UNIT CLEANING AND SANITATION SCHEDULE FOR NIGHT SHIFT: 1800 hrs. – 0600 hrs. Required and chemicals must be used

1. 1830 hrs., 2030 hrs., 2300 hrs., and 0030 hrs.-

a. Mist Heavy Duty Cleaner (Green) on shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors. Wipe shower curtains, sinks, commodes/urinals, shower walls/floors, seat under front wall, restroom floors and partition wall with a clean cloth or doodle pad.

b. Disinfect shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors by misting with Germicidal Detergent (Red).

c. Wipe down all door handles, phones, Kiosks, irons, metal cabinets, tables and pencil sharpener with Germicidal Detergent (Red).

d. Wipe windows with Glass Cleaner (Blue).

e. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on tile floor. Change water as needed.

f. Mist all trashcans, including handles and recycling bins, with Heavy Duty Cleaner (Green) and let air dry.

g. Disinfect all trashcans and recycling bins by misting interior/exterior of trashcans and recycling bins with Germicidal Detergent (Red).

h. Wipe water fountains with Germicidal Detergent (Red).

i. Wipe exterior of ice machine, including ledge over lid, with Germicidal Detergent (Red).
j. Sweep conduit area between center row of bunks.
k. Wipe doorframes, ledges, and window ledges with Heavy Duty Cleaner (Green) on a clean cloth, then spray with Germicidal Detergent (Red) and allow to air dry.
l. Wipe entire exterior cabinets of washers and dryers, including around and under lids of washers, and laundry bag rack with Heavy Duty Cleaner (Green) on a clean cloth.
m. Wipe interior and exterior of microwave ovens with Heavy Duty Cleaner (Green) on a clean cloth.
n. Wipe walls down in dayroom, exterior walls of restroom, and outside of control room with Heavy Duty Cleaner (Green) on clean cloths.
o. Staff Restroom: Mist Heavy Duty Cleaner (Green) on sink, commode and floors/walls. Wipe sinks, commode, and floors/walls with clean cloth or doodle pad. Disinfect sink, commode, and floors/walls by misting with Germicidal Detergent (Red).
p. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down interior and exterior of ID box.
q. Spray Germicidal Detergent (Red) onto a clean cloth and wipe down exterior phones.

2. 2030 hrs.
Janitors Closet: Wipe mop basin and floors/walls with Heavy Duty Cleaner (Green) sprayed on a cloth. Mist mop basin and floors/walls with Germicidal Detergent (Red). Clean ceiling vent with house broom.

3. 0030 hrs.
   A. Spray shower/restroom ceiling with Heavy Duty Cleaner (Green) and scrub with a green or doodle pad; wipe dry with a towel on the doodle pad holder. Spray the ceiling with Germicidal Detergent (Red) and allow to dry.
   B. Spray Heavy Duty Cleaner (Green) into each restroom floor drain, each restroom sink drain, and each sink overflow port. Spray pressurized water into each floor drain, sink drain and sink overflow port by using a towel around the end of the water hose spray nozzle. Spray Germicidal Detergent (Red) into each floor drain, sink drain and sink overflow port.
MEDICAL AREAS

Chemicals to be used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection
Respiratory protection (N-95 or higher)

Use the following procedures medical areas disinfected:

1. The waiting area in medical must be cleaned and disinfected at least once per hour while patients are being seen. The seats are to be lightly sprayed with Heavy Duty Cleaner (Green) and then lightly misted with Germicidal Detergent (Red) and allowed to air dry. Remember, this disinfectant kills germs and pathogens as it dries.

2. Clean and disinfect high touch areas, such as door handles and knobs, at least once per hour as long as patients are being seen. For this procedure, spray a clean paper towel with Heavy Duty Cleaner (Green) and wipe down the surface, followed by another clean towel with Germicidal Detergent (Red). Allow to air dry.

3. Medical staff are to use the disinfectant wipes they are provided with to clean patient areas in between visits; however, Heavy Duty Cleaner (Green) and Germicidal Detergent (Red) may also be used, as long as the Germicidal is allowed to air dry in between uses.

4. Medical areas may be cleaned using the same procedure for housing units; however, in the event of an infectious outbreak, special PPE would be required for cleaning these areas if they have housed infected individuals.
   a. A mask (respiratory protection N-95 or higher), fluid-resistant gown, goggles or face shield, and nitrile gloves are required to be utilized for this procedure, as well as a biohazard bag.
   b. Spray down all nonporous surfaces with Heavy Duty Cleaner (Green) and wipe down using paper towels. Put used paper towels into biohazard bag.
   c. Lightly mist all areas with Germicidal Detergent (Red) and allow to air dry.
   d. Once you are finished, all disposable personal protective equipment (gown, gloves, and disposable respirator) should be placed into the biohazard bag. All reusable PPE (elastomeric filtering face-pieces, reusable face shields, eye protection) must be properly decontaminated using the Germicidal Detergent (Red) to clean and disinfect.
   e. The biohazard bag must then be secured with the tie made available to you and placed into the biohazard box to be disposed of. It is extremely important that materials used during the sanitation process are immediately disposed of in a properly labeled biohazard bag.
   f. A Night Medical Sanitation Crew will be established to disinfect the medical area during the night shift.
OUTSIDE OF THE SECURE PERIMETER:
AGRIBUSINESS, BUILDINGS & GROUNDS, WAREHOUSE, WATER & WASTEWATER TREATMENT PLANTS

Chemicals used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

Focus on cleaning and sanitizing all areas, especially those with shared equipment. Pallet jacks, forklifts, and tools are all included here. Please use the following procedure for your area.

1. For desk and office areas, please refer to the office cleaning procedure described above.

2. Pallet jacks and forklifts: Before each use and at least every 2 hours following, use the Heavy Duty Cleaner (Green) and a paper towel to wipe down all contact surfaces such as handles, seats, steering wheel, seat belt buckles, and controls. **Be absolutely certain the machine is completely powered off and in park prior to cleaning and Do NOT spray the machine or electronic components to avoid damaging them.**

3. Spray a fresh paper towel with Germicidal Detergent (Red) and wipe down again, ensuring that the surfaces are wet but not saturated, allowing the machine to air dry.

4. Tools and tool handles should be cleaned and disinfected after each use, using the procedure described above. Spray the Heavy Duty Cleaner (Green) on a clean paper towel and wipe it down then use a clean paper towel to apply the Germicidal Detergent (Red), being careful with power tools to protect their electronic components. Be sure all power tools are powered down and remove batteries prior to cleaning.

5. For other types of heavy equipment, such as tractors, Gators, lawn tractors, etc., follow the procedure for pallet jacks and forklifts above.
PROPERTY AREAS

Chemicals used:
CorrectPac Heavy Duty Cleaner (VCE)
CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
Nitrile gloves
Goggles/eye protection

Use the following procedure for cleaning and sanitizing the Property Area:
1. All hard surfaces, such as tables and counter tops, should be cleaned and disinfected at the start of the shift and every 2 hours afterward.

2. Spray Heavy Duty Cleaner (Green) onto tables, plastic chairs, and countertops and wipe down using a paper towel. Spray with the Germicidal Detergent (Red) and allow surfaces to air dry. Pay particular attention to the chairs used during receiving to ensure they are properly cleaned and disinfected.

3. For electronic items, such as the labeler and washing machine, spray a clean paper towel with the Heavy Duty Cleaner (Green) and wipe down all surfaces, followed by a light spray on a fresh paper towel with Germicidal Detergent (Red) and wipe down. Pay particular attention to frequently touched areas, like handles and buttons.

4. All carts must be cleaned and disinfected following usage. Spray down with the Heavy Duty Cleaner (Green) and wipe down with paper towels, followed by a light misting of the Germicidal Detergent (Red) and allow it to air dry.
SALLYPORT & FRONT ENTRY

Chemicals used:
   CorrectPac Heavy Duty Cleaner (VCE)
   CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
   Nitrile gloves
   Goggles/eye protection

Use the following procedures to clean and disinfect the Sallyport. Perform four times per day:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface, do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface, do not wipe it off.
6. For the X-ray machine, spray Heavy Duty Cleaner (Green) onto a clean paper towel and wipe off areas, being mindful of electronic components. Do not spray the machine itself. Pay special attentions to buttons and switches and other areas that are touched frequently. Then follow the same procedure using the Germicidal Detergent (Red) and a clean towel.
Chemicals used:
- CorrectPac Heavy Duty Cleaner (VCE)
- CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
- Nitrile gloves
- Goggles/eye protection

Use the following procedure to clean and disinfect this area:

1. Remove loose items from area to be cleaned.
2. Mist surfaces with CorrectPac Heavy Duty Cleaner (Green) making sure all areas damp.
3. Using a paper towel or a reusable cloth designated for only sanitation, wipe down the entire surface until all cleaner dries.
4. For sensitive surfaces (such as electronics) mist CorrectPac Germicidal Detergent (Red) onto a new cloth or paper towel. It is important not to saturate the towel. Thoroughly wipe the surface until completely damp. Let the Germicidal Detergent air dry on the surface, do not wipe it off.
5. For hard non-porous surfaces mist CorrectPac Germicidal Detergent (Red) directly onto the surface to be disinfected. Let the Germicidal Detergent air dry on the surface, do not wipe it off.

Do not spray cleaner directly on electronics as it may damage them.
Do not saturate surfaces. This cleaner is designed to disinfect as it dries. Use a light mist.
Do not use these cleaners on floors.
TRANSPORTATION VEHICLES

Chemicals used:
   - Bleach or Sodium Hypochlorite (outside of secured perimeter)
   - CorrectPac Red Germicidal Detergent (VCE)

PPE Required:
   - Nitrile gloves
   - Goggles/eye protection

It will be the responsibility of the transporting officers to disinfect all department cars, vans, and buses before and after every transport.

Special attention should be paid to the surface areas of the vehicle, especially if the vehicle is used for an outside medical/hospital trip.

Any of the chemicals below can be utilized to disinfect the vehicles; however, the dwell times vary. The dwell time indicates the required time that the surface must remain wet in order for the chemical to be effective.

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Dwell Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct Pac Germicidal (Red)</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Bleach or Sodium Hypochlorite</td>
<td>See manufacturer’s recommendation</td>
</tr>
<tr>
<td>Disinfectant Wipe</td>
<td>See manufacturer’s recommendation</td>
</tr>
</tbody>
</table>

All vehicles will be wiped down with the selected disinfectant and must remain wet during the dwell time. Any vehicle that goes through the HUB at SCI BEN will be disinfected between trips. Once the offenders are unloaded, the vehicle will be disinfected and remain empty until after the dwell time. Offender work details can be utilized to disinfect the vehicles when appropriate. Below are the specific instructions on how to disinfect the vehicles.

A. Vehicles with hard surface or non-porous or semi-porous (imitation leather) surfaces:
   1. Use the chemical of choice (use a 10:1 solution of bleach and water because of the reduced dwell time or follow manufacturer’s recommendations on commercial product used). If using bleach a new bleach mixture MUST be mixed just prior to its use as it is ineffective 24 hours after mixed.
   2. Using a properly labeled spray bottle, set the nozzle on a fine mist.
   3. Lightly mist the rear seat or the seat that was occupied by the offender.
   4. When completed, spray all rear surfaces of the front seat or the seat directly in front of the offender.
   5. Lightly mist the post or column and doors of the vehicle.
   6. Repeat the same process for the staff member locations in the front of the vehicle such as steering wheel, gear shifter, door handle inside and out, etc.).
   7. Let air dry. Do not wipe the surfaces unless using a disinfectant wipe.
8. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
9. Commercial disinfectant wipes can be used on all surfaces.
10. Use hand protection when performing these tasks.

B. Vehicles with porous seat coverings:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the offender. Do not saturate the seat. The seat must remain wet or moist only for the allotted dwell time.
   3. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.

C. Buses with Nonporous or semi-porous (imitation leather) surfaces:
   1. Using a garden sprayer containing the chemical of choice, lightly mist all areas from the head area to the floor.
   2. Ensure there is adequate ventilation on the bus when administering the solution.
   3. Surface must remain wet for the duration of the dwell time.
   4. Saturation of the areas is not necessary.
   5. If ponding or puddling occurs, reduce the amount of product being used.
   6. Do not spray electronic equipment. Any equipment of this type must be disinfected by hand using a solution on a disposable cloth or towel.
   7. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
   8. Allow all surfaces to air dry.

D. Buses with Cloth Seats:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the offender. Do not saturate the seat, the seat must remain wet or moist only for the allotted dwell time.
   3. FOLLOW THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
March 17, 2020

MEMORANDUM

To: Wardens & Superintendents
From: A. David Robinson
Chief of Corrections Operations

Subject: VADOC COVID-19 Response – Offender Mail Handling of Loose Publications

As we continue under the State of Emergency and to prevent the potential spread of COVID-19 and reduce the potential risk of exposure, effective immediately, offender mail handling at all facilities will incorporate these changes with regard to loose publications.

Loose publication communication such as newspapers, magazines, newsletters or other periodicals, brochures, catalogs, or pamphlets that can be subscribed to or ordered from a vendor that are:

- Not sealed in a box and not subject to x-ray scanning
- Typically screened by visual and physical examination

The procedural changes are:

1. Staff handling loose publications will take the precaution to wear appropriate protective gear.
2. Areas where handling of loose publications takes place will be cleaned and sanitized on an ongoing basis.
3. Loose publications will be held for three days before being delivered to offenders.

The three-day delay is necessary so that any possible contamination that occurred in the handling of loose publications prior to receipt of at a facility will have dissipated.

cc: Joseph W. Walters, Deputy Chief of Administration
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
March 16, 2020

MEMORANDUM

To: All Unit Heads
From: A. David Robinson
Chief of Corrections Operations
Subject: Medical Epidemic/Pandemic Sanitation Plan

As we continue to prevent the potential spread of COVID-19 and reduce the potential risk of exposure, attached is VADOC Medical Epidemic/Pandemic Sanitation Plan.

The purpose of this is to enhance your current sanitation plan with guidance and structure to all Virginia Department of Correction Facilities in the proper sanitation to be proactive and prevent the spread of infectious diseases. The guidelines are general in recommendation and are subject to be modified or increased as additional information is received regarding infectious disease protocol.

Please ensure these recommended guidelines are implemented.

Attachment

cc: Joseph W. Walters, Deputy Chief of Administration
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
MEDICAL EPIDEMIC / PANDEMIC
SANITATION PLAN

VIRGINIA DEPARTMENT OF CORRECTIONS
PURPOSE: The purpose of the Sanitation Scheduling Plan is to provide guidance and structure to all Virginia Department of Correction Facilities in the proper sanitation to be proactive and prevent the spread of infectious diseases. The guidelines are general in recommendation but there may be additional areas or items in specific facilities that will need attention. The guidelines provide the minimum amounts of times daily cleaning may be completed but you may conduct additional cleanings. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

OBJECTIVE: To ensure all Virginia Department of Corrections Facilities ensure accurate sanitation while utilizing approve chemicals and approved Personal Protective Equipment. In addition, each facility will organize Offender Sanitation Crews, which may work outside their assigned housing unit on night shifts while complying with all security policy, procedure and practice.

I. ADMINISTRATION / SUPPORT BUILDINGS CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. The administration building is the face of our institution, as it is what all our staff and visitors see first. Because of this, it is imperative that we keep it clean and sanitized, not just for looks but also for the continued safety of our staff and visitors. With this being such a high traffic area, it must be cleaned frequently. Therefore, this area will be cleaned four times a day: 830 A, 1000 A, 1230 P, and 330 P. Please use the following procedure when cleaning the administration area:
   1. Remove all easily removed items from front entry desk. This includes paperwork, file folders, anything you can move somewhere else temporarily.
   2. Using SD 18 Disinfectant, spray down desk with a mist pattern, being certain to wet all areas of desk but do not saturate it.
   3. Using a paper towel or rag, wipe down desk until all cleaner has dried and you have cleaned every area.
   4. Next, using some CorrectPac Germicidal Red Cleaner, spray a mist pattern on a new rag or paper towel. It is important not to saturate the towel. Use this to wipe down items you touch often,
such as your computer mouse, phone, keyboard, etc. Ensure you do not spray the cleaner directly on electronics, as it may damage them.

5. Now, mist some red germicidal cleaner on the desk area you just cleaned. Again, do not saturate the area. A light mist works best as this cleaner is not designed to be wiped off, it should be allowed to dry on the surface, sanitizing as it does so.

6. Filing cabinets, counter tops, and other hard, nonporous surfaces need cleaned in a similar fashion, sprayed with SD 18 cleaner, wiped down, and then misted with Red Germicidal.

7. Also, clean the visitation desk area, utilizing the same procedure as above.

8. All chairs need cleaned and sanitized. Using the SD 18 cleaner, mist some on a clean rag or paper towel. Use this to clean all hard, nonporous parts of the desk chairs and the chairs in the lobby. Vinyl chairs can be sprayed directly with the SD 18 cleaner mist setting and wiped down, just do not oversaturate. Follow up with a light misting of the Red Germicidal and allow it to dry. Cloth chairs can also be disinfected with the Red Germicidal, just use a light mist, do not oversaturate.

9. The x-ray bins must also be cleaned and sanitized regularly. To perform this procedure, mist them down with the SD 18 cleaner, wipe them off with a clean paper towel, followed by a light misting of the red germicidal, and allow them to dry. These are of particular importance as they pass through many hands throughout the day.

10. All doorknobs should be cleaned utilizing the same process as described for electronics above, lightly spray a clean rag or paper towel with Red cleaner and use it to wipe them all down.

11. Clean the Key Watch system using a paper towel lightly misted with Red Germicidal, paying particular attention to the keys and the hand scanner, as these are frequently touched items. Again, do not directly spray the system.

12. Clean Vending machines using a paper towel lightly misted with Red Germicidal, paying particular attention to the keys and the hand scanner, as these are frequently touched items. Again, do not directly spray the system.

13. Conference room tables also must be cleaned and sanitized using the same procedure for desks, but the scheduling might vary along with the meeting schedule.

14. High traffic areas coming inside/outside/waiting areas of facility with high pedestrian movement will have an offender or staff member sanitizing door handles constantly.

II. CONTROL BOOTH CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Please utilize the following procedure to clean and sanitize the control room. This must be done four times per shift.
1. Remove all easily removed items from desk/counter. Spray SD disinfectant onto surface and wipe clean with a paper towel. Follow up with light mist of Red Germicidal cleaner and allow it to air dry.
2. Spray SD 18 onto clean paper towel. Use this to wipe down electronic components of door controls, such as keys, buttons, and switches. It’s important not to spray the equipment itself, as this may damage it. Follow this up with a clean paper towel and Red Germicidal cleaner, wiping it down and allowing it to air dry.
3. Pay particular attention to frequently touched areas, such as the controls and door handles.

III. DEPARTMENT OF EDUCATION CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Since our classrooms are often shared by many throughout the course of a day, cleaning and sanitation in this department is of the utmost concern. Included in this are your vocational classrooms as well. Please use the following procedure to clean and sanitize your classroom areas.
   1. All shared items, such as desks, tables, chairs, etc. must be cleaned and sanitized between each class period. Attempt to utilize the time between periods to get this accomplished. Mist all hard surfaces with the SD 18 Disinfecting Cleaner and wipe down using a paper towel. Next, lightly mist all hard surfaces with the Red Germicidal cleaner, being careful not to oversaturate. Allow it to air dry, as this chemical kills germs as it dries. Follow the procedure mentioned for office cleaning for teacher’s/admin desks as well, a minimum of once per day, or more depending on heavy traffic or usage.
   2. Be careful not to get either cleaner on the floor, as they include detergents, which will make the floor slippery until it dries. If you do accidently get some on the floor, do not worry just quickly clean it up with a paper towel and allow it to dry.

IV. FOOD SERVICE AREA CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 12 Disinfectant

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection
C. All food contact surfaces in the kitchen, such as counters, prep areas, cutting boards, serving areas, as well as tables and seats in the dining halls must be sanitized utilizing the Yellow SD 12. This should be done multiple times throughout each shift as time and schedule allows. The sanitizer can be lightly misted onto the surfaces to be cleaned and then wiped down with a rag or paper towel and allowed to air dry. Dining hall areas should be cleaned and sanitized in between each chow grouping to ensure surfaces remain sanitized for the new group coming in.

D. High contact areas, such as oven handles, sink handles and facets, etc. also must be wiped down with SD 12 as often as schedule and time allows to maintain a sanitized facility. Don’t forget ice scoops also must be sanitized with the the dishes every four hours.

E. Hand washing is also necessary. Hands should be washed anytime a food service worker changes tasks. For example, if you stop chopping vegetables to go change the trash, hands must be washed before going back to chop vegetables. You also absolutely must wash your hands after touching your hair or face. Hand washing in food service is paramount.

F. During chow, an offender will sanitize each table once it is empty before allowing other offenders to use that table.

G. A Night Food Service Sanitation Crew will be established to sanitize the medical area during the night shift.

V. GYM / OUTSIDE RECREATION EQUIPMENT CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Gym equipment is of particular importance when it comes to sanitation, as it is well-known to harbor dangerous bacteria such as MRSA, as well as other bacteria and viruses that can spread by contact. Use the following procedure to keep our gym equipment clean and sanitized.

1. Offenders will be assigned the duty of sanitizing equipment between each offender and ongoing during each recreation period.
2. All vinyl parts of the equipment must be cleaned and sanitized after each use. This includes the seats and protective padding. Lightly mist the vinyl areas down with SD 18 Disinfecting Cleaner and wipe down with a paper towel. Then mist with CorrectPac Red Germicidal and allow to air dry. Do not wipe this chemical off, it’s meant to kill germs as it dries.
3. All other surfaces that are touched by the user when utilizing the machine should be cleaned and sanitized as well. This included handles, bars, grips, basically anything your hands or other body parts touch. Use the SD 18 Disinfecting Cleaner to spray and wipe down the machine with paper towels, then spray a light mist of the Red Germicidal and allow it to air dry, just as above.
4. Other, generally noncontact parts of the machine should be cleaned four times daily, using the procedure described above. This would include things like the metal frame components.
5. Other recreation equipment should be sanitized as well. Shared equipment like basketballs for example, must be sanitized using the Red Germicidal cleaner following each use and allowed to air dry.
VI. HOUSING UNIT CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Blue Glass Cleaner
   3. CorrectPac Green Heavy Duty Cleaner
   4. CorrectPac Yellow Floor Cleaner

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. HOUSING UNIT CLEANING AND SANITATION SCHEDULE FOR DAY SHIFT: 0600 hrs. - 1800 hrs. Required and chemicals must be used

1. 0830 hrs., 1000 hrs., 1230 hrs., and 1515 hrs.-
   a. Spray Heavy Duty Cleaner with mist pattern on both shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors.
   b. Clean both shower curtains (rags), sinks (rags), commodes/urinals (rags/brush), shower walls/floors (doodle pad & clean mop), seat under front wall (rags), restroom floors (doodle pad & clean mop) and partition wall (doodle pad).
   c. Disinfect both shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors. Spray these areas with mist pattern with SD Disinfectant.
   d. Wipe down all door handles, phones, Kiosk, irons, metal cabinets, tables and pencil sharpener with SD Disinfectant sprayed on rag. Ensure that these areas are wet, but not saturated.
   e. Clean windows with Glass Cleaner
   f. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on blue tile floor. Change water as needed.
   g. Clean all trashcans, including handles and recycling bins (rags) with Heavy Duty Cleaner.
   h. Disinfect all trashcans and recycling bins. Spray interior/exterior of trashcans and recycling bins using mist pattern with SD Disinfectant.
   i. Clean water fountain (rags) with Heavy Duty Cleaner.
   j. Clean exterior of ice machine (rags), ledge over lid, with Heavy Duty Cleaner.
   k. Sweep conduit area between center row of bunks.
   l. Clean doorframe, ledges, and window ledges (rags) with Heavy Duty Cleaner.
   m. Clean entire cabinets of washers and dryers (rags), including around and under lids of washers and laundry bag rack with Heavy Duty Cleaner.
   n. Clean interior and exterior of microwave ovens (rags) with Heavy Duty Cleaner.
   o. Wipe walls down in dayroom (rags), exterior walls of restroom (rags) and outside of control room (rags) with Heavy Duty Cleaner.
   q. Staff Restroom- Spray Heavy Duty Cleaner with mist pattern on sink, commode and floors/walls. Clean sinks (rags), commode (rags/brush) and floors/walls (doodle pad & clean...
mop). Disinfect sink, commode, and floors/walls. Spray areas with mist pattern with SD Disinfectant.

r. Wipe down interior and exterior of ID box with SD Disinfectant sprayed on rag. Ensure that these areas are wet, but not saturated.
s. Wipe down exterior phones with SD Disinfectant sprayed on rag. Ensure that these areas are wet, but not saturated.

2. 1000 hrs.
   a. Janitors Closet- Clean mop basin (rags) and floors/walls (rags) with Heavy Duty Cleaner. Spray mop basin and floors/walls with disinfectant using a mist pattern with SD Disinfectant. Clean ceiling vent with house broom.
   b. CIRC Offices- Sweep and damp mop floors. Clean windows with Glass Cleaner. Clean walls (rags) with Heavy Duty Cleaner. Empty trash.

B. HOUSING UNIT CLEANING AND SANITATION SCHEDULE FOR NIGHT SHIFT: 1800 hrs. – 0600 hrs. Required and chemicals must be used

1. 1830 hrs., 2030 hrs., 2300 hrs., and 0030 hrs.-
   a. Spray Heavy Duty Cleaner with mist pattern on both shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors. Clean both shower curtains (rags), sinks (rags), commodes/urinals (rags/brush), shower walls/floors (doodle pad & clean mop), seat under front wall (rags), restroom floors (doodle pad & clean mop) and partition wall (doodle pad).
   b. Disinfect both shower curtains, sinks, commodes, urinals, shower walls/floors, seat under front wall and restroom floors. Spray these areas using mist pattern with SD Disinfectant.
   c. Wipe down all door handles, phones, Kiosk, irons, metal cabinets, tables and pencil sharpener with SD Disinfectant sprayed on rag. Ensure that these areas are wet, but not saturated.
   d. Clean windows with Glass Cleaner
   e. Sweep tile floors and foyers. Damp mop tile floors and foyers. Use cold water and clean mop heads only on blue tile floor. Change water as needed.
   f. Clean all trashcans, including handles and recycling bins (rags) with Heavy Duty Cleaner.
   g. Disinfect all trashcans and recycling bins. Spray interior/exterior of trashcans and recycling bins using mist pattern with SD Disinfectant.
   h. Clean water fountain (rags) with Heavy Duty Cleaner.
   i. Clean exterior of ice machine (rags), ledge over lid, with Heavy Duty Cleaner.
   j. Sweep conduit area between center row of bunks.
   k. Clean doorframe, ledges, and window ledges (rags) with Heavy Duty Cleaner.
   l. Clean entire cabinets of washers and dryers (rags), including around and under lids of washers and laundry bag rack with Heavy Duty Cleaner.
   m. Clean interior and exterior of microwave ovens (rags) with Heavy Duty Cleaner.
   n. Wipe walls down in dayroom (rags), exterior walls of restroom (rags) and outside of control room (rags) with Heavy Duty Cleaner.
   o. Staff Restroom- Spray Heavy Duty Cleaner with mist pattern on sink, commode and floors/walls. Clean sinks (rags), commode (rags/brush) and floors/walls (doodle pad & clean mop). Disinfect sink, commode, and floors/walls. Spray areas with mist pattern with SD Disinfectant.
   q. Wipe down interior and exterior of ID box with SD Disinfectant sprayed on rag. Ensure these areas are wet, but not saturated.
VIRGINIA
DEPARTMENT OF CORRECTIONS

Medical Epidemic / Pandemic Sanitation Plan
Effective: March 15, 2020

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Revision Date:

r. Wipe down exterior phones with SD Disinfectant sprayed on rag. Ensure these areas are wet, but not saturated.

2. 2030 hrs.
   Janitors Closet- Clean (rags) mop basin and floors/walls (rags) with Heavy Duty Cleaner. Spray mop basin and floors/walls with disinfectant using a mist pattern with SD Disinfectant. Clean ceiling vent with house broom.

3. 0030 hrs.
   A. Clean shower/restroom ceiling. Spray Heavy Duty Cleaner on ceilings, scrub with a green or doodle pad, wipe dry with a towel on the doodle pad holder, spray the ceiling with SD Disinfectant and allow to dry.
   B. Spray Heavy Duty Cleaner into each restroom floor drain, each restroom sink drain and each sink overflow port. Spray pressurized water into each floor drain, sink drain and sink overflow port by using a towel around the end of the water hose spray nozzle. Spray SD Disinfectant into each floor drain, sink drain and sink overflow port.

VII. MEDICAL AREA CLEAINING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Sanitation and healthcare must go hand in hand. It’s the most important area we have to kept clean and orderly. Please use the following procedures to keep your area sanitized.
   1. The waiting area in medical must be cleaned and sanitized at least once per hour while patients are being seen. The seats are to be lightly sprayed with SD 18 Disinfectant and then lightly misted with Red Germicidal and allowed to air dry. Remember, this disinfectant kills germs as it dries.
   2. Clean and sanitize high touch areas, such as door handles and knobs, at least once per hour as long as patients are being seen. For this procedure, spray a clean paper towel with SD 18 Disinfectant and wipe down the surface, followed by another clean towel with Red Germicidal and allow to air dry.
   3. Medical staff are to use the disinfectant wipes they are provided with to clean patient areas in between visits, however, SD 18 Disinfectant and Red Germicidal may also be used, as long as the Germicidal is allowed to air dry in between uses.
   4. The infirmary area may be cleaned using the same procedure for housing units, however, in the event of an infectious outbreak, special PPE would be required for cleaning these areas if they have housed infected individuals. A mask, gown, goggles or face shield, and nitrile gloves would be required to be utilized for this procedure, as well as a biohazard bag. Spray down all hard, nonporous surfaces with SD 18 Disinfectant and wipe down using paper towels. Put used paper towels into biohazard bag. Then lightly mist all areas with Red Germicidal and allow to air dry. Once you are finished, the gown, gloves, and mask should all be placed into the biohazard bag.
The bag must then be secured with the tie made available to you and placed into the biohazard box to be disposed of. It’s extremely important that what you use will doing the sanitation procedure doesn’t leave the area you cleaned until it's in the biohazard bag.

D. A Night Medical Sanitation Crew will be established to sanitize the medical area during the night shift.

VIII. OFFICE AREA CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Use the following directions regarding keeping your office space neat and clean by performing the following tasks before leaving your office for the day:
   1. Clear desk by removing all easily moved items (paperwork, files, tape dispenser, stapler, etc.)
   2. Spray desk with SD 18 Disinfectant with a misting pattern. Be sure to wet down all surfaces, but don’t saturate your area.
   3. Using a rag or paper towel, wipe down your work surface until it has dried, and no cleaner remains.
   4. Once your work surface has dried, grab a new paper towel or rag and mist some Red CorrectPac Germicidal Cleaner on to it. Use this to wipe down areas you or others may touch often, specifically your phone, computer mouse, and keyboard. It is important not to spray the Germicidal Cleaner on these surfaces directly, as it could damage electronic components. Also pay attention to the nonporous parts of your desk chair, such as the armrests. Any hard plastic or metal components need to be sanitized. You can also disinfect cloth portions of your desk chair using the Red Germicidal, just use a light mist, don’t saturate.
   5. Now, spray a light mist of the Red Germicidal on the hard, nonporous areas that you just cleaned such as your desk. There is no need to rinse or wipe this cleaner, it’s to be allowed to dry on the surface and disinfectant as it dries.
   6. Next, use the SD 18 on other hard, nonporous surfaces in your office space, such as filing cabinets, doors, doorknobs, etc. These also are to be wiped down and lightly misted with the Red Germicidal and allowed to dry, just as your desk area.
   7. In the event of a spill, both cleaners can be cleaned up using paper towels, just ensure you clean thoroughly and dry the area well to avoid a potential slip hazard.
   8. As always, if you have any questions regarding the usage of these chemicals refer to the Safety Officer. You can also utilize the color-coded SDS sheet for useful information on storage and handling of the product.
IX. OUTSIDE SECURE PERIMETER – SPECIALTY AREAS:
AGRIBUSINESS, BUILDINGS & GROUNDS, WAREHOUSE,
WATER/WASTE WATER TREATMENT CLEANING SANITATION
PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Anywhere there is shared equipment, we need to be concerned with cleaning and sanitizing. Pallet jacks, forklifts, and tools are all included here. Please use the following procedure for your area.
   1. For desk and office areas, please refer to the office cleaning procedure described above.
   2. For pallet jacks and forklifts, before each use and at least every 2 hours following, use the SD Disinfectant Cleaner and a paper towel to wipe down all contact surfaces such as handles, seats, steering wheel, seat belt buckles, and controls. **Be absolutely certain the machine is completely powered off and in park prior to cleaning.** Spray the paper towel with the cleaner, then wipe it down. Not spraying the machine itself helps protect electronic components. Then spray a fresh paper towel with Red Germicidal and wipe down again, allowing the machine to air dry.
   3. Tools and tool handles should be cleaned and sanitized as well after each usage, using the procedure described above. Spray the cleaner of a clean paper towel and wipe it down, being careful with power tools to protect their electronic components. Be sure all power tools are powered down and remove batteries prior to cleaning.
   4. For other types of heavy equipment, such as tractors, Gators, lawn tractors, etc., follow the procedure for pallet jacks and forklifts above.

X. PROPERTY AREA CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection
C. The following procedure for cleaning and sanitizing the Property Area will be followed:
   1. All hard surfaces, such as tables and counter tops should be cleaned and sanitized at the start of
      the shift and every 2 hours afterward.
   2. Using the SD disinfectant, spray tables, plastic chairs, and countertops and wipe down using a
      paper towel. The chairs used during receiving are of particular concern for cleaning purposes.
      Then mist each item lightly and allow it to air dry.
   3. For electronic items, such as the labeler and washing machine, spray a clean paper towel with the
      SD Disinfectant and wipe down all surfaces, followed by a light spray on a fresh paper towel with
      Red Germicidal and wipe down. Pay particular attention to frequently touched areas, like handles
      and buttons.
   4. All carts must be cleaned and sanitized following usage. Spray down with the SD 18 and wipe
      down with paper towels, followed by a light misting of the Red Germicidal and allow it to air dry.

XI. SALLYPORT / FRONT ENTRY CLEANING SANITATION
PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Please follow the procedures below for the Sallyport. Perform four times per day:
   1. Remove all easily removed items from desk and other hard surfaces. Using SD 18 disinfectant,
      spray a mist onto hard, nonporous surfaces, and then wipe off using a paper towel. Once the area
      is dry, using the mist setting, spray a light mist of Red Germicidal cleaner onto the surfaces you
      just cleaned, then allow it to air dry.
   2. For the X-ray machine, spray SD 18 disinfectant onto a clean paper towel and wipe off areas,
      being mindful of electronic components. Do not spray the machine itself, just the towel. Pay
      special attentions to buttons and switches, and other areas that are touched frequently. Then
      follow the same procedure using the Red Germicidal and a clean towel.
   3. Any other frequently used items should be cleaned and disinfected in the same manner, a
      minimum of four times per day.

XII. TOWERS CLEANING SANITATION PROCEDURE AND
SCHEDULE

A. Chemicals used:
   1. SD 18 Disinfectant
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. Use the following procedure to clean each tower.
1. Remove all items from desk/counter area. Spray down nonporous areas with SD 18 Disinfectant. Wipe all areas with a paper towel. Once dry, spray and light mist of Red Germicidal cleaner to the area you just cleaned, then allow it to air dry.
2. Spray and wipe down exterior of toilet with SD 18 disinfectant. Then lightly mist Red Germicidal and allow it to air dry.
3. Pay particular attention to door handle and other high contact areas.

XIII. TRANSPORTATION VEHICLES CLEANING SANITATION PROCEDURE AND SCHEDULE

A. Chemicals used:
   1. Bleach or Sodium Hypochlorite
   2. CorrectPac Red Germicidal

B. PPE Required:
   1. Nitrile gloves
   2. Goggles/eye protection

C. It will be the responsibility of the transporting officers to disinfect all department cars, vans and buses before and after every transport. Special attention should be paid to the surface areas of the vehicle; specifically if the vehicle is used for an outside medical/hospital trip. Any of the chemicals below can be utilized to disinfect the vehicles; however, the dwell times vary. The dwell time indicates the required time that the surface must remain wet in order for the chemical to be effective.

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Dwell Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correct Pac</td>
<td>30 minutes</td>
</tr>
<tr>
<td>Bleach or Sodium Hypochlorite</td>
<td>See manufacturer recommendation</td>
</tr>
</tbody>
</table>

D. All vehicles will be wiped down with the disinfectant and will remain wet during the dwell time. Any vehicle that goes through the HUB at SCI BEN will be disinfected between trips (once the inmates are unloaded the vehicle will be disinfected and remain empty until after the dwell time). Inmate work details can be utilized to disinfect the vehicles when appropriate. Below are the specific instructions on how to disinfect the vehicles.

E. Vehicles with hard surface or non-porous or with semi-porous (imitation leather) surfaces:
   1. Using the chemical of choice (for this application it is recommended to use a 10:1 solution of bleach and water because of the reduced dwell time).
   2. Using a properly labeled spray bottle, set the nozzle on a fine mist.
   3. Lightly mist the rear seat or the seat that was occupied by the inmate.
   4. When completed spray all rear surfaces of the front seat or the seat directly in front of the inmate.
   5. Lightly mist the post or column and doors of the vehicle.
   6. Repeat the same process for the staff member locations in the front of the vehicle.
   7. Do not wipe the surfaces, unless using a disinfectant wipe.
8. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
9. Commercial disinfectant wipes can be used on all surfaces.
10. Use hand protection when performing these tasks.

F. Vehicles with porous seat coverings:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the inmate. Do not saturate the seat, the seat must remain wet or moist only for the allotted dwell time.
   3. This is a best practice for cloth seats.
   4. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.

G. Buses: Non porous or semi-porous (imitation leather) surfaces
   1. Using a garden sprayer containing the chemical of choice, lightly mist all areas from the head area to the floor.
   2. Ensure there is adequate ventilation on the bus when administering the solution.
   3. Surface must remain wet for the duration of the dwell time, saturation of the areas is not necessary.
   4. If ponding or puddling occurs, reduce the amount of product being used.
   5. Do not spray electronic equipment. Any equipment of this type must be sanitized by hand using a solution on a disposable cloth or towel.
   6. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
   7. Allow all surfaces to air dry.

H. Buses: Cloth Seats:
   1. All tasks are the same as above with the exception of the cloth seats.
   2. Mist the rear seat or the seat that was occupied by the inmate. Do not saturate the seat, the seat must remain wet or moist only for the allotted dwell time.
   3. This is a best practice for cloth seats.
   4. REMEMBER THE DWELL TIME REQUIREMENTS FOR THE PRODUCT YOU ARE USING.
4. VISITORS, VOLUNTEERS, CONTRACTORS & LAWYERS
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson  
Chief of Corrections Operations


During the uncertainty caused by COVID-19 pandemic, the offenders may need a greater connection with their faith and spirituality. Our religious volunteers would generally meet this need; however, the current suspension of volunteers entering the facilities presents a challenge to meeting the offenders’ faith and spiritual needs.

Effective April 23, 2020, the restriction on religious volunteers and organizations using the JPay secure messaging system to communicate with offenders will be temporarily lifted. The restriction remains in place for all other volunteers.

Secure messaging will be used to offer words of encouragement or comfort to offenders during this stressful time in line with their roles as religious volunteers. These secure messages should be TEXT messages only, NO Attachments, images or pictures. All policy directing how the volunteers should interact with offenders remains in force; refer to Operating Procedure 803.1, Offender Correspondence.

The volunteers were given instructions on how to create these accounts and the associated fees. The subject line of each test message should contain the name of the volunteer’s organization.

Please direct any questions or concerns to Melissa Welch at Melissa.Welch@vadoc.virginia.gov.

cc: Joseph Walters, Deputy Director for Administration  
Regional Operations Chiefs  
Regional Administrators  
Lisa Kinney, Communications Director  
Jeremiah Fitz, Corrections Operations Administrator  
Melissa Welch, Operations Support Manager
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – GTL, 2 Free Calls Extended

GTL is closely monitoring the coronavirus situation. To help the offenders contact their loved ones during this time, GTL is providing the offenders two free phone calls of up to 5-minutes per week beginning April 16, 2020 through April 29, 2020. Phone calls will be provided as conditions and security allow.

**FREE CALL schedule dates will be provided on the following cycle:**

- April 16, 2020 to April 22, 2020
- April 23, 2020 to April 29, 2020

Telephone restrictions are temporarily lifted through April 29, 2020. Under Operating Procedure 861.1, *Offender Discipline*, staff should not impose a *Loss of Telephone* as a disciplinary penalty from April 16, 2020 to April 29, 2020. GTL will not process requests to suspend/restrict telephone privileges during this period.

All person incarcerated at the time free calls are offered will be provided two free 5-minute calls each week (Thursday-Wednesday). The offender will not hear a free call message when making a call; only the called party will hear a message stating the call is provided at no charge before accepting the call.

The two free calls will be applied to the first two calls the offender makes each week (on the schedule above). If the free weekly calls are not used, no credit will be given.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Jeremiah Fitz, Corrections Operations Administrator
    Regional Operations Chief
    Regional Administrators
    Lisa Kinney, Communications Director
    Randall Mathena
    Melissa Welch
MEMORANDUM

To: Offender Population

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – GTL, 2 Free Calls Extended

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cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Jeremiah Fitz, Corrections Operations Administrator
    Regional Operations Chief
    Regional Administrators
    Lisa Kinney, Communications Director
    Randall Mathena
    Melissa Welch
MEMORANDUM

To: Wardens and Superintendents
From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – GTL Continued Support Plan with the VADOC

As we continue under the State of Emergency and to prevent the potential spread of COVID-19 and reduce the potential risk of exposure, please implement the following steps immediately until further notice.

GTL’s goal throughout COVID-19 is:

- to sustain a healthy and responsive workforce available to service our customer, VADOC
- minimize risk exposure by dispatching to resolve serious impairments or service disruptions to 25%-50% of services
- resolve service issues quickly, safely, and efficiently as possible
- ensure all facility site contacts are aware of dispatch service level objectives (see below)

<table>
<thead>
<tr>
<th>Priority Level</th>
<th>Diagnostic Objective</th>
<th>Resolution Objective</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Priority 1</td>
<td>1 hour</td>
<td>4 hours</td>
<td>The highest priority level, this classification indicates loss of service or serious impairment to services which cannot be circumvented; examples: circuit outages, a location that has loss of service affecting greater than or equal to 50% of total service. High error rates or disconnect of calls. Inability to complete calls to or from a particular location</td>
</tr>
<tr>
<td>Priority 2</td>
<td>5 hours</td>
<td>8 business hours</td>
<td>Indicates impairment to 25%-50% of the service at a single site or housing unit is out of service or any device that has an impact on the site’s ability to conduct normal business</td>
</tr>
<tr>
<td>Priority 3</td>
<td>5 business hours</td>
<td>24 business hours</td>
<td>5% – 25% of the service at a single site or housing unit is out of service, local exchange or area code issues or PIN administrative issues that have a limited impact on ability to conduct normal business.</td>
</tr>
<tr>
<td>Priority 4</td>
<td>24 business hours</td>
<td>72 business hours</td>
<td>Items that are on a software fix list or related to administrative issues that are informational or non-service affecting conditions or not business critical and monitor phone repair.</td>
</tr>
</tbody>
</table>
As an extra precaution to keep our technicians available to support all facilities across the state, we are suggesting the following:

- Notify your GTL Field Service Manager or Technician of quarantined or restricted areas and to ensure avoidance
- If needed, a preferred option is to consider utilizing facility maintenance personnel to dismount and transport broken phones to a designated location for GTL to repair. GTL will provide proper instructions
- In extreme circumstance consider utilizing facility maintenance personnel to perform basic telephone repair using GTL provided documentation; i.e. handset or keypad replacement

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Administrators
    Jermiah Fitz, Corrections Operations Administrator
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
April 3, 2020

MEMORANDUM

To: All Unit Heads

From: A. David Robinson
Chief of Corrections Operations

Joseph W. Walters
Deputy Director - Administration

Subject: COVID-19 Facility-District Screening – Thermometer Training Update

Attached are updated training instructions for the thermometers deployed at our entry stations to screen persons entering our facilities.

The attachment covers both temporal artery and infrared thermometers and includes a signature line for the designated staff member being trained. The signed copy of the training instructions should be placed in the employee’s training file.

Please follow through to ensure that proper screenings continue to take place at all of our locations.

Attachment: Updated Training handout

cc: Harold W. Clarke, Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
Thermometer Use Training for COVID-19 Screening

All staff, contractors and visitors must undergo a temperature check prior to entering the facility to screen for COVID-19. The trained, posted security staff will administer the check using a temporal artery or infrared thermometers.

- **Protocol to safely check an individual’s temperature:**
  - Perform hand hygiene
  - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
    - Gloves may be single use kitchen gloves to allow for PPE to be reserved for high risk situations. This is low risk for contact and the mask is the primary PPE needed to prevent respiratory droplets. Gloves are a barrier, but also serve as a reminder to dispose of and wash hands before touching other surfaces or your face.
  - Check individual’s temperature using either the temporal artery thermometer or infrared thermometer
  - How to properly utilize a **temporal artery thermometer:**
    1. Remove protective cap.
    2. Hold thermometer so that thumb or index finger is positioned over the scan button (Do not depress button until step 4).
    3. Place probe flush (flat) on the center forehead.
    4. Press and hold the SCAN button.
    5. Lightly slide thermometer either left or right from the center of forehead to the side hairline, keeping the sensor flat and in contact with the skin for the entire scan (2 to 3 seconds). You will hear beeping and a red light will flash during the scan; this indicates that a measurement is taking place.
    6. Release the SCAN button; remove the thermometer from head once you reach the hairline.
    7. Read the temperature on display.
    8. Clean the thermometer probe with an alcohol wipe only. Any other alkaline or acidic solution will ruin the probe.
  - **Let the probe dry for 1-2 minutes.** This is necessary to kill the virus.
  - **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.**
  - Replace the cap.
VIRGINIA DEPARTMENT OF CORRECTIONS

Thermometer Use Training for COVID-19 Screening

Effective Date: April 3, 2020

Revision Date: 04/03/2020

How to properly utilize an **Infrared Thermometer**: (non-contact)

1. Ensure forehead is clear of hair and perspiration.
2. At a straight angle, place the thermometer within 1 to 2 inches from the forehead (check package directions, different brands may vary).
3. Press the measuring key.
4. Temperature will automatically appear along with a colored backlit indicating temperature range (not all brands will have different colored backlights).
   - Green backlit indicates temperature **below 99.5** degrees;
   - Orange indicates temperature from **99.5 - 100.4** degrees;
   - Red backlit indicates temperature **above 100.4** degrees.

- If 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 check. If non-contact thermometers are used, they should be **cleaned routinely as recommended by CDC for infection control**.

- **Employees** with temperature reading of **100.4 degrees** or higher will be denied entry to the facility.

- **Contractors** and visitors with a temperature reading of **100.4 degrees** or higher will be denied entry to the facility and will be directed to contact their local health department or health care provider.
  - Remove and discard PPE
  - Perform hand hygiene

**Employee Acknowledgement:**

I acknowledge that I have read and understand this protocol and instructions for thermometer use for COVID-19 screening.

______________________________________________  ______________________
Employee Signature     Date

______________________________________________  ______________________
Printed Name                               Facility

Note: The completed acknowledgement of should be sent to the Institutional Training Officer for appropriate filing with training records.
MEMORANDUM

To: All Unit Heads

From: A. David Robinson
Chief of Corrections Operations

Joseph W. Walters
Deputy Director – Administration


This memorandum elaborates on important information that the Department’s COVID-19 Task Force has developed for the screening of visitors, contractors and employees at all VADOC locations. It establishes basic requirements that Wardens, Superintendents, Chiefs and Division Directors need to address at their locations.

Our goal is to put in place a sequence of two screening methods—temperature screening followed by verbal screening questions. However, it is understood that the temperature screening is not possible until successful procurement, deployment and staff training has been accomplished.

In the meantime, all unit heads and division directors will follow the intent of this guidance, putting each component in place as soon as possible. Ongoing conference calls should be used to clarify process issues; ongoing contact with regional and divisional offices should be used to address specific situations.

Risk Assessment

The first area of attention needed is insight into the management of risk that we face in our current conditions. Screening criteria and risk assessments for our employees who occupy essential critical infrastructure roles differ from visitors. Contractors are a third and special case.

At this time, application of the verbal screening criteria of coughs is the key difference. If a visitor reports that they have experienced coughing in the past 24 hours but no other symptoms, they will be denied entry to our locations. However, employees in essential critical infrastructure roles would not be denied on the coughing criteria alone.

At this time, employees in essential critical infrastructure roles include:

- Facilities – all facility staff
- Districts – Chief, Deputy Chief, Senior Probation and Parole Officers, Probation and Parole Officers and Surveillance Officers
- All other locations – employees as designated by the Division Director
At this time, contractors/contract employees in essential critical infrastructure roles will be screened like employees in essential critical infrastructure roles. This includes only:

- Nurses or others who perform any other professional medical role
- Keefe, CGL and Spectrum

All other contractors will be screened like visitors.

Separate communications (4/1/2020) to Contractors/Visitors and Employees are being updated to make these distinction.

**Entry Screening Station**

The second area of attention is the need to establish an entry screening station at each of our sites that will be used for all visitors, contractors and employees.

- Probation districts may use their lobby areas
- Facilities are encouraged to establish a location external to their front entry or other perimeter points of entry (i.e., sallyport)
- All other offices will establish arrangements appropriate for their location

Our sites have a variety of access conditions—vehicular and pedestrian—so creative and thoughtful options should be explored in order to support these criteria:

- Reduces the amount of trained screening staff at any one time if a single station can be used
- Provides adequate shelter from the elements
- Is conducive to ongoing cleaning and sanitation
- Allows for adequate social distancing when multiple persons seek entry (i.e., shift change)
- Provides adequate privacy for each individual being screened
- Allows an orderly flow for those who will be permitted as well as those denied entry

**Entry Screening Methods**

Screening will stop at the point where an individual does meet any one criteria. Once fully operational, two screening methods will be used in this order and entry denials result if:

- Temperature screening – individual has a temperature of 100.4 degree or higher
- Verbal screening questions – answers “Yes” to any screening question appropriate to their role

Successful procurement of thermometers (temporal artery or infrared), deployment and staff training will be needed before this screening method is used. In addition, please note these points about preparations for full operation of the entry stations:

- Medical staff will not be used for entry screening
- Entry screening staff will be designated and trained in advance by medical staff; distance learning will be used to support probation districts and other office locations
• At facilities, entry screening staff do not have to be security staff
• Documentation of staff training is required and should be maintained in the employees' training records
  o See attachment related to thermometer use
  o See attachment related to screening questions
• Staff will be issued, properly don and doff necessary PPE
• Staff will appropriately document entry denials and advise individuals to contact proper authorities

**Entry Refusals**

Visitors, contractors, and employees are denied entry if they refuse to complete the steps of either screening method. Document the refusal in the form of a written statement provided to the Unit Head in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents. Unit Heads will consult with Human Resources regarding possible disciplinary action for employee refusals.

