



U.S. Department of Justice
Federal Bureau of Prisons
Health Services Division

Washington, D.C. 20534

January 31, 2020

**MEMORANDUM FOR ALL CLINICAL DIRECTORS
ALL HEALTH SERVICES ADMINISTRATORS
ALL QUALITY IMPROVEMENT/INFECTION PREVENTION
CORDINATORS**

Jeffery D. Allen, M.D.

2020.01.31 16:29:14 -05'00'

FROM: Jeffery D. Allen, M.D., Medical Director
Health Services Division

SUBJECT: Guidance on 2019 Novel Coronavirus Infection for
Staff Screening

The Centers for Disease Control and Prevention (CDC) has issued a health advisory related to the outbreak of 2019 Novel Coronavirus (2019-nCoV) which originated in Wuhan, China. Subsequently, the World Health Organization identified this outbreak as a global health emergency. Both organizations have issued interim guidance which may be found at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>, and <https://www.who.int/health-topics/coronavirus>, respectively. The illness caused by 2019-nCoV has been identified in other countries including the United States and is primarily associated with travel in Hubei Province and Wuhan, China. A warning has been issued to avoid all nonessential travel to China. Understanding of this new virus and the outbreak it is causing is limited but is evolving as the international community learns more about it. The above websites should be referenced for the most current information and recommendations.

Symptoms of the illness primarily include fever, cough and shortness of breath or difficulty breathing. Currently, there is no vaccine or treatment for 2019-nCoV. Person-to-person transmission has been demonstrated and is thought to occur by respiratory droplets, similar to how a cold is transmitted. The best preventive measures include frequent hand washing or use of alcohol-based hand sanitizer, avoiding touching areas of the face, staying away from people who are sick, and staying home if you are sick, whenever possible. Covering the nose and mouth when coughing or sneezing is also helpful. Personal protective equipment is recommended for close contact with Persons Under

Investigation (<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>) or who have a confirmed diagnosis of 2019-nCoV infection.

Recommendations for a potentially-exposed person depend on both the risk of exposure and the presence or absence of symptoms, as follows.

Risk factors for exposure to 2019-nCoV (as of 1/31/2020) include:

- Travel from mainland China in the past 14 days, or
- Close contact with a confirmed case of 2019-nCoV

Symptoms of 2019-nCoV (as of 1/31/2020) may include:

- Fever or
- Cough or
- Shortness of breath or difficulty breathing
- Other possible symptoms may include chills, body or muscle aches, headaches, vomiting or diarrhea.

These criteria may change as more information becomes available. The most current recommendations may be found at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

We ask that staff who have reported travel to China or have had close contact to individual(s) with a confirmed case of 2019-nCoV answer the questions on the attached tool. The tool can be administered by the Human Resource Manager, Clinical Director, or Health Services Administrator at the facility.

At the completion of the tool, the institution should reach out to CAPT Sylvie Cohen who in collaboration with Human Resource Management Division will provide further direction regarding the staff member's disposition. CAPT Cohen may be contacted by email at (b)(6); (b)(7)(C) or by phone at (b)(6); (b)(7)(C).

This memo and the screening tool will be posted on Sallyport and additional information from the CDC is attached.

Attachments (3)

cc: Regional Directors
N. C. English, Assistant Director, HSD
Chris A. Bina, Sr. Deputy Assistant Director, HSD
L. Cristina Griffith, Assistant Director, HRMD
Sheila Kiernan, Sr. Deputy Assistant Director, HRMD
Christopher Wade, Chief, Labor Relations

BOP-HSD/Executive Assistant
HSD Branch Chiefs / Chief Professional Officers
Regional Medical Directors
Regional Health Services Administrators
Regional Quality Improvement /Infection Prevention
Coordinators



U.S. Department of Justice
Federal Bureau of Prisons
Health Services Division

Washington, D.C. 20534

January 31, 2020

**MEMORANDUM FOR All CLINICAL DIRECTORS
ALL HEALTH SERVICES ADMINISTRATORS
ALL QUALITY IMPROVEMENT/INFECTION PREVENTION
CORDINATORS**

Jeffery D. Allen, M.D.

2020.01.31 16:41:34 -05'00'

FROM: Jeffery D. Allen, M.D., Medical Director
Health Services Division

SUBJECT: Guidance on 2019 Novel Coronavirus Infection for
Inmate Screening and Management

The Centers for Disease Control and Prevention (CDC) has issued a health advisory related to the outbreak of 2019 Novel Coronavirus (2019-nCoV) which originated in Wuhan, China. Subsequently, the World Health Organization identified this outbreak as a global health emergency. Both organizations have issued interim guidance which may be found at <https://www.cdc.gov/coronavirus/2019-nCoV/index.html>, and <https://www.who.int/health-topics/coronavirus>, respectively. The illness caused by 2019-nCoV has been identified in other countries including the United States and is primarily associated with travel in Hubei Province and Wuhan, China.

Symptoms of the illness primarily include fever, cough and shortness of breath or difficulty breathing. Currently, there is no vaccine or treatment for 2019-nCoV. Person-to-person transmission has been demonstrated and is thought to occur by respiratory droplets, similar to how a cold is transmitted. The best general preventive measures include frequent hand washing or use of alcohol-based hand sanitizer, avoiding touching areas of the face, staying away from people who are sick, and staying home if you are sick, whenever possible. Covering the nose and mouth when coughing or sneezing is also helpful. Personal protective equipment is recommended for close contact with Persons Under Investigation

(<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>) or who have a confirmed diagnosis of 2019-nCoV infection.

Recommendations for a potentially-exposed person depend on both the risk of exposure and the presence or absence of symptoms.

Risk factors for exposure to 2019-nCoV (as of 1/31/2020) include:

- Travel from mainland China in the past 14 days, or
- Close contact with a confirmed case of 2019-nCoV

Symptoms of 2019-nCoV (as of 1/31/2020) may include:

- Fever or
- Cough or
- Shortness of breath or difficulty breathing
- Other possible symptoms may include chills, body or muscle aches, headaches, vomiting or diarrhea.

These criteria may change as more information becomes available.

The most current recommendations may be found at

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

Although international efforts are underway to contain the spread of this virus, the potential exists for new inmates transferring to the Federal Bureau of Prisons (BOP) to have risk factors for exposure to this virus. To identify new inmates at risk for 2019-nCoV, screening for exposure risk factors and symptoms is recommended on all newly arriving inmates to the BOP. The attached screening tool may be helpful in facilitating that activity.

Please notify Regional and Central Office Infection Prevention and Control staff of any inmates identified with exposure risk factors, with or without symptoms. They are also a good point of contact for questions you may have regarding this issue.

This memo and the screening tool will be posted and available on Sallyport.

Attachment (1)

cc: Regional Directors

N. C. English, Assistant Director, HSD

Chris A. Bina, Sr. Deputy Assistant Director, HSD

L. Cristina Griffith, Assistant Director, HRMD

Sheila Kiernan, Sr. Deputy Assistant Director, HRMD

Christopher Wade, Chief, Labor Relations

BOP-HSD/Executive Assistant

HSD Branch Chiefs / Chief Professional Officers

Regional Medical Directors
Regional Health Services Administrators
Regional Quality Improvement /Infection Prevention
Coordinators



U.S. Department of Justice
Federal Bureau of Prisons
Health Services Division

Washington, D.C. 20534

February 29, 2020

**MEMORANDUM FOR ALL CLINICAL DIRECTORS
ALL HEALTH SERVICES ADMINISTRATORS
ALL QUALITY IMPROVEMENT/INFECTION PREVENTION
COORDINATORS**

Jeffery D. Allen, M.D.

Digitally signed by JEFFERY ALLEN
Date: 2020.02.29 11:23:25 -05'00'

FROM: Jeffery D. Allen, M.D., Medical Director
Health Services Division

SUBJECT: Guidance Update for Coronavirus Disease 2019
(COVID-19)

This memorandum serves to update the Bureau of Prisons' guidance related to Coronavirus Disease 2019 (COVID-19), previously referred to as the 2019 Novel Coronavirus Infection (2019-nCoV) and described in memos dated January 31, 2020. This change in nomenclature aligns with the new World Health Organization and Centers for Disease Control and Prevention (CDC) terminology. Of note, the virus that causes COVID-19 is now referred to as SARS-CoV-2.

COVID-19 now demonstrates person-to-person spread and is occurring in a growing number of locations outside of China, including the U.S. The vast majority of U.S. cases to date have been travel-related, with only three cases of person-to-person transmission known to have occurred within the U.S. However, the situation is evolving rapidly; several additional cases of suspected community transmission have been reported in the last 24 hours. Although the risk of transmission in the U.S. is still considered low, current global circumstances suggest that the virus is likely to cause a pandemic. In response, BOP institutions need to continue screening for COVID-19 risk factors and symptoms and be prepared for a possible pandemic and managing a case of COVID-19 in either staff or inmates.

In addition to the guidance provided in the previous memos, the BOP recommends the following.

1. Perform COVID-19 screening of all new inmate admissions to the BOP early during the intake screening process.

- a. The inmate screening tool has been modified to incorporate new guidance from the CDC to assist in efficiently accomplishing this task. If used, institutions should replace prior versions of the screening tool with this current version (attached).
 - b. Separate out and place a regular surgical mask on any inmate arriving to an institution with symptoms of acute respiratory illness. Having a supply of these masks and other personal protective equipment (PPE) readily available in the screening area is recommended.
 - c. Have a means available in R&D for inmates to accomplish hand hygiene / washing upon arrival.
2. Educate staff about COVID-19 and screen staff with potential risk factors in accordance with the revised staff screening tool (attached).
 3. Assure fit-testing for use of the N-95 respirator mask is being conducted at institutions. A current list of fit-tested personnel should be established and maintained in Ops Planner.
 4. Disseminate education and provide demonstrations on appropriate procedures for donning and doffing of PPE.
 5. Establish communication with local public health authorities for reporting and management procedures, to include a determination of where to send, suspected COVID-19 cases, Persons Under Investigation (PUIs) or quarantined inmates who develop signs or symptoms of illness.
 6. Utilize the Pandemic Influenza Plan to initiate preparations for a potential COVID-19 pandemic.
 - a. Meet with executive staff leadership to determine where persons with COVID-19 risk factors would be quarantined in the facility, if needed.
 - b. Establish baseline PPE supplies for gloves, surgical masks, N-95 respirator masks, face shields and gowns. Each institution should develop a current list of PPE supplies and maintain an accurate inventory in Ops Planner. Institutions should also move to purchase additional supplies, as necessary.
 - c. Post a visitor notice alerting people with illness (fever, sore throat, cough, shortness of breath) not to visit. English and Spanish versions are attached.
 - d. Initiate means for inmates to wash hands after arriving to R&D, prior to fingerprinting or other procedures.

The following items have been updated or added to align with CDC guidance or definitions and to assist institutions to prepare for potential COVID-19 suspects or illness. Please note the

first two items are available on the Health Services Division Infectious Disease Sallyport page.

- 2019 Novel Coronavirus (COVID-19) Inmate Screening Tool
- 2019 Novel Coronavirus (COVID-19) Staff Screening Tool
- CDC COVID-19 education flyers (3)
- Visitor notifications signs (2)
- OSHA Respiratory Protection Program Toolkit, available at <https://www.osha.gov/Publications/OSHA3767.pdf>

Notify appropriate Regional and Central Office QIIPC Consultants, Supervisory Occupational Medicine Physician or Chief, Occupational Safety and Health Branch, as indicated on the screening tools, of any inmates or staff identified with exposure risk factors, with or without symptoms. They are also a good point of contact for questions you may have regarding this issue.

Please share this memorandum and associated attachments with Executive Staff at your location. These resources and screening tools will be posted and available on the HSD Sallyport web page.

Attachments (7)

cc: Assistant Directors
Regional Directors
Chris A. Bina, Sr. Deputy Assistant Director, HSD
Sheila Kiernan, Sr. Deputy Assistant Director, HRMD
Christopher Wade, Chief, Labor Relations
BOP-HSD/Executive Assistant
HSD Branch Chiefs / Chief Professional Officers
Regional Medical Directors
Regional Health Services Administrators



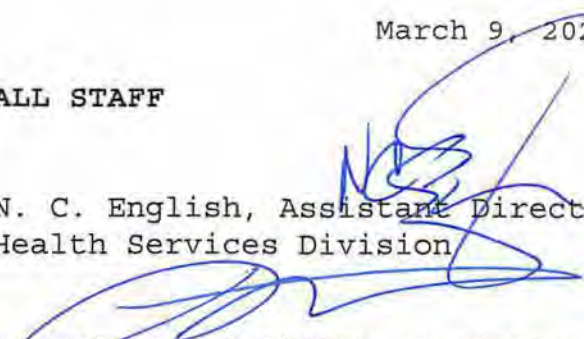
U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

March 9, 2020

MEMORANDUM FOR ALL STAFF

FROM: N. C. English, Assistant Director
Health Services Division


L. Cristina Griffith, Assistant Director
Human Resource Management Division

SUBJECT: Coronavirus Disease 2019 (COVID-19): Screening
and Leave Guidance

The current spread of the coronavirus disease (COVID-19) worldwide is a significant public health concern. Given the dynamic nature of this outbreak, national guidance regarding coronavirus is evolving rapidly. The Bureau of Prisons (Bureau) is providing guidance to protect staff and inmates and address the impact of COVID-19 in our environment.

Staff Under Movement Restriction by Public Health Authorities:

Any staff (civil service or PHS) who are subject to or received movement restrictions at the direction of public health authorities should not return to work.

Asymptomatic Employees: Employees should advise their supervisor to confirm and approve the use of weather and safety leave (administrative leave) for up to fourteen days. The Office of Personnel Management (OPM) has authorized the use of this category of leave for this purpose. Leave may be approved for up to fourteen days if the employee does not have an approved telework agreement. Staff who currently have an approved telework agreement (regular or situational) are alternatively expected to telework at their home. If the employee does not develop symptoms during that fourteen day period, he/she may be cleared to return to work.

Symptomatic Employees: The employee is a potential significant safety risk for other employees, inmates, and the general public, and as such should not travel and perform work at the employee's worksite. The employee is urged to immediately visit his or her medical provider or to visit an urgent care/emergency room for further assessment. Use of weather and safety leave is not appropriate in these circumstances. Per OPM guidance, accrued or advanced sick leave should be used to cover such a period of sickness (post-diagnosis and recovery).

Staff Not Under Restriction But Recently Returned from Country or Region/Area of Concern:

Any staff not under public health movement restrictions but who have travelled to any country or region of concern (<https://wwwn.cdc.gov/travel/notices>) within the past fourteen days should first complete the screening tool developed based upon the Center for Disease Control (CDC) protocol before returning to work. The tool is available on the HSD Sallyport web page, 2019 Novel Coronavirus (COVID-19) Staff Screening Tool (http://sallyport.bop.gov/co/hsd/infectious_disease/COVID19.jsp) and will be posted in the Employee Resources area on the public website (https://www.bop.gov/resources/employee_resources.jsp). The tool should be completed prior to the employee returning to any BOP facility. The results of the completed screening assessment should be emailed to BOP-HSD/EmployeeHealth@bop.gov for review and recommendations related to safe return to work.

Asymptomatic Employees: In situations where it has been determined by the Health Services Division (consistent with CDC guidance) that the employee is *asymptomatic* (i.e., healthy, not displaying symptoms of the disease) but should not return to work immediately, the following actions should be taken. Staff who currently have an approved telework agreement (regular or situational) are expected to work at their home. Staff who do not currently have an approved telework agreement, **may be authorized weather and safety leave if a local health authority determines the employee would jeopardize the health of others if allowed to return to work.** The number of days approved will be determined by the Occupational Safety & Health Branch, consistent with CDC guidance. If the employee does not develop symptoms during that fourteen day period, he/she must return to work.

Symptomatic Employees: If Occupational & Safety Health Branch determines after a review of the screening tool that the employee is a potential significant safety risk for other employees, inmates, and the general public if such an employee were allowed to travel and perform work at the employee's worksite, then the employee will be urged to immediately visit his or her medical provider or to visit an urgent care/emergency room for further assessment. The employee is not approved to return to work. Use of weather and safety leave is not appropriate in these circumstances. Per OPM guidance, accrued or advanced sick leave should be used to cover such a period of sickness (post-diagnosis and recovery).

Diagnosed Employees: If an employee is diagnosed as being infected, or likely has been infected with COVID 19 or other quarantinable disease, accrued or advanced sick leave should be used to cover such a period of sickness (post-diagnosis and recovery).

Any questions regarding leave flexibilities should be forwarded to the Staffing and Employee Relations Section (SERS) for further guidance at (202) (b)(6);(b)(7)(C)

cc: Human Resource Administrators
Health Service Administrators
Human Resource Managers



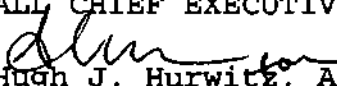
U.S. Department of Justice
Federal Bureau of Prisons

Reentry Services Division

Washington, DC 20534

MAR 13 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

FROM: 
Hugh J. Hurwitz, Assistant Director
Reentry Services Division

SUBJECT: Necessary Inmate Treatment and Services During
Modified Operations

In response to the Coronavirus (COVID-19), BOP facilities are operating under modified conditions in order to ensure social distancing as much as possible. While protecting the health of inmates and staff, institutions must also ensure mental health emergencies are prevented, appropriate care is provided to vulnerable inmates, and inmates have the ability to participate in protected religious activities. The following recommendations will support these objectives:

- If inmates are confined to their cells, single celling should be eliminated to the greatest extent possible, to reduce the isolation and privacy that can facilitate suicide. Psychology Services staff should be consulted regarding any inmates proposed for single celling to ensure they are not particularly vulnerable individuals and/or to make recommendations.
- Psychologists must conduct daily rounds in all areas where inmates are housed or confined to observe and communicate with inmates; psychologists may make recommendations regarding vulnerable inmates to ensure their needs are met. If psychologist staffing levels necessitate, Treatment Specialists may assist with rounds.
- Psychologists must remove inmates from their cells for private sessions to provide crisis intervention or suicide risk assessments.
- Psychologists must offer to remove inmates with CARE3-MH

and CARE4-MH assignments from their cells at least weekly for individual clinical contacts.

- If suicide watch is recommended by a staff member and the usual suicide watch room is not available, PS5324.08, Section 12, Suicide Prevention Program states that under emergency conditions a room other than the designated suicide watch room may be used, as long as an inmate on watch is returned to the approved room when it becomes available. Emergency suicide watch rooms may not be in the Special Housing Unit.
- Institutions may elect to continue using suicide watch companions at the discretion of the Warden.
- Chaplains must conduct daily pastoral rounds in all areas where inmates are confined to ensure religious accommodation and spiritual care.
- If inmates are removed from their normal housing unit for medical reasons, they should be able to maintain access to religious materials.



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

March 13, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

A handwritten signature in blue ink, appearing to read "Andre Matevosian", is positioned above the "FROM:" field.

FROM: **ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION**

A handwritten signature in blue ink, appearing to read "L. Cristina Griffith", is positioned above the name of the Assistant Director.

**L. CRISTINA GRIFFITH, ASSISTANT DIRECTOR
HUMAN RESOURCE MANAGEMENT DIVISION**

SUBJECT: **CORONAVIRUS (COVID-19) PHASE TWO ACTION PLAN**

The BOP has been planning for coronavirus since January 2020. Phase One activities included guidance from the Health Services Division regarding description of the disease, where the infection was occurring and best practices to mitigate transmission. An agency task force was working in conjunction with subject matter experts in the Centers for Disease Control (CDC) and reviewing guidance from the World Health Organization. The Bureau of Prisons (BOP), after coordination with the Department of Justice and the White House, is implementing Phase Two of our COVID-19 response.

Effective immediately, the following measures are being deployed by the BOP for institution operations in order to mitigate the spread of COVID-19, acknowledging the country will have more confirmed cases in the coming weeks. Due to the high population density of prisons, the BOP is vulnerable to higher rates of infection and transmission within prisons and communities where staff live. These measures are also being put in place to ensure staff remain healthy and available for duty. (Specific guidance for non-institution BOP offices (e.g. Central and Regional Offices and BOP training centers) will be issued for those locations.)

