From: Cook County Sheriff's Office <cookcountysheriff@govqa.us>
Date: Wednesday, May 6, 2020 at 7:10 PM
To: AO Records <records@americanoversight.org>
Subject: [Ext][Records Center] FOIA Request :: R006426-042120

--- Please respond above this line ---

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RE: PUBLIC RECORDS REQUEST of April 21, 2020, Reference # R006426-042120.

Dear Austin Evers,

Thank you for contacting the Cook County Sheriff's Office ("CCSO") pursuant to the Illinois Freedom of Information Act ("FOIA"), 5 ILCS 140/1 et seq. (2012).

Your request mentioned:
Please see the attached request (IL-COOK-20-1002), which contains our fee waiver justification.

1. Any assessments prepared by your agency's staff that evaluate the risk to your facilities associated with the novel coronavirus (COVID-19) outbreak.

2.Any assessments provided to your agency by any federal or state agencies, including but not limited to members of the Cook County Department of Public Health, The Illinois Governor's Office, White House Coronavirus Task Force, Centers for Disease Control and Prevention (CDC), the National Institute of Health (NIH), the National Institute of Allergy and Infectious Diseases (NIAID), or the Food and Drug Administration (FDA), that evaluate the risk to your facilities associated with the novel coronavirus (COVID-19) outbreak.

3.All records reflecting any directive, order, decision, protocols, or guidance from your agency to camps, institutions, penitentiaries, complexes, or detention centers regarding the novel coronavirus, including but not limited to measures to prevent or mitigate the virus's spread.Please provide all responsive records from January 30, 2020, through the date of the search

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The Cook County Sheriff has reviewed its files and has located responsive records to your request. Please log in to the FOIA Request Center at the following link to retrieve the appropriate responsive documents. Private information is redacted in accordance with FOIA.

FOIA Request - R006426-042120

If you have any questions, or wish to discuss this further, please contact me.

Sincerely,

Elizabeth Scannell
Cook County Sheriff's Office
FOIA Officer/Legal Department

DATA DISCLAIMER:
The CCSO strives to provide accurate and complete information. Although the data provided has been produced and processed from sources believed to be reliable, no warranty is made regarding the accuracy, adequacy, completeness, legality, reliability or usefulness of any information. This disclaimer applies to both isolated and aggregate uses of the information.

NOT REQUIRED TO INTERPRET OR EXPLAIN:
Please be advised that, pursuant to 5 ILCS 140/3.3, the purpose of FOIA is not to compel public bodies to interpret or advise requesters as to the meaning or significance of the public records, nor to compel a response to interrogatories.

To monitor the progress or update this request please log into the FOIA Request Center

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Cook County Sheriff's Office
Operations Briefing

Incident Name:	Date Prepared:	Time Prepared:
Coronavirus Operation Plan	**April 4, 2020**	**1800 hours**
Operational Period: **March 12, 2020 – TBD**		

SITUATIONAL ANALYSIS

EVENT OVERVIEW: Coronavirus: The virus that causes COVID-19 appears to be spreading easily and quickly in Hubei province and other parts of China. In the United States, spread of the virus from person-to-person has begun to affect communities in California, New York, Oregon, Massachusetts, and Washington.

SYMPTOMS: For confirmed COVID-19 cases, reported incidences have ranged from mild symptoms to severe illness and death. Symptoms can include respiratory symptoms, fever, cough, shortness of breath, and breathing difficulties. These symptoms may appear 2-14 days after exposure. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure, and even death.

SPREAD: The Coronavirus 2019 (COVID-19) is thought to spread mainly from person-to-person through respiratory droplets that are produced when an infected person coughs or sneezes. These droplets can land in the mouths and noses of people who are within close contact (within about 6 feet). Individuals are believed to be the most contagious when they are most symptomatic, however, spread can occur before an individual begins to show symptoms. Additionally, it is possible for a person to get COVID-19 by touching a surface or object that has the virus on it, and then touching their own mouth, nose, or eyes. The virus that causes COVID-19 seems to be spreading easily throughout communities in certain geographic areas. Community spread often results in individuals becoming infected with the virus without knowing how or where they became infected.

U.S SITUATION: Imported cases of COVID-19 in travelers has been detected in the United States, initially through close contacts of returned travelers from Wuhan, China. However, imported cases have expanded to include travelers from other Asian and European countries. During the week of February 23, the CDC reported community spread of COVID-19 in California (in two places), Oregon, New York, and Washington. Community spread in Washington resulted in the first COVID-19 related death in the United States, as well as the first reported case of COVID-19 in a health care worker, and the first potential outbreak in a long-term care facility. On March 13th, President Donald Trump declared a national state of emergency due to increasing spread of COVID-19 throughout the United States. During the week of March 15th, it was reported that all 50 states had incidents of COVID-19.

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KNOWN THREATS:

A husband and wife in Illinois were treated for COVID-19 and were discharged on February 7th. A second couple in Arlington Heights is transitioning to discharge. The couple's son lives with them and has tested negative for COVID-19 but will continue to be monitored and housed separately from his parents. The couple will be quarantined for an additional two weeks. The couple identified 100 contacts who are now being tested for status and further advisement. A fifth person in Illinois was diagnosed with the Coronavirus on March 5, 2020 after returning from studying abroad in Italy and is currently at Rush University Medical Center. Updated threats will be communicated after being received from the Illinois State Police Statewide Terrorist Intelligence Center (STIC) and the Department of Homeland Security. The 6th confirmed case of COVID-19 in Illinois is a CPS special education assistant at Vaughn Occupational High School who recently travelled on the Grand Princess cruise ship. Classes at the high school have been cancelled for the week to allow for sanitation and preventative measures. The 7th confirmed case in Illinois is a man in his 60s who has been hospitalized in serious condition, his diagnosis does not appear to be linked to recent travel. Loyola Academy in Wilmette is closed March 9, 2020 after school officials received information that a student and their family had contacted with an individual who tested positive for COVID-19. The student and their family are currently in a 14-day quarantine and are not exhibiting symptoms for the virus, but school officials decided to close for the day to allow for enhanced sanitation to prevent spread of the virus. We will no longer be listing them independently at this point. As of April 4, 2020, 53,581 individuals have been tested and there are currently 10,357 active COVID-19 cases in Illinois and 243 deaths. Situational updates will be communicated in the morning and evening on current diagnoses and numbers of suspected/confirmed COVID-19 cases once received from the Illinois State Police Statewide Terrorist Intelligence Center (STIC) and Cook County Department of Emergency Management and Regional Security (DEMRS).

PREVENTION:

There is currently no vaccine to prevent COVID-19. The best way to prevent illness is to avoid being exposed to the virus. All members are expected to follow training and procedures related to mitigating the risks associated with communicable diseases. The CDC recommends everyday preventative actions to help prevent the spread of respiratory diseases. Preventative measures that staff should engage in include:

- Avoid close contact with people who are sick
- Avoid touching your eyes, nose, and mouth
- Stay home when sick
- Covering cough or sneeze with a tissue, then throwing the tissue in the trash
- Washing hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating, and after blowing your nose, coughing, or sneezing.
    - Always wash hands with soap and water if hands are visibly dirty
    - If soap and water are not readily available, use an alcohol-based hand sanitizer with at least 60% alcohol.
- Cleaning and disinfecting frequently touched objects and surfaces using a regular household cleaning spray or wipe
    - This includes decontaminating non-disposable equipment (flashlights, control devices, clothing, and portable radios) as soon as possible if it a potential source of exposure
    - Facemasks should be used by people who symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and others who are caring for someone in close settings (at home or in a health care facility)

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- Treating all human blood and bodily fluids/tissue as if it is known to be infectious for a communicable disease
- All vehicles used to transport individuals in custody should be wiped down and disinfected before and after transport.
- Staff should begin to have conference calls if possible, instead of in person meetings.
- Tours of Sheriff's Office facilities should be suspended until further notice.
- Volunteers should be reduced and utilized for only essential services.
- Mass gatherings should be suspended until further notice.
- No external food for programs will be allowed into the CCDOC.
- Notice to all external law enforcement agencies advising to screen individuals that are arrested and taken into custody.
- For additional information visit the CDC website at: https://www.cdc.gov/coronavirus/2019-ncov/about/prevention.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fabout%2Fprevention-treatment.html
- Following CDC's recommendations for using a facemask
    - On 4/3/2020, The CDC issued a recommendation that all individuals wear facemasks in public to protect themselves from developing and spreading respiratory diseases, including COVID-19