**Entry Denials**

When contractors, visitors and employees complete the screening steps, they will be denied entry as soon as they:

• Exhibit a temperature of 100.4 degrees or higher; or,
• Answer “Yes” to any of the verbal screening questions

After logging the event, take these steps at the time of any entry denial:

• Denied visitors and all contractors – Direct them to contact their local health department or health care provider.

• Denied employees – Document denial, by designated staff, and submit to Human Resources for placement in the employee’s medical file. Direct the employee to contact Human Resources by telephone or email for proper guidance regarding appropriate leave usage; direct them to contact their local health department or health care provider.

Human Resources will communicate with the employee’s supervisor regarding the employee’s absence from the workplace and the potential for telework arrangements, and provide the employee with guidance about the use of Public Health Emergency Leave (if telework is not feasible) and the need to contact their health care provider or local health department.

**Additional Topics**

Here are additional topics that will require attention at each location:

• **Frequency of screening** – it is only necessary to screen an employee at the beginning of their work period or shift at the location; if job duties require exit and return during the same day it is not necessary to screen again.

• **Denial in a carpool situation** – if an employee is denied entry based on entry screening, other employees who traveled with that individual will not be denied entry unless they also do not meet an entry criteria.
• **Staff exhibits symptoms on the job** – staff will be expected to leave the facility as soon as possible if they develop symptoms while on duty, making proper notifications to their supervisor or Human Resources of their need to leave the workplace; handle questions and situations through the operational chain of command.

• **Procedural review** - each facility will periodically review the process outlined in this memorandum to evaluate designated areas, adequate staffing, and the effectiveness of designated staff administering the process.

Attachments: *Training handouts, Verbal screening questions*

cc: Harold W. Clarke, Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
Screening Questions for Employees & Contractors
In Essential Critical Infrastructure Roles

These employees and contractors will be verbally screened for COVID-19 symptoms and contact with COVID-19 cases prior to entering. The verbal screening will be administered by designated trained staff and consist of the following questions:

- In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?
- In the past 14 days, have you traveled from a cruise ship or an area with sustained community-level spread (international or domestic) of COVID-19?
- Today or in the past 24 hours, have you experienced any of the following symptoms:
  - Fever, felt feverish or had chills?
  - Difficulty breathing?
  - **Note: these employees and contractors who exhibit a cough but do not report any other symptoms will be permitted entry.**

Otherwise, if the employee answers “Yes” to any of the questions posed during the verbal screening, the employee will be denied entry. They will be instructed to contact their local health department or health care provider; employees also need to contact Human Resources.

Screening Questions at Entry for Visitors
& Contractors Not In Essential Critical Infrastructure Roles

These visitors and contractors will be verbally screened for COVID-19 symptoms and contact with COVID-19 cases prior to entering. The verbal screening will be administered by designated trained staff and consist of the following questions:

- In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?
- In the past 14 days, have you traveled from a cruise ship or an area with sustained community-level spread (international or domestic) of COVID-19?
- Today or in the past 24 hours, have you experienced any of the following symptoms:
  - Fever, felt feverish or had chills?
  - Difficulty breathing?
  - Cough?
  - **Note: these visitors and contractors who report a cough and who do not report any other symptoms will be denied entry.**

If a contractor or visitor answers “Yes” to any of the questions posed during the verbal screening, the contractor or visitor will be denied entry. They will be instructed to contact their local health department or health care provider.
Thermometer Use Training for COVID-19 Screening

All staff, contractors and visitors must undergo a temperature check prior to entering the facility to screen for COVID-19. The trained, posted security staff will administer the check using a temporal artery or infrared thermometers.

- **Protocol to safely check an individual’s temperature:**
  - Perform hand hygiene
  - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
    - Gloves may be single use kitchen gloves to allow for PPE to be reserved for high risk situations. This is low risk for contact and the mask is the primary PPE needed to prevent respiratory droplets. Gloves are a barrier, but also serve as a reminder to dispose of and wash hands before touching other surfaces or your face.
  - Check individual’s temperature using either the temporal artery thermometer or infrared thermometer
  - How to properly utilize a **temporal artery thermometer**:
    1. Remove protective cap.
    2. Hold thermometer so that thumb or index finger is positioned over the scan button (Do not depress button until step 4).
    3. Place probe flush (flat) on the center forehead.
    4. Press and hold the SCAN button.
    5. Lightly slide thermometer either left or right from the center of forehead to the side hairline, keeping the sensor flat and in contact with the skin for the entire scan (2 to 3 seconds). You will hear beeping and a red light will flash during the scan; this indicates that a measurement is taking place.
    6. Release the SCAN button; remove the thermometer from head once you reach the hairline.
    7. Read the temperature on display.
    8. Clean the thermometer probe with an alcohol wipe only. Any other alkaline or acidic solution will ruin the probe.
       - Let the probe dry for 1-2 minutes. This is necessary to kill the virus.
       - If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
  - Replace the cap.
How to properly utilize an **Infrared Thermometer**: (non-contact)

1. Ensure forehead is clear of hair and perspiration.
2. Place the thermometer within 2 inches to 5.9 inches from forehead.
3. Press the measuring key.
4. Temperature will automatically appear along with a colored backlit indicating temperature range
   - Green backlit indicates temperature **below 99.5 degrees**;
   - Orange indicates temperature from **99.5 - 100.4 degrees**;
   - Red backlit indicates temperature **above 100.4 degrees**.

- If 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 check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.

- **Employees** with temperature reading of **100.4 degrees** or higher will be denied entry to the facility.

- **Contractors** and visitors with a temperature reading of **100.4 degrees** or higher will be denied entry to the facility and will be directed to contact their local health department or health care provider.
  - Remove and discard PPE
  - Perform hand hygiene

**Employee Acknowledgement:**

I acknowledge that I have read and understand this protocol and instructions for thermometer use for COVID-19 screening.

____________________________________________  ______________________
Employee Signature  Date

____________________________________________  ______________________
Printed Name  Facility

Note: The completed acknowledgement of should be sent to the Institutional Training Officer for appropriate filing with training records.
MEMORANDUM

To: All Contractors and Visitors

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 Contractor/Visitor Screening at Corrections Facilities and Offices

Based on the evolving nature of the COVID-19 pandemic, the Department is implementing best practices for reducing spread of the virus. Recent guidance from the federal Centers for Disease Control and Prevention, the Virginia Department of Human Resource Management, and the Department’s COVID-19 Task Force compel us to take immediate steps.

Effective immediately, this two-step screening procedure will be completed with all contractors and visitors each occasion that they attempt to enter the facility or office.

1. All contractors and visitors will be verbally screened for COVID-19 symptoms and contact with COVID-19 cases prior to entering. The verbal screening will be administered by designated trained staff and consist of the following questions:
   
   o In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?

   o In the past 14 days, have you traveled from a cruise ship or an area with sustained community-level spread (international or domestic) of COVID-19?

   o Today or in the past 24 hours, have you experienced any of the following symptoms:
     ▪ Fever, felt feverish or had chills?
     ▪ Cough?
     ▪ Difficulty breathing?

   If a contractor or visitor answers “Yes” to any of the questions posed during the verbal screening, the contractor or visitor will be denied entry. They will be instructed to contact their local health department or health care provider.

2. As equipment is on-site and operable, all contractors and visitors must undergo a temperature check prior to entering. Designated and trained staff will administer the check using a temporal artery or infrared thermometer.
Contractors and visitors with a temperature reading of 100.4 degrees or higher will be denied entry to the facility/office. They will be directed to contact their local health department or health care provider.

Any contractor or visitor refusing to answer the screener questions or submit to the temperature check will be denied entry. Unit Heads will consult with regional administration regarding possible suspension of access to facilities and/or offices statewide.

Denial of entry will be formally documented by designated staff in the form of a written statement provided to the Unit Head in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents.

We thank contractors and visitors for their cooperation in joining with us to take proper precautions to keep themselves, our staff and the offenders in our care safe.

HWC

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
March 25, 2020

MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Expanded Video Visitation (Assisting Families of Inmates/GTL)

As we continue under the State of Emergency and to prevent the potential spread of COVID-19 and reduce the potential risk of exposure, please implement the following steps immediately until further notice.

Assisting Families of Inmates and GTL is extending internet video visitation hours at all VADOC major facilities. GTL’s website will offer additional video visitation hours for most facilities. See Attachment 1 to confirm the date the Extended Hours will begin at your Facility. Family and Friends may log in to the GTL website to schedule a visit once the extended hours have been updated in the GTL system.

Saturday and Sunday Visitor Center video visit time slots, 9:00 a.m. – 2:00 p.m., will be temporarily utilized for additional at home internet video visitation.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
<table>
<thead>
<tr>
<th>Facility</th>
<th>Video Visitation Days</th>
<th>Current Operating Hours</th>
<th>Extended Hours:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>BEGIN DATE:</strong></td>
<td><strong>MARCH 26, 2020</strong></td>
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</tr>
<tr>
<td>Augusta</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:00 p.m.</td>
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<tr>
<td>Bland</td>
<td>Mon-Sun</td>
<td>8:00 a.m. to 8:00 p.m.</td>
<td>8:00 a.m. to 10:00 p.m.</td>
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<td>Green Rock</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. - 9:00 p.m.</td>
</tr>
<tr>
<td>Keen Mountain</td>
<td>Mon/Wed/Fri/Sat/Sun</td>
<td>8:00 a.m. to 4:30 p.m.</td>
<td>Add Tues 8:am to 4:30</td>
</tr>
<tr>
<td>Marion</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:00 p.m.</td>
</tr>
<tr>
<td>Pocahontas</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 9:00 p.m.</td>
</tr>
<tr>
<td>Red Onion</td>
<td>Tues/Wed/Fri/Sat/Sun</td>
<td>8:00 a.m. to 3:30 p.m.</td>
<td>8:00 a.m. to 5:00 p.m.</td>
</tr>
<tr>
<td>River North</td>
<td>Mon/Tues/Thurs/Sat/Sun</td>
<td>8:00 a.m. to 11:25 am;</td>
<td>ADD Wed. - same hours</td>
</tr>
<tr>
<td></td>
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<td>1:00 pm to 4:25 pm</td>
<td></td>
</tr>
<tr>
<td>Wallens Ridge</td>
<td>Mon/Wed/Fri/Sat/Sun</td>
<td>8:00 a.m. to 12:00 p.m.;</td>
<td>ADD Tues – same hours</td>
</tr>
<tr>
<td></td>
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<td>1:30 p.m. to 4:30 p.m.</td>
<td></td>
</tr>
<tr>
<td>Cold Spring CU</td>
<td>Mon-Sun</td>
<td>8:00 a.m. to 8:00 p.m.</td>
<td>7:00 a.m. to 9:30 p.m.</td>
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<td><strong>BEGIN DATE:</strong></td>
<td><strong>MARCH 31, 2020</strong></td>
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<td>Pat. Henry CU</td>
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<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:00 a.m. to 9:00 p.m.</td>
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<tr>
<td>Wise CU</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:15 a.m. to 8:45 p.m.</td>
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<td>Baskerville</td>
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<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:00 a.m. to 8:00 p.m.</td>
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<tr>
<td>Buckingham</td>
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<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:00 p.m.</td>
</tr>
<tr>
<td>Coffeewood</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>NO VIDEO VISITS</td>
</tr>
<tr>
<td>Dillwyn</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:00 p.m.</td>
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<td>Mon-Sun</td>
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<td>7:30 a.m. to 11:30 a.m.;</td>
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<td></td>
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<td>1:30 pm to 4:30 pm.</td>
<td>1:30 pm to 5:00 pm; 7:00 am to 9:pm</td>
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<tr>
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<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:30 p.m.</td>
</tr>
<tr>
<td>Nottoway</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:30 p.m.</td>
</tr>
<tr>
<td>State Farm</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 9:00 p.m.</td>
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<tr>
<td>State Farm EU</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 9:00 p.m.</td>
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<td><strong>BEGIN DATE:</strong></td>
<td><strong>APRIL 2, 2020</strong></td>
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<tr>
<td>VCCW</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 9:00 p.m.</td>
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<tr>
<td>Nottoway WC</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 8:30 p.m.</td>
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<td>State Farm WC</td>
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<td>1:00 pm to 8:30 pm.</td>
<td>1:00 p.m. to 11:00 p.m.</td>
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<tr>
<td>Deerfield</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 9:30 p.m.</td>
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<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 8:30 p.m.</td>
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<td>Greensville WC</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 8:30 p.m.</td>
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<td>Haynesville</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:00 p.m.</td>
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<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>6:30 a.m. to 8:30 p.m.</td>
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<tr>
<td>Lawrenceville</td>
<td>Mon-Sun</td>
<td>7:00 a.m. to 7:00 p.m.</td>
<td>7:00 a.m. to 9:00 a.m.</td>
</tr>
</tbody>
</table>
**Facility** | **Video Visitation Days** | **Current Operating Hours** | **Extended Hours:**
--- | --- | --- | ---
St. Brides | Mon-Sun | 7:00 a.m. to 7:00 p.m. | 7:00 a.m.-9:30 p.m./ONLY 1 UNIT LIVE
Sussex I | Mon/Wed/Fri/Sat/Sun | 7:00 a.m. to 4:30 p.m. | 7:00 a.m. to 5:30 p.m.
Sussex II | Mon/Wed/Fri/Sat/Sun | 8 a.m. to 12:00; 1:00 p.m. to 4:00 p.m. | ADD Tuesday, same hours
Halifax CU | Mon-Sun | 7:00 a.m. to 4:00 p.m. | 7:00 a.m. to 8:45 p.m.
Rustburg CU | Mon-Sun | 7:00 a.m. to 7:00 p.m. | 7:00 a.m. to 9:00 p.m.
Haynesville CU | Mon-Sun | 7:00 a.m. to 7:00 p.m. | HOURS WILL NOT CHANGE
D-MWC1 | Mon-Sun | 7:00 a.m. to 7:00 p.m. | 6:30 a.m. to 9:00 p.m.
D-MWC2 | Mon-Sun | 7:00 a.m. to 7:00 p.m. | 6:30 a.m. to 9:00 p.m.
Caroline CU | Mon-Sun | 7:00 a.m. to 8:00 p.m. | 6:00 a.m. to 9:00 p.m.

**BEGIN DATE:**
**APRIL 6, 2020**
March 20, 2020

MEMORANDUM

To: Wardens & Superintendents

From: Harold W. Clarke, Director

Subject: VADOC COVID-19 Response – Attorney Visits by Phone – Guidance

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, guidance regarding COVID-19 is being updated daily.

To assist in preventing the reach of COVID-19 into state correctional facilities, all attorney/authorized attorney representative meetings with offenders will be conducted over the phone until further notice in an attempt to limit the number of persons coming in and out of facilities each day during this pandemic.

These calls will take place through the Offender Telephone System. If an offender’s attorney or authorized attorney representative wishes to have a legal visit with an offender, that attorney/authorized attorney representative must contact the facility regarding the requested date and time of the meeting.

Once a meeting date and time is set, just as with in-person meetings, the institution will facilitate the phone meeting between the offender and the attorney or authorized attorney representative. The offender will place the call over the Offender Telephone System.

This information will be posted on the VADOC’s public website.

Thank you for your diligence and tireless efforts toward our public safety mission during this pandemic.
March 19, 2020

MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 – GTL, 2 free calls

GTL is closely monitoring the coronavirus situation. To help the offenders contact their loved ones during this time, GTL is providing the offenders two free phone calls of up to 5-minutes per week beginning March 19, 2020 through April 15, 2020. Phone calls will be provided as conditions and security allow.

FREE CALL schedule dates will be provided on the following cycle:

- March 19-25, 2020
- March 26-April 1, 2020
- April 2-8, 2020
- April 9-15, 2020

Telephone restrictions will be temporarily lifted during the dates listed above by 5:00pm March 20, 2020 through April 15, 2020. Under Operating Procedure 861.1, Offender Discipline, staff should not impose a Loss of Telephone as a disciplinary penalty from 3/20/2020 to April 15, 2020. GTL will not process requests to suspend/restrict telephone privileges during this time frame.

All person incarcerated at the time free calls are offered will be provided two free 5-minute calls each week (Thursday-Wednesday). The offender will not hear a free call message when making a call; only the called party will hear a message stating the call is provided at no charge before accepting the call.

The two free calls will be applied to the first two calls the offender makes each week (on the schedule above). If the free weekly calls are not used, no credit will be given.

cc: Harold W. Clarke, Director  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chief  
Regional Administrators  
Steve Herrick, Health Services Director  
Lisa Kinney, Communications Director  
Randall Mathena  
Rodney Younce  
Melissa Welch
March 19, 2020

MEMORANDUM

To: Offender Population

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – GTL, 2 free calls

GTL is closely monitoring the coronavirus situation. To help you contact your loved ones during this time, GTL is providing you two free phone calls of up to 5-minutes per week beginning March 19, 2020 through April 15, 2020. Phone calls will be provided as conditions and security allow.

FREE CALL schedule dates will be provided on the following cycle:

- March 19-25, 2020
- March 26-April 1, 2020
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- April 9-15, 2020

Telephone restrictions will be temporarily lifted during the dates listed above by 5:00pm March 20, 2020 through April 15, 2020. All person incarcerated at the time free calls are offered will be provided two free 5-minute calls each week (Thursday-Wednesday). The offender will not hear a free call message when making a call; only the called party will hear a message stating the call is provided at no charge before accepting the call.

The two free calls will be applied to the first two calls the offender makes each week (on the schedule above). If the free weekly calls are not used, no credit will be given.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
March 18, 2020

MEMORANDUM

To: Wardens, Superintendents and Grievance Coordinators

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 Response – Visitation Grievances

During this emergency, any grievances received concerning visitation suspension under the current state of emergency should be responded to with the following statement:

Governor Ralph Northam declared a state of emergency for the Commonwealth of Virginia on March 12, 2020. The health and safety of our staff and offenders during the coronavirus pandemic is of the utmost importance and why visitation was suspended on March 13, 2020. Visitation will remain suspended until further notice and will be reviewed in 30 days from begin date.

If you have any questions, please contact Teresa Harvey, Manager Ombudsman Services Unit, at 804-887-7856 or by email at teresa.harvey@vadoc.virginia.gov.

cc: Harold W. Clarke, Director  
    Joseph W. Walters, Deputy Director  
    Scott Richeson, Deputy Director  
    Regional Operations Chief  
    Regional Administrators  
    Steve Herrick, Health Services Director  
    Lisa Kinney, Communications Director  
    Randall Mathena  
    Rodney Younce  
    Teresa Harvey
March 17, 2020

MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: VADOC COVID-19 Response – Attorney Visits by Phone

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily. Yesterday, we announced that all attorney/authorized attorney representative visits would be conducted through non-contact options. Those options included video visitation and non-contact visitation areas within the facilities.

Effective immediately, all attorney/authorized attorney representative meetings will be conducted over the phone. These calls can be conducted with institutional phones or offender phones through GTL. If attorney/authorized attorney representative calls take place on offender phones, facilities must work with GTL to ensure that the call recording feature that is normally active on the offender phones is disabled.

These efforts are being implemented to assist the VADOC in preventing the spread of COVID-19 during this pandemic. I appreciate your patience during this time as we work to ensure the health of our staff and the offender population.

cc: Harold W. Clarke, Director  
   Joseph W. Walters, Deputy Director  
   Scott Richeson, Deputy Director  
   Regional Operations Chief  
   Regional Administrators  
   Steve Herrick, Health Services Director  
   Lisa Kinney, Communications Director  
   Randall Mathena  
   Rodney Younce
March 17, 2020

MEMORANDUM

To: All Wardens and Superintendents
From: A. David Robinson
Chief of Corrections Operations

Subject: VADOC COVID-19 Response – Facility Service Contractors

As we continue under the State of Emergency and to prevent the potential spread of COVID-19 and reduce the potential risk of exposure, please implement the following until further notice.

Contractors coming to service equipment, i.e., offender telephone system, video visitation equipment, J-Pay kiosks, and offender cable, etc., upon request, the contractor can receive sanitizer to wipe down the equipment before servicing.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
March 16, 2020

MEMORANDUM

TO: All Wardens & Superintendents

FROM: A. David Robinson
Chief of Corrections Operations

SUBJECT: Attorney Visits

Effective immediately, all attorney/authorized attorney representative visits will be conducted through non-contact options; no contact visits with attorney will be allowed until further notice. These options include video visitation and non-contact visitation areas within the facilities. The Operations Manager will be responsible for coordinating with the attorney/authorized attorney representative to schedule these non-contact visits as needed.

Additionally, all legal correspondence and/or legal mail will be isolated for a period of three days to limit the exposure to possible contaminates including COVID-19. These items will be processed using appropriate Personal Protection Equipment (PPE).

These efforts are being implemented to assist the VADOC in preventing the spread of COVID-19 during this pandemic. I appreciate your patience during this time as we work to ensure the health of the offender population.

cc: Harold W. Clarke
Regional Operations Chiefs
Regional Administrators
Joseph W. Walters
H. Scott Richeson
Steve Herrick
Lisa Kinney
Randall Mathena
Rodney Younce
MEMORANDUM

To: All Unit Heads

From: A. David Robinson, Chief of Corrections Operations

Joseph W. Walters, Deputy Director for Administration

H. Scott Richeson, Deputy Director of Programs, Education and Reentry

Subject: Coronavirus COVID-19 Screening Questionnaire

The safety of our employees, offenders, volunteers, contractors, visitors and families remains Virginia Department of Corrections overriding priority. As the Coronavirus Disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, VADOC will monitor the situation closely and will periodically update the guidance based on current recommendations from the Center for Disease Control and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure, we will complete a simple screening questionnaire on volunteer, contractor, visitor, any offender transferring into a VADOC Facility as a Jail Intake and any offender transferring from a VADOC Facility to another VADOC Facility. A Visitor, Volunteer, Contractor Screening Questionnaire and an Offender Screening Form are being provided to assist with this task.

The appropriate questionnaire must be completed prior to any visitor, volunteer, contractor or offender entering any VADOC Facility. Please reference the following chart for designation of responsible party and storage of completed documents:

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Responsible Party</th>
<th>Document Location</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Visitation File</td>
<td>Prior to entry into facility</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Volunteer File</td>
<td>Prior to entry into facility</td>
</tr>
<tr>
<td>Contractor</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Contractor File</td>
<td>Prior to entry into facility</td>
</tr>
<tr>
<td>Offenders – Jail Intakes &amp; Transfers In</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Medical File</td>
<td>Prior to entry into facility</td>
</tr>
</tbody>
</table>

Facility Unit Heads may designate staff responsible for ensuring completion of each questionnaire if current designee is unavailable at this time.
If you have any questions, please contact Warden Rodney Younce at (540) 317-4102 or by email at Rodney.younce@vadoc.virginia.gov or Steve Herrick, Health Services Director, at (804) 877-8428 or by email at steve.herrick@vadoc.virginia.gov.

Let's work together to keep everyone in the Department and our families safe and healthy. Continue to be proactive by washing hands frequently, covering your mouth and nose with a tissue when you cough or sneeze, and all other recommendations that have been provided by the Centers for Disease Control (CDC).

cc: Harold W. Clarke, Director
    Regional Operations Chiefs
    Regional Administrators
The safety of our staff, offenders, volunteers, contractors, visitors and families remains Virginia Department of Corrections overriding priority. As the Coronavirus Disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, VADOC will monitor the situation closely and will periodically update the guidance based on current recommendations from the Centers for Disease Control and Prevention and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our staff, offenders, volunteers, contractors, visitors and families we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you. Thank you for your understanding.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mobile/Home Phone Number:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Visitor / Volunteer / Contractor:</th>
<th>Department/ Offender Visiting / Program:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Facility Name:</th>
<th>Date of Visit:</th>
</tr>
</thead>
</table>

If the answer is “yes” to any of the following questions, access to the facility may be denied.

**SELF-DECLARATION BY VISITOR, VOLUNTEER or CONTRACTOR**

1. Have you traveled outside the United States within the last 14 days?
   - Yes
   - No

2. Have you been in contact with someone who has traveled outside the United States within the last 14 days?
   - Yes
   - No

3. Have you had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days?
   - Yes
   - No

4. Have you experienced any cold or flu-like symptoms in the last 14 days, to include any of the following:
   - Fever
   - Cough
   - Sore Throat
   - Respiratory Illness
   - Difficulty Breathing
   - Yes
   - No

If you have any of the above mentioned symptoms, what is the onset date of first symptoms: _______________________

Signature: ___________________________ Date: _______________________

Note: If at any time, your responses change, please notify staff immediately

Access to facility (circle one): Approved  Denied
5.
EMPLOYEE SCREENING
COMMONWEALTH of VIRGINIA
Department of Corrections
April 10, 2020

MEMORANDUM

To: Unit Heads
    Human Resource Officers

From: A. David Robinson
    Chief of Corrections Operations

Joseph W. Walters
Deputy Director for Administration

Subject: COVID-19 – Staff Return to Work Following COVID-19 Exposure or Diagnosis

The Centers for Disease Control (CDC) has issued guidelines regarding staff returning to work following a confirmed/suspected case of COVID-19 or exposure to a patient diagnosed with COVID-19. Effective immediately, the following guidance is provided to ensure critical staffing levels are maintained.

Critical infrastructure staff may be permitted, when enacted by the memorandum from Director Clarke (COVID-19 Revised Screening Procedures for Essential Critical Infrastructure Employees and Contractors, April 7, 2020), to continue to work following potential exposure to COVID-19 if they are asymptomatic and maintain the following precautions:

- They must report their temperature and absence of symptoms each day prior to starting work.
- They must wear a facemask at all times for at least 14 days after exposure.
- If the employee develops any symptoms, they should cease their duties, report to their supervisor and then be sent home immediately.

Additionally, staff who are recovering from COVID-19 may return to work given:

- Three days (72 hours) have passed since recovery, defined as
  - Resolution of fever without fever-reducing medications AND
  - Improvement of respiratory symptoms AND
  - Seven days have passed since symptoms first appeared
- When returning to work, staff must
  - Wear facemask at all times until symptoms resolve or 14 days after onset, whichever is longer
  - Restrict contact with severely immunocompromised persons for 14 days after onset
  - Adhere to proper hand hygiene, respiratory hygiene, and cough etiquette
  - Self-monitor for symptoms and seek re-evaluation if symptoms reoccur or worsen

A suggested flow sheet is attached for your convenience. We will revise this guidance as directed by state and federal health authorities.

Attachment

cc: Harold W. Clarke, Director
    Scott Richeson, Deputy Director
    Regional Operations Chief/Administrators
    Lucinda Childs-White, HR Director
Staff with Confirmed/Suspected COVID-19?

No

Exposure to COVID-19 Patient?

Yes

No

Continue with current policy/precautions

No

Yes

Staff with Confirmed/Suspected COVID-19?

Yes

No

Stay Home!

No

Yes

Staff report to work and:
- Wear facemask at all times until symptoms resolve 14 days after onset, whichever longer
- Restrict contact w/severely immunocompromised patients for 14 days after onset
- Adhere to hand hygiene, respiratory hygiene, cough etiquette
- Self-monitor for symptoms & seek re-evaluation if symptoms recur or worsen

No

No

Yes

Symptoms develop?

Yes

No

Cease assigned duties, put on facemask

Notify supervisor

Checkpoint:
- Have 3 days (72 hours) passed since recovery? Recovery defined as:
  - Resolution of fever w/out fever-reducing meds AND
  - Improvement of respiratory symptoms AND
  - 7 days passed since symptom first appeared

No

Checkpoint:
- Alternate staffing options exhausted?
- Employee needed (essential)?
- Approval from unit head?

No

Yes

Staff report to work and:
- Report temp & absence of symptoms each day prior to starting work
- Wear facemask for 14 days after exposure
MEMORANDUM

To: Unit Heads
From: Harold W. Clarke
      Director of Corrections

Subject: COVID-19 – Revised Screening Procedures for Essential Critical Infrastructure Employees and Contractors

In the last week, there have been reported cases of COVID-19 among our employee and offender populations. Guidance was previously provided about employee and contractor screening protocols, including temperature checks and a verbal health and travel questionnaire. Based on results of the screening, individuals are denied entry to the workplace for high-risk travel, close contact with a positive COVID-19 source, or symptoms consistent with the virus. In consideration of current protocols in health systems and to ensure critical staffing levels are maintained during this public health crisis, the following guidance is amended effective immediately for essential critical infrastructure roles. Essential critical infrastructure roles include health care staff and contractors and uniformed security staff of all ranks working at Department facilities.

Unit heads may request approval through their chain of command to allow staff and contractors in essential critical infrastructure roles to return to the workplace after exposure to COVID-19. Regional health administrators and facility human resource officers are available as a resource in considering this option. The regional health administrators are Laurie Carter (West), Tanya Gary (Central), Jeff Dillman (East). These decisions will be made after consideration of critical staffing levels and exhaustion of other staffing options. The healthcare needs and safety of the offender population will be considered at the facility level. If approved by the regional operations chief, unit heads may allow staff and contractors in essential critical infrastructure roles to return to the workplace after COVID-19 exposure following the guidelines by Center for Disease Control (CDC) and Virginia Department of Health (VDH) both for healthcare providers and correctional setting essential staffing.

As this public health crisis and its impact on our Department evolves, this guidance will be subject to change. For any questions about this revised protocol, contact Dr. Mark Amonette or Dr. Trey Fuller.

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    H. Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randy Mathena, Director of Security and Correctional Enforcement
    Rodney Younce, Warden
April 3, 2020

MEMORANDUM

To: All Unit Heads

From: A. David Robinson
Chief of Corrections Operations

Joseph W. Walters
Deputy Director - Administration

Subject: COVID-19 Facility-District Screening – Thermometer Training Update

Attached are updated training instructions for the thermometers deployed at our entry stations to screen persons entering our facilities.

The attachment covers both temporal artery and infrared thermometers and includes a signature line for the designated staff member being trained. The signed copy of the training instructions should be placed in the employee’s training file.

Please follow through to ensure that proper screenings continue to take place at all of our locations.

Attachment: Updated Training handout

cc: Harold W. Clarke, Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
Thermometer Use Training for COVID-19 Screening

All staff, contractors and visitors must undergo a temperature check prior to entering the facility to screen for COVID-19. The trained, posted security staff will administer the check using a temporal artery or infrared thermometers.

- **Protocol to safely check an individual’s temperature:**
  - Perform hand hygiene
  - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
    - Gloves may be single use kitchen gloves to allow for PPE to be reserved for high risk situations. This is low risk for contact and the mask is the primary PPE needed to prevent respiratory droplets. Gloves are a barrier, but also serve as a reminder to dispose of and wash hands before touching other surfaces or your face.
  - Check individual’s temperature using either the temporal artery thermometer or infrared thermometer

  - How to properly utilize a temporal artery thermometer:
    1. Remove protective cap.
    2. Hold thermometer so that thumb or index finger is positioned over the scan button (Do not depress button until step 4).
    3. Place probe flush (flat) on the center forehead.
    4. Press and hold the SCAN button.
    5. Lightly slide thermometer either left or right from the center of forehead to the side hairline, keeping the sensor flat and in contact with the skin for the entire scan (2 to 3 seconds). You will hear beeping and a red light will flash during the scan; this indicates that a measurement is taking place.
    6. Release the SCAN button; remove the thermometer from head once you reach the hairline.
    7. Read the temperature on display.
    8. Clean the thermometer probe with an alcohol wipe only. Any other alkaline or acidic solution will ruin the probe.
      - Let the probe dry for 1-2 minutes. This is necessary to kill the virus.
      - If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.
  - Replace the cap.
How to properly utilize an **Infrared Thermometer**: (non-contact)

1. Ensure forehead is clear of hair and perspiration.
2. At a straight angle, place the thermometer within 1 to 2 inches from the forehead (check package directions, different brands may vary).
3. Press the measuring key.
4. Temperature will automatically appear along with a colored backlit indicating temperature range (not all brands will have different colored backlights).
   - Green backlit indicates temperature **below 99.5 degrees**;
   - Orange indicates temperature from **99.5 - 100.4 degrees**;
   - Red backlit indicates temperature **above 100.4 degrees**.

- If 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 check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.

- **Employees** with temperature reading of **100.4 degrees** or higher will be denied entry to the facility.
- **Contractors** and visitors with a temperature reading of **100.4 degrees** or higher will be denied entry to the facility and will be directed to contact their local health department or health care provider.
  - Remove and discard PPE
  - Perform hand hygiene

**Employee Acknowledgement:**

I acknowledge that I have read and understand this protocol and instructions for thermometer use for COVID-19 screening.

______________________________________________  ______________________
Employee Signature     Date

______________________________________________  ______________________
Printed Name                               Facility

Note: The completed acknowledgement should be sent to the Institutional Training Officer for appropriate filing with training records.
MEMORANDUM

To: Unit Heads

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19 – Screening Procedures for Essential Critical Infrastructure Employees and Contractors

In the last week, there have been reported cases of COVID-19 among our employee and offender populations. Guidance was previously provided about employee and contractor screening protocols, including temperature checks and a verbal health and travel questionnaire. Based on results of the screening, individuals are denied entry to the workplace for high-risk travel, close contact with a positive COVID-19 source, or symptoms consistent with the virus. In consideration of current protocols in health systems and to ensure critical staffing levels are maintained during this public health crisis, the following guidance is amended effective immediately for essential critical infrastructure roles. Essential critical infrastructure roles include health care staff and contractors and uniformed security staff of all ranks working at Department facilities.

Unit Heads, in consultation with Dr. Mark Amonette, Chief Physician, may request approval through their chain of command to allow staff and contractors in essential critical infrastructure roles to return to the workplace after exposure to COVID-19, while they are healthy and have no symptoms of the virus. These decisions will be made in consideration of staffing levels and the healthcare needs of the offender population at the facility. Once approval is secured, Unit Heads may allow staff and contractors in essential critical infrastructure roles to return to the workplace after exposure, due to high risk travel or close contact with a positive COVID-19 source without protection¹, on a case-by-case basis, if the following precautions are taken by the employee or contractor:

- Self-monitor for symptoms of COVID-19 (fever, cough, difficulty breathing)
- Check their temperature at least twice daily as directed by Dr. Amonette.
- Wear a cloth mask as provided by the facility.

As this public health crisis and its impact on our Department evolves, this guidance will be subject to change. For any questions about this revised protocol, contact Dr. Mark Amonette or Dr. Trey Fuller.

cc: Harold W. Clarke, Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce

¹ Unprotected per the CDC means close contact within 6 feet without goggles or face mask.
MEMORANDUM

To: All Unit Heads

From: A. David Robinson
Chief of Corrections Operations
Joseph W. Walters
Deputy Director – Administration


This memorandum elaborates on important information that the Department’s COVID-19 Task Force has developed for the screening of visitors, contractors and employees at all VADOC locations. It establishes basic requirements that Wardens, Superintendents, Chiefs and Division Directors need to address at their locations.

Our goal is to put in place a sequence of two screening methods—temperature screening followed by verbal screening questions. However, it is understood that the temperature screening is not possible until successful procurement, deployment and staff training has been accomplished.

In the meantime, all unit heads and division directors will follow the intent of this guidance, putting each component in place as soon as possible. Ongoing conference calls should be used to clarify process issues; ongoing contact with regional and divisional offices should be used to address specific situations.

Risk Assessment

The first area of attention needed is insight into the management of risk that we face in our current conditions. Screening criteria and risk assessments for our employees who occupy essential critical infrastructure roles differ from visitors. Contractors are a third and special case.

At this time, application of the verbal screening criteria of coughs is the key difference. If a visitor reports that they have experienced coughing in the past 24 hours but no other symptoms, they will be denied entry to our locations. However, employees in essential critical infrastructure roles would not be denied on the coughing criteria alone.

At this time, employees in essential critical infrastructure roles include:

- Facilities – all facility staff
- Districts – Chief, Deputy Chief, Senior Probation and Parole Officers, Probation and Parole Officers and Surveillance Officers
- All other locations – employees as designated by the Division Director
At this time, contractors/contract employees in essential critical infrastructure roles will be screened like employees in essential critical infrastructure roles. This includes only:

- Nurses or others who perform any other professional medical role
- Keefe, CGL and Spectrum

All other contractors will be screened like visitors.

Separate communications (4/1/2020) to Contractors/Visitors and Employees are being updated to make these distinction.

**Entry Screening Station**

The second area of attention is the need to establish an entry screening station at each of our sites that will be used for all visitors, contractors and employees.

- Probation districts may use their lobby areas
- Facilities are encouraged to establish a location external to their front entry or other perimeter points of entry (i.e., sallyport)
- All other offices will establish arrangements appropriate for their location

Our sites have a variety of access conditions—vehicular and pedestrian—so creative and thoughtful options should be explored in order to support these criteria:

- Reduces the amount of trained screening staff at any one time if a single station can be used
- Provides adequate shelter from the elements
- Is conducive to ongoing cleaning and sanitation
- Allows for adequate social distancing when multiple persons seek entry (i.e., shift change)
- Provides adequate privacy for each individual being screened
- Allows an orderly flow for those who will be permitted as well as those denied entry

**Entry Screening Methods**

Screening will stop at the point where an individual does meet any one criteria. Once fully operational, two screening methods will be used in this order and entry denials result if:

- Temperature screening – individual has a temperature of 100.4 degree or higher
- Verbal screening questions – answers “Yes” to any screening question appropriate to their role

Successful procurement of thermometers (temporal artery or infrared), deployment and staff training will be needed before this screening method is used. In addition, please note these points about preparations for full operation of the entry stations:

- Medical staff will not be used for entry screening
- Entry screening staff will be designated and trained in advance by medical staff; distance learning will be used to support probation districts and other office locations
- At facilities, entry screening staff do not have to be security staff.
- Documentation of staff training is required and should be maintained in the employees’ training records:
  - See attachment related to thermometer use
  - See attachment related to screening questions
- Staff will be issued, properly don and doff necessary PPE.
- Staff will appropriately document entry denials and advise individuals to contact proper authorities.

**Entry Refusals**

Visitors, contractors, and employees are denied entry if they refuse to complete the steps of either screening method. Document the refusal in the form of a written statement provided to the Unit Head in accordance with Operating Procedure 038.1, Reporting Serious or Unusual Incidents. Unit Heads will consult with Human Resources regarding possible disciplinary action for employee refusals.

**Entry Denials**

When contractors, visitors, and employees complete the screening steps, they will be denied entry as soon as they:

- Exhibit a temperature of 100.4 degrees or higher; or,
- Answer “Yes” to any of the verbal screening questions.

After logging the event, take these steps at the time of any entry denial:

- Denied visitors and all contractors – Direct them to contact their local health department or health care provider.

- Denied employees – Document denial, by designated staff, and submit to Human Resources for placement in the employee’s medical file. Direct the employee to contact Human Resources by telephone or email for proper guidance regarding appropriate leave usage; direct them to contact their local health department or health care provider.

Human Resources will communicate with the employee’s supervisor regarding the employee’s absence from the workplace and the potential for telework arrangements, and provide the employee with guidance about the use of Public Health Emergency Leave (if telework is not feasible) and the need to contact their health care provider or local health department.

**Additional Topics**

Here are additional topics that will require attention at each location:

- **Frequency of screening** – it is only necessary to screen an employee at the beginning of their work period or shift at the location; if job duties require exit and return during the same day it is not necessary to screen again.

- **Denial in a carpool situation** – if an employee is denied entry based on entry screening, other employees who traveled with that individual will not be denied entry unless they also do not meet an entry criteria.
• **Staff exhibits symptoms on the job** – staff will be expected to leave the facility as soon as possible if they develop symptoms while on duty, making proper notifications to their supervisor or Human Resources of their need to leave the workplace; handle questions and situations through the operational chain of command.

• **Procedural review** - each facility will periodically review the process outlined in this memorandum to evaluate designated areas, adequate staffing, and the effectiveness of designated staff administering the process.

Attachments: *Training handouts, Verbal screening questions*

cc: Harold W. Clarke, Director  
Scott Richeson, Deputy Director  
Regional Operations Chief  
Regional Administrators  
Steve Herrick, Health Services Director  
Lisa Kinney, Communications Director  
Randall Mathena  
Rodney Younce
Screening Questions for Employees & Contractors
In Essential Critical Infrastructure Roles

These employees and contractors will be verbally screened for COVID-19 symptoms and contact with COVID-19 cases prior to entering. The verbal screening will be administered by designated trained staff and consist of the following questions:

- In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?
- In the past 14 days, have you traveled from a cruise ship or an area with sustained community-level spread (international or domestic) of COVID-19?
- Today or in the past 24 hours, have you experienced any of the following symptoms:
  - Fever, felt feverish or had chills?
  - Difficulty breathing?
  - Note: these employees and contractors who exhibit a cough but do not report any other symptoms will be permitted entry.

Otherwise, if the employee answers “Yes” to any of the questions posed during the verbal screening, the employee will be denied entry. They will be instructed to contact their local health department or health care provider; employees also need to contact Human Resources.

Screening Questions at Entry for Visitors & Contractors Not In Essential Critical Infrastructure Roles

These visitors and contractors will be verbally screened for COVID-19 symptoms and contact with COVID-19 cases prior to entering. The verbal screening will be administered by designated trained staff and consist of the following questions:

- In the past 14 days, have you had contact with a person known to be infected with the novel coronavirus (COVID-19)?
- In the past 14 days, have you traveled from a cruise ship or an area with sustained community-level spread (international or domestic) of COVID-19?
- Today or in the past 24 hours, have you experienced any of the following symptoms:
  - Fever, felt feverish or had chills?
  - Difficulty breathing?
  - Cough?
  - Note: these visitors and contractors who report a cough and who do not report any other symptoms will be denied entry.

If a contractor or visitor answers “Yes” to any of the questions posed during the verbal screening, the contractor or visitor will be denied entry. They will be instructed to contact their local health department or health care provider.
Thermometer Use Training for COVID-19 Screening

All staff, contractors and visitors must undergo a temperature check prior to entering the facility to screen for COVID-19. The trained, posted security staff will administer the check using a temporal artery or infrared thermometers.

- **Protocol to safely check an individual’s temperature:**
  - Perform hand hygiene
  - Put on a face mask, eye protection (goggles or disposable face shield that fully covers the front and sides of the face), gown/coveralls, and a single pair of disposable gloves
    - Gloves may be single use kitchen gloves to allow for PPE to be reserved for high risk situations. This is low risk for contact and the mask is the primary PPE needed to prevent respiratory droplets. Gloves are a barrier, but also serve as a reminder to dispose of and wash hands before touching other surfaces or your face.
  - Check individual’s temperature using either the temporal artery thermometer or infrared thermometer

  - How to properly utilize a **temporal artery thermometer**:
    1. Remove protective cap.
    2. Hold thermometer so that thumb or index finger is positioned over the scan button (Do not depress button until step 4).
    3. Place probe flush (flat) on the center forehead.
    4. Press and hold the SCAN button.
    5. Lightly slide thermometer either left or right from the center of forehead to the side hairline, keeping the sensor flat and in contact with the skin for the entire scan (2 to 3 seconds). You will hear beeping and a red light will flash during the scan; this indicates that a measurement is taking place.
    6. Release the SCAN button; remove the thermometer from head once you reach the hairline.
    7. Read the temperature on display.
    8. Clean the thermometer probe with an alcohol wipe only. Any other alkaline or acidic solution will ruin the probe.

    - **Let the probe dry for 1-2 minutes.** This is necessary to kill the virus.

    - **If performing a temperature check on multiple individuals, ensure that a clean pair of gloves is used for each individual and that the thermometer has been thoroughly cleaned in between each check.

    - Replace the cap.
How to properly utilize an Infrared Thermometer: (non-contact)

1. Ensure forehead is clear of hair and perspiration.
2. Place the thermometer within 2 inches to 5.9 inches from forehead.
3. Press the measuring key.
4. Temperature will automatically appear along with a colored backlit indicating temperature range
   - Green backlit indicates temperature below 99.5 degrees;
   - Orange indicates temperature from 99.5 - 100.4 degrees;
   - Red backlit indicates temperature above 100.4 degrees.

- If 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 check. If non-contact thermometers are used, they should be cleaned routinely as recommended by CDC for infection control.

- Employees with temperature reading of 100.4 degrees or higher will be denied entry to the facility.
- Contractors and visitors with a temperature reading of 100.4 degrees or higher will be denied entry to the facility and will be directed to contact their local health department or health care provider.
  - Remove and discard PPE
  - Perform hand hygiene

**Employee Acknowledgement:**

I acknowledge that I have read and understand this protocol and instructions for thermometer use for COVID-19 screening.

______________________________  ________________________
Employee Signature              Date

______________________________  ________________________
Printed Name                   Facility

Note: The completed acknowledgement of should be sent to the Institutional Training Officer for appropriate filing with training records.
March 27, 2020

MEMORANDUM

To: All Employees

From: A. David Robinson
Chief of Corrections Operations

Joseph W. Walters
Deputy Director – Administration

Subject: COVID-19 Employee Screening Tool, Version 2

In Director Clarke's memo dated March 16, 2020, he advises all employees to continue to assess their risk on a daily basis prior to reporting to work for the health and safety of our staff and offenders.

Effective immediately, all employees should begin to use Employee Screening Tool, Version 2 for their health evaluation and discard the previous employee screening tool.

Unit Heads should remove all previous screening tools posted and replace with Version 2.

Attachment

cc: Harold W. Clarke, Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
WHAT’S YOUR RISK?
Coronavirus Disease 2019 (COVID-19): Virginia Department of Corrections’ Employee Screening Tool

NOTE: If you are unsure of your risk category, you believe you have had close contact with someone who has COVID-19, or you develop symptoms of COVID-19 (fever, cough, difficulty breathing), contact your local health department, health care provider, and HRO before reporting to work!

Have you traveled from Hubei Province, China; do you, an intimate partner, or someone living in your household have a laboratory-confirmed case of COVID-19?

- **Considered High Risk**
  - Quarantine. Stay Home.
  - Supervisors may authorize telework, as appropriate.
  - Contact your local health department and notify your HRO.

Have you traveled from an area with sustained community-level spread, internationally or domestically, of COVID-19; or had close contact with a lab-confirmed case of COVID-19?

- **Considered Medium to Medium High Risk**
  - Stay Home.
  - Supervisors may authorize telework, as appropriate.
  - Social Distancing
  - Contact your local health department and notify your HRO.

Have you returned from any other international or domestic travel; had casual contact; or do not fall within the other risk categories?

- **Considered Low Risk**
  - Asymptomatic: May return to work.
  - Practice Self-Observation.
  - If you become symptomatic, contact your local health department, health care provider, and notify your HRO before returning to work.

Definitions

**Asymptomatic** means showing no symptoms.

**Close Contact:** a) being within approximately 6 feet of a COVID-19 case for a prolonged period of time; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed or sneezed on)

**Casual Contact:** Being in the same indoor environment as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period.

**Self-observation** means remaining alert for fever, cough, or difficulty breathing. If you feel fevier or develop cough or difficulty breathing during the self-observation period, take your temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or local health department.

**Social distancing** means remaining out of crowded settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet) from others when possible.
MEMORANDUM

To: All Unit Heads

From: Harold W. Clarke
       Director of Corrections

Subject: COVID-19 – Notification to Unit Employees in the Event of a Positive COVID Test Result

If an employee tests positive for COVID-19 it will be important to notify co-workers and others that may have been in direct prolonged contact with the employee to permit them to consult with their personal health care providers and the Virginia Department of Health.

In order to facilitate the notification process, the attached sample memos, developed based on guidance from the Department of Human Resource Management, are provided for use by unit heads. One of the memos is intended for use in office settings and the other memo is intended for use in facility settings. Human resource officers are being provided additional guidance and should be utilized to respond to staff questions and other inquiries about the notification process. The memos should not be significantly modified, other than inserting information unique to the event and work location, to provide consistency across the agency.

Thank you for your cooperation in implementing this notification process. Please contact your unit human resource officer for further information.

HWC

Attachments

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Re-entry, Education, and Programs
    Regional Operations Chiefs
    Regional Administrators
    Human Resource Officers & Support Staff
MEMORANDUM

To: Facility Employees

From: <Unit Head Name>
      <Title>

Subject: COVID-19 – Exposure Notification

An employee at <Facility> has tested positive for the Coronavirus (COVID-19). Leadership is currently working with the local health department to identify those individuals that may have been in direct prolonged contact with this employee. The employee is currently in isolation as advised by the Virginia Department of Health (VDH). Health department representatives or our Department’s Human Resources’ staff will contact those employees who need to be assessed as possible contacts and will make further recommendations at that time. We ask that all employees contacted respond promptly and be fully compliant with health department recommendations.

The facility is following their COVID-19 Isolation Plan for Modified Operations, and I encourage employees to continue the following actions:

1. Sanitize all affected areas following the Medical Epidemic/Pandemic Sanitation Plan;

2. Use Personal Protective Equipment (PPE) when entering and exiting a suspected infectious area; and

3. Use proactive methods to prevent the spread of infectious disease.

4. Everyone should be familiar with the Centers for Disease Control and Prevention’s (CDC) guidance associated with COVID-19 control and implement as appropriate.

5. For stress and anxiety associated with the COVID-19 event and/or this potential exposure, please consider contacting our Employee Assistance provider via the virtual services that are available for employees. For example, LiveCONNECT is a “live chat” service available through the Anthem EAP website. Work/life consultants are available 24/7 to chat about employee personal issues.

6. If you become symptomatic as defined by the CDC with a fever, shortness of breath, or cough, please contact your health care professional or health department for guidance. The CDC recently released the Coronavirus Self-Checker to help people make decisions
about seeking appropriate medical care. This guidance as provided is not intended for the diagnosis or treatment of COVID-19 or other diseases.

7. If you test positive for COVID-19, please inform your supervisor and Human Resources so we can continue to contain the exposures within our workforce. All such communications are confidential.

Please know that we are in regular contact with public health authorities to ensure all employees are aware of the necessary precautions and preventive measures, as well as the steps necessary in the event of a possible exposure. Everyone’s best defense is to practice good hygiene (hand washing), safe distancing (handshake free zones), and monitor one’s own health. Please look for further information and guidance from our leadership. For additional information about COVID-19, you may also call the Virginia Health Department at 877-ASK-VDH3.

The Department is dedicated to protecting the health and safety of our employees. Our employees share a common commitment to our public safety mission and those under our care and supervision, but we are also fully supportive of each other as colleagues and friends. I encourage you during this challenging time to follow CDC recommended precautions. If you have any questions, please contact <HRO Name> at <Phone Number>.

<UH Initials>
DATE

MEMORANDUM

To: <Headquarters/ASD/P&P District/VCE> Employees

From: <Unit Head>
      <Title of Unit Head>

Subject: COVID-19 – Exposure Notification

An employee at <Headquarters/ASD/P&P District/VCE> has tested positive for the Coronavirus (COVID-19). We are currently working with the local health department to identify those individuals that may have been in direct prolonged contact with this employee. The employee is currently in isolation as advised by the Virginia Department of Health (VDH). Health department representatives or our Department’s Human Resources’ staff will contact those employees who need to be assessed as possible contacts and will make further recommendations at that time. We ask that all employees contacted respond promptly and be fully compliant with health department recommendations.

1. The following work location will be closed, and employees shall not access this location until clearance is given from leadership: <specific office/building closed>.

2. The work areas, restrooms and shared spaces will be deep cleaned and disinfected.

3. For stress and anxiety associated with the COVID-19 event and/or this potential exposure, please consider contacting our Employee Assistance provider via the virtual services that are available for employees. For example, LiveCONNECT is a “live chat” service available through the Anthem EAP website. Work/life consultants are available 24/7 to chat about employee personal issues.