HIRING: Staff hiring initiatives will continue.

LOGISTICS: All institutions should assess their inventories of food, medicines, cleaning supplies, and sanitation supplies. Institutions and regions should also update their pandemic plans and institutions should establish quarantine areas within their facilities, should they be needed.

SOCIAL VISITS: Social visits will be suspended for 30 days, at which time the suspension will be reevaluated.

To ensure that inmates maintain community ties, inmate telephone system minutes will be increased to 500 minutes per calendar month Bureau-wide by the Trust Fund Branch.

INMATE MOVEMENT: All inmate internal movement will be suspended for 30 days, at which time the suspension will be reevaluated. Exceptions to this suspension are transfers related to forensic studies, writs, Interstate Agreements on Detainers (IAD), medical or mental health reasons, and RRC placements. Admission of newly-committed inmates will continue. Other case-by-case exceptions for judicial proceedings may be brought to the attention of the appropriate Regional Counsel for consideration.

All intra-agency movements are suspended. Local medical trips should still continue, as necessary.

LEGAL VISITS: Legal visits will be suspended for 30 days, at which time the suspension will be reevaluated. Case-by-case approval at the local level and confidential legal calls will be allowed in order to ensure access to counsel.

Access to legal counsel remains a paramount requirement and should be accommodated to the maximum extent practicable. Although legal visits are generally suspended for 30-days, case-by-case accommodation should be made at the local level. Attorneys should be encouraged to make requests through the main email address for each facility located on bop.gov, telephonically or by contacting the appropriate Consolidated Legal Center (CLC). The CEO must designate staff at the institution to monitor the email box on an ongoing, regular basis.

If approved for an in-person visit, the attorney will need to undergo screening using the same procedures as staff. The overall authority to approve legal visits lies with the Warden.

OFFICIAL STAFF TRAVEL: Official staff travel, with the exception of relocation travel, will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions must be approved by the BOP Deputy Director.

TRAINING: All staff training is suspended for 30 days, (to include conferences and meetings), with the exception of ICT1 and ICT2, at which time the suspension will be reevaluated. Any exceptions must be approved by the Deputy Director.

Larger training facilities should be used for ICT1, where practicable, to accomplish social distancing.

CONTRACTORS: Contractors performing essential services or necessary maintenance on essential systems will continue, and will be screened using the same procedures as for staff prior to entry.

Essential services include, for example, medical services, mental health services, religious services and critical infrastructure repairs.

VOLUNTEERS: Volunteer visits will be suspended for 30 days, unless approved by the Deputy Director of the BOP. The suspension will be reevaluated in 30 days. Alternate means of communication will be considered for inmates who request to speak with a religious advisor.

Alternate means of communication should include telephone calls, video conferences and other appropriate forms of communication. If approved for an in-person visit, the volunteer will need to undergo screening using the same procedures as staff

SCREENING OF STAFF: Enhanced health screening of staff will be implemented in areas with “sustained community transmission” and at medical referral centers. “Sustained community transmission” is determined by the CDC and will be indicated on the map on this resource page: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html> where state community transmission indicates “Yes”. Such screening includes self-reporting and temperature checks for the next 30 days, at which time the process will be reevaluated.

An updated screening tool will be distributed to institutions in “sustained community transmission” areas and to medical referral centers. CEOs in those areas should work with their Health Services Administrator to designate a qualified health care professional to be available on all shifts to administer the temperature checks and record it on the screening form. Employees performing the screening must have appropriate PPE, to include the N-95 respirator, face shield/goggles, gloves and a gown.

Given the public health emergency, staff who refuse the enhanced health screening will be denied entry and may be subject to disciplinary action.

If staff register an oral temperature of greater than or equal to 100.4 degrees (Fahrenheit), they will be denied entry to the facility and put on sick leave. If an employee comes to work with any symptoms of illness, please refer to the [OPM guidance issued on Saturday, March 7th](#) (Section F).

SCREENING OF INMATES: Field sites should continue to screen inmates for COVID-19 following previously indicated practices:

- All newly-arriving BOP inmates are screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic inmates with exposure risk factors are to be quarantined.
- Symptomatic inmates with exposure risk factors are to be isolated and tested for COVID-19 per local health authority protocols
- **To-date, no inmates have tested positive for COVID-19 in the BOP.**

TOURS: Tours will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions must be approved by the Deputy Director.

Requests should be routed through the appropriate Regional Director to the applicable Assistant Director (for example, judicial requests through OGC, legislative requests through IPPA, etc.). If approved, participants will need to undergo screening using the same procedures as staff

MODIFIED OPERATIONS: For the next 30 days, Wardens should implement modified operations to maximize social distancing in our facilities, as much as practicable. The suspension will be reevaluated in 30 days. In recognition of First Step Act requirements, programs should continue to be operated when feasible. CEOs and UNICOR staff should endeavor to maintain operations of UNICOR factories as long as practicable, with consideration of this guidance.

All Program Reviews and ACA/PREA audits will be rescheduled once normal operations are resumed.

CEOs should consider staggered meal times and staggered recreation times, for example, in order to limit congregate gatherings. All community service projects should also be suspended for 30 days.

PRIVATE CONTRACTORS: This COVID-19 guidance will be shared with private prisons and Residential Reentry Centers (RRCs) for dissemination to staff and inmates in these facilities, so that similar protocols can be implemented.

Questions: If staff have questions about COVID-19, they may reach out to the agency through COVID19Questions@bop.gov.

We appreciate your assistance and cooperation in this important matter.

ATTACHMENT A – SAMPLE WARDEN MEMO TO INMATES

MEMORANDUM FROM WARDEN

SUBJECT: BOP CORONAVIRUS (COVID-19) PROTECTIVE MEASURES

As you may be aware in talking to persons in the community, the United States is seeing an increase in the number of confirmed cases of infected persons. Effective immediately, the following actions are being taken by the Bureau of Prisons (BOP) in order to prevent or reduce the spread of COVID-19.

SCREENING OF INMATES: The BOP is screening inmates for COVID-19 using established practices:

- All newly-arriving BOP inmates are screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic inmates with exposure risk factors are being quarantined.
- Symptomatic inmates with exposure risk factors are to be isolated and tested for COVID-19 per local health authority protocols
- **To-date, no inmates have tested positive for COVID-19 in the BOP.**

SOCIAL VISITS: Social visits are suspended for 30 days, at which time the suspension will be reevaluated.

To ensure that inmates maintain community ties, inmate telephone system minutes will be increased nationally to 500 minutes per calendar month.

INMATE MOVEMENT: Inmate movement between facilities is suspended for 30 days, at which time the suspension will be reevaluated. BOP will make exceptions for special cases such as writs for prosecution on pending charges, Interstate Agreements on Detainers (IAD), medical or mental health reasons, and RRC placements. The BOP will also continue to process and admit new inmates. Other case-by-case exceptions for judicial proceedings may also be made.

Local medical trips will be made, as necessary.

LEGAL VISITS: Legal visits will be suspended for 30 days, at which time the suspension will be reevaluated. Case-by-case approval at the local level and confidential legal calls will be allowed in order to ensure access to counsel.

Access to legal counsel will be accommodated to the maximum extent practicable. Although legal visits are generally suspended for 30-days, you may make a request to your Unit Team, who will forward it to the institution's Legal Department for review and final approval by the Warden. Attorneys will be screened prior to being admitted to the facility.

VOLUNTEERS: Volunteer visits will be suspended for 30 days, with limited exceptions. The suspension will be reevaluated in 30 days. Inmates who wish to speak with a religious advisor should make a request through their Unit Team.

MODIFIED OPERATIONS: For the next 30 days, the facility will operate on a modified basis to limit inmate group contact, as much as possible. This action is necessary to limit the transmission of the disease if anyone becomes infected. The suspension will be reevaluated in 30 days.

We appreciate your assistance and cooperation in this important matter.




U.S. Department of Justice
Federal Bureau of Prisons


Washington, D.C. 20534

March 18, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

FROM:


ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION


L. CRISTINA GRIFFITH, ASSISTANT DIRECTOR
HUMAN RESOURCE MANAGEMENT DIVISION

SUBJECT: CORONAVIRUS (COVID-19) PHASE TWO ACTION PLAN – UPDATE #1 (Updates highlighted below)

The BOP has been planning for coronavirus since January 2020. Phase One activities included guidance from the Health Services Division regarding description of the disease, where the infection was occurring and best practices to mitigate transmission. An agency task force was working in conjunction with subject matter experts in the Centers for Disease Control (CDC) and reviewing guidance from the World Health Organization. The Bureau of Prisons (BOP), after coordination with the Department of Justice and the White House, is implementing Phase Two of our COVID-19 response.

Effective immediately, the following measures are being deployed by the BOP for institution operations in order to mitigate the spread of COVID-19, acknowledging the country will have more confirmed cases in the coming weeks. Due to the high population density of prisons, the BOP is vulnerable to higher rates of infection and transmission within prisons and communities where staff live. These measures are also being put in place to ensure staff remain healthy and available for duty. (Specific guidance for non-institution BOP offices (e.g. Central and Regional Offices and BOP training centers) will be issued for those locations.)

HIRING: Staff hiring initiatives will continue. For those sites who are processing applicants, please ensure that such persons are screened in the same manner as staff.

LOGISTICS: All institutions should assess their inventories of food, medicines, cleaning supplies, and sanitation supplies. Institutions and regions should also update their pandemic plans and institutions should establish quarantine areas within their facilities, should they be needed.

SOCIAL VISITS: Social visits will be suspended for 30 days, at which time the suspension will be reevaluated.

To ensure that inmates maintain community ties, inmate telephone system minutes will be increased to 500 minutes per calendar month Bureau-wide by the Trust Fund Branch.

INMATE MOVEMENT: Generally, inmate internal movement will be suspended for 30 days, at which time the suspension will be reevaluated. Exceptions to this suspension may include, but are not limited to, transfers related to forensic studies, writs, Interstate Agreements on Detainers (IAD), medical or mental health reasons, and RRC placements. **The BOP may also move inmates to better manage the detention bedspace.** Admission of newly-committed inmates will continue with appropriate screening as previously directed. Other case-by-case exceptions for judicial proceedings may be brought to the attention of the appropriate Regional Counsel for consideration.

Local medical trips should still continue, as necessary. All movements will be authorized under the following condition:

- *Inmates must have been in BOP custody for greater than 14 days;*
- *Perform an exit screening for COVID-19 symptoms (fever, cough, shortness of breath and temperature).*
 - *If the inmate has no symptoms and a temperature less than 100.4 degrees F, the inmate can be transferred and no Personal Protective Equipment (PPE) required by escorting staff.*
 - *If the inmate has COVID-19 symptoms, or temperature greater than 100.4 degrees F, they should not be transferred and immediately placed in isolation.*
- *Regional Directors will notify the BOP Emergency Operations Center prior to movement in order to track and monitor movement.*

*Inmates releasing to the community, whether through a Residential Reentry Center or otherwise, will be provided a **sixty-day** supply of medication. (BOP policy has been waived for this specific requirement.)*

LEGAL VISITS: Legal visits will be suspended for 30 days, at which time the suspension will be reevaluated. Case-by-case approval at the local level and confidential legal calls will be allowed in order to ensure access to counsel.

Access to legal counsel remains a paramount requirement and should be accommodated to the maximum extent practicable. Although legal visits are generally suspended for 30-days, case-by-case accommodation should be made at the local level. Attorneys should be encouraged to make requests through the main email address for each facility located on bop.gov, telephonically or by contacting the appropriate Consolidated Legal Center (CLC). The CEO must designate staff at the institution to monitor the email box on an ongoing, regular basis.

If approved for an in-person visit, the attorney will need to undergo screening using the same procedures as staff. The overall authority to approve legal visits lies with the Warden.

OFFICIAL STAFF TRAVEL: Official staff travel, with the exception of relocation travel, will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions must be approved by the BOP Deputy Director.

TRAINING: All staff training is suspended for 30 days, (to include conferences and meetings), with the exception of ICT1 and ICT2, at which time the suspension will be reevaluated. Any exceptions must be approved by the Deputy Director.

Larger training facilities should be used for ICT1, where practicable, to accomplish social distancing.

CONTRACTORS: Contractors performing essential services or necessary maintenance on essential systems will continue, and will be screened using the same procedures as for staff prior to entry if they are operating in the local commuting area. If, however, a contractor's scope of work includes travel and contracts in an area with a "Sustained community transmission" (see "Screening of Staff" section below), the contractor will be expected to undergo enhanced screening.

Essential services include, for example, medical services, mental health services, religious services and critical infrastructure repairs.

VOLUNTEERS: Volunteer visits will be suspended for 30 days, unless approved by the Deputy Director of the BOP. The suspension will be reevaluated in 30 days. Alternate means of communication will be considered for inmates who request to speak with a religious advisor.

Alternate means of communication should include telephone calls, video conferences and other appropriate forms of communication. If approved for an in-person visit, the volunteer will need to undergo screening using the same procedures as staff

SCREENING OF STAFF: Enhanced health screening of staff will be implemented in areas with "sustained community transmission" and at medical referral centers. "Sustained community transmission" is determined by the CDC and will be indicated on the map on this resource page: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html> where state community transmission indicates "Yes". Such screening includes self-reporting and temperature checks for the next 30 days, at which time the process will be reevaluated.

An updated screening tool will be distributed to institutions in "sustained community transmission" areas and to medical referral centers. CEOs in those areas should work with their Health Services Administrator to designate a qualified health care professional to be available on all shifts to administer the temperature checks and record it on the screening form. Employees performing the screening must have appropriate PPE, to include a surgical mask, face shield/goggles, gloves and a gown.

Given the public health emergency, staff who refuse the enhanced health screening will be denied entry and may be subject to disciplinary action.

If staff register an oral temperature of greater than or equal to 100.4 degrees (Fahrenheit), they will be denied entry to the facility and put on sick leave. If an employee comes to work with any symptoms of illness, please refer to the [OPM guidance issued on Saturday, March 7th](#) (Section F).

HIGH RISK OR VULNERABLE STAFF: The CDC has identified that based on information from China, certain persons are at higher risk for more serious complications from COVID-19. Such persons are:

- Older adults (age 60 or over)
- People who have serious chronic medical conditions (per CDC's website);
- Pregnant women.

Staff who are considered by the CDC to be at a higher risk regarding COVID-19 may be eligible for additional accommodations. Please review guidance for this population on [the CDC website](#) and consult with your supervisor. Employees are required to self-certify their medical condition. The self-certification form can be found on the [Sallyport COVID-19 Resource page](#).

A special note regarding accommodation requests based on spouses or significant others who are considered to be at higher risk for COVID-19 complications:

The CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to COVID-19. In other words, "contacts of contacts" are not considered to be at risk.

As such, while a staff member who comes into work could be considered a person with potential exposure (i.e., a "contact of a contact"), the staff member's spouse or partner is not considered to be at increased risk for exposure to COVID-19 and, as applied to consideration for higher risk accommodation, is not a criteria for approval of accommodation for the employee.

SCREENING OF INMATES: Field sites should continue to screen inmates for COVID-19 following previously indicated practices:

- All newly-arriving BOP inmates are screened for COVID-19 exposure risk factors and symptoms.
- Asymptomatic inmates with exposure risk factors are to be quarantined.
- Symptomatic inmates with exposure risk factors are to be isolated and tested for COVID-19 per local health authority protocols
- **To-date, no inmates have tested positive for COVID-19 in the BOP.**

TOURS: Tours will be suspended for 30 days, at which time the suspension will be reevaluated. Any exceptions must be approved by the Deputy Director.

Requests should be routed through the appropriate Regional Director to the applicable Assistant Director (for example, judicial requests through OGC, legislative requests through IPPA, etc.). If approved, participants will need to undergo screening using the same procedures as staff

MODIFIED OPERATIONS: For the next 30 days, Wardens should implement modified operations to maximize social distancing in our facilities, as much as practicable. The suspension will be reevaluated in 30 days. In recognition of First Step Act requirements, programs should continue to be operated when feasible. CEOs and UNICOR staff should endeavor to maintain operations of UNICOR factories as long as practicable, with consideration of this guidance.

All Program Reviews and ACA/PREA audits will be rescheduled once normal operations are resumed.

CEOs should consider staggered meal times and staggered recreation times, for example, in order to limit congregate gatherings. All community service projects should also be suspended for 30 days.

PRIVATE CONTRACTORS: This COVID-19 guidance will be shared with private prisons and Residential Reentry Centers (RRCs) for dissemination to staff and inmates in these facilities, so that similar protocols can be implemented.

Questions: If staff have questions about COVID-19, they may reach out to the agency through COVID19Questions@bop.gov.

We appreciate your assistance and cooperation in this important matter.



U.S. Department of Justice

Federal Bureau of Prisons

Washington, DC 20534

MAR 18 2020

MEMORANDUM FOR ALL CENTRAL OFFICE, REGIONAL OFFICE AND TRAINING CENTER STAFF

A handwritten signature in black ink, appearing to read "L. Cristina Griffith", is positioned above the typed name.

FROM: L. Cristina Griffith
Assistant Director
Human Resource Management Division

SUBJECT: Coronavirus (COVID 19) Phase III Action Plan
Non-Institution Locations

The following guidance applies to non-institution Bureau of Prisons (BOP) locations only: Central Office, Regional Offices, Training Centers, the Grand Prairie Office Complex, and RRM Offices. This guidance is intended to mitigate the spread of COVID-19 in these locations and encourage the practice of social distancing, while maximizing flexibility and productivity for staff to accomplish the agency mission. This guidance is effective until further notice, and will be evaluated and updated as the COVID-19 response evolves.

TELEWORK

On March 15, 2020, the Department of Justice (DOJ) temporarily relaxed the policy requirements for telework, asking that all components explore maximum available flexibilities to enable social distancing as much as possible to mitigate the spread of the disease. This discretion, however, is expected to be exercised so as not to diminish public confidence, and to support institution operations.

TELEWORK READY: Effective immediately, all staff who are telework ready, (meaning they have a current telework agreement, an active remote access (RSA) token, and a laptop/tablet that has been properly updated to Windows 10), may make a request through their supervisor to telework up to five (5) days a week. The BOP is temporarily relaxing our telework policy (PS3630.02) until further notice, and

permitting employees to telework notwithstanding a compressed work schedule (CWS) and to care for others in their home while teleworking. Under the former exception (CWS + telework), the employee is expected to work their full schedule (5/4/9 or 4/10) regardless of whether their workplace is at home or at the office. Under the latter exception (providing care for a household member), a teleworking employee is expected to account for all work and non-work hours and take appropriate leave to account for time spent away from work-related duties. All other provisions of policy relating to telework and the employee's telework agreement remain in effect.

It is the employee's responsibility to maintain productivity by forwarding their desk phones or checking voicemail regularly. Delays in responsiveness will result in reevaluation of the telework schedule.

Supervisors will review all telework agreements to ensure organizational effectiveness.

Although the Bureau is maximizing the opportunity to telework during this period, please note that five days of telework may not be possible in all cases, and even if approved, staff members may be directed to report to the work site as needed.

TELEWORK ELIGIBLE BUT NOT READY: Staff whose positions are telework eligible, but are not telework ready, may not be able to telework at this time. Staff who are interested in telework must complete a telework agreement and provide it to their supervisor, however, the approval will rest with the appropriate Assistant Director, Regional Director, or Training Center Director, or designees, until further notice. For tracking and accountability purposes, please submit the agreements to the appropriate Human Resource Servicing Office. If possible, staff should complete the telework training, prior to beginning telework, but it is not mandatory during this emergency. Managers should consider providing work to staff that can be performed at home without access to the workstation. If management determines the staff member needs to be physically present, consideration to staggering staff schedules (days or shifts) to minimize the number of staff in the workspace to encourage maximum social distancing should be evaluated. The agency is aggressively working to acquire additional equipment or repurpose existing equipment for teleworking. Once the equipment is available, it will be distributed to employees in relation to request submission and agency priorities. Any staff who management determines to not

need to be physically present in the workplace, will be placed on weather and safety leave. Any staff who can perform work at home for any time period (days or hours), will be placed on weather and safety leave for time that they do not have or are not provided work to perform at home.