OPERATION BRIEFING

INCIDENT COMMANDER: David Chiko (3605)
Assistant Executive Director
[redacted]

FIELD COMMANDER DOC: Richard Brogan
Assistant Executive Director
[redacted]

FIELD COMMANDER COURTS: Michael Brady (3604)
Deputy Director
[redacted]

FIELD COMMANDER EM: Michael Lucente
Police Officer
[redacted]

FIELD COMMANDER POLICE: Tim O'Donnell
Commander
[redacted]

LOGISTICS COMMAND: Stephen Bouffard
Director
[redacted]

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LOGISTICS SUPPLY COMMAND:	Brittney Blair Deputy Director [redacted]
COMMAND POST:	Critical Incident Command Center Building 5 (773) 674-0169
COMMAND POST STAFFING:	CCDOC Officer Robert Moore CCDOC Officer Renee Vandenberg ERT Officer Eriaka Phillips ERT Officer Martha Hernandez
MEDICAL EMERGENCIES (PLAN/CENTERS):	Cook County Health and Hospitals System
RADIO ZONE:	CCSO- Statewide 1 CCDEMRS-
UNIFORM:	All personnel assigned to this detail will wear Class B uniforms, Green ERT uniforms and those in civilian dress will have CCSO ID on display. All Sheriff's personnel who engage in an emergency during this assignment will have Sheriff identifiers visible and clearly displayed. Uniform may be modified at anytime during this operation.
PRE – OPS MEETING:	March 12, 0900
POST- OPS MEETING:	To be Determined
CCSO UNITS INVOLVED IN OPERATIONS:	Cook County Sheriff's Office
COOK COUNTY PARTNERS:	Health and Hospitals System Cook County Department of Public Health Medical Examiner Department of Emergency Management and Regional Security (DEMRS)
STATE PARTNERS:	Illinois Department of Public Health (IDPH) Illinois Emergency Management Agency (IEMA) Illinois State Police (ISP) Illinois Department of Corrections (IDOC)
FEDERAL PARTNERS:	Salvation Army American Red Cross
LOCAL PARTNERS:	Office of Emergency Management and Communications (OEMC) Chicago Police Department, Crime Prevention and Information Center (CPIC) Chicago Department of Public Health (CDPH)

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ACTIVITY: Any staff member involved in any incident during this event shall notify Field Command for reporting purposes and complete a report. Field Command will also notify the Incident Command (ext. 4-0169) during the operation and provide any situational updates. CICC will provide a Situational Report every hour during the duration of the operation to the Incident Commander. If the State of Illinois activates the Illinois Emergency Management Association's (IEMA) State Emergency Operation Center (SEOC), CCSO will have a direct link into the operation center.

OVERALL COMMAND: Bradley Curry
Chief of Staff
[redacted]

DOC COMMAND: Tarry Williams
1st Deputy Chief Operating Officer
[redacted]

PUBLIC SAFETY COMMAND: Leo Schmitz
Chief of Public Safety
[redacted]

COMMUNITY CORRECTIONS, COURTS COMMAND: Adriana Morales
Chief of Intergovernmental & Community Affairs
[redacted]

SOCIAL MEDIA: The Strategic Operations Center will be monitoring social media to provide real time logistical challenges and threats that may be faced during this operation. Social media will be monitored for the duration of this operation. If necessary, HSI and STIC will review social media and provide additional information. Any information gathered will be immediately reported to the Incident Commander. The command center will also monitor the Centers for Disease Control (CDC), Illinois Department of Public Health (IDPH), Cook County Department of Public Health (CCDPH), and the World Health Organization (WHO) websites for updated information.

DAILY HISTORIAN: A daily historian will be assigned to the command center to monitor the Centers for Disease Control (CDC), Illinois Department of Public Health (IDPH), Cook County Department of Public Health (CCDPH), and the World Health Organization (WHO) websites for updated information on the Coronavirus. The daily historian shall also read all articles, periodicals, news reports, law enforcement bulletins, and public safety announcements in order to update the command staff team.

OPERATION PLAN: Cook County Department of Emergency Management and Regional Security (DEMRS) has activated the Emergency Operations Center (EOC). The Illinois Department of Public Health and Centers for Disease Control are testing and strategizing with hospital management to ensure staff and patients are treated according to protocol. EOC has reported the Cook County threat for COVID-19 to be Level 2 – Partial, which indicates the involvement of several agencies to address

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a moderate incident/threat. CCSO will collaborate with DEMRS to prepare a step by step guide to ensure the privacy rights of the patients are respected and any personal information is not disclosed. In an effort to not duplicate work, we need to work efficiently and effectively.

FISCAL IMPACT: Since the State of Illinois has declared a Disaster Proclamation by Governor Pritzker, funding to fight Coronavirus may be available to federal, state, and local governments. The budget office will be responsible for tracking overtime, spending, supplies utilized, and other operational expenses. A tracking form will be issued to all offices in the Sheriff's Office in order to track expenses.

COMMUNICATION: Communication to staff, the public, and the detainee population is very critical. Misinformation can cause overreaction and under reporting. The communications office will be responsible for developing messages to staff, visitors, and the public on current and correct information that should be relayed. Information should be shared as often as possible.

SUPPLY CHAIN: The Logistics coordinator of supply chain management shall ensure that there is enough cleaning supplies and personal protective equipment on hand at all times. Staff requesting supplies must follow the Centralized Inventory Protocol to ensure appropriate distribution.

LABOR: Labor representatives should meet with union leaders to discuss the handling of the Coronavirus during the course of this operation. Communication to union officials will ensure a clear understanding of expectations and responsibilities. On 3/14/20 the Sheriff's Office invoked the Emergency Provisions of the collective bargaining agreements pursuant to the Employer Rights clauses because of the Coronavirus (COVID-19) outbreak. Each CBA clause allows for the Sheriff's Office in sum, "*to take any and all actions as may be necessary to carry out the duties and responsibilities of the employer in situations of civil emergency as may be declared by the employer. … [The Sheriff's Office] may be required to assign employees as the Employer deems necessary to carry out its duties and responsibilities.*"

CCDOC OPERATION PLAN: Detainees exhibiting symptoms will be housed in Cermak 3 South, Stroger Hospital, or other local hospitals depending on availability and circumstances. Cermak has 14 available negative pressure isolation cells. DOC executive leadership, as well as classification, legal, and sanitarians will receive daily correspondence from Cermak if there were to be a COVID-19 outbreak. If an outbreak were to occur, isolation, enhanced sanitation, additional screening (at all entry points-prior to entry), and limited movement will be implemented. Reports listing originating units, surveillance activity, and number of cases, and any units recommended to be placed on limited movement status will be provided by CCHHS. If a unit is recommended to be placed on limited movement, then there will be no new admissions or transfers on or off this unit. Movement to court, medical appointments, visitation will be permitted as long as the detainee is screened for flu-like symptoms prior to the movement. Symptomatic patients will be brought directly to urgent care by divisional security staff. All affected areas will be cleaned and disinfected. All workers must wear proper Personal Protective Equipment (PPE), and should thoroughly wash their hands with soap and water upon completion of the cleaning tasks. Concentration for bleach solution will be increased in order to properly disinfect the affected areas. The Divisional Sanitation Officers will ensure that the listed living units and all touch surfaces in cells and common areas of the living unit where those inmates were housed receive enhanced cleaning and disinfection with Sanifest solution and bleach solution until the dates indicated. In the event that there is a shortage of Divisional Sanitation Officers, an emergency response team will be thoroughly trained and deployed to provide enhanced sanitation.