4. If you become symptomatic as defined by the Centers for Disease Control and Prevention (CDC) with a fever, shortness of breath, or cough, please contact your health care professional or health department for guidance. The CDC recently released the Coronavirus Self-Checker to help people make decisions about seeking appropriate medical care. This guidance is not intended for the diagnosis or treatment of COVID-19 or other diseases.

5. If you test positive for COVID-19, please inform your supervisor and Human Resources so we can continue to contain the exposures within our workforce. All such communications are confidential.
Please know that we are in regular contact with public health authorities to ensure all employees are aware of the necessary precautions and preventive measures, as well as the steps necessary in the event of a possible exposure. Everyone’s best defense is to practice good hygiene (hand washing), safe distancing (handshake free zones), and monitor one’s own health. Please look for further information and guidance from our leadership. For additional information about COVID-19, you may also call the Virginia Health Department at 877-ASK-VDH3.

The Department is dedicated to protecting the health and safety of our employees. Our employees share a common commitment to our public safety mission and those under our care and supervision, but we are also fully supportive of each other as colleagues and friends. During this challenging time, I encourage you to follow CDC recommended precautions. If you have any questions, please contact <HRO Name> at <Phone Number>.

<UH Initials>
MEMORANDUM

To: All Employees

From: Harold W. Clarke
       Director of Corrections

Subject: COVID-19 Employee Screening Tool

The health and safety of our staff and offenders is paramount. Earlier this week, we provided screening questionnaires for offenders, volunteers, visitors, and contractors. We continue to consider measures that reduce the risk of potential exposure to COVID-19. Our Department’s COVID-19 multidisciplinary taskforce has recommended that a separate screening tool be utilized for employees.

Employees must review this attached tool and assess their risk as soon as possible. Employees who believe they are medium to high risk must notify their Human Resource Officer immediately. Additionally, employees in these risk categories must contact their local health department regardless of whether they are experiencing symptoms. See the following link for a list of local health departments: http://www.vdh.virginia.gov/local-health-districts/.

All employees must assess their risk on a daily basis prior to reporting to work. It is imperative that we take proper precautions to reduce the potential spread of COVID-19. I ask each employee to remain diligent in implementing thorough health and safety measures recommended by the Centers for Disease Control and Prevention (e.g., handwashing, social distancing, etc). It will take all of us working together as an Agency to reduce the impact and spread of this disease.

HWC

Enclosures
WHAT'S YOUR RISK?
Coronavirus Disease 2019 (COVID-19): Virginia Department of Corrections' Employee Screening Tool

NOTE: If you are unsure of your risk category, you believe you have had close contact with someone who has COVID-19, or you develop symptoms of COVID-19 (fever, cough, difficulty breathing), contact your local health department, health care provider, and HRO before reporting to work!

Have you traveled from Hubei Province, China; do you, an intimate partner, or someone living in your household have a laboratory-confirmed case of COVID-19?
Considered High Risk
- Quarantine. Stay Home.
  Supervisors may authorize telework, as appropriate.
  Contact your local health department and notify your HRO.

Have you traveled from an affected international area or had close contact with a laboratory-confirmed case of COVID-19?
Considered Medium to Medium High Risk
- Stay Home.
  Supervisors may authorize telework, as appropriate.
  Social Distancing
  Contact your local health department and notify your HRO.

Have you returned from any other international or domestic travel; had casual contact; or do not fall within the other risk categories?
Considered Low Risk
- Asymptomatic: May return to work. Practice Self-Observation.
  If you become symptomatic, contact your local health department and health care provider, and notify your HRO before returning to work.

Definitions
Asymptomatic means showing no symptoms.

Close Contact: a) being within approximately 6 feet of a COVID-19 case for a prolonged period of time; or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed or sneezed on)

Casual Contact: Being in the same indoor environment as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period.

Self-observation means remaining alert for fever, cough, or difficulty breathing. If you feel feverish or develop cough or difficulty breathing during the self-observation period, take your temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or local health department.

Social distancing means remaining out of crowded settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet) from others when possible.
6.
NEW INTAKE SCREENING
MEMORANDUM

To: Wardens and Superintendents
From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Routing Jail Intakes to Sussex I State Prison

In an effort to isolate any potential COVID-19 cases, we are currently routing offenders entering the VADOC as returns from court appearances, intakes from jails (authorized and coordinated by the Intake Unit) or who have been serving out of state sentences (authorized and coordinated by the Detainer Unit) through Sussex I State Prison, if medically appropriate. This will serve to provide a space for these offenders to be monitored by medical staff to ensure that there are no signs of illness. Following the observation period (typically 14 days) the offender will be directed to the appropriate facility. These transfers will be coordinated by Central Transportation.

Please notify any officer requesting to return an offender to your facility following completion of court that they are to contact Sussex I directly to make return arrangements with the Records office. This will give the requesting agency the opportunity to postpone the transfer if needed. Notification is to be made to Sussex I Records office that you have referred a return to them and supply them with any pertinent information.

Thank you for your attention in this matter and continued cooperation.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
    Intake Supervisors
March 20, 2020

MEMORANDUM

To: Sheriffs and Regional Jail Administrators

From: Harold W. Clarke
Director

Subject: Jail Intake

As you are aware the Department of Corrections (DOC) suspended jail intake for 30 days on March 12, 2020. While we understand the hardship imposed on local and regional jails by this policy change, DOC is actively engaging with stakeholders to address concerns.

In order to provide relief to jails during the COVID-19 pandemic, DOC will be taking custody of sentenced, state responsible offenders that fall into the following categories as they become eligible for intake and suitable bed space is available:

- Management problems – such as serious behavioral or disciplinary problems
- Medical problems – offenders with serious, long-term medical problems (such as cancer patients undergoing or requiring treatment) or needing surgery for a life-threatening or serious condition where the jail does not have appropriate facilities to accommodate the offender during treatment and/or recovery
- Mental health – offenders with serious mental health problems resulting in behavioral issues (suicidal, homicidal, destructive, etc.) when the jail does not have adequate facilities or access to mental health professionals to accommodate the offender
- Male offenders under age 18

At this time, a positive case of COVID-19 does not constitute a reason for immediate intake into the Department of Corrections.

DOC is continuing to monitor this rapidly changing situation and we will update you if these policies change.
March 16, 2020

MEMORANDUM

To: Sheriffs and Regional Jail Administrators

From: Harold W. Clarke

Subject: COVID-19 and Jail Intake

Based on Thursday's declaration of a state of emergency by Governor Northam and after consultation with the Virginia Department of Health about COVID-19, I have decided to suspend the intake of offenders into Virginia Department of Corrections facilities for the next 30 days. This decision is made in interest of safety and in an effort to take proper precautions to reduce the risk of potential exposure to the coronavirus.

The Virginia Department of Corrections will continue to monitor updates from the Virginia Department of Health and Centers for Disease Control and will resume intake as soon as it is safe to do so. At that time, the Department will maximize our intake efforts to relieve any backlog that develops in the interim.

I appreciate your understanding during these unprecedented times.
MEMORANDUM

To: All Unit Heads

From: A. David Robinson, Chief of Corrections Operations
       Joseph W. Walters, Deputy Director for Administration
       H. Scott Richeson, Deputy Director of Programs, Education and Reentry

Subject: Coronavirus COVID-19 Screening Questionnaire

The safety of our employees, offenders, volunteers, contractors, visitors and families remains Virginia Department of Corrections overriding priority. As the Coronavirus Disease 2019 (COVID-19) outbreak continues to evolve and spreads globally, VADOC will monitor the situation closely and will periodically update the guidance based on current recommendations from the Center for Disease Control and the World Health Organization.

To prevent the spread of COVID-19 and reduce the potential risk of exposure, we will complete a simple screening questionnaire on volunteer, contractor, visitor, any offender transferring into a VADOC Facility as a Jail Intake and any offender transferring from a VADOC Facility to another VADOC Facility. A Visitor, Volunteer, Contractor Screening Questionnaire and an Offender Screening Form are being provided to assist with this task.

The appropriate questionnaire must be completed prior to any visitor, volunteer, contractor or offender entering any VADOC Facility. Please reference the following chart for designation of responsible party and storage of completed documents:

<table>
<thead>
<tr>
<th>Questionnaire</th>
<th>Responsible Party</th>
<th>Document Location</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visitor</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Visitation File</td>
<td>Prior to entry into facility</td>
</tr>
<tr>
<td>Volunteer</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Volunteer File</td>
<td>Prior to entry into facility</td>
</tr>
<tr>
<td>Contractor</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Contractor File</td>
<td>Prior to entry into facility</td>
</tr>
<tr>
<td>Offenders – Jail Intakes &amp;</td>
<td>Warden, Assistant Warden and Superintendent</td>
<td>Medical File</td>
<td>Prior to entry into facility</td>
</tr>
<tr>
<td>Transfers In</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Facility Unit Heads may designate staff responsible for ensuring completion of each questionnaire if current designee is unavailable at this time.
If you have any questions, please contact Warden Rodney Younce at (540) 317-4102 or by email at Rodney.younce@vadoc.virginia.gov or Steve Herrick, Health Services Director, at (804) 877-8428 or by email at steve.herrick@vadoc.virginia.gov.

Let’s work together to keep everyone in the Department and our families safe and healthy. Continue to be proactive by washing hands frequently, covering your mouth and nose with a tissue when you cough or sneeze, and all other recommendations that have been provided by the Centers for Disease Control (CDC).

cc: Harold W. Clarke, Director
    Regional Operations Chiefs
    Regional Administrators
Virginia Department of Corrections
Offender Intake and Transfer Screening Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, offenders, volunteers, visitors and families we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you. Prior to entry into a Virginia Department of Corrections Facility, all Jail Intake Offenders and Offender Transfers must complete this questionnaire.

Name:  
Offender Number:  

Date of Birth:  
Transferring Facility:  

Receiving Facility Name:  
Date of Transfer:  

**If the answer is “yes” to any of the following questions, transfer into this VADOC facility may be denied.**

<table>
<thead>
<tr>
<th>SELF-DECLARATION BY OFFENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you traveled outside the United States within the last 14 days?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>2. Have you been in close contact with anyone that has traveled outside the United States within the last 14 days?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>3. Have you had close contact with someone diagnosed with COVID-19 within the last 14 days?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>4. Have you experienced any cold or flu-like symptoms in the last 14 days, to include any of the following:</td>
</tr>
<tr>
<td>Fever ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Cough ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Sore Throat ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Respiratory Illness ☐ Yes ☐ No</td>
</tr>
<tr>
<td>Difficulty Breathing ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

If you have any of the above mentioned symptoms, what is the onset date of first symptoms: ____________________________

Signature / DOC #: ____________________________ Date: __________________

Staff Witness: ____________________________ Date: __________________

Note: If at any time, your responses change, please notify staff immediately

Access to facility (circle one):  Approved  Denied
7.

INITIAL MANAGEMENT & TESTING OF RESPIRATORY ILLNESS CASES
MEMORANDUM

To: All Employees

From: Harold W. Clarke

Subject: Coronavirus Medical Guidelines

Virginia Department of Corrections Medical Guidelines to the Coronavirus will soon be posted on the DOC Intranet. The following information is a summary of the screening process. The screening process incorporates three attachments to assist in evaluation: COVID-19 Medical Guidelines, Offender Screening Questionnaire – Attachment A and the Medical Evaluation Tool – Attachment B. The Offender Screening Questionnaire – Attachment A and the Medical Evaluation Tool – Attachment B shall be placed in the Complaint and Treatment section of the offender’s medical file.

Process for Screening an Offender:

1) For offender(s) transferring into any VADOC Facility (reception or transfer), Security will notify medical to send a Nurse to the Sally Port to evaluate each offender immediately upon arrival. The evaluation will be completed in the Sallyport, which will further reduce our exposure.
   - The Nurse should put on PPE prior to entering the Sallyport.
   - The Nurse will evaluate each offender(s) using the Offender Screening Questionnaire.
   - If they determine an offender may be at risk, they will then refer to the Medical Evaluation Tool – Attachment B to complete the final assessment while observing and assessing temperature if necessary.
   - If the offender(s) is determined to be at risk, place this offender and other offenders on the same transport in single medical isolation cells if available.
   - Then call VADOC Medical Director for further instructions.

2) For offenders who are already inside an institution who are suspected of being at risk for COVID-19, the Nurse will complete both attachments as in #1.
   - If the offender is determined to be At Risk for COVID-19 do the following:
     o Place a mask on the offender
Anyone who has been in contact with the offender should wash hands for 20 seconds
Maintain a social distance (at least 6 feet) from the offender
Notify the following people:
  • Local Virginia Department of Health
  • OLU
  • Warden at the facility where the offender is located
  • By email, notify the VADOC Epidemiology Nurse, Angie Brennan, RN and Chief Physician, Mark Amonette, MD

• Notify Security the offender needs to be placed in isolation. Isolation should be in a negative pressure room if available, or in a single cell if negative pressure room is unavailable. The recommendation from a medical standpoint is that the offender(s) remain at the facility (rather than moved to another facility). Depending on the number of offenders and availability of space to isolate offenders, Security/Operations may move the offender to another facility.

• Contact the Institutional Provider for orders to manage the offender, including orders to transport to a hospital if the offender is seriously ill.

• If the offender is symptomatic, rule out other causes of illness if possible. Specifically, rule out Influenza if testing is available. If an offender has not had any known exposure to someone with or at risk for COVID-19, but is symptomatic and has a positive Influenza test, they should be assumed to have the flu and managed per protocol.

• If known COVID-19:
  o If sending the offender to a hospital, notify the hospital that the offender is coming ahead of time.
  o For additional details see Attachment C of the guidelines

If there are questions about how to manage a particular case or situation, you may contact Epidemiology Nurse Angie Brennan, RN at (804) 201-8793 or the Chief Physician Mark Amonette, MD at (804) 912-5022.

Your health and safety are of utmost importance and concern as the Department continues to proactively implement strategies to protect our workforce and the populations we serve from COVID-19.

Attachments: Medical Screening Guidelines
COVID-19 Medical Screening Questionnaire Attachment A
COVID-19 Medical Evaluation Tool Attachment B
**Discussion:**

A novel (new) coronavirus was first detected in Wuhan City, Hubei Province, China and has now been detected in 60 locations internationally, including in the United States [www.cdc.gov/coronavirus/2019-ncov/summary.html](http://www.cdc.gov/coronavirus/2019-ncov/summary.html). The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, a public health emergency (PHE) was declared for the United States to aid the nation’s healthcare community in responding to COVID-19.

**Source and Spread of the Virus**

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a beta coronavirus that has its origin in bats. The sequences suggest a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients in the COVID-19 outbreak in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. The virus is spread mainly from person-to-person between people who are in close contact with one another (within about 6 feet). This virus is being compared to other coronaviruses and it believed to be spread through respiratory droplets produced when an infected person coughs or sneezes. These droplets can come in contact with the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Although it is not thought to be the primary mode of transmission, it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching his or her own nose, mouth, or possibly eyes. People are thought to be the most contagious when they are the sickest and some spread might be possible before people show symptoms.
In the VADOC, the risk of introduction of COVID-19 will come primarily from three sources:

Employees, visitors, and offenders who are arriving from jails into reception centers as well as parole violators reentering the system. With regards to prevention, this guideline will address parole violators and offenders arriving from jails into reception centers. It will also address management of a Suspected Case of COVID-19 should it occur in an offender already housed in a VADOC facility. Preventive measures for employees and visitors are addressed elsewhere.

Abbreviations:
EMS ---- Emergency Medical Services
COVID-19 ----- Coronavirus disease 2019
PPE ----- Personal Protective Equipment
PUI-- Persons Under Investigation
VADOC--Virginia Department of Corrections
VDH ----- Virginia Department of Health
CDC ----Centers for Disease Control and Prevention
AIIR --Airborne Infection Isolation Room

I. Communications
A. Personnel from Classification and Records will contact jails to determine if they have any offenders confirmed or suspected cases of Coronavirus (COVID-19).
B. If any At Risk, Persons Under Investigation (PUI) or Confirmed cases or COVID-19 are identified, immediately contact your local Virginia Department of Health for notification and instructions on management (www.vdh.virginia.gov/health-department-locator/). Notify the Warden at the affected facility. Also notify by email the VADOC Epidemiology Nurse, Angie Brennan, RN, and the Chief Physician, Mark Amonette, MD. If there are questions, you may contact the VADOC Epidemiology Nurse at (804)201-8793 or the Chief Physician at (804)912-5022.
C. If an offender is determined to be At Risk, a PUI, or a confirmed case of COVID-19 and they are seriously ill and need to be transported to a hospital, the hospital to which they are being transported should be notified ahead of time so they can be prepared to manage the patient.
D. For questions regarding the status of an individual, questions about COVID-19, contact the Virginia Department of Health (VDH) at their local office.
E. If you cannot contact an official at your local Health Department and have an urgent issue, such as reporting a COVID-19 or determining the status of an offender waiting to enter a facility, contact the state Epidemiologist on call at (866) 820-9611. They should be able to contact a local Health Department official. For non-urgent questions please wait until a local Health Department official is available.
II. **Personal Protective Measures**

A. Follow Standard Precautions, Contact Precautions, Airborne Precautions, including the use of eye protection.

B. Whenever an offender is identified as At Risk, a Person Under Investigation (PUI), or a confirmed case of COVID-19, a mask should be placed on that offender until they are placed in an AIIR (negative pressure room) or single cell if AIIR is unavailable.

C. When coming in close contact with or entering an isolation room of an At Risk offender, PUI, or confirmed case of COVID-19, staff, including medical and non-medical personnel, should wear appropriate PPE (personal protective equipment).

D. Proper Use of Personal Protective Equipment

- **Gloves**
  - Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.
  - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

- **Gowns**
  - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

- **Respiratory Protection**
  - Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering face piece respirator before entry into the patient room or care area. See appendix for respirator definition.
  - Disposable respirators should be removed (then follow CDC guidelines for reuse) after exiting the patient’s room or care area and closing the door. Perform hand hygiene after discarding the respirator.
  - If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.
  - Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard. Staff should be medically cleared and fit-tested if using respirators with tight fitting face pieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

- **Eye Protection**
  - Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
It is important that PPE be donned on and off properly. Please refer to the CDC guidance ‘Sequence For Putting On Personal Protective Equipment (PPE)’ and ‘How To Safely Remove Protective Personal Equipment (PPE)’ https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

E. Maintain social distance (at least 6 feet) from anyone determined to be a PUI.
F. Once a PUI is identified, limit further interaction with the affected offender, if possible, only to designated local health department healthcare responders, EMS responders, and Strike force officers.
G. Avoid touching the offender with COVID-19 or surfaces s/he has touched without donning PPE. No direct contact should be allowed to take place with the COVID-19 offender by anyone not wearing appropriate PPE.
H. If the affected offender is exhibiting obvious vomiting and requires emergency assistance, do not reenter the room but wait for trained EMS personnel to arrive.
I. If life-saving care is needed, the minimum PPE that must be donned before entering the room includes a N95 or NIOSH approved respirator, gloves, goggles or face shield, and impermeable gown.
J. Hand hygiene should be performed by washing hands with soap and water for at least 20 seconds. Hands should be washed after all offender contact, if visibly soiled, contact with infectious material, and before putting on and removal of PPE including gloves.
K. Once an offender with COVID-19 has been removed, cordon off any room/cell in which the affected offender has occupied until an assessment has been completed, and the space has been appropriately cleaned and disinfected.

III. Risk Levels
   A. No Risk Offender
      • Coming from a jail with no confirmed or suspected cases of COVID-19 in the past 14 days.
      • An offender who gives a negative response to all the questions on Attachment A, the Offender Intake and Transfer Screening Questionnaire.
   B. At Risk Offender—An Offender Who Reports the Following:
      • If in the past 14 days since first onset of symptoms a history of either travel to affected geographic area (country with at least a CDC Level 2 Travel Health Notice) www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html OR close contact with a person known to have 2019-nCoV illness AND fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)
      • Coming from a jail with a known or suspected case of COVID-19 in the past 14 days.
      • An offender who gives an affirmative response to any one of the three questions on Attachment A, the Offender Intake and Transfer Screening Questionnaire.
      • Any offender who rides in a transport vehicle with an offender who is found on screening to be a COVID-19 PUI.
      • Being managed for active Coronavirus (COVID-19) or monitored for Coronavirus.
   C. Suspected Case COVID-19 (Coronavirus) (PUI) --Any offender deemed to be a Person Under Investigation based on above criteria.
IV. Screening Offenders

A. The status of any case(s) of active or suspected COVID-19 at jails should be known at the time of transfer of an offender to a reception center based on communication Classification and Records and the jail.

B. All offenders arriving at reception centers from jails, and any parole violators returning to prison, and offenders being transferred out of the facility, are to be screened prior to entry into or departure from the facility by asking the three questions on Attachment A, the Offender Intake and Transfer Screening Questionnaire. This may be performed by Security.

C. If an offender entering a facility gives an affirmative answer to any one of the questions on Attachment A, a mask should be placed on the offender and they are to be isolated in a predetermined Hold In room at the Sally Port designated for the purpose of managing offenders with possible COVID-19. The room should have a bathroom.

D. If an offender is being prepared for transport out of a facility and gives an affirmative answer to any one of the questions on Attachment A, a mask should be immediately placed on the offender, transfer should be postponed, and they should be placed in an AIIR. An exception is, if the offender is being transported out for an urgent or emergent medical reason and it is communicated to the receiving facility/medical institution that the offender is At Risk for COVID-19 and that facility is prepared to receive the offender.

E. Once an offender has been determined to be at risk based on screening with Attachment A, a Nurse or Physician/Provider should be notified to medically assess the offender using Attachment B, COVID-19 Medical Evaluation Tool, and that documentation placed in the offender’s medical file in the Complaint and Treatment section.

F. The CDC recommends ruling out other causes of flu-like illness before testing for COVID-19. Therefore, Influenza should be ruled out if testing is available.

G. Once screening is complete, the offender should be managed according to the determined level of risk as outlined below.

V. Management of Offenders Entering Reception Centers or Parole Violators Reentering

A. No Risk Offenders – Once no risk status is determined by screening, these offenders may enter the facility with no further screening.

B. At Risk Offenders

- Immediately place a face mask on the offender
- Maintain a social distance (at least 6 feet) from the affected offender until they can be placed in isolation/single cell or are sent to the hospital.
- Thoroughly wash hands if you have had close contact with the offender
- Offender should be placed in an Airborne Infection Isolation Room (AIIR or negative pressure room) if available with a toilet and shower. The facemask can be removed once in an AIIR. If AIIR is not available place in single cell until a disposition is determined.
- Notify the Virginia Department of Health (VDH), the VADOC Epidemiology Nurse, the VADOC Chief Physician, and the Warden of the facility where the offender is located, per section I of this guideline.
- The VDH will determine, based on their criteria, whether the offender is a Person Under Investigation and should be tested for COVID-19. If the VDH determines that the offender does not need to be tested for COVID-19 and the Institutional Physician/Provider disagrees with the assessment of the VDH and feels the offender is at risk and should be tested, the Physician/Provider can order a test for COVID-19 from a private lab. Lab Corp does have a test available for the COVIS-19 Virus.
- If the offender is symptomatic, the Nurse should notify the Institutional Physician/Provider for any orders regarding managing the offender/patient including transport to a hospital if seriously ill.
- If the Health Department determines that the offender has already been monitored and declared free of COVID-19 since the last known exposure to COVID-19, AND determines that the offender does not meet criteria for a COVID-19 Person Under Investigation status and no other condition or symptom deems AIIR necessary, the offender can be released from Airborne Isolation.
- If the offender has not already been monitored then s/he should remain in Airborne Isolation or single cell until Health Department approval to release.
- If at any point, the offender develops respiratory illness and has reported travel to affected area (www.cd.gov/coronavirus/2019-nCoV/hcp/clinical- criteria.html) or close contact with someone known to have COVID-19 illness treat as a PUI.

C. Person Under Investigation
- Immediately contact the Medical Department/Health Authority/Nurse on duty, the Warden, and the local Health Department.
- The Warden or his/her designee should mobilize the Strike Force to send trained officers to secure offender if needed.
- The affected offender should remain in the Hold In room or isolation cell until the medical staff arrives.
- Follow instructions from the VDH on management of any staff or other offenders who may have been exposed to the affected offender.
- The facility should be locked down and any offender movement into or out of the facility should be halted until the VDH provides instructions on management of the offender population and staff.
- The Health Authority or her/his designee should make a list of all persons they can identify who may have been exposed to the offender with COVID-19 to aid the VDH in any investigation they may conduct.
VI. Management of Suspected or Confirmed COVID-19 Cases in a Facility

A. Communications
- For any offenders already housed in a facility who are identified as At Risk, a Person Under Investigation, or a Confirmed Case of COVID-19 follow communication recommendations outlined in section I of this guideline. In addition to the steps outlined below, we will also maintain communication with the Virginia Department of Health and follow other recommendations they may offer.
- Note that when the plan calls for quarantine of a housing unit or facility for 14 days, that is for 14 days after the most recent identified case.
- Monitoring for signs/symptoms of disease include fever, cough, and shortness of breath.
- For any of the scenarios below, if an Airborne Infection Isolation Room (AIIR) is not available, the offender should be placed in a single cell until a disposition is determined.

B. Suspected Case
- Quarantine the Individual to an AIIR (negative pressure room) if available with restriction of movement for the duration of the incubation period (14 days).
- Meals provided in cell

C. Single Confirmed Case
- Quarantine the individual to an AIIR (negative pressure room) if available with restriction of movement until resolution of illness. Provide meals to the offender in his/her room.
- Quarantine/Lock down the housing area where the affected offender is housed and serve meals in the housing area for 14 days.
- Quarantine/Lock down the facility where the affected individual is housed for 14 days. No offender or visitor movement into or out of the facility. Offenders outside the affected offenders housing area may move about the facility and go to chow hall for meals.
- Monitor offenders for signs/symptoms of disease.

D. Two or More Confirmed Cases in Separate Housing Units
- Quarantine the affected individuals to AIIRs (negative pressure rooms) if available until resolution of the illness. Provide meals to affected offenders in their room. If there are not enough AIIRs to accommodate the number of affected individuals, consult with the VADOC Epidemiology Nurse, Angie Brennan, Chief Physician, Mark Amonette, and the Health Department to develop a strategy to isolate the affected offenders.
- Quarantine/Lock down the housing units where the affected offenders are housed and serve meals in the housing units for 14 days.
- Quarantine/Lock down the entire facility for 14 days. No offender or visitor movement into or out of the facility. Offenders outside the affected offenders housing units may move about the facility and go to chow hall for meals.
- Monitor offenders for signs/symptoms of disease.
E. Offender Becomes Symptomatic and is Confirmed COVID-19 After Moving from One Facility to Another During the Infectious Period.

• Quarantine the affected individual to an AIIR (negative pressure room) if available for the duration of illness. Provide meals to the offender in his/her room.
• Quarantine/Lock down housing units in both facilities where the offender has been housed and serve meals in the housing units for 14 days.
• Quarantine/Lock down both facilities where the offender has been housed for 14 days. No offender or visitor movement into or out of the facility. Offenders outside the affected offenders housing units may move about the facility and go to chow hall for meals.
• Monitor offenders in both facilities for signs/symptoms of disease.

VII. Clean Up

A. Dedicated medical equipment is to be used for offender care.
B. A Hold In room or isolation cell which an offender has occupied and remained without signs/symptoms and diagnosis of COVID-19 the entire time, can be cleaned by housekeeping in the usual fashion.
C. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. See www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html and https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
D. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

For a current list of affected areas visit www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
References:


Created 2/2020

Signature on file

Dr. Mark Amonette, Medical Director
To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, offenders, volunteers, visitors and families we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you. Prior to entry into a Virginia Department of Corrections Facility, all Jail Intake Offenders and Offender Transfers must complete this questionnaire.

Name:  
Offender Number:  

Date of Birth:  
Transferring Facility:  

Receiving Facility Name:  
Date of Transfer:  

If the answer is “yes” to any of the following questions, transfer into this VADOC facility may be denied.

<table>
<thead>
<tr>
<th>SELF-DECLARATION BY OFFENDER</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you traveled outside the United States within the last 14 days?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>2. Have you been in close contact with anyone that has traveled outside the United States within the last 14 days?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>3. Have you had close contact with someone diagnosed with COVID-19 within the last 14 days?</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>4. Have you experienced any cold or flu-like symptoms in the last 14 days, to include any of the following:</td>
</tr>
<tr>
<td>☐ Yes  ☐ No</td>
</tr>
<tr>
<td>Fever</td>
</tr>
<tr>
<td>Cough</td>
</tr>
<tr>
<td>Sore Throat</td>
</tr>
<tr>
<td>Respiratory Illness</td>
</tr>
<tr>
<td>Difficulty Breathing</td>
</tr>
</tbody>
</table>

If you have any of the above mentioned symptoms, what is the onset date of first symptoms: ____________

Signature / DOC #: ____________ Date: ____________

Staff Witness: ____________ Date: ____________

Note: If at any time, your responses change, please notify staff immediately

Access to facility (circle one): Approved  Denied

Revision Date:
Health Services Complaint and Treatment Form

<table>
<thead>
<tr>
<th>Date / Time</th>
<th>Complaint and Treatment Form</th>
<th>Signature / Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>COVID-19 Medical Evaluation Tool</td>
<td></td>
</tr>
</tbody>
</table>

Circle One:

Yes/No: Has the offender travelled from or through any location identified by the CDC as being at increased epidemiologic risk for COVID-19 in the past 14 days?

Yes/No: Has the offender had close contact with anyone diagnosed with COVID-19 in the past 14 days?

Yes/No: Does the offender have unexplained severe lower respiratory illnesses?

Yes/No: Has the offender had close contact with someone who is At Risk/ A Person Under Investigation (i.e. on bus with such an offender)?

Vital Signs:

Does the offender report any of the following symptoms:

Date of Symptom Onset (if applicable):

Yes/No Fever, Chills

Yes/No Cough

Yes/No Shortness of Breath

Yes/No Headache

Yes/No Sore Throat

Yes/No Vomiting/Diarrhea

Yes/No Abdominal discomfort

Yes/No Imp

[ ] No Risk-Answer no to both questions and asymptomatic

Plan- Normal Intake Process

[ ] At risk- Answer Yes to any of the questions or is Symptomatic, or if, in the judgement of the treating Provider at risk for having COVID-19

Plan- Follow Checklist (Attachment C)

Name: Date:
8.
PERSONAL PROTECTION EQUIPMENT (PPE)
MEMORANDUM

To: Unit Heads
Health Authorities

From: Dr. Trey Fuller
Assistant Director of Health Services

Subject: COVID-19 PPE Sequence – CDC

April 6, 2020

In keeping with CDC guidelines for Personal Protection Equipment, please ensure all staff who are using PPE have studied the attached documents from the CDC regarding proper donning and doffing of gear.

While a sign off from the employee is all that is required, we encourage staff to observe each other and monitor for proper procedure being followed. The completed employee training acknowledgement form should be sent to the Institutional Training Officer for appropriate filing with training records.

Please direct any questions to your chain of command.

Attachment – PPE Sequence, CDC
Employee PPE Training Acknowledgement

cc: Harold W. Clarke, Director
David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chiefs
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN
   • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   • Fasten in back of neck and waist

2. MASK OR RESPIRATOR
   • Secure ties or elastic bands at middle of head and neck
   • Fit flexible band to nose bridge
   • Fit snug to face and below chin
   • Fit-check respirator

3. GOGGLES OR FACE SHIELD
   • Place over face and eyes and adjust to fit

4. GLOVES
   • Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

• Keep hands away from face
• Limit surfaces touched
• Change gloves when torn or heavily contaminated
• Perform hand hygiene
HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES
   - Outside of gloves are contaminated!
   - If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
   - Hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
   - Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD
   - Outside of goggles or face shield are contaminated!
   - If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Remove goggles or face shield from the back by lifting head band or ear pieces
   - If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. GOWN
   - Gown front and sleeves are contaminated!
   - If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Unfasten gown ties, taking care that sleeves don’t contact your body when reaching for ties
   - Pull gown away from neck and shoulders, touching inside of gown only
   - Turn gown inside out
   - Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR
   - Front of mask/respirator is contaminated — DO NOT TOUCH!
   - If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   - Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   - Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES
   • Gown front and sleeves and the outside of gloves are contaminated!
   • If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
   • While removing the gown, fold or roll the gown inside-out into a bundle
   • As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. GOGGLES OR FACE SHIELD
   • Outside of goggles or face shield are contaminated!
   • If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
   • If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR
   • Front of mask/respirator is contaminated — DO NOT TOUCH!
   • If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
   • Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
   • Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE
Sequence for Putting On and Safely Removing PPE

Employee Acknowledgement:

I acknowledge that I have read and understand the CDC SEQUENCE FOR PUTTING ON AND SAFELY REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE) CS250672-E

__________________________  ________________
Employee Signature          Date

__________________________  __________________
Printed Name                Facility

Note: The completed acknowledgement of should be sent to the Institutional Training Officer for appropriate filing with training records.
MEMORANDUM

To: Wardens, Superintendents, Chiefs
    Marie Vargo, Luke Black and Aaron Wothe

From: A. David Robinson
      Chief of Corrections Operations

      Joseph W. Walters
      Deputy Director - Administration


Thank you to all locations for your diligence in getting our Personal Protection Equipment (PPE) reporting in place. This is a critical area where timely, accurate and complete inventory information will allow us prioritize needs and deploy equipment for the most efficient and effective delivery possible.

At this time, the PPE inventory is being expanded to track COVID-19 status of offenders and staff. A module has been added at the end of the SurveyMonkey instrument in order to report the numbers of offenders and staff with confirmed COVID-19 and how many of those cases are active.

You will find these new questions after the end of the PPE questions; continue to use the same SurveyMonkey link you have been using. Here are the new COVID-19 status items. They require daily reporting.

Offenders

- Districts just enter NO
- If your facility location conducted COVID-19 testing you will be asked to report the following:
  - Number of tests conducted in last 24 hours
  - Where the tests conducted in the last 24 hours were sent; VDH, Lab Corp, Other (explain where)
  - Offender ID of those tested in the last 24 hours
  - Number of total positive test results at your location (cumulative, not just last 24 hours
  - Number of offenders with active COVID-19 (not recovered yet)

Staff

- Number of staff with confirmed COVID-19 (all cases)
- Number of staff with active COVID-19 (not recovered yet)

Thank you doing your part to enhance our reporting process. Again, timely, accurate and complete reporting will help us best support you and respond to changing conditions.

cc: Harold W. Clarke, Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director

    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

As we continue the daily inventory process for PPE (Personal Protection Equipment) at all of our locations, please note the following refinements to the reporting process:

- **Count of items**—the count for both items used and items on hand continues for individual items using this approach:
  - **On-hand**—count the number of unopened boxes. Multiply the number of unopened boxes x number of each items in each box for your total
  - **Used**—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes x number of each items in each box for your total.

- **Size of items**—anticipate that the inventory will require reporting by sizes for gowns and gloves. Refer to the PDF version of the current survey for details.

- **Reporting assistance**—use these contacts if difficulty is experienced in making your submission:
  - **Technical issues with SurveyMonkey**—use this shared mailbox monitored by the Research Unit: research@vadoc.virginia.gov
  - **Procedural issues**—refer to your supervisor and up your chain to your region; note that 24-hour assistance can be initiated by OLU: docolu@vadoc.virginia.gov

Complete this inventory by 2:00pm each day.

Enter all usage and inventory information as of 12:00 noon for the preceding 24-hour period.

Report information for your specific location. If your location also holds supplies for the Regional Stockpiles, you will need to report the information for the Regional Stockpiles at the end of this inventory. Do NOT combine the information from your location with the regional stockpile supplies you are storing.
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

* 1. Enter email address of person completing this inventory

* 2. Select the name of your location from the dropdown menu

* 3. Enter the date for which you are reporting this information

Report Date

Date

MM/DD/YYYY
* 4. As of 12:00 noon today...

How many *N-95 and KN-95 Masks* were used at your location?

What is the current inventory of *N-95 and KN-95 Masks* at your location?
* 5. As of 12:00 noon today...

How many *Medical Masks* were used at your location?

What is the current inventory of *Medical Masks* at your location?
How many P-100 Respirators were used at your location?  
What is the current inventory of P-100 Respirators at your location?
Disposable Coveralls

Daily Usage Inventory

* 7. As of 12:00 noon today...

How many *Disposable Coveralls* were used at your location?

What is the current inventory of *Disposable Coveralls* at your location?
* 8. As of 12:00 noon today...

How many *Disposable Gowns (size Small)* were used at your location?

What is the current inventory of *Disposable Gowns (size Small)* at your location?

* 9. As of 12:00 noon today...

How many *Disposable Gowns (size Medium)* were used at your location?

What is the current inventory of *Disposable Gowns (size Medium)* at your location?
10. As of 12:00 noon today...

How many **Disposable Gowns (size Large)** were used at your location?

What is the current inventory of **Disposable Gowns (size Large)** at your location?

11. As of 12:00 noon today...

How many **Disposable Gowns (sizes XL, 2X, & 3X)** were used at your location?

What is the current inventory of **Disposable Gowns (sizes XL, 2X, & 3X)** at your location?

12. As of 12:00 noon today...

How many **Protective Gowns (one size)** were used at your location?

What is the current inventory of **Protective Gowns (one size)** at your location?
# VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory

* **Latex and Nitrile Gloves**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many <strong>Latex and Nitrile Gloves (size XS)</strong> were used at your location?</td>
<td></td>
</tr>
<tr>
<td>What is the current inventory of <strong>Latex and Nitrile Gloves (size XS)</strong> at your location?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many <strong>Latex and Nitrile Gloves (size Small)</strong> were used at your location?</td>
<td></td>
</tr>
<tr>
<td>What is the current inventory of <strong>Latex and Nitrile Gloves (size Small)</strong> at your location?</td>
<td></td>
</tr>
</tbody>
</table>
* 15. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Medium)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Medium)* at your location?

* 16. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Large)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Large)* at your location?

* 17. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XL)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size XL)* at your location?
18. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XXL)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size XXL)* at your location?
19. As of 12:00 noon today...

How many **Goggles** were used at your location?

What is the current inventory of **Goggles** at your location?

20. As of 12:00 noon today...

How many **Disposable Faceshields** were used at your location?

What is the current inventory of **Disposable Faceshields** at your location?
Regional Stockpiles

21. Are you holding supplies for the Regional Stockpiles?

☐ Yes, my location holds supplies for the Regional Stockpiles

☐ No, my location DOES NOT hold supplies for the Regional Stockpiles
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
Regional Stockpiles

* 22. Select the Region you are holding supplies for
VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory Regional Stockpiles

* 23. As of 12:00 noon today...

How many N-95 and KN-95 Masks from the Regional Stockpile were used/distributed? 

What is the current inventory of N-95 and KN-95 Masks at your location for the Regional Stockpile?

* 24. As of 12:00 noon today...

How many P-100 Respirators from the Regional Stockpile were used/distributed?

What is the current inventory of P-100 Respirators at your location for the Regional Stockpile?
How many *Medical Masks* from the Regional Stockpile were used/distributed?

What is the current inventory of *Medical Masks* at your location for the Regional Stockpile?
26. As of 12:00 noon today...

How many *Disposable Coveralls* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Coveralls* at your location for the Regional Stockpile?
* 27. As of 12:00 noon today...

How many *Disposable Gowns (size Small)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Gowns (size Small)* at your location for the Regional Stockpile?

* 28. As of 12:00 noon today...

How many *Disposable Gowns (size Medium)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Gowns (size Medium)* at your location for the Regional Stockpile?
* 29. As of 12:00 noon today...

How many Disposable Gowns (size Large) from the Regional Stockpile were used/distributed?

What is the current inventory of Disposable Gowns (size Large) at your location for the Regional Stockpile?

* 30. As of 12:00 noon today...

How many Disposable Gowns (sizes XL, 2X, & 3X) from the Regional Stockpile were used/distributed?

What is the current inventory of Disposable Gowns (sizes XL, 2X, & 3X) at your location for the Regional Stockpile?
How many Protective Gowns (one size) from the Regional Stockpile were used/distributed?

What is the current inventory of Protective Gowns (one size) at your location for the Regional Stockpile?

* 31. As of 12:00 noon today...
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
Regional Stockpiles

* 32. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XS)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size XS)* at your location for the Regional Stockpile?

* 33. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Small)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size Small)* at your location for the Regional Stockpile?
34. As of 12:00 noon today...

How many Latex and Nitrile Gloves (size Medium) from the Regional Stockpile were used/distributed? ______

What is the current inventory of Latex and Nitrile Gloves (size Medium) at your location for the Regional Stockpile? ______

35. As of 12:00 noon today...

How many Latex and Nitrile Gloves (size Large) from the Regional Stockpile were used/distributed? ______

What is the current inventory of Latex and Nitrile Gloves (size Large) at your location for the Regional Stockpile? ______
* 36. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XL)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size XL)* at your location for the Regional Stockpile?

* 37. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XXL)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size XXL)* at your location for the Regional Stockpile?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
Regional Stockpiles

* 38. As of 12:00 noon today...

How many *Goggles* from the Regional Stockpile were used/distributed?

What is the current inventory of *Goggles* at your location for the Regional Stockpile?

* 39. As of 12:00 noon today...

How many *Protective Faceshields* from the Regional Stockpile were used/distributed?

What is the current inventory of *Protective Faceshields* at your location for the Regional Stockpile?
40. In the last 24 hours, have any tests for *Coronavirus* been administered to offenders at your location?

- Yes
- No
* 41. How may tests for Coronavirus have been administered to OFFENDERS at your location in the last 24 hours?

* 42. Enter the lab that is processing these tests

* 43. Enter the OffenderIds of the OFFENDERS tested in the last 24 hours at your location (if more than 50 offenders, please contact Research@vadoc.virginia.gov)
<table>
<thead>
<tr>
<th>OffenderId</th>
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<tbody>
<tr>
<td>15th</td>
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<td>41st</td>
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</tr>
<tr>
<td>42nd</td>
<td></td>
</tr>
</tbody>
</table>
* 44. An OFFENDER is considered to be an Active COVID-19 Case if he/she has the Coronavirus and is currently being held in isolation. Based on this definition, how many Active COVID-19 cases are there among OFFENDERS at your location?

* 45. The Total Number of OFFENDER COVID-19 Cases is the combination of Active COVID-19 Cases PLUS the number of OFFENDERS with COVID-19 who have since Recovered from the illness. Based on this definition, what is the cumulative Total Number of OFFENDER COVID-19 Cases at your location?
COVID-19 Among VADOC STAFF

**VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory**

**COVID-19 Among VADOC STAFF**

* 46. In the last 24 hours, how many employees at your location have been confirmed to have COVID-19?

* 47. What is the cumulative total number of employees at your location who have been confirmed to have COVID-19?

* 48. How many of the employees at your location with confirmed COVID-19 are considered to be an Active COVID-19 Case?

* 49. How many of the employees at your location with confirmed COVID-19 have recovered?
March 28, 2020

MEMORANDUM

To: Wardens, Superintendents, Chiefs
Marie Vargo, Luke Black and Aaron Wothe

From: A. David Robinson
Chief of Corrections Operations

Joseph W. Walters
Deputy Director - Administration

Subject: COVID-19 – Clarification of Daily Inventory of Personal Protection Equipment

As we continue the daily inventory process for PPE (Personal Protection Equipment) at all of our locations, please note the following refinements to the reporting process:

- **Count of items**—the count for both items used and items on hand continues for individual items using this approach:
  - On-hand—count the number of unopened boxes. Multiply the number of unopened boxes by the number of each item in each box for your total
  - Used—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes by the number of each items in each box for your total.

- **Size of items**—anticipate that the inventory will require reporting by sizes for gowns and gloves. Refer to the PDF version of the current survey for details.

- **Reporting assistance**—use these contacts if difficulty is experienced in making your submission:
  - Technical issues with SurveyMonkey—use this shared mailbox monitored by the Research Unit: research@vadoc.virginia.gov
  - Procedural issues—refer to your supervisor and up your chain to your region; note that 24-hour assistance can be initiated by OLU: docolu@vadoc.virginia.gov

Please continue to maintain your reporting each day of the week (weekends included) by 2:00pm. Thank you for your diligence in submitting your inventories on a timely, accurate and complete basis.

Again, please note PPE equipment in regional stockpiles will not be transferred to any other location unless authorized by the Incident Command Center or Randall Mathena/OLU. Likewise, transfer of PPE equipment from its current unit location will not take place unless authorized by one of these authorities.

cc: Harold W. Clarke, Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director

Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
VADOC COVID-19 Personal Protective Equipment (PPE)

Daily Usage Inventory

As we continue the daily inventory process for PPE (Personal Protection Equipment) at all of our locations, please note the following refinements to the reporting process:

- **Count of items**—the count for both items used and items on hand continues for individual items using this approach:
  - **On-hand**—count the number of unopened boxes. Multiply the number of unopened boxes x number of each items in each box for your total
  - **Used**—as soon as you have used one item from a box, consider the entire box as “used.” Do not count loose items in an opened box to avoid possible contamination. Multiply the number of opened boxes x number of each items in each box for your total.

- **Size of items**—anticipate that the inventory will require reporting by sizes for gowns and gloves. Refer to the PDF version of the current survey for details.
- **Reporting assistance**—use these contacts if difficulty is experienced in making your submission:
  - **Technical issues with SurveyMonkey**—use this shared mailbox monitored by the Research Unit: research@vadoc.virginia.gov
  - **Procedural issues**—refer to your supervisor and up your chain to your region; note that 24-hour assistance can be initiated by OLU: docolu@vadoc.virginia.gov

Complete this inventory by 2:00pm each day.

**Enter all usage and inventory information as of 12:00 noon for the preceding 24-hour period.**

*Report information for your specific location. If your location also holds supplies for the Regional Stockpiles, you will need to report the information for the Regional Stockpiles at the end of this inventory. Do NOT combine the information from your location with the regional stockpile supplies you are storing.*
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

* 1. Enter email address of person completing this inventory

* 2. Select the name of your location from the dropdown menu

* 3. Enter the date for which you are reporting this information

Report Date

Date

MM/DD/YYYY
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
*N-95 and KN-95 Masks*

* 4. As of 12:00 noon today...

<table>
<thead>
<tr>
<th>How many <em>N-95 and KN-95 Masks</em> were used at your location?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What is the current inventory of <em>N-95 and KN-95 Masks</em> at your location?</th>
</tr>
</thead>
</table>
VAHOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
*Medical Masks*

* 5. As of 12:00 noon today...

How many *Medical Masks* were used at your location?

What is the current inventory of *Medical Masks* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
P-100 Respirators

* 6. As of 12:00 noon today...

How many P-100 Respirators were used at your location?

What is the current inventory of P-100 Respirators at your location?
VA DOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

*Disposable Coveralls*

7. As of 12:00 noon today...

How many *Disposable Coveralls* were used at your location?

What is the current inventory of *Disposable Coveralls* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

Disposable Gowns

* 8. As of 12:00 noon today...

How many Disposable Gowns (size Small) were used at your location?

What is the current inventory of Disposable Gowns (size Small) at your location?

* 9. As of 12:00 noon today...

How many Disposable Gowns (size Medium) were used at your location?

What is the current inventory of Disposable Gowns (size Medium) at your location?
**10. As of 12:00 noon today...**

How many *Disposable Gowns (size Large)* were used at your location?

What is the current inventory of *Disposable Gowns (size Large)* at your location?

**11. As of 12:00 noon today...**

How many *Disposable Gowns (sizes XL, 2X, & 3X)* were used at your location?

What is the current inventory of *Disposable Gowns (sizes XL, 2X, & 3X)* at your location?

**12. As of 12:00 noon today...**

How many *Protective Gowns (one size)* were used at your location?

What is the current inventory of *Protective Gowns (one size)* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory

Latex and Nitrile Gloves

* 13. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XS)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size XS)* at your location?

* 14. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Small)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Small)* at your location?
15. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Medium)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Medium)* at your location?

16. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Large)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Large)* at your location?

17. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XL)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size XL)* at your location?
18. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XXL)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size XXL)* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

**Goggles**

* 19. As of 12:00 noon today...

How many *Goggles* were used at your location? 

What is the current inventory of *Goggles* at your location? 

* 20. As of 12:00 noon today...

How many *Disposable Faceshields* were used at your location? 

What is the current inventory of *Disposable Faceshields* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
Regional Stockpiles

* 21. Are you holding supplies for the Regional Stockpiles?

- Yes, my location holds supplies for the Regional Stockpiles
- No, my location DOES NOT hold supplies for the Regional Stockpiles
* 22. Select the Region you are holding supplies for
23. As of 12:00 noon today...

How many N-95
and KN-95
Masks from the
Regional Stockpile
were
used/distributed?

What is the
current inventory
of N-95 and KN-95
Masks at your
location for the
Regional
Stockpile?

24. As of 12:00 noon today...

How many P-100
Respirators from
the Regional
Stockpile were
used/distributed?

What is the
current inventory
of P-100
Respirators at
your location for
the Regional
Stockpile?
### VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory Regional Stockpiles

* 25. As of 12:00 noon today...

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many <em>Medical Masks</em> from the Regional Stockpile were used/distributed?</td>
<td></td>
</tr>
<tr>
<td>What is the current inventory of <em>Medical Masks</em> at your location for the Regional Stockpile?</td>
<td></td>
</tr>
</tbody>
</table>
* 26. As of 12:00 noon today...

How many *Disposable Coveralls* from the Regional Stockpile were used/distributed?  

What is the current inventory of *Disposable Coveralls* at your location for the Regional Stockpile?
* 27. As of 12:00 noon today...

How many *Disposable Gowns (size Small)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Gowns (size Small)* at your location for the Regional Stockpile?

* 28. As of 12:00 noon today...

How many *Disposable Gowns (size Medium)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Gowns (size Medium)* at your location for the Regional Stockpile?
* 29. As of 12:00 noon today...

How many *Disposable Gowns* *(size Large)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Gowns* *(size Large)* at your location for the Regional Stockpile?

* 30. As of 12:00 noon today...

How many *Disposable Gowns* *(sizes XL, 2X, & 3X)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Gowns* *(sizes XL, 2X, & 3X)* at your location for the Regional Stockpile?
* 31. As of 12:00 noon today...

How many *Protective Gowns (one size)* from the Regional Stockpile were used/distributed? 

What is the current inventory of *Protective Gowns (one size)* at your location for the Regional Stockpile?
VA DOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
Regional Stockpiles

* 32. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XS)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size XS)* at your location for the Regional Stockpile?

* 33. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Small)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size Small)* at your location for the Regional Stockpile?
* 34. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Medium)* from the Regional Stockpile were used/distributed? 

What is the current inventory of *Latex and Nitrile Gloves (size Medium)* at your location for the Regional Stockpile?

* 35. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Large)* from the Regional Stockpile were used/distributed? 

What is the current inventory of *Latex and Nitrile Gloves (size Large)* at your location for the Regional Stockpile?
* 36. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XL)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size XL)* at your location for the Regional Stockpile?

* 37. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XXL)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size XXL)* at your location for the Regional Stockpile?
**VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory Regional Stockpiles**

* 38. As of 12:00 noon today...

  How many **Goggles** from the Regional Stockpile were used/distributed? 