TELEWORK INELIGIBLE: Staff whose positions are currently not telework eligible, may temporarily be considered to telework during this public health emergency, work permitting. As stated above, managers should consider providing work to staff that can be performed at home without access to the workstation. If the staff member needs to be physically present at the worksite, consider staggering staff schedules (days or shifts) to minimize the number of staff in the workspace to encourage maximum social distancing. Any staff who management determine to not need to be physically present in the workplace, will be placed on weather and safety leave. Any staff who can perform work at home, during all or part of the day, will be placed on weather and safety leave for time that they are not provided work to perform at home.

HIGH RISK OR VULNERABLE STAFF

The CDC has identified that based on information from China, certain persons are at higher risk for more serious complications from COVID-19. Such persons are:

Older adults (age 60 or over)

- People who have serious chronic medical conditions such as:
 - o Heart disease
 - o Diabetes, and
 - o Lung disease.

Staff who are considered by the CDC to be at a higher risk regarding COVID-19 may be eligible for additional telework accommodations. Please review guidance for this population on [the CDC website](#) and consult with your supervisor.

A special note regarding telework requests based on spouses or significant others who are considered to be at higher risk for COVID-19 complications:

The CDC does not recommend testing, symptom monitoring or special management for people exposed to asymptomatic people with potential exposures to COVID-19. In other words, "contacts of contacts" are not considered to be at risk.

As such, while a staff member who comes into work could be considered a person with potential exposure (i.e., a "contact of a contact"), the staff member's spouse or partner is not considered to be at increased risk for exposure to COVID-19 and, as applied to consideration for higher risk telework, is not a criteria for approving full-time telework for the employee.

As previously stated in the introduction, the telework guidelines noted above are temporary, but until further notice, but may be modified in the interim as needed.

CONTRACTORS

Guidance for contractors at the Central Office, Regional Offices or Training Centers is similar to the requirements of contractor access to institutions. Contractors performing essential services or necessary maintenance on essential systems will continue to be provided access. They must complete the screening tool for contractors and visitors posted on Sallyport and the BOP public website prior to being authorized entry.

MEETINGS

Whenever possible, practice social distancing at all meetings. Meetings with external persons should be facilitated via conference call, video conference or web conferencing whenever feasible. If an in-person meeting is required, the visitor must complete the Visitor/Contractor screening tool posted on Sallyport and the BOP's public website.

TRAINING

All staff training is suspended for 30 days (to include conferences), with the exception of ICT1, at which time the suspension will be reevaluated. Any exceptions must be routed through your Assistant Director or Regional Director for approval by the BOP Deputy Director. NIC staff should route their request through the Acting NIC Director for consideration by the BOP Deputy Director.

OFFICIAL STAFF TRAVEL

Official staff travel, with the exception of relocation travel, will be suspended for 30 days, at which time the suspension will be reevaluated, based upon directive of the Office of Management and Budget. Any exceptions must be approved through your Assistant

Director or Regional Director by the BOP Deputy Director. NIC staff should route their request through the Acting NIC Director for consideration by the BOP Deputy Director.

SCREENING OF STAFF

It is possible that in the future, a BOP office covered by this guidance will become part of a location identified by the CDC as having "sustained community transmission." These areas are indicated on the map on this resource page: <https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html> where state community transmission indicates "Yes." If such an event occurs, essential staff who are required to be present in the office will undergo enhanced health screening. Such screening includes self-reporting and temperature checks. Employees who will be designated to perform the screening will have appropriate Personal Protective Equipment (PPE), to include the N-95 respirator, face shield/goggles, gloves and a gown.

Given the public health emergency, essential staff who refuse the enhanced health screening will be denied entry and may be subject to disciplinary action. If staff register an oral temperature of greater than or equal to 100.4 degrees (Fahrenheit), they will be denied entry to the facility and put on sick leave. If an employee comes to work with any symptoms of illness, please refer to the OPM guidance issued on Saturday, March 7, 2020 (Section F).

SECONDARY LAW ENFORCEMENT STAFF

As this emergency evolves, any secondary law enforcement staff may be deployed to institutions to meet institution staffing levels throughout this public health emergency.

Questions: If staff have questions about COVID-19, they may reach out to the agency through COVID19Questions@bop.gov.

We appreciate your assistance and cooperation in this important matter.



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

March 18, 2020

**MEMORANDUM FOR: CHIEF PHARMACISTS
HEALTH SERVICES ADMINISTRATORS**

MICHAEL CROCKETT

Digitally signed by MICHAEL CROCKETT
DN: c=US, o=U.S. Government, ou=Dept of Justice,
ou=BOP, cn=MICHAEL CROCKETT,
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Date: 2020.03.18 08:48:31 -0400

FROM: CAPT Mike Crockett, RPh.
Chief, Pharmacy Logistics Support

SUBJECT: COVID-19 medication supplies

This memorandum serves to update the Bureau of Prisons' guidance related to coronavirus COVID-19.¹ The Health Services Division (HSD) recently asked institutions to review their Pandemic Flu Plans. With that, we would like to send out recommendations on medications that should have their par levels increased. At this time, we do not recommend "stockpiling" of any medications as that would adversely affect the medication supply chain.

However, it is recommended that sites ensure they maintain at least a 30 day supply level for all pharmaceuticals, and for the specific medications listed below a 45-60 day supply should be maintained until directed otherwise.

Currently, we recommend only increasing PAR levels of medications for symptomatic care:

- 1) Acetaminophen
- 2) Ibuprofen
- 3) IV Sodium Chloride 0.9% (Normal Saline)
- 4) Loperamide

We do not recommend any oral antibiotics as this is a viral infection.

In order to administer IV fluids, institutions are recommended to increase their supplies of IV administration sets.

¹ http://sallyport.bop.gov/co/ipp/public_affairs/communications_archives/20200313_covid_19.jsp

If you have any questions, please contact me at

(b)(6); (b)(7)(C)



**U.S. Department of Justice
Federal Bureau of Prisons**

Washington, D.C. 20534

March 19, 2020

MEMORANDUM FOR ALL FOOD SERVICE STAFF

Scott Abrahims
FROM: Scott Abrahims, National Food Service Administrator
Health Services Division

SUBJECT: Purchasing Guidance (COVID-19)

The purpose of this memorandum is to provide procurement guidance for Food Service locations during the COVID-19 outbreak. As Food Service professionals, we understand the importance of an ample inventory of supplies. With this understanding, the Food Service Branch is recommending that all locations consider increasing their carryover amounts for the upcoming quarter when creating institutional FY 2020 4th quarter budgets. With the uncertainty of future delivery schedules, it would be prudent to ensure your operation can continue to effectively operate with minimal interruption. By doing this, we can continue to serve the National Menu as closely as possible.

The timely delivery of FY 2020 3rd quarter foodstuffs/supplies is crucial. Communication with vendors about product availability and shipment schedules is imperative in operating efficiently. Coordinate with food vendors in order to receive prompt deliveries. If a vendor cannot fulfil a contracted order due to shortage of supply or transportation difficulties, notify the vendor that the order is cancelled through the contracting office and continue to locate one that can accommodate the needs of the institution. 3rd quarter deliveries before April 1, 2020 are acceptable.

Should you have questions regarding this guidance please contact Scott Abrahims, National Food Service Administrator, at

(b)(6); (b)(7)(C)



Office of the Attorney General
Washington, D. C. 20530

March 20, 2020

MEMORANDUM FOR ALL UNITED STATES ATTORNEYS

FROM: THE ATTORNEY GENERAL

A handwritten signature in black ink, appearing to read "W.P. Barr", is written over the text "THE ATTORNEY GENERAL".

I want to thank you for all of your hard work during these difficult times. The Department's task of protecting the rights and safety of Americans is even more critical as our country combats the COVID-19 and its pernicious impact on our citizens' lives.

As a result of the COVID-19 pandemic, a number of cities and states have imposed shelter in place and lock down orders or other travel restrictions. We can expect additional orders as the crisis develops. As you know, many federal employees, including Department of Justice employees carrying out law enforcement functions, are at times required to travel for official purposes. In order to ensure that federal employees continue to provide official services to the public, I am directing that all United States Attorneys contact state and local law enforcement leaders in their geographic areas of responsibility to inform them of the following:

- 1) Federal agencies have issued directives addressing the circumstances under which federal employees may travel and commute consistent with CDC guidelines. Federal agencies will continue to monitor and ensure that these directives are followed and modified as appropriate as the situation develops.
- 2) If encountered by local law enforcement during such travel, federal employees shall identify themselves, using their Personal Identity Verification or "PIV" cards, and explain the nature of their work and travel. These cards include a photograph of the employee and list the federal agency for whom the employee works.
- 3) Accordingly, the United States Attorneys should inform their state and local law enforcement partners that we need to ensure that local law enforcement officials enforcing travel restrictions are aware of the fact that federal employees must be allowed to travel and commute to perform law enforcement and other functions and should not be prevented from doing so, even when travel restrictions are in place.

Please also inform the Chief Judge and federal law enforcement partners in your district that Department employees remain able to mobilize as appropriate in order to continue our collective mission.



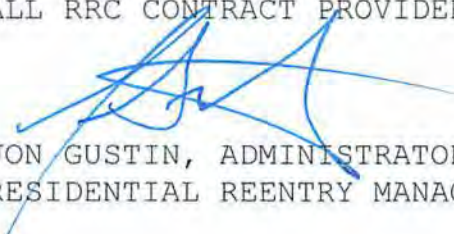
U. S. Department of Justice

Federal Bureau of Prisons

Reentry Services Division
Washington, D.C 20534

MARCH 23, 2020

TO: ALL RRC CONTRACT PROVIDERS

FROM:  JON GUSTIN, ADMINISTRATOR
RESIDENTIAL REENTRY MANAGEMENT BRANCH

SUBJECT: Coronavirus (COVID-19) Religious Accommodations

As Residential Reentry Centers (RRC) implement modified operations in response to the COVID-19 virus, it is imperative constitutionally protected religious observances are allowed to continue. Currently parishes, mosques, synagogues, and temples in the community are advising home worship or individual observance. RRCs should consider local restrictions or guidance when adopting this community standard. When necessary, observances may be modified to ensure the health and safety of residents. The following general guidelines are also provided to support safe religious observance:

Passover

- Passover begins April 8, 2020, at sundown and concludes approximately one hour after sundown on April 16, 2020.
- Since leavened food items (chometz) are forbidden during Passover, participants may ritually cleanse Passover areas of leaven on Tuesday, April 7, 2020. Tables and utensils used for non-Passover foods must be ritually cleansed or replaced.
- A microwave oven dedicated exclusively for Kosher-for-Passover food should be provided for the days of Passover. This can either be a new microwave which has never been used, or one which has been appropriately cleaned (by a participant) to ensure it contains no trace of chometz.
- The serving of Kosher-for-Passover meals, with nationally recognized kosher symbols, begins at the lunch meal on April 8th, and ends on April 16th after the evening meal. Each

inmate participating in Kosher-for-Passover meals should be provided an unopened, sealed box of Kosher-for-Passover matzoh on the 1st, 3rd, 5th, and 7th day of Passover.

- The Seders take place on April 8th & 9th. All residents observing Passover should be offered a Seder meal including handmade shmurah matzoh and grape juice. The Seder will start nightfall and can last up to three hours.
- Because it may become necessary to isolate individuals, it is advisable to have sufficient Seder plates on hand to provide one per participant. Sharing group meals is not recommended.
- **Ramadan**
 - The projected start of Ramadan is sundown April 23, 2020, with the first day of fasting on Friday, April 24, 2020.
 - During Ramadan, Muslims customarily engage in extra study, Quranic recitation, and congregated prayer. RRCs should designate a room for small group or individual prayers and breaking of the fast.
 - The accommodation of dried dates to break the fast and other Halal items is appropriate.
 - RRCs will provide Ramadan participants a bagged breakfast for the pre-dawn morning meal, starting at dinner on Thursday, April 23, 2020, and continuing every evening until the last day of Ramadan.
 - The first evening meal is projected to be Friday, April 24, 2020. Each evening, after the sunset prayer, Ramadan participants will be accommodated with their lunch and dinner.
 - RRC should allow alternative pill line and non-emergency urinalysis after the evening prayer for Ramadan participants. This will minimize breaks during Ramadan necessitating alternative fast days.
 - Circumstances may require alternative fasting days for Ramadan participants (e.g. inmates who become ill during Ramadan or female inmates who miss fasting due to menstruation or post-partum related issues).
 - The Night of Determination, the most sacred time of Ramadan, is projected to be May 20, 2020 with prayers occurring after nightfall. The end of Ramadan is observed by the Eid-ul-Fitr which is projected to be May 23 or May 24, 2020

Questions should be directed to your designated Residential Reentry Manager or Dana DiGiacomo, Assistant Administrator, RRMB, at ddigiacomobop.gov or 202-616-5880. They will collaborate with individual RRCs to develop suggestions for local accommodations.



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

March 23, 2020

**MEMORANDUM FOR ALL CLINICAL DIRECTORS
ALL HEALTH SERVICES ADMINISTRATORS
ALL INSTITUTION CHIEF PHARMACISTS**

FROM: Jeffery D. Allen, M.D.
Medical Director

Berhan Yeh, MD
Yeh, MD

Digitally signed by
Berhan Yeh, MD
Date: 2020.03.23
17:51:12 -0400

SUBJECT: Changes to hydroxychloroquine and azithromycin
formulary status

Recent evidence indicates that azithromycin and hydroxychloroquine may be effective for the treatment of patients infected with SARS-CoV-2 (COVID-19). Both medications are on short supply from manufacturers and the BOP is working to secure additional medication and manage current inventory. Consequently, the decision has been made to restrict these medications to non-formulary status.

Beginning March 24, 2020, both hydroxychloroquine and azithromycin will require non-formulary approval for their use. Current valid prescriptions will continue to be refilled without a non-formulary approval until order expiration. Local providers are encouraged to proactively pursue alternatives for current patients to prevent breaks in therapy caused by increased demand and to maximize potential supply usage.

Additionally, azithromycin should be removed from all night stock locations including Omnicell and PYXIS medstations immediately and returned to pharmacy stock. As above, providers are encouraged to use alternative formulary medications, when able. Non-formulary requests for hydroxychloroquine and azithromycin will be monitored and responded to on a daily basis.

It is important to note, there are no current recommendations for the use of hydroxychloroquine or azithromycin for COVID-19; however, if and when they do become available, the BOP will forward these recommendations.

cc: Louis Milusnic, ICS Operations Chief
N. C. English, Assistant Director, HSD
RADM Chris A. Bina, SDAD, HSD
CAPT A. Martin Johnston, Chief Pharmacist
Regional Medical Directors
Regional Health Services Administrators
Medical Asset Support Team Members
HSD Branch Chiefs
HSD Chief Professional Officers
BOP-CPD/Emergency Operations Center



U.S. Department of Justice
Federal Bureau of Prisons

Reentry Services Division

Washington, DC 20534

March 24, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

Hugh J. Hurwitz

FROM: Hugh J. Hurwitz, Assistant Director
Reentry Services Division

N. C. English

FROM: Nicole C. English, Assistant Director
Health Services Division

SUBJECT: Modified Guidance for Upcoming Religious Holidays

As the Bureau implements modified operations in response to the COVID-19 virus, it is imperative constitutionally protected religious observances are allowed to continue. When necessary, they may be modified to ensure the health and safety of participants.

Currently parishes, mosques, synagogues, and temples in the community are advising home worship or individual observance. Institutions should adopt this same standard. The following general guidelines are also provided to support safe religious observances:

Passover

Institution Chaplains, in collaboration with Food Services Administrators, should make local determinations about whether extra Passover items or Seder plates are needed to accommodate Passover participants. Additional supplies would become necessary if the Seder meal could not be shared because inmate movement is limited or because specific inmates are being held in quarantine or isolation. If you need assistance ordering supplies please contact the Chaplaincy Services Branch.

The Seder meal should take place beginning at nightfall on April 8 and 9, 2020, as described in the memo *Guidelines for Passover 2020*,

dated December 3, 2019. Regardless of modified movement or satellite feeding, this time table should be observed.

Kosher for Passover meals should be provided similar to other meals. If accommodations for a separate space have been planned for consuming these meals, (i.e. the chapel) this could continue under a modified meal schedule with appropriate social distancing. For example, inmates could bring their meals to the chapel when their unit is released to eat.

Ramadan

The guidance from the previously issued memo *2020 Guidelines for Ramadan* dated February 26, 2020, should be modified to allow for small group prayers or individual observance.

Purchasing enough dates for individual Ramadan participants and making Halal commissary items available is also advisable.

Easter

Easter celebrations can be accommodated similar to other worship services using social distancing and smaller groups attending worship gatherings.

Specific concerns or questions may be directed to Chaplaincy Administrator, Heidi Kugler, at (b)(6); (b)(7)(C)



U. S. Department of Justice

Federal Bureau of Prisons

Reentry Services Division

Washington, D.C 20534

MARCH 24, 2020

TO: ALL RRC CONTRACT PROVIDERS

FROM: 
JON GUSTIN, ADMINISTRATOR
RESIDENTIAL REENTRY MANAGEMENT BRANCH

SUBJECT: Coronavirus (COVID-19) Precautions/Modified Operations for Residential Reentry Centers.

On March 13, 2020 the Bureau of Prisons (Bureau) issued a memorandum providing guidance to all Residential Reentry and Community Treatment Contract Providers as a result of COVID-19.

This informational sheet is to provide additional guidance and recommendations to Residential Reentry Centers (RRC) to ensure consistency and to protect staff, inmates, and the public. As a reminder, all temporary changes to individual contractor's pandemic plans which modify operations should be sent to your Residential Reentry Manager prior to implementation.

- **Breathalyzer/Drug Testing:** Routine Breathalyzer/Drug Testing may be temporarily suspended. Suspect Breathalyzer and Drug testing should still be administered when RRC staff observe an inmate with any signs of impairment indicating alcohol/drug use.
- **Staff Site Checks:** Staff site checks for employment and/or home site verifications may be temporarily suspended in lieu of enhanced accountability through other measures to include Electronic Monitoring, Telephonic Monitoring, Skype or other methods in a manner which provides accountability in lieu of physical site checks. Every effort must be made to conduct initial site checks for employment or Home Confinement locations for locations that have not been previously visited prior to approving employment or home confinement. RRC staff are also encouraged to conduct family orientations via phone and/or video to provide proper orientation.

- **Key Staff:** Key staff may be temporarily utilized to fill gaps in security and daily operations in instances staff quarantines or other unanticipated shortages.
- **Case Management:** Allow for telephonic case management meetings with offenders rather than face to face. Case notes should continue to be updated and thoroughly document the interaction with the resident to include the residents' response to the case management meeting. Absence of inmate for signature on the case notes should be documented.
- **Subsistence:** Effective immediately, all subsistence will be waived until further notice, any uncollected amounts at this time should be waived.
- **Home Confinement (HC):** HC offenders on GPS monitoring may have their required return visits to the facility decreased or suspended. Increased accountability measures as identified above should be adhered to.

Information regarding the Bureau's response to COVID-19 may be found on the Bureau's public website, www.bop.gov. The Bureau appreciates your hard work and continued partnership and will continue to update this guidance as the situation continues to develop.

The Bureau understands individual circumstances may arise outside of the general guidance and recommendations. Questions should be directed to your designated Residential Reentry Manager or Dana DiGiacomo, Assistant Administrator, RRMB, at ddigiacomo@bop.gov or 202-616-5880. They will collaborate with individual RRCs to develop suggestions for local accommodations.



**U.S. Department of Justice
Federal Bureau of Prisons**

Washington, D.C. 20534

March 26, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

A blue ink signature of Andre Matevosian, Acting Assistant Director of the Correctional Programs Division.

**FROM: ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION**

A blue ink signature of L. Cristina Griffith, Assistant Director of the Human Resource Management Division.

**L. CRISTINA GRIFFITH, ASSISTANT DIRECTOR
HUMAN RESOURCE MANAGEMENT DIVISION**

SUBJECT: CORONAVIRUS (COVID-19) PHASE FOUR ACTION PLAN

Effective immediately, the following preventative measures are mandated for all institutions.