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The Department of Corrections will develop a receiving area where new detainees brought into the jail will be housed for 7-14 days, based on capacity to monitor for symptoms of COVID-19. Minimum and Medium inmates will be housed in the same Division while maximum inmates will be housed in a separate Division. After 7-14 days if no one on that living unit is symptomatic, that living unit will be moved to general population. The area that the population vacates will be cleaned and sanitized before allowing another population to move onto that living unit.

On March 11, 2020 DOC began screening all visitors, vendors, attorneys, and the public before allowing entry into DOC.

On March 12, 2020 DOC began implementing a policy where the screening tool had to be filled out for everyone that was screened. The DOC began restricted visitation to only one 15-minute visit per detainee, with one visitor, per week.

On March 13, 2020, as part of the screening process, the DOC began taking temperatures of all incoming detainees.

On March 14, 2020 detainees and the public were advised that on March 15, 2020 the DOC will suspend all in person detainee visitation until further notice.

On March 16, 2020 we began screening all detainees with the algorithm upon discharge from DOC. Temperatures will not be taken at this time due to a shortage of thermometers.

On March 16, 2020 we began holding inmates for 4 days prior to shipping them to IDOC.

On March 16, 2020 we began holding detainees court ordered to a paid placement, A Safe Haven or Henry's Sober Living, for 7 days. They will also be screened before discharge to ensure they are not symptomatic.

On March 17, 2020 we began taking temperatures at discharge.

On March 18, 2020 MHTC Barracks 2 was ready for 21 beds for isolation housing.

On March 19, 2020 we began utilizing the screening algorithm at roll call. Additionally, staff were asked to take their temperatures twice before reporting to duty every day.

On March 24, 2020 we added approximately 300 beds for isolation housing at Division 16/Isolation Compound

On March 24, 2020 deputy sheriffs began conducting public well-being checks on an as needed basis

SPECIAL INFORMATION:

Cermak began screening detainees on January 24, for flu like symptoms in both Intake and the Urgent Care. Jail visitations will continue. Any detainee who screens (+) will be reported to CCH Infection Control/Disease. Care coordination and transfer to an Emergency Room or Hospital will be determined by CCH and local health departments' recommendation. Sanitarians have been advised and are aware of the disinfection process needed in the event a detainee screens (+). We are in regular contact with the Illinois Department of Public Health, the Cook County Department of Public Health and the Centers for Disease Control and Prevention. On March 12, 2020 we began screening all arrestees, visitors, volunteers, vendors, public defenders, State's Attorneys, non-employees, etc., upon entry to the Cook County Department of Corrections using the Cook County Health screening tool. This screening will take place before individuals are allowed into

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the confined area of the jail. If people answer in the affirmative to questions that would make them suspect to contracting the Coronavirus, they will be denied entry into the Department of Corrections.

The DOC will not allow any food to be brought in for detainee graduations or special events.

All large gatherings should be canceled and suspended until further notice.

On March 12, 2020 the CCSO Training Academy was advised that effective March 16, 2020 all staff in-service training will be suspended until further notice.

On March 16, 2020 signage was posted at internal and external CCSO staff entry points and at all time clocks altering staff to the symptoms of the Coronavirus. Staff are also being directed to contact HR regarding medical and leave policies. To streamline communication regarding staff, HR is collaborating with the command center.

On March 17, 2020 the CCSO Training Academy was advised that effective March 18, 2020 the cadet training academy will be suspended until further notice. The cadets will be redeployed.

On March 17, 2020 CCSO participated in a discussion with ISP to address the Governor's executive orders.

March 18, 2020 Cermak provided a letter that they sent to their leadership advising that we needed to have the ability to test for the virus.

On March 19, 2020 all RENEW activities were suspended until further notice.

On March 19, 2020 a Crisis Team was established.

On March 20, 2020 we secured 3 tents from the Department of Emergency Management and Regional Security (DEMRS). This can house up to 148 people. DEMRS also provided us with an additional 1,000 masks and 2,000 pairs of gloves.

On March 20, 2020 we sent an additional request to ILEAS for PPE and supplies.

On March 20, 2020 we began screening and taking the temperatures of all volunteers, vendors, contractors, and individuals from Department of Facilities Management prior to entrance

Beginning on March 20, 2020 the Cook County Sheriff's Police will not be towing vehicles unless they are impeding public safety

As of March 21, 2020 DOC Correctional Officers can only work overtime in the division they are assigned

Starting on March 23, 2020 there will be a quick lane for bonding out so that individuals entering to be bonded out can stand in a separate lane and staff will not need to come into direct contact with them.

On March 26, 2020 we added additional beds to Division 16/Isolation Compound so that it could hold over 500 isolation beds

On March 28, 2020 we began taking the temperatures of all employees at the start of their workday

On March 30, 2020 we began moving 80 detainees to Division 16/Isolation Compound

On April 2, 2020 we began requiring all staff entering the DOC to wear surgical masks

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ENHANCED-SANITATION PROCESS:

Pre-mixed bleach solution (>5000ppm) must be collected from Central Chemical in Division 5

If Division does not already have Sanifest solution, please acquire this chemical from Central Chemical in Division 5

Gowns and rags are available in Support Services

Pre-wash or clean surface with Sanifest solution using rag, then apply/spray the sanitizing solution of bleach or rag or use the canister. Allow solution to contact surface for at least 5 minutes for optimum effectiveness. Afterward, rinse and-or allow area to air dry

Continue the enhanced Sanitation process until the date indicated by Cermak Health and Hospital Services infection Control Department.

All potentially contaminated clothing must be collected in a biohazard waste bag, labeled, and sent to Central Laundry to be laundered.

DETAINEE LAUNDRY PROCESS:

Keep contaminated and uncontaminated clothes separate.

Handle contaminated linens and laundry as little as possible, utilizing the appropriate PPE. Make certain that workers are thoroughly washing their hands with soap and water.

Wash contaminated items separately in a pre-wash cycle. Then, use a regular wash cycle—using detergent—and dry separately from uncontaminated clothing at high temperature (greater than 170 degrees Fahrenheit).

Ensure that all soiled linens and clothes are kept away from cleaned items. Please indicate COVID-19 on the bag.

There will be daily communication with CCDOC staff, and if an infection should occur, communication will be daily. In addition, a roll call memo will read at five (5) consecutive roll calls, reminding staff that if they are transporting a detainee to urgent care who is suspected to have flu-like symptoms, personal protective equipment (PPE) is located in intake and urgent care and is available to them. PPE includes a single pair of disposable examination gloves, disposable isolation gown or single use/disposable coveralls, any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

In the event of a catastrophic outbreak of coronavirus, or any other rapidly spreading infectious disease, the CCDOC will continue to use 3 South (14 total beds) in Cermak as the first location for treatment. If additional bed space is required, the DOC could potentially open the following tiers:

If isolation overflow space becomes necessary, Cermak and CCDOC collaboratively agreed to utilize Div. 6, tier 1J. The tiers listed above do not have any facilities related issues preventing them from being safely utilized in the event of an outbreak.

Outlying counties for new intake detainees in the event of a partial evacuation or quarantine overflow will be Jefferson County, Mercer County, Kendall County, Rock Island County and IDOC.

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***Current practice is that individuals with COVID-19 symptoms must be in negative pressure environment and cannot be housed in normal airflow environment. This is subject to change based on availability and recommendations from the Illinois Department of Public Health.**

DOC MITIGATING STRATEGIES:

Patients presenting with fever or respiratory symptoms should perform hand hygiene, wear masks if possible, and /or be placed in a contained unit with the door closed and a special precautions sign posted.

- All personnel entering the containment areas will wear appropriate personal protective equipment, such as gowns, gloves and masks.
- Use of social distancing and isolation will be initiated in coordination with local health recommendations.
- Limit points of entry to facility.
- Limit visitors to those essential for facility support.
- Screen all persons entering the facility for fever and respiratory symptoms.
- Implement system for detecting and reporting signs and symptoms of staff reporting for duty.
- Symptomatic employees will be screened regarding fit for duty.
- Entry logs will be at all facility entrances to document all who enter the containment unit.
- Personnel assigned to combined patient care units should not float to other areas.
- If transportation of symptomatic person is necessary, have individual wear mask to contain respiratory secretions.
- Consider canceling events at the facility where many people come together.
    - All non-essential events have been suspended.
- Detainees should have limited movement and should remain in the same Division and same Tier as much as possible.