  What is the current inventory of **Goggles** at your location for the Regional Stockpile?

* 39. As of 12:00 noon today...

  How many **Protective Faceshields** from the Regional Stockpile were used/distributed? 

  What is the current inventory of **Protective Faceshields** at your location for the Regional Stockpile?
MEMORANDUM

To: Wardens, Superintendents, Chiefs
   Marie Vargo, Luke Black and Aaron Wothe

From: A. David Robinson
   Chief of Correction Operations

Joseph W. Walters
Deputy Director – Administration

Subject: COVID-19 – Daily Inventory of Personal Protection Equipment (PPE)

Today we begin a daily inventory process to account for and anticipate our needs for PPE (Personal Protection Equipment) at all of our locations. It is critical that the reporting for your unit is timely, accurate and complete on usage and inventory on hand.

This update provides you with a PDF version of the survey. It will show the enhancements to the reporting format. Basically, the report simply calls for counts of inventory/usage by sizes.

Units which have already reported for Friday, March 27 will need to re-enter their submission in order to reflect the size requirements.

Please take immediate steps to ensure that your unit successfully reports through SurveyMonkey at 200 p.m. each day, beginning today Friday, March 27.

Thank you for your flexibility in responding to this change. We will take advantage of today’s regional conference calls to make sure everyone has an understanding of the reporting process. In the meantime, please refer any needs for clarification to your Regional Office/Division Director.

Again, please note PPE equipment in regional stockpiles will not be transferred to any other location unless authorized by the Incident Command Center or Randall Mathena/OLU. Likewise, transfer of PPE equipment from its current unit location will not place unless authorized by one of these authorities.

Attachment – Updated SurveyMonkey

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
**VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory**

Complete this report on Personal Protective Equipment (PPE) usage and inventory at your location during the ongoing COVID-19 State of Emergency. Complete this inventory by 2:00pm each day.

**Enter all usage and inventory information as of 12:00 noon for the preceding 24-hour period.**

*Report information for your specific location. If your location also holds supplies for the Regional Stockpiles, you will need to report the information for the Regional Stockpiles at the end of this inventory. Do NOT combine the information from your location with the regional stockpile supplies you are storing.*

All quantities requested are for individual items, not boxes, cases, packs, etc. For example, ten pairs of gloves should be entered as 20.

If you have any questions, please contact your chain of command. For technical issues, contact the Research Unit at research@vadoc.virginia.gov
VA DOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

* 1. Enter email address of person completing this inventory

* 2. Select the name of your location from the dropdown menu

* 3. Enter the date for which you are reporting this information

Report Date

Date

MM/DD/YYYY
每日使用用品库存

N-95和KN-95口罩

*4. 至今日中午12:00时...

N-95和KN-95口罩

1. 你在你的地点使用了多少N-95和KN-95口罩?

2. 你地点的N-95和KN-95口罩库存目前是多少?
VA DOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

*Medical Masks*

* 5. As of 12:00 noon today...

How many *Medical Masks* were used at your location?

What is the current inventory of *Medical Masks* at your location?
* 6. As of 12:00 noon today...

How many *P-100 Respirators* were used at your location?

What is the current inventory of *P-100 Respirators* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

*Disposable Coveralls*

* 7. As of 12:00 noon today...

How many *Disposable Coveralls* were used at your location?

What is the current inventory of *Disposable Coveralls* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory

*Disposable Gowns*

* 8. As of 12:00 noon today...

How many *Disposable Gowns (size Small)* were used at your location? 

What is the current inventory of *Disposable Gowns (size Small)* at your location?

* 9. As of 12:00 noon today...

How many *Disposable Gowns (size Medium)* were used at your location? 

What is the current inventory of *Disposable Gowns (size Medium)* at your location?
* 10. As of 12:00 noon today...

How many *Disposable Gowns (size Large)* were used at your location?

What is the current inventory of *Disposable Gowns (size Large)* at your location?

* 11. As of 12:00 noon today...

How many *Disposable Gowns (sizes XL, 2X, & 3X)* were used at your location?

What is the current inventory of *Disposable Gowns (sizes XL, 2X, & 3X)* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
*Latex and Nitrile Gloves*

* 12. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XS)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size XS)* at your location?

* 13. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Small)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Small)* at your location?
* 14. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Medium)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Medium)* at your location?

* 15. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Large)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size Large)* at your location?

* 16. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XL)* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves (size XL)* at your location?
VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory

*17. As of 12:00 noon today...

How many **Goggles** were used at your location? 

What is the current inventory of **Goggles** at your location?

*18. As of 12:00 noon today...

How many **Disposable Faceshields** were used at your location? 

What is the current inventory of **Disposable Faceshields** at your location?
* 19. Are you holding supplies for the Regional Stockpiles?

- [ ] Yes, my location holds supplies for the Regional Stockpiles
- [ ] No, my location DOES NOT hold supplies for the Regional Stockpiles
* 20. Select the Region you are holding supplies for
**VADOC COVID-19 Personal Protective Equipment (PPE) Daily Usage Inventory Regional Stockpiles**

* 21. As of 12:00 noon today...

How many *N-95 and KN-95 Masks* from the Regional Stockpile were used/distributed?

What is the current inventory of *N-95 and KN-95 Masks* at your location for the Regional Stockpile?

* 22. As of 12:00 noon today...

How many *P-100 Respirators* from the Regional Stockpile were used/distributed?

What is the current inventory of *P-100 Respirators* at your location for the Regional Stockpile?
* 23. As of 12:00 noon today...

How many *Medical Masks* from the Regional Stockpile were used/distributed?

What is the current inventory of *Medical Masks* at your location for the Regional Stockpile?
* 24. As of 12:00 noon today...

How many
*Disposable
*Coveralls* from the
Regional Stockpile
were
used/distributed?

What is the
current inventory
of *Disposable
Coveralls* at your
location for the
Regional
Stockpile?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
Regional Stockpiles

* 25. As of 12:00 noon today...

How many Disposable Gowns (size Small) from the Regional Stockpile were used/distributed?

What is the current inventory of Disposable Gowns (size Small) at your location for the Regional Stockpile?

* 26. As of 12:00 noon today...

How many Disposable Gowns (size Medium) from the Regional Stockpile were used/distributed?

What is the current inventory of Disposable Gowns (size Medium) at your location for the Regional Stockpile?
27. As of 12:00 noon today...

How many Disposable Gowns (size Large) from the Regional Stockpile were used/distributed?

What is the current inventory of Disposable Gowns (size Large) at your location for the Regional Stockpile?

28. As of 12:00 noon today...

How many Disposable Gowns (sizes XL, 2X, & 3X) from the Regional Stockpile were used/distributed?

What is the current inventory of Disposable Gowns (sizes XL, 2X, & 3X) at your location for the Regional Stockpile?
* 29. As of 12:00 noon today...

How many *Protective Gowns (one size)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Protective Gowns (one size)* at your location for the Regional Stockpile?
VADOC COVID-19 Personal Protective Equipment (PPE)
Daily Usage Inventory
Regional Stockpiles

* 30. As of 12:00 noon today...

How many *Latex and Nitrile Gloves* from the Regional Stockpile were used/distributed? 

What is the current inventory of *Latex and Nitrile Gloves* at your location for the Regional Stockpile?

* 31. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size XS)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size XS)* at your location for the Regional Stockpile?
32. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Small)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size Small)* at your location for the Regional Stockpile?

33. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size Medium)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size Medium)* at your location for the Regional Stockpile?
* 34. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size *Large)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size *Large)* at your location for the Regional Stockpile?

* 35. As of 12:00 noon today...

How many *Latex and Nitrile Gloves (size *XL)* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves (size *XL)* at your location for the Regional Stockpile?
36. As of 12:00 noon today...

How many **Goggles** from the Regional Stockpile were used/distributed?

What is the current inventory of **Goggles** at your location for the Regional Stockpile?

37. As of 12:00 noon today...

How many **Protective Faceshields** from the Regional Stockpile were used/distributed?

What is the current inventory of **Protective Faceshields** at your location for the Regional Stockpile?
MEMORANDUM

To: Wardens, Superintendents, Chiefs
   Marie Vargo, Luke Black and Aaron Wethe

From: A. David Robinson
       Chief of Corrections Operations

Joseph W. Walters
       Deputy Director - Administration

Subject: COVID-19 – Daily Inventory of Personal Protection Equipment (PPE)

March 26, 2020

Tomorrow, we will begin a daily inventory process to account for and anticipate our needs for PPE (Personal Protection Equipment) at all of our locations. It is critical that the reporting for your unit is timely, accurate and complete on usage and inventory on hand.

VADOC has a daily reporting requirement to the Virginia Department of Emergency Management. This allows our replenishment needs to be prioritized in the Commonwealth's overall response to COVID-19.

Please take immediate steps to ensure that your unit successfully reports through SurveyMonkey at 2:00 p.m. each day, beginning Friday, March 27.

Attached you will find a PDF version of the inventory that you will access through SurveyMonkey. Please contact your Regional Office/Division Director for any immediate assistance or clarification. A quick summary of the inventory process was included in your email.

We appreciate the attention and careful completion of this daily inventory. It is a crucial resource for us to work through our PPE needs together to best prepare and respond to changing conditions.

Please note PPE equipment whether in regional stockpiles or its current location will not be transferred to any other location unless authorized by the Incident Command Center or Randall Mathena.

Attachment

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Complete this survey to report Personal Protective Equipment (PPE) usage and inventory at your location during the ongoing COVID-19 State of Emergency. Complete this survey by 2:00pm each day.

Enter all usage and inventory information as of 12:00 noon for the preceding 24-hour period.

Report information for your specific location. If your location also holds supplies for the Regional Stockpiles, you will need to report the information for the Regional Stockpiles at the end of this survey.

All quantities requested are for individual items, not boxes, cases, packs, etc. For example, ten pairs of gloves should be entered as 20.

If you have any questions, please contact your supervisor. For technical issues, contact the Research Unit at research@vadoc.virginia.gov
1. Enter email address of person completing this survey

2. Select the name of your location from the dropdown menu

3. Enter the date for which you are reporting this information

Report Date

Date

MM/DD/YYYY
* 4. As of 12:00 noon today...

How many *N-95 and KN-95 Masks* were used at your location?

What is the current inventory of *N-95 and KN-95 Masks* at your location?
**Surgical Masks**

* 5. As of 12:00 noon today...

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many <strong>Surgical Masks</strong> were used at your location?</td>
<td></td>
</tr>
<tr>
<td>What is the current inventory of <strong>Surgical Masks</strong> at your location?</td>
<td></td>
</tr>
</tbody>
</table>


**Disposable Coveralls**

* 6. As of 12:00 noon today...

   How many *Disposable Coveralls* were used at your location?  

   What is the current inventory of *Disposable Coveralls* at your location?
* 7. As of 12:00 noon today...

How many *Disposable Gowns* were used at your location?

What is the current inventory of *Disposable Gowns* at your location?
Latex and Nitrile Gloves

* 8. As of 12:00 noon today...

How many *Latex and Nitrile Gloves* were used at your location?

What is the current inventory of *Latex and Nitrile Gloves* at your location?
* 9. As of 12:00 noon today...

How many **Goggles** were used at your location?  

What is the current inventory of **Goggles** at your location?
Regional Stockpiles

* 10. Are you holding supplies for the Regional Stockpiles?

☐ Yes, my location holds supplies for the Regional Stockpiles

☐ No, my location DOES NOT hold supplies for the Regional Stockpiles
Regional Stockpiles

* 11. Select the Region you are holding supplies for
Regional Stockpiles

* 12. As of 12:00 noon today...

How many *N-95* and *KN-95* Masks from the Regional Stockpile were used/distributed?  
What is the current inventory of *N-95* and *KN-95* Masks at your location for the Regional Stockpile?
Regional Stockpiles

* 13. As of 12:00 noon today...

How many **Surgical Masks** from the Regional Stockpile were used/distributed? 

What is the current inventory of **Surgical Masks** at your location for the Regional Stockpile?
Regional Stockpiles

* 14. As of 12:00 noon today...

How many *Disposable Coveralls* from the Regional Stockpile were used/distributed? 

What is the current inventory of *Disposable Coveralls* at your location for the Regional Stockpile?
Regional Stockpiles

* 15. As of 12:00 noon today...

How many *Disposable Gowns* from the Regional Stockpile were used/distributed?

What is the current inventory of *Disposable Gowns* at your location for the Regional Stockpile?
Regional Stockpiles

* 16. As of 12:00 noon today...

How many *Latex and Nitrile Gloves* from the Regional Stockpile were used/distributed?

What is the current inventory of *Latex and Nitrile Gloves* at your location for the Regional Stockpile?
Regional Stockpiles

* 17. As of 12:00 noon today...

How many **Goggles** from the Regional Stockpile were used/distributed?

What is the current inventory of **Goggles** at your location for the Regional Stockpile?
COVID-19

ISOLATION PLAN

For Modified Operations

Facility Name
PURPOSE: The purpose of the Isolation Plan for Modified Operations is to provide guidance and structure to all facility staff in the proper procedure to isolation a unit(s) when an offender is symptomatic with a suspected infectious disease. The Isolation Plan is designed to be proactive and preventative. The guidelines are specific to this facility and provide the minimum level of isolation. Additional tasks may be required. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

I. USE PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. Portions of procedures presented here call for use of Personal Protective Equipment (PPE). Proper use is essential to successful modified operations.

B. Don & doff all PPE according to instructions provided prior to entering and when exiting suspected infectious area. PPE is required to be worn while in the area or with the symptomatic offender(s). Please follow guidance of CDC on reuse of limited resources.

Proper procedure for donning and doffing found here: https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf

1. Surgical Mask
2. N95 or N100 Mask
3. Nitrile Gloves
4. Surgical Gown

C. Any and all staff will wear PPE in contact with
   1. Suspected infectious offender
   2. Sanitation of suspected infectious area
   3. Laundering of suspected infectious offender

II. IDENTIFY OFFENDER(S) WITH SYMPTOMS OF INFECTIOUS DISEASE

A. Medical Staff Response
   1. Properly don all required PPE prior to entering suspected infected area
   2. Evaluate offender exhibiting symptoms of infectious disease
   3. Evaluate other offenders in contact with offender in question
   4. Evaluate staff that have made contact with offender in question
   5. Properly doff all required PPE when exiting suspected infected area
   6. Notify facility management with all relevant details

B. Security Response
1. Properly don all required PPE prior to entering suspected infected area
2. Assist Medical Staff with securing the location of the symptomatic offender(s) to limit exposure
3. Properly doff all required PPE when exiting suspected infected area
4. Properly notify facility management with all relevant details
5. Properly notify OLU with all relevant details

III. ISOLATE OFFENDER(S) WITH INFECTIOUS DISEASE SYMPTOMS

A. Lockdown all offender movement and clear evaluation area of all offenders and non-essential staff. Account for all offenders.

B. Remove the offender(s) from the general offender population to include any offender(s) positive with infectious disease symptoms.

C. Screen (Medical staff) the offender for infectious disease such as flu and Coronavirus.

D. Provide treatment (Medical staff) as necessary and observe at least every four hours but may be more frequent depending on the level of care. Document offender(s) symptoms with date, time, staff initials, temperature and any other symptoms exhibited.

E. Place the affected housing area on modified lockdown procedures.

F. Post all staff members in the affected area only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with PPE at all times.

G. Suspend offender video visitation that requires access to equipment outside of housing unit until containment procedures have concluded. Offender privilege of personal tablet communication is not affected.

H. Utilize the Medical Epidemic / Pandemic Sanitation Plan for the area.

I. Provide food items to the isolation housing area(s) via plastic items or disposable items:
   1. Sanitize plastic items according to the Medical Epidemic / Pandemic Sanitation Plan
   2. In the event the plastic items are not available, the disposable items will be used. No delay in feeding shall occur due to plastic items not being available.
   3. Disposable items that may be used
      a. Styrofoam Trays
      b. Bags
      c. Disposable Cups or Drink Pouches
      d. Disposable Utensils
J. Collect all trash from the affected area after each feeding is completed. Place in a specialized container by staff members equipped with PPE who will take the trash container directly to the trash impounding area to be disposed of as soon as possible via the Institutional Trash Procedure. All staff coming into contact with the trash will be equipped with PPE at all times.

K. Designate a specific trash container for the affected area. Ensure that each time it is removed from the pod, it goes directly to the facility trash impound/disposal area and returns directly to the affected area. Staff members need to remain in proper PPE while handling the trash. The trash container will not be used in any other area until containment procedure has concluded and the trash container has been thoroughly sanitized.

L. Remove all laundry items from potentially infected offender(s). The removed items will be laundered by staff or workers who will be equipped with PPE after all other facility laundry has been completed.

M. Select security staff for medical transport escort of offender to a hospital based on completion of required transportation training, risk assessment and availability. Equip Transport Staff with PPE and follow all hospital security guidelines. Notify hospital prior to the transport exiting the facility that infectious disease transport will be made. Utilize transportation restraints per policy. Sanitize restraints and transport vehicle upon return according to the Medical Epidemic / Pandemic Sanitation Plan.

N. Begin daily screening of food service workers prior to them entering the food preparation/kitchen area. Include a basic temperature screening by medical staff in addition to any other medical screening deemed necessary by medical staff.

O. Assign staff to prepare food for the institution based on availability and risk assessment.

P. Issue newly laundered items to offender(s) upon completion of the isolation period at the time of return to a general population housing unit. Launder existing items by workers or staff equipped with PPE.

IV. ESTABLISH ISOLATION HOUSING UNIT AND ALTERNATE HOUSING AVAILABILITY

A. Identify an occupied housing area as the Isolation Unit
   1. Review housing assignment report and classification status for possible reassignment of offenders currently assigned to identified unit.
   2. Identify available bed space or alternate areas of housing.
   3. Facilitate all possible bed moves.
4. Account for each reassigned offender.

B. Identify a multi-purpose area as Alternate Housing.
   1. Assign offenders to alternate housing area based on facility need for work crews and efficient use of this temporary bedspace.
   2. Otherwise, reassign offenders to general population elsewhere in the facility.

C. House offender(s) positive with infectious disease symptoms in the Isolation Unit. Anticipate and plan for overflow housing as possible.

D. Offender(s) identified as high risk and with infectious disease symptoms will be housed in a separate Medical Isolation area as determined by Medical Staff.

V. USE PROACTIVE METHODS TO PREVENT SPREAD OF INFECTIOUS DISEASE

A. Assign outside workers or key workers for duties inside perimeter to Alternate Housing area for temporary housing.
   1. Provide bedding to offenders
   2. Permit property for offenders
   3. Connect Cable TV for viewing by offenders
   4. Make bathroom facilities available for offenders
   5. Provide showers by escort to offenders.

B. Review offenders assigned to restrictive housing or other specialized housing area to ensure that bedspace flexibility is maintained to house volume of affected offenders.

C. Place facility on Modified Operation—Modified Lockdown, to begin.
   1. Cancel Department of Education Classes.

   2. Limited offender movement to prevent cross-contamination.

   3. Suspend housing area-to-housing area bed moves unless security issue, medical issue or isolation need identified.


   5. Complete recreation schedule to ensure social distancing; limit number to 10 offenders admitted to a recreation area at one time. Ensure isolated offenders recreate at separate time from other offenders.

D. Set completion point-in-time for temperature checks of all offenders. Assess (Medical Staff) entire offender population by completing and documenting temperature check. Document on log sheet with date, time, temperature and staff initials.
E. Set up (non-Medical Staff) a triage station in a multi-purpose area to evaluate all staff exiting and entering the facility including taking temperature.

F. Contact Virginia Department of Health to schedule visit to facility to conduct COVID-19 testing of symptomatic offender(s).

G. Evaluate (Medical Staff) Outside Offender Workers prior to exiting facility for work and upon return from work prior to reentering facility.

H. Separate offenders housed on site to assist with facility repairs from facility offenders to prevent possible cross-contamination.

I. Evaluate all facility staff to identify at risk staff members using criteria of over age 65 and/or with chronic health conditions. Do not post identified staff members in the isolation areas.

J. Verify PPE Inventory of Surgical Masks and N-95 Respirators on hand.

K. Make available additional resources for activities such as new movies, games and cards.

L. Monitor (Executive Staff and Administrative Duty Officers) offender population and dialogue to resolve issues and provide educated information regarding infectious disease, CDC recommendations and VDH recommendations.

### VI. SANITATION AND DISPOSAL

A. Designate Biohazard Containers to be placed in areas of concern.

B. Discard all used PPE in designated Biohazard Containers.

C. Sanitize all affected areas following the Medical Epidemic / Pandemic Sanitation Plan
9. TRANSPORT
MEMORANDUM

To: Unit Heads
Medical Staff

From: Dr. Trey Fuller
Assistant Director of Health Services

Subject: COVID-19 Inmates Released with Pending COVID-19 Test Results

Virginia Department of Corrections Health Services Unit (HSU) is aware that there are inmates being released that still have tests results pending for COVID-19. The following protocols should be used based on the reason for the testing:

**Symptomatic Inmate Testing**
If an inmate is released from a facility and the inmate received a COVID-19 test because they were symptomatic, Red Zone PPE protocols should be followed. Those involved in the home plan should be made aware of the risk and that test results have not yet been received. The inmate, individuals involved in home plan, and VADOC staff should assume the inmate is positive. The inmate should continue to follow-up with a health professional in the community or the health department based on symptoms. All staff should use Red Zone PPE when transporting and in contact with the inmate.

**Point Prevalence Survey Inmate Testing**
If the inmate was tested as part of a housing wide Point Prevalence Survey, Yellow Zone PPE protocols should be followed. Those involved in the home plan should be made aware of any risk and that the test results have not yet been received. The inmate should watch for any symptoms, continue social distancing, and hand hygiene. All staff should wear Yellow Zone PPE when transporting and in contact with the inmate.

**Inmate Release from Green Zone at Facility with Positive Cases**
If the inmate is releasing from a housing unit with no known contacts then there is no medical indication for PPE or quarantining. Out of an abundance of caution the inmate should be told to, if possible, quarantine themselves for 14 days.

**Notice of COVID-19 testing results after Inmate release**
Health authorities will coordinate with the local Health Department and the Probation Office to provide test results to the inmate. Please ensure that the inmate has a signed release of medical information form.

cc: Harold W. Clarke, Director
   A. David Robinson, Chief of Corrections Operations
   Joseph W. Walters, Deputy Director
   H. Scott Richeson, Deputy Director
   Regional Operations Chiefs
   Regional Administrators
   Steve Herrick, Health Services Director
MEMORANDUM

TO: Wardens and Superintendents

FROM: Harold W. Clarke
Director, Department of Corrections

SUBJECT: COVID-19 – Disinfection After All Offender Transportation

The Centers for Disease Control and Prevention (CDC) and Virginia Department of Health (VDH) continue to provide guidance regarding the COVID-19. Due to the risk of offender(s) being asymptomatic and positive for COVID-19, disinfection shall be conducted after all offender transportation. Disinfection shall be completed after every transport.

The Virginia Department of Corrections (VADOC) Offender Transportation Plan provides PPE and disinfection guidance that shall be followed regardless of an offender’s COVID status:

- Use required staff PPE during transport as outlined. The vehicle is considered contaminated until it has been properly cleaned and disinfected.
- Provide the Offender(s) to be transported with a surgical mask to wear. This mask shall be worn for the duration of the transport unless offender is having life threatening breathing complications.
- Restrain Offender(s) in accordance to VADOC policy. After transportation, restraints shall be placed in a Red Hazmat bag and given to the Institutional Safety Officer for proper cleaning and disinfection.
- The Security Van shall be cleaned in its entirety using heavy-duty cleaner (green) if the surface has been soiled. Once cleaned, the area shall be sprayed with Germicidal Disinfectant (red). If possible, the chemical shall be allowed to sit for thirty (30) minutes to give chemicals time to disinfect the area, allowing it to air dry. If available, the motorized Germicidal Sprayer may be used depending on availability.
- Remove and properly dispose of all PPE used by transportation staff and clean personal items such as boots, safety belt, and uniforms as soon as possible.

cc: A. David Robinson, Chief of Corrections Operations
Joseph W. Walters, Deputy Director for Administration
H. Scott Richeson, Deputy Director for Programs, Education, and Re-Entry
Regional Operations Chiefs
Regional Administrators
MEMORANDUM

TO: Wardens and Superintendents

FROM: Harold W. Clarke
Director of Corrections

SUBJECT: COVID 19 – Offender Transportation Plan

The attached Virginia Department of Corrections (VADOC) Offender Transportation Plan incorporates previous memos providing guidance on COVID-19 offender transportation and medical transport to local hospitals.

The Transportation Plan includes the following reminders when transporting suspected or positive COVID-19 offenders:

- Coordinate with both VADOC Medical Staff and the local hospital/medical center when preparing for offender transportation. NOTE: Life-saving care should not be delayed.
- Use required staff PPE during transport as outlined. The vehicle is considered contaminated until it has been properly cleaned and disinfected.
- Provide the Offender(s) to be transported with a surgical mask to wear. This mask should be worn for the duration of the transport unless offender is having life threatening breathing complications.
- Restrain Offender(s) in accordance to VADOC policy with consideration being given to medical recommendations. (Any deviation from policy should be approved by Unit Head or designee).
- Open 1 to 2 windows to increase ventilation if able to do so safely, prior to offender entering the vehicle. If needed, the rear temperature controls should be used to offset the temperature variants. If heating and cooling temperature controls are used, be sure to turn OFF the vehicles recirculation controls.
- Clean the security van, restraints, wheelchair and place the offender clothing in a Red Hazmat bag immediately following the transport.
- Remove and properly dispose of PPE used by transportation staff and clean personal items such as boots, safety belt, and uniforms as soon as possible.

Attachment

cc: A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director for Administration
    H. Scott Richeson, Deputy Director for Programs, Education, and Re-Entry
    Regional Operations Chiefs
    Regional Administrators
COVID-19
Transportation Plan

Virginia Department of Corrections
PURPOSE: The purpose of the Transportation Plan is to provide guidance to all VADOC facilities in transportation of any offender who is positive COVID-19 or is pending positive COVID-19. The Transportation Plan shall be followed if there is any question of diagnosis concerning COVID-19. Extreme caution warrants use of proper Personal Protection Equipment.

I. PREPARATIONS FOR TRANSPORTATION

A. Medical provides notification of need of transportation of a suspected, pending or positive COVID-19 offender to the Watch Commander on duty.
   1. Medical staff will make determination of mode of transportation. i.e. security van, private ambulance, or EMS.
   2. Medical staff will make determination of destination based on offender’s current symptoms and condition.

B. Watch Commander identifies designated certified security officers who will transport the suspected, pending or positive COVID-19 offender to designated hospital.
   1. Designated certified security officers will be selected and assigned in accordance with OP 411.1, Offender Transportation and OP 425.2, Hospital Security.
   2. All Uniformed Staff must be clean-shaven (no beards or mustaches) in order to ensure the Protective Mask fits securely in accordance with OP 105.1, Employee Uniforms, Chief of Operations Memo #049-2020 dated 4/1/2020.

C. Watch Commander will assign a security van for transport.
   1. Offender(s) should be transported in a Security Van for transport by wheelchair. This is to limit physical exertion to a person who may already have difficulty breathing.
   2. Transport vehicle selected should allow a minimum of one empty seat in between the offender and transporting staff. The separation will allow for a minimum of 6 ft. distance for social distancing when possible.
   3. If feasible, windows 1 and 2 should be opened prior to loading the security vehicle to increase ventilation.
   4. If feasible, rear temperature controls should be used to offset the temperature variants.
   5. Recirculation controls for heating and cooling are to be turned off to prevent circulation
II. PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. PPE shall be properly donned & doffed according to instructions provided prior to entering the area where the offender is staged. Proper procedure for donning and doffing found here: [https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf](https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf)
   1. Google
   2. N95 Respirator
   3. Nitrile Gloves
   4. Fluid-resistant disposable gowns or coveralls

B. PPE will be provided and donned & doffed by the offender being transported. The PPE will consist of a surgical mask. The mask should be worn for the duration of transport unless offender is having life threatening breathing complications.

C. PPE shall be worn for the duration of the transport to include the cleaning and disinfecting of the transport vehicle. The vehicle is considered contaminated until sanitation is complete.

D. N95 Respirator use requires:
   1. Clean shaven (no beard or mustache)
   2. Signed Appendix C – Medical Evaluation
   3. Completed Fit Testing

III. Transportation of Offender suspected, pending or positive COVID-19

A. Prior to exiting facility in route to the designated hospital, the Watch Commander should ensure the facility medical staff has called the designated hospital indicating their desire to send an offender. A phone consultation may be required to evaluate the situation prior to approval for the transport to occur. Specific information regarding the offender’s symptoms that may indicate suspected COVID-19 infection should be provided during the consult. However, life-saving care should not be delayed.

B. Offender being transported will be restrained in accordance with OP 411.1, Offender Transportation and OP 425.2, Hospital Security. Medical recommendations will be considered during application of restraints. The Unit Head or designee must approve any deviation from policy.

C. Designated certified security officers will transport the offender to designated location. Once the destination is reached, the transporting officers will handle the offender until they are placed inside the facilities holding area. If being transported to a medical facility, the transporting officers will follow medical professional’s directions as long as it does not compromise safety, security, or violate VADOC policy.
IV. **Sanitation of items immediately following the transport**

A. Security Van shall be cleaned in its entirety using heavy-duty cleaner (green) if the surface has been soiled. Once cleaned, the area shall be sprayed with Germicidal Disinfectant (red). If possible, the chemical shall be allowed to sit for thirty (30) minutes to give chemicals time to disinfect the area, allowing it to air dry. If available, the motorized Germicidal Sprayer may be used depending on availability.

B. Restraints shall be placed in a Red Hazmat bag and given to Institutional Safety Officer for proper cleaning and disinfection.

C. Clothing shall be placed in a Red Hazmat bag and given to Institutional Safety Officer for proper cleaning and disinfection.

D. Wheelchair shall be cleaned with Heavy Duty Cleaner (green) then sprayed with Germicidal Disinfectant (red). If possible, wheelchair should be allowed to air dry to allow chemicals time to disinfect.

E. Staff shall safely remove and properly dispose of PPE used during this process and clean personal items as soon as possible such as boots, safety belts, uniforms, etc.
MEMORANDUM

To: Wardens and Superintendents
   Health Authorities

From: Dr. Trey Fuller
      Assistant Director of Health Services

Subject: COVID-19 Transfer to Local Hospitals/Medical Centers

Before any offenders are transferred to a local hospital or medical center, staff must call the medical facility indicating their desire to send an offender. A phone consultation may be required to evaluate the situation prior to approval for the transfer to occur. The consultation should include specific information regarding offender symptoms that may indicate suspected COVID-19 infection.

Health Authorities are directed to immediately contact local hospitals or medical centers that serve their VADOC facility to determine the best point of contact for transfer notification; if needed in the future.

*Life threatening care should not be delayed*, but a call should be made to notify a suspected COVID-19 case is in route to a local medical facility.

cc: Harold W. Clarke, Director
    A. David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    H. Scott Richeson, Deputy Director
    Regional Operations Chiefs
    Regional Administrators
    Steve Herrick, Health Services Director
MEMORANDUM

To: Wardens and Superintendents
    Health Authorities

From: Dr. Trey Fuller
       Assistant Director of Health Services

Subject: COVID-19 Transfers to VCU

Before any offenders are transferred to VCU, staff should call the Transfer Center indicating their desire to send an offender. A phone consultation may be required to evaluate the situation prior to approval for the transfer to occur.

This protocol generally applies to all hospitals, as staff should call ahead whenever possible before transfer. Life threatening care should not be delayed, but when time allows a call should be made to notify a COVID-19 case of PUI is in route.

The VCU Transfer Center can be reached at (804) 828-2638.

cc: Harold W. Clarke, Director
    David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chiefs
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Natasha Hawkes, Nurse Manager, VCU Security Care Unit
April 10, 2020

MEMORANDUM

TO: Wardens and Superintendents

FROM: A. David Robinson
Chief of Corrections Operations

SUBJECT: COVID-19 - Pending or Tested Positive Offender Transportation

The Department is diligently working to implement best practices to protect our staff and offender population. In order to transport an offender, who is pending or tested positive for COVID-19, the following transportation steps will be implemented immediately:

- Staff should don proper Personal Protective Equipment (PPE) at minimum, goggles, N95 respirator, nitrile gloves, fluid resistant disposable gown or coveralls, before entering the area where the offender will be staged. N95 respirator use requires staff to be completely shaven, no mustache or beard, medical evaluations (signed Appendix C.), and fit tested.

- Staff will wear PPE for the **DURATION** of the transport. The vehicle is considered contaminated until it has been properly cleaned and disinfected.

- Offender(s) to be transported will be given a surgical mask to wear. This mask should be worn for the duration of the transport unless offender is having life threatening breathing complications.

- Offender(s) are to be restrained in accordance to VADOC policy with consideration being given to medical recommendations. (Any deviation from policy should be approved by Unit Head or designee).

- Offender(s) will be transported to the Security Van for transport by wheelchair. This is to limit physical exertion to a person who may already have difficulty breathing.

- Offender(s) should be transported in a Security Van that will allow a minimum of one empty seat in between them and the transporting staff. The goal is to put a minimum of (6) six feet distance between staff and offender(s) when possible. If possible, designate one vehicle to be used for this transporting process.

- If able to do so safely, prior to offender entering the vehicle, 1 to 2 windows should be opened to increase ventilation and if needed the rear temperature controls should be used to offset the temperature variants. If heating and cooling temperature controls are used, be sure to turn **OFF** the vehicles recirculation controls.
Once the destination is reached, the transporting officers will handle the offender(s) until they are placed inside the facility’s holding area. If being transported to a medical facility, the transporting officers will follow medical professional’s directions as long as it does not compromise safety, security, or violate VADOC policy.

Cleaning of the below listed items should take place immediately following the transport:

- **Security Van** - the entire security area should be cleaned using the Heavy Duty Cleaner (Green) if the surface has been soiled. Once cleaned, the area should be sprayed with Germicidal Disinfectant (Red) and allowed to sit for 30 minutes to give chemicals time to disinfect the area, allowing it to air dry if possible is best. If available, the motorized Germicidal Sprayer may be used, this will depend on availability.

- **Restraints** - should be placed in a Red Hazmat bag and given to Institutional Safety Officer for proper cleaning and disinfection.

- **Clothing** - should be placed in Red Hazmat bag and given to Institutional Safety Officer for proper cleaning and disinfection.

- **Wheelchair** - should be cleaned with the Heavy Duty Cleaner (Green) then sprayed with Germicidal Disinfectant (Red) and allowed to air dry to allow chemicals time to disinfect.

**NOTE:** Staff should safely remove and properly dispose of PPE used during this process and clean personal items as soon as possible such as boots, safety belts, uniforms, etc.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
COVID-19

ISOLATION PLAN

For Modified Operations

Facility Name
PURPOSE: The purpose of the Isolation Plan for Modified Operations is to provide guidance and structure to all facility staff in the proper procedure to isolation a unit(s) when an offender is symptomatic with a suspected infectious disease. The Isolation Plan is designed to be proactive and preventative. The guidelines are specific to this facility and provide the minimum level of isolation. Additional tasks may be required. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

I. USE PERSONAL PROTECTIVE EQUIPMENT (PPE)

   A. Portions of procedures presented here call for use of Personal Protective Equipment (PPE). Proper use is essential to successful modified operations.

   B. Don & doff all PPE according to instructions provided prior to entering and when exiting suspected infectious area. PPE is required to be worn while in the area or with the symptomatic offender(s). Please follow guidance of CDC on reuse of limited resources.

       Proper procedure for donning and doffing found here: https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf

       1. Surgical Mask
       2. N95 or N100 Mask
       3. Nitrile Gloves
       4. Surgical Gown

   C. Any and all staff will wear PPE in contact with
       1. Suspected infectious offender
       2. Sanitation of suspected infectious area
       3. Laundering of suspected infectious offender

II. IDENTIFY OFFENDER(S) WITH SYMPTOMS OF INFECTIOUS DISEASE

   A. Medical Staff Response
       1. Properly don all required PPE prior to entering suspected infected area
       2. Evaluate offender exhibiting symptoms of infectious disease
       3. Evaluate other offenders in contact with offender in question
       4. Evaluate staff that have made contact with offender in question
       5. Properly doff all required PPE when exiting suspected infected area
       6. Notify facility management with all relevant details

   B. Security Response
1. Properly don all required PPE prior to entering suspected infected area
2. Assist Medical Staff with securing the location of the symptomatic offender(s) to limit exposure
3. Properly doff all required PPE when exiting suspected infected area
4. Properly notify facility management with all relevant details
5. Properly notify OLU with all relevant details

III. ISOLATE OFFENDER(S) WITH INFECTIOUS DISEASE SYMPTOMS

A. Lockdown all offender movement and clear evaluation area of all offenders and non-essential staff. Account for all offenders.

B. Remove the offender(s) from the general offender population to include any offender(s) positive with infectious disease symptoms.

C. Screen (Medical staff) the offender for infectious disease such as flu and Coronavirus.

D. Provide treatment (Medical staff) as necessary and observe at least every four hours but may be more frequent depending on the level of care. Document offender(s) symptoms with date, time, staff initials, temperature and any other symptoms exhibited.

E. Place the affected housing area on modified lockdown procedures.

F. Post all staff members in the affected area only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with PPE at all times.

G. Suspend offender video visitation that requires access to equipment outside of housing unit until containment procedures have concluded. Offender privilege of personal tablet communication is not affected.

H. Utilize the Medical Epidemic / Pandemic Sanitation Plan for the area.

I. Provide food items to the isolation housing area(s) via plastic items or disposable items:
   1. Sanitize plastic items according to the Medical Epidemic / Pandemic Sanitation Plan
   2. In the event the plastic items are not available, the disposable items will be used. No delay in feeding shall occur due to plastic items not being available.
   3. Disposable items that may be used
      a. Styrofoam Trays
      b. Bags
      c. Disposable Cups or Drink Pouches
      d. Disposable Utensils
J. Collect all trash from the affected area after each feeding is completed. Place in a specialized container by staff members equipped with PPE who will take the trash container directly to the trash impounding area to be disposed of as soon as possible via the Institutional Trash Procedure. All staff coming into contact with the trash will be equipped with PPE at all times.

K. Designate a specific trash container for the affected area. Ensure that each time it is removed from the pod, it goes directly to the facility trash impound/disposal area and returns directly to the affected area. Staff members need to remain in proper PPE while handling the trash. The trash container will not be used in any other area until containment procedure has concluded and the trash container has been thoroughly sanitized.

L. Remove all laundry items from potentially infected offender(s). The removed items will be laundered by staff or workers who will be equipped with PPE after all other facility laundry has been completed.

M. Select security staff for medical transport escort of offender to a hospital based on completion of required transportation training, risk assessment and availability. Equip Transport Staff with PPE and follow all hospital security guidelines. Notify hospital prior to the transport exiting the facility that infectious disease transport will be made. Utilize transportation restraints per policy. Sanitize restraints and transport vehicle upon return according to the Medical Epidemic/Pandemic Sanitation Plan.

N. Begin daily screening of food service workers prior to them entering the food preparation/kitchen area. Include a basic temperature screening by medical staff in addition to any other medical screening deemed necessary by medical staff.

O. Assign staff to prepare food for the institution based on availability and risk assessment.

P. Issue newly laundered items to offender(s) upon completion of the isolation period at the time of return to a general population housing unit. Launder existing items by workers or staff equipped with PPE.

IV. ESTABLISH ISOLATION HOUSING UNIT AND ALTERNATE HOUSING AVAILABILITY

A. Identify an occupied housing area as the Isolation Unit
   1. Review housing assignment report and classification status for possible reassignment of offenders currently assigned to identified unit.
   2. Identify available bed space or alternate areas of housing.
   3. Facilitate all possible bed moves.
4. Account for each reassigned offender.

B. Identify a multi-purpose area as Alternate Housing.
   1. Assign offenders to alternate housing area based on facility need for work crews and efficient use of this temporary bedspace.
   2. Otherwise, reassign offenders to general population elsewhere in the facility.

C. House offender(s) positive with infectious disease symptoms in the Isolation Unit. Anticipate and plan for overflow housing as possible.

D. Offender(s) identified as high risk and with infectious disease symptoms will be housed in a separate Medical Isolation area as determined by Medical Staff.

V. USE PROACTIVE METHODS TO PREVENT SPREAD OF INFECTIOUS DISEASE

A. Assign outside workers or key workers for duties inside perimeter to Alternate Housing area for temporary housing.
   1. Provide bedding to offenders
   2. Permit property for offenders
   3. Connect Cable TV for viewing by offenders
   4. Make bathroom facilities available for offenders
   5. Provide showers by escort to offenders.

B. Review offenders assigned to restrictive housing or other specialized housing area to ensure that bedspace flexibility is maintained to house volume of affected offenders.

C. Place facility on Modified Operation—Modified Lockdown, to begin.
   1. Cancel Department of Education Classes.

   2. Limited offender movement to prevent cross-contamination.

   3. Suspend housing area-to-housing area bed moves unless security issue, medical issue or isolation need identified.


   5. Complete recreation schedule to ensure social distancing; limit number to 10 offenders admitted to a recreation area at one time. Ensure isolated offenders recreate at separate time from other offenders.

D. Set completion point-in-time for temperature checks of all offenders. Assess (Medical Staff) entire offender population by completing and documenting temperature check. Document on log sheet with date, time, temperature and staff initials.
E. Set up (non-Medical Staff) a triage station in a multi-purpose area to evaluate all staff exiting and entering the facility including taking temperature.

F. Contact Virginia Department of Health to schedule visit to facility to conduct COVID-19 testing of symptomatic offender(s).

G. Evaluate (Medical Staff) Outside Offender Workers prior to exiting facility for work and upon return from work prior to reentering facility.

H. Separate offenders housed on site to assist with facility repairs from facility offenders to prevent possible cross-contamination.

I. Evaluate all facility staff to identify at risk staff members using criteria of over age 65 and/or with chronic health conditions. Do not post identified staff members in the isolation areas.

J. Verify PPE Inventory of Surgical Masks and N-95 Respirators on hand.

K. Make available additional resources for activities such as new movies, games and cards.

L. Monitor (Executive Staff and Administrative Duty Officers) offender population and dialogue to resolve issues and provide educated information regarding infectious disease, CDC recommendations and VDH recommendations.

VI. SANITATION AND DISPOSAL

A. Designate Biohazard Containers to be placed in areas of concern.

B. Discard all used PPE in designated Biohazard Containers.

C. Sanitize all affected areas following the Medical Epidemic / Pandemic Sanitation Plan.
10. ISOLATION & COHORTING (SYMPTOMATIC PERSONS)
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 Interim Guidance – Facility Template

Please refer to the attached guidance document to continue refining your location’s efforts to respond to ongoing COVID-19 conditions affecting your site. This replaces the Isolation Plan sent out on March 20, 2020. Updates to the plan can be expected as more refinements to our Health Services and Operational experiences evolve and as additional guidance are received from CDC and VDH.

At this time, please take note of key sections of the plan document to assist in your review. We will discuss in our Regional Conference Call 12 today.

- **Purpose** – Confirm your management team’s understanding of the progression, provisions, coordination and collaboration perspectives that must guide your leadership
- **VADOC COVID-19 Matrix** – Note the risk management nature of this resource so that your management team is oriented to the joint Health Services (patient focus) and Operations (housing and lockdown conditions) that must go hand-in-hand.
- **PPE** – Ensure usage requirements and inventory management needs are being addressed
- **Provisions** - Focus your preparations on the needs for Patient Locations/Housing Areas and for Patient Case Levels/Operating Conditions
- **Responses** – Be prepared to execute responses to suspected symptomatic cases and to confirmed positive cases.

Further attention to your preparations and actions should continue to talk place in concert with your Region.

Sanitation, Decontamination and Disinfection will remain key environmental care priorities. The need for additional escalation under the Incident Command System to deploy Rapid Response Teams to locations with staffing issues is also a priority. These matters will be further addressed in updates to this plan document.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief/Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce

Chief of Corrections Operations Memorandum #058-2020
INTERIM GUIDANCE

Facility Name

Administration, Coordination & Communication

Suspected Symptomatic Case Response  
(Modified Lockdown Operations)  
Yellow Zone

Confirmed Positive Case Response  
(ICS Lockdown Operations)  
Red Zone
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Administration, Coordination & Communication

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PURPOSE: The purpose of the VADOC COVID-19 Response Plan Interim Guidance is to provide direction and structure to all facility staff on the proper response at a location when an offender is symptomatic or confirmed positive with a suspected infectious disease.

Risk Levels: Risk management is an important premise that runs through this Guidance. Monitoring risk levels for both health services and operational responsibilities is carried out in tandem. Ensuring that clinical protocols are able to be carried out in a secure, orderly and safe environment is essential.

Progression: The Guidance is designed to be proactive and preventative in planning and also includes progression into the initial response and then into the Incident Command System as needed.

Provisions: Specific provisions for each facility should be adopted as appropriate to deliver a sufficient level of planning and response. Additional tasks may be required. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol and resources.

Coordination: At each site, the Facility Head and the Health Authority must remain in close communication and consultation to resolve shared operational and clinical challenges for the location in the most effective manner.

Collaboration: At each site, the Facility Head and the Health Authority must extend close communication and consultation to manage shared operational and clinical responses that include authorities beyond the location itself. Both leaders must anticipate the need to extend this interaction to the regional and divisional levels as well as with local public health and emergency management officials, and community-based medical providers.

This includes but is not limited to the following COVID-19 contingencies:

- On-site testing of select suspected symptomatic cases by public health officials
- Emergency medical transportation of offenders with suspected symptomatic cases or confirmed positive cases
- Community supervision or parole releases for offenders with suspected symptomatic cases or confirmed positive cases
- Incident Command deployment of staff from other units to sustain minimal operations at a facility
- Incident Command transfer of offenders between VADOC facilities
- Transfer of a felony or parole violator offender from a local or regional jail to VADOC custody
- Assessment, with public health guidance, of employee work status for quarantine from or return to the work site.
### VADOC COVID-19 Response Plan Glossary Matrix

Note: A unit may be responding to developments that cross more than one zone.

<table>
<thead>
<tr>
<th>Plan Element</th>
<th>GREEN Zone</th>
<th>YELLOW Zone</th>
<th>RED Zone</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Risk Management</strong></td>
<td>Low Risk</td>
<td>Moderate Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td><strong>Case Level</strong></td>
<td>No suspected symptomatic or confirmed positive case</td>
<td>Suspected symptomatic case</td>
<td>Confirmed positive case</td>
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<tr>
<td><strong>Operations Level</strong></td>
<td>Normal Operations</td>
<td>Modified Lockdown</td>
<td>Lockdown</td>
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<tr>
<th><strong>Health Services Status</strong></th>
<th><strong>Case Level</strong></th>
<th><strong>Patient Locations In Use</strong></th>
<th><strong>Patient PPE</strong></th>
<th><strong>Staff/Contractor PPE</strong></th>
<th><strong>Operations Level</strong></th>
<th><strong>Housing Areas In Use</strong></th>
<th><strong>Movement</strong></th>
<th><strong>Services/Programs</strong></th>
<th><strong>Work Assignments</strong></th>
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<tbody>
<tr>
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<td>No suspected symptomatic or confirmed positive case</td>
<td>None</td>
<td>Sneeze Guards</td>
<td>Sneeze Guards</td>
<td>Sneeze Guards</td>
<td>Mobile Operations</td>
<td>Assigned</td>
<td>Isolation</td>
<td>CCAP/Work Release Case-by-Case</td>
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<td></td>
<td>Suspected symptomatic case</td>
<td>Isolation Quarantine</td>
<td>Close Contact Precautions</td>
<td>Close Contact Restrictions</td>
<td>Based on Interaction</td>
<td>Isolation Area</td>
<td>Move to Chow/Recreation</td>
<td>Meals in Housing Areas</td>
<td>VCE Chemicals/Laundry</td>
</tr>
<tr>
<td></td>
<td>Confirmed positive case</td>
<td>Medical Isolation (Possible Positive Cohort)</td>
<td>Sneeze Guards</td>
<td>Clinical Protocols Only</td>
<td>YES Based on Interaction</td>
<td>Post-Infection Recovery Area</td>
<td>Limited Showers/Recreation</td>
<td>Housing Area Only</td>
<td>CCAP/Work Release Case-by-Case</td>
</tr>
</tbody>
</table>

| **Risk Management**     | Low Risk                                | Moderate Risk                            | High Risk                                  |
| **Case Level**          | No suspected symptomatic or confirmed positive case | Suspected symptomatic case              | Confirmed positive case                     |
| **Operations Level**    | Normal Operations                       | Modified Lockdown                        | Lockdown                                    |
| **Incident Command?**   | No                                      | No                                       | Yes                                        |

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I. Quick Guide Responses: Suspected Symptomatic & Confirmed Positive Cases

A. Suspected Symptomatic Response (Modified Lockdown)

*Full Details are found in VI. Suspected Symptomatic Response (Modified Lockdown)*

1. Execute YELLOW Zone Housing Assignments
2. Identify Offender(s) with Infectious Disease Symptoms
3. Isolate Offender(s) with Infectious Disease Symptoms
4. Commence Operation of Containment – Isolation Housing, Alternate Housing and Quarantine Housing
5. Use Proactive Methods to Prevent Possible Spread Of Infectious Disease

B. Confirmed Positive Case Response (Lockdown)

*Full Details are found in VII. Confirmed Positive Case Response (Lockdown)*

1. Execute RED Zone Housing Assignments
2. Use Proactive Methods to Prevent Possible Spread Of Infectious Disease
II. GUIDANCE PROGRESSION OF PREPARATION & RESPONSES

A. VADOC Facilities function under normal conditions most of time, fulfilling their operational mission including health services to offenders. However, risk management conditions during this COVID-19 period requires adjustment to those operations.

B. This guidance assumes that the facility is operating under modified operating conditions in the GREEN Zone—Low Risk—without any suspected symptomatic or confirmed positive cases of virus infection and without any persons under investigation (PUI); preparation of provisions for planning and responses are underway; reasonable precautions are in place involving offenders, employees, contractors; awareness and expected behaviors are being demonstrated by all persons.

C. The Facility Head and the Health Authority must remain in close communication and consultation to resolve and anticipate operational and clinical challenges in the most effective manner. Both leaders refer to ongoing communications and guidance to stay abreast of local, regional, divisional and agency developments. See VADOC’s COVID-19 Pandemic Response Plan Guidance for coordination and communication resources, especially COVID-19 Cumulative Questions and Answers.

D. At such time as an offender, employee, or contractor at the facility reports symptoms of an infectious disease, modified lockdown operations commence and YELLOW Zone precautions begin in the affected areas with all affected individuals.

E. Later, if a confirmation of a positive test for an infectious disease is received, operations proceed to full lockdown operations, an Incident Command System response commences, and RED Zone precautions begin with affected areas and affected individuals.

F. Finally, if resource levels, especially staff availability, impact maintenance of operating levels, the routine progresses to minimal operations, and more austere measures are taken through Incident Command action. RED Zone conditions would be sustained.

G. As the patient and operational levels at the site progress through YELLOW and RED Zone conditions, enhanced environmental care measures will be put into place.

III. USE PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. Portions of procedures presented here call for use of Personal Protective Equipment (PPE). Proper use is essential to successful modified operations.

B. Necessary PPE is associated with zone requirements (Green, Yellow, Red) established by HSU. See PPE zone requirements.