QUARANTINE AND ISOLATION

At every facility, all newly admitted inmates to the Bureau of Prisons (BOP), whether in a sustained community transition area or not, will be assessed using the screening tool (see attached), and a temperature check will be performed by trained staff or contractors. This includes all new intakes, detainees, commitments, writ returns, and parole violators, regardless of their mode of arrival (e.g., voluntary surrender, U.S. Marshals Service (USMS)/Justice Prisoner and Alien Transportation System (JPATS), Immigration and Customs Enforcement (ICE)). Intra-system transfers of inmates who have been in the BOP population for more than 14 days do not need to be screened upon return to the facility. Employees and contractors performing the screening must wear Personal Protective Equipment (PPE), to include surgical mask, face shield/goggles, gloves, and a gown in accordance with Centers for Disease Control and Prevention (CDC) guidance. It is not required to change PPE after each screening. PPE must be changed after a suspect screening or upon being contaminated.

If a screened inmate is asymptomatic, they will be placed in quarantine for a minimum of 14 days or until cleared by medical staff.

If an inmate is symptomatic (shortness of breath, cough, or a temperature of 100.4° Fahrenheit or higher), they must be placed in isolation until they test negative for COVID-19, and cleared by medical staff as meeting CDC criteria for release from isolation.

Please reference the quarantine and isolation documents on Sallyport, available here:
http://sallyport.bop.gov/co/hsd/infectious_disease/COVID-19%20Guidance.jsp

EXIT SCREENING OF INMATES

All inmates will have a COVID-19 symptom screening and temperature check prior to leaving a facility for routine reasons such as transfers, scheduled appointments, or court appearances. If they are symptomatic for COVID-19 (shortness of breath, cough, or a temperature of 100.4° Fahrenheit or higher), they will be placed in isolation.

SCREENING OF STAFF/CONTRACTORS/OTHER VISITORS:

At every facility, all individuals will be screened using the updated screening tool and temperature checks, which will be performed by trained staff or contractors. Employees and contractors performing the screening must have appropriate PPE, to include surgical mask, face shield/goggles, gloves, and a gown, in accordance with CDC guidance.

Given the public health emergency, individuals who refuse the enhanced health screening will be denied entry into the facility. Staff who refuse the enhanced health screening may be subject to disciplinary action.

Any individual who registers a temperature of 100.4° Fahrenheit or higher will be denied entry into the facility. Staff who register a temperature of 100.4° Fahrenheit will be placed on sick leave. If staff come to work with any symptoms of illness, please refer them to OPM guidance issued on Saturday, March 7, 2020 [*OPM guidance issued on Saturday, March 7th \(Section F\)*](#).

INSTITUTIONS THAT DIRECTLY SERVICE A JUDICIAL DISTRICT

Institutions that house pre-trial inmates or service judicial districts for court appearances will develop alternative methods to in-person appearances, if possible. These methods must be discussed through collaboration with the U.S. Attorney's Office and the Judiciary to mitigate exposure risks associated with movement to and from the court. Examples include the establishment of video conferencing or in-person hearings at the institution.

FIT TESTING

Effective immediately, all non-bargaining positions within the agency are mandated to comply and participate in the respiratory protection program as stated in Program Statement 1600.11, Chapter 3 Section 2, Respiratory Protection. It is highly recommended all other staff voluntarily complete the training to ensure maximum numbers of staff are available on each shift to meet the anticipated needs throughout this public health emergency.

This participation includes the completion of the "OSHA Medical Questionnaire" for medical review and clearance followed by training and proper fit-testing for the following respirators:

- N-95
- Scott M-120 full face respirator (Gas Mask), and
- Scott AV-3000 sure seal face piece (Scott Air-Pak 75 SCBA)

Upon completion of the initial training and fit-testing, staff must maintain a state of readiness to use a respirator at all times, to include absence of facial hair that would interfere with the seal of the respirator.

Individuals who are unable to obtain medical clearance must request accommodation, in accordance with Program Statement 3720.03, Reasonable Accommodation Program.

Training and certification must be completed by Friday, April 3, 2020.

Questions

If staff have questions about COVID-19, they may reach out to the agency at the following email box: COVID19Questions@bop.gov.


We appreciate your assistance and cooperation in this important matter.



Office of the Attorney General
Washington, D. C. 20530

March 26, 2020

MEMORANDUM FOR DIRECTOR OF BUREAU PRISONS

FROM: THE ATTORNEY GENERAL 
SUBJECT: Prioritization of Home Confinement As Appropriate in Response to COVID-19 Pandemic

Thank you for your tremendous service to our nation during the present crisis. The current situation is challenging for us all, but I have great confidence in the ability of the Bureau of Prisons (BOP) to perform its critical mission during these difficult times. We have some of the best-run prisons in the world and I am confident in our ability to keep inmates in our prisons as safe as possible from the pandemic currently sweeping across the globe. At the same time, there are some at-risk inmates who are non-violent and pose minimal likelihood of recidivism and who might be safer serving their sentences in home confinement rather than in BOP facilities. I am issuing this Memorandum to ensure that we utilize home confinement, where appropriate, to protect the health and safety of BOP personnel and the people in our custody.

I. TRANSFER OF INMATES TO HOME CONFINEMENT WHERE APPROPRIATE TO DECREASE THE RISKS TO THEIR HEALTH

One of BOP's tools to manage the prison population and keep inmates safe is the ability to grant certain eligible prisoners home confinement in certain circumstances. I am hereby directing you to prioritize the use of your various statutory authorities to grant home confinement for inmates seeking transfer in connection with the ongoing COVID-19 pandemic. Many inmates will be safer in BOP facilities where the population is controlled and there is ready access to doctors and medical care. But for some eligible inmates, home confinement might be more effective in protecting their health.

In assessing which inmates should be granted home confinement pursuant to this Memorandum, you are to consider the totality of circumstances for each individual inmate, the statutory requirements for home confinement, and the following non-exhaustive list of discretionary factors:

- The age and vulnerability of the inmate to COVID-19, in accordance with the Centers for Disease Control and Prevention (CDC) guidelines;

Subject: Department of Justice COVID-19 Hoarding and Price Gouging Task Force

- The security level of the facility currently holding the inmate, with priority given to inmates residing in low and minimum security facilities;
- The inmate's conduct in prison, with inmates who have engaged in violent or gang-related activity in prison or who have incurred a BOP violation within the last year not receiving priority treatment under this Memorandum;
- The inmate's score under PATTERN, with inmates who have anything above a minimum score not receiving priority treatment under this Memorandum;
- Whether the inmate has a demonstrated and verifiable re-entry plan that will prevent recidivism and maximize public safety, including verification that the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility;
- The inmate's crime of conviction, and assessment of the danger posed by the inmate to the community. Some offenses, such as sex offenses, will render an inmate ineligible for home detention. Other serious offenses should weigh more heavily against consideration for home detention.

In addition to considering these factors, before granting any inmate discretionary release, the BOP Medical Director, or someone he designates, will, based on CDC guidance, make an assessment of the inmate's risk factors for severe COVID-19 illness, risks of COVID-19 at the inmate's prison facility, as well as the risks of COVID-19 at the location in which the inmate seeks home confinement. We should not grant home confinement to inmates when doing so is likely to increase their risk of contracting COVID-19. You should grant home confinement only when BOP has determined—based on the totality of the circumstances for each individual inmate—that transfer to home confinement is likely not to increase the inmate's risk of contracting COVID-19.

II. PROTECTING THE PUBLIC

While we have an obligation to protect BOP personnel and the people in BOP custody, we also have an obligation to protect the public. That means we cannot take any risk of transferring inmates to home confinement that will contribute to the spread of COVID-19, or put the public at risk in other ways. I am therefore directing you to place any inmate to whom you grant home confinement in a mandatory 14-day quarantine period before that inmate is discharged from a BOP facility to home confinement. Inmates transferred to home confinement under this prioritized process should also be subject to location monitoring services and, where a court order is entered, be subject to supervised release.

We must do the best we can to minimize the risk of COVID-19 to those in our custody, while also minimizing the risk to the public. I thank you for your service to the country and assistance in implementing this Memorandum.



March 28, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

**FROM: ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION**

**L. CRISTINA GRIFFITH, ASSISTANT DIRECTOR
HUMAN RESOURCE MANAGEMENT DIVISION**

SUBJECT: CORONAVIRUS (COVID-19) PHASE FOUR ACTION PLAN – Update #1

Effective immediately, the following preventative measures are mandated for all institutions.

QUARANTINE AND ISOLATION

At every facility, all newly admitted inmates to the Bureau of Prisons (BOP), whether in a sustained community transition area or not, will be assessed using the screening tool (see attached), and a temperature check will be performed by trained staff or contractors. This includes all new intakes, detainees, commitments, writ returns, and parole violators, regardless of their mode of arrival (e.g., voluntary surrender, U.S. Marshals Service (USMS)/Justice Prisoner and Alien Transportation System (JPATS), Immigration and Customs Enforcement (ICE)). Employees and contractors performing the screening must wear Personal Protective Equipment (PPE), to include surgical mask, face shield/goggles, gloves, and a gown in accordance with Centers for Disease Control and Prevention (CDC) guidance. It is not required to change PPE after each screening. PPE must be changed after a suspect screening or upon being contaminated.

If a screened inmate is asymptomatic, they will be placed in quarantine for a minimum of 14 days or until cleared by medical staff.

If an inmate is symptomatic (shortness of breath, cough, or a temperature of 100.4° Fahrenheit or higher), they must be placed in isolation until they test negative for COVID-19, or cleared by medical staff as meeting CDC criteria for release from isolation.

Please reference the quarantine and isolation documents on Sallyport, available here:
http://sallyport.bop.gov/co/hsd/infectious_disease/COVID-19%20Guidance.jsp

EXIT SCREENING OF INMATES

All inmates will have a COVID-19 symptom screening and temperature check prior to leaving a facility for routine reasons such as transfers, scheduled appointments, or court appearances. If they are symptomatic for COVID-19 (shortness of breath, cough, or a temperature of 100.4° Fahrenheit or higher), they will be placed in isolation.

SCREENING OF STAFF/CONTRACTORS/OTHER VISITORS:

At every facility, all individuals will be screened using the updated screening tool and temperature checks, which will be performed by trained staff or contractors. Employees and contractors performing the screening must have appropriate PPE, to include surgical mask, face shield/goggles, gloves, and a gown, in accordance with CDC guidance.

Given the public health emergency, individuals who refuse the enhanced health screening will be denied entry into the facility. Staff who refuse the enhanced health screening may be subject to disciplinary action.

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Institutions that house pre-trial inmates or service judicial districts for court appearances will develop alternative methods to in-person appearances, if possible. These methods must be discussed through collaboration with the U.S. Attorney's Office and the Judiciary to mitigate exposure risks associated with movement to and from the court. Examples include the establishment of video conferencing or in-person hearings at the institution.

FIT TESTING

Effective immediately, all non-bargaining positions within the agency are mandated to comply and participate in the respiratory protection program as stated in Program Statement 1600.11, Chapter 3 Section 2, Respiratory Protection. It is highly recommended all other staff voluntarily complete the training to ensure maximum numbers of staff are available on each shift to meet the anticipated needs throughout this public health emergency.

This participation includes the completion of the "OSHA Medical Questionnaire" for medical review and clearance followed by training and proper fit-testing for the following respirators:

- N-95
- Scott M-120 full face respirator (Gas Mask), and
- Scott AV-3000 sure seal face piece (Scott Air-Pak 75 SCBA)

Upon completion of the initial training and fit-testing, staff must maintain a state of readiness to use a respirator at all times, to include absence of facial hair that would interfere with the seal of the respirator.

Individuals who are unable to obtain medical clearance must request accommodation, in accordance with Program Statement 3720.03, Reasonable Accommodation Program.

Training and certification must be completed by Friday, April 3, 2020.

Questions

If staff have questions about COVID-19, they may reach out to the agency at the following email box: COVID19Questions@bop.gov.

We appreciate your assistance and cooperation in this important matter.

CORONAVIRUS DISEASE 2019 (COVID-19) STAFF SCREENING TOOL

DATE: _____

1. Temperature: _____ °F Method: Mouth Ear Forehead	
<input type="checkbox"/> If Temperature (Mouth) $\geq 100.4^{\circ}\text{F}$, or Temperature (Ear) $\geq 101^{\circ}\text{F}$, or Temperature (Forehead) $\geq 100^{\circ}\text{F}$ Then Deny Access, Place on Leave <small>(Not Safety & Weather Leave)</small> for 3 days + STOP HERE & Proceed to Section 3	
2. Signs (Employee Complete)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	New On-Set Cough # of Days _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	New Onset Trouble Speaking because of Needing to take a Breath
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stuffy/Runny Nose
<p>➤ Contact the Medical Officer on Call for the Institution to provide Disposition</p> <p>✓ Disposition by Medical Officer Assessment:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Leave <input type="checkbox"/> Work</p>	
3. Notification of Local Human Resources Department	
<input type="checkbox"/> If Individual is placed on leave for Section 1 or 2, Then share document with HR Office for T&A purpose	
➤ <u>HR</u>	
<input type="checkbox"/> Please have HSD place this document in the Employee's Medical Folder (Blue Folder) if leave is indicated	

Staff Name (Last, First): _____ Year of Birth (Year): _____

Institution: _____ State: _____



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

March 30, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: *N. C. English*
Nicole C. English, Assistant Director
Health Services Division

SUBJECT: National Waiver to Health Services policy

This is national policy waiver request to Health Services policies due to the COVID-19 Pandemic

6031.04 Patient care policy states:

19a: Short-Term Examination. For individuals in predictably short-term custody (FDCs/MCCs/ MDCs/Jails), an initial screening physical examination to determine medical needs will be done within 14 days of admission on the appropriate physical examination form.

19b: Long-Term Examination. For individuals in predictably long-term incarceration (sentenced/designated), an initial complete physical examination to determine medical needs will be done within 14 days of admission on the appropriate examination forms.

15: Initially examine all new arrivals from other institutions that have a CCC assignment, within 14 days of arrival, to establish a treatment plan and follow-up intervals appropriate for the inmate's medical needs.

15: Chronic Care Clinics (CCCs) are a means for inmates with ongoing medical needs to be tracked and seen by a health care provider at clinically appropriate intervals. A physician will see all inmates assigned to a CCC every 12 months, or more often if clinically indicated

6031.02 Inmate Copay program policy states:

The Bureau will charge a copay fee for inmate requested visits to health care providers.

6027.02 Health Care Provider Credential Verification, Privileges, and Practice Agreement Program Policy states:

4. **Peer Review** All Bureau health care providers who are privileged must have at least one external peer review conducted every two years.

6010.05 Health Services Administration

10. **Health Care Standards** MRCs will maintain appropriate accreditations with the Joint Commission (formerly the Joint Commission on Accreditation of Healthcare Organizations [JCAHO]).

All other institutions will maintain accreditation with Joint Commission Ambulatory Care Standards.

Per http://sallyport.bop.gov/co/hsd/quality_management/AAAHC.jsp
The Accreditation Association for Ambulatory Healthcare (AAAHC)

The health services division has recently changed the healthcare accreditation services contract. The Accreditation Association for Ambulatory Healthcare (AAAHC) (<http://www.aaahc.org/>) will now be responsible for the accreditation of all the Care Level 2 and Care Level 3 institutions. AAAHC accreditation means that the organization participates in on-going self-evaluation, peer review, and education to continuously improve its care and services.

6013.01 Health Services Quality Improvement

11.c. **Multi-Level Mortality Review Report (BP-S563)**. The Mortality Review Committee will complete the Mortality Review Report in its entirety, and send it, accompanied by the original health record, to the Central Office, OQM **within 30 days**. Only a copy of the Mortality Review Report is to be sent to the appropriate Regional Director.

P6340.04 Psychiatric Services Policy states:

10a **Psychiatric Medication**. Except in an emergency, informed consent will be obtained and documented prior to administering medication for psychiatric symptoms or conditions (refer to the Program Statement on Pharmacy Services). Ordinarily, the prescribing physician will be responsible for obtaining the informed consent.

P6360.01 Pharmacy Policy states:

9g: All medication orders for chronic care medications are valid for no more than 30 days with five refills totaling 180 days (**except for controlled substances unless used for seizure control and other medications specifically restricted by the BOP National Formulary**).

Note: P6031.04 Patient Care 15. states "prescribers may order chronic care medications for up to 365 days, except with the limitations outlined in the National Drug Formulary. Inmates chronically taking medications that cannot be prescribed for 365 days will be followed by a physician.

9i: Informed consent will be obtained and documented before dispensing or administering psychiatric medication. Ordinarily, the prescribing physician will be responsible for obtaining the informed consent.

Response to requests for policy waiver

Due to the COVID-19 pandemic and burden of the required medical response, the following requests for waiver are granted:

- All 14 day intake physicals will be extend to 21 days.
- All required 14 day chronic care visits will be extended to 30 days.
- Extend 12 month chronic care clinic beyond the 12 month requirement based on care level as follows: Care Level 1 (180 days), Care level 2 (90 days), Care Level 3 (30 days), Care Level 4 (no extension).
- No sick call co-pay for COVID-like symptoms
- All due dates for 2 year peer reviews due in the next 12 months may be postponed for 6 months after the original date.
- Non-MRCs health care accreditation survey dates are postponed for 6 months beyond their due date for the next year.
- Extend the time for multilevel mortality reviews to 90 days for general population institutions, 120 days for MRCs, and 180 days for Central Office / external mortality reviews.
- Prescriptions may be filled for 90 days with 3 refills totaling up to 360 days (**except for controlled substances unless used for seizure control and other medications specifically restricted by the BOP National Formulary**).

- For inmates in quarantine and isolation, written informed consent may be delayed for up to 14 days after the inmate is released from quarantine or isolation. In these cases, oral consent must be received and documented in the patient chart by the provider.

National policy waiver is granted to extend time frame requirements as listed above.

This waiver is effective until October 1, 2020.

cc: Ken Hyle, Assistant Director/General Counsel, OGC
Louis Milusnic, Assistant Director, PRD
RADM Chris A. Bina, SDAD, HSD
Jeffery D. Allen, Medical Director, HSD
Jeffrey Burkett, NHSA, HSD
CAPT A. Martin Johnston, Chief Pharmacist, HSD
Regional Medical Directors
Regional Health Services Administrators
Medical Asset Support Team Members
HSD Branch Chiefs
HSD Chief Professional Officers



U.S. Department of Justice

Federal Bureau of Prisons

Central Office

Washington, DC 20534

March 31, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

L. Cristina Griffith
FROM: L. Cristina Griffith, Assistant Director
Human Resource Management Division

SUBJECT: Temporary Waiver to Performance
Program Statement 3430.09

Due to the impact the Coronavirus Disease 2019 (COVID-19) has had operationally throughout the Bureau, it has been determined a waiver to the Performance policy, P.S. 3430.09, for bargaining unit and non-bargaining employees requirements is required.

Greater flexibility is being extended during this public health care emergency to ensure the basic program requirements are met for end of the rating period performance discussions and the issuance of performance standards and/or performance work plans for the next rating period.

Subsequently, the time frame to issue annual performance ratings for both bargaining and non-bargaining unit staff is being extended 60 days. Supervisors will have additional time to complete, issue and submit performance evaluations to their staff. The rating period will not be extended beyond March 31, 2020 and all evaluations for the April 1, 2019 - March 31, 2020 rating period must be submitted to human resources by June 21, 2020.

Supervisors should be prepared to issue performance standards and/or performance work plans for the April 1, 2020 to March 31, 2021 annual performance rating period no later than June 30, 2020. Staff should be given credit for work performed prior to the issuance of the performance standards or performance work plans where applicable for the new rating period.

In addition, the 2019 performance rating on record will be considered as valid and accepted for job applications until the 2020 performance rating is made available.