POLICE, COURTS, FIELD UNITS, AND COMMUNITY CORRECTIONS:

Court lock ups should begin screening all new detainees using the approved Cook County Health algorithm. Anyone who self admits to exposure of the Coronavirus should be immediately isolated by giving them a mask to wear, placing them in a single cell, and kept separate from all other detainees. Staff should immediately follow the directions below this section.

For field units and other departments that must come into regular contact with the public, this operation plan will outline preventative actions and procedures to promote staff safety.

- If possible, maintain a distance of at least 6 feet
- Practice proper hand hygiene
    - Wash hands with soap and water for at least 20 seconds. If soap and water are not readily available and illicit drugs are NOT suspected to be present, use an alcohol-based hand sanitizer with at least 60% alcohol
    - Do not touch your face with unwashed hands
- Have a trained Emergency Medical Service/Emergency Medical Technician (EMS/EMT) assess and transport anyone suspected of having COVID-19 to a healthcare facility
- Ensure only trained personnel wearing appropriate PPE have contact with individuals who have or may have COVID-19

Law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 should follow CDC's Interim Guidance for EMS. Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e. coveralls) must provide

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protection that is at least as great as that provided by the minimum amount of PPE recommended.

The minimum PPE recommended is:

- A single pair of disposable examination gloves,
- Disposable isolation gown or single use/disposable coveralls*,
- Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator), and
- Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face)

*If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.

If close contact occurs during apprehension:

- Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label
- Follow standard operating procedures for the containment and disposal of used PPE
- Follow standard operating procedures for containing and laundering clothes. Avoid shaking the clothes.

For law enforcement personnel performing daily routine activities, the immediate health risk is considered low. However, law enforcement leadership and personnel should follow CDC's Interim General Business Guidance. The Interim General Business Guidance is attached at the end of this operational plan for reference.

In the event that an EM participant is self-quarantined in the host site for 14 days, EM staff shall suspend all movement until cleared by there physician to resume daily activity. An information letter shall be sent to all EM participants advising them of the steps they should take to protect themselves and others.

Sheriff's Work Alternative Program (SWAP) participants shall be screened for the Coronavirus before being allowed to work for the day. This shall be done using the Cook County Health Algorithm and by taking temperatures.

On March 14, 2020 SWAP was advised to cancel SWAP until further notice beginning on March 15, 2020.

On March 14, 2020 evictions were cancelled based on direction from the Chief Judge of Cook County. Civil Process will only serve emergency orders (stalking orders, orders of protection, etc.)

On March 16, 2020 RENEW was advised that effective March 17, 2020 RENEW will assign no more than nine (9) total participants demolition projects.

SUPPORT STAFF: Support staff are identified as Administrative Assistants, Project Managers, and other individuals who work in Human Resources, Legal, Information and Technology, Payroll, and Budget. Support staff will be identified to work based on the staffing plan (page 9).

HUMAN RESOURCES: All employees reporting contact with someone who has the Coronavirus (COVID-19) and employees that are positive or exhibiting symptoms of COVID-19 must report that information to the command center. The command center will notify HR. HR will then notify staff of the appropriate steps to take before returning to work. All new employees, vendors, contractors, maintenance staff, etc. should also be screened prior to allowing to begin employment. Drug

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testing will cease on all employees, except for reasonable suspicion.

EXPOSURE TO A COMMUNICABLE DISEASE:

In the event that a staff member approaches a supervisor and reports a possible exposure, the supervisor should immediately isolate the individual from other employees, give the person a mask to wear, get as much information as possible about the exposure, and then notify the command center for further direction.

Sheriff's Office members who come into contact with an individual potentially infected with an emerging infectious disease (as in COVID-19) will follow the decontamination procedures as outlined below:

- Immediately wash the affected areas (e.g. hands, face, clothing, etc.) with soap and water, or as soon as possible following exposure.
- Decontaminate all personal uniform and equipment items potentially exposed.
- Properly remove and dispose of used PPE items in such a manner as to prevent further contamination. Place used PPE items in a biohazard waste bag and tightly tie closed BEFORE disposing it. Biohazard waste bags must be disposed of in the appropriate container. Containers are located at the Rockwell Warehouse.
- Immediately report an exposure incident to their supervisor, and if unavailable, to the next supervisor in their chain of command.
- The supervisor will immediately investigate the incident. Once the exposure is confirmed, the supervisor will initiate the steps to have the individual tested. The investigating supervisor will complete an incident report and a Report of Exposure to Communicable Disease/Hazardous Material form documenting the circumstances of the exposure incident.

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Vulnerabilities				
Staff	**Detainees **Currently screening only at intake***	**Volunteers**	**Public**	**Alternative Work Locations**
Coming to work, DOC, public interactions, visits, community interactions, part-time jobs, hospital details, school interactions, court, home, medical appointments, deliveries, mail, misinformation	Interaction with other detainees, visits, staff, court runs, IDOC runs, outlying counties, extraditions, lawyer visits, mail, law enforcement, deliveries, medical appointments, funerals, voting	Detainees, staff, home	Visits, traffic, voting, 911 calls for service, court appearances, programs, outreach, community engagement, schools, bonding out, entry screening,	Home Oak Forest MHTC Building 1 Maywood *areas would be blocked off and screening prior to entry.
	*Not screening public at this time. Will upon recommendation by CCHHS and CCDPH.			
	*Screening for visits and entry screening			

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Staffing Plan					
STAFF SHORTAGE	**25% staff call off**	**50% staff call off**	**75% staff call off**	**100% all Staff**	
ESSENTIAL DEPARTMENTS	**Open the Command Center**				
DOC	77.5 - normal operations	155 - 12-hour shifts, limited movement, close programming	232 - assign exempt, lockdown, specialty units, other sworn staff from other units	All staff - assign other sworn staff from other units, lockdown, no visits, civilian staff assigned to assist in non-security roles, ILEAS Activation	
POLICE	28-normal operations	56- 12-hour shift	84- specialized units, consolidate beats in unincorporated areas, staff only two areas, patrol and CSI	All staff - ILEAS Activation, Suburban support, ISP support, CPD support,	
COURTS **-Court schedules** **-Civil Process** **-Evictions**	168 Court CPU- 12-hour shifts	336 Courts/42 CPU- Suspend evictions, non-essential CP	504 Courts/63 CPU- Suspend programs, assign exempt staff, specialty units	All staff - Suspend court, evictions, exempt staff, ILEAS activation	
ELECTRONIC MONITORING	22- Police, Protocol to make phone checks, Civil Process, Evictions	44- Emergency Response Team, Protocol to make phone checks, Police	66- Lockdown, Protocol and EM to do phone checks only, Police, Civil Process, Evictions	All Staff - Outside LE ILEAS activation, other sworn staff	
SUPPORT	**Civilian Staff**	**Exempt Staff**	**Volunteers**	**National Guard**	**Outside Law Enf.**
IT	1 staff on virtual help support, 1 staff on site				
PAYROLL	Work remotely if needed				

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Available Bed Space for Intakes PARTIAL EVACUATE/OVERFLOW BASED ON QUARATINE			
Location	**Available Beds**	**Location**	**Available Beds**
Rock Island	**67 beds**	**IDOC**	**TBD – 2000+**
CCDOC	**1250 beds**		
Mercer County	**48 beds**		
Kendall County	**12 beds**		
Jefferson County	**75 beds**		
Livingston County	**28 beds**		

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Interim Guidance for Businesses and Employers to Plan and Respond to Coronavirus Disease 2019 (COVID-19), February 2020

Related Pages

This interim guidance is based on what is currently known about the coronavirus disease 2019 (COVID-19). The Centers for Disease Control and Prevention (CDC) will update this interim guidance as needed and as additional information becomes available.

CDC is working across the Department of Health and Human Services and across the U.S. government in the public health response to COVID-19. Much is unknown about how the virus that causes COVID-19 spreads. Current knowledge is largely based on what is known about similar coronaviruses.