C. Don & doff all PPE according to instructions provided prior to entering and when exiting suspected infectious area. PPE is required to be worn while in the area or with the
symptomatic offender(s). PPE can be worn in Green zone by medical and corrections personnel when going to Yellow then Red Zones in that order. Please follow guidance of CDC on reuse of limited resources.

Proper procedure for donning and doffing found here:

1. Surgical Mask
2. N95 or N100 Mask
3. Nitrile Gloves
4. Surgical Gown

D. Any and all staff will wear PPE when in contact with:
   1. Suspected infectious offender
   2. Sanitation of suspected infectious area
   3. Laundering of suspected infectious offender

IV. PROVISION: COVID-19 PATIENT LOCATION & HOUSING AREAS

YELLOW Zone

A. Anticipate that YELLOW Zone movement restrictions and PPE usage require a range of bedscape management options within the facility for a single offender or a group of offenders. **The focus is to manage the unit’s current offender population.**

B. Refer to Patient Location Flowchart for progression of patient locations.

C. Provisions should begin with planning for **either one offender or for up to five offenders** in each patient category:
   1. Isolation Housing (offender with suspected infectious disease symptoms)
   2. Quarantine Housing (offenders in close contact of offender with suspected infectious disease symptoms)
   3. Alternate Housing (convertible multi-purpose space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation or Quarantine offenders)

D. Identify an occupied housing area that can be converted to Isolation Housing.
   1. Review housing assignment report and classification status for **possible reassignment** of offenders currently assigned to identified unit.
   2. Identify available bed space or alternate areas of housing.

E. Identify a multi-purpose area as Quarantine Housing.
1. Review offender work crew assignment rosters for possible reassignment to alternate housing area based on facility need and efficient use of this temporary bedspace.
2. Otherwise, reassign offenders to general population elsewhere in the facility.

F. Identify any other possible option for **Positive Cohort** Housing. This would house offender(s) who came in close contact with an offender with a confirmed positive test of infectious disease.
   1. Review housing assignment report and classification status for **possible reassignment** of offenders currently assigned to identified unit.
   2. Identify available bed space or alternate areas of housing.

**RED Zone**

G. Anticipate that RED Zone movement restrictions and PPE usage require a range of housing areas within the facility for a single offender or a group of offenders. **The focus is to manage the unit's current offender population.**

H. Refer to **Patient Location Flowchart** for progression of housing options.

I. Provisions should repeat with initial planning **for up to 20 offenders** in each patient category:
   1. Isolation Housing (offender with suspected infectious disease symptoms)
   2. Quarantine Housing (offenders in close contact of offender with suspected infectious disease symptoms)
   3. Positive Cohort Housing (offenders in close contact of offender with infectious disease symptoms)
   4. Post-Infection Recovery (observation area for confirmed positive case offenders once healthy for 72 hours and eligible for release to General Population in consultation with Health Services and VDH)
   5. Alternate Housing (convertible multi-space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation, Quarantine, Positive Cohort or Post-Infection Recovery offenders)

J. Anticipate that an offender in the Isolation Area is confirmed to test positive with infectious disease symptoms. Anticipate and plan for overflow housing as possible.

K. The Health Authority and Facility Head may determine in consultation if there are operational housing area limits to establishing all patient locations needed for all categories of offenders at any given time.

L. High risk offender(s) with confirmed positive tests of infectious disease will be kept in a separate patient location as determined by Medical Staff. Medical Staff will determine management of RED Zone restrictions in such a case.
V. PROVISION: COVID-19 CASES & LEVELS OF OPERATIONS

A. GREEN Zone conditions may continue in unaffected areas and will be determined by Unit Head and Health Authority consultation; prudent precautions will be taken as Operations proceed to YELLOW Zone conditions.

Housing & Worker Assignments

B. Restrictive Housing. Review offenders assigned to restrictive housing or other specialized housing area to ensure that bedsapce flexibility is maintained to house volume of affected offenders.

C. Offender Inside Workers. Review assignments for outside workers or key workers for duties inside perimeter to Alternate Housing area for temporary housing.
   1. Provide bedding to offenders
   2. Permit property for offenders
   3. Connect Cable TV for viewing by offenders
   4. Make bathroom facilities available for offenders
   5. Provide showers by escort to offenders.

D. Offender Outside Workers. Evaluate (Medical Staff) Outside Offender Workers prior to exiting facility for work and upon return from work prior to reentering facility.

E. Offender Construction Crews. Separate offenders housed on site to assist with facility repairs from facility offenders to prevent possible cross-contamination.

Collaboration, PPE & Precautions

F. Public Health (VDH). Maintain contact with Virginia Department of Health to schedule visit to facility to conduct COVID-19 testing as needed for suspected symptomatic offender(s).

G. Entry Screening. Set up (non-Medical Staff) a triage station in a multi-purpose area to evaluate all staff exiting and entering the facility including taking temperature.

H. At-Risk Staff. Evaluate all facility staff to identify at risk staff members using criteria of age 65 or older and/or with chronic health conditions. Do not post identified staff members in the isolation areas.

I. PPE Inventory. Verify PPE Inventory of Surgical Masks and N-95 Respirators on hand. Have process in place to notify Operations when utilizing PPE extensively for replenishment.

Offender Services/Programs
J. **Offender Temperature Checks.** Set completion point-in-time for temperature checks of all offenders. Assess (Medical Staff) entire offender population by completing and documenting temperature check. Document on log sheet with date, time, temperature and staff initials.

K. **Programs/Activities.** Review activity restrictions necessary for Modified Operation—Modified Lockdown, to begin.
   1. Cancel Department of Education Classes.
   2. Limited offender movement to prevent cross-contamination.
   3. Suspend housing area-to-housing area bed moves unless security issue, medical issue or isolation need identified.
   5. Complete recreation schedule to ensure social distancing; limit number to 10 offenders admitted to a recreation area at one time. Ensure isolated offenders recreate at separate time from other offenders.

L. **Recreation.** Make available additional resources for activities such as new movies, games and cards.

M. **Offender Communication.** Monitor (Executive Staff and Administrative Duty Officers) offender population and dialogue to resolve issues and provide educated information regarding infectious disease, CDC recommendations and VDH recommendations

VI. **SUSPECTED SYMPTOMATIC RESPONSE (MODIFIED LOCKDOWN)**

*Objective 1: Identify Offender(S) with Suspected Infectious Disease Symptoms*

A. **Medical Staff Response**
   1. Properly don all required PPE prior to entering suspected infected area
   2. Evaluate offender exhibiting symptoms of infectious disease
   3. Evaluate other offenders in close contact with offender in question
   4. Evaluate staff that have made contact with offender in question
   5. Properly doff all required PPE when exiting suspected infected area including washing hands after doffing.
   6. 
   7. Notify facility management with all relevant details

B. **Security Response**
   1. Properly don all required PPE prior to entering suspected infected area
   2. Assist Medical Staff with securing the location of the symptomatic offender(s) to limit exposure
   3. Properly doff all required PPE when exiting suspected infected area including washing hands after doffing.
   4. Properly notify facility management with all relevant details
5. Properly notify OLU with all relevant details

**Objective 2: Isolate Offender(s) with Suspected Infectious Disease Symptoms**

A. Lockdown all offender movement and clear evaluation area of all offenders and non-essential staff. Account for all offenders and staff. Begin YELLOW Zone movement restrictions and PPE usage.

B. Separate the offender exhibiting suspected symptoms of infectious disease in an isolation area, preferably a single cell.

C. Remove the offender(s) who were in close contact from the general offender population and cohort in a space where social distancing can be accomplished.

D. Screen (Medical staff) the suspected symptomatic offender and close contact offenders for infectious disease such as flu and Coronavirus.

E. Provide treatment (Medical staff) to offenders as necessary and observe at least every four hours but may be more frequent depending on the level of care. Document offender(s) symptoms with date, time, staff initials, temperature and any other symptoms exhibited.

F. Place the affected housing area on modified lockdown procedures.

G. Post all staff members in the affected area only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with available appropriate PPE at all times.

H. Suspend offender video visitation that requires access to equipment outside of housing unit until containment procedures have concluded. Offender privilege of personal tablet communication is not affected.

I. Utilize the [Medical Epidemic / Pandemic Sanitation Plan](#) for the area.

J. Provide food items to the isolation housing area(s) via plastic items or disposable items:
   1. Sanitize plastic items according to the [Medical Epidemic / Pandemic Sanitation Plan](#)
   2. In the event the plastic items are not available, the disposable items will be used. No delay in feeding shall occur due to plastic items not being available.
   3. Disposable items that may be used
      a. Styrofoam Trays
      b. Bags
      c. Disposable Cups or Drink Pouches
      d. Disposable Utensils
K. Collect all trash from the affected area after each feeding is completed. Place in a specialized container by staff members equipped with PPE who will take the trash container directly to the trash impounding area to be disposed of as soon as possible via the Institutional Trash Procedure. All staff coming into contact with the trash will be equipped with PPE at all times.

L. Designate a specific trash container for biohazard disposal of PPE for the affected area. Ensure that each time it is removed from the pod, it goes directly to the facility trash impound/disposal area and returns directly to the affected area. Staff members need to remain in proper PPE while handling the trash. The trash container will not be used in any other area until containment procedure has concluded and the trash container has been thoroughly sanitized.

M. Remove all laundry items from potentially infected offender(s). The removed items will be laundered by staff or workers who will be equipped with PPE after all other facility laundry has been completed.

N. Select security staff for medical transport escort of offender to a hospital based on completion of required transportation training, risk assessment and availability. Equip Transport Staff with PPE and follow all hospital security guidelines. Notify hospital prior to the transport exiting the facility that infectious disease transport will be made. Utilize transportation restraints per policy. Sanitize restraints and transport vehicle upon return according to the Medical Epidemic / Pandemic Sanitation Plan.

O. Begin daily screening of food service workers prior to them entering the food preparation/kitchen area. Include a basic temperature screening by medical staff in addition to any other medical screening deemed necessary by medical staff.

P. Assign staff to prepare food for the institution based on availability and risk assessment.

Q. Issue newly laundered items to offender(s) upon completion of the isolation period at the time of return to a general population housing unit. Launder existing items by workers or staff equipped with PPE.

Objective 3: Commence Operation of Containment – Isolation Housing, Alternate Housing and Quarantine Housing

YELLOW Zone

A. Execute bedspace assignments planned for offenders in each patient category:
   a. Isolation Housing (offender with infectious disease symptoms)
   b. Positive Cohort Housing (offenders in close contact of offender with infectious disease symptoms)
c. Alternate Housing (convertible multi-space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation or Close Contact offenders.

B. Facilitate all possible bed moves and account for all offenders in each category and new housing area.

C. Post all staff members in the affected areas only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with PPE at all times.

**Objective 4: Use Proactive Methods to Prevent Possible Spread Of Infectious Disease**

N. GREEN ZONE conditions may continue in unaffected areas and will be determined by Unit Head and Health Authority consultation; prudent precautions will be taken on all impacted areas of operations as the progression moves to YELLOW and RED Zone conditions:

**Housing & Worker Assignments**
1. Restrictive Housing.
2. Offender Inside Workers.
3. Offender Outside Workers.
4. Offender Construction Crews.

**Communication, PPE & Precautions**
5. Public Health (VDH)
6. Entry Screening
7. At-Risk Staff
8. PPE Inventory

**Offender Services/Programs**
9. Offender Temperature Checks
10. Programs/Activities
11. Recreation
12. Offender Communication

**VII. CONFIRMED POSITIVE CASE RESPONSE (LOCKDOWN)**

**Objective 1: Execute RED Zone housing assignments**

RED Zone

A. Execute bedspace assignments planned for offenders in each patient category:
   a. Isolation (offender with infectious disease symptoms)
   b. Quarantine Housing (offenders in close contact of offender with infectious disease symptoms)
c. Positive Cohort Housing (offenders with positive test for confirm infectious disease symptoms)
d. Post-Infection Housing (observation area for positive case offenders once healthy for 72 hours and eligible for release to General Population in consultation with Health Services and VDH)
e. Alternate Housing (convertible multi-space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation, Quarantine, Positive Cohort or Post-Infection offenders).

B. The Health Authority and Facility Head may determine in consultation if there are operational housing area limits to establishing all patient locations needed for all categories of offenders at any given time.

C. High risk offender(s) with confirmed positive tests of infectious disease will be kept in a separate patient location as determined by Medical Staff. Medical Staff will determine management of RED Zone restrictions in such a case.

**Objective 2: Use Proactive Methods to Prevent Possible Spread Of Infectious Disease**

D. YELLOW ZONE conditions may continue in unaffected areas and will be determined by Unit Head and Health Authority consultation; prudent precautions will be taken on all impacted areas of operations as the progression moves to RED Zone conditions:

**Housing & Worker Assignments**
13. Restrictive Housing.
15. Offender Outside Workers.

**Communication, PPE & Precautions**
17. Public Health (VDH)
18. Entry Screening
19. At-Risk Staff
20. PPE Inventory

**Offender Services/Programs**
21. Offender Temperature Checks
22. Programs/Activities
23. Recreation
24. Offender Communication
MEMORANDUM

To: Wardens and Superintendents

From: Dr. Trey Fuller
Assistant Director of Health Services

Subject: COVID-19 – Infirmary Discharges

As we continue to prepare for the spread of COVID-19 limiting the transfer of offenders between facilities is critical. When an offender is discharged from an infirmary every effort should be made to discharge that offender to the facility where the infirmary is located. Exceptions will only be made when there are insurmountable barriers that prevent that offender from being discharged to the facility where the infirmary is located. Central classification and Ms. Felecia Bowles can assist in this process,

Thank you for your continued support and dedication.

cc: Harold W. Clarke, Director
    David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chiefs
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
    Jermiah Fitz
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
       Chief of Corrections Operations

       Joseph W. Walters
       Deputy Director - Administration

Subject: COVID-19 – Bed Space Plan

We know that COVID-19 will continue to spread. With that in mind, operational plans need to be developed proactively regarding bed space in consort with your Isolation Plan. These plans should be developed collaboratively between Wardens/Superintendents and Head Nurses. At a minimum, these plans should address the number of beds, alternative locations and managing offenders with isolation, cohorting of positives, cohorting of high risk positives, etc.

In addition, these plans should include a transition plan for offenders as they step down through the process, if space allows, to clear out isolation and positive cohorting as people recover. These plans will be different for each location based on your facility and your population.

Please note that these plans do not supersede Virginia Department of Health or VADOC Health Services guidelines. The intent of this flow chart is not to make any decision medically, but to guide facilities in planning for infrastructure needs. To support your discussions we have included documents that outline potential processes.

Thank you for all you are doing and if you have any questions, you can reach out to operational or medical leadership.

Attachment

cc: Harold W. Clarke, Director
    Scott Richeson, Deputy Director
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Start here: Choose known positive or symptomatic

Isolate Symptomatic Cases in Single Cell

Quarantine Building & Cohort Close Contacts*

Test Symptomatic Person for COVID per DOC HSU Advice or VDH Advice

Positive

As space allows continue to isolate in single cells and quarantine/cohort in place.

Negative

Continue to isolate until seen by provider and medical determination of release is made.

When space is limited you may cohort COVID-19 positive cases in a housing unit. (High risk COVID-19 patients need to be separated from other COVID-19 positive cases)

As needed, move to infirmary spaces that are available.

As needed, send to hospital

Release to GP after final provider review.

Ideally & as space allows, patients will be moved into an area for observation once healthy for 72 hours and released once healthy by the provider on site in consultation with the VDH

Potential Spaces Needed LABELED IN PURPLE

GENERAL POPULATION

POST INFECTION RECOVERY

INFIRMARY

HOSPITAL
COVID-19

ISOLATION PLAN
For Modified Operations

Facility Name
PURPOSE: The purpose of the Isolation Plan for Modified Operations is to provide guidance and structure to all facility staff in the proper procedure to isolation a unit(s) when an offender is symptomatic with a suspected infectious disease. The Isolation Plan is designed to be proactive and preventative. The guidelines are specific to this facility and provide the minimum level of isolation. Additional tasks may be required. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

I. USE PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. Portions of procedures presented here call for use of Personal Protective Equipment (PPE). Proper use is essential to successful modified operations.

B. Don & doff all PPE according to instructions provided prior to entering and when exiting suspected infectious area. PPE is required to be worn while in the area or with the symptomatic offender(s). Please follow guidance of CDC on reuse of limited resources.

   Proper procedure for donning and doffing found here: https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf

   1. Surgical Mask
   2. N95 or N100 Mask
   3. Nitrile Gloves
   4. Surgical Gown

C. Any and all staff will wear PPE in contact with
   1. Suspected infectious offender
   2. Sanitation of suspected infectious area
   3. Laundering of suspected infectious offender

II. IDENTIFY OFFENDER(S) WITH SYMPTOMS OF INFECTIOUS DISEASE

A. Medical Staff Response
   1. Properly don all required PPE prior to entering suspected infected area
   2. Evaluate offender exhibiting symptoms of infectious disease
   3. Evaluate other offenders in contact with offender in question
   4. Evaluate staff that have made contact with offender in question
   5. Properly doff all required PPE when exiting suspected infected area
   6. Notify facility management with all relevant details

B. Security Response
1. Properly don all required PPE prior to entering suspected infected area
2. Assist Medical Staff with securing the location of the symptomatic offender(s) to limit exposure
3. Properly doff all required PPE when exiting suspected infected area
4. Properly notify facility management with all relevant details
5. Properly notify OLU with all relevant details

III. ISOLATE OFFENDER(S) WITH INFECTIOUS DISEASE SYMPTOMS

A. Lockdown all offender movement and clear evaluation area of all offenders and non-essential staff. Account for all offenders.

B. Remove the offender(s) from the general offender population to include any offender(s) positive with infectious disease symptoms.

C. Screen (Medical staff) the offender for infectious disease such as flu and Coronavirus.

D. Provide treatment (Medical staff) as necessary and observe at least every four hours but may be more frequent depending on the level of care. Document offender(s) symptoms with date, time, staff initials, temperature and any other symptoms exhibited.

E. Place the affected housing area on modified lockdown procedures.

F. Post all staff members in the affected area only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with PPE at all times.

G. Suspend offender video visitation that requires access to equipment outside of housing unit until containment procedures have concluded. Offender privilege of personal tablet communication is not affected.

H. Utilize the Medical Epidemic / Pandemic Sanitation Plan for the area.

I. Provide food items to the isolation housing area(s) via plastic items or disposable items:
   1. Sanitize plastic items according to the Medical Epidemic / Pandemic Sanitation Plan
   2. In the event the plastic items are not available, the disposable items will be used. No delay in feeding shall occur due to plastic items not being available.
   3. Disposable items that may be used
      a. Styrofoam Trays
      b. Bags
      c. Disposable Cups or Drink Pouches
      d. Disposable Utensils
J. Collect all trash from the affected area after each feeding is completed. Place in a specialized container by staff members equipped with PPE who will take the trash container directly to the trash impounding area to be disposed of as soon as possible via the Institutional Trash Procedure. All staff coming into contact with the trash will be equipped with PPE at all times.

K. Designate a specific trash container for the affected area. Ensure that each time it is removed from the pod, it goes directly to the facility trash impound/disposal area and returns directly to the affected area. Staff members need to remain in proper PPE while handling the trash. The trash container will not be used in any other area until containment procedure has concluded and the trash container has been thoroughly sanitized.

L. Remove all laundry items from potentially infected offender(s). The removed items will be laundered by staff or workers who will be equipped with PPE after all other facility laundry has been completed.

M. Select security staff for medical transport escort of offender to a hospital based on completion of required transportation training, risk assessment and availability. Equip Transport Staff with PPE and follow all hospital security guidelines. Notify hospital prior to the transport exiting the facility that infectious disease transport will be made. Utilize transportation restraints per policy. Sanitize restraints and transport vehicle upon return according to the Medical Epidemic / Pandemic Sanitation Plan.

N. Begin daily screening of food service workers prior to them entering the food preparation/kitchen area. Include a basic temperature screening by medical staff in addition to any other medical screening deemed necessary by medical staff.

O. Assign staff to prepare food for the institution based on availability and risk assessment.

P. Issue newly laundered items to offender(s) upon completion of the isolation period at the time of return to a general population housing unit. Launder existing items by workers or staff equipped with PPE.

IV. ESTABLISH ISOLATION HOUSING UNIT AND ALTERNATE HOUSING AVAILABILITY

A. Identify an occupied housing area as the Isolation Unit
   1. Review housing assignment report and classification status for possible reassignment of offenders currently assigned to identified unit.
   2. Identify available bed space or alternate areas of housing.
   3. Facilitate all possible bed moves.
4. Account for each reassigned offender.

B. Identify a multi-purpose area as Alternate Housing.
   1. Assign offenders to alternate housing area based on facility need for work crews and efficient use of this temporary bedscape.
   2. Otherwise, reassign offenders to general population elsewhere in the facility.

C. House offender(s) positive with infectious disease symptoms in the Isolation Unit. Anticipate and plan for overflow housing as possible.

D. Offender(s) identified as high risk and with infectious disease symptoms will be housed in a separate Medical Isolation area as determined by Medical Staff.

V. USE PROACTIVE METHODS TO PREVENT SPREAD OF INFECTIOUS DISEASE

A. Assign outside workers or key workers for duties inside perimeter to Alternate Housing area for temporary housing.
   1. Provide bedding to offenders
   2. Permit property for offenders
   3. Connect Cable TV for viewing by offenders
   4. Make bathroom facilities available for offenders
   5. Provide showers by escort to offenders.

B. Review offenders assigned to restrictive housing or other specialized housing area to ensure that bedscape flexibility is maintained to house volume of affected offenders.

C. Place facility on Modified Operation—Modified Lockdown, to begin.
   1. Cancel Department of Education Classes.
   2. Limited offender movement to prevent cross-contamination.
   3. Suspend housing area-to-housing area bed moves unless security issue, medical issue or isolation need identified.
   5. Complete recreation schedule to ensure social distancing; limit number to 10 offenders admitted to a recreation area at one time. Ensure isolated offenders recreate at separate time from other offenders.

D. Set completion point-in-time for temperature checks of all offenders. Assess (Medical Staff) entire offender population by completing and documenting temperature check. Document on log sheet with date, time, temperature and staff initials.
E. Set up (non-Medical Staff) a triage station in a multi-purpose area to evaluate all staff exiting and entering the facility including taking temperature.

F. Contact Virginia Department of Health to schedule visit to facility to conduct COVID-19 testing of symptomatic offender(s).

G. Evaluate (Medical Staff) Outside Offender Workers prior to exiting facility for work and upon return from work prior to reentering facility.

H. Separate offenders housed on site to assist with facility repairs from facility offenders to prevent possible cross-contamination.

I. Evaluate all facility staff to identify at risk staff members using criteria of over age 65 and/or with chronic health conditions. Do not post identified staff members in the isolation areas.

J. Verify PPE Inventory of Surgical Masks and N-95 Respirators on hand.

K. Make available additional resources for activities such as new movies, games and cards.

L. Monitor (Executive Staff and Administrative Duty Officers) offender population and dialogue to resolve issues and provide educated information regarding infectious disease, CDC recommendations and VDH recommendations.

VI. SANITATION AND DISPOSAL

A. Designate Biohazard Containers to be placed in areas of concern.

B. Discard all used PPE in designated Biohazard Containers.

C. Sanitize all affected areas following the Medical Epidemic / Pandemic Sanitation Plan
11. CARE FOR THE SICK
MEMORANDUM

To: All Chiefs/Wardens/Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Narcan Use

The Virginia Department of Corrections continues to respond to the COVID-19 pandemic through modification of procedures as well as continuing to adjust quickly to changes that occur both nationally and regionally that affect both our staff and offender population. As we move quickly with our responses, it is extremely important that we continue to be vigilant in situations that bring staff and offenders in close proximity to one another. One such example of this is the administration of Narcan.

Please be mindful of proper safety precautions in the event that it is necessary to administer Narcan. Be sure to wear gloves as well as other PPE to ensure your safety, as well as those who you may have contact with, and properly dispose of the same. Following the same process for immediate, thorough hand washing after any contact with others will also help to stop the spread of germs.

Thank you for your attention to this matter and your continued cooperation.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
12. QUARANTINE (ASYMPTOMATIC EXPOSED PERSONS)
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 Interim Guidance – Facility Template

Please refer to the attached guidance document to continue refining your location’s efforts to respond to ongoing COVID-19 conditions affecting your site. This replaces the Isolation Plan sent out on March 20, 2020. Updates to the plan can be expected as more refinements to our Health Services and Operational experiences evolve and as additional guidance are received from CDC and VDH.

At this time, please take note of key sections of the plan document to assist in your review. We will discuss in our Regional Conference Call 12 today.

- **Purpose** – Confirm your management team’s understanding of the progression, provisions, coordination and collaboration perspectives that must guide your leadership
- **VADOC COVID-19 Matrix** – Note the risk management nature of this resource so that your management team is oriented to the joint Health Services (patient focus) and Operations (housing and lockdown conditions) that must go hand-in-hand.
- **PPE** – Ensure usage requirements and inventory management needs are being addressed
- **Provisions** - Focus your preparations on the needs for Patient Locations/Housing Areas and for Patient Case Levels/Operating Conditions
- **Responses** – Be prepared to execute responses to suspected symptomatic cases and to confirmed positive cases.

Further attention to your preparations and actions should continue to talk place in concert with your Region.

Sanitation, Decontamination and Disinfection will remain key environmental care priorities. The need for additional escalation under the Incident Command System to deploy Rapid Response Teams to locations with staffing issues is also a priority. These matters will be further addressed in updates to this plan document.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief/Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce

Chief of Corrections Operations Memorandum #058-2020
VADOC COVID-19 Response Plan – Template

INTERIM GUIDANCE

Facility Name

Administration, Coordination & Communication

Suspected Symptomatic Case Response
(Modified Lockdown Operations)

Yellow Zone

Confirmed Positive Case Response
(ICS Lockdown Operations)

Red Zone
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PURPOSE: The purpose of the VADOC COVID-19 Response Plan Interim Guidance is to provide direction and structure to all facility staff on the proper response at a location when an offender is symptomatic or confirmed positive with a suspected infectious disease.

Risk Levels: Risk management is an important premise that runs through this Guidance. Monitoring risk levels for both health services and operational responsibilities is carried out in tandem. Ensuring that clinical protocols are able to be carried out in a secure, orderly and safe environment is essential.

Progression: The Guidance is designed to be proactive and preventative in planning and also includes progression into the initial response and then into the Incident Command System as needed.

Provisions: Specific provisions for each facility should be adopted as appropriate to deliver a sufficient level of planning and response. Additional tasks may be required. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol and resources.

Coordination: At each site, the Facility Head and the Health Authority must remain in close communication and consultation to resolve shared operational and clinical challenges for the location in the most effective manner.

Collaboration: At each site, the Facility Head and the Health Authority must extend close communication and consultation to manage shared operational and clinical responses that include authorities beyond the location itself. Both leaders must anticipate the need to extend this interaction to the regional and divisional levels as well as with local public health and emergency management officials, and community-based medical providers.

This includes but is not limited to the following COVID-19 contingencies:

- On-site testing of select suspected symptomatic cases by public health officials
- Emergency medical transportation of offenders with suspected symptomatic cases or confirmed positive cases
- Community supervision or parole releases for offenders with suspected symptomatic cases or confirmed positive cases
- Incident Command deployment of staff from other units to sustain minimal operations at a facility
- Incident Command transfer of offenders between VADOC facilities
- Transfer of a felony or parole violator offender from a local or regional jail to VADOC custody
- Assessment, with public health guidance, of employee work status for quarantine from or return to the work site.
# VADOC COVID-19 Response Plan Glossary Matrix

Note: A unit may be responding to developments that cross more than one zone.

<table>
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<th>Plan Element</th>
<th>GREEN Zone</th>
<th>YELLOW Zone</th>
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<td><strong>Risk Management</strong></td>
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<tr>
<td>Risk Level</td>
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<td>Moderate Risk</td>
<td>High Risk</td>
</tr>
<tr>
<td>Case Level</td>
<td>No suspected symptomatic or confirmed positive case</td>
<td>Suspected symptomatic case</td>
<td>Confirmed positive case</td>
</tr>
<tr>
<td>Operations Level</td>
<td>Normal Operations</td>
<td>Modified Lockdown</td>
<td>Lockdown</td>
</tr>
<tr>
<td>Incident Command?</td>
<td>No</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Health Services Status</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Case Level</td>
<td>No suspected symptomatic or confirmed positive case</td>
<td>Suspected symptomatic case</td>
<td>Confirmed positive case</td>
</tr>
<tr>
<td>Patient Locations In Use</td>
<td>None</td>
<td>Isolation Quarantine</td>
<td>Medical Isolation (Possible) Positive Cohort Post-Infection Recovery</td>
</tr>
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<td>Patient PPE</td>
<td>Sneeze Guards Close Contact Precautions</td>
<td>Sneeze Guards Close Contact Restrictions</td>
<td>Sneeze Guards Clinical Protocols Only</td>
</tr>
<tr>
<td>Staff/Contractor PPE</td>
<td>Sneeze Guards Entry/Exit Precautions</td>
<td>YES Based on Interaction</td>
<td>YES Based on Interaction</td>
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<tr>
<td><strong>Operations Status</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operations Level</td>
<td>Modified Operations</td>
<td>Modified Lockdown</td>
<td>Lockdown</td>
</tr>
<tr>
<td>Housing Areas In Use</td>
<td>Modified Bedspace Assignments</td>
<td>Alternate Area (Workers) Isolation Area Quarantine Area</td>
<td>Positive Cohort Area Post-Infection Recovery Area ICS Temporary Spaces</td>
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<tr>
<td>Movement</td>
<td>Modified Movement to Chow/Recreation</td>
<td>Meals in Housing Areas Limited Showers/Recreation</td>
<td>Additional Curtailment</td>
</tr>
<tr>
<td>Services/Programs</td>
<td>Modified Schedule</td>
<td>Housing Area Only</td>
<td></td>
</tr>
<tr>
<td>Work Assignments</td>
<td>Modified Schedule</td>
<td>VCE Chemicals/Laundry CCAP/Work Release Case-by-Case</td>
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I. Quick Guide Responses: Suspected Symptomatic & Confirmed Positive Cases

A. Suspected Symptomatic Response (Modified Lockdown)

Full Details are found in VI. Suspected Symptomatic Response (Modified Lockdown)

1. Execute YELLOW Zone Housing Assignments
2. Identify Offender(s) with Infectious Disease Symptoms
3. Isolate Offender(s) with Infectious Disease Symptoms
4. Commence Operation of Containment – Isolation Housing, Alternate Housing and Quarantine Housing
5. Use Proactive Methods to Prevent Possible Spread Of Infectious Disease

B. Confirmed Positive Case Response (Lockdown)

Full Details are found in VII. Confirmed Positive Case Response (Lockdown)

1. Execute RED Zone Housing Assignments
2. Use Proactive Methods to Prevent Possible Spread Of Infectious Disease
II. GUIDANCE PROGRESSION OF PREPARATION & RESPONSES

A. VADOC Facilities function under normal conditions most of time, fulfilling their operational mission including health services to offenders. However, risk management conditions during this COVID-19 period requires adjustment to those operations.

B. This guidance assumes that the facility is operating under modified operating conditions in the GREEN Zone—Low Risk—without any suspected symptomatic or confirmed positive cases of virus infection and without any persons under investigation (PUI); preparation of provisions for planning and responses are underway; reasonable precautions are in place involving offenders, employees, contactors; awareness and expected behaviors are being demonstrated by all persons.

C. The Facility Head and the Health Authority must remain in close communication and consultation to resolve and anticipate operational and clinical challenges in the most effective manner. Both leaders refer to ongoing communications and guidance to stay abreast of local, regional, divisional and agency developments. See VADOC’s COVID-19 Pandemic Response Plan Guidance for coordination and communication resources, especially COVID-19 Cumulative Questions and Answers.

D. At such time as an offender, employee, or contractor at the facility reports symptoms of an infectious disease, modified lockdown operations commence and YELLOW Zone precautions begin in the affected areas with all affected individuals.

E. Later, if a confirmation of a positive test for an infectious disease is received, operations proceed to full lockdown operations, an Incident Command System response commences, and RED Zone precautions begin with affected areas and affected individuals.

F. Finally, if resource levels, especially staff availability, impact maintenance of operating levels, the routine progresses to minimal operations, and more austere measures are taken through Incident Command action. RED Zone conditions would be sustained.

G. As the patient and operational levels at the site progress through YELLOW and RED Zone conditions, enhanced environmental care measures will be put into place.

III. USE PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. Portions of procedures presented here call for use of Personal Protective Equipment (PPE). Proper use is essential to successful modified operations.

B. Necessary PPE is associated with zone requirements (Green, Yellow, Red) established by HSU. See PPE zone requirements.

C. Don & doff all PPE according to instructions provided prior to entering and when exiting suspected infectious area. PPE is required to be worn while in the area or with the
symptomatic offender(s). PPE can be worn in Green zone by medical and corrections personnel when going to Yellow then Red Zones in that order. Please follow guidance of CDC on reuse of limited resources.

Proper procedure for donning and doffing found here: 

1. Surgical Mask
2. N95 or N100 Mask
3. Nitrile Gloves
4. Surgical Gown

D. Any and all staff will wear PPE when in contact with:
   1. Suspected infectious offender
   2. Sanitation of suspected infectious area
   3. Laundering of suspected infectious offender

IV. PROVISION: COVID-19 PATIENT LOCATION & HOUSING AREAS

YELLOW Zone

A. Anticipate that YELLOW Zone movement restrictions and PPE usage require a range of bedspace management options within the facility for a single offender or a group of offenders. The focus is to manage the unit’s current offender population.

B. Refer to Patient Location Flowchart for progression of patient locations.

C. Provisions should begin with planning for either one offender or for up to five offenders in each patient category:
   1. Isolation Housing (offender with suspected infectious disease symptoms)
   2. Quarantine Housing (offenders in close contact of offender with suspected infectious disease symptoms)
   3. Alternate Housing (convertible multi-purpose space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation or Quarantine offenders)

D. Identify an occupied housing area that can be converted to Isolation Housing.
   1. Review housing assignment report and classification status for possible reassignment of offenders currently assigned to identified unit.
   2. Identify available bed space or alternate areas of housing.

E. Identify a multi-purpose area as Quarantine Housing.
1. Review offender work crew assignment rosters for possible reassignment to alternate housing area based on facility need and efficient use of this temporary bedspace.
2. Otherwise, reassign offenders to general population elsewhere in the facility.

F. Identify any other possible option for **Positive Cohort Housing**. This would house offender(s) who came in close contact with an offender with a confirmed positive test of infectious disease.
   1. Review housing assignment report and classification status for **possible reassignment** of offenders currently assigned to identified unit.
   3. Identify available bed space or alternate areas of housing.

**RED Zone**

G. Anticipate that RED Zone movement restrictions and PPE usage require a range of housing areas within the facility for a single offender or a group of offenders. **The focus is to manage the unit’s current offender population.**

H. Refer to **Patient Location Flowchart** for progression of housing options.

I. Provisions should repeat with initial planning **for up to 20 offenders** in each patient category:
   1. Isolation Housing (offender with suspected infectious disease symptoms)
   2. Quarantine Housing (offenders in close contact of offender with suspected infectious disease symptoms)
   3. Positive Cohort Housing (offenders in close contact of offender with infectious disease symptoms)
   4. Post-Infection Recovery (observation area for confirmed positive case offenders once healthy for 72 hours and eligible for release to General Population in consultation with Health Services and VDH)
   5. Alternate Housing (convertible multi-space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation, Quarantine, Positive Cohort or Post-Infection Recovery offenders)

J. Anticipate that an offender in the Isolation Area is confirmed to test positive with infectious disease symptoms. Anticipate and plan for overflow housing as possible.

K. The Health Authority and Facility Head may determine in consultation if there are operational housing area limits to establishing all patient locations needed for all categories of offenders at any given time.

L. High risk offender(s) with confirmed positive tests of infectious disease will be kept in a separate patient location as determined by Medical Staff. Medical Staff will determine management of RED Zone restrictions in such a case.
V. PROVISION: COVID-19 CASES & LEVELS OF OPERATIONS

A. GREEN Zone conditions may continue in unaffected areas and will be determined by Unit Head and Health Authority consultation; prudent precautions will be taken as Operations proceed to YELLOW Zone conditions.

Housing & Worker Assignments

B. Restrictive Housing. Review offenders assigned to restrictive housing or other specialized housing area to ensure that bedspace flexibility is maintained to house volume of affected offenders.

C. Offender Inside Workers. Review assignments for outside workers or key workers for duties inside perimeter to Alternate Housing area for temporary housing.
   1. Provide bedding to offenders
   2. Permit property for offenders
   3. Connect Cable TV for viewing by offenders
   4. Make bathroom facilities available for offenders
   5. Provide showers by escort to offenders.

D. Offender Outside Workers. Evaluate (Medical Staff) Outside Offender Workers prior to exiting facility for work and upon return from work prior to reentering facility.

E. Offender Construction Crews. Separate offenders housed on site to assist with facility repairs from facility offenders to prevent possible cross-contamination.

Collaboration, PPE & Precautions

F. Public Health (VDH). Maintain contact with Virginia Department of Health to schedule visit to facility to conduct COVID-19 testing as needed for suspected symptomatic offender(s).

G. Entry Screening. Set up (non-Medical Staff) a triage station in a multi-purpose area to evaluate all staff exiting and entering the facility including taking temperature.

H. At-Risk Staff. Evaluate all facility staff to identify at risk staff members using criteria of age 65 or older and/or with chronic health conditions. Do not post identified staff members in the isolation areas.

I. PPE Inventory. Verify PPE Inventory of Surgical Masks and N-95 Respirators on hand. Have process in place to notify Operations when utilizing PPE extensively for replenishment.

Offender Services/Programs
J. **Offender Temperature Checks.** Set completion point-in-time for temperature checks of all offenders. Assess (Medical Staff) entire offender population by completing and documenting temperature check. Document on log sheet with date, time, temperature and staff initials.

K. **Programs/Activities.** Review activity restrictions necessary for Modified Operation—Modified Lockdown, to begin.
   1. Cancel Department of Education Classes.
   2. Limited offender movement to prevent cross-contamination.
   3. Suspend housing area-to-housing area bed moves unless security issue, medical issue or isolation need identified.
   5. Complete recreation schedule to ensure social distancing; limit number to 10 offenders admitted to a recreation area at one time. Ensure isolated offenders recreate at separate time from other offenders.

L. **Recreation.** Make available additional resources for activities such as new movies, games and cards.

M. **Offender Communication.** Monitor (Executive Staff and Administrative Duty Officers) offender population and dialogue to resolve issues and provide educated information regarding infectious disease, CDC recommendations and VDH recommendations

VI. **SUSPECTED SYMPTOMATIC RESPONSE (MODIFIED LOCKDOWN)**

**Objective 1: Identify Offender(S) with Suspected Infectious Disease Symptoms**

A. Medical Staff Response
   1. Properly don all required PPE prior to entering suspected infected area
   2. Evaluate offender exhibiting symptoms of infectious disease
   3. Evaluate other offenders in close contact with offender in question
   4. Evaluate staff that have made contact with offender in question
   5. Properly doff all required PPE when exiting suspected infected area including washing hands after doffing.
   
B. Security Response
   1. Properly don all required PPE prior to entering suspected infected area
   2. Assist Medical Staff with securing the location of the symptomatic offender(s) to limit exposure
   3. Properly doff all required PPE when exiting suspected infected area including washing hands after doffing.
   4. Properly notify facility management with all relevant details
5. Properly notify OLU with all relevant details

**Objective 2: Isolate Offender(s) with Suspected Infectious Disease Symptoms**

A. Lockdown all offender movement and clear evaluation area of all offenders and non-essential staff. Account for all offenders and staff. Begin YELLOW Zone movement restrictions and PPE usage.

B. Separate the offender exhibiting suspected symptoms of infectious disease in an isolation area, preferably a single cell.

C. Remove the offender(s) who were in close contact from the general offender population and cohort in a space where social distancing can be accomplished.

D. Screen (Medical staff) the suspected symptomatic offender and close contact offenders for infectious disease such as flu and Coronavirus.

E. Provide treatment (Medical staff) to offenders as necessary and observe at least every four hours but may be more frequent depending on the level of care. Document offender(s) symptoms with date, time, staff initials, temperature and any other symptoms exhibited.

F. Place the affected housing area on modified lockdown procedures.

G. Post all staff members in the affected area only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with available appropriate PPE at all times.

H. Suspend offender video visitation that requires access to equipment outside of housing unit until containment procedures have concluded. Offender privilege of personal tablet communication is not affected.

I. Utilize the [Medical Epidemic / Pandemic Sanitation Plan](#) for the area.

J. Provide food items to the isolation housing area(s) via plastic items or disposable items:
   1. Sanitize plastic items according to the [Medical Epidemic / Pandemic Sanitation Plan](#)
   2. In the event the plastic items are not available, the disposable items will be used. No delay in feeding shall occur due to plastic items not being available.
   3. Disposable items that may be used
      a. Styrofoam Trays
      b. Bags
      c. Disposable Cups or Drink Pouches
      d. Disposable Utensils
K. Collect all trash from the affected area after each feeding is completed. Place in a specialized container by staff members equipped with PPE who will take the trash container directly to the trash impounding area to be disposed of as soon as possible via the Institutional Trash Procedure. All staff coming into contact with the trash will be equipped with PPE at all times.

L. Designate a specific trash container for biohazard disposal of PPE for the affected area. Ensure that each time it is removed from the pod, it goes directly to the facility trash impound/disposal area and returns directly to the affected area. Staff members need to remain in proper PPE while handling the trash. The trash container will not be used in any other area until containment procedure has concluded and the trash container has been thoroughly sanitized.

M. Remove all laundry items from potentially infected offender(s). The removed items will be laundered by staff or workers who will be equipped with PPE after all other facility laundry has been completed.

N. Select security staff for medical transport escort of offender to a hospital based on completion of required transportation training, risk assessment and availability. Equip Transport Staff with PPE and follow all hospital security guidelines. Notify hospital prior to the transport exiting the facility that infectious disease transport will be made. Utilize transportation restraints per policy. Sanitize restraints and transport vehicle upon return according to the Medical Epidemic / Pandemic Sanitation Plan.

O. Begin daily screening of food service workers prior to them entering the food preparation/kitchen area. Include a basic temperature screening by medical staff in addition to any other medical screening deemed necessary by medical staff.

P. Assign staff to prepare food for the institution based on availability and risk assessment.

Q. Issue newly laundered items to offender(s) upon completion of the isolation period at the time of return to a general population housing unit. Launder existing items by workers or staff equipped with PPE.

Objective 3: Commence Operation of Containment – Isolation Housing, Alternate Housing and Quarantine Housing

YELLOW Zone

A. Execute bedspace assignments planned for offenders in each patient category:
   a. Isolation Housing (offender with infectious disease symptoms)
   b. Positive Cohort Housing (offenders in close contact of offender with infectious disease symptoms)
c. Alternate Housing (convertible multi-space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation or Close Contact offenders.

B. Facilitate all possible bed moves and account for all offenders in each category and new housing area.

C. Post all staff members in the affected areas only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with PPE at all times.

Objective 4: Use Proactive Methods to Prevent Possible Spread Of Infectious Disease

N. GREEN ZONE conditions may continue in unaffected areas and will be determined by Unit Head and Health Authority consultation; prudent precautions will be taken on all impacted areas of operations as the progression moves to YELLOW and RED Zone conditions:

Housing & Worker Assignments
1. Restrictive Housing.
2. Offender Inside Workers.
3. Offender Outside Workers.
4. Offender Construction Crews.

Communication, PPE & Precautions
5. Public Health (VDH)
6. Entry Screening
7. At-Risk Staff
8. PPE Inventory

Offender Services/Programs
9. Offender Temperature Checks
10. Programs/Activities
11. Recreation
12. Offender Communication

VII. CONFIRMED POSITIVE CASE RESPONSE (LOCKDOWN)

Objective 1: Execute RED Zone housing assignments

RED Zone

A. Execute bedspace assignments planned for offenders in each patient category:
   a. Isolation (offender with infectious disease symptoms)
   b. Quarantine Housing (offenders in close contact of offender with infectious disease symptoms)
c. Positive Cohort Housing (offenders with positive test for confirm infectious disease symptoms)
d. Post-Infection Housing (observation area for positive case offenders once healthy for 72 hours and eligible for release to General Population in consultation with Health Services and VDH)
e. Alternate Housing (convertible multi-space where unaffected offenders can be housed temporarily to free up more manageable space for Isolation, Quarantine, Positive Cohort or Post-Infection offenders.

B. The Health Authority and Facility Head may determine in consultation if there are operational housing area limits to establishing all patient locations needed for all categories of offenders at any given time.

C. High risk offender(s) with confirmed positive tests of infectious disease will be kept in a separate patient location as determined by Medical Staff. Medical Staff will determine management of RED Zone restrictions in such a case.

**Objective 2: Use Proactive Methods to Prevent Possible Spread Of Infectious Disease**

D. YELLOW ZONE conditions may continue in unaffected areas and will be determined by Unit Head and Health Authority consultation; prudent precautions will be taken on all impacted areas of operations as the progression moves to RED Zone conditions:

**Housing & Worker Assignments**
13. Restrictive Housing.
15. Offender Outside Workers.

**Communication, PPE & Precautions**
17. Public Health (VDH)
18. Entry Screening
19. At-Risk Staff
20. PPE Inventory

**Offender Services/Programs**
21. Offender Temperature Checks
22. Programs/Activities
23. Recreation
24. Offender Communication
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Joseph W. Walters
Deputy Director - Administration

Subject: COVID-19 – Bed Space Plan

We know that COVID-19 will continue to spread. With that in mind, operational plans need to be developed proactively regarding bed space in consort with your Isolation Plan. These plans should be developed collaboratively between Wardens/Superintendents and Head Nurses. At a minimum, these plans should address the number of beds, alternative locations and managing offenders with isolation, cohorting of positives, cohorting of high risk positives, etc.

In addition, these plans should include a transition plan for offenders as they step down through the process, if space allows, to clear out isolation and positive cohorting as people recover. These plans will be different for each location based on your facility and your population.

Please note that these plans do not supersede Virginia Department of Health or VADOC Health Services guidelines. The intent of this flow chart is not to make any decision medically, but to guide facilities in planning for infrastructure needs. To support your discussions we have included documents that outline potential processes.

Thank you for all you are doing and if you have any questions, you can reach out to operational or medical leadership.

Attachment

cc: Harold W. Clarke, Director
Scott Richeson, Deputy Director
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
COVID-19
ISOLATION PLAN
For Modified Operations

Facility Name
PURPOSE: The purpose of the Isolation Plan for Modified Operations is to provide guidance and structure to all facility staff in the proper procedure to isolation a unit(s) when an offender is symptomatic with a suspected infectious disease. The Isolation Plan is designed to be proactive and preventative. The guidelines are specific to this facility and provide the minimum level of isolation. Additional tasks may be required. The guidelines are subject to be modified or increased as additional information is received regarding infectious disease protocol.

I. USE PERSONAL PROTECTIVE EQUIPMENT (PPE)

A. Portions of procedures presented here call for use of Personal Protective Equipment (PPE). Proper use is essential to successful modified operations.

B. Don & doff all PPE according to instructions provided prior to entering and when exiting suspected infectious area. PPE is required to be worn while in the area or with the symptomatic offender(s). Please follow guidance of CDC on reuse of limited resources.

   Proper procedure for donning and doffing found here: https://www.cdc.gov/HAI/pdfs/ppe/ppeposter148.pdf

   1. Surgical Mask
   2. N95 or N100 Mask
   3. Nitrile Gloves
   4. Surgical Gown

C. Any and all staff will wear PPE in contact with
   1. Suspected infectious offender
   2. Sanitation of suspected infectious area
   3. Laundering of suspected infectious offender

II. IDENTIFY OFFENDER(S) WITH SYMPTOMS OF INFECTIOUS DISEASE

A. Medical Staff Response
   1. Properly don all required PPE prior to entering suspected infected area
   2. Evaluate offender exhibiting symptoms of infectious disease
   3. Evaluate other offenders in contact with offender in question
   4. Evaluate staff that have made contact with offender in question
   5. Properly doff all required PPE when exiting suspected infected area
   6. Notify facility management with all relevant details

B. Security Response
1. Properly don all required PPE prior to entering suspected infected area
2. Assist Medical Staff with securing the location of the symptomatic offender(s) to limit exposure
3. Properly doff all required PPE when exiting suspected infected area
4. Properly notify facility management with all relevant details
5. Properly notify OLU with all relevant details

III. **ISOLATE OFFENDER(S) WITH INFECTIOND DISEASE SYMPTOMS**

A. Lockdown all offender movement and clear evaluation area of all offenders and non-essential staff. Account for all offenders.

B. Remove the offender(s) from the general offender population to include any offender(s) positive with infectious disease symptoms.

C. Screen (Medical staff) the offender for infectious disease such as flu and Coronavirus.

D. Provide treatment (Medical staff) as necessary and observe at least every four hours but may be more frequent depending on the level of care. Document offender(s) symptoms with date, time, staff initials, temperature and any other symptoms exhibited.

E. Place the affected housing area on modified lockdown procedures.

F. Post all staff members in the affected area only after confirming completion of required training, risk assessment and availability. Staff members posted in the affected area will be equipped with PPE at all times.

G. Suspend offender video visitation that requires access to equipment outside of housing unit until containment procedures have concluded. Offender privilege of personal tablet communication is not affected.

H. Utilize the Medical Epidemic / Pandemic Sanitation Plan for the area.

I. Provide food items to the isolation housing area(s) via plastic items or disposable items:
   1. Sanitize plastic items according to the Medical Epidemic / Pandemic Sanitation Plan
   2. In the event the plastic items are not available, the disposable items will be used. No delay in feeding shall occur due to plastic items not being available.
   3. Disposable items that may be used
      a. Styrofoam Trays
      b. Bags
      c. Disposable Cups or Drink Pouches
      d. Disposable Utensils
J. Collect all trash from the affected area after each feeding is completed. Place in a specialized container by staff members equipped with PPE who will take the trash container directly to the trash impounding area to be disposed of as soon as possible via the Institutional Trash Procedure. All staff coming into contact with the trash will be equipped with PPE at all times.

K. Designate a specific trash container for the affected area. Ensure that each time it is removed from the pod, it goes directly to the facility trash impound/disposal area and returns directly to the affected area. Staff members need to remain in proper PPE while handling the trash. The trash container will not be used in any other area until containment procedure has concluded and the trash container has been thoroughly sanitized.

L. Remove all laundry items from potentially infected offender(s). The removed items will be laundered by staff or workers who will be equipped with PPE after all other facility laundry has been completed.

M. Select security staff for medical transport escort of offender to a hospital based on completion of required transportation training, risk assessment and availability. Equip Transport Staff with PPE and follow all hospital security guidelines. Notify hospital prior to the transport exiting the facility that infectious disease transport will be made. Utilize transportation restraints per policy. Sanitize restraints and transport vehicle upon return according to the Medical Epidemic/Pandemic Sanitation Plan.

N. Begin daily screening of food service workers prior to them entering the food preparation/kitchen area. Include a basic temperature screening by medical staff in addition to any other medical screening deemed necessary by medical staff.