Please contact the Staffing and Employee Relations Section at BOP-HRM/SEERS with any questions regarding this guidance.

cc: Human Resource Administrators
Human Resource Services Center
Human Resource Managers



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

March 31, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

FROM: 
ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION

N. C. English
NICOLE ENGLISH, ASSISTANT DIRECTOR
HEALTH SERVICES DIVISION

SUBJECT: CORONAVIRUS (COVID-19) PHASE FIVE ACTION PLAN

As is similar to the incidence of infection in the public, the Bureau is seeing an increasing number of Quarantine and Isolation cases in our facilities. As such, the Bureau is seeking to implement additional "social distancing" in our facilities while taking proactive operational measures to mitigate further exposure and spread of COVID-19. These action steps are designed to react to the evolving nature of the COVID-19 response, while maintaining the safety and security of our facilities and the health of our employees and inmates. The Bureau's actions in Phase Five are based on health concerns, not inmate disruptive behavior.

Effective Wednesday, April 1, 2020, the Bureau will enact a fourteen-day (14) nationwide action to minimize movement to decrease the spread of the virus.

Medical Interventions: Rigorous infection prevention and control practices are essential to contain and mitigate the spread of COVID-19. These practices include identifying symptomatic inmates as early as possible by assessing for COVID-19 symptoms and conducting temperature checks at intake screening, exit screening, during a contact investigation, and broader screening initiatives, (e.g., daily screening or other methods of enhanced surveillance at institutions affected by COVID-19, in consultation with the Regional Quality Improvement/ Infection Prevention and Control Consultant). Institutions should also encourage early reporting of symptoms by inmates and provide them opportunities for medical evaluations. A prompt and thorough contact investigation should be performed for all cases of COVID-like symptoms, in consultation with the Regional Quality Improvement/ Infection Prevention and Control Consultant. Quarantine is indicated for all close contacts of a COVID-19 case, either suspected or confirmed, as well as for all newly-arrived inmates who have been at the facility for fourteen (14) days or less. Isolation is mandatory for any inmate with COVID-like symptoms. Personal Protective Equipment (PPE) should be worn in accordance with CDC guidance (see guidance here: http://sallyport.bop.gov/co/hsd/infectious_disease/covid19/covid19_guidance.jsp#1_5).

Good hand and health hygiene practices and regular cleaning and disinfection of high touch surfaces should be emphasized to the inmate population. Wardens must ensure cleaning supplies are readily

available for all inmates. Institutions without any known COVID-19 cases should take proactive infection prevention and control measures, while institutions with COVID-19 cases will need to modify delivery of health care services in accordance with guidance from the Bureau Medical Director.

Enhanced screening of all staff for COVID-19 should continue to include symptom and temperature checks at all institutions according to established procedures. Additionally, staff should be reminded to practice good hand and health hygiene and not to report to work when sick. At institutions with COVID-19 cases, staff should be limit their movement to the areas to which they are assigned, such as departments/posts, whenever feasible to help control the spread of infection.

Limited Group Gathering: To the extent practicable, inmates will be limited in their movements to prevent congregate gathering and maximize social distancing. Essential inmate work details such as Food Service will continue to operate with appropriate screening. Inmates movement in small numbers will be authorized for the following purposes:

- a. Commissary
- b. Laundry
- c. Showers three times each week
- d. Telephone, to include legal calls, and access to TRULINCs

Note that inmate movement is still expected to allow when necessary for the provision of required mental health or medical care, including continued Sick Call. Unicolor operations as noted below will also continue.

Appropriate Monitoring: To ensure inmates are appropriately monitored during this fourteen (14) day action, staff are expected to continue conducting daily rounds by all departments and twice a day rounds by Health Services staff. Additionally, Unit Officers must conduct and document regular thirty minute rounds. As much as practicable, provisions should be made for in-cell programming.

Limited External Movement: The Bureau will coordinate with the US Marshals Service to significantly decrease incoming movement over the next fourteen (14) days. Strategic institutions will be identified for mandatory movement needs; these locations will include all detention centers and empty units that can accommodate required population increases. These areas will serve as quarantine sites until such time inmates can be moved to their final destination.

Fit Testing: In addition, the Bureau is now requiring all staff to be fit-tested for the N95 mask. Fit-testing will include a requirement that staff do not have facial hair. This process is not subject to the fourteen (14) day period discussed elsewhere in this action plan but should be completed as expeditiously as is practicable. This requirement will remain in effect throughout the duration of the public health emergency.

Unicolor COVID-19 Manufacturing: Unicolor is initiating the manufacture of face masks for use by inmates in Bureau custody. Once production is ramped up, Unicolor will produce approximately 20,000 masks a day with priority disbursement to locations with current inmate positive cases. Unicolor is also packaging hand sanitizer for use in BOP facilities. Unicolor operations relating to farm operations will also continue.

We appreciate your assistance in this significant phase of our COVID-19 response.



U. S. Department of Justice

Federal Bureau of Prisons

Reentry Services Division

Washington, D.C 20534

April 3, 2020

TO: ALL RRC CONTRACT PROVIDERS

A handwritten signature in blue ink, appearing to read "J. Gustin".

FROM: JON GUSTIN, ADMINISTRATOR
RESIDENTIAL REENTRY MANAGEMENT BRANCH

SUBJECT: Coronavirus (COVID-19) Precautions/Modified Operations for Residential Reentry Centers oversight of Home Confinement Residents.

This memorandum is to provide further guidance to Residential Reentry Centers (RRC) as it relates to Home Confinement. The Bureau of Prison's (BOP) goal is to utilize the home confinement (HC) program to the fullest extent practicable as outlined in the Attorney General's memorandum dated March 26, 2020 while maintaining accountability and protecting staff, offenders, and the public. Inmates must be reviewed utilizing the Elderly Offender Home Confinement program criteria and the discretionary factors listed in the AG's memo.

Referrals must be made based on appropriateness for home confinement. Consideration should be given to whether the offender has a demonstrated a verifiable reentry plan that will prevent recidivism and maximize public safety.

The following modified procedures for the monitoring of offenders placed on Home Confinement for the duration of the pandemic are approved:

1.

(b)(6)

2. All offenders referred for Home Confinement Placement must be monitored by GPS monitoring equipment which allows the contractor to monitor the whereabouts of the offender at all times. Deviations from this requirement must be discussed with Administrator, RRMB.
3. While the preference is for an offender to report directly to the Home Confinement Location; Contractors have the option of having (b)(7)(A); (b)(7)(E) location. Protocols below ensuring HC offenders are not in contact with offenders of the RRC should be maintained. Offenders should be initially processed and allowed to go to home confinement same day of arrival to the RRC when at all possible.

4. (b)(7)(A); (b)(7)(E)

- a) Field monitor staff will be provided with appropriate Personal Protective Equipment (i.e. gloves, mask, hand sanitizer).
- b) Personal contacts should be very limited and only for location monitoring equipment installations, tamper inspections, or removals.

c) (b)(7)(A); (b)(7)(E)

- d)
- e) If the offender is displaying COVID symptoms, upon removal all monitoring equipment should be immediately packaged in a watertight zip loc bag and placed in a second securely enclosed watertight zip lock bag. Label the second bag as BIOHAZARD and include the unit's serial number.

f) (b)(7)(A); (b)(7)(E)

g)

h)

(b)(7)(A); (b)(7)(E)

i) Educate offenders of the risks associated with COVID-19 and encourage the offenders to remain at their residence, reminding them to follow any locally imposed restrictions.

j) Contractors are encouraged to verify the current employment status/potential changes in work schedule for those they supervise. Many businesses are closed, working limited hours, or employees are being permitted to telework, thus leave granted for employment purposes may need to be modified or removed.

k)

(b)(7)(A); (b)(7)(E)

l)

The above guidance is provided to allow for the continued use of the home confinement program while maintaining accountability and ensuring safety for both the staff, offender, and the public. As a reminder, information regarding the Bureau's response to COVID-19 may be found on the Bureau's public website, www.bop.gov. The Bureau appreciates your hard work and continued partnership and will continue to update this guidance as the situation continues to develop.

The Bureau understands individual circumstances may arise outside of the general guidance and recommendations. Questions should be directed to your designated Residential Reentry Manager, Sector Administrator, or [redacted] (b)(6); (b)(7)(C)

[redacted] (b)(6); (b)(7)(C)



Office of the Attorney General
Washington, D. C. 20530

April 3, 2020

MEMORANDUM FOR DIRECTOR OF BUREAU OF PRISONS

FROM: THE ATTORNEY GENERAL *UPBarr*
SUBJECT: Increasing Use of Home Confinement at Institutions Most Affected by COVID-19

The mission of BOP is to administer the lawful punishments that our justice system imposes. Executing that mission imposes on us a profound obligation to protect the health and safety of all inmates.

Last week, I directed the Bureau of Prisons to prioritize the use of home confinement as a tool for combatting the dangers that COVID-19 poses to our vulnerable inmates, while ensuring we successfully discharge our duty to protect the public. I applaud the substantial steps you have already taken on that front with respect to the vulnerable inmates who qualified for home confinement under the pre-CARES Act standards.

As you know, we are experiencing significant levels of infection at several of our facilities, including FCI Oakdale, FCI Danbury, and FCI Elkton. We have to move with dispatch in using home confinement, where appropriate, to move vulnerable inmates out of these institutions. I would like you to give priority to these institutions, and others similarly affected, as you continue to process the remaining inmates who are eligible for home confinement under pre-CARES Act standards. In addition, the CARES Act now authorizes me to expand the cohort of inmates who can be considered for home release upon my finding that emergency conditions are materially affecting the functioning of the Bureau of Prisons. I hereby make that finding and direct that, as detailed below, you give priority in implementing these new standards to the most vulnerable inmates at the most affected facilities, consistent with the guidance below.

- I. IMMEDIATELY MAXIMIZE APPROPRIATE TRANSFERS TO HOME CONFINEMENT OF ALL APPROPRIATE INMATES HELD AT FCI OAKDALE, FCI DANBURY, FCI ELKTON, AND AT OTHER SIMILARLY SITUATED BOP FACILITIES WHERE COVID-19 IS MATERIALLY AFFECTING OPERATIONS

Subject: Increasing Use of Home Confinement at Institutions Most Affected by COVID-19

While BOP has taken extensive precautions to prevent COVID-19 from entering its facilities and infecting our inmates, those precautions, like any precautions, have not been perfectly successful at all institutions. I am therefore directing you to immediately review all inmates who have COVID-19 risk factors, as established by the CDC, starting with the inmates incarcerated at FCI Oakdale, FCI Danbury, FCI Elkton, and similarly situated facilities where you determine that COVID-19 is materially affecting operations. You should begin implementing this directive immediately at the facilities I have specifically identified and any other facilities facing similarly serious problems. And now that I have exercised my authority under the CARES Act, your review should include all at-risk inmates—not only those who were previously eligible for transfer.

For all inmates whom you deem suitable candidates for home confinement, you are directed to immediately process them for transfer and then immediately transfer them following a 14-day quarantine at an appropriate BOP facility, or, in appropriate cases subject to your case-by-case discretion, in the residence to which the inmate is being transferred. It is vital that we not inadvertently contribute to the spread of COVID-19 by transferring inmates from our facilities. Your assessment of these inmates should thus be guided by the factors in my March 26 Memorandum, understanding, though, that inmates with a suitable confinement plan will generally be appropriate candidates for home confinement rather than continued detention at institutions in which COVID-19 is materially affecting their operations.

I also recognize that BOP has limited resources to monitor inmates on home confinement and that the U.S. Probation Office is unable to monitor large numbers of inmates in the community. I therefore authorize BOP to transfer inmates to home confinement even if electronic monitoring is not available, so long as BOP determines in every such instance that doing so is appropriate and consistent with our obligation to protect public safety.

Given the speed with which this disease has spread through the general public, it is clear that time is of the essence. Please implement this Memorandum as quickly as possible and keep me closely apprised of your progress.

II. PROTECTING THE PUBLIC

While we have a solemn obligation to protect the people in BOP custody, we also have an obligation to protect the public. That means we cannot simply release prison populations en masse onto the streets. Doing so would pose profound risks to the public from released prisoners engaging in additional criminal activity, potentially including violence or heinous sex offenses.

That risk is particularly acute as we combat the current pandemic. Police forces are facing the same daunting challenges in protecting the public that we face in protecting our inmates. It is impossible to engage in social distancing, hand washing, and other recommend steps in the middle of arresting a violent criminal. It is thus no surprise that many of our police officers have fallen ill with COVID-19, with some even dying in the line of duty from the disease. This pandemic has dramatically increased the already substantial risks facing the men and women who keep us safe, at the same time that it has winnowed their ranks while officers recover from getting sick, or self-quarantine to avoid possibly spreading the disease.

Subject: Increasing Use of Home Confinement at Institutions Most Affected by COVID-19

The last thing our massively over-burdened police forces need right now is the indiscriminate release of thousands of prisoners onto the streets without any verification that those prisoners will follow the laws when they are released, that they have a safe place to go where they will not be mingling with their old criminal associates, and that they will not return to their old ways as soon as they walk through the prison gates. Thus, while I am directing you to maximize the use of home confinement at affected institutions, it is essential that you continue making the careful, individualized determinations BOP makes in the typical case. Each inmate is unique and each requires the same individualized determinations we have always made in this context.

I believe strongly that we should do everything we can to protect the inmates in our care, but that we must do so in a careful and individualized way that remains faithful to our duty to protect the public and the law enforcement officers who protect us all.



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, D.C. 20534

April 3, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

FROM:


M.D. Carvalho, Director

SUBJECT:

Establishment of COVID Community Health Point of Contact and Responsiveness to Outside Stakeholders

I am directing each of you to immediately establish a point-of-contact (POC) with your local Public Health Officials and local hospitals that serve your respective institution, if you have not already done so. As this COVID pandemic continues to affect more people, availability of resources such as hospital beds, ventilators, PPE, etc., are being strained. In an effort to help those who help us, we need to seek out "partnerships" and work closely and coordinate with our local hospitals and public health officials to ensure we assist in finding solutions to help our institutions and inmates as much as possible. We have ordered several self-sustained Deployable Medical Facilities, however, it will be several weeks (or possibly months) before they arrive. In the meantime, military tents (with heat and air) or "special event" climate-controlled tents can be used to serve as temporary quarantine, isolation, or infirmary space. Please work with your respective Regional Director and/or Regional Emergency Operations Center (EOC) to make requests, get approvals, or ask for guidance regarding the appropriate use of these temporary facilities.

The Bureau of Prisons is under intense scrutiny by our external stakeholders as we work diligently to deal with the COVID-19 pandemic. In light of this focus, please ensure you are responsive and transparent with our outside stakeholders, even in the midst of crisis management, including but not limited to discussions with Members of Congress, the Courts, public health, local government and advocacy groups. By being responsive and transparent, you can quickly present the facts, dispel rumors, allay concerns, and demonstrate the Bureau is taking strong and aggressive action to mitigate the spread of COVID-19 throughout our institutions,

protecting the health of our staff, inmates, and the public. To many folks in the community, COVID-19 is still an unknown entity; we can assist in dispelling fear about prevention, treatment and recovery.

I know you are all under tremendous pressure, and I am extremely proud of the work each of you and your staff are doing to defeat this invisible threat. I also understand you are tasked with balancing a number of competing priorities and strained resources, so don't hesitate to ask for assistance. As stated numerous times, this is an agency-wide response and we can leverage all available resources where needed.

I am grateful for each of you and honored to serve with you. Thank you.



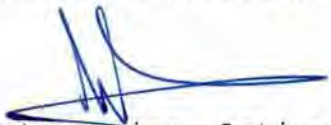
U.S. Department of Justice
Memorandum
Federal Bureau of Prisons

Correctional Programs Division

Central Office
320 First Street, N.W.
Washington, DC 20534

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

APR 3 2020

FROM: 
Andre Matevousian, Acting Assistant Director
Correctional Programs Division

HUGH HURWITZ Digitally signed by HUGH HURWITZ
Date: 2020.04.03 12:23:46 -04'00'
Hugh J. Hurwitz, Assistant Director
Reentry Services Division

SUBJECT: Home Confinement

In an effort to protect the health and safety of staff and inmates during the COVID-19 pandemic, it has become imperative to review at-risk inmates for placement on home confinement. Sample rosters are attached to aid in the identification of inmates who may be eligible for home confinement, based on the memorandum from the Attorney General (AG) dated March 26, 2020 and the Elderly Offender Pilot program. Inmates must be reviewed utilizing the Elderly Offender Home Confinement program criteria and the discretionary factors listed in the AG's memo. Additionally, pregnant inmates should be considered for viability of placement in Community Program to include Mothers and Infants Together (MINT) programs and Home Confinement.

All inmates must be reviewed by the SIS Department at the referring facility to determine if the inmate has engaged in violent or gang-related activity in prison. Additionally, inmates must have maintained clear conduct for the past 12 months to be eligible.

Referrals must be based on appropriateness for home confinement. Consideration should be given to whether the inmate has a demonstrated a verifiable reentry plan that will prevent recidivism and maximize public safety, including verification by

Health Services staff that the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility.

Unit Management staff will ensure each inmate submitted for Home Confinement has a viable release residence. Staff will submit the Supervised Release Plan and other necessary documentation to the United States Probation Office (USPO) in the release district. Staff need not receive USPO approval prior to submitting the referral for Home Confinement, even if a request for relocation has been submitted. The approval letter will be forwarded to the appropriate RRM once received from the USPO. The following information must be clearly documented on the referral for Home Confinement prior to submission to the RRM Office:

- The structural type of release residence (house, apartment, group home, etc.)
- The name and relationship of the individual with whom the inmate will be residing
- Information regarding health concerns of any of the individuals living at the release residence
- Valid contact telephone number(s) for the inmate if he/she should be placed on Home Confinement
- The specific transportation plan detailing how the inmate will be transferred to the Home Confinement location

Inmates determined to have viable release residences will be screened by Health Services staff to determine if frequent and on-going medical care is required within the next 90 days. If frequent and on-going medical care is required, the following actions will be taken:

- Health Services staff will coordinate with Naphcare and the Residential Reentry Management Branch's (RRMB) Health Services Specialists to determine if the inmate's medical needs can be met in the community at this time. Naphcare will set up follow up care prior to the inmate's transfer out of the facility. The inmate must transfer with **at least** a 90-day supply of any prescribed medication(s).
- If the inmate's medical needs cannot be met in the community at this time, the inmate will remain at his/her current BOP facility.

If frequent and on-going medical care is not required, the referral for Home Confinement will be processed.

Inmates being referred for home confinement due to the COVID-19 pandemic must have the Case Management Activity (CMA) assignment of **CV-COM-REF** loaded into SENTRY. If the inmate is denied at the institution or RRM level the CMA assignment of **COV-HC-DENY** must be loaded.

Case Management Coordinators must track all inmates deemed ineligible for Home Confinement or the Elderly Offender Pilot Program. The attached form should be used to record this information and must be forwarded via e-mail to the Correctional Programs Branch, via GroupWise to BOP-CPD/Unit Management. This report must be forwarded on a weekly basis and is due every Monday by 2:00 PM (EST).

If you have any questions, please contact David Brewer, Acting Senior Deputy Assistant Director, Correctional Programs Division, at (b)(6); (b)(7)(C)



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

April 4, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: *N. C. English*
Nicole C. English, Assistant Director
Health Services Division

SUBJECT: Waiver to Dental Services Policy P6400.03

This is in response to a request seeking a policy waiver to Dental Services Policy P6400.03.

P6400.03 Dental Services Policy states:

b. Admission and Orientation (A&O) Examination. Medical records staff will determine the admission and release status of the inmate and schedule inmates for an A&O examination.

The A&O examination is performed upon admission for an inmate's current incarceration within 30 calendar days of arrival. An A&O exam must be performed on inmates who have been released from BOP custody but have been readmitted on a new commitment or violation. Inmates returning from a halfway house placement or writ do not require a new A&O examination if they have had one for their current commitment.

Response to request for policy waiver

Due to the COVID-19 pandemic, the Centers for Disease Control and Prevention has issued a recommendation that dental facilities postpone elective procedures, surgeries, and non-urgent dental visits, and prioritize urgent and emergent dental procedures. This aligns with recommendations from the American Dental Association that all non-essential dental exams and procedures be postponed until further notice. The request for waiver is granted to allow institutions 90 days from date of incarceration to perform Dental A&O exams.