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person in China and some limited person-to-person transmission has been reported in countries outside China, including the United States. However, respiratory illnesses like seasonal influenza, are currently widespread in many US communities.

The following interim guidance may help prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The guidance also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

To prevent stigma and discrimination in the workplace, use only the guidance described below to determine risk of COVID-19. Do not make determinations of risk based on race or country of origin, and be sure to maintain confidentiality of people with confirmed COVID-19. There is much more to learn about the transmissibility, severity, and other features of COVID-19 and investigations are ongoing. Updates are available on CDC's web page at www.cdc.gov/coronavirus/covid19.

Recommended strategies for employers to use now:

- **Actively encourage sick employees to stay home:**
  - Employees who have symptoms of acute respiratory illness are recommended to stay home and not come to work until they are free of fever (100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
  - Ensure that your sick leave policies are flexible and consistent with public health guidance and that employees are aware of these policies.
  - Talk with companies that provide your business with contract or temporary employees about the importance of sick employees staying home and encourage them to develop non-punitive leave policies.
  - Do not require a healthcare provider's note for employees who are sick with acute respiratory illness to validate their illness or to return to work, as healthcare provider offices and medical facilities may be extremely busy and not able to provide such documentation in a timely way.

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  - Employers should maintain flexible policies that permit employees to stay home to care for a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.
- **Separate sick employees:**
  - CDC recommends that employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- **Emphasize staying home when sick, respiratory etiquette and hand hygiene by all employees:**
  - Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to your workplace and in other workplace areas where they are likely to be seen.
  - Provide tissues and no-touch disposal receptacles for use by employees.
  - Instruct employees to clean their hands often with an alcohol-based hand sanitizer that contains at least 60-95% alcohol, or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty.
  - Provide soap and water and alcohol-based hand rubs in the workplace. Ensure that adequate supplies are maintained. Place hand rubs in multiple locations or in conference rooms to encourage hand hygiene.
  - Visit the coughing and sneezing etiquette and clean hands webpage for more information.
- **Perform routine environmental cleaning:**
  - Routinely clean all frequently touched surfaces in the workplace, such as workstations, countertops, and doorknobs. Use the cleaning agents that are usually used in these areas and follow the directions on the label.
  - No additional disinfection beyond routine cleaning is recommended at this time.
  - Provide disposable wipes so that commonly used surfaces (for example, doorknobs, keyboards, remote controls, desks) can be wiped down by employees before each use.
- **Advise employees before traveling to take certain steps:**
  - Check the CDC's Traveler's Health Notices for the latest guidance and recommendations for each country to which you will travel. Specific travel information for travelers going to and returning from China, and information for aircrew, can be found at on the CDC website.
  - Advise employees to check themselves for symptoms of acute respiratory illness before starting travel and notify their supervisor and stay home if they are sick.
  - Ensure employees who become sick while traveling or on temporary assignment understand that they should notify their supervisor and should promptly call a healthcare provider for advice if needed.
  - If outside the United States, sick employees should follow your company's policy for obtaining medical care or contact a healthcare provider or overseas medical assistance company to assist them with finding an appropriate healthcare provider in that country. A U.S. consular officer can help locate healthcare services. However, U.S. embassies, consulates, and military facilities do not have the legal authority, capability, and resources to evacuate or give medicines, vaccines, or medical care to private U.S. citizens overseas.
- **Additional Measures in Response to Currently Occurring Sporadic Importations of the COVID-19:**
  - Employees who are well but who have a sick family member at home with COVID-19 should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.
  - If an employee is confirmed to have COVID-19, employers should inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain confidentiality as required by the Americans with Disabilities Act (ADA). Employees exposed to a co-worker with confirmed COVID-19 should refer to CDC guidance for how to conduct a risk assessment of their potential exposure.

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Planning for a Possible COVID-19 Outbreak in the US

The severity of illness or how many people will fall ill from COVID-19 is unknown at this time. If there is evidence of a COVID-19 outbreak in the U.S., employers should plan to be able to respond in a flexible way to varying levels of severity and be prepared to refine their business response plans as needed. For the general American public, such as workers in non-healthcare settings and where it is unlikely that work tasks create an increased risk of exposures to COVID-19, the immediate health risk from COVID-19 is considered low. The CDC and its partners will continue to monitor national and international data on the severity of illness caused by COVID-19, will disseminate the results of these ongoing surveillance assessments, and will make additional recommendations as needed.

Planning Considerations

All employers need to consider how best to decrease the spread of acute respiratory illness and lower the impact of COVID-19 in their workplace in the event of an outbreak in the US. They should identify and communicate their objectives, which may include one or more of the following: (a) reducing transmission among staff, (b) protecting people who are at higher risk for adverse health complications, (c) maintaining business operations, and (d) minimizing adverse effects on other entities in their supply chains. Some of the key considerations when making decisions on appropriate responses are:

- Disease severity (i.e., number of people who are sick, hospitalization and death rates) in the community where the business is located;
- Impact of disease on employees that are vulnerable and may be at higher risk for COVID-19 adverse health complications. Inform employees that some people may be at higher risk for severe illness, such as older adults and those with chronic medical conditions.
- Prepare for possible increased numbers of employee absences due to illness in employees and their family members, dismissals of early childhood programs and K-12 schools due to high levels of absenteeism or illness:
    -
    - Employers should plan to monitor and respond to absenteeism at the workplace. Implement plans to continue your essential business functions in case you experience higher than usual absenteeism.
    - Cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.
    - Assess your essential functions and the reliance that others and the community have on your services or products. Be prepared to change your business practices if needed to maintain critical operations (e.g., identify alternative suppliers, prioritize customers, or temporarily suspend some of your operations if needed).

- Employers with more than one business location are encouraged to provide local managers with the authority to take appropriate actions outlined in their business infectious disease outbreak response plan based on the condition in each locality.
- Coordination with stateexternal icon and localexternal icon health officials is strongly encouraged for all businesses so that timely and accurate information can guide appropriate responses in each location where their operations reside. Since the intensity of an outbreak may differ according to geographic location, local health officials will be issuing guidance specific to their communities.

Important Considerations for Creating an Infectious Disease Outbreak Response Plan

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All employers should be ready to implement strategies to protect their workforce from COVID-19 while ensuring continuity of operations. During a COVID-19 outbreak, all sick employees should stay home and away from the workplace, respiratory etiquette and hand hygiene should be encouraged, and routine cleaning of commonly touched surfaces should be performed regularly.

Employers should:

- Ensure the plan is flexible and involve your employees in developing and reviewing your plan.
- Conduct a focused discussion or exercise using your plan, to find out ahead of time whether the plan has gaps or problems that need to be corrected.
- Share your plan with employees and explain what human resources policies, workplace and leave flexibilities, and pay and benefits will be available to them.
- Share best practices with other businesses in your communities (especially those in your supply chain), chambers of commerce, and associations to improve community response efforts.