O. Assign staff to prepare food for the institution based on availability and risk assessment.

P. Issue newly laundered items to offender(s) upon completion of the isolation period at the time of return to a general population housing unit. Launder existing items by workers or staff equipped with PPE.

IV. ESTABLISH ISOLATION HOUSING UNIT AND ALTERNATE HOUSING AVAILABILITY

A. Identify an occupied housing area as the Isolation Unit
   1. Review housing assignment report and classification status for possible reassignment of offenders currently assigned to identified unit.
   2. Identify available bed space or alternate areas of housing.
   3. Facilitate all possible bed moves.
4. Account for each reassigned offender.

B. Identify a multi-purpose area as Alternate Housing.
   1. Assign offenders to alternate housing area based on facility need for work crews and efficient use of this temporary bedspace.
   2. Otherwise, reassign offenders to general population elsewhere in the facility.

C. House offender(s) positive with infectious disease symptoms in the Isolation Unit. Anticipate and plan for overflow housing as possible.

D. Offender(s) identified as high risk and with infectious disease symptoms will be housed in a separate Medical Isolation area as determined by Medical Staff.

V. USE PROACTIVE METHODS TO PREVENT SPREAD OF INFECTIOUS DISEASE

A. Assign outside workers or key workers for duties inside perimeter to Alternate Housing area for temporary housing.
   1. Provide bedding to offenders
   2. Permit property for offenders
   3. Connect Cable TV for viewing by offenders
   4. Make bathroom facilities available for offenders
   5. Provide showers by escort to offenders.

B. Review offenders assigned to restrictive housing or other specialized housing area to ensure that bedspace flexibility is maintained to house volume of affected offenders.

C. Place facility on Modified Operation—Modified Lockdown, to begin.
   1. Cancel Department of Education Classes.
   2. Limited offender movement to prevent cross-contamination.
   3. Suspend housing area-to-housing area bed moves unless security issue, medical issue or isolation need identified.
   5. Complete recreation schedule to ensure social distancing; limit number to 10 offenders admitted to a recreation area at one time. Ensure isolated offenders recreate at separate time from other offenders.

D. Set completion point-in-time for temperature checks of all offenders. Assess (Medical Staff) entire offender population by completing and documenting temperature check. Document on log sheet with date, time, temperature and staff initials.
E. Set up (non-Medical Staff) a triage station in a multi-purpose area to evaluate all staff exiting and entering the facility including taking temperature.

F. Contact Virginia Department of Health to schedule visit to facility to conduct COVID-19 testing of symptomatic offender(s).

G. Evaluate (Medical Staff) Outside Offender Workers prior to exiting facility for work and upon return from work prior to reentering facility.

H. Separate offenders housed on site to assist with facility repairs from facility offenders to prevent possible cross-contamination.

I. Evaluate all facility staff to identify at risk staff members using criteria of over age 65 and/or with chronic health conditions. Do not post identified staff members in the isolation areas.

J. Verify PPE Inventory of Surgical Masks and N-95 Respirators on hand.

K. Make available additional resources for activities such as new movies, games and cards.

L. Monitor (Executive Staff and Administrative Duty Officers) offender population and dialogue to resolve issues and provide educated information regarding infectious disease, CDC recommendations and VDH recommendations.

VI. SANITATION AND DISPOSAL

A. Designate Biohazard Containers to be placed in areas of concern.

B. Discard all used PPE in designated Biohazard Containers.

C. Sanitize all affected areas following the Medical Epidemic / Pandemic Sanitation Plan.
VADOC STAFFING ELEMENT

A.
SECURITY
MEMORANDUM

To: All Unit Heads

From: A. David Robinson
Chief of Corrections Operations

Subject: VADOC COVID-19 Response – Video Management System (MaxPro)

As part of our emergency preparations in response to the COVID-19 crisis, we are assessing the readiness of critical communication and security systems. The DOC’s statewide video management system (VMS), mostly known as MaxPro, plays a key role in our security infrastructure. The availability of the VMS is critical during normal operations and usage is compounded by current events.

To ensure full availability and quick response of the VMS system, we must require all non-essential connections to the system be turned off. Users that must connect to the VMS for a specific purpose must complete their work as quickly as possible and then fully close the MaxPro application. Do not minimize the application as it still maintains the connection to VMS-1. The tradition of “camping-out” on the connection is to be discontinued immediately. Therefore, when users are finished with their Maxpro session the standard procedure is now to log completely out of the application by closing it down.

This applies only to DOC issued computers and laptops with a NG/COV asset tag on them and where the individual accesses video records from their assigned computer. This requirement does not apply to MaxPro client computers in control rooms, reception areas or site level clients at facilities, such as watch office computers, as they are not connecting directly to the VMS server in Richmond. It applies only to NG/COV tagged computers.

Thank you for your attention on this matter.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
VA DOC STAFFING ELEMENT

B. FOOD SERVICE
April 6, 2020

MEMORANDUM

To: Wardens, Superintendents, Food Service Directors and Food Operations Manager Senior

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Staff Dining Hall

Each facility must evaluate their staff dining hall and ensure social distancing guidelines are being followed.

Employees going to the salad bar at your institution must wear a sneeze guard and disposable food service gloves. These disposable food service gloves will be located at the salad bar.

We must continue to enhance the staff meals as per the Food Service Manual, Chapter 5. If you have any questions, please contact Mark Engelke (434) 962-3291.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Administrators
Jeremiah Fitz, Corrections Operations Administrator
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce,
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Ice Machine Operation and Sanitation

As the pandemic of COVID-19 continues to spread across the United States, the Department is diligently working to implement best practices to protect our staff and offender population. In order to ensure proper distribution of ice to the offender population while maintaining proper sanitation procedures, please implement the following steps immediately:

• All cleaning and sanitizing chemicals shall be approved for food-contact surface use and follow manufacturer recommendations.

• Each facility will designate appropriate times in accordance with the facility’s 24-hour clock for ice distribution by an offender worker. No offender, with the exception of the “Ice Distribution Worker” will be able to access the ice machine or ice cooler at any given point.

• The “Ice Distribution Worker” can be designated from an existing offender worker position. Designation does not require hiring of a new worker or position.

• At a minimum, the “Ice Distribution Worker” will be cleared by medical and provided a food handler physical.

• The “Ice Distribution Worker” requires proper hygiene and use of PPE at all times when handling ice utensils and while serving ice. The following protocol will be used per the CDC Guidelines:

  1. Perform hand hygiene
  2. Put on personal Sneeze Guard and a pair of disposable gloves
  3. Perform “Ice Distribution Worker” job duties
  4. Remove and discard disposable gloves
  5. Perform hand hygiene

• The “Ice Distribution Worker” will only use the handle of the scoop when retrieving ice. The ice scoop shall be kept outside of the cooler or ice machine in a sanitary location between uses. All ice handling equipment and portable ice coolers will be properly sanitized in between scheduled usage.
• Ice scoops shall never come into immediate contact with personal cups. *Never use a cup as a scoop.* Ice machine scoops shall be stored in the following manner:

1. In ice with handles above the top of the ice within containers or equipment that can be closed.
2. In a clean, protected location if the utensils are specifically used for ice only.

• Ice machine scoops & scoop containers shall be washed, rinsed, and sanitized prior to each use.

• If ice crushers are used, they should be washed, rinsed and sanitized before each use.

• Discard all unused ice from the portable ice cooler. Fresh ice will be supplied during each scheduled ice distribution time.

• All stationary ice machines shall be cleaned in accordance to the manufacturers’ recommendations or at a frequency to preclude the accumulation of soil, mold, grime, etc.

The utilization of an “Ice Distribution Worker” will assist in the prevention of the spread of COVID-19 while maintaining safe and sanitary practices by limiting physical contact of mass consumables.

If you have any questions, please direct them through your operational chain of command.

cc: Harold W. Clarke, Director  
    Joseph W. Walters, Deputy Director  
    Scott Richeson, Deputy Director  
    Regional Operations Chief  
    Regional Administrators  
    Steve Herrick, Health Services Director  
    Lisa Kinney, Communications Director  
    Randall Mathena  
    Rodney Younce
MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Food Service Emergency Menu

In response to the COVID-19 pandemic, attached you will find a two week, emergency menu to be used in the event that your facility has a minimum number of staff to prepare meals (food service and offender workers). This menu contains food items that will be centrally ordered by Statewide Food Service Director, Mark Engelke. Mr. Engelke will have a conference call tomorrow with all Food Service Directors to review the menu and expectations. This menu will only start at the instruction of Mr. Engelke. If there are special diet restrictions, please consult Natarcha Gregg, Statewide Dietician.

Please speak with the leadership at your facility as this menu is designed to be prepared by any staff (not limited to just food service) if the situation arises. If we begin to use this menu, ALL religious menus will be suspended until further notice.

Your cooperation in the handling of this matter is appreciated.

Attachment

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
### Virginia Department of Corrections

**14-DAY COVID-19 EMERGENCY MENU**

**WEEK 1**

<table>
<thead>
<tr>
<th></th>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
<th>SATURDAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>FRUIT</td>
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<td>TURKEY SAUSAGE 2 OZ</td>
<td>GRITS 1 C</td>
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<td>FARINA 1 C</td>
<td>BOILED EGG 2 EA</td>
<td>TURKEY SAUSAGE 2 OZ</td>
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<tr>
<td>B</td>
<td>*DANISH 1 EA</td>
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<td>PANCAKE 2 EA</td>
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<td>MILK 16 OZ</td>
<td>SYRUP 2 OZ</td>
<td>MILK 16 OZ</td>
<td>MARGARINE 2 TSP</td>
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</tr>
</tbody>
</table>

- **B:** Breakfast
- **L:** Lunch
- **D:** Dinner
- **I:** Dinner

* INDICATES PRODUCT THAT WILL BE DISTRIBUTED TO YOUR INSTITUTION

MENU CAN ONLY BE STARTED IF GIVEN DIRECTION BY STATE DIRECTOR OF FOOD SERVICES

* INDICATES PRODUCT THAT WILL BE DISTRIBUTED TO YOUR INSTITUTION

PLEASE CONSULT STATEWIDE DIETITIAN FOR ANY MEDICAL DIET

WATER IS THE BEVERAGE AND IS AVAILABLE AT OFFENDER'S HOUSING LOCATION

FOOD SERVICE DIRECTORS MAY MAKE SUBSTITUTIONS WHEN NECESSARY IN ACCORDANCE WITH FOOD SERVICE MANUAL GUIDELINES. PORTION SIZES ARE AS WRITTEN ON THE MENU

FRESH PRODUCE SHALL BE SUBSTITUTED SEASONALLY

MEAT ALTERNATE ENTREE: PEANUT BUTTER, CHEESE & EGGS

CONDIMENT: WHEN LISTED ON MENU; KETCHUP, MAYO OR MUSTARD

**Signed copy on file**

NATARCHA GREGG, MSA, RD
# Virginia Department of Corrections
## 14-DAY COVID-19 EMERGENCY MENU
### WEEK 2

<table>
<thead>
<tr>
<th>SUNDAY</th>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
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<td>GRITS 1 C</td>
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<td>TURKEY SAUSAGE 2 OZ</td>
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<td>A</td>
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</tbody>
</table>

| LUNCH MEAT 3 OZ | BOILED EGG 3 EA | LUNCH MEAT 3 OZ | CHICKEN PATTY 1 EA | HOT DOG 2 EA | CHEESE 3 OZ | BOILED EGG 3 EA |
| CHIPS 1 BAG | CHIPS 1 BAG | CHIPS 1 BAG | CHIPS 1 BAG | CHIPS 1 BAG | CHIPS 1 BAG | CHIPS 1 BAG |
| VEGETABLE 1 C | VEGETABLE 1 C | VEGETABLE 1 C | VEGETABLE 1 C | VEGETABLE 1 C | VEGETABLE 1 C | VEGETABLE 1 C |
| *MOON PIE 1 EA | *FRUIT SNACK 1 EA | *MOON PIE 1 EA | *FRUIT SNACK 1 EA | *MOON PIE 1 EA | *FRUIT SNACK 1 EA | *MOON PIE 1 EA |
| BUN 2 OZ | BUN 2 OZ | BUN 2 OZ | BUN 2 OZ | BUN 2 OZ | BUN 2 OZ | BUN 2 OZ |
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<tr>
<th>DINNER</th>
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Signed copy on file

NATARCHA GREGG, MSA, RD
VADOC STAFFING ELEMENT

C.
MEDICAL
MEMORANDUM

To: Unit Heads
Medical Staff

From: Dr. Trey Fuller
Assistant Director of Health Services

Subject: COVID-19 PPE Contingency Strategy, Version 3

Based on Centers for Disease Control and Prevention (CDC) guidance, we are making updates to the VADOC COVID-19 PPE Contingency Strategy and have updated posters for Risk Zones. These resources should complement your efforts to encourage everyone to “do their part” and help limit the spread of COVID-19. Wearing sneeze guards, appropriate PPE, and limiting offender and staff movement between zones are proven strategies to decrease spread.

Offender and Non-Medical Staff Risk Zone Posters – Red, Yellow, Green
Posters are being provided that include PPE information for offenders and non-medical staff. These posters should be placed throughout the facility based on zone status. Please ensure that older versions of the PPE strategy are removed and replaced with the attached posters.

Medical Staff Risk Zones – Version 3 and Medical Staff Risk Zone Posters
Medical staff are also being provided DOC Medical Staff Risk Zones – Version 3 and Medical Staff Risk Zone Posters that provide PPE guidance specific to medical staff. The Medical Staff Risk Zone Posters should be placed by medical staff in appropriate areas throughout the facility.

General Reminders

- Clarification on employee temperature checks-No coveralls or gown required
- Sneez guards are required at all times unless PPE required (Staff and Offenders)
- Offenders should now wear droplet masks in YELLOW zones
- All staff and offenders should limit movement between zones
- Staff should work “clean” (green) to “dirty” (red) if they must go between zones and change PPE when appropriate
- Reuse and properly disinfect anything that is allowed

Attachments

cc: Harold W. Clarke, Director
   A. David Robinson, Chief of Corrections Operations
   Joseph W. Walters, Deputy Director
   H. Scott Richeson, Deputy Director
   Regional Operations Chiefs
   Regional Administrators
   Steve Herrick, Health Services Director
Messaging on Precautions & PPE
Version 3  4/16/20

Poster(s) in each area

Who?
• Offenders and Non-medical Staff who are present together
• In a major area of facility

What?
• Poster(s) in each major area of facility

When?
• Post whenever notice is started
• Post when conditions change
• Replace when posters wear out

Where?
• Visible places on wall
• Places that are passed by with regularity

Why?
• Public, call to action, behavioral focus
• “DO YOUR PART”

How?
• Tell about the posters
• Post the posters
• Refer to the posters
• Emphasize shared destiny (DO YOUR PART)
## Precautions & PPE

For Low Risk Locations (Version 3 4/16/2020)

<table>
<thead>
<tr>
<th>GREEN ZONE</th>
<th>AREAS Include:</th>
<th>OFFENDERS Must:</th>
<th>Non-medical STAFF Must:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Housing</td>
<td>Wear sneeze guard</td>
<td>Wear sneeze guard</td>
</tr>
<tr>
<td></td>
<td>Cells &amp; dorms</td>
<td>Maintain social distance</td>
<td>Maintain social distance</td>
</tr>
<tr>
<td></td>
<td>Day space</td>
<td>Avoid close contact</td>
<td>Limit close contact</td>
</tr>
<tr>
<td></td>
<td>Recreation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Meals</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Limited movement</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Groups of 10 or less</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**DO YOUR PART**
## Precautions & PPE

For Moderate Risk Locations (Version 3  4/16/2020)

### AREAS Include:
- Housing
- Cells & dorms
- Day space
- Recreation
- Meals
- Limited movement
- Groups of 10 or less

### OFFENDERS Must:
- Wear droplet surgical mask
- Maintain social distance
- Avoid close contact

### Non-medical STAFF Must:
- Wear droplet surgical mask, gloves
- Maintain social distance
- Close contact: Wear eye protection

### DO YOUR PART
# Precautions & PPE

For High Risk Locations (Version 3 4/16/2020)

## AREAS

Includes:
- Isolation
- Positive cohort

## OFFENDERS Must:

- Wear droplet surgical mask
- Maintain social distance
- Avoid close contact

## Non-medical STAFF Must:

- Wear droplet surgical mask, gloves
- Maintain social distance
- Close contact: Wear N95 mask, gown, eye protection

---

**DO YOUR PART**
Medical Staff – Zone PPE Usage

PPE Contingency Plan Activated
Use of Personal Protective Equipment (PPE) at VADOC facilities will depend on zones in the facility. NOTE-Medical Staff should not assist with employee temperature checks.

<table>
<thead>
<tr>
<th>RED Zone (High Risk) – Version 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Image](36x699 to 96x759)</td>
</tr>
<tr>
<td><img src="110x699" alt="Image" /></td>
</tr>
<tr>
<td><img src="201x655" alt="Image" /></td>
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<tr>
<td><img src="428x635" alt="Image" /></td>
</tr>
<tr>
<td><img src="54x307" alt="Image" /></td>
</tr>
<tr>
<td><img src="54x292" alt="Image" /></td>
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<tr>
<td><img src="54x264" alt="Image" /></td>
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<tr>
<td><img src="54x237" alt="Image" /></td>
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<tr>
<td><img src="54x209" alt="Image" /></td>
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<tr>
<td><img src="54x192" alt="Image" /></td>
</tr>
<tr>
<td><img src="54x162" alt="Image" /></td>
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<tr>
<td><img src="54x120" alt="Image" /></td>
</tr>
<tr>
<td><img src="192x414" alt="Image" /></td>
</tr>
</tbody>
</table>

Offenders that are COVID-19 + (Isolation, Cohorting of Positive Cases, etc)

- All Medical Staff in Red Zone with Potential for Close Contact
  - Droplet surgical mask (all day, unless in N95)
    - N95 mask should be donned for any close contact of any duration, when in an open dorm with positive patients or for high risk procedures
  - Face Shield or Goggles, Gowns (all day)
  - Gloves (all day, change in between contact with hand hygiene)

- Tips
  - Offenders should be in isolation with a droplet surgical mask until space runs out and then cohorted with other positive patients
  - Lockdown all movement and staff and offenders should be assigned to the same areas throughout the day with no mixing throughout the facility. Limit staff assigned to red zone and staff should continue to work in the same area each shift to limit spread
  - Masks and gowns should be changed when visibly soiled, frayed or broken
  - Masks should be stored and dried in individual paper bags when not in use and reused
  - Use washable gowns, if available
  - Reusable goggles/safety glasses should be cleaned between usage
  - Use of alternative disinfection processes will be offered as they become available
  - Used PPE items should be placed in medical biohazard bags within easy to reach distances in medical and isolation areas

Updated 4/17/2020
# Medical Staff – Zone PPE Usage

## YELLOW Zone (Moderate Risk) – Version 3

<table>
<thead>
<tr>
<th>Offenders undergoing Sick Call in Medical Quarantined Building</th>
<th>Medical Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Areas Deemed a YELLOW Zone by Medical Staff</td>
<td>✤ Medical Staff</td>
</tr>
<tr>
<td>Temp Check for Employees entering facility</td>
<td>➢ Droplet surgical mask (all day)</td>
</tr>
<tr>
<td></td>
<td>➢ Gloves (only for any offender contact)</td>
</tr>
<tr>
<td></td>
<td>➢ Gowns &amp; eye protection should be worn when in close contact with offender for more than 5 minutes or if contact is high risk</td>
</tr>
<tr>
<td></td>
<td>▪ Nebulizer treatments, CPR, etc. (creates aerosolized respiratory droplets.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Offenders should have droplet surgical masks on at all times</td>
</tr>
<tr>
<td>➢ Limit Staff movement between housing units</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Temperature check for employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>➢ Wear non-medical gloves (food services or reusable rubber) and sneeze guards in an outdoor setting</td>
</tr>
</tbody>
</table>

## GREEN Zone (Low Risk) – Version 3

<table>
<thead>
<tr>
<th>No COVID-19+ OFFENDERS and low traffic areas within the facility</th>
<th>No PPE needed.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All Staff and offenders wear cloth sneeze guards.</td>
</tr>
<tr>
<td></td>
<td>Promote Handwashing for 20 seconds frequently.</td>
</tr>
</tbody>
</table>

## REFERENCES:

VCUHS guidelines April 2, 2020; VDH Guidance April 3, 2020


# Medical Staff – Red Zone PPE Usage

**PPE Contingency Plan Activated**

Use of Personal Protective Equipment (PPE) at VADOC facilities will depend on zones in the facility.

<table>
<thead>
<tr>
<th>RED Zone (High Risk) – Version 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Offenders that are COVID-19 + (Isolation, Cohorting of Positive Cases, etc)</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>
## Medical Staff – Yellow Zone PPE Usage

**PPE Contingency Plan Activated**

Use of Personal Protective Equipment (PPE) at VADOC facilities will depend on zones in the facility.  
**NOTE**-Medical Staff should not assist with employee temperature checks.

### YELLOW Zone (Moderate Risk) – Version 3

<table>
<thead>
<tr>
<th>Offenders undergoing Sick Call in Medical Quarantined Building</th>
<th>Medical Staff</th>
</tr>
</thead>
</table>
| Offenders undergoing Sick Call in Medical Quarantined Building | - Droplet surgical mask (all day)  
- Gloves (only for any offender contact)  
- Gowns & eye protection should be worn when in close contact with offender for more than 5 minutes or if contact is high risk  
  - Nebulizer treatments, CPR, etc. (creates aerosolized respiratory droplets.) |

<table>
<thead>
<tr>
<th>Other Areas Deemed a YELLOW Zone by Medical Staff</th>
<th>Tips</th>
</tr>
</thead>
</table>
| Other Areas Deemed a YELLOW Zone by Medical Staff | - Offenders should have droplet surgical masks on at all times  
- Limit Staff movement between housing units |
Medical Staff – Green Zone PPE Usage

PPE Contingency Plan Activated
Use of Personal Protective Equipment (PPE) at VADOC facilities will depend on zones in the facility.

<table>
<thead>
<tr>
<th>GREEN Zone (Low Risk) – Version 3</th>
</tr>
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<tbody>
<tr>
<td>NO COVID-19+ OFFENDERS and Low Traffic Areas within the Facility</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>
April 15, 2020

MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 WiFi Testing for Telemed

At this time, please test WiFi access in your housing units and medical areas, including all medical observation spaces at your location.

The need is to confirm that your location can access support from UVA and VCU physicians via Telemed. Internally, Telemed may be used between our facilities to provide an additional capability to "share" medical staff where needed.

Please send your results to your Regional Administrator who will provide a roll-up report of the testing to ensure a statewide review. You may expect further contact from Marta Stepniewski or Karen Childress in Health Services.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief/Administrators
Steve Herrick, Health Services Director
Trey Fuller, Health Services Assistant Director
Karen Childress, Health Services
Marta Stepniewski, Health Services
MEMORANDUM

To: Unit Heads
   Medical Staff

From: Dr. Trey Fuller
       Assistant Director of Health Services

Subject: COVID-19 PPE Contingency Strategy, Version 2

Please continue to work with staff to better understand these critical PPE Contingency strategies and to ensure the updated Risk Zones are posted throughout the facility based on direction from the medical department.

Updates in Version 2 include:

- Clarification on employee temperature checks.
- What locations could qualify as a yellow zone.
- Proper wear for medical and other staff in red zone.
- Reformatted for better understanding.

As we continue to follow CDC guidance, please ensure you are reusing and properly disinfecting anything that is allowed. Current CDC PPE strategies and recommendations may be found here [https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html](https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html) and any questions may be directed to your medical chain of command.

Attachments: DOC Risk Zones – Understanding the Environment, Version 2
             Red Zone V2, Yellow Zone V2, Green Zone V2 (Posted Signs)

cc: Harold W. Clarke, Director
    David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chiefs
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Facility PPE Zone Usage

CONTINGENCY PLAN ACTIVATED

Use of Personal Protective Equipment (PPE) at VADOC facilities will depend on the number of COVID-19 patients or PUI (Patients Under Investigation) that we are caring for in the facility.

To help staff understand the risks of exposure to COVID-19 or potential COVID-19 patients, we have established different zones. These zones will be made visible in medical and throughout the facility so you can be more aware of any areas that may increase risk of COVID-19 exposure.

<table>
<thead>
<tr>
<th>RED Zone (High Risk) – Version 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Offenders that are COVID-19 +</strong></td>
</tr>
<tr>
<td><strong>(Isolation, Cohorting of Positive Cases, etc)</strong></td>
</tr>
<tr>
<td>❖ All Staff in Zone with Potential for Close Contact. (All medical, other staff depending on duties assigned)</td>
</tr>
<tr>
<td>➢ Droplet surgical mask (ALL DAY, unless in N95)</td>
</tr>
<tr>
<td>▪ N95 mask should be donned for any close contact of any duration, when in an open dorm with positive patients or for high risk procedures.</td>
</tr>
<tr>
<td>➢ Face Shield or Goggles (ALL DAY)</td>
</tr>
<tr>
<td>➢ Gowns (ALL DAY)</td>
</tr>
<tr>
<td>➢ GLOVES (ALL DAY, change in between contact with hand hygiene)</td>
</tr>
<tr>
<td>❖ All Staff in Zone without Potential for Close Contact</td>
</tr>
<tr>
<td>➢ Droplet surgical mask</td>
</tr>
<tr>
<td>❖ Tips</td>
</tr>
<tr>
<td>➢ Offenders should be in isolation with a droplet surgical mask until space runs out and then cohorted with other positive patients.</td>
</tr>
<tr>
<td>➢ Lockdown all movement. Staff and offenders should be assigned to the same areas throughout the day; no mingling in the facility. Limit staff assigned to RED ZONE. Staff should continue to work in the same area each shift to limit spread.</td>
</tr>
<tr>
<td>➢ Masks and gowns should be changed when visibly soiled, frayed or broken.</td>
</tr>
<tr>
<td>➢ Masks should be stored, dried in individual paper bags for reuse.</td>
</tr>
<tr>
<td>➢ Use washable gowns, if available.</td>
</tr>
<tr>
<td>➢ Reusable goggles/safety glasses should be cleaned between usage.</td>
</tr>
<tr>
<td>➢ Use of alternative disinfection processes will be offered as available</td>
</tr>
<tr>
<td>➢ The used PPE items should be placed in medical biohazard bags within easy to reach distances in medical and isolation areas.</td>
</tr>
</tbody>
</table>
# Facility PPE Zone Usage

## YELLOW Zone (Moderate Risk) – Version 2

<table>
<thead>
<tr>
<th><strong>Offenders undergoing Sick Call in Medical Quarantined Building</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Other Areas Deemed a YELLOW Zone by Medical Staff</strong></td>
</tr>
<tr>
<td><strong>Temp Check for Employees entering facility</strong></td>
</tr>
<tr>
<td><strong>All Staff in Zone</strong></td>
</tr>
<tr>
<td>➢ Droplet surgical mask (ALL DAY)</td>
</tr>
<tr>
<td>➢ Gloves (only for ANY offender contact)</td>
</tr>
<tr>
<td><strong>Medical Staff</strong></td>
</tr>
<tr>
<td>➢ Above plus:</td>
</tr>
<tr>
<td>➢ Gowns &amp; eye protection should be worn when in close contact with offender for more than 5 minutes or if contact is high risk.</td>
</tr>
<tr>
<td>▪ Nebulizer treatments, CPR, etc. (creates aerosolized respiratory droplets.)</td>
</tr>
<tr>
<td><strong>Tips</strong></td>
</tr>
<tr>
<td>➢ Offenders should wear sneeze guards at all times.</td>
</tr>
<tr>
<td>➢ Limit Staff movement between housing units.</td>
</tr>
<tr>
<td><strong>Temperature check for employees</strong></td>
</tr>
<tr>
<td>➢ COs should wear washable coveralls, non-medical gloves (food services or reusable rubber) and sneeze guards in an outdoor setting.</td>
</tr>
</tbody>
</table>

## GREEN Zone (Low Risk) – Version 2

| **No COVID-19+ OFFENDERS and low traffic areas within the facility** |
| **No PPE needed.** |
| **All Staff and offenders wear cloth sneeze guards.** |
| **Promote Handwashing for 20 seconds frequently.** |

## REFERENCES:

VCUHS guidelines April 2, 2020; VDH Guidance April 3, 2020


## Facility PPE Zone Usage

### RED Zone (High Risk) – Version 2

- All Staff in Zone with Potential for Close Contact. (All medical, other staff depending on duties assigned)
  - **Droplet surgical mask** (ALL DAY, unless in N95)
    - *N95 mask should be donned for any close contact of any duration, when in an open dorm with positive patients or for high risk procedures.*
  - **Face Shield or Goggles** (ALL DAY)
  - **Gowns** (ALL DAY)
  - **Gloves** (ALL DAY, change in between contact with hand hygiene)

- All Staff in Zone without Potential for Close Contact
  - **Droplet surgical mask**

### Tips

- Offenders should be in isolation with a droplet surgical mask until space runs out and then cohorted with other positive patients.
- Lockdown all movement. Staff and offenders should be assigned to the same areas throughout the day; no mingling in the facility. Limit staff assigned to RED ZONE and should continue to work in the same area each shift to limit spread.
- Masks and gowns should be changed when visibly soiled, frayed or broken.
- Masks should be stored and dried in individual paper bags for reuse.
- Use washable gowns, if available.
- Reusable goggles/safety glasses should be cleaned between usage.
- Use of alternative disinfection processes will be offered as available.
- Used PPE items should be placed in medical biohazard bags within easy to reach distances in medical and isolation areas.

---

### OFFENDERS THAT ARE COVID-19 + (Isolation, Cohorting of Positive Cases, etc.)

- All Staff in Zone with Potential for Close Contact. (All medical, other staff depending on duties assigned)
  - **Droplet surgical mask** (ALL DAY, unless in N95)
    - *N95 mask should be donned for any close contact of any duration, when in an open dorm with positive patients or for high risk procedures.*
  - **Face Shield or Goggles** (ALL DAY)
  - **Gowns** (ALL DAY)
  - **Gloves** (ALL DAY, change in between contact with hand hygiene)
## Facility PPE Zone Usage

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<tr>
<th>YELLOW Zone (Moderate Risk) – Version 2</th>
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<tbody>
<tr>
<td><strong>Offenders undergoing Sick Call in Medical</strong></td>
</tr>
<tr>
<td><strong>Quarantined Building</strong></td>
</tr>
<tr>
<td><strong>Other Areas Deemed a YELLOW Zone by Medical Staff</strong></td>
</tr>
<tr>
<td><strong>Temp Check for Employees entering facility</strong></td>
</tr>
</tbody>
</table>

- **All Staff in Zone**
  - Droplet surgical mask (ALL DAY)
  - Gloves (only for any offender contact)

- **Medical Staff**
  - **Above plus:**
    - Gowns & eye protection should be worn when in close contact with offender for more than 5 minutes or if contact is high risk.
      - Nebulizer treatments, CPR, etc. (creates aerosolized respiratory droplets.)

- **Tips**
  - Offenders should wear sneeze guards at all times.
  - Limit Staff movement between housing units.

- **Temperature check for employees**
  - COs should wear washable coveralls, non-medical gloves (food services or reusable rubber) and sneeze guards in an outdoor setting.
## Facility PPE Zone Usage

### GREEN Zone (Low Risk) – Version 2

<table>
<thead>
<tr>
<th>No COVID-19+ Offenders and low traffic areas within the facility</th>
</tr>
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<tbody>
<tr>
<td>❖ No PPE needed.</td>
</tr>
<tr>
<td>❖ All Staff and offenders wear cloth sneeze guards.</td>
</tr>
<tr>
<td>❖ Promote Handwashing for 20 seconds frequently.</td>
</tr>
</tbody>
</table>
MEMORANDUM

To: Unit Heads
   Medical Staff

From: Dr. Trey Fuller
       Assistant Director of Health Services

Subject: COVID-19 PPE Contingency Strategy

COVID-19 transmission, to date, is believed to be primarily through respiratory droplets or direct contact with an infected person. Respiratory droplets are produced when coughing. All suspected and positive patients not in isolation should be masked. The virus can live on surfaces for days and hand hygiene is critical. Facemasks are useful for sick patients and for workers who must be in close contact with symptomatic patients. The benefit of surgical masks in other settings is not supported by good evidence. Risk stratification is necessary because we do not have PPE to use outside of a situation where evidence supports its usefulness in prevention of transmission.

The CDC has guidance surrounding "Strategies to Optimize the Supply of PPE and Equipment." The VADOC is adopting these strategies after evaluating our inventory, supply chain and utilization rate. We are in communication with federal, state, and local public health partners regarding identification of additional supplies. We have already implemented other engineering and administrative control measures including, but not limited to: reducing the number of patients going to the hospital or off site settings, reducing face-to-face HCP encounters with patients, stopping visitors, asking staff and offenders to cohort, and maximizing use of telemedicine. Facilities have provided staff with required education and training around donning and doffing PPE and sign off of training including having to demonstrate competency is forthcoming. The CDC also has recommended that all U.S. healthcare facilities should begin contingency strategies now. You will see as attachments to this memo our PPE zones, please understand these are measured, thoughtful approaches for our contingency strategies and are in the best interest of all staff and offenders.

Attachments – PPE Zone Usage

cc: Harold W. Clarke, Director
    David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chiefs
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
Use of Personal Protective Equipment (PPE) at VADOC facilities will depend on the number of COVID-19 patients or PUI (Patients Under Investigation) that we are caring for in the facility. The VADOC is monitoring the COVID-19 threat very closely and we will respond to changing conditions. To help Staff understand the risks of exposure to COVID-19 or potential COVID-19 patients, we have established different zones. These zones will be made visible in Medical and or Facility so you can be more aware of any areas that may increase risk of COVID-19 exposure.

<table>
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<tr>
<th>RED Zone (High Risk)</th>
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<tbody>
<tr>
<td><strong>Patients with COVID-19</strong></td>
</tr>
<tr>
<td>- Masks, gowns, and gloves should be changed between every patient if there is an adequate supply at facility. (This is determined by HQ PPE team)</td>
</tr>
<tr>
<td>- Droplet medical masks – these will be worn continuously and <strong>used for the entire shift</strong>. <em>(Medical staff and COs)</em></td>
</tr>
<tr>
<td>- Face shields or goggles – if in contact with offenders- Used for entire shift. <em>(Nurses and Providers, COs - Medical ancillary exempt)</em></td>
</tr>
<tr>
<td>- Gowns and gloves - Gowns worn all day. Gloves changed between each offender contact with use of proper hand hygiene in between glove use. <em>(Medical, COs if in contact)</em></td>
</tr>
<tr>
<td>- Any gown and mask that is visibly soiled should be changed.</td>
</tr>
<tr>
<td>- Reusable goggles/safety glasses should be cleaned between usages. Mask can be stored and dried in individual paper bags when not in use.</td>
</tr>
<tr>
<td>- Use of alternate methods of disinfection processes will be offered as they become available.</td>
</tr>
<tr>
<td>- The used PPE items should be placed in medical biohazard bags within easy to reach distances in medical and isolation areas.</td>
</tr>
<tr>
<td>- For high-risk procedures such as nebulizer treatments, <em>medical</em> providers should switch to N95 masks. Facial Hair should be removed for proper fit of N95 masks.</td>
</tr>
<tr>
<td>- The offenders will be placed in a negative pressure room (if possible). If not possible, place in Isolation cell and given a sneeze shield to be worn at all times and exchanged if soiled.</td>
</tr>
<tr>
<td>- Lock Down of affected housing units including meals and recreation. Offenders will wear sneeze guards.</td>
</tr>
<tr>
<td>- Limit Staff to green zone unless assigned to red zone.</td>
</tr>
<tr>
<td>- If there is not an adequate supply then reuse of gowns and masks is appropriate per CDC guidelines.</td>
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Facility PPE Zone Usage

<table>
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<tr>
<th>YELLO W Zone (moderate risk)</th>
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<tr>
<td><strong>YELLOW Zone (moderate risk)</strong></td>
</tr>
<tr>
<td>A concentration of undifferentiated patients undergoing evaluation in medical at facility</td>
</tr>
<tr>
<td>• Droplet medical masks – these may be worn between patients and <strong>used for the entire shift.</strong> <em>(Medical staff and COs)</em></td>
</tr>
<tr>
<td>• Gowns, gloves, eye protection should be worn as appropriate based on the patient being cared for. This is based on exposure to fluids and or droplets. <em>(Medical)</em></td>
</tr>
<tr>
<td>• Used PPE items should be placed in biohazard bags within easy to reach distances in medical and isolation areas.</td>
</tr>
<tr>
<td>• Limit Staff movement between housing units</td>
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<table>
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<tr>
<th>GREEN Zone (low risk)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREEN Zone (low risk)</strong></td>
</tr>
<tr>
<td>No COVID-19 patients and low traffic areas within the facility</td>
</tr>
<tr>
<td>• No PPE needed.</td>
</tr>
<tr>
<td>• All Staff and offenders wear cloth sneeze guards.</td>
</tr>
<tr>
<td>• Housing units with no Active COVID-19 or PUI cases.</td>
</tr>
</tbody>
</table>

References:
VCUHS guidelines March 30, 2020


# Facility PPE Zone Usage

## RED Zone (High Risk)

| Patients with COVID-19 | • Masks, gowns, and gloves should be changed between every patient if there is an adequate supply at facility. (This is determined by HQ PPE team)  
• Droplet medical masks – these will be worn continuously and **used for the entire shift**. *(Medical staff and COs)*  
• Face shields or goggles – if in contact with offenders- Used for entire shift. *(Nurses and Providers, COs - Medical ancillary exempt)*  
• Gowns and gloves - Gowns worn all day. Gloves changed between each offender contact with use of proper hand hygiene in between glove use. *(Medical, COs if in contact)*  
• Any gown and mask that is visibly soiled should be changed.  
• Reusable goggles/safety glasses should be cleaned between usages. Mask can be stored and dried in individual paper bags when not in use.  
• Use of alternate methods of disinfection processes will be offered as they become available.  
• The used PPE items should be placed in medical biohazard bags within easy to reach distances in medical and isolation areas.  
• For high-risk procedures such as nebulizer treatments, *medical* providers should switch to N95 masks. Facial Hair should be removed for proper fit of N95 masks.  
• The offenders will be placed in a negative pressure room (if possible). If not possible, place in Isolation cell and given a sneeze shield to be worn at all times and exchanged if soiled.  
• Lock Down of affected housing units including meals and recreation. Offenders will wear sneeze guards.  
• Limit Staff to green zone unless assigned to red zone.  
• If there is not an adequate supply then reuse of gowns and masks is appropriate per CDC guidelines. |

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[Image: Virginia logo]
## Facility PPE Zone Usage

### YELLOW Zone (moderate risk)

| A concentration of undifferentiated patients undergoing evaluation in medical at facility | • Droplet medical masks – these may be worn between patients and **used for the entire shift.** *(Medical staff and COs)*  
- Gowns, gloves, eye protection should be worn as appropriate based on the patient being cared for. This is based on exposure to fluids and/or droplets. *(Medical)*  
- Used PPE items should be placed in biohazard bags within easy to reach distances in medical and isolation areas.  
- Limit Staff movement between housing units |

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*Facility 123*
## Facility PPE Zone Usage

### GREEN Zone (low risk)

| No COVID-19 patients and low traffic areas within the facility | • No PPE needed.  
• All Staff and offenders wear cloth sneeze guards.  
• Housing units with no Active COVID-19 or PUI cases. |
|-------------------------------------------------------------|---------------------------------------------------------------|
MEMORANDUM

TO: Institutional Healthcare Staff

FROM: Dr. Mark Amonette

Chief Physician

SUBJECT: Restriction of Non-Essential Movement for Medical

As our management of the coronavirus pandemic evolved in the VADOC, it was indicated that, while we were postponing all non-essential medical appointments outside the facility, we should continue to carry on normal activities inside the facility, such as routine medical appointments and Chronic Care Clinic. At this time, as movement of citizens in the community has been restricted to promote social distancing, the same should take place within our facilities. All non-essential movement of offenders inside the facility for medical purposes should cease, and offenders should leave their housing areas and go to medical only for essential medical care. It will be up to the Institutional Providers, Health Authorities and Charge Nurses to determine if medical care is essential such that an offender should be brought to medical for assessment. Routine care can still be provided through chart reviews, written correspondence and via telephone when available.

MA/cld

cc: David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Lisa Kinney, Communications Director
MEMORANDUM

To: Health Services Staff & All Unit Heads

From: Dr. Trey Fuller Signature on file
Assistant Director of Health Services
Chief Pharmacist

Subject: COVID-19 – 90-day Supply of Release Medications

Operating Procedure (OP) 720.5, Pharmacy Services, allows for offenders who are being released to the community to be given a supply of their current medications upon leaving the facility. In response to the COVID-19 pandemic, we are anticipating that our returning citizens will be experiencing the need for more time to establish care in the community and should socially distance themselves upon release. This includes avoiding medical care for non-essential visits. To assist with that transition, the VA DOC is increasing the amount of medication that will be provided to the patient upon release to a 90-day supply. All other aspects of the Release Medication OP will remain the same.

cc: Harold W. Clarke, Director
    David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director of Administration
    Scott Richeson, Deputy Director of Programs, Education, and Reentry
    Regional Operations Chiefs
    Regional Administrators
    Lisa Kinney, Communications Director
    Randall Mathena, Director of Security and Correctional Enforcement
    Human Resource Officers
MEMORANDUM

To: All Unit Heads
    All Institutional Training Officers
    All Health Authorities

From: Dr. Steve Herrick, Director of Health Services    Signature on file
      Co-Chair of VADOC COVID-19 Task Force

       Rodney W. Younce, Warden    Signature on file
       Co-Chair of VADOC COVID-19 Task Force

Subject: COVID-19 Training Requirements for Onboarding of Medical Staff

The recruitment, onboarding and retention of medical staff during a medical pandemic is of vital importance. The nursing field and other medical disciplines across the country were experiencing a significant shortage before this state of emergency. Therefore, it is critical to get medical staff trained as soon as possible so they can provide the medical care for our offenders. We recognize that we need to temporarily modify training practices to ensure that we have the workforce necessary to provide services to our populations.

Effective immediately, all new full time and part-time medical employees (including state, contract, agency or registry) will complete the Institutional Security and Orientation Training according to the ASD Training Matrix prior to working with the offender population. Once Institutional Training Officers (ITOs) are contacted by a Health Authority that they have one or more medical employees, training should completed as soon as possible but not later than five calendar days. Unit Heads and ITOs must be flexible with scheduling of training sessions. Scheduled training sessions will include day, night, and weekday, weekend availability to accommodate the needs of medical staff. This training can be completed at any institution for the purposes of working anywhere in the Department. ITOs from nearby institutions can work together in this training effort. Full participation and cooperation of all Unit Heads and ITOs is essential to ensure training is completed in an effective timely manner.

Following the health crisis, we need to ensure we are meeting the full training requirements and all governing standards. Within 120 days of resuming normal training operations, these staff will be required to complete full phase training requirements as outlined for their positions. This will ensure that we are meeting all ACA, PREA, and VADOC requirements.

If you have any questions, please direct them through your operational chain of command.

cc: Harold W. Clarke, Director
    David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director of Administration
    Scott Richeson, Deputy Director of Programs, Education, and Reentry
    Regional Operations Chiefs
    Regional Administrators
    Lisa Kinney, Communications Director
    Randall Mathena, Director of Security and Correctional Enforcement
MEMORANDUM

TO: Dental Supervisors

FROM: Rachel Provau, Chief Nurse  
       Dr. Adam Wyatt, Chief Dentist

SUBJECT: Dental Staff Assistance in Medical Units during COVID-19 Response

March 25, 2020

As part of our emergency preparation in response to the COVID-19 pandemic, there is formal request for dental staff (dental hygienists and dental assistants) to assist medical/nursing staff in maintaining health units within their locally assigned facilities. The need for emergency dental staffing patterns is understood and should not be interrupted.

The designated dental staff members will be allocated as needed, during their normal working hours, to medical departments within their locally assigned facilities based on the current dental clinic coverage for Class 3 and Class 4 treatment and skill level. Their duties will be in congruence with their current scope of practice and licensure with the Virginia Board of Health professionals (see Attachment A).

The allocation will be accomplished by the assigned Headquarters nursing team member that is assigned to logistics/staffing in conjunction with the Supervising Clinical Dentist (administrative or clinical primary care provider/doctor) that is directing this support. All available treatment and management for patient care options will remain under the direction of the Supervising Dental Clinician, in accordance with the most recent dental and medical care updates that have been passed through the VADOC Director, the HSU Director, the Chief Dentist and the Regional Dental Clinic Directors.

PR/AW/cld

Attachment

cc: Harold W. Clarke, Director  
    Joseph W. Walters, Deputy Director  
    Scott Richeson, Deputy Director  
    Regional Operations Chief  
    Regional Administrators  
    Steve Herrick, Health Services Director  
    Lisa Kinney, Communications Director  
    Randall Mathena  
    Rodney Younce
DENTAL SUPPORT FOR MEDICAL STAFF DURING CRISIS EVENTS

Dentist (DDS/DMD):

- Diagnosis and treatment planning
- Performing surgical or cutting procedures on hard or soft tissues, as provided under Code of Virginia
- Prescribing or parenterally administering drugs or medicaments, as provided under Code of Virginia
- Administering and monitoring moderate sedation, deep sedation or general anesthesia, as provided under Code of Virginia
- Duties as below for RDH and CDA/DA

Hygienist (RDH):

- Take, record and monitor blood pressure, pulse and temperature
- Prepare patients for treatment (seating, positioning)
- Sterilization and disinfection procedures for patient care areas
- Compliance with OSHA and CDC guidelines
- Taking (dental) radiographs
- Transfer (dental) instruments
- Recording patient encounter events (for review by Medical staff)
- Administrative support (retrieving/delivering charts, answering phones, etc)

Certified Dental Assistant (CDA)/Dental Assistant (DA):

- Take, record and monitor blood pressure, pulse and temperature
- Prepare patients for treatment (seating, positioning)
- Sterilization and disinfection procedures for patient care areas
- Compliance with OSHA and CDC guidelines
- Taking (dental) radiographs
- Transfer (dental) instruments
- Recording patient encounter events (for review by Medical staff)
- Administrative support (retrieving/delivering charts, answering phones, etc)
MEMORANDUM

To: Offender Population

From: Dr. Steve Herrick, Director of Health Services
      Co-Chair of VADOC COVID-19 Task Force
      Signature on file

      Rodney W. Younce, Warden
      Co-Chair of VADOC COVID-19 Task Force
      Signature on file

Subject: COVID-19 Returning Citizens Screening

Effective immediately, all returning citizens (offender releases) must be screened for symptoms or contacts in a similar manner in which intakes are screened for COVID-19. Screening will be completed on the day of their release. The steps for this process are outlined in the VADOC Guideline for the Prevention and Management of Coronavirus (COVID-19) in Correctional Facilities. The guidelines in their entirety along with attachments A and B can be found on iDOC.

All questions regarding offenders who refuse or have suspicion of illness should be directed through your medical chain of command or to the Virginia Department of Health (VDH) in the locality where the offender shall be released.

cc: Harold W. Clarke, Director
    David Robinson, Chief of Corrections Operations
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chiefs
    Regional Administrators
    Lisa Kinney, Communications Director
    Randall Mathena
MEMORANDUM

To: Unit Heads, Health Authorities and Medical Providers

From: Dr. Steve Herrick, Director of Health Services Signature on file  
Co-Chair of VADOC COVID-19 Task Force  
Rodney W. Younce, Warden Signature on file  
Co-Chair of VADOC COVID-19 Task Force

Subject: COVID-19 Essential and Non-Essential Medical Determination

March 18, 2020

Effective immediately, for all Health Services Disciplines, treatment for offenders may be categorized as medically essential or medically non-essential. The facility provider or the consulting provider are the only individuals with the authority to make this determination. If the treatment is determined to be medically essential, that treatment will be provided at the facility or off site. If the treatment is determined to be non-essential, the treatment may be rescheduled if necessary. All non-essential treatments must be documented in the health record as an order from the authorizing provider to reschedule with any associated monitoring new orders. This procedure applies to all on site medical services, all medical services brought on site and all medical services requiring offender transport off site.

If you have any questions, please direct them through either your medical or operational chain of command.

cc: Harold W. Clarke, Director  
A. David Robinson, Chief of Corrections Operations  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chiefs  
Regional Administrators  
Lisa Kinney, Communications Director  
Randall Mathena
MEMORANDUM

To: Wardens & Superintendents
From: A. David Robinson
Chief of Corrections Operations

Subject: Temporary Suspension of Medicaid Applications

At the request of the Virginia Department of Medicaid Assistance Services (DMAS) as related to the growing concerns associated with COVID-19, effectively immediately, we will temporarily suspend the submission of Medicaid applications for all offenders, with the exception of those that experience an inpatient hospitalization. Staff must continue to assist those offenders who experience an inpatient hospitalization with submitting a Medicaid application.

Thank you in advance for your cooperation. If you have any questions please feel free to contact Ashley Morales at (804) 513-1971; Ashley.Morales@vadoc.virginia.gov.

cc: Joseph W. Walters, Deputy Chief of Administration
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
MEMORANDUM

To: All Employees

From: Harold W. Clarke

Subject: Coronavirus Medical Guidelines

Virginia Department of Corrections Medical Guidelines to the Coronavirus will soon be posted on the DOC Intranet. The following information is a summary of the screening process. The screening process incorporates three attachments to assist in evaluation: COVID-19 Medical Guidelines, Offender Screening Questionnaire – Attachment A and the Medical Evaluation Tool – Attachment B. The Offender Screening Questionnaire – Attachment A and the Medical Evaluation Tool – Attachment B shall be placed in the Complaint and Treatment section of the offender’s medical file.

Process for Screening an Offender:

1) For offender(s) transferring into any VADOC Facility (reception or transfer), Security will notify medical to send a Nurse to the Sally Port to evaluate each offender immediately upon arrival. The evaluation will be completed in the Sallyport, which will further reduce our exposure.

   • The Nurse should put on PPE prior to entering the Sallyport.
   • The Nurse will evaluate each offender(s) using the Offender Screening Questionnaire.
   • If they determine an offender may be at risk, they will then refer to the Medical Evaluation Tool – Attachment B to complete the final assessment while observing and assessing temperature if necessary.
   • If the offender(s) is determined to be at risk, place this offender and other offenders on the same transport in single medical isolation cells if available.
   • Then call VADOC Medical Director for further instructions.

2) For offenders who are already inside an institution who are suspected of being at risk for COVID-19, the Nurse will complete both attachments as in #1.

   • If the offender is determined to be At Risk for COVID-19 do the following:
     o Place a mask on the offender
Anyone who has been in contact with the offender should wash hands for 20 seconds
Maintain a social distance (at least 6 feet) from the offender
Notify the following people:
  • Local Virginia Department of Health
  • OLU
  • Warden at the facility where the offender is located
  • By email, notify the VADOC Epidemiology Nurse, Angie Brennan, RN and Chief Physician, Mark Amonette, MD

- Notify Security the offender needs to be placed in isolation. Isolation should be in a negative pressure room if available, or in a single cell if negative pressure room is unavailable. The recommendation from a medical standpoint is that the offender(s) remain at the facility (rather than moved to another facility). Depending on the number of offenders and availability of space to isolate offenders, Security/Operations may move the offender to another facility.