This waiver is effective until October 1, 2020.

cc: Ken Hyle, Assistant Director/General Counsel, OGC
Louis Milusnic, Assistant Director, PRD
RADM Chris A. Bina, SDAD, HSD
Jeffery D. Allen, Medical Director, HSD
Jeffrey Burkett, NHSA, HSD
Lynn Price, DMD, MSPH, Acting Chief Dentist, HSD
Regional Medical Directors
Regional Health Services Administrators
Medical Asset Support Team Members
HSD Branch Chiefs
HSD Chief Professional Officers



Office of the Attorney General
Washington, D. C. 20530

April 6, 2020

MEMORANDUM FOR ALL HEADS OF DEPARTMENT COMPONENTS AND
ALL UNITED STATES ATTORNEYS

FROM:

THE ATTORNEY GENERAL

A handwritten signature in black ink, appearing to read "W.P. Barr", is written over the printed name of the Attorney General.

SUBJECT:

Litigating Pre-Trial Detention Issues During the COVID-19
Pandemic

The mission of the Department of Justice is to enforce our nation's laws and to ensure the safe and fair administration of justice. We have an obligation to maintain public safety and to protect victims and witnesses from threats and retaliation, and we must also safeguard the health and safety of those remanded to our custody. As always, controlling weight should be given to public safety, and under no circumstance should those who present a risk to any person or the community be released. But the current COVID-19 pandemic requires that we also ensure we are giving appropriate weight to the potential risks facing certain individuals from being remanded to federal custody. Each case must be evaluated on its own and, where appropriate, the risks the pandemic presents should be part of your analysis, as elaborated further below.

First, the Bail Reform Act ("BRA") remains the governing statute for pretrial detention issues and you are to continue enforcing that provision according to its terms. As you know, the BRA provides that a defendant must be detained pending trial where "no condition or combination of conditions will reasonably assure the appearance of the person as required and the safety of any other person and the community." 18 U.S.C. § 3142(e)(1).

For certain crimes, it is presumed that "no condition or combination of conditions of release will reasonably assure the appearance of the person as required and the safety of the community." 18 U.S.C. § 3142(e)(3). We should continue applying the BRA's factors and that presumption according to their terms. We simply cannot agree to anything that will put the public at risk. COVID-19 presents real risks, but so does allowing violent gang members and child predators to roam free. When you believe a defendant poses a risk to the safety of any person or the community at large, you should continue to seek remand as zealously today as you would have before the pandemic began, in accordance with the BRA's plain terms. Protecting the public from criminals is our paramount obligation.

Second, in applying the familiar BRA analysis, which already includes some consideration of the defendant’s “physical and mental condition,” *id.*, you should now consider the medical risks associated with individuals being remanded into federal custody during the COVID-19 pandemic. Even with the extensive precautions we are currently taking, each time a new person is added to a jail, it presents at least some risk to the personnel who operate that facility and to the people incarcerated therein. It also presents risk to the individual being remanded into custody—risk that is particularly acute for individuals who are vulnerable to a serious infection under the Centers for Disease Control and Prevention (“CDC”) Guidelines.

We have an obligation to minimize these risks to the extent possible while remaining faithful to the BRA’s text and discharging our overriding obligation to protect the public. That means you should consider not seeking detention to the same degree we would under normal circumstances—specifically, for those defendants who have not committed serious crimes and who present little risk of flight (but no threat to the public) and who are clearly vulnerable to COVID-19 under CDC Guidelines. In this analysis, the risk of flight and seriousness of the offense must be weighed against the defendant’s vulnerability to COVID-19. Accordingly, we should continue to seek detention for defendants who are charged with serious crimes and who pose a substantial risk of flight, or for defendants who would normally warrant detention under the BRA and who are not vulnerable to COVID-19 under CDC Guidelines.

Third, these same considerations should govern your litigation of motions filed by detained defendants seeking release in light of the pandemic. In these cases, the Court has already made a finding based on the evidence presented that a defendant posed a risk of flight or a danger to the community and should therefore be remanded pending trial. In assessing whether it is appropriate to revisit that determination, you should also consider the potential risk that the defendant will spread COVID-19 in his or her community upon release. At the same time that the defendant’s risk from COVID-19 should be a significant factor in your analysis, you should also consider any risk that releasing the defendant would pose to the public. This consideration will depend on the facts and circumstances of each defendant and the facility where he or she is being held, and you should factor this consideration into your analysis as appropriate. Our duty to protect the public extends to protecting it from contagion spread by someone released from our custody.

* * *

The factors and considerations discussed herein should guide your analysis of pretrial detention issues while the pandemic is ongoing, but what position to take in each particular case is ultimately your decision. We must adapt to the current difficult circumstances, while also ensuring that we never deviate from our duty to keep the public safe from dangerous criminals. Please exercise your discretion appropriately.



U.S. Department of Justice
Memorandum
Federal Bureau of Prisons

Correctional Programs Division

Central Office
320 First Street, N.W.
Washington, DC 20534

APR 6 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: Andre Matevousian, Acting Assistant Director
Correctional Programs Division

SUBJECT: Non-Transfer Furlough Guidance

In the continuing efforts to protect staff and inmates during the COVID-19 pandemic, at risk offenders within 12 months of their projected release date should be reviewed for a non-transfer furlough to their release destination. Program Statement 5280.09, *Inmate Furloughs*, states non-transfer furloughs may be used for inmates to participate in the development of release plans. The following guidelines should be adhered to when reviewing and referring an inmate for a non-transfer furlough:

- If an inmate has a Public Safety Factor (PSF) that has not been waived by the DSCC, the Regional Director's approval is required.
- An inmate classified as a Central Inmate Monitoring (CIM) case requires the appropriate CIM Clearance.
- (b)(7)(A); (b)(7)(E)
- Detainers, pending charges, and/or outstanding warrants should be reviewed and resolved by Correctional Systems staff.
- Inmate must have a Risk of Recidivating score of Minimum.
- An inmate may be approved for a furlough even if he/she has had a furlough in the last 90 days.
- Transportation may be approved if travel cannot be completed within 12 hours of departure.

- Anyone on the inmates approved visiting list may provide transportation to the residence listed on the furlough application.

If the inmate meets the criteria for a non-transfer furlough, a 30-day furlough should be initiated using the "Furl Other" selection in the Release Application. In conjunction with the furlough referral, a Residential Reentry Center (RRC)/Home Confinement (HC) referral must be initiated. The Warden must approve the RRC/HC referral prior to the inmate releasing from the facility via furlough.

A BP-952, Furlough Questionnaire, will also be completed and forwarded to the United States Probation Office (USPO) in the judicial district where the inmate will reside. The Warden may approve the furlough prior to receiving a response from the USPO. If the inmate is not furloughing to his/her sentencing district, a relocation must be approved prior to the furlough-taking place.

If an inmate lacks the financial resources for transportation to his or her release residence, consistent with Program Statement 5280.09, Inmate Furloughs, the institution may bear the expense of the furlough because it is for the government's primary benefit during the Bureau's response to the pandemic.

Upon the inmate receiving an RRC/HC date, a Furlough Transfer to the RRC/HC will require completion. These packets should be routed via hard copy because the inmates will not be physically located in the institution. Additionally, the inmate will need to be contacted via telephone notifying them of their RRC/HC report date.

During the furlough, the inmate will be required to contact the institution at least once a week. This contact should take place via telephone to the Command Center or the Control Center. This requirement must be listed under Special Instructions on the BP-291, Furlough Application. Additional 30-day furloughs must be completed until the inmate is placed into an RRC or HC.

If you have any questions, please contact David Brewer, Acting Senior Deputy Assistant Director, Correctional Programs Division, at (b)(6); (b)(7)(C).



**U.S. Department of Justice
Federal Bureau of Prisons**

Washington, D.C. 20534

April 6, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

FROM: ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION

ANDRE MATEVOUSIAN
Digitally signed by ANDRE MATEVOUSIAN
Date: 2020.04.05 21:37:41 -04'00'

N.C. English
NICOLE ENGLISH, ASSISTANT DIRECTOR
HEALTH SERVICES DIVISION

SUBJECT: CORONAVIRUS (COVID-19) UPDATE – USE OF FACE MASKS

The Bureau's response to COVID-19 has been evolving in accordance with CDC guidance. Based on the CDC's most recent guidance issued April 5, 2020, the BOP is working aggressively to issue face coverings to all staff and inmates. As such, while the Bureau is implementing additional "social distancing" measures in our facilities, the issuance of face coverings is intended to lessen the spread of coronavirus by "asymptomatic" and "pre-symptomatic" persons.

The BOP is issuing surgical masks as an interim measure to immediately implement CDC's guidance, given the close contact environment of correctional institutions. The BOP is in the process of manufacturing cloth masks, which will replace the use of surgical masks when received.

Unicor is manufacturing cloth masks for all sites. In the interim, and as an immediate, emergency response only, institutions may issue surgical masks to all persons onsite in the following quantities:

Inmates: Each inmate will be provided one surgical mask per week. Once Unicor begins shipping masks, sites first in priority are those with currently active COVID incidents:

- OAK
- DAN
- ELK
- LOM
- FOX
- BUX
- YAZ
- MIL
- CCC

Thereafter, priority shipment is to MRCs.

Staff: All staff should be issued two face masks from the existing inventory initially per week until Unicorn's masks arrive. Staff do not need to bring in or use their own masks

Staff and inmates should be advised that masks are to be used in interacting with persons when social distancing is not possible. The masks are to prevent spread by asymptomatic persons of COVID-19; they are not being used as Personal Protective Equipment.

Once Unicorn's shipment is received, all staff and inmates should be issued three cloth masks for their personal use. The use of cloth masks complies with CDC guidance. The use of PPE in quarantine and isolation settings should follow existing guidance from Health Services.

Additionally, CDC's other best practices for preventing the spread of coronavirus should continue to be exercised. Good hand and health hygiene practices, and regular cleaning and disinfection of high touch surfaces should be emphasized to the inmate population. Wardens must ensure cleaning supplies are readily available for all inmates. Institutions without any known COVID-19 cases should take proactive infection prevention and control measures, while institutions with COVID-19 cases will need to modify delivery of health care services in accordance with guidance from the Bureau Medical Director.

Screening of all staff for COVID-19 symptoms and temperature checks will continue at all institutions according to established procedures, and staff will be reminded to practice good hand and health hygiene. At institutions with COVID-19 cases (staff and/or inmates), limiting staff movement amongst assigned areas/posts whenever feasible may help prevent the spread of infection.

We appreciate your assistance in this next phase of our COVID-19 response.



U.S. Department of Justice
Federal Bureau of Prisons

Washington, DC 20534

April 8, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

ANDRE MATEVOUSIAN Digitally signed by ANDRE
MATEVOUSIAN
Date: 2020.04.08 16:24:59 -04'00'

FROM: Andre Matevousian, Acting Assistant Director
Correctional Programs Division

Hugh J. Hurwitz

Hugh J. Hurwitz, Assistant Director
Reentry Services Division

SUBJECT: Home Confinement for RDAP Participants

The Residential Drug Abuse Program (RDAP) consists of three components:

1. Unit-based component: Inmates must complete a course of treatment (to include a minimum of 500 hours of face-to-face treatment) in a treatment unit set apart from the general prison population.
2. Follow-up services: If time allows between completion of the unit-based component of the RDAP and transfer to community placement, inmates participate in follow-up services.
3. Community Treatment Services (CTS): Inmates complete the final component of treatment while in a residential reentry center (RRC) or on home confinement.

Unit Team staff at each institution will provide the Drug Abuse Program Coordinator (DAPC) with a list of RDAP participants in the unit-based component who have been identified as potentially eligible for placement on home confinement under the guidelines specified in the memo dated April 3, 2020. The DAPC and Unit Team staff will meet together with inmates on this list who have not yet completed a minimum of 500 hours of face-to-face treatment and give them the choice of continuing RDAP participation as institution operations allow or withdrawing from treatment to be considered for placement on home confinement. This meeting will be documented in the Psychology Data System (PDS).

Inmates who are determined to be eligible for placement on home confinement may choose to withdraw from participation in RDAP in

order to achieve that placement. Inmates who choose to withdraw from RDAP and are eligible for early release benefits pursuant to 18 U.S.C. § 3621(e) will lose this benefit and their projected release date will revert to their Good Conduct Time (GCT) release date. The DAPC is responsible for completing required documentation of the inmate's decision to withdraw from RDAP, changing SENTRY codes as appropriate, and routing the required notifications to the Unit Team and the Designation and Sentence Computation Center (DSCC), in accordance with established policy.

Inmates who are participating in the unit-based component of RDAP and have completed a minimum of 500 hours of face-to-face treatment, but have not yet completed interventions addressing relapse prevention and reentry, should be provided with in-cell interventions to complete this component. Drug Treatment Specialists should be made available to oversee this programming. This course of in-cell programming will not exceed five business days.

Once the DAPC determines the inmate has satisfactorily completed 500 hours of unit-based programming and relapse and reentry interventions, he or she will enter a SENTRY code of DRG eq DAP COMP and notify the inmate's Unit Team, in accordance with established policy. Inmates who complete the unit-based component of RDAP may be transferred to previously-approved RRC placements and reviewed for home confinement under the guidelines specified in the memo dated April 3, 2020.

If you have any questions, please contact Cathy Thompson, Chief of Drug Treatment Programs, Reentry Services Division, at

(b)(6); (b)(7)(C)





Washington, D.C. 20534

April 13, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

FROM:


**ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION**


**L. CRISTINA GRIFFITH, ASSISTANT DIRECTOR
HUMAN RESOURCE MANAGEMENT DIVISION**

SUBJECT:

CORONAVIRUS (COVID-19) PHASE SIX ACTION PLAN

To ensure comprehensive understanding of the BOP's COVID-19 Phase Six Action Plan, we reiterate herein previously disseminated guidance along with new measures for implementation in managing the evolving pandemic. Effective immediately, the following preventative measures are mandated for all Bureau locations.

EXTENSION OF PHASE FIVE ACTION PLAN:

Effective, Monday, April 13, 2020, the Bureau will continue its nationwide action as described in the Phase 5 Action Plan, to minimize movement and decrease the spread of the virus. This extension - which applies to medical screening, limited inmate gathering, daily rounds, limited external movement, and fit testing - will remain in place until May 18, 2020, at which time the action will be reevaluated.

HIRING:

Hiring initiatives are paramount to the Bureau's mission to address shortages in key positions and locations. Emphasis must be placed in prioritizing the hiring of Correctional Officers. Wardens will ensure Human Resource Departments are fully engaged in processing new applicants into the agency. As a reminder, all applicants who enter the institution should undergo the same COVID-19 screening and temperature check as staff, contractors, and visitors.

TRAINING:

All staff training is suspended through May 31, 2020, with the exception of "*Introduction to Correctional Techniques - Phase I*", and any training that can be conducted remotely to fulfill ongoing mandatory

credentialing requirements that cannot be waived during this pandemic. Any other exceptions to this suspension must be routed through the appropriate Assistant Director or Regional Director, and submitted to the Deputy Director for final approval.

OFFICIAL STAFF TRAVEL:

Official staff travel, with the exception of the deployment of staff to institutions to assist with the COVID-19 pandemic, is suspended through May 31, 2020. Any exceptions to this suspension must be routed through the appropriate Assistant Director or Regional Director.

SECONDARY LAW ENFORCEMENT STAFF:

Secondary Law Enforcement Officers located throughout the agency will be deployed to assist with staffing shortages in field locations. Wardens requiring supplemental staff to cover vacancies will submit a written request to their Regional Emergency Operations Center (EOC). Once approved by the Regional Director, the request will be forwarded to the National EOC for scheduling, notifications, and travel arrangements.

LOGISTICS:

Wardens must continually assess and account for their supply and equipment inventories and plan for an extended crisis period by increasing normal supply inventories to the greatest extent possible. Emphasis for assessment should be placed on Personal Protective Equipment (PPE), food, medicine, cleaning supplies, and emergency-related equipment. PPE supplies may be requested first through the region and then from the National EOC.

SOCIAL VISITS:

Social visits will continue to be suspended until May 18, 2020, at which time the suspension will be reevaluated.

LEGAL VISITS:

Legal visits will continue to be suspended until May 18, 2020, at which time the suspension will be reevaluated.

Wardens are reminded that access to legal counsel remains a paramount requirement and must be accommodated to the maximum extent practicable. Although legal visits are suspended until May 18, 2020, case-by-case accommodations for in-person visits should be made at the local level. Attorneys should be encouraged to make requests through each facility's main email address found at www.bop.gov, telephonically, or by contacting the appropriate Consolidated Legal Center.

If approved for an in-person visit, the attorney must undergo a COVID-19 screening and temperature check, consistent with the procedures in place for staff, contractors, and visitors. Anyone with COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ will not be allowed to enter the facility. When performing screening activities, staff or contractors will wear PPE according to Bureau and CDC guidance.

The authority to approve and/or deny legal visits will not be delegated below the Warden and/or his/her designee.

Facilities should offer as an alternative a legal visit via video conferencing. The BOP's VTC infrastructure can support a connected call through the Administrative Office of the US Courts bridge and can connect to external callers using WebEx or Jabber. If your field site has questions about how to do so, the local IT staff may contact the Computer Services and Administration Branch in Central Office.

CONTRACTORS:

Contractors performing essential services or necessary maintenance on essential systems will continue to be allowed to enter the facility, and must undergo a COVID-19 screening and temperature check prior to entry. Anyone with COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ will not be allowed to enter the facility. When performing screening activities, staff or contractors will wear PPE according to Bureau and CDC guidance.

VOLUNTEERS:

Volunteer visits will be suspended until May 18, 2020, at which time the suspension will be reevaluated. Alternate means of communication, to include telephone calls and video conferences, may be considered for inmates who request to speak with a religious advisor.

QUARANTINE AND ISOLATION:

Quarantine will be used for the following reasons for inmates who are asymptomatic for COVID-19:

- 1) All new admissions to a Bureau facility and all returns to a Bureau facility.
 - This includes all new intakes, detainees and commitments, writ returns, parole violators, and hospital returns, regardless of their mode of arrival (e.g., voluntary surrender, U.S. Marshals Service / Justice Prisoner and Alien Transportation Service, Customs and Border Patrol, and Immigration and Customs Enforcement).
 - Bureau intra-system transfers who have already been in Bureau population more than 14 days should be screened and temperature checked for COVID-19 before departure. They ordinarily do not require quarantine at their gaining facility if there are no active or suspected COVID-19 cases at the sending facility, and they did not come in contact with any other inmates from another facility during transfer to the gaining facility.
- 2) All close contacts of a confirmed or suspected case of COVID-19.
- 3) All inmates releasing to a Residential Reentry Center (RRC), Home Confinement (HC), or Good Conduct Time/3621e/Full Term release.

At the time of placement in Quarantine, inmates will have a COVID-19 symptom screening and a temperature check. Those with COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ will be placed in Isolation. ***All inmates in Isolation will be placed in a single cell. Any deviations from this housing will be immediately reported to the Regional and National EOCs.*** All inmates in Quarantine or Isolation will be monitored and managed according to Bureau and Centers for Disease Control and

Prevention (CDC) guidance. PPE will be worn by staff when in contact with quarantined or isolated inmates as recommended in this same guidance.

Quarantine is ordinarily continued for 14 days unless the quarantined inmate becomes symptomatic or is cohorted with someone who becomes symptomatic.

Criteria for release from isolation for COVID-19 may be determined using a test-based or a symptom-based strategy. Using a test-based strategy, an inmate may be released from isolation when:

- Fever has resolved without the use of fever-reducing medications, *and*
- Respiratory symptoms have improved, *and*
- A molecular test for Sars-CoV-2 is negative on two occasions at least 24 hours apart.

Using a symptom-based strategy, an inmate may be released from isolation when:

- Fever has resolved for 72 hours without the use of fever-reducing medications, *and*
- Respiratory symptoms have improved for at least 72 hours, *and*
- Seven days or more have passed since the onset of symptoms.

EXIT SCREENING OF INMATES:

All inmates will be screened for COVID-19 symptoms and undergo a temperature check prior to leaving the facility. Inmates with COVID-19 symptoms or a temperature $\geq 100.4^{\circ}\text{F}$ will be placed in isolation. All staff or contractors who perform screening activities will wear PPE according to Bureau and CDC guidance.