Recommendations for an Infectious Disease Outbreak Response Plan:

- Identify possible work-related exposure and health risks to your employees. OSHA has more information on how to protect workers from potential exposuresexternal icon to COVID-19.
- Review human resources policies to make sure that policies and practices are consistent with public health recommendations and are consistent with existing state and federal workplace laws (for more information on employer responsibilities, visit the Department of Labor'sexternal icon and the Equal Employment Opportunity Commission'sexternal icon websites).
- Explore whether you can establish policies and practices, such as flexible worksites (e.g., telecommuting) and flexible work hours (e.g., staggered shifts), to increase the physical distance among employees and between employees and others if state and local health authorities recommend the use of social distancing strategies. For employees who are able to telework, supervisors should encourage employees to telework instead of coming into the workplace until symptoms are completely resolved. Ensure that you have the information technology and infrastructure needed to support multiple employees who may be able to work from home.
- Identify essential business functions, essential jobs or roles, and critical elements within your supply chains (e.g., raw materials, suppliers, subcontractor services/products, and logistics) required to maintain business operations. Plan for how your business will operate if there is increasing absenteeism or these supply chains are interrupted.
- Set up authorities, triggers, and procedures for activating and terminating the company's infectious disease outbreak response plan, altering business operations (e.g., possibly changing or closing operations in affected areas), and transferring business knowledge to key employees. Work closely with your local health officials to identify these triggers.
- Plan to minimize exposure between employees and also between employees and the public, if public health officials call for social distancing.
- Establish a process to communicate information to employees and business partners on your infectious disease outbreak response plans and latest COVID-19 information. Anticipate employee fear, anxiety, rumors, and misinformation, and plan communications accordingly.
- In some communities, early childhood programs and K-12 schools may be dismissed, particularly if COVID-19 worsens. Determine how you will operate if absenteeism spikes from increases in sick employees, those who stay home to care for sick family members, and those who must stay home to watch their children if dismissed from school. Businesses and other employers should prepare to institute flexible workplace and leave policies for these employees.
- Local conditions will influence the decisions that public health officials make regarding community-level strategies; employers should take the time now to learn about plans in place in each community where they have a business.
- If there is evidence of a COVID-19 outbreak in the US, consider canceling non-essential business travel to additional countries per travel guidance on the CDC website.

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  - Travel restrictions may be enacted by other countries which may limit the ability of employees to return home if they become sick while on travel status.
  - Consider cancelling large work-related meetings or events.

- Engage stateexternal icon and localexternal icon health departments to confirm channels of communication and methods for dissemination of local outbreak information.

Additional Resources

CDC Guidance

- COVID-19 Website
- What You Need to Know About COVID-19pdf icon
- What to Do If You Are Sick With COVID-19pdf icon
- Interim US Guidance for Risk Assessment and Public Health Management of Persons with Potential Coronavirus Disease 2019 (COVID-19) Exposure in Travel-associated or Community Settings
- Health Alert Network
- Travelers' Health Website
- National Institute for Occupational Safety and Health's Small Business International Travel Resource Travel Plannerpdf icon
- Coronavirus Disease 2019 Recommendations for Ships

https://www.cdc.gov/coronavirus/2019-ncov/about/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2Fabout%2Findex.html

OSHA Guidance: https://www.osha.gov/SLTC/novel_coronavirus/index.htmlexternal icon

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COOK COUNTY HEALTH

Coronavirus Disease (COVID-19) Screening Tool

Today's date_____ **Patient Name/Label**_____

Sex ☐ M ☐ F **Age**_____ ☐ yr ☐ mo

Location ☐ JSHCC ED ☐ OB ☐ Cermak ☐ Provident ED ☐ Clinic (specify) _____

Interviewer's name_____

Questions for Patients:

A. Have you had the following signs and symptoms (check all that apply)?

☐ Fever[1] ☐ Cough ☐ Shortness of breath

Date of symptom onset_____

In the 14 days before symptom onset, have you:

B. Travelled to or lived in China, Iran, Italy, Japan or South Korea?	☐ Y ☐ N ☐ Unknown
C. Had close contact[2] with a person who has laboratory-confirmed Coronavirus Disease (COVID-19)?	☐ Y ☐ N ☐ Unknown

Questions for Staff:

Affirmative answers to combination of questions A and B or A and C or D should trigger the Infection Prevention and Control Recommendations for Patients Under Investigation (PUI) for Coronavirus Disease (COVID-19) algorithm (see attached).

[1] *Fever may not be present in some patients, such as those who are very young, elderly, immunosuppressed, or taking certain medications. Clinical judgement should be used to guide testing of patients in such situations*

[2] *Close contact is defined as: a) being within approximately 6 feet (2 meters) or within the room or care area for a prolonged period of time (e.g., healthcare personnel, household members) while not wearing recommended personal protective equipment (i.e., gowns, gloves, respirator, eye protection); or b) having direct contact with infectious secretions (e.g., being coughed on) while not wearing recommended personal protective equipment. Data to inform the definition of close contact are limited. At this time, brief interactions, such as walking by a person, are considered low risk and do not constitute close contact.*

Please save Screening Tool for Infection Control to collect.

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Amended Sanitation Guidelines Specific to COVID-19 Procedure

I.1 PURPOSE AND SCOPE

This procedure provides amended guidelines for a safe and sanitary environment as well as reporting and correcting any sanitation deficiencies within the Cook County Department of Corrections due to COVID-19 and is intended to clarify and emphasize the current procedures for sanitation.

Refer to the Sanitation, Fire, Health and Life Safety Plans and Reporting Procedure and all related sanitation policies for further guidelines.

I.1.1 ISSUANCE/EFFECTIVE DATE

This procedure was issued on April 11, 2020 and shall become effective upon issuance.

I.2 AMENDED SANITATION GUIDELINES FOR LIVING UNITS

I.2.1 CLEANING SUPPLIES

a) All detainees shall have access to sanitation supplies to use to sanitize frequently touched surfaces (e.g., tables, doorknobs, light switches, countertops, handles, desks, phones, toilets, faucets, sinks).

b) All divisions shall have Sanifect solution (i.e., pre-mixed bleach solution less than 5000ppm) on hand at all times. In the event additional solution is needed, the Central Chemicals located in Division 5 shall be notified.

c) The living unit officer shall provide the chemicals to the living unit detainee worker under their supervision.

d) The living unit officer shall provide rags to the living unit detainee worker under their supervision.

e) In the event that the living unit detainee worker exhausts the supply of rags, cleaning fluid and/or disinfectant before completing the work assignment, the replacement of supplies shall be requested from the designated Sanitation/Safety Officer.

f) Each living tier shall also have a sanitation kit for use by the detainees to clean their cells/living area. The living unit sanitation kit shall be collected each day between 2300 hours and 0700 hours, inventoried, restocked and redistributed by the Sanitation/Safety Officer.

g) All damaged equipment shall be documented, replaced and salvaged. All soiled mop heads and rags shall be collected and sent for laundering.

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I.2.2 COMMON AREAS

The following guidelines shall apply:

a) The living unit officer should oversee the living unit inmate worker who shall be responsible for cleaning of the walls, floors, windows, restroom facilities (e.g., showers, toilets, sinks) and frequently touched surfaces in common areas of the living units (e.g., tables, doorknobs, light switches, countertops, handles, desks, phones, toilets, faucets, sinks).

b) Cleaning of frequently touched surfaces shall be completed each time after those surfaces are used, such as tables following a meal or phones between calls. Detainees shall be allowed to clean such surfaces with the Sanifect solution at any time during day room hours.

c) All surfaces (e.g., walls, floors, windows, showers, toilets, sinks, phones, tables) throughout the Department of Corrections campus (e.g., living units, divisions, common areas, security posts) shall be pre-washed and cleaned with the Sanifect solution and rewashed and sanitized between all uses.

    1. This may be done using the solution on rags or with a spray canister.

    2. Allow the solution to contact the surface for at least five minutes for optimum effectiveness.

    3. After the solution has remained on the surface for at least five minutes, rinse and allow the area to air dry.

I.2.3 CELLS/LIVING AREAS

Detainees are responsible for maintaining clean and sanitary cells, utilizing a living unit sanitation kit, unless physically incapable of doing so.

Detainees should watch the daily COVID-19 video to learn how to properly clean their living area. Detainees shall be allowed to ask sanitation officers questions regarding proper cleaning techniques.

Detainees should routinely clean frequently touched areas within their living area.

I.2.4 LAUNDRY

Soiled laundry shall always be kept away from clean laundry. If potentially contaminated laundry is collected, the following guidelines shall apply:

a) Contaminated laundry shall be collected in a non-perforated bag that shall be labeled and sent to Central Laundry to be laundered.

    1. Contaminated laundry should be kept separate from uncontaminated laundry.

    2. Each bag should be labeled “AGE” (acute gastroenteritis) or “ILI” (influenza-like illness).

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b) Members shall use PPE to handle any contaminated laundry.

c) Contaminated laundry should be pre-washed, washed and dried separately.