- Contact the Institutional Provider for orders to manage the offender, including orders to transport to a hospital if the offender is seriously ill.

- If the offender is symptomatic, rule out other causes of illness if possible. Specifically, rule out Influenza if testing is available. If an offender has not had any known exposure to someone with or at risk for COVID-19, but is symptomatic and has a positive Influenza test, they should be assumed to have the flu and managed per protocol.

- If known COVID-19:
  o If sending the offender to a hospital, notify the hospital that the offender is coming ahead of time.
  o For additional details see Attachment C of the guidelines

If there are questions about how to manage a particular case or situation, you may contact Epidemiology Nurse Angie Brennan, RN at (804) 201-8793 or the Chief Physician Mark Amonette, MD at (804) 912-5022.

Your health and safety are of utmost importance and concern as the Department continues to proactively implement strategies to protect our workforce and the populations we serve from COVID-19.

Attachments: Medical Screening Guidelines
COVID-19 Medical Screening Questionnaire Attachment A
COVID-19 Medical Evaluation Tool Attachment B
Discussion:

A novel (new) coronavirus was first detected in Wuhan City, Hubei Province, China and has now been detected in 60 locations internationally, including in the United States [www.cdc.gov/coronavirus/2019-ncov/summary.html](http://www.cdc.gov/coronavirus/2019-ncov/summary.html). The virus has been named “SARS-CoV-2” and the disease it causes has been named “coronavirus disease 2019” (abbreviated “COVID-19”).

On January 30, 2020, the International Health Regulations Emergency Committee of the World Health Organization declared the outbreak a “public health emergency of international concern” (PHEIC). On January 31, 2020, a public health emergency (PHE) was declared for the United States to aid the nation’s healthcare community in responding to COVID-19.

Source and Spread of the Virus

Coronaviruses are a large family of viruses that are common in many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a beta coronavirus that has its origin in bats. The sequences suggest a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients in the COVID-19 outbreak in Wuhan, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. The virus is spread mainly from person-to-person between people who are in close contact with one another (within about 6 feet). This virus is being compared to other coronaviruses and it believed to be spread through respiratory droplets produced when an infected person coughs or sneezes. These droplets can come in contact with the mouths or noses of people who are nearby or possibly be inhaled into the lungs. Although it is not thought to be the primary mode of transmission, it may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching his or her own nose, mouth, or possibly eyes. People are thought to be the most contagious when they are the sickest and some spread might be possible before people show symptoms.
In the VADOC, the risk of introduction of COVID-19 will come primarily from three sources:

Employees, visitors, and offenders who are arriving from jails into reception centers as well as parole violators reentering the system. With regards to prevention, this guideline will address parole violators and offenders arriving from jails into reception centers. It will also address management of a Suspected Case of COVID-19 should it occur in an offender already housed in a VADOC facility. Preventive measures for employees and visitors are addressed elsewhere.

Abbreviations:
EMS ---- Emergency Medical Services
COVID-19 ----- Coronavirus disease 2019
PPE ----- Personal Protective Equipment
PUI-- Persons Under Investigation
VADOC--Virginia Department of Corrections
VDH ----- Virginia Department of Health
CDC ----Centers for Disease Control and Prevention
AIIR --Airborne Infection Isolation Room

I. Communications
A. Personnel from Classification and Records will contact jails to determine if they have any offenders confirmed or suspected cases of Coronavirus (COVID-19).
B. If any At Risk, Persons Under Investigation (PUI) or Confirmed cases or COVID-19 are identified, immediately contact your local Virginia Department of Health for notification and instructions on management (www.vdh.virginia.gov/health-department-locator/). Notify the Warden at the affected facility. Also notify by email the VADOC Epidemiology Nurse, Angie Brennan, RN, and the Chief Physician, Mark Amonette, MD. If there are questions, you may contact the VADOC Epidemiology Nurse at (804)201-8793 or the Chief Physician at (804)912-5022.
C. If an offender is determined to be At Risk, a PUI, or a confirmed case of COVID-19 and they are seriously ill and need to be transported to a hospital, the hospital to which they are being transported should be notified ahead of time so they can be prepared to manage the patient.
D. For questions regarding the status of an individual, questions about COVID-19, contact the Virginia Department of Health (VDH) at their local office.
E. If you cannot contact an official at your local Health Department and have an urgent issue, such as reporting a COVID-19 or determining the status of an offender waiting to enter a facility, contact the state Epidemiologist on call at (866) 820-9611. They should be able to contact a local Health Department official. For non-urgent questions please wait until a local Health Department official is available.
II. **Personal Protective Measures**

A. Follow Standard Precautions, Contact Precautions, Airborne Precautions, including the use of eye protection.

B. Whenever an offender is identified as At Risk, a Person Under Investigation (PUI), or a confirmed case of COVID-19, a mask should be placed on that offender until they are placed in an AIIR (negative pressure room) or single cell if AIIR is unavailable.

C. When coming in close contact with or entering an isolation room of an At Risk offender, PUI, or confirmed case of COVID-19, staff, including medical and non-medical personnel, should wear appropriate PPE (personal protective equipment).

D. **Proper Use of Personal Protective Equipment**

- **Gloves**
  - Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area. Change gloves if they become torn or heavily contaminated.
  - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

- **Gowns**
  - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns should be discarded after use. Cloth gowns should be laundered after each use.

- **Respiratory Protection**
  - Use respiratory protection (i.e., a respirator) that is at least as protective as a fit-tested NIOSH-certified disposable N95 filtering face piece respirator before entry into the patient room or care area. See appendix for respirator definition.
  - Disposable respirators should be removed (then follow CDC guidelines for reuse) after exiting the patient’s room or care area and closing the door. Perform hand hygiene after discarding the respirator.
  - If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use.
  - Respirator use must be in the context of a complete respiratory protection program in accordance with Occupational Safety and Health Administration (OSHA) Respiratory Protection standard. Staff should be medically cleared and fit-tested if using respirators with tight fitting face pieces (e.g., a NIOSH-certified disposable N95) and trained in the proper use of respirators, safe removal and disposal, and medical contraindications to respirator use.

- **Eye Protection**
  - Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Remove eye protection before leaving the patient room or care area. Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer’s reprocessing instructions prior to re-use. Disposable eye protection should be discarded after use.
It is important that PPE be donned on and off properly. Please refer to the CDC guidance ‘Sequence For Putting On Personal Protective Equipment (PPE) and ‘How To Safely Remove Protective Personal Equipment (PPE) https://www.cdc.gov/hai/pdfs/ppe/ppe-sequence.pdf

E. Maintain social distance (at least 6 feet) from anyone determined to be a PUI.
F. Once a PUI is identified, limit further interaction with the affected offender, if possible, only to designated local health department healthcare responders, EMS responders, and Strike force officers.
G. Avoid touching the offender with COVID-19 or surfaces s/he has touched without donning PPE. No direct contact should be allowed to take place with the COVID-19 offender by anyone not wearing appropriate PPE.
H. If the affected offender is exhibiting obvious vomiting and requires emergency assistance, do not reenter the room but wait for trained EMS personnel to arrive.
I. If life-saving care is needed, the minimum PPE that must be donned before entering the room includes a N95 or NIOSH approved respirator, gloves, goggles or face shield, and impermeable gown.
J. Hand hygiene should be performed by washing hands with soap and water for at least 20 seconds. Hands should be washed after all offender contact, if visibly soiled, contact with infectious material, and before putting on and removal of PPE including gloves.
K. Once an offender with COVID-19 has been removed, cordon off any room/cell in which the affected offender has occupied until an assessment has been completed, and the space has been appropriately cleaned and disinfected.

III. Risk Levels
A. No Risk Offender
   • Coming from a jail with no confirmed or suspected cases of COVID-19 in the past 14 days.
   • An offender who gives a negative response to all the questions on Attachment A, the Offender Intake and Transfer Screening Questionnaire.
B. At Risk Offender—An Offender Who Reports the Following:
   • If in the past 14 days since first onset of symptoms a history of either travel to affected geographic area (country with at least a CDC Level 2 Travel Health Notice) www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html OR close contact with a person known to have 2019-nCoV illness AND fever OR symptoms of lower respiratory illness (e.g., cough, shortness of breath)
   • Coming from a jail with a known or suspected case of COVID-19 in the past 14 days.
   • An offender who gives an affirmative response to any one of the three questions on Attachment A, the Offender Intake and Transfer Screening Questionnaire.
   • Any offender who rides in a transport vehicle with an offender who is found on screening to be a COVID-19 PUI.
   • Being managed for active Coronavirus (COVID-19) or monitored for Coronavirus.
C. Suspected Case COVID-19 (Coronavirus) (PUI) --Any offender deemed to be a Person Under Investigation based on above criteria.
IV. Screening Offenders
A. The status of any case(s) of active or suspected COVID-19 at jails should be known at the
time of transfer of an offender to a reception center based on communication Classification and Records and the jail.
B. All offenders arriving at reception centers from jails, and any parole violators returning
to prison, and offenders being transferred out of the facility, are to be screened prior to entry into or departure from the facility by asking the three questions on Attachment A, the Offender Intake and Transfer Screening Questionnaire. This may be performed by Security.
C. If an offender entering a facility gives an affirmative answer to any one of the questions on Attachment A, a mask should be placed on the offender and they are to be isolated in a predetermined Hold In room at the Sally Port designated for the purpose of managing offenders with possible COVID-19. The room should have a bathroom.
D. If an offender is being prepared for transport out of a facility and gives an affirmative answer to any one of the questions on Attachment A, a mask should be immediately placed on the offender, transfer should be postponed, and they should be placed in an AIIR. An exception is, if the offender is being transported out for an urgent or emergent medical reason and it is communicated to the receiving facility/medical institution that the offender is At Risk for COVID-19 and that facility is prepared to receive the offender.
E. Once an offender has been determined to be at risk based on screening with Attachment A, a Nurse or Physician/Provider should be notified to medically assess the offender using Attachment B, COVID-19 Medical Evaluation Tool, and that documentation placed in the offender’s medical file in the Complaint and Treatment section.
F. The CDC recommends ruling out other causes of flu-like illness before testing for COVID-19. Therefore, Influenza should be ruled out if testing is available.
G. Once screening is complete, the offender should be managed according to the determined level of risk as outlined below.

V. Management of Offenders Entering Reception Centers or Parole Violators Reentering
A. No Risk Offenders –Once no risk status is determined by screening, these offenders may enter the facility with no further screening.
B. At Risk Offenders
  ▪ Immediately place a face mask on the offender
  ▪ Maintain a social distance (at least 6 feet) from the affected offender until they can be placed in isolation/single cell or are sent to the hospital.
  ▪ Thoroughly wash hands if you have had close contact with the offender
  ▪ Offender should be placed in an Airborne Infection Isolation Room (AIIR or negative pressure room) if available with a toilet and shower. The facemask can be removed once in an AIIR. If AIIR is not available place in single cell until a disposition is determined.
Notify the Virginia Department of Health (VDH), the VADOC Epidemiology Nurse, the VADOC Chief Physician, and the Warden of the facility where the offender is located, per section I of this guideline.

The VDH will determine, based on their criteria, whether the offender is a Person Under Investigation and should be tested for COVID-19. If the VDH determines that the offender does not need to be tested for COVID-19 and the Institutional Physician/Provider disagrees with the assessment of the VDH and feels the offender is at risk and should be tested, the Physician/Provider can order a test for COVID-19 from a private lab. Lab Corp does have a test available for the COVIS-19 Virus.

If the offender is symptomatic, the Nurse should notify the Institutional Physician/Provider for any orders regarding managing the offender/patient including transport to a hospital if seriously ill.

If the Health Department determines that the offender has already been monitored and declared free of COVID-19 since the last known exposure to COVID-19, AND determines that the offender does not meet criteria for a COVID-19 Person Under Investigation status and no other condition or symptom deems AIIR necessary, the offender can be released from Airborne Isolation.

If the offender has not already been monitored then s/he should remain in Airborne Isolation or single cell until Health Department approval to release.

If at any point, the offender develops respiratory illness and has reported travel to affected area (www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html) or close contact with someone known to have COVID-19 illness treat as a PUI.

C. Person Under Investigation

- Immediately contact the Medical Department/Health Authority/Nurse on duty, the Warden, and the local Health Department.
- The Warden or his/her designee should mobilize the Strike Force to send trained officers to secure offender if needed.
- The affected offender should remain in the Hold In room or isolation cell until the medical staff arrives.
- Follow instructions from the VDH on management of any staff or other offenders who may have been exposed to the affected offender.
- The facility should be locked down and any offender movement into or out of the facility should be halted until the VDH provides instructions on management of the offender population and staff.
- The Health Authority or her/his designee should make a list of all persons they can identify who may have been exposed to the offender with COVID-19 to aid the VDH in any investigation they may conduct.
VI. **Management of Suspected or Confirmed COVID-19 Cases in a Facility**

A. **Communications**
   - For any offenders already housed in a facility who are identified as **At Risk, a Person Under Investigation, or a Confirmed Case** of COVID-19 follow communication recommendations outlined in section I of this guideline. In addition to the steps outlined below, we will also maintain communication with the Virginia Department of Health and follow other recommendations they may offer.
   - Note that when the plan calls for quarantine of a housing unit or facility for 14 days, that is for 14 days after the most recent identified case.
   - Monitoring for signs/symptoms of disease include fever, cough, and shortness of breath.
   - **For any of the scenarios below, if an Airborne Infection Isolation Room (AIIR) is not available, the offender should be placed in a single cell until a disposition is determined.**

B. **Suspected Case**
   - Quarantine the Individual to an AIIR (negative pressure room) if available with restriction of movement for the duration of the incubation period (14 days).
   - Meals provided in cell

C. **Single Confirmed Case**
   - Quarantine the individual to an AIIR (negative pressure room) if available with restriction of movement until resolution of illness. Provide meals to the offender in his/her room.
   - Quarantine/Lock down the housing area where the affected offender is housed and serve meals in the housing area for 14 days.
   - Quarantine/Lock down the facility where the affected individual is housed for 14 days. No offender or visitor movement into or out of the facility. Offenders outside the affected offenders housing area may move about the facility and go to chow hall for meals.
   - Monitor offenders for signs/symptoms of disease.

D. **Two or More Confirmed Cases in Separate Housing Units**
   - Quarantine the affected individuals to AIIRs (negative pressure rooms) if available until resolution of the illness. Provide meals to affected offenders in their room. If there are not enough AIIRs to accommodate the number of affected individuals, consult with the VADOC Epidemiology Nurse, Angie Brennan, Chief Physician, Mark Amonette, and the Health Department to develop a strategy to isolate the affected offenders.
   - Quarantine/Lock down the housing units where the affected offenders are housed and serve meals in the housing units for 14 days.
   - Quarantine/Lock down the entire facility for 14 days. No offender or visitor movement into or out of the facility. Offenders outside the affected offenders housing units may move about the facility and go to chow hall for meals.
   - Monitor offenders for signs/symptoms of disease.
E. Offender Becomes Symptomatic and is Confirmed COVID-19 After Moving from One Facility to Another During the Infectious Period.

- Quarantine the affected individual to an AIIR (negative pressure room) if available for the duration of illness. Provide meals to the offender in his/her room.
- Quarantine/Lock down housing units in both facilities where the offender has been housed and serve meals in the housing units for 14 days.
- Quarantine/Lock down both facilities where the offender has been housed for 14 days. No offender or visitor movement into or out of the facility. Offenders outside the affected offenders housing units may move about the facility and go to chow hall for meals.
- Monitor offenders in both facilities for signs/symptoms of disease.

VII. Clean Up

A. Dedicated medical equipment is to be used for offender care.
B. A Hold In room or isolation cell which an offender has occupied and remained without signs/symptoms and diagnosis of COVID-19 the entire time, can be cleaned by housekeeping in the usual fashion.
C. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product’s label) are appropriate for COVID-19. Products with EPA-approved emerging viral pathogens claims are recommended for use against COVID-19. See www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html and https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2
D. Management of laundry, food service utensils, and medical waste should also be performed in accordance with routine procedures.

For a current list of affected areas visit www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html
References:


   http://www.vdh.virginia.gov/coronavirus


Created 2/2020

Signature on file

Dr. Mark Amonette, Medical Director
Virginia Department of Corrections
Offender Intake and Transfer Screening Questionnaire

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees, offenders, volunteers, visitors and families we are conducting a simple screening questionnaire. Your participation is important to help us take precautionary measures to protect you. Prior to entry into a Virginia Department of Corrections Facility, all Jail Intake Offenders and Offender Transfers must complete this questionnaire.

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<thead>
<tr>
<th>Name:</th>
<th>Offender Number:</th>
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<tr>
<th>Date of Birth:</th>
<th>Transferring Facility:</th>
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<thead>
<tr>
<th>Receiving Facility Name:</th>
<th>Date of Transfer:</th>
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If the answer is “yes” to any of the following questions, transfer into this VADOC facility may be denied.

### SELF-DECLARATION BY OFFENDER

1. Have you traveled outside the United States within the last 14 days?
   - [ ] Yes
   - [ ] No

2. Have you been in close contact with anyone that has traveled outside the United States within the last 14 days?
   - [ ] Yes
   - [ ] No

3. Have you had close contact with someone diagnosed with COVID-19 within the last 14 days?
   - [ ] Yes
   - [ ] No

4. Have you experienced any cold or flu-like symptoms in the last 14 days, to include any of the following:
   - Fever
   - Cough
   - Sore Throat
   - Respiratory Illness
   - Difficulty Breathing
   - [ ] Yes
   - [ ] No

If you have any of the above mentioned symptoms, what is the onset date of first symptoms: ____________________________

Signature / DOC #: ____________________________ Date: ____________________________

Staff Witness: ____________________________ Date: ____________________________

Note: If at any time, your responses change, please notify staff immediately

Access to facility (circle one): Approved Denied

Revision Date:
<table>
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<tr>
<th>Facility:</th>
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<tbody>
<tr>
<td>Offender Name:</td>
<td>Last Name</td>
<td>First Name</td>
<td>Number:</td>
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<tr>
<td>Date / Time</td>
<td>Complaint and Treatment Form</td>
<td>Signature / Title</td>
<td>COVID-19 Medical Evaluation Tool</td>
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<td>Circle One:</td>
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<tr>
<td>Yes/No: Has the offender travelled from or through any location identified by the CDC as being at increased epidemiologic risk for COVID-19 in the past 14 days?</td>
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<td>Yes/No: Has the offender had close contact with anyone diagnosed with COVID-19 in the past 14 days?</td>
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<td>Yes/No: Does the offender have unexplained severe lower respiratory illnesses?</td>
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<td>Yes/No: Has the offender had close contact with someone who is At Risk/ A Person Under Investigation (i.e. on bus with such an offender)?</td>
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<td>Vital Signs:</td>
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<td>Does the offender report any of the following symptoms:</td>
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<td>Date of Symptom Onset (if applicable):</td>
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<td>Yes/No Fever, Chills</td>
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<td>Yes/No Cough</td>
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<td>Yes/No Shortness of Breath</td>
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<td>Yes/No Headache</td>
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<td>Yes/No Sore Throat</td>
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<td>Yes/No Vomiting/Diarrhea</td>
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<td>Yes/No Abdominal discomfort</td>
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<td>Yes/No</td>
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<td>Imp [ ] No Risk-Answer no to both questions and asymptomatic Plan- Normal Intake Process</td>
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<td>[ ] At risk- Answer Yes to any of the questions or is Symptomatic, or if, in the judgement of the treating Provider at risk for having COVID-19 Plan- Follow Checklist (Attachment C)</td>
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<td>Name:</td>
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VADOC STAFFING ELEMENT

D.

LAUNDRY
March 28, 2020

MEMORANDUM

To: Wardens, Superintendents and Chiefs

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Permanent Markers, Sneeze Guards

As we gain experience with laundering sneeze guards for offenders, we are finding that Sharpie brand permanent marker writing may bleed into the fabric and fade. However, units that may find that writing with Carter’s brand permanent markers hold up better.

At this time, please use Carter’s brand permanent markers if you have them on site. Share your experiences with markers and your sneeze guards with your regional office.

Please note that Carter’s brand is not on contract. The Virginia Industry for the Blind will not provide a waiver at this time for us to purchase them from the Supply Room Company. Follow-up is underway to attempt to resolve this situation and an update will be provided if arrangements can be made.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
VADOC STAFFING ELEMENT

E.

OTHER:

OPERATIONS
April 1, 2020

MEMORANDUM

To:         Wardens and Superintendents

From:       A. David Robinson  
            Chief of Corrections Operations

Subject:    COVID-19 – Variance to Operating Procedure 105.1, Employee Uniforms

Effective immediately, due to the Governor’s State of Emergency Declaration concerning COVID-19, as well as CDC Guidance and VCU Hospital Policy, we have implemented the following changes to Operating Procedure 105.1, Employee Uniforms, until further notice:

- All Uniformed Staff at VCU Medical Center **MUST** be clean-shaven (no beards or mustaches) in order to ensure the Protective Mask fits securely.

- All facilities who transport offenders to VCU Medical Center **MUST** send staff that are clean-shaven (no beards or mustaches).

cc: Harold W. Clarke, Director  
    Joseph W. Walters, Deputy Director  
    Scott Richeson, Deputy Director  
    Regional Operations Chief  
    Regional Administrators  
    Steve Herrick, Health Services Director  
    Lisa Kinney, Communications Director  
    Randall Mathena  
    Rodney Younce
March 24, 2020

MEMORANDUM

To: All Chiefs/Wardens/Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 – Drug Testing Suspended

In an effort to continue to control the movement of offenders during the COVID-19 pandemic, drug testing and courier pickup services will be suspended for 30 days, beginning March 23, 2020.

Targeted testing and Court Ordered testing can still take place. However, where possible, we ask that Probation Chiefs approach their Judges and ask for a temporary suspension of mandatory testing.

The courier will operate on their normal schedule for pickups until March 30, 2020, after that date, all samples that need to go to the lab must be coordinated through Yulonda Wyche.

If you have any questions please contact Ms. Wyche at Yulonda.Wyche@vadoc.virginia.gov.

Thank you for your continued cooperation.

cc: Harold W. Clarke, Director  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chief  
Regional Administrators  
Steve Herrick, Health Services Director  
Lisa Kinney, Communications Director  
Randall Mathena  
Rodney Younce
March 19, 2020

MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 – Offender Social Isolation

Offenders in dormitory housing areas shall be instructed to sleep head to toe thereby increasing the breathable space between offenders. Additionally, it is recommended that all offenders maintain a three to six foot distance whenever possible and do not sit on anyone else’s bed.

cc: Harold W. Clarke, Director  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chief  
Regional Administrators  
Steve Herrick, Health Services Director  
Lisa Kinney, Communications Director  
Randall Mathena  
Rodney Younce
VADOC STAFFING ELEMENT

F.

OTHER:

OFFENDER
Workforce
Reentry Packet
The Federal Bonding Program is sponsored by the U.S. Department of Labor and administered by the Virginia Department of Corrections.

BONDING IS A JOB PLACEMENT TOOL

FOR MORE INFORMATION, CONTACT:
KIA PARSON
VIRGINIA BONDING PROGRAM COORDINATOR
VIRGINIA DEPARTMENT OF CORRECTIONS
6900 ATMORE DRIVE
RICHMOND, VA 23225
VIRGINIA.BONDINGPROGRAM@VADOC.VIRGINIA.GOV
(804) 674-3296 EXT. 1067
WWW.VADOC.VIRGINIA.GOV

WINNING STRATEGIES

The Federal Bonding Program
THE BARRIER HAS BEEN REMOVED

Virginia Department of Corrections - serving as Virginia’s Federal Bonding Coordinator for businesses that hire workers with past criminal convictions.
In 1966, the U.S. Department of Labor (USDOL) created the Federal Bonding Program (FBP) as an employer job-hire incentive that guaranteed the job honesty of at-risk job seekers. Federal Fidelity Bond insurance is issued free-of-charge to employers and enables the delivery of bonding services as a unique job placement tool to assist persons with prior criminal convictions. The bonds are issued in increments of $5,000 to employers at no cost for six months against employee dishonesty or theft for the selected employee. This bond is immediately available with no paperwork.

**FEDERAL FIDELITY BONDING PROGRAM**

**WHY IS IT NEEDED IN VIRGINIA?**

Each year, in the state of Virginia, approximately 13,000 people are released from the prison system. One major challenge that they face is reentry into the current labor market. Employers view these job seekers as being “at-risk” and potentially untrustworthy workers. As a result, these job seekers are routinely denied employment.

**WHO IS ELIGIBLE?**

Any job seeker, of legal working age in Virginia, who has a prior conviction – felony, misdemeanor, federal, state or juvenile. This also includes those convicted who did not serve any time.

**HOW ARE BONDS ISSUED?**

Upon making an offer of employment, an employer can contact the Virginia Bonding Coordinator or a local workforce development professional to request a bond. The employer can also have the job seeker contact a workforce development professional to assist with obtaining the bond.

**HOW SUCCESSFUL IS THE PROGRAM?**

According to the USDOL experiment, there were over 42,000 job placements made for at-risk job seekers who were automatically made bondable. Approximately 460 proved to be dishonest workers. Bonding services as a job placement tool can be considered to have a 99% success rate.

**WIN/WIN SITUATION FOR THE EMPLOYER AND THE JOB SEEKER**

- **WHO IS ELIGIBLE?**
  - Any job seeker, of legal working age in Virginia, who has a prior conviction – felony, misdemeanor, federal, state or juvenile. This also includes those convicted who did not serve any time.

- **HOW ARE BONDS ISSUED?**
  - Upon making an offer of employment, an employer can contact the Virginia Bonding Coordinator or a local workforce development professional to request a bond. The employer can also have the job seeker contact a workforce development professional to assist with obtaining the bond.

- **HOW SUCCESSFUL IS THE PROGRAM?**
  - According to the USDOL experiment, there were over 42,000 job placements made for at-risk job seekers who were automatically made bondable. Approximately 460 proved to be dishonest workers. Bonding services as a job placement tool can be considered to have a 99% success rate.

**FREQUENTLY ASKED QUESTIONS**

- **Does the bond cover part-time employment?**
  - The bond covers full and part-time employment as well as employment with temporary agencies.

- **When should a workforce development professional or employer request a bond?**
  - A bond should be requested after a job offer has been made and a start date has been given.

- **When are the bonds effective?**
  - Bonds are effective on the first day of employment.

- **How long are bonds valid?**
  - Bonds are valid for six months or until employment is terminated, whichever occurs first.

- **Who can request a bond?**
  - A workforce development professional or the employer can request a bond.

- **Can the bond cover individuals who are self-employed?**
  - No. Bonds are issued to workers that have federal taxes automatically withheld from their paycheck.

- **Does the bond cover job injuries or poor workmanship?**
  - No. Bonds cover any type of stealing: theft, forgery, larceny and embezzlement.

http://www.bonds4jobs.com/
Health Care

Each VA Medical Center has a dedicated Health Care Re-Entry Specialist. They are there to assist the JIV Veterans with healthcare and VA services for those that are eligible.

Chrysal Jones, LCSW
McGuire VA Medical Center
1201 Broad Rock Boulevard
Richmond, Virginia 23249
(804) 675-5000 extension 3494
Chrysal.jones@va.gov

Leslie Hindle, LCSW
Salem VA Medical Center
1970 Roanoke Boulevard
Salem, Virginia 24153
(540) 982-2463 ext 2879
Leslie.hindle@va.gov

Demetrious Granger, LCSW
Hampton VA Medical Center
100 Emancipation Drive
Hampton, Virginia 23667
(757) 722-9961
Demetrious.granger@va.gov
The VA has a program, “Compensated Work Therapy”; designed to assist VA eligible Veterans to acquire gainful employment. Contact your local VA for more information on eligibility.

Career Works (formerly the “Virginia Employment Commission”) has dedicated Veteran Employment Specialists to assist with job searches and employment tools. Contact your local Career Works for more information.

The Department of Veteran Services is a state agency with the goal of assisting Veterans and their families. DVS has Justice Involved Veterans Specialists at each office. Contact your local office to see what assistance may be provided.

Focused Outreach Richmond is a partner with the VADOC. They provide many services at 400 Commerce Road, Richmond, VA. Some of the services are peer support, housing assistance and assistance with employment. Their telephone number is (804) 419-4184.

The Gilbert Foundation is a nonprofit group that assists veterans with skills training required for many jobs. Contact them directly at their website: www.TheGilbertFoundationInc.org

For Virginia Veterans of all eras, National Guard and Reservists, and Families of any discharge status, Virginia Veterans and Family Services (VVFS) is a non-crisis service. Hours are 8 am - 4:30 pm on Monday-Friday. If you or your family members need local resources and veteran peer support, please contact 1-877-285-1299.

Services included:

- In person (and by phone)
  individual and family care coordination and peer support services
- Assistance navigating VA and community behavioral health services
- Connection to employment and benefits services
- Couples and family assistance
- And So MUCH MORE.

For additional DVS program information, visit https://www.dvs.virginia.gov/
You're Going Home!
What you need to know.

COVID 19 TIPS TO STAY SAFE

Stay home. Avoid contact with others as much as possible.

It is recommended you use a face mask when out in public and around the sick.

Social Distancing. Keep 6 feet between you and others.

Clean your hands thoroughly for at least 20 seconds with soap and water.

Cough or sneeze into your elbow or cover your nose and mouth with a tissue.

For up to date information visit:
Virginia Department of Health: www.vadh.virginia.gov
Centers for Disease Control & Prevention: www.cdc.gov

DMV: Update

DMV customer service centers are closed and all DMV Connect and DMV 2 Go services are postponed until further notice at the direction of the Governor of Virginia.

If you currently have a valid driver's license or ID, you may still be able to renew it online.

If you are in need of an original -issue license or ID upon release, you will need to wait until DMV offices reopen.

If you are released during this closure period, you will want to gather the documentation needed. You may use your Offender Release Form as a primary proof of residency, but you will still need a second proof of residency and other documents. A full list can be found on the DMV website.

Virginia DMV Contact Information: Phone: 804-497-7100
Website: www.dmv.virginia.gov
Learn more about DMV's response to COVID-19 at www.dmvNOW.com/COVID19

Resource Information

Virginia 211
Resources at your finger tips! Call 211 to find resources in your area. Information on how to access food, clothing, housing, child care, employment and many other resources provided. Call 211 or visit www.211virginia.org

Mental Health Services
The Mental Health staff at your institution are available to provide information about accessing mental health resources in your area after release. They can also connect you with the District Mental Health Clinician (DMHC) who works with your Probation and Parole District office. While you are on supervision, the DMHC will continue to be available to provide support and education, as well as help connect you with mental health services in the community.

Assurance Wireless
Free Lifeline Cell Service
Enrollment in this government benefit program is available to individuals who qualify based on federal or state-specific eligibility criteria.
You may qualify for Assurance Wireless if you participate in any of the following government programs: Food Stamps/SNAP, Supplemental Security Income (SSI), Veterans Pension benefit or Survivors Pension, Medicaid, Federal Public Housing Assistance or Section 8. Apply online at www.assurancewireless.com
For Your Information:
You will be provided a 90-day supply of your medications.

CALL before you go. Remember to check in with the Probation and Parole Office prior to reporting. Please keep calling until you have spoken directly to a staff person.

Substance Use Disorder Resources
Narcotics Anonymous Meetings
ONLINE
https://www.12step-online.com/meetings
/online-na-meetings
ONLINE and PHONE
https://virtual-na.org
PHONE
www.nabyphone.com
Alcoholics Anonymous Meetings
ONLINE
https://www.12step-online.com/meetings
/online-aa-meetings
ONLINE
https://aa.org.au/meetings/online-aa-meetings
PHONE
http://aaphonemeetings.org

Resources to locate Addiction Treatment Services
https://www.dmas.virginia.gov/#/arts
http://Dbhds.virginia.gov/community-services-boards-csbs

Public Benefits
You may apply for most benefits electronically by calling 1-856-635-4370 or visiting www.commonhelp.gov

IDENTIFICATION- Offender Facesheets are being accepted in lieu of a state-issued identification card.

Medicaid- health insurance for low income/ no income; types of services covered include doctor visits, hospital and emergency care, mental health and substance abuse services, and prescriptions.

Supplemental Nutritional Assistance Program (SNAP)- can be used like cash to buy eligible food items; returning citizens are eligible for expedited services and may be able to obtain benefits in as little as seven days.

Temporary Assistance for Needy Families (TANF)- provides eligible families with a monthly cash payment to meet their basic needs.

Retirement/Disability/Medicare Benefits- All are federal benefits programs. Please visit www.ssa.gov onlineservices to apply online.

Mental Health Resources
The National Alliance for Mental Illness (NAMI) COVID-19 Resources:
Taking Care of Your Behavioral Health:
Peer Support:
Mental Health America of Virginia (MHAV)
Warm Line: 866-400-MHAV (6428)
Available 7 days a week,
Monday - Friday 9 am - 9 pm
Saturday- Sunday 5 pm - 9 pm
If things feel overwhelming please call National Suicide Prevention Lifeline 1-800-273-8255 or Text "HELLO" to 741741
Obtaining a Virginia Driver’s License or Identification (ID) Card

**Required Documents**

- One proof of identity
- One proof of legal presence
- Two proofs of Virginia residency
  - Two from the primary list, or
  - One from the primary list and one from the secondary list
- One proof of your social security number, if you’ve been issued one
- Current driver’s license if you are applying to exchange one issued by another U.S. state, territory or jurisdiction for a Virginia driver’s license

**Most commonly used documents**

**Proof of Social Security Number**

1. Social Security card (Individual Taxpayer Identification Numbers not accepted)
2. U.S. Internal Revenue Service tax reporting W-2 form
3. Payroll check stub issued by employer that shows full Social Security number

**Primary Proof of Virginia Residency**

1. Deed, mortgage, monthly mortgage statement or residential rental/lease agreement
2. U.S. Postal Service change of address confirmation form or postmarked U.S. mail with forwarding address label
3. Utility bill, not more than two months old, issued to the applicant (cell phone bills are not accepted)

**Secondary Proof of Virginia Residency**

1. Postmarked mail displaying the applicant’s name and current address
2. Official document or correspondence from a federal, state, or local government agency displaying the applicant’s name and current address (DMV–issued documents without postmarked envelopes are not accepted)
3. Billing statement or other official document from a recognizable business displaying the applicant’s name and current address

**U. S. citizens**

**Proof of Identification and Legal Presence**

1. Official birth document issued by a U.S. state, jurisdiction or territory (birth documents issued by a hospital; notifications of birth registration; and Puerto Rico birth certificates issued before July 1, 2010 are not accepted)
2. Valid, unexpired U.S. passport or U.S. passport card (temporary passports are not accepted)
3. U.S. Certificate of Citizenship or Certificate of Naturalization

**Non-U.S. citizens**

**Proof of Identification and Legal Presence**

1. Unexpired foreign passport with an unexpired U.S. visa and unexpired I-94 or entry stamp
2. Unexpired Employment Authorization Document (I-766) AND USCIS form I-797 displaying applicant’s name (depending on the nature and purpose of the form, the I-797 may not be accepted)
3. Unexpired Permanent Resident Card

Temporary documents and photocopies will not be accepted. All documents must be originals. All documents will be subject to verification with the issuing entity, which may delay the issuance of your credential. If you have official documentation, not listed below, that you believe meets DMV requirements, please present it to your local DMV office for review.

This list of acceptable documents may change without prior notice.

*Note: You may redact (blackout/whiteout) your sensitive financial information.*
Your Name

Make sure your name appears the same on all proof documents. If your middle name is not displayed, or only your middle initial appears on some of your documents, they may still be accepted. Nicknames will not be accepted. If your name appears differently on your proof documents, you will be asked to present additional documentation to connect the names such as a marriage certificate, divorce decree or court order.

Proof of Identity

Document(s) submitted as proof of identity must show your full legal name and date of birth.

- Official birth document issued by a U.S. state, jurisdiction or territory (birth documents issued by a hospital and notifications of birth registration and Puerto Rico birth certificates issued before July 1, 2010 are not accepted)
- Valid, unexpired U.S. passport or U.S. passport card (temporary passports are not accepted)
- Unexpired foreign passport with ONE of the following:
  - Unexpired U.S. visa and unexpired or expired I-94 or entry stamp
  - Unexpired I-551 stamp on a foreign passport, an unexpired or expired U.S. immigration visa, or an I-94
- Consular Report of Birth Abroad (FS-240)
- Certificate of Birth Abroad (FS-545)
- Certification of Report of Birth of a U.S. Citizen (DS-1350)
- U.S. Certificate of Naturalization (Form N-550 or Form N-570)
- U.S. Certificate of Citizenship (Form N-560 or Form N-561)
- Valid, unexpired permanent resident card (Form I-551)
- REAL ID compliant driver’s license or ID card

Proof of Legal Presence Documents

All first time applicants must present proof of legal presence. Applicants whose Virginia credential has expired or been suspended, revoked or canceled will need to provide proof of legal presence prior to obtaining a new license or ID card. Documents presented as proof of legal presence must show your full legal name and date of birth. If the name on your legal presence document does not match the name you expect to use on your driver’s license or ID card, you will need to present evidence of your legal name change.

- Official birth document issued by a U.S. state, jurisdiction or territory (birth documents issued by a hospital and notifications of birth registration and Puerto Rico birth certificates issued before July 1, 2010 are not accepted)
- Virginia Certificate of Foreign Birth (Documents displaying the statement “Not evidence of U.S. citizenship” are not accepted)
- Valid, unexpired U.S. passport or U.S. passport card (temporary passports are not accepted)
- U.S. Certificate of Naturalization (Form N-550 or Form N-570)
- U.S. Certificate of Citizenship (Form N-560 or Form N-561)
- Unexpired foreign passport with ONE of the following:
  - Unexpired U.S. visa and unexpired I-94 or entry stamp. F1/F2 applicants must present an I-20; J1/J2 applicants must present a DS-2019
  - Unexpired I-94W
  - Unexpired U.S. immigrant visa with temporary I-551 notation presented within one year of entry
  - Unexpired I-551 stamp
- Unexpired passport from Canada or Micronesia with an unexpired I-94 or entry stamp (temporary passports are not accepted)
- USCIS form I-797 displaying the applicant’s name (Depending on the purpose and nature of the form, the I-797 may not be accepted. The I-797 for an I-765 application is not accepted.)
- Unexpired Permanent Resident card
- Unexpired temporary I-551 stamp on an I-94, with photograph of the bearer
- Consular Report of Birth Abroad (FS-240)
- Certification of Report of Birth of a U.S. Citizen (DS-1350)
- Certificate of Birth Abroad (FS-545)
- Canal Zone Government Certificate of Live Birth (Panama Canal Zone) issued between February 26, 1904 and October 1, 1979 when presented with proof of the holder’s parent(s)’ U.S. citizenship at the time of the birth
- U.S. Citizen Identification card (I-179, I-197)
- Unexpired Re-entry Permit (I-327)
- Unexpired Refugee Travel Document (I-571)
- Form I-94 Record of Arrival and Departure stamped Refugee
- Official letter from the U.S. Citizenship and Immigration Services (USCIS) or U.S. Immigration and Customs Enforcement (ICE) indicating one of the following:
  - the applicant’s application for adjustment of status to lawful permanent resident has been reopened and restored to a pending status
  - the applicant’s application for temporary protected status has been received and a duplicate notice cannot be issued
  - the applicant has been granted deferred action (during period of deferred action)
- Asylees may present documentation from the United States Citizenship and Immigration Service or U.S. Immigration Court such as a Form I-94 stamped Asylee indicating that asylum has been granted.
- Applicants for asylum may present an application for asylum along with documentation from the United States Citizenship and Immigration Service or U.S. Immigration Court indicating receipt of the application.
Proof of Virginia Residency

You must present at least one document from the primary list of residency documents. The second proof of residency may come from either the primary list or the secondary list. Original documents must show your name and the address of your current Virginia residence as it appears on the application. Documents printed from an online account may be accepted. You must give a street address. A post office box or business address is not accepted.

However, if you do not want your address of residence to appear on your driver’s license or ID card, you may request that an alternate mailing address be displayed. This address must also be in Virginia and must be an address where you currently receive mail delivered by the U.S. Postal Service. If you change your residence or alternate mailing address to one outside Virginia, your driver’s license or ID card will be canceled. Exceptions may be made for some individuals such as active duty military personnel and Virginia residents employed outside the U.S. (see publication DMV 143 Re-Establishing your Virginia Residency)

Applicants under age 19 can have a parent or legal guardian certify their Virginia residency. The parent or legal guardian must appear in person with the applicant and show proof of identification and two proofs of Virginia residency from the residency list.

Primary Proof of Virginia Residency Documents

- Deed, mortgage, monthly mortgage statement or residential rental/lease agreement
- U.S. Postal Service change of address confirmation form or postmarked U.S. mail with forwarding address label
- Virginia voter registration card mailed to you by your local registrar
- Virginia driver’s license, commercial driver’s license, learner’s permit, or DMV-issued ID card displaying the applicant’s current Virginia address (unexpired or expired for no more than one year)
- Cancelled check not more than two months old displaying the applicant’s name and address (voided checks are not accepted)
- Certified copy of school records/transcript or official report card issued within the last year by a school accredited by a U.S. state, jurisdiction or territory
- Virginia Department of Education Certificate of Enrollment form
- Utility bill, not more than two months old, issued to applicant. Examples include gas, electric, sewer, water, cable or phone bill. (cellular phone bills are not accepted)
- Monthly bank or credit card statement not more than two months old
- Payroll check stub issued by an employer within the last two months
- U.S. Internal Revenue Service tax reporting W-2 form or 1099 form not more than 18 months old
- Receipt for personal property taxes or real estate taxes paid within the last year to the Commonwealth of Virginia or a Virginia locality
- Annual social security statement for the current or preceding calendar year
- Current homeowners insurance policy or bill
- Current automobile or life insurance bill (cards or policies are not accepted)
- Medical or dental bill issued within the last two months
- Virginia Offender Information Form
- Approved Homeless Shelter Agreement

Active duty military member assigned to a unit based in Virginia may present one of the following:

- Letter from commanding officer on official letterhead, with an original signature, stating that the applicant resides onboard a ship docked in Virginia or in a barracks located in Virginia
- Orders from the U.S. military assigning the applicant to a military unit with a Virginia address
- Leave and Earnings Statement (LES) displaying Virginia as applicant’s home of record

Secondary Proof of Virginia Residency Documents

- Postmarked mail displaying the applicant’s name and current address
- Official correspondence from a federal, state, or local government agency displaying the applicant’s name and current address (DMV issued documents without postmarked envelopes are not accepted)
- Billing statement or other official document from a recognizable business or government agency displaying the applicant’s name and current address

Proof of Social Security Number

Virginia law requires DMV to collect your social security number (SSN); however, your SSN will not be displayed on your Virginia credential. DMV will assign a customer number which will display on your credential.

The proof of SSN document you submit must display your name, and all nine digits of your SSN.

- Social security card (individual Taxpayer Identification Numbers are not accepted)
- W-2 form
- Payroll check stub issued by employer that shows full Social Security number
- SSA-1099 form
- Non-SSA-1099 form

Proof of Name Change

If the name listed on your proof of identity document does not match the name you want to appear on your driver’s license or ID card you will need to present document(s) that connect the name on the identity document to your current full legal name.
If you currently hold a valid Virginia driver’s license or ID card, you must present it along with one of the documents listed below for proof of your name change. If you cannot present your Virginia issued credential, you must present one proof of identity from the primary document list in addition to one of the documents listed below as proof of name change.

- Marriage certificate (including same-sex marriage certificates) Note: Civil union documents and marriage licenses are not accepted
- Divorce decree if the decree states the change from married name to maiden name
- Court order granting the name change

**Issuance**

You may hold either a driver’s license or an ID card, but not both.

Applicants that have successfully completed the driver’s license or ID card process will be issued either a temporary driving permit (valid for 30 days) or an ID card receipt. You will receive your new driver’s license or ID card in the mail within 7-10 days. Therefore, your address on file with DMV must be your current mailing address. The U. S. Postal Service will not forward your credential.

In accordance with Va. Code §46.2-328.1, the following are eligible to apply for a driver’s license or ID card:

- Citizens of the United States
- Legal Permanent Residents of the United States
- Conditional Resident Aliens of the United States
- Holders of a valid, unexpired nonimmigrant visa status
- Individuals with a pending or approved application for asylum in the United States
- Refugees
- Individuals with a pending or approved application for temporary protected status in the United States
- Individuals with approved deferred action status
- Individuals with a pending application for adjustment of status to legal permanent resident status or conditional resident status

All first time licenses issued to individuals under age 18 will be sent to the Juvenile and Domestic Relations Court in your locality. The court will then notify you when and where to report for your licensing ceremony. A parent or guardian must attend the ceremony with you if you are under age 18 on the date of the ceremony. After completion of the ceremony, the court will distribute the license to you.

**Veteran Indicator**

If you are a veteran, you may be eligible to add a veteran indicator to your Virginia driver’s license, commercial driver’s license, learner’s permit or DMV-issued ID card. This indicator can serve as proof of veteran status to receive discounts from retailers and restaurants. For information on which retailers and restaurants offer discounts for veterans, visit the Virginia Department of Veterans Services (DVS) website at www.dvs.virginia.gov.

To be eligible for the veteran indicator, you must have served in the U.S. Armed Forces and received an honorable or general discharge; hold an unexpired Virginia driver’s license, commercial driver’s license, learner’s permit or DMV-issued ID card or be applying for one; and present DMV with a copy of a document (or combination of documents) that indicate branch of service, discharge date, and discharge status.

Acceptable documents to prove veteran status include:

- DD-214
- DD 256
- WD AGO
- NGB 22
- Military Retiree Card (DD-2)

For full eligibility requirements, visit www.dmvNOW.com/military.
In Virginia, you can now dial 2-1-1 to connect to health and human services, including:

- Alzheimer’s assistance
- Child care referral centers
- Child development
- Consumer counseling
- Crisis intervention
- Disability services
- Domestic violence programs
- Education
- Energy assistance
- English as a second language classes
- Family counseling
- Financial assistance
- HIV/AIDS programs
- Home health care
- Homeless services
- Legal assistance
- Maternal and child health care
- Mentorship opportunities
- Parenting programs
- Senior services
- Substance abuse
- Suicide prevention
- Transportation
- Volunteer opportunities

**2-1-1 VIRGINIA SERVICE PROVIDERS**

- Council of Community Services (Roanoke)
- Family Resource & Referral (Staunton)
- The Planning Council (Norfolk)
- United Way of Central Virginia (Lynchburg)
- United Way of Greater Richmond & Petersburg (Richmond)

**2-1-1 VIRGINIA STATEWIDE PARTNERS**

- Celebrating Special Children, Inc.
- Northern Virginia Regional Commission
- SeniorNavigator
- Virginia Alliance of Information & Referral Systems
- Virginia Board for People with Disabilities
- Virginia Child Care Resource & Referral Network
- Virginia Commission on Youth
- Virginia Council on Social Welfare
- Virginia Cooperative Extension
- Virginia Department for the Aging
- Virginia Department of Health
- Virginia Department of Mental Health, Mental Retardation and Substance Abuse Services
- Virginia Department of Social Services
- Virginia Statewide Information & Referral System

FOR MORE INFORMATION CALL 2-1-1 TODAY.

OR WRITE TO:

2-1-1 COORDINATOR
COUNCIL OF COMMUNITY SERVICES
P.O. BOX 598  ROANOKE, VA 24004
WEB:  WWW.211VIRGINIA.ORG
WHAT IS 2-1-1?

Who do you call when someone you love is a victim of domestic violence? When you or someone you know can’t find affordable health care? When you need child care? When a friend needs a support group for a drug addiction? When someone you know needs assistance with rent or a utility bill?

WHEN YOU NEED ANSWERS

2-1-1 is an easy to remember phone number connecting people with free information on available community services. When you dial 2-1-1, a trained professional will listen to your situation and suggest sources of help using one of the largest databases of health and human services in Virginia. Nonprofit organizations and federal, state and local government agencies are included in the database and you can access services in your community and statewide.

DIAL 2-1-1 FOR COMMUNITY SERVICES

Whether you need help or want to provide help, 2-1-1 is the fast, free and confidential way to locate hundreds of services in your community. When you dial 2-1-1, you will be connected to a trained professional, who can provide referrals for health and human services, including:

- **Basic human needs**: food banks, shelters, rent or utility assistance
- **Physical and mental health resources**: Medicaid, Medicare, pre-natal care, children’s health insurance programs, crisis intervention, support groups, counseling, alcohol and drug rehabilitation
- **Work initiatives**: educational and vocational training programs, English as a second language classes, job training, General Educational Development (GED) preparation, financial and transportation assistance
- **Support for seniors and those with medical, respite care, home health care, transportation and recreation disabilities**: Area Agencies on Aging, independent living centers, adult day care, meals at home, respite care, home health care, transportation and recreation
- **Support for children, youth and families**: After-school programs, tutoring, mentorship programs, family resource centers, protective services, counseling, early childhood learning programs, child care referral centers, and recreation
- **Volunteering in your community**: Volunteer centers, mentorship opportunities, locations to donate food, clothing, furniture, computers and other items

“‘When you dial 2-1-1, I’m here to help. As a trained call specialist, I provide information and referrals to people just like you, who don’t know where to turn for help.’”

2-1-1 VIRGINIA DISASTER RECOVERY

During times of disaster 2-1-1 VIRGINIA will provide an additional channel of communication for citizens of the Commonwealth. Working with local and state emergency management and disaster response officials, 2-1-1 VIRGINIA will provide:

- Accurate and up-to-date information on community and regional response
- Volunteer and donation coordination
- Crisis intervention and human services coordination
- Access to disaster support services during the entire recovery process

2-1-1 helped us get ANSWERS
Frank N. Stein

ADDRESS 1 • ADDRESS 2 • PHONE NUMBER
email@yahoo.com

**SUMMARY OF QUALIFICATIONS**

- Dependable employee with more than 8 years experience in carpentry & construction.
- Knowledgeable & skilled in work activities involving practical, real-world problems & solutions.
- Respects workplace policies & rules; careful to follow directions, including strict safety guidelines.
- Creative problem solver with emphasis on saving time & cutting costs without sacrificing quality.
- Accepts supervision well; adept at quickly learning and applying new technical/mechanical skills.
- Capable of working independently and as a team member to meet operational goals and deadlines.