OUTSIDE TRIPS FOR HEALTH CARE:

Outside trips for health care should be limited to urgent and emergent health conditions. All routine outside health care should be postponed when clinically appropriate to do so.

PERSONAL PROTECTIVE EQUIPMENT:

Appropriate PPE for COVID-19 must be worn by staff or contractors according to Bureau and CDC guidance and may include gown, gloves, surgical mask or N-95 respirator, and face shield or goggles, depending on the situation. Recommended PPE guidance may be found at http://sallyport.bop.gov/co/hsd/infectious_disease/covid19/covid19_guidance.jsp#1_5

FACE COVERINGS:

All staff and inmates will be issued and strongly encouraged to wear an appropriate face covering when in public areas when social distancing cannot be achieved.

FOOD SERVICE:

Institutions with active COVID-19 transmission (especially Care Level 3 and 4 Institutions) should satellite feed all inmates in their units. Meals, eating utensils, and drink-ware should only be served by staff

wearing proper PPE. When meals are being distributed, a distance of six feet between inmates should be observed.

INFECTION PREVENTION AND CONTROL PRACTICES:

Rigorous infection prevention and control practices are essential to contain and mitigate the spread of COVID-19. These practices include identifying symptomatic inmates as early as possible by assessing for COVID-19 symptoms and conducting a temperature check at intake screening, exit screening, during a contact investigation, and broader screening initiatives, (e.g., daily screening or other methods of enhanced surveillance at institutions affected by COVID-19, in consultation with the Regional Quality Improvement/ Infection Prevention and Control Consultant). Institutions should also encourage early reporting of symptoms by inmates and provide them opportunities for medical evaluations. When indicated, a contact investigation should be performed for cases of COVID-like symptoms, in consultation with the Regional Quality Improvement/ Infection Prevention and Control Consultant. Isolation is mandatory for any inmate with COVID-like symptoms. PPE must be worn in accordance with CDC guidance. Recommended guidance can be found at http://sallyport.bop.gov/co/hsd/infectious_disease/covid19/covid19_guidance.jsp#1_5

Good hand and health hygiene practices are strongly encouraged and include washing hands regularly with soap and water for at least 20 seconds, covering a cough or a sneeze, avoiding touching the face or shaking hands, limiting contact with high touch surfaces, and staying home when sick.

Social distancing should be practiced whenever possible. Strategies for accomplishing this should be evaluated, especially in open bay / barracks-style living quarters.

At all institutions, compartmentalization of staff and inmate movement will continue to help slow the cross-contamination of work spaces and housing units. This restriction includes limiting supervisor and manager movements for rounds to specific locations. During this period, staff post assignments shall not be changed unless to fill behind a vacant post. Changes in shift hours is permitted provided the shift location remains the same.

Regular cleaning and disinfection of units and high touch surfaces should be emphasized to the inmate population. Wardens must ensure cleaning supplies are readily available for all inmates. Institutions without any known COVID-19 cases should take proactive infection prevention and control measures, while institutions with COVID-19 cases will need to modify delivery of health care services in accordance with guidance from the Bureau Medical Director.

PANDEMIC PREPAREDNESS:

All institutions should continue to review and update pandemic plans to include identifying locations for quarantine and isolation of potentially large numbers of inmates, purchasing appropriate supplies, and planning for potentially severe staffing shortages and moderate-to-severe disruptions of normal operations. All institutions should make contact with local health authorities and community health resources to plan for limited or widespread institution transmission of COVID-19.

FIT TESTING:

In the March 31, 2020 Phase Five memo, all positions within the agency were mandated to comply and participate in the respiratory protection program as stated in Program Statement 1600.11, Chapter 3 Section 2, Respiratory Protection. It is mandatory that all staff complete the training to ensure maximum numbers of staff are available on each shift to meet the anticipated needs throughout this public health emergency.

This participation includes the completion of the "OSHA Medical Questionnaire" for medical review and clearance followed by training and proper fit-testing for the following respirators:

- N-95.
- Scott M-120 full face respirator (Gas Mask).
- Scott AV-3000 sure seal face piece (Scott Air-Pak 75 SCBA).

Upon completion of the initial training and fit-testing, staff must maintain a state of readiness to use a respirator at all times, to include absence of facial hair that would interfere with the seal of the respirator. Failure to do so may result in disciplinary action. This requirement will remain in effect throughout the duration of the public health emergency.

Individuals who are unable to obtain medical clearance must request accommodation, in accordance with Program Statement 3720.03, Reasonable Accommodation Program.

LIMITED MOVEMENT:

The Bureau will continue to coordinate with the U.S. Marshals Service to significantly decrease incoming movement. Strategic institutions have been identified for mandatory movement needs; these locations will include all detention centers and key locations located throughout the country to accommodate population increases. These areas will serve as quarantine sites until such time inmates can be moved to their final destination.

Internal movement will continue to be suspended. Exceptions to this restriction are legally-required transfers related to forensic studies, writs, Interstate Agreements on Detainers, medical or mental health reasons, and RRC/HC placements. Medical trips for treatment will still continue, as necessary (see Outside Trips for Health Care section above).

Any exceptions must be routed through your Regional Director for approval by the Assistant Director, Correctional Programs Division.

QUESTIONS:

If staff have questions about COVID-19, they may reach out to the agency at the following email box: COVID19Questions@bop.gov.

We appreciate your assistance in this significant phase of our COVID-19 response.




U.S. Department of Justice
Office of the Deputy Attorney General

The Deputy Attorney General

Washington, D.C. 20530

April 14, 2020

MEMORANDUM FOR DEPARTMENT OF JUSTICE EMPLOYEES

FROM: THE DEPUTY ATTORNEY GENERAL 

SUBJECT: Use of Face Coverings in Department of Justice Workplaces

My gratitude goes out to all employees for continuing to serve the Department and the Nation with such dedication and perseverance during these challenging times.

As the Attorney General has previously stated, the health and safety of our personnel are of paramount importance. To that end, the Centers for Disease Control and Prevention (CDC) currently recommends wearing cloth face coverings in public settings, especially in areas of significant community-based transmission of COVID-19 (but not to use facemasks meant for healthcare workers). The use of face coverings may help to slow the spread of COVID-19.

Consistent with this recommendation, effective as promptly as possible, all individuals are to wear cloth facemasks or coverings to the extent practicable within common area Department facilities and workspaces—particularly in traditional office-like settings. The Department is currently prioritizing the acquisition and issuance of personal protective equipment (PPE) for the Bureau of Prisons' medical needs, for law enforcement functions, and for employees whose duties involve face-to-face contact with the public or other DOJ employees. Employees who have not been issued or do not have their own PPE should fashion face coverings from common materials, such as clean t-shirts or bandanas, that can cover the nose and mouth area. Individuals may remove a face covering when working in a private office, cubicle or workspace where *at least* six feet of social distance can be maintained. Individuals also may need to lower their face covering in order to pass through security checkpoints. As a reminder, the Department's maximum telework posture remains in effect for those whose responsibilities enable them to do so.

This memorandum is not intended to alter or supersede any component-specific guidance applicable to workplaces that are not a traditional office setting, such as courts, prisons, detention facilities, and law enforcement operations. Components with such facilities have already directed their workforce to follow guidance that is appropriately tailored to relevant locations and circumstances, consistent with applicable workplace safety requirements and recommendations, and that component guidance should be followed.

I thank you for your compliance with this memorandum and again offer my deep appreciation of your continued commitment to the important work of the Department. Let's continue to work to keep each other, and the public, safe.

U.S. Department of Justice


Federal Bureau of Prisons

PROGRAM REVIEW DIVISION

Washington, DC 20534

April 14, 2020

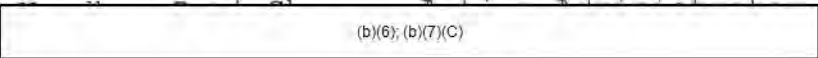
MEMORANDUM FOR REGIONAL DIRECTORS/ASSISTANT DIRECTORS

FROM: 
Mina Raskin
Acting Assistant Director

SUBJECT: Policy Waiver - Program Statement 1210.23

A waiver has been established for Program Statement 1210.23, Management Control and Program Review Manual, in regards to Chapter 3, Conducting Operational Reviews.

Due the COVID-19 pandemic, this waiver approves institutions to extend due dates on all operational reviews, scheduled after March 16, 2020, for up to 6 months. This waiver is valid through September 16, 2020, at which time any further extension needs will be reassessed.

Any additional questions or concerns may be directed to
 Program Review Branch,

(b)(6); (b)(7)(C)



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

April 16, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: *N. C. English*
Nicole C. English, Assistant Director
Health Services Division

SUBJECT: Waiver to Pharmacy Policy P6360.01

This national policy waiver to Pharmacy Policy P6360.01 is in response to the COVID-19 response.

P6260.01 Pharmacy Policy states:

12. **RELEASE/TRANSFER MEDICATION.** When an inmate is transferred to a CCC, up to a 90 day supply of current medication will be provided pursuant to a new medication order. The number of days supplied will be determined on a case-by-case basis, dependent upon clinical justification and release planning for the inmate (i.e., insurance, Medicaid, Aids Drugs Assistance Programs (ADAP) availability).

- Unless properly justified, a minimum of 30 days supply of chronic medications will be provided.
- Inmates requiring DEA controlled substances may be considered for transfer to a CCC after institution staff consult with the Community Corrections Manager (CCM) to determine if the respective CCC can accommodate the inmate's special medication needs.

An inmate releasing from custody will be provided a 30 day supply of medication. The medication, with directions, will be given to the releasing officer as indicated by local procedure.

National policy waiver

Due to the COVID-19 pandemic, this national policy waiver is granted to allow:

- Institutions to routinely provide a 90-day supply of appropriate medications for inmates releasing to RRC, Home Confinement, Full Term Release, Good Conduct Time Release, Parole, or Civil Commitment Release.
- If necessary to continue care before an inmate is able to access care in the community, up to an additional 90-day refill may be supplied.
- If an inmate is on furlough to an RRC, an initial supply plus refills necessary to provide continuity of care while the inmate is in furlough status may be supplied. This supply may not exceed 180 days of medications. This furlough supply would be in addition to the RRC supply the inmate would receive in the days prior to arrival to the RRC (i.e. 90 days per above).

This waiver is effective until October 1, 2020.

cc: Ken Hyle, Assistant Director/General Counsel, OGC
Louis Milusnic, Assistant Director, PRD
RADM Chris A. Bina, SDAD, HSD
Jeffery D. Allen, Medical Director, HSD
Jeffrey Burkett, NHSA, HSD
CAPT A. Martin Johnston, Chief Pharmacist, HSD
Regional Medical Directors
Regional Health Services Administrators



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

April 16, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: *N. C. English*
Nicole C. English, Assistant Director
Health Services Division

SUBJECT: Waiver to Institutional Health Services Medical
Equipment Inspections

A national policy waiver request has been submitted for the following policy due to the COVID-19 pandemic

6010.05 Health Services Administration Policy states:

7. Preventive Maintenance Services Unless the manufacturer otherwise specifies, preventive maintenance actions will be documented at least twice a year on the appropriate form.

Response to requests for policy waiver

Because of the ongoing response to the COVID-19 emergency, the requirement for twice a year preventative maintenance services on medical equipment is waived.

Any equipment that appears to be malfunctioning or not working in accordance with manufacturer instructions should be removed from service until maintenance can be performed. Malfunctioning equipment that is critical to provide ongoing patient care should be repaired through contract vendors immediately.

This waiver is effective until October 1, 2020.

cc: Ken Hyle, Assistant Director/General Counsel, OGC
Louis Milusnic, Assistant Director, PRD
RADM Chris A. Bina, SDAD, HSD
Jeffery D. Allen, Medical Director, HSD
Jeffrey Burkett, NHSA, HSD
Regional Medical Directors
Regional Health Services Administrators
HSD Branch Chiefs
HSD Chief Professional Officers



U.S. Department of Justice
Federal Bureau of Prisons

Reentry Services Division

Washington, DC 20534

April 16, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

HUGH HURWITZ

Digitally signed by HUGH
HURWITZ

Date: 2020.04.16 08:54:08 -04'00'

FROM: Hugh J. Hurwitz, Assistant Director
Reentry Services Division

SUBJECT: National Waiver to Reentry Services Division Policies

Programs and treatment address the needs of the inmate population and develop skills necessary for successful reentry. Therefore, all required programs and treatment should continue to be provided to the extent practicable, with the goals of meeting inmates' needs, advancing their reentry preparation, and alleviating idleness that may occur as a result of modified operations. In some cases, national guidance has been issued to increase routine services (e.g., daily rounds, increased screening). However, in many cases, policy required programs and treatment may not be possible or may need significant modification. In response to modified institutional operations necessitated by the COVID-19 pandemic, the following policy requirements are waived until October 1, 2020 as indicated:

P5330.11, CN-1, Psychology Treatment Programs:

Individual Treatment Plans

The requirement to complete treatment plans within thirty working days is waived. Treatment plans for participants in Residential Drug Abuse Programs (RDAP), Bureau Rehabilitation And Values Enhancement (BRAVE) Programs, Challenge Programs, and Mental Health Programs will be completed as soon as is practicable.

Clinical Supervision

The requirement for monthly clinical supervision for Treatment Specialists in Drug Abuse Programs, BRAVE Programs, Challenge Programs, Resolve Programs, and Mental Health Programs is waived.

Non-Residential Drug Abuse Program (NR DAP) Duration

The maximum 24 week limit for NR DAP groups is waived. Groups may continue beyond 24 weeks for a maximum of 24 total sessions.

NR DAP Documentation

The requirement to complete treatment plans within thirty working days is waived. NR DAP treatment plans will be completed as soon as is practicable. The requirement for one progress review for NR DAP participants is waived.

RDAP Treatment Phases

The requirement to complete progress reviews for RDAP participants is waived.

RDAP Treatment Summary

The requirement to complete RDAP Treatment Summaries is waived.

RDAP Follow-up Treatment (FOL)

The requirement to complete progress reviews for FOL participants is waived.

BRAVE Treatment Protocol

The requirement to complete progress reviews for BRAVE participants is waived.

Challenge Program Treatment Protocol

The requirement to complete progress reviews for Challenge participants is waived.

Female Integrated Treatment (FIT)

Suspend all activities and duties specific to the FIT Program including documentation, treatment team meetings, and scheduled programming.

Resolve Non-residential Treatment Program

The requirement for Resolve Programming, including required documentation, is suspended.

PS 5324.10 Sex Offender Programs**Sex Offender Management Program (SOMP) Intakes**

The requirement to conduct SOMP intakes on sex offenders arriving at SOMP facilities is waived.

Individual Treatment Plan

The time frame requirements to enter treatment plans are suspended.

Clinical Supervision

The requirement for monthly clinical supervision of SOMP Treatment Specialists is suspended.

Progress Reviews

The time frame requirement for progress reviews is suspended.

P5310.17, Psychology Services Manual

Restrictive Housing Unit (RHU) Psychologists

RHU Psychologists can deliver services outside of restrictive housing, based on institutional need.

Restrictive Housing Documentation

The requirement for documentation of a Diagnostic and Care Level Formulation note and individualized treatment plan for RH SHU PART inmates is suspended.

P5324.08, Suicide Prevention Program

Supplemental Specialty Training (Suicide Prevention)

The requirement for supplemental Suicide Prevention Specialty Training will be conducted as soon as is practicable.

Emergency Response Training

The requirement for the mock suicide emergency drill will be suspended for this this third of the year (January - April), but will occur again in the next third of the year (May - August).

Suicide Companion Training

The requirement for suicide companion training for established companions is suspended.

Inmate Observer Shifts

Inmates may be permitted, in extreme cases, to work longer than a four-hour shift.

P570.12, Forensic and Other Mental Health Evaluations.

Forensic Report Summaries in PDS

The input of the forensic summary into PDS-BEMR will occur as time permits.

P5310.16, Treatment and Care of Inmates With Mental Illness.

Core Clinical Skills Reviews

Conducting Core Clinical Skills Reviews on psychologists will be postponed.

Care2-MH inmate services

The requirement for routine Care2-MH services are suspended.

Priority Practice Group

All requirements for priority practice groups will be suspended.

CCARE Meetings

The requirement for CCARE meetings will be suspended.

P5300.22, Volunteer Services

Initial Reentry Affairs Coordinator Training

The time frame for new Reentry Affairs Coordinators to receive 20

hours of initial standardized training is extended to two years from assumption of positions.

Annual Recognition Event

The requirement to hold an annual recognition event for volunteers is waived for FY2020. Institutions should send letters or thank you cards expressing gratitude for providing volunteer services.

Volunteer Training

The requirement for volunteers to attend annual training no later than the quarter following the anniversary of their last training date is waived. Training should be scheduled by the end of the next full quarter following the return to normal operations.

The requirement for new Level II volunteers to attend initial training is waived if an individual was in the process of becoming a volunteer prior to COVID-19. Once the institutions return to normal operations, volunteers need to be scheduled to attend initial volunteer training. Training needs to be scheduled before the end of the next full quarter after normal operations resume.

P5200.02, Female Offender Manual

Participation in quarterly meetings with the Female Offender Branch

The requirement for these meetings is suspended.

Participation in quarterly Trauma in Life Workshops

The requirement to deliver these workshops is suspended.

Requirement to offer at least one IMPC program each quarter

This requirement is suspended.

Required gender-responsive programming options for females in restrictive housing and in FMC Carswell's Administrative Unit

This requirement is suspended.

P5350.28, Literacy Program (GED Standards)

Program Monitoring Requirements

The requirement to prepare the Needs List Report and the Do-Not-Promote Report is suspended.

Class Schedule

The requirement that Literacy classes, to include special learning needs (SLN) classes, should be scheduled Monday through Friday and each literacy class session should meet a minimum of one and one half hours per day is waived.

High School Diploma or Equivalency Verification

The requirement that inmates have 60 days from their arrival at the institution to provide documentation of a high school diploma or GED credential is waived.

P5351.01, Occupational Education Programs

Live Work

The requirement that live work is to comprise approximately 20 to 40 percent of each marketable level vocational training program curriculum as measured by training hours is waived.

The provision that Community Service Projects and Public Work may occur as the live work portion of an occupational education program is suspended.

Apprenticeship Committee Meetings

The requirement to conduct these meetings at least twice a year is suspended.

P5300.21, Education, Training, and Leisure Time Program Standards and P5351.01, Occupational Education Programs

Trade Advisory Committee Meetings

The requirement to conduct these meetings at least twice a year is waived.

P1542.06, Library Services, Inmates

Required Operational Hours

The daily and weekend hours of operation requirements for both leisure and law libraries are waived.

Interlibrary Loan and Bookmobile Services

The requirement to participate in these services is waived.

P5300.21, Education, Training, and Leisure Time Program Standards

Mandatory Education Program Hours

The requirement that each mandatory class must meet a minimum of one and one half hours per day is waived.

English-as-a-Second Language (ESL) Program

The requirement that ESL classes shall be scheduled Monday through Friday is waived.

Teacher Evaluations

The requirement that annual formal class observations are conducted for all teachers is waived.

Staff Meetings

The requirement for monthly education/recreation staff meetings is waived.

Graduation Ceremonies

The requirement to hold annual graduation ceremonies is suspended.

Programs

The requirement that ACE and parenting programs be offered is

waived.

Instruction Time

The requirement that all full-time teachers and education specialists must spend at least 75 percent of their 40-hour workweek in instruction or in work related to instruction, with a minimum of 50 percent of their work hours spent in direct classroom instruction, is waived.

P5354.03, Postsecondary Education Programs for Inmates

Correspondence Courses

The requirements related to PSE correspondence courses are waived.

P5381.05, Inmate Organizations

Organization Activities

All in-person meetings, guest speakers, sports competitions, and other events sponsored by inmate organizations are suspended.

P5370.11, Inmate Recreation Programs

Activities and Programs

All requirements related to Recreation Programs/Activities, to include leisure, organized and hobbycraft activities, are waived.