1. The regular wash cycle shall include detergent.

2. The dry cycle shall be done at a high temperature (i.e., 170 degrees Fahrenheit or above).

I.3 MONITORING AND SUPERVISION

a) The living unit officer on each shift shall ensure that all frequently touched surfaces, referenced in this procedure, are routinely cleaned and/or disinfected.

b) The living unit officer on each shift shall ensure the living unit detainee worker completes the tasks listed on the Living Unit Sanitation Log/Safety Inspection form.

c) The living unit officer shall complete the appropriate section of the Living Unit Sanitation Log/Safety Inspection form prior to the end of their shift and ensure that each item on the form is completed and signed.

d) The immediate on-duty supervisor shall review the log for completion and inspect the areas specified to confirm the scheduled duties were completed prior to the end of the shift.

e) The immediate on-duty supervisor shall document work order numbers when applicable and sign the Living Unit Sanitation Log/Safety Inspection form in the appropriate area.

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COOK COUNTY DEPARTMENT OF CORRECTIONS
Living Unit Sanitation Log/Safety Inspection

DIVISION/LIVING UNIT	DATE

The living unit officer shall inspect the sanitation kit and equipment at the beginning of shift and complete the appropriate section prior to the end of the shift. The living unit officer shall ensure all duties and responsibilities listed below have been completed by the inmate worker. This form starts on the 11-7 shift and turned in by the 3-11 shift at the end of his/her tour of duty.

DUTIES AND RESPONSIBILITIES OF INMATE WORKER	11-7/6-6 RTU YES / NO		7-3 YES / NO		3-11/6-6 RTU YES / NO		Reason not completed
Sweep and mop entire living unit at least twice daily (e.g. dayroom, utility closet, washroom, shower, upper and lower levels if applicable)							
Clean and disinfect dayroom tables, benches, chairs, sinks, urinals, toilets, and hand rails, lower walls, water fountain							
Remove any visible graffiti on dayroom walls and columns (if applicable)							
Collect, count and remove all food trays and milk cartons from the dayroom area and place in designated area.							
Collect and remove all garbage from the dayroom area, cells and in officer's work area and place in hallway.							
Sanitize, rinse and replace liner in dayroom garbage can							
Sanitize and scrub shower walls utilizing the sanitation kit, mop floors, and clear drains of any debris							
Frequently Touched Areas (e.g., phones, door knobs)							
Other							

LIVING UNIT INSPECTION (To be conducted by the Living Unit Officer)	COMMENTS		
	11-7/6-6 RTU	7-3	3-11/6-6 RTU
Inspect cell/living unit for; graffiti, wall damage, clutter/garbage, milk cartons, meal trays, clotheslines, excess uniform/blankets, door/lock obstructions and operational, light/outlet fixtures, plumbing operable, fire extinguishers, exit signs, windows.			

List deficiencies or damages and report any deficiencies or damages requiring immediate attention to an immediate supervisor

SHIFT	DEFICIENCY OR DAMAGE	NAME OF IMMEDIATE SUPERVISOR NOTIFIED	WORK ORDER SUBMITTED (TO BE COMPLETED BY A SUPERVISOR)

INMATE WORKER INFORMATION

INMATE WORKER (Print)	IDENTIFICATION NUMBER	NAME OF ALTERNATE WORKER (PRINT)	IDENTIFICATION NUMBER
NAME OF ALTERNATE WORKER (PRINT)	IDENTIFICATION NUMBER	NAME OF ALTERNATE WORKER (PRINT)	IDENTIFICATION NUMBER

11-7/6-6 RTU SHIFT REQUIRED SIGNATURES

LIVING UNIT OFFICER/STAR (Print)	SIGNATURE	DATE
IMMEDIATE SUPERVISOR/STAR (Print)	SIGNATURE	DATE

7-3 SHIFT REQUIRED SIGNATURES

LIVING UNIT OFFICER/STAR (Print)	SIGNATURE	DATE
IMMEDIATE SUPERVISOR/STAR (Print)	SIGNATURE	DATE

3-11 /6-6 RTU SHIFT REQUIRED SIGNATURES

LIVING UNIT OFFICER/STAR (Print)	SIGNATURE	DATE
IMMEDIATE SUPERVISOR/STAR (Print)	SIGNATURE	DATE

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COVID-19 Health Inquiry Referral for Medical Care, Testing or other Medical Diagnostics Procedure

I.1 PURPOSE AND SCOPE

The purpose of this procedure is to coordinate the actions of the Cook County Department of Corrections and Cermak Health Services of Cook County (Cermak) in response to situations where COVID-19 symptoms or other flu-like-related symptoms are present. Cermak is the on-site medical provider for detainees in the custody of the Department of Corrections. The Department of Corrections will comply with the medical recommendations of Cermak and Cermak's policies, as practicable. Cermak's policy is incorporated herein by reference below.

For all other health-related issues, members should refer to the Department of Corrections Health Inquiry Procedure.

I.1.1 ISSUANCE/EFFECTIVE DATE

This procedure was issued on April 11, 2020 and shall become effective upon issuance.

I.2 POLICY

This procedure establishes guidelines for sworn members when encountering detainees who complain of or display suspected COVID-19 symptoms or other flu-like-related symptoms (e.g., cough, shortness of breath, fever) and the subsequent required notifications for the monitoring, receiving and identifying of detainees with symptoms and making necessary notification to Cermak.

Cermak's policy provides additional guidelines regarding Cermak's response to detainees who display suspected symptoms. Cermak's Policy, B01.6 Outbreak Prevention and Control, Appendix A and B provide the procedures for medically appropriate testing of detainees.

I.3 GENERAL PROCEDURES

When a sworn member has identified a detainee who complains of or displays suspected COVID-19 symptoms (e.g., cough, shortness of breath, fever) or other flu-like-related symptoms, they shall:

a) Separate themselves and others from the detainee and maintain social distancing, if able to do so.

b) Notify their immediate on-duty supervisor as soon as practicable.

c) While in close contact (i.e., less than six feet) with the symptomatic detainee, ensure proper personal protective equipment (PPE) is worn (e.g., N95 facemask, gloves), including eye protection and gown, if available. If not immediately available, make a request for PPE to their immediate on-duty supervisor.

d) Provide the detainee with a surgical mask, or if one is not immediately available, a cloth mask or other face covering, if available.

e) After the detainee is separated, complete the Inter-Agency Health Inquiry Form indicating the nature of the health inquiry and deliver to the Cermak Health Services

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member when presenting a detainee as soon as practicable. Refer to the Required Notifications section for further guidelines regarding making notification to Cermak Health Services via in person or phone.

f) In cases where a detainee may pose a risk to the safety of the Cermak member, the sworn member and the health care professional shall confer to determine the best method of balancing privacy and security concerns. The sworn member shall notify their on-duty sworn supervisor of the outcome of the conference prior to any action being taken.

g) Ensure the area is properly cleaned and disinfected per the guidelines outlined in the Amended Sanitation Guidelines Specific to COVID-19 Procedure, regardless of whether the detainee was moved to isolation or not.

I.4 WATCH COMMANDER RESPONSIBILITY AND REQUIRED NOTIFICATIONS

The watch commander shall ensure that:

a) Detainees and other members who were in close contact (i.e., less than six feet) with the detainee displaying or complaining of suspected COVID-19 symptoms are separated from other individuals so that they can be provided medical screenings by Cermak.

b) Members who were in prolonged close contact (i.e., within 6 feet for at least 10 minutes) or direct contact with secretions (i.e., being coughed on while not wearing PPE) with a detainee displaying or complaining of suspected COVID-19 symptoms should contact the Department of Human Resources at (773) 674-3451 for screening and other remedies for possible exposure.

c) The following notifications are made as soon as practicable:

1. **Notification to Cermak Health Services** - After the detainee is separated, contact the Department of Corrections Admissions Officer at (773) 674-5801, who shall then contact Cermak Health Services to advise of the presence of potential COVID-19 symptoms in the detainee.

2. **Notification to the Classification Unit** - After the watch commander has received verification from Cermak that the detainee will be isolated, contact the Classification Unit at (773) 674-0088 to request that a “Quarantine Alert” be entered into the jail management system.

3. Cermak will also notify the Classification Unit and the respective watch commander that a detainee is isolated and will advise of any medical isolation alerts.