**WORK EXPERIENCE**

(The following jobs were performed for the Commonwealth of Virginia)

**Custodial Maintenance Worker**
- Responsible for keeping buildings clean by using a variety of professional-grade cleaning agents/solvents
- Prepared cleaning solutions according to specifications by mixing water, detergents and/or chemicals
- Cleaned building floors by sweeping, mopping, scrubbing and/or vacuuming
- Dusted furniture & walls, and cleaned windows & glass partitions using soapy water or other cleaners
- Gathered and emptied trash at regular intervals
- Operated side-to-side buffers and burnishers to strip, seal, and polish floors

**Building Maintenance Worker**
- Responsible for maintaining sanitation, health and safety standards throughout the state facility; utilized a number of trades including mechanical, electrical, plumbing & general carpentry
- Utilized troubleshooting & problem solving skills to work through an array of mechanical, plumbing & electrical problems; performed emergency repairs
- Repaired and/or replaced all mechanical, electrical & plumbing components throughout the facilities
- Conducted routine inspections & performed preventative maintenance as needed
- Diagnosed malfunctioning systems & components, located the cause of the breakdown & corrected the problem
- Operated scissor-lifts, diagnostic equipment, and an assortment of hand & power tools for electrical, plumbing, HVAC, and carpentry work

**Landscape Maintenance Worker**
- Maintained grounds using an assortment of hand & power tools including mowers, weed-eaters, & gas-powered leaf blowers
- Mowed, trimmed & edged around flowerbeds, walkways, and walls
- Laid mulch, planted flowers, watered plants, and weeded flowerbeds when necessary
- Performed seasonal work such as snow removal using snow shovels, and spread snow-melting materials
- Removed trash & rubbish from the grounds, and properly disposed of the debris

**Barber**
- Cut and trimmed hair following customer’s specifications
- Used clippers, combs & other barbering instruments to effect layer cuts, fades, one level cuts & to taper hair
- Kept equipment and other instruments clean and sanitized
- Cleaned workstations and swept floors

**EDUCATION & TRAINING**

- General Equivalency Diploma (GED) - Virginia Department of Education (Richmond, VA - 2008)
- Computer training & experience includes word processing, spreadsheets, and graphics software programs

**CERTIFICATIONS**

- OSHA 10-Hour Construction Safety Certification (2013)
- ServSafe Food Protection Manager Certification (Active: 2016 - 2021)
- Custodial Maintenance Certification (2012)
- U.S. Forestry Service Fire Fighter Certification (2001)
- WorkKeys Career Readiness Certification (Silver Award - 2015)
May 15, 2020

The Department of Corrections recognizes that you are being released during a very challenging time considering how COVID-19 is effecting our state. We want to offer expanded Workforce Development Services and we are here to help you with resource and employment information as well as employment coaching.

Should you need these additional resources when released, please contact the Offender Workforce Development Specialist assigned to your facility.

For additional guidance and support if needed you may also contact:

Regional OWDS Name

Central Region: Dwane Massenburg (434) 433-3358; Mobile (804) 972 – 0326
Eastern Region: Marion Curry (434) 602-3310; Mobile (804) 389 –4537
Western Region: Jamie Hackney (276) 312-0285

Mr. Hasan Zarif
DOC Employment Specialist
(804) 317-1694
Interviewing

Preparation

The key to a successful interview is preparation. You must prepare in many ways. Here are some things you will need to do:

- Know what questions the interviewer might ask.
- Be able to answer the questions without hesitation. (Ask someone to practice with you before the interview.)
- Have a clear and thorough understanding of the job's duties and responsibilities.
- Get a good night's sleep before the interview.
- Bring money for gas, tolls, and public transportation. Go alone.
- Plan to arrive 15 minutes before the interview begins.
- Shower, shave, brush your teeth, and use deodorant.
- Wear clean and pressed clothes that are appropriate for the interview. (Be sure the clothes smell fresh, not like cigarette smoke. No flashy colors, loud fashions, no long, brightly colored fingernails, or flashy jewelry.)
- Avoid too much aftershave or perfume - many people are allergic to them. Be polite to the secretary or receptionist (he or she may be asked for an opinion of you later!)
- Above all, have a positive attitude.

What should you wear?

Wearing the right thing to an interview is extremely important. Of course your clothes should be clean and pressed. What exactly to wear depends on the job for which you are applying. The goal is to look the part.

Neat, clean work clothes would be good for assembly, production or warehouse jobs. Wear business clothes for sales and office positions. Wear a professional looking suit if you are applying for a professional or managerial position.

Here are some important things TO DO during the interview:

- Let your confidence show. If you think about things you do well, this will help. Be polite and calm.
- Greet your interviewer by name ("Mr. Smith" or "Ms. Jones") if you know it and can pronounce it correctly.
- Wait for the interviewer to offer to shake hands. Then offer a gentle but firm handshake that says, "I'm glad to be here."
• Wait until the interviewer offers you a chair before you sit down. Quietly follow the employer's lead during the interview.
• Let the interviewer do most of the talking. Answer the questions and avoid going on and on.
• Be willing to start at the bottom. When you show your good work skills and personal qualities after the company hires you, you will move up.
• Be ready for surprise questions and think before you answer. If the interviewer says, “Tell me about yourself” stick to things about you that are related to the job. Describe your education, work background, and special abilities. The interviewer probably does not want to hear about your family. Talk about what you can and want to do.
• Use good posture and eye contact. Look alert and interested.
• Smile when you enter the room, during the interview and when you leave. Thank the interviewer for his or her time.

Here are some important “DON'TS” for the interview:

• Don’t act nervous by fidgeting in your chair or playing with your jewelry or things on the table.
• Don’t leave your cell phone turned on; It's better to leave it at home.
• Don’t act bored.
• Don’t talk about your needs or problems. Don’t smoke, chew gum or wear sunglasses.
• Don’t talk about money, vacation or benefits. The interviewer should bring those up first.
• Don’t criticize previous bosses. That means you would criticize a future boss.
• Don’t make excuses for things that did not work out for you in the past.
• Don’t say, “I’ll do anything if you’ll just give me a chance.” The interviewer wants to hire you to do a specific job. Talk about your ability to do that job.
Guide to Finding Local Resources

**Step 1**
Go to the Virginia Department of Corrections Website  https://vadoc.virgina.gov

**Step 2**
Select "Facilities and Offices"
Located on the top left of your computer screen

**Step 3**
Select the "Region" of your Home Location (East, Central, or West)

**Step 4**
Scroll down to select the "Probation and Parole Office" of your home location

**Step 5**
Select "Resource Directory"
The Work Opportunity Tax Credit (WOTC) is a Federal tax credit available to employers who hire individuals from eligible target groups with significant barriers to employment. Each year, employers claim over $1 billion in tax credits under the WOTC program. The success and growth of this income tax credit for business is beneficial for all who participate, while increasing America’s economic growth and productivity.

- **WOTC reduces an employer’s cost** of doing business, requires little paperwork, and applying for WOTC is simple.
- **WOTC can reduce an employer’s federal income tax liability** by as much as $9,600 per employee hired.
- **There is no limit** on the number of individuals an employer can hire to qualify to claim the tax credit.
- **Certain tax-exempt organizations can take advantage of WOTC** by hiring eligible veterans and receiving a credit against the employer’s share of Social Security taxes.

**WHO IS ELIGIBLE?**

- Veterans
- TANF Recipients
- SNAP (food stamp) Recipients
- Designated Community Residents
- Vocational Rehabilitation Referral
- Ex-Felons
- Supplemental Security Income Recipients
- Summer Youth Employees

HOW MUCH IS THE TAX CREDIT

Employers can earn a tax credit of between $1,200 and $9,600 per employee, depending on the target group of the new employee and the number of hours worked in the first year. Employees must work at least 120 hours in the first year of employment to receive the tax credit. Visit http://www.doleta.gov/wotc for the maximum tax credit for each WOTC target group.

HOW TO APPLY

To apply for WOTC, employers should follow these steps:

1. Complete IRS Form 8850 by the day the job offer is made.

2. Complete ETA Form 9061, or complete ETA Form 9062 if the employee has been conditionally certified as belonging to a WOTC target group by a State Workforce Agency, Vocational Rehabilitation agency, or another participating agency.

3. Submit the completed and signed IRS and ETA forms to your State Workforce Agency. Forms must be submitted within 28 calendar days of the employee’s start date.

4. Wait for a final determination from your State Workforce Agency. The determination will indicate whether the employee is certified as meeting the eligibility for one of the WOTC target groups.

5. After the target group employee is certified by the State Workforce Agency, file for the tax credit with the Internal Revenue Service.

INFORMATION AND RESOURCES

Visit the WOTC web-site, http://www.doleta.gov/wotc, for more information on eligibility requirements, how to apply for the tax credit, and WOTC contacts in your state.

Visit the IRS web-site, http://www.irs.gov, for more information on how to claim the tax credit.
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
   Chief Corrections Operations

Subject: COVID-19 Passover 2020

I. General

A. The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily.

B. Passover 2020 will be observed from sunset on April 9, 2020 through sunset, April 16, 2020 for Jewish, Messianic Jewish, Yahwist/House of Yahweh, Philadelphia Church of God, and African Hebrew Israelite offenders as documented on the offender’s Request to Attend Religious Activities Form for these religions. Passover begins at sunset on April 8, 2020.

C. The observance of Passover 2020, during this time of modified lockdown, for health and safety reasons, the observance will be individual and conducted in the housing units where participating offenders are assigned.

II. Food Service

A. Seder Service Elements:

1. Food Service is unable to offer the participatory plate to the Orthodox Jewish Offenders while on modified lockdown due to COVID-19. There is no complete sealed seder plate available for use in accordance with the standing court order.

2. Offenders observing with Messianic Jewish, Yahwist/House of Yahweh or Hebrew Israelites will be provided the participatory meal while on modified lockdown due to COVID-19.

3. The offenders will be provided a copy of the Haggadah (Exodus story) with which to read and reflect upon the meaning of this observance.

cc: Regional Operations Chiefs
   Jeremiah Fitz
   Randall Mathena
   Mark Engelke
   Nataarcha Gregg

Erick Gwaltney, Keefe Commissary
Bernard Morris, Religious Advisor
Grace Inside
MEMORANDUM

To: Wardens and Superintendents
From: A. David Robinson
Chief of Corrections Operations
Subject: COVID-19 – Law Library Operation

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily. The Center for Disease Control has recommended social distancing to prevent the spread of the disease. Social distancing means increasing the physical distance between people and canceling in-person contact.

Effective March 30, 2020, to remain complaint with appropriate social distancing as well as offenders not coming into contact with offenders from another housing unit, no offender will be permitted access to the law library.

The offender population will be allowed to make a written request to designated facility staff when requesting specific case law. The offender is to identify the specific case(s) needed and either the Law Library Supervisor or the Law Library Clerk will print the case law requested to be delivered to the offender. The materials will be delivered to the offender by staff, not the Law Library Clerks. This will minimize contact between offenders while still allowing access to materials in the law library.

Offenders with verified court deadlines are to be given first priority in receiving their materials.

Offenders will not access to the law library typewriters during this time. Offenders may handwrite their documents to submit to the Courts.

If you have questions, contact Melissa Welch by email at Melissa.Welch@vadoc.virginia.gov or by phone at (804) 887-8214.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
Melissa Welch
MEMORANDUM

To: Offender Population

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Law Library Operation

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily. The Center for Disease Control has recommended social distancing to prevent the spread of the disease. Social distancing means increasing the physical distance between people and canceling in-person contact.

Effective March 30, 2020, to remain complaint with appropriate social distancing as well as offenders not coming into contact with offenders from other housing units, offenders will not have physical access to the law library.

Instead, the offender population will be allowed to make a written request to designated facility staff when requesting specific case law. The offender is to identify the specific case(s) needed and either the Law Library Supervisor or the Law Library Clerk will print the case law requested to be delivered to the offender. The materials will be delivered to the offender by staff, not the Law Library Clerks. This will minimize contact between offenders while still allowing access to materials in the law library.

Offenders with verified court deadlines, are to be given first priority in receiving their materials.

Offenders will not access to the law library typewriters during this time. Offenders may handwrite their documents to submit to the Courts.
MEMORANDUM

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Observance of Passover 2020

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily.

The VADOC has invoked social distancing which means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet). Passover 2020 will not be in a group setting but will be an individual observance. The Kosher for Passover meals and the matzo for bread substitution will begin on April 8, 2020 at lunch.

The individual Seder Service after sunset on April 8, 2020 and April 9, 2020 each individual participant at Passover 2020 will receive the individual elements in addition to a hardboiled egg.

a. 4 pieces of romaine lettuce
b. 3 pieces of Matzo bread and napkins for holding one piece of Matzo
c. 1 ounce of Kosher for Passover Horseradish to fulfill eating with two pieces of the provided Romaine lettuce
d. A sprig of parsley for dipping into the salt water to remember the bitter tears
e. 1 ounce of salt water
f. 4 cups of 4 ounces of Kosher for Passover Grape Juice. (Grape juice is taken at four intervals throughout the Seder service, so a total of 16 ounces of Kosher for Passover grape juice is to be provided.)
g. 1 ounce of fruit (chopped apples) and 1 ounce of nuts (chopped walnuts)
h. 1 Hardboiled egg (new)

Instructions will be provided to offenders on how to arrange the individual Seder Plate. If the Food Service Emergency Menu is activated, ALL religious menus will be suspended until further notice. Offenders have been notified that the amount of money that they can spend on commissary has been increased. Kosher food may be purchased at the commissary if an offender chooses.

Please ensure the offenders are informed of observance plans. Questions should be forwarded to Melissa Welch at 804-887-8214, by email at Melissa.Welch@vadoc.virginia.gov or to Mark Engelke at 434-962-3291, by email at Mark.Engelke@vadoc.virginia.gov.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
Mark Engelke
Melissa Welch

Chief of Corrections Operations Memorandum #044-2020
MEMORANDUM

To: Offender Population

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 – Observance of Passover 2020

March 27, 2020

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily.

The VADOC has invoked social distancing which means remaining out of congregate settings, avoiding mass gatherings, and maintaining distance (approximately 6 feet). Passover 2020 will not be in a group setting but will be an individual observance. The Kosher for Passover meals and the matzo for bread substitution will begin on April 8, 2020 at lunch.

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   h. 1 Hardboiled egg (new)

Instructions will be provided to offenders on how to arrange the individual Seder Plate. If the Food Service Emergency Menu is activated, ALL religious menus will be suspended until further notice. Offenders have been notified that the amount of money that they can spend on commissary has been increased. Kosher food may be purchased at the commissary if an offender chooses.
March 23, 2020

Memorandum

To: Wardens and Superintendents

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Modified Commissary Operation

As we continue under the State of Emergency and to prevent the potential spread of COVID-19 and reduce the potential risk of exposure, please implement the following steps immediately until further notice.

The Wardens are encouraged to permit offenders by housing unit to continue to pick up their commissary orders from the commissary window. If offenders are restricted to their housing unit and are unable to go to the commissary window, the commissary operation will package the commissary orders to provide to staff to deliver to the housing units.

For those facilities where commissary is delivered to the housing units, but offender labor has been temporarily suspended, the commissary operation will package commissary orders to provide to DOC staff to deliver to the housing units.

Please contact Melissa Welch, Operations Support Manager, with any questions or concerns by email: Melissa.Welch@vadoc.virginia.gov or by telephone at: 804-887-8214.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
MEMORANDUM

To:    Wardens and Superintendents  
From:  A. David Robinson  
       Chief of Corrections Operations  
Subject:  COVID-19 – Temporary Suspension of the Publication Review Committee

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily. Due to the State of Emergency, the duties of the Publication Review Committee (PRC) has been suspended for ninety (90) days. During this time, please hold all disapproved publications intended for PRC review at your facilities.

Publications that were submitted for the March 2020 docket have been impacted by this 90-day suspension period. Once the PRC resumes operation, all approved publications will be returned immediately to the facilities. Publications which have been disapproved will be eligible for appeal, in accordance with Operating Procedure 803.2. As publications continue to come into your facilities, please advise offenders of their option to waive PRC review and have the disapproved publication disposed of as appropriate.

Any grievances concerning the suspension of the PRC process should be responded to with the following statement:

"Governor Ralph Northam declared a state of emergency for the Commonwealth of Virginia on March 12, 2020. As staff is diverted to focus on the Department’s response to the coronavirus pandemic the Publication Review Committee is suspended for at least ninety days, after which time this suspension will be reviewed."

Appeals of publications previously disapproved by the PRC should be addressed as appropriate.

Please contact Melissa Welch, Operations Support Manager, with any questions or concerns at 804-887-8214 or by email at Melissa.Welch@vadoc.virginia.gov.

cc:    Harold W. Clarke, Director  
       Joseph W. Walters, Deputy Director  
       Scott Richeson, Deputy Director  
       Regional Operations Chief  
       Regional Administrators  
       Steve Herrick, Health Services Director  
       Lisa Kinney, Communications Director  
       Randall Mathena  
       Rodney Younce  
       Melissa Welch
March 19, 2020

MEMORANDUM

To: Offender Population

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Temporary Suspension of the Publication Review Committee

The health and safety of our staff and offenders during the coronavirus pandemic is paramount. As you know, Governor Ralph Northam declared a state of emergency in the Commonwealth of Virginia on March 12. Guidance regarding COVID-19 is being updated daily. Due to the State of Emergency, the duties of the Publication Review Committee (PRC) has been suspended for ninety (90) days.

Publications that were submitted for the March 2020 docket have been impacted by this 90-day suspension period.

Once the PRC resumes operation, all approved publications will be returned immediately to the facilities. Publications which have been disapproved will be eligible for appeal, in accordance with Operating Procedure 803.2.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
March 19, 2020

MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 – Second Quarter Securepak

Effective immediately, the Second Quarter Securepaks will be allowed into the facility and distributed to the offenders as these packages were packed 11 days ago.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
March 18, 2020

MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 Response – Keefe Commissary Contract

During this emergency, offenders will be allowed to spend an additional $25.00 with Keefe Commissary until further notice.

The spending limits are revised as follows:

- Security Level 1 and 2: $150.00 per week (previously $125)
- Security Level 3: $135.00 per week (previously $110)
- Security Level 4: $110.00 per week (previously $85)
- Security Level 5 and Red Onion: $75.00 per week (previously $50)

cc: Harold W. Clarke, Director  
Joseph W. Walters, Deputy Director  
Scott Richeson, Deputy Director  
Regional Operations Chief  
Regional Administrators  
Steve Herrick, Health Services Director  
Lisa Kinney, Communications Director  
Randall Mathena  
Rodney Younce  
Keefe Commissary
VADOC STAFFING ELEMENT

G.

COMMUNITY
April 29, 2020

TO: All District Chiefs

FROM: A. David Robinson  
Chief of Corrections Operations

H. Scott Richeson  
Deputy Director for Programs, Education and Re-entry

SUBJECT: Peer Recovery Specialist Services Resumed

To increase resources for offenders with substance use Disorder, the pilot Peer Recovery Specialist (PRS) services will resume as of April 29, 2020, through a telephonic format.

As a reminder, each District with an assigned PRS receives 20 hours of peer support services monthly, to include 18 hours of client focused time (group), one hour of peer coaching supervision and one hour of communication with the District. All PRS have completed the 72 hour DBHDS Training. Client participation is voluntary and at the discretion of the District. Group sessions should consist of a minimum of two clients and a maximum of eight clients. Group sessions cannot exceed one and a half (1.5) hours.

Approved Platforms:
The following platforms are available for telephonic groups. They must include video and voice activation.

- Google Hangouts Video, Skype, Cisco, Webex, GoToMeeting, Apple Facetime, and Facebook Messenger Video Chat

Telephonic Requirements:

- All group discussions must remain professional and adhere to Peer Recovery Specialist guidelines.
- All PREA and Fraternization regulations are applicable.
- Prior to initiating a PRS Group, the PRS must provide the following information for approval by the District PRS contact:
  i. Meeting day of the week
  ii. Meeting time
  iii. Telephonic platform
  iv. Call-in information (phone number/access code)
- At any time, District Staff and/or the Reentry Outreach Coordinator (Lashawnda Singleton) can attend the meeting for supervision purposes.

If you have any questions or need additional information, please contact Lashawnda Singleton at (804) 837-1773 or Lashawnda.Singleton@vadoc.virginia.gov.

cc: Regional Operations Chiefs
Regional Administrators
Jessica Lee
April 28, 2020

TO: Operational Unit Heads

FROM: A. David Robinson  
Chief of Corrections Operations

H. Scott Richeson  
Deputy Director for Programs, Education and Re-entry

SUBJECT: Medication Assisted Treatment (MAT) Information Flyer

As the current COVID-19 pandemic continues, we recognize the impact this has on individuals with substance use disorders and the need for additional support. Therefore, the attached Medication Assisted Treatment (MAT) Information Flyer has been developed for inmates or CCAP participants releasing from the designated MAT pilot sites.

Each person releasing from a MAT pilot site is to be provided with a copy of the attached MAT Information Flyer entitled “You’re Headed Home”.

As a reminder, pilot locations include:

*Appalachian Community Corrections Alternative Program (CCAP)
*Chesterfield Community Corrections Alternative Program (CCAP)
*Cold Springs Community Corrections Alternative Program (CCAP)
*Indian Creek Correctional Center Therapeutic Community
*Virginia Correctional Center for Women (Therapeutic Community only)

If you have any questions or need additional information, please contact Jessica Lee at 804-887-8257 or at Jessica.Lee@vadoc.virginia.gov.

cc: Regional Operations Chiefs  
Regional Administrators  
Jessica Lee
You're Headed Home!
Are you worried about returning to drug use?
If so, Medication-Assisted Treatment may be right for you!

**What is Medication-Assisted Treatment?**

Medication-Assisted Treatment, or MAT, is a safe tool to help you stop using opioids like prescription pain medication and heroin. It is the use of medication and behavioral treatment to help you achieve recovery.

**Are there different types of MAT?**

There are three types of MAT:
- Suboxone and Methadone help ease opioid and heroin withdrawal symptoms and stop cravings.
- Vivitrol helps block cravings and prevent relapse after you are clean.

**How do I decide what type of MAT might be right for me?**

A healthcare provider can help you make that decision. Each medication has advantages and disadvantages.

**Where do I go to get MAT?**

First, contact your District Probation and Parole Officer who can help you access MAT or other resources. Due to the COVID-19 pandemic, some services are being offered through telemedicine.

**What is Telemedicine?**

Telemedicine is the delivery of clinical services, like doctor consultations or mental health evaluations, through digital services such as phone apps, websites, or phone calls.

**I'm not interested in MAT, but still want help. What other options are there?**

Your Probation Officer can provide you with other resources. In addition, virtual recovery tools are listed at:
- [https://samhsa.gov/sites/default/files/virtual-recovery-resources.pdf](https://samhsa.gov/sites/default/files/virtual-recovery-resources.pdf)
- [https://www.drugabuse.gov/related-topics/covid-19-resources](https://www.drugabuse.gov/related-topics/covid-19-resources)

**VADOC Recovery Support Navigators can offer additional help and resources:**

- **Curtis Sizemore (Western Region)** 276-781-3633
- **Jackie Bruce (Central Region)** 804-240-1483
- **Penny Witcher (Eastern Region)** 757-320-7286
MEMORANDUM

To: Probation & Parole Chiefs

From: Harold W. Clarke
Director of Corrections

Subject: COVID-19: Supervision Procedure for Offenders Released under the IERP with No Active Supervision Obligations

The Offender Early Release Supervision Procedure was developed in response to legislation passed by the General Assembly and in response to Governor Ralph Northam’s state of emergency declaration related to the COVID-19 pandemic, a communicable disease and current public health threat to the residents of the Commonwealth of Virginia as defined in §44-146.16 of the Code of Virginia.

The legislation authorizes the Director, during the duration of the declared emergency, to (i) discharge from incarceration or (ii) place into a lower level of supervision, including probation supervision, home electronic incarceration, or other forms of community corrections, any prisoner committed to the Department who has less than one year of his sentence remaining to be served prior to his scheduled release if the Director determines that (a) any such discharge or placement during the declared emergency will assist in maintaining the health, safety, and welfare of any prisoner discharged or placed or the prisoners remaining in state correctional facilities and (b) any such discharge or placement is compatible with the interests of society and public safety.

The Offender Early Release Supervision Procedure (attached) outlines the process for the supervision of those offenders released under the Inmate Early Release Plan (IERP) in a manner aligned with upholding the interest of public safety. This process only applies to those offenders released under the IERP with no court ordered probation/parole/post-release supervision and no suspended sentence. This does not apply to any other cases.

If you have any questions or concerns, please route them through your operational chain of command.

Attachment

cc: Executive Team
    Regional Administrators
    Jim Parks, Director of Offender Management Services
1. Offenders with no active probation/parole/post-release and no suspended sentence will be placed on supervision by the Director until their original Good time release date (GTRD).

2. If the offender has a suspended sentence upon release, then any known violations will be reported to the sentencing district’s Commonwealth’s Attorney for potential prosecution as a violation of good behavior pursuant to 19.2-306 and the below process will not be utilized.

3. The GTRD can be found on the authorization of release form created by Community Release which is located as an external document in “facility notes” in CORIS.

4. Districts will enter Interstate conditions, type “Other” in CORIS to create the conditions for this type of case.

5. You should choose the Court where the offender was originally sentenced to serve the sentence they have just completed.

6. Districts should select conditions: 1-11; with the exception of condition 3, which should not be selected and not used for these cases.

7. Districts should enter an MED override and enter the GTRD as the MED.

8. Districts should then enter a special condition with the following: “Notwithstanding any other provision of law, upon the declaration by the Governor of a state of emergency pursuant to § 44-146.17 of the Code of Virginia in response to a communicable disease of public health threat as defined in § 44-146.16 of the Code of Virginia, the Director shall, during the duration of the declared emergency, have the authority to (i) discharge from incarceration or (ii) place into a lower level of supervision, including probation supervision, home electronic incarceration, or other forms of community corrections, any prisoner committed to the Department who has less than one year of his sentence remaining to be served prior to his scheduled release if the Director determines that (a) any such discharge or placement during the declared emergency will assist in maintaining the health, safety, and welfare of any prisoner discharged or placed or the prisoners remaining in state correctional facilities and (b) any such discharge or placement is compatible with the interests of society and public safety.”

9. Districts should also enter a special condition with the MED which is the GTRD (sample is attached).

10. These conditions should be reviewed and signed by the assigned probation officer.

11. If the offender creates a public safety risk and cannot safely be sanctioned, then the assigned officer should issue a PB15 with the supervisor’s approval and must physically edit the PB15 under the “Authority” section (with pen) by crossing out “Out of State” and write in “Director of the Virginia Department of Corrections.”

12. Offenders released early will be assigned to an officer for supervision and any violations will be handled as a post release violation as outlined in DOC OP 920.6 and a preliminary hearing must be conducted within 14 days of arrest on a PB15.

13. If probable cause is found by the hearing officer, the hearing results will be forwarded to your assigned Regional Administrator who will create a package of information which will be forwarded to the Director for review.

14. If the Director feels the offender has violated the terms of the early release provisions granted, the offender will be remanded back to the facility to serve the remainder of their original sentence (until their original release date). The Director’s decision will be documented in VA CORIS Notes by the Regional Administrator.
COVID-19: SUPERVISION PROCEDURE FOR OFFENDERS RELEASED UNDER THE IERP WITH NO ACTIVE SUPERVISION OBLIGATIONS

VIRGINIA DEPARTMENT OF CORRECTIONS

Conditions of Supervision

To: _____________________  DOC#: __________

Offender

I understand that I will be under community supervision upon my release from incarceration and/or transfer under the Interstate Compact. I further understand that I will be subject to the standard conditions of supervision noted below plus any special conditions, which have been or may be imposed by the sentencing Court, the Parole Board, the Interstate Compact Administrator or Governor. Finally, I understand that I will be under supervision until I receive a final discharge.

The supervision conditions are as follows:

01. I will obey all Federal, State and local laws and ordinances.
02. I will report any arrest, including traffic tickets, within 3 days to the Probation and Parole Officer.
04. I will report in person or by telephone to the Probation and Parole office listed below within three working days of my release from incarceration, and as otherwise instructed thereafter.
05. I will permit the Probation and Parole Officer to visit my home and place of employment.
06. I will follow the Probation and Parole Officer’s instructions and will be truthful, cooperative, and report as instructed.
07. I will not use alcoholic beverages to the extent that it disrupts or interferes with my employment or orderly conduct.
08. I will not unlawfully use, possess or distribute controlled substances or related paraphernalia.
09. I will not use, own, possess, transport or carry a firearm.
10. I will not change my residence without the permission of the Probation and Parole Officer. I will not leave the State of Virginia or travel outside of a designated area without permission of the Probation and Parole Officer.
11. I will not abscond from supervision. I understand I will be considered an absconder when my whereabouts are no longer known to my supervising officer. I freely, voluntarily and intelligently waive any right I may have to extradition if arrested outside of Virginia.

Special Conditions:

Special Condition

Notwithstanding any other provision of law, upon the declaration by the Governor of a state of emergency pursuant to § 44-146.17 of the Code of Virginia in response to a communicable disease of public health threat as defined in § 44-146.16 of the Code of Virginia, the Director shall, during the duration of the declared emergency, have the authority to (i) discharge from incarceration or (ii) place into a lower level of supervision, including probation supervision, home electronic incarceration, or other forms of community corrections, any prisoner committed to the Department who has less than one year of his sentence remaining to be served prior to his scheduled release if the Director determines that (a) any such discharge or placement during the declared emergency will assist in maintaining the health, safety, and welfare of any prisoner discharged or placed or the prisoners remaining in state correctional facilities and (b) any such discharge or placement is compatible with the interests of society and public safety.

Your minimum release date from supervision is: 5/29/2020

Offender: _____________________  Date: _____________________
Witness: _____________________  Date: _____________________
MEMORANDUM

TO: Chief Probation and Parole Officers

FROM: A. David Robinson
Chief of Corrections Operations

H. Scott Richeson
Deputy Director for Programs, Education and Reentry

SUBJECT: Assessment Modification to Outpatient SUD Contract

To ensure that offenders have adequate substance use disorder services during the COVID19 State of Emergency, an additional modification was made to the Outpatient Substance Use Disorder Contracts: 19-039 and 20-063. The modification allows for assessments to be conducted through teletherapy.

This modification was approved on April 16, 2020 and has been issued to all current providers.

If you have any questions, please contact Jessica Lee at (804) 887-8257 or at Jessica.Lee@vadoc.virginia.gov.

cc: Regional Operation Chiefs
    Regional Administrators
    Jessica Lee
MEMORANDUM

To: All Chiefs/Wardens/Superintendents
From: A. David Robinson
Chief of Corrections Operations
Subject: COVID-19 Continuance of Drug Test Suspension

In reference to the memorandum of March 24, 2020, *Drug Testing Suspended*, which outlined the 30-day suspension of drug testing, is due to expire on April 23, 2020. Please be advised that the suspension of drug testing is extended until June 10, 2020.

The guidance given in the previous memo will remain in effect throughout this extension period.

If you have any questions, contact Ms. Yulonda Wyche at Yulonda.Wyche@vadoc.virginia.gov.

Thank you for your continued cooperation.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
    Yulonda Wyche
April 6, 2020

TO: Operations Unit Heads

FROM: A. David Robinson  
Chief of Corrections Operations

H. Scott Richeson  
Deputy Director for Programs, Education and Re-entry

SUBJECT: Reentry Flyer for offenders during modified operations (COVID19)

To ensure that the offenders releasing from incarceration are informed regarding current resources and health tips during this COVID19 State of Emergency, the attached flyer has been created. All offenders releasing from prisons and CCAP under the State of Emergency should be given the flyer (front and back). In addition, this is a helpful resource to provide any offenders releasing from jails to supervision or currently under Probation and Parole Supervision.

If you have any questions, please contact Jessica Lee at 804-887-8257 or at Jessica.Lee@vadoc.virginia.gov.

Cc: Regional Operations Chiefs  
Regional Administrators  
Jessica Lee
You're Going Home!
What you need to know.

COVID 19
Tips to Stay Safe

Stay home. Avoid contact with others as much as possible.

It is recommended you use a facemask when out in public or around the sick.

Physical Distancing. Keep 6 feet between you and others.

Clean your hands thoroughly for at least 20 seconds with soap and water.

When coughing or sneezing, cover the nose and mouth with a tissue.

For up to date information visit:
Virginia Department of Health www.vdh.virginia.gov
Center for Disease Control & Prevention www.cdc.gov

DMV: Update

DMV customer service centers are closed and all DMV Connect and DMV 2 Go services are postponed until at least APRIL 23, 2020 at the direction of the Governor of Virginia.
If you currently have a valid driver’s license or ID, you may still be able to renew it online.
If you are in need of an original issue license or ID upon release, you will need to wait until DMV offices reopen.
If you are released during this closure period, you will want to gather the documentation needed. You may use your Offender Release Form as a primary proof of residency, but you will still need a second proof of residency and other documents. A full list can be found on the DMV website.

Virginia DMV Contact Information: Phone: 804-497-7100
Website: www.dmv.virginia.gov
Learn more about DMV's response to COVID-19 at www.dmvNOW.com/COVID19

Resource Information

Virginia 211
Resources at your finger tips! Call 211 to find resources in your area. Information on how to access food, clothing, housing, child care, employment and many other resources provided.
Call 211 or visit www.211virginia.org

Mental Health Services
The Mental Health staff at your institution are available to provide information about accessing mental health resources in your area after release. They can also connect you with the District Mental Health Clinician (DMHC) who works with your Probation and Parole District office. While you are on supervision, the DMHC will continue to be available to provide support and education, as well as help connect you with mental health services in the community.

CELL PHONE

Enrollment in this government benefit program is available to individuals who qualify based on federal or state-specific eligibility criteria.
You may qualify for Assurance Wireless if you participate in any of the following government programs: Food Stamps/SNAPS, Supplemental Security Income (SSI), Veterans Pension benefit or Survivors Pension, Medicaid, or Federal Public Housing Assistance or Section 8. Apply online by visiting www.assurancewireless.com
For Your Information:
You will be provided a 90 day supply of your medications.

Substance Use Disorder Resources
NA Online Meetings: https://www.na.org/meetingsearch/textresults.php?country=Wve&state&city&zip&street&with=5&day=0&lang&orderby=distance

AA Online Meetings: https://aa-intergroup.org/directory.php

NA Phone Meeting: https://www.nabyphone.com/

AA Phone Meeting: https://www.aaphonemeetings.org/

Public Benefits
You may apply for most benefits electronically by contacting 1-856-635-4370 or visiting www.commonhelp.gov

IDENTIFICATION- Offender Facesheets are being accepted in lieu of a state-issued identification card.

Medicaid- health insurance for low income/no income; types of services covered include doctor visits, hospital and emergency care, mental health and substance abuse services, and prescriptions.

Supplemental Nutritional Assistance Program (SNAP)- can be used like cash to buy eligible food items; returning citizens are eligible for expedited services and may be able to obtain benefits in as little as seven days.

Temporary Assistance for Needy Families (TANF)- provides eligible families with a monthly cash payment to meet their basic needs.

Retirement/Disability/Medicare Benefits- All are federal benefits programs, please visit; www.ssa.gov/onlineservices to apply online.

Mental Health Resources


If things feel overwhelming please call National Suicide Prevention Lifeline 1-800-273-8255 or Text "HELLO" to 741741
MEMORANDUM

To: Wardens & Superintendents

From: A. David Robinson
     Chief of Corrections Operations
     [Signature on file]
     H. Scott Richeson
     Deputy Director for Programs, Education, and Reentry

Subject: COVID-19: Sneeze Guards for Releasing Offenders

In accordance with the Department’s continued commitment to help reduce the spread of the COVID-19 virus in the community, **effectively immediately**, all offenders releasing from incarceration must be provided two (2) additional Sneeze Guards. This is in addition to the two (2) that he/she should have already been issued.

Facilities must also provide laundering instructions (see Attachment). The Sneeze Guards and application/cleaning instructions shall be placed in the offender’s property and provided upon release. The instructions shall read as follows-

*The Sneeze Guards enclosed provide an added level of protection, but should NOT be worn in place of Personal Protective Equipment (PPE). Sneeze Guards are not considered PPE.*

*Proper Application/Laundering of Sneeze Guard:*
  - Wash hands prior to putting on the guard
  - Place the seam upward with the seam on the bridge of the nose
  - Place the loop over the head, resting on the ears
  - Wash hands after removing the guard
  - Used guards should be laundered daily using HOT water and LOW heat settings.

If you have any questions or concerns, please route them through your operational chain of command. Thank you in advance for your cooperation.

Attachment

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Regional Operations Chiefs
    Regional Administrators
    Steve Herrick, Director of Health Services
    Lisa Kinney, Communications Director
    Randy Mathena, Director of Security and Correctional Enforcement
    Rodney Younce, Warden
The Sneeze Guards enclosed provide an added level of protection, but should NOT be worn in place of Personal Protective Equipment (PPE). Sneeze Guards are not considered PPE.

Proper Application/ Laundering of Sneeze Guard:
- Wash hands prior to putting on the guard
- Place the seam upward with the seam on the bridge of the nose
- Place the loop over the head, resting on the ears
- Wash hands after removing the guard
- Used guards should be laundered daily using HOT water and LOW heat settings.
MEMORANDUM

To: Probation/Parole Chiefs

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Community Intake Process

Based on the evolving nature of the COVID-19 pandemic, the Department is implementing the following guidance for reducing spread of the virus.

Effective immediately, all Probation and Parole Districts will make the necessary adjustments to their intake process to comply with the following guidance:

- If possible all or a portion of the intake process should be set up and completed electronically
- If electronic intake is not possible, officers are limited to completing one intake at a time
- Intakes completed in the District Office must be done so in a manner that meets current sanitation and social distancing expectations and Personal Protective Equipment should be utilized
- Space designated to conduct intake meetings must have enough room to allow for proper social distancing or through the lobby window or other protective barrier
- Intake meeting space must be sanitized before and after the meeting
- Collecting DNA and taking Fingerprints is suspended unless authorized by the Chief
- Photos of the offender's head/face may be taken if the officer has the ability to take a photo but social distance **must** be maintained. Photos of tattoos and gang specific tattoos are suspended

Attached are instructions for scanning/saving a document to your phone using the IOS software on an IPhone that can assist in electronic intake of offenders.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
IOS Instructions for Scanning Documents and Saving on IPhone

IOS: How to scan documents in the Notes app

1. Open a new or existing note
2. Tap the camera icon and tap Scan Documents
3. Place your document in the camera’s view
4. You can use the auto-capture option by bringing your doc into the viewfinder or use the shutter button or one of the volume buttons to capture the scan
5. If needed, adjust the corners of the scan by dragging, then tap Keep Scan
6. You can scan more pages if needed, tap Save in the bottom right corner when you’re all done
April 1, 2020

TO:  Chief Probation and Parole Officers
FROM: A. David Robinson  
      Chief of Corrections Operations
      H. Scott Richeson  
      Deputy Director for Programs, Education and Reentry

SUBJECT: Temporary Suspension of Peer Recovery Specialist Pilot

This is to clarify that due to the Governor’s Stay at Home Directive, the Peer Recovery Specialist Pilot is suspended. This important service will reactivate once regular operations resume.

If you have any questions or specific concerns, please contact Jessica Lee at (434) 532-2082 or at Jessica.Lee@vadoc.virginia.gov.

Cc: Regional Operations Chiefs  
   Regional Administrators  
   Jessica Lee
MEMORANDUM

TO: Wardens and Superintendents
    Chief Probation and Parole Officers

FROM: A. David Robinson
       Chief of Corrections Operations

       H. Scott Richeson
       Deputy Director for Programs, Education and Re-entry

SUBJECT: COVID – 19 Reentry Condition Waived for Parole and Pardon Grants

Due to the current State of Emergency, the Virginia Parole Board continues to review offender cases for release, and is waiving the Reentry Condition for parole granted and pardoned cases at this time. Offenders in granted status will not be required to start or complete intensive reentry programming. Staff still should make every effort to secure an approved home plan, but the final decision for release is at the discretion of the Parole Board.

If you have any questions, please contact Jessica Lee at 804-887-8257 or at Jessica.Lee@vadoc.virginia.gov.

cc: Regional Operations Chiefs
    Regional Administrators
    Jessica Lee
April 1, 2020

TO: Chief Probation and Parole Officers

FROM: A. David Robinson  
Chief of Corrections Operations

H. Scott Richeson  
Deputy Director for Programs, Education and Re-entry

SUBJECT: COVID-19 Outpatient SUD Contract Change

You recently received the modification to the Outpatient Substance Use Disorder Contracts (19-039 and 20-063) regarding adapted groups due to COVID19. This modification included changes to the hours/frequency for face-to-face services as well as authorization under specific circumstances for teletherapy. This modification also gave the Chiefs the authority to approve specific services offered.

Due to the Governor’s Stay at Home Mandate of March 30, 2020, face to face groups should now be prohibited by the District Chief until June 10th or as consistent with the Governor’s Stay at Home Directive.

If you have any questions, please contact Jessica Lee at 804-887-8257 or at Jessica.Lee@vadoc.virginia.gov.

Cc: Regional Operations Chiefs  
Regional Administrators  
Laura Bishop  
Jessica Lee
MEMORANDUM

To: Probation & Parole Chiefs

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Home Visit Waiver

In a previously forwarded communication dated March 16, 2020, entitled “VADOC COVID-19 Response; P&P District Essential Personnel”, guidance for home visits in P&P districts was outlined during this time. The guidance was as follows:

“Home Visits. Only home visits necessary for public safety should occur (before declaring someone an absconder, sex offender issues, etc.) Waivers may be requested for individual contacts based upon the circumstances of the case. When conducting a home visit on high risk cases or sex offenders, etc., it is encouraged that the officer call the offender prior to the home visit to ensure no one is sick in the home etc.”

As of today, only home/field visits necessary for public safety should occur. No employee should complete a home/field visit without a case conference with their supervisor to determine if the home/field contact is necessary. All verifications should be completed electronically unless approved by a supervisor. The following waiver statement shall be added to all cases:

“Effective 3/16/2020, all cases are placed in waiver status due to the COVID-19 pandemic in Virginia. Contact will be limited to what is necessary to provide public safety based upon the needs of the case and to limit the potential for exposure. Alternate means of contacting offenders is acceptable and approved including any and all electronic communication for any necessary verifications or contacts.”

This waiver will be in effect until guidance is given by the Regional Administrators to return to the normal standards of supervision. This waiver will not apply to Sexually Violent Predator (SVP) cases.

Thank you for your continued cooperation.

cc: Harold W. Clarke, Director
Joseph W. Walters, Deputy Director
Scott Richeson, Deputy Director
Regional Operations Chief
Regional Administrators
Steve Herrick, Health Services Director
Lisa Kinney, Communications Director
Randall Mathena
Rodney Younce
MEMORANDUM

To: Probation & Parole Chiefs
From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – Transfers Investigations Between Districts

Effective immediately, please continue with transfer investigations and their completion, including ICOTS investigations. We encourage officers to conduct verifications needed to confirm home plans via electronic means such as phone, face time or any other means available to verify residency. It is imperative to be creative and accommodating during these difficult times in order to verify home plans.

Per interstate rules, ICOTS cases should be treated no differently than a Virginia case. Currently, no other states are completely suspending transfer investigations. Transfer investigation deadlines may also be extended to accommodate any difficulty in confirming home plans. Districts should work together to provide the best chance for success for the offender while still maintaining staff safety. Any disputes, questions or concerns may be brought to the attention of the Community Regional Administrators for guidance.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce

March 25, 2020
March 24, 2020

To: Regional Operations Chiefs/Regional Administrators
Probation and Parole Chiefs

From: Joseph W. Walters
Deputy Director for Administration

Subject: COVID-19 Suspension of P&P Weapon Training Requirements

Effective immediately, the Virginia Department of Corrections is suspending Probation and Parole weapon training requirements. This includes familiarization, recertification, and Armed Encounters training programs. The Chief Probation Officer should maintain lists of staff who do not fulfill these training requirements so they can ensure employees attend all required training as soon as the suspension is lifted.

The Academy will answer questions about specific individual’s training status and documentation requirements as needed. Please contact Training and Development Manager David L. Rogers at (804)-784-6857 if you have any questions about this suspension.

cc: Harold W. Clarke
A. David Robinson
Lisa C. Hernandez
Randall Mathena
Luke E. Black
David L. Rogers
March 24, 2020

MEMORANDUM

To: All Chiefs/Wardens/Superintendents

From: A. David Robinson  
Chief of Corrections Operations

Subject: COVID-19 – Drug Testing Suspended

In an effort to continue to control the movement of offenders during the COVID-19 pandemic, drug testing and courier pickup services will be suspended for 30 days, beginning March 23, 2020.

Targeted testing and Court Ordered testing can still take place. However, where possible, we ask that Probation Chiefs approach their Judges and ask for a temporary suspension of mandatory testing.

The courier will operate on their normal schedule for pickups until March 30, 2020, after that date, all samples that need to go to the lab must be coordinated through Yulonda Wyche.

If you have any questions please contact Ms. Wyche at Yulonda.Wyche@vadoc.virginia.gov.

Thank you for your continued cooperation.

cc: Harold W. Clarke, Director  
    Joseph W. Walters, Deputy Director  
    Scott Richeson, Deputy Director  
    Regional Operations Chief  
    Regional Administrators  
    Steve Herrick, Health Services Director  
    Lisa Kinney, Communications Director  
    Randall Mathena  
    Rodney Younce
March 19, 2020

MEMORANDUM

To: Probation & Parole Chiefs

From: A. David Robinson
Chief of Corrections Operations

Subject: COVID-19 – GPS Equipment Protocol

Effective immediately, please see the attached protocol on how to properly install or exchange GPS equipment in response to COVID-19.

If you have any questions, please direct them to Randi Lanzafama at (804) 887-8271 or by email at randi.lanzafama@vadoc.virginia.gov.

cc: Harold W. Clarke, Director
    Joseph W. Walters, Deputy Director
    Scott Richeson, Deputy Director
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
    Randall Mathena
    Rodney Younce
GPS Equipment Install/Exchange COVID-19 Protocol

DURING NORMAL WORKING HOURS:

1 – Offender to report to the District Office

2 – Install/Change equipment in the lobby or other area with robust ventilation (identify an area that is open as available)

3 – Probation Officer should adhere to universal precautions:
   a. Thoroughly wash hands before and after installation/exchange
   b. Wear protective gloves
   c. Wear a mask

AFTER NORMAL WORKING HOURS:

1 – Adhere to policy:
   a. Officer safety is paramount and the officer should meet in a location for his/her own safety, i.e. District Office, Law Enforcement Agencies, etc.
   b. The on-call Officer should always respond after working hours with law enforcement or another officer.

2 – Install/Change equipment in an area, if at all possible, with robust ventilation.

3 – Probation Officers should adhere to universal precautions:
   a. Thoroughly wash hands before and after installation/exchange
   b. Wear protective gloves
   c. Wear a mask

ALERTS:

1 – Tampers require immediate action and officers must respond and inspect equipment.

2 – Bracelet Battery alerts do not require an immediate response and bracelets can be changed the first business day after the alert.

3 – Alerts that do not clear, such as Motion No GPS, Unable to Connect and Bracelet Gone, may not always require an equipment change. It is recommended that Officers contact our Account Manager (Gillian Chambers: Gillian.chambers@trackgrp.com or 757-677-6947) and ask that she troubleshoot the alert. There may be a fix that does not involve an officer having to install/change equipment after normal working hours.
March 16, 2020

MEMORANDUM

To: All District Chiefs

From: A. David Robinson
Chief of Corrections Operations

Subject: VADOC COVID-19 Response – P&P Districts Essential Personnel

As we continue under the State of Emergency and to prevent the spread of COVID-19 and reduce the potential risk of exposure, please find attached guidance for essential personnel and managing Districts as well as a flyer to post on your front door. Be sure you input your phone number on the flyer before posting.

Attachment

cc: Joseph W. Walters, Deputy Chief of Administration
    Regional Operations Chief
    Regional Administrators
    Steve Herrick, Health Services Director
    Lisa Kinney, Communications Director
Operating Practices

1. **Mindfulness.** Employees should be mindful of not disclosing Department practices and protocols to offenders regarding how emergency situations are being handled. Offenders should be reassured that the Department is taking appropriate precautionary measures to prevent the spread of the virus.

Office Operations

2. **Limit Contact/Office Visits.** Probation offices should limit contact with offenders to only what is necessary to hold offenders to account, for public safety reasons, and for intake purposes. No offenders should be visiting the district office unless they truly need to be there. Focus should be on high risk cases.

3. **Offender Questionnaire.** The offender questionnaire will not be used in probation offices; however, the attached sign will be posted at each entry of every probation office and sub-office encouraging those who are ill to call their probation officer rather than entering the office and creating any unnecessary exposure.

4. **Alternate Contact.** Alternate means of contact with offenders is encouraged when possible such as phone, text, and emails.

5. **Color Code.** Color code should be conducted for only the necessary offenders. All districts should review their color code participants/lists and remove any offenders who do not need to report (court ordered screens must continue, etc). Nitrile gloves should be used and changed regularly.

6. **DNA/Fingerprints.** DNA and fingerprint collection must continue; however, it is encouraged for the offender to handle their own DNA sample and seal it in the packaging. Nitrile gloves should be worn by staff when collecting these samples.

7. **Interns/Volunteers.** Interns and volunteers should be discouraged from coming to the district offices at this time. They are non-essential. Contractors and treatment providers should complete the questionnaire previously disseminated. These forms should be stored in their contractor file in the District. Any exceptions should be discussed with the RA.

8. **Treatment Groups.** Sex offender treatment and substance abuse treatment groups should continue as scheduled in the offices if that is where they are normally held. Chiefs should work with vendors to mitigate unnecessary risk.

9. **Group Intake.** Group intake may be continued if that is the common practice. Chiefs should work to mitigate any unnecessary risk.
Operations Outside of Office

10. **Court cases.** Employees must ensure all court cases are covered. Staff may call the Court/Commonwealth prior to travel to Court to ensure the case is still being heard.

11. **Jail PSI Interviews.** PSI interviews in the jail should continue with communication to jail administrators of any potential risks. The Court should immediately be notified of any barriers to completion.

12. **Home Visits.** Only home visits necessary for public safety should occur (before declaring someone an absconder, sex offender issues, etc.) Waivers may be requested for individual contacts based upon the circumstances of the case. When conducting a home visit on high risk cases or sex offenders, etc., it is encouraged that the officer call the offender prior to the home visit to ensure no one is sick in the home etc.

13. **Re-entry Councils.** Re-entry Council meetings may be suspended at this time until the risk exposure level decreases.

Case Management Matters

14. **GPS** violations must be resolved/handled per procedure.

15. **Shadowtrack** may be used to assist with offender monitoring. You can enroll them by sending them a letter and allowing them to enroll from home. A sample is attached.

16. **SVP** cases must be monitored and supervised per procedure.

Staffing

17. **Telework.** Telecommuting should be encouraged when possible with approval from the supervisor. Telecommuting forms should be completed as per procedure, if necessary. Office coverage must still occur. VPN access should be requested as soon as possible for those who do not have access. Some means of work verification must be completed for those granted telecommuting privileges.

18. **Medical Masks.** Medical masks should not be worn in the District office by employees unless a reasonable accommodation has been approved. Chiefs may authorize the use of PPE equipment for those employees who have an immediate family member who is susceptible to COVID-19.
19. **Employee Quarantine.** If an employee is quarantined, but able to work, Chiefs should work with that employee to allow telecommuting and other options as necessary. Please be sure you coordinate with Human Resources and keep your leadership informed of any Human Resource advice.

**Office Cleaning**

20. **Office Cleaning.** Chiefs should ensure landlords/vendors are cleaning the districts thoroughly and regularly and advise DGS of any contract/lease violations.

21. **Cleaning Supplies.** Additional cleaning supplies, Lysol sprays and hand sanitizer may be purchased by the offices and staff should be encouraged to use this on a regular basis in interview rooms, etc.
OR IF YOU HAVE:

- Traveled outside the United States within the last 14 days
- Been in contact with someone who has traveled outside the United States within the last 14 days
- Had close contact with or cared for someone diagnosed with COVID-19 within the last 14 days

Please call your assigned officer before entering the District office or call the front desk at:

**Input Phone Number**

Our staff will speak with you and provide information as safely and efficiently as possible.

Thank you for your cooperation!