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COOK COUNTY SHERIFF'S OFFICE

INTER-AGENCY HEALTH INQUIRY

CERMAK HEALTH SERVICE

INMATE INFORMATION

NAME:	INMATE NUMBER:	BOOKING NUMBER:

DOB:	CURRENT HOUSING LOCATION:	INCIDENT LOCATION:	DATE:	TIME:

REASON FOR ASSESSMENT

** Requires Both Medical and Mental Health Assessment*

- ☐ **MEDICAL/TRIAGE**
- ☐ **INJURY/FALL**
- ☐ **MENTAL HEALTH**
- ☐ **OTHER:** _____

- * ☐ **SEXUAL CONTACT/ASSAULT/ABUSE/PREA**
- * ☐ **USE OF FORCE** *(Attach Use of Force Report if Available)*
- * ☐ **ALTERNATIVE HOUSING: Rehabilitation Unit _____**
  Protective Custody _____
- * ☐ **TASER DEPLOYMENT: Number of deploys _____ Duration _____**
  Head area_____ Chest area _____ Groin area_____
  Neck area_____ Other areas_____

PHYSICAL OBSERVATION

- ☐ Bleeding
- ☐ Breathing Difficulty
- ☐ Drainage/Discharge
- ☐ Vomiting/Diarrhea
- ☐ Pain
- ☐ Ectoparasite
- ☐ Flu Symptoms
- ☐ Change in Responsiveness
- ☐ Clenching of Chest area
- ☐ Rash/Itching
- ☐ Swelling
- ☐ Weakness
- ☐ Wound
- ☐ Trembles/Shakes
- ☐ Other: _____
  _____
  _____

BEHAVIOR OBSERVATION

- ☐ Suicidal/Self-Harm
- ☐ Homicidal
- ☐ Combative
- ☐ Depressed
- ☐ Tearful
- ☐ Anxious
- ☐ Stares into Space
- ☐ Changes Mood Often
- ☐ Confused
- ☐ Whispers
- ☐ Talks to Self
- ☐ Talks Very Rapidly
- ☐ Does Not Speak
- ☐ Unable to Sit Still/Paces
- ☐ Unusual Gait
- ☐ Wrings Hands/Repetitive Motions
- ☐ Wanders in Other's Areas
- ☐ Disheveled/Unkempt
- ☐ Unclean/Body Odor/Refuses Shower
- ☐ Excessive Sexual Preoccupation
- ☐ Excessive Religiosity
- ☐ Auditory Hallucinations/Hears Things
- ☐ Visual Hallucinations/Sees Things Not Present
- ☐ Other: _____
  _____

NARRATIVE

Sworn Member's Description of Incident: _____

_____

_____

_____

CCSO EMPLOYEE (Print):	SIGNATURE:	DATE:

MEDICAL/NURSING ASSESSMENT / DISPOSITION

- ☐ General Population
- ☐ M-2
- ☐ M-3
- ☐ M-4
- ☐ Transfer to Cermak Urgent Care
- ☐ Transfer to Outside Hospital
- ☐ Does have Contraindication for Transfer to Alternative Housing
- ☐ Does Not have Contraindication for Transfer to Alternative Housing

MENTAL HEALTH ASSESSMENT / DISPOSITION

- ☐ General Population
- ☐ P-2
- ☐ P-3
- ☐ P-4
- ☐ Transfer to Cermak Urgent Care
- ☐ Transfer to Outside Hospital (Petition & Certificate)
- ☐ Does have Contraindication for Transfer to Alternative Housing
- ☐ Does not have Contraindication for Transfer to Alternative Housing

MEDICAL/NURSING PERSONNEL (Print):		MENTAL HEALTH PROFESSIONAL (Print):	
SIGNATURE:	DATE:	SIGNATURE:	DATE:

AMERICAN OVERSIGHT

Health Inquiry Procedure

1301.1 PURPOSE AND SCOPE

The purpose of this procedure is to coordinate the actions of Cook County Department of Corrections and Cermak Health Services of Cook County in response to situations where evaluation and/or management by health staff is requested by a sworn member due to a health inquiry or other circumstance.

This interagency procedure is applicable to all Department of Corrections members and Cermak members.

1301.2 POLICY

This procedure provides guidelines for the notification and actions of sworn members and Cermak members. Situations may include:

(a) A medical or mental health triage;

(b) Injury/fall;

(c) Suspected PREA (e.g., sexual contact, assault, abuse);

(d) A use of force incident;

(e) Disciplinary;

(f) TASER® deployment; or

(g) Any other reason for assessment.

For situations in which an inmate wishes to request health services and none of the situations listed above exist, a sworn member shall instruct the inmate to complete a Non-Emergency Health Service Request so that an appointment can be scheduled.

1301.2.1 DEFINITIONS

Definitions related to this procedure include:

Protected health information - Individually identifiable health information, in written, verbal or electronic form.

Rehabilitation Unit - Housing classifications that result in separating an inmate from the general population and assigning him/her to a more structured setting. Rehabilitationunits allow for the modeling of appropriate behavior by staff through the principles of direct supervision. Inmates assigned to units must be placed there for disciplinary reasons to maintain the safety and security of the Department, members and inmates. The two types of rehabilitation units are:

- **Disciplinary Unit** - A form of housing where an inmate may be placed when he/she is found in violation of a rule or regulation at a 300 level or above offense or multiple lower-level offenses as recommended by the Disciplinary Hearing Board. This housing does not assume a level of segregation.

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- **Sanction Unit** - An alternative form of housing where an inmate may be assigned upon a finding of guilt of a rule or regulation violation that is a 200 level offense, excluding 214. Completion of the Inter-agency Health Inquiry Form is not required for inmates being transferred to a Sanction Unit.

1301.3 GENERAL PROCEDURES

(a) When practicable, the sworn member shall complete the Inter-Agency Health Inquiry Form indicating the nature of the health inquiry to be delivered to the Cermak member when presenting an inmate.

(b) In cases where an inmate may pose a risk to the safety of the Cermak member, the sworn member and the health care professional shall confer to determine the best method of balancing privacy and security concerns. The sworn member shall notify his/her on-duty sworn supervisor of the outcome of the conference prior to any action being taken.

(c) Circumstances requiring both medical and mental health assessment:

1. Victims of suspected or alleged physical or sexual abuse shall be sent for a medical and mental health screen. The request shall be made in writing on the Inter-Agency Health Inquiry Form completed by the sworn member or a member of higher rank.

2. Following a use of force incident, the sworn member transporting the inmate shall inform the Cermak member that the inmate was involved in a use of force. The appropriate box shall be checked on the Inter-Agency Health Inquiry Form.

3. Inmates being considered for transfer to a Disciplinary Unit shall be sent for a medical and mental health screen. Prompt notification shall be made in writing on the Inter-Agency Health Inquiry Form completed by the Executive Director or authorized designee. The Inter-Agency Health Inquiry Form should be presented within 24 hours for transfer into a Disciplinary Unit.

(d) If Cermak member reasonably suspects staff-on-inmate or inmate-on-inmate abuse, a review will be conducted and notification shall be made to the Watch Commander or the authorized designee.

(e) Cermak shall transmit medical reports within seven days of the examination, upon request from the respective department as follows:

1. For use of force by a Department of Corrections member, without alleged or suspected abuse, reports shall be forwarded by email to the respective Superintendent;

2. For alleged or suspected abuse by a Department of Corrections member, reports shall be forwarded to the Executive Director of the Department of Corrections and OPR;

3. For alleged or suspected inmate-on-inmate abuse, without allegation or suspicion of a failure to protect, reports shall be forwarded to the Executive Director of the Department of Corrections and Sheriff's Intelligence Unit;

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4. For alleged or suspected inmate-on-inmate abuse, with allegation or suspicion of a failure to protect, reports shall be forwarded to the Executive Director of the Department of Corrections, Sheriff's Intelligence Unit and the Executive Director of OPR.

(f) When a sworn member has identified an inmate having a health emergency, he/she shall follow the Emergency Medical Call Codes Policy.

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