(b)(7)(A); (b)(7)(E)

(b)(7)(A); (b)(7)(E)

(b)(7)(A); (b)(7)(E)

P7030.01, Community Corrections Mission and Responsibilities

QAP and QCP Reports

The requirement to complete QAP and QCP reports is waived. Formal QAP and QCPs will resume 30 days after the return to normal operations.



U.S. Department of Justice

Federal Bureau of Prisons

Office of the Director

Washington, D.C. 20534

April 21, 2020

MEMORANDUM FOR INMATE FAMILIES AND FRIENDS

FROM: M.D. Carvajal, Director

SUBJECT: COVID-19 Safeguards

As Director of the Bureau of Prisons (BOP), it is my responsibility to ensure the safety, security and orderly operation of 122 federal prisons, as well as the safety and security of approximately 36,000 staff and more than 170,000 federal inmates, including those housed in privately managed or community-based facilities. I want to take this opportunity to share with you, the families and friends of someone in our custody, a message about what we are doing to safeguard the health of your loved one during the COVID-19 pandemic. I understand the anxiety you are feeling.

First, I want to thank you for your understanding and cooperation as we diligently work to try and prevent the introduction of coronavirus in our facilities and as we try to stop its spread inside those facilities that have been affected. No decision, regardless of how large or small, is taken lightly or done without considerable thought.

For example, we understand the hardship of not being able to see your loved ones, but their safety, and the safety of our staff, is our priority. Stopping social visits has had a major impact on keeping you, and them, safe and we're helping to keep the community safe, too. To help compensate, the amount of monthly phone minutes allowed was increased and, while collect calls will be charged accordingly, free phone and video calls were approved. The BOP recognizes how important it is for families to keep in touch, especially during these uncertain times. You need to know how your loved one is doing and they need to know how the virus is affecting you and their community.

As we continue to revise and update our response to COVID-19 based on the most recent guidance from the World Health Organization and the

Centers for Disease Control (CDC), I must thank every staff member for their dedication to our mission, for their relentless efforts to reduce the spread of the coronavirus both inside and outside our institutions, and for their commitment to keeping each inmate safe and well.

As I write this message, 45 BOP facilities and 14 Residential Reentry Centers have been affected nationwide. Although planning and preparations have been going on since January, and BOP has fully implemented its COVID-19 Action Plan, no amount of preparation could have left our institutions unaffected. The first positive inmate case was reported on March 21, 2020, and the first positive staff case was reported the very next day. Sadly, we have also experienced the death of 22 inmates, all with pre-existing medical conditions listed by the CDC as risk factors for developing the more severe COVID-19 disease.

All individuals entering our facilities, including staff, are screened and temperature checked. This is a critical step to ensure we reduce the risk of introducing and spreading the virus inside our facilities. We also implemented various screening efforts along with quarantine and isolation procedures for the inmate population to slow the spread of the virus. As of April 1, we made the decision that all inmates, in every institution, will be secured in their assigned cells/quarters in order to decrease the spread of the virus. Again, we did not make this decision lightly, and I know it can be difficult for everyone. But just like in communities nationwide who have been required to shelter in place, we feel the safest course to prevent the spread of the virus is to have inmates shelter in place as well. These actions will remain in place until May 18, 2020, at which time they will be reevaluated.

A new measure we have implemented in managing the evolving pandemic for institutions with active COVID-19 transmission includes feeding all inmates in their units. The CDC recently provided guidance specifically for correctional and detention facilities recommending all staff and inmates be issued, and strongly encouraged to wear, an appropriate face covering when in public places and when social distancing cannot be achieved.

We are working hard to apply the authorities granted to us to increase the use of home confinement. We are aggressively screening all inmates who have COVID-19 risk factors for suitability, starting with inmates incarcerated at facilities with the greatest number of COVID-19 cases. The Attorney General authorized the use of home confinement as a priority in response to the COVID-19 pandemic late last month. Since then, the BOP has reviewed thousands of cases and successfully placed over 1300 inmates on home confinement.

All of our decisions are made with one goal in mind - keeping everyone safe and healthy. We recognize this is hard on you and your loved ones.

It is hard on all of us but we will get through it working together. Our world is much different than it was even a month ago.

I will close by personally acknowledging that you and your loved ones cooperation has made a difference during this difficult time, and I thank you. This pandemic is a global emergency and the BOP is taking proactive operational measures to safeguard each person entrusted to our care and custody. I am committed to doing everything I can to achieve our goal of keeping those in our facilities as safe and healthy as possible during this difficult time, and returning to normal operations when it is safe to do so.



U.S. Department of Justice

Justice Management Division

Washington, D.C. 20530

April 21, 2020

MEMORANDUM FOR ALL DEPARTMENT OF JUSTICE EMPLOYEES

FROM: Lee J. Lofthus
Assistant Attorney General
for Administration

A handwritten signature in blue ink, appearing to read "Lee Lofthus".

SUBJECT: Aligning Federal Agency Operations with the National Guidelines for Opening Up America Again

Yesterday the Office of Management and Budget and the Office of Personnel Management issued guidance relating to "Opening Up America Again." I wanted to give you a short update on what this means for our agency.

The national guidelines provide a three-phased approach based on the advice of public health experts. The guidelines incorporate gating criteria which must be met in a State or locality before proceeding to a phased reopening process. The timeline for moving through the three-phased approach will be dependent on the local ability to control infection levels and maintain a constant decrease over time. As a result, different offices should expect to return to work at different times depending on conditions in their respective geographic areas.

The Department is committed to this phased, safety-based approach, and we will base our decisions relating to employees returning to the workplace on local conditions, including outbreak improvement, medical conditions, availability of public transportation, and other factors. We anticipate the continued flexible use of telework for the foreseeable future.

The health and safety of every Department of Justice employee is paramount to us. We are especially appreciative of your continued dedication during these trying times, those of you who have remained at the workplace on the frontlines and those of you working from a distance. We will continue to consider medical and safety factors as we develop plans to return to normal operations. I appreciate your support.



**U.S. Department of Justice
Memorandum
Federal Bureau of Prisons**

Correctional Programs Division

*Central Office
320 First Street, N.W.
Washington, DC 20534*

April 22, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: Andre Matevosian, Acting Assistant Director
Correctional Programs Division

HUGH HURWITZ

Digitally signed by HUGH
HURWITZ

Date: 2020.04.22 14:17:15 -04'00'

Hugh J. Hurwitz, Assistant Director
Reentry Services Division

SUBJECT: Home Confinement

In an effort to protect the health and safety of staff and inmates during the COVID-19 pandemic, it has become imperative to review at-risk inmates for placement on home confinement. This memorandum provides additional guidance and direction and rescinds the memorandum dated April 3, 2020.

It should be noted that for public safety reasons, in accordance with the March 26, 2020, memorandum from the Attorney General, and to ensure BOP is deploying its limited resources in the most effective manner, the BOP is currently assessing the following factors to ensure inmates are suitable for home confinement:

- reviewing the inmate's institutional discipline history for the last twelve months;
- ensuring the inmate has a verifiable release plan;
- verifying the inmate's primary or prior offense history does not include violence, a sex offense, or terrorism related;
- confirming the inmate does not have a current detainer;
- reviewing the security level of the facility currently housing the inmate, with priority given to inmates residing in Low and Minimum security facilities;
- reviewing the inmate's score under PATTERN, with inmates who have anything above a minimum score not receiving priority treatment;

- and reviewing the age and vulnerability of the inmate to COVID-19, in accordance with the CDC guidelines.

In addition, and in order to prioritize its limited resources, BOP has generally prioritized for home confinement those inmates who served a certain portion of their sentences, or who only have a relatively short amount of time remaining on those sentences. While these priority factors are subject to deviation in the BOP's discretion in certain circumstances and are subject to revision as the situation progresses, at this time, the BOP is prioritizing for consideration those inmates who either:

- have served 50% or more of their sentences,
- or have 18 months or less remaining on their sentences and have served 25% or more of their sentences.

Additionally, pregnant inmates should be considered for viability of placement in a community program to include Mothers and Infants Together (MINT) programs and home confinement.

All inmates must be reviewed by the SIS Department at the referring facility to determine if the inmate has engaged in violent or gang-related activity in prison. Additionally, inmates must have maintained clear conduct for the past 12 months to be eligible.

Referrals must be made based on appropriateness for home confinement. Consideration should be given to whether the inmate has demonstrated a verifiable reentry plan that will prevent recidivism and maximize public safety, including verification that the conditions which the inmate would be confined upon release would present a lower risk of contracting COVID-19 than the inmate would face in his or her BOP facility.

All referrals should clearly document the review of the following:

- Unit Team staff will screen each inmate identified to determine if they have a viable release residence and ask questions specific to:
 - Specific type of release residence (House/Apt/Group home, etc.),
 - Who will the inmate live with,
 - Any health concerns of individuals in the residence,
 - Contact phone numbers should he/she be placed on home confinement,
 - Transportation plan as to how the inmate will be transferred to the home confinement location.

All the above information must be clearly documented on the referral for home confinement prior to submission to the RRM Office.

Inmates determined to have a viable release residence will be screened by Health Services and a determination made as to if the inmate requires frequent and on-going medical care within the next 90 days. If frequent and on-going medical care is required, then:

- Health Services staff will coordinate with Naphcare and RRMBS Health Services Specialists to determine if the inmate's medical needs can be met in the community at this time. Naphcare will set up follow-up care prior to the inmate's transfer. An inmate must transfer with AT LEAST 90 days of any prescribed medications.
- If the inmate's medical needs cannot be met in the community at this time, the inmate will remain at the BOP facility.
- If the inmate does not require frequent and on-going medical care, a referral to the community will be processed.
- All the above information must be clearly documented on the referral for home confinement prior to submission to the RRM Office.

Once an inmate is referred for home confinement due to the COVID-19 pandemic, the Case Management Activity (CMA) assignment **CV-COM-REF** should be loaded in SENTRY.

If the Warden determines there is a need to refer an inmate for placement in the community due to risk factors, or as a population management strategy during the pandemic; however, the inmate does not meet the above listed criteria, a packet should be forwarded to the Correctional Programs Division for further review. Packets should be sent to BOP-CPD/Assistant Director from the Warden's general mailbox.

Case Management Coordinators must track all inmates determined to be ineligible for home confinement or the Elderly Offender Pilot Program and enter the appropriate denial code in SENTRY. Reports outlining reason for denial must be reported to BOP-CPD/Unit Management on a weekly basis by Monday at 2:00 p.m. EST.

If an inmate does not currently qualify for home confinement under BOP criteria, they should be reviewed for placement in a

Residential Reentry Center and for home confinement at a later date, in accordance with applicable laws and BOP policies.

If you have any questions, please contact David Brewer, Acting Senior Deputy Assistant Director, Correctional Programs Division, at (b)(6); (b)(7)(C) or Alix McLearn, Senior Deputy Assistant Director, Reentry Services Division, at (b)(6); (b)(7)(C)



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

April 24, 2020

MEMORANDUM FOR ALL CLINICAL DIRECTORS
ALL HEALTH SERVICES ADMINISTRATORS
ALL INSTITUTION CHIEF PHARMACISTS
ALL INSTITUTION CHIEF PSYCHOLOGISTS

Jeffery D. Allen, M.D.

Digitally signed by JEFFERY ALLEN
Date: 2020.04.24 08:29:21 -04'00'

FROM: Jeffery D. Allen, M.D.
Medical Director

SUBJECT: Changes to Directly Observed Therapy Medications
(Updated)

This is a change to the National Formulary in response to the COVID-19 Pandemic.

The following are removed from pill line only (also known as directly observed therapy [DOT]) status and may be dispensed for up to 14 day supplies as self-carry (KOP) medications on Care Level 3 or 4 inmates and up to 30 days on Care Level 1 or 2 inmates:

- Atypical Antipsychotics: asenapine, risperidone, olanzapine, aripiprazole, paliperidone, lurasidone, and ziprasidone
- **Benzotropine (added 4-24-2020)**
- Trazodone
- **Non-sedating antihistamines:** loratadine, cetirizine, and fexofenadine **(added 4-24-2020)**
- Antiseizure medications used for mental health conditions: phenytoin, valproic acid, carbamazepine, levetiracetam, oxcarbazepine, topiramate, **lamotrigine (added 4-24-2020)**.

NOTE: This does not include benzodiazepines, gabapentin, quetiapine, or pregabalin.

Prior to changing from DOT to KOP, all patients should be evaluated by a health care provider, in collaboration with a psychologist whenever possible, to ensure appropriateness in each circumstance. Certain patients might not be good candidates for this option, including those with poorly-

controlled conditions, evidence for significant medication non-compliance, or self-harm tendencies. Notification should be made to Psychology when this change is made. This does not apply to any other classes of medications currently listed as pill line only (i.e. insulin, or controlled substances). Providers should also consider allowing KOP for inmates on DOT for other medications that are not required by the formulary to be pill-line only (i.e. of statins, oral diabetic, and hypertensive medications).

This change will remain in effect until October 1, 2020.

cc: Louis Milusnic, ICS Operations Chief
N.C. English, Assistant Director, HSD
Hugh Hurwitz, Assistant Director, RSD
RADM Chris A. Bina, SDAD, HSD
Alix M. McLearen, SDAD, RSD
Allison Leukefield, Psychology Administrator, RSD
Jeffrey Burkett, NHSA, HSD
CAPT A. Martin Johnston, Chief Pharmacist, HSD
Regional Medical Directors
Regional Health Services Administrators
Medical Asset Support Team Members
HSD Branch Chiefs
HSD Chief Professional Officers



**U.S. Department of Justice
Federal Bureau of Prisons**

Washington, D.C. 20534

April 29, 2020

MEMORANDUM FOR REGIONAL HEALTH SYSTEM ADMINISTRATORS

FROM:

JEFFREY BURKETT
Jeffrey A. Burkett, National Health Systems Administrator
Health Services Division

Digitally signed by JEFFREY BURKETT
DN: c=US, o=U.S. Government, ou=Dept of Justice,
ou=BOP, cn=JEFFREY BURKETT,
#9.234719200300100,1.1=15001002974706
5570.1020.0029.819.11.00

SUBJECT:

Institutional Health Services Medical Equipment Inspections

Please be advised all bi-annual inspections of medical equipment, in which an outside entity enters into an institution, will continue suspension through June 7, 2020. As we approach the June 7, 2020, suspension date, the need will be re-assessed. Please share this information with all institutions in your region. Near the end of the 30 day time frame continuation will be re-assessed.

If you have any questions please feel free to contact your Mark Robles Assistant National Health Systems Administrator.

Thank you

Cc: Mark Robles, Assistant National Health Systems Administrator
Tushar Patel, Chief, Quality Management, Health Services Division
National Acquisitions Section, Administrative Division
Federal Acquisitions Office, Administrative Division
Kristie Breshears, Administrator, Program Review Division
CAPT Mike Long, Chief, Logistics Section, ICS COVID 19 Response



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

May 4, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

NICOLE ENGLISH Digitally signed by NICOLE ENGLISH
Date: 2020.05.04 08:43:44 -04'00'

FROM: Nicole C. English, Assistant Director
Health Services Division

SUBJECT: Waiver to Health Services Policies

This national policy waiver to 6027.02 and 6010.05 is in response to the COVID-19 epidemic.

P6027.02 Health Care Provider Credential Verification, Privileges, and Practice Agreement Program Policy states:

4. PEER REVIEW

- Peer review is a routine function used to review the current knowledge and skills of health care providers. All Bureau health care providers who are privileged must have at least one external peer review conducted every two years. The contract LIPs who are working with privileges must have at least one external peer review conducted every two years. Those who are working under a practice agreement must have at least one routine peer review conducted every two years, which may be conducted by a peer at the institution.

The BOP Office of Quality Management (OQM) accepts the completion of the MLP/RN Clinical Skills Training program to meet the requirements of this peer review.

P6020.05 Health Services Administration Policy states:

15. EMERGENCY CARE

The HSU will conduct two emergency disaster drills per year. All drills will be critiqued to identify deficiencies and opportunities to improve.

P6030.01 Pharmacy Services Policy states:

a. **Pharmacy and Therapeutics (P&T) Committee.** The Clinical Director (CD) will establish a Pharmacy and Therapeutics (P&T) Committee that will meet at least quarterly.

P6190.04 Infectious Disease Management policy states:

■ The CD, HSA, ICO, and other appropriate institution staff will meet at least quarterly to review the implementation of the institution's infection control and surveillance program.

■ Evidence of, at a minimum, quarterly Infection Control meetings (minutes) and review of surveillance activities that are documented and included as part of the institution's Quality Improvement Program (QIP).

P6013.01 Health Services Quality Improvement states:

5. **QUALITY IMPROVEMENT (QI) METHODOLOGY.** The HSA will appoint a committee to systematically assess the QI at that institution. This committee should be interdisciplinary and include health care staff and staff from other departments and will meet at least quarterly.

8. **HEALTH SERVICES GOVERNING BODY.** The local Governing Body will meet at least quarterly but meetings may occur more frequently if deemed necessary.

National policy waiver

Due to the COVID-19 pandemic, this national policy waiver is granted to allow:

- All MLP peer reviews due within the waiver period will be deferred until 60 days from the end of this waiver.
 - This waiver does not waive clinical competencies required for MLPs and RNs completing CLIA-waived testing.
- All emergency disaster drills due during the period of this waiver are waived.
- All quarterly Governing Body, Quality Improvement, Infection Control, and Pharmacy & Therapeutics meetings due during the period of this waiver are waived.
 - Meetings due to emergencies covering these areas should be documented and used for these expected practices.

This waiver is effective until October 1, 2020.

cc: Ken Hyle, Assistant Director/General Counsel, OGC

Louis Milusnic, Assistant Director, PRD
RADM Chris A. Bina, SDAD, HSD
Jeffrey Burkett, NHSA, HSD
Regional Health Services Administrators
Medical Asset Support Team Members
HSD Branch Chiefs
HSD Chief Professional Officers



U.S. Department of Justice
Memorandum
Federal Bureau of Prisons

Correctional Programs Division

Central Office
320 First Street, N.W.
Washington, DC 20534

May 8, 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM: Andre Matevousian, Acting Assistant Director
Correctional Programs Division

HUGH HURWITZ Digitally signed by HUGH HURWITZ
Date: 2020.05.08 15:57:01 -04'00'

Hugh J. Hurwitz, Assistant Director
Reentry Services Division

SUBJECT: Home Confinement

In our continued effort to protect the health and safety of staff and inmates during the COVID-19 pandemic, it is imperative to review at-risk inmates for placement on home confinement. This memorandum provides updated guidance and direction and rescinds the memorandum dated April 22, 2020.

In accordance with the March 26, 2020, Memorandum, and to ensure the BOP is deploying its limited resources in the most effective manner, the following factors must be assessed to ensure inmates are suitable for home confinement:

- Reviewing the inmate's institutional discipline history for the last twelve months (**Inmates who have received a 300 or 400 series incident report in the past 12 months may be referred for placement on Home Confinement, if in the Warden's judgement such placement does not create an undue risk to the community.**)
- Ensuring the inmate has a verifiable release plan;
- Verifying the inmate's primary offense is not violent, a sex offense, or terrorism related;
- Confirming the inmate does not have a current detainer.

- Priority should be given to inmates residing in Low and Minimum security facilities;
- Inmates who have anything above a Minimum score not receiving priority treatment;
- And the age and vulnerability of the inmate to COVID-19, in accordance with the CDC guidelines

Home Confinement is generally prioritized for those inmates who have served a certain portion of their sentence, or who only have a relatively short amount of time remaining on their sentence. While these priority factors are subject to deviation in certain circumstances and are subject to revision as the situation progresses, we are currently prioritizing for consideration those inmates who either:

- have served 50% or more of their sentence,
- or have 18 months or less remaining on their sentence and have served 25% or more of their sentence.

If the Warden determines there is a need to refer an inmate for placement in the community due to COVID-19 risk factors who is outside of the criteria listed above. Then, the Warden should forward the Home Confinement referral to the Correctional Programs Division in Central Office for further review.

All inmates must be reviewed by the SIS Department at the referring facility to determine if the inmate has engaged in violent or gang-related activity in prison. **Inmates who have received a 300 or 400 series incident report in the past 12 months may be referred for placement on Home Confinement.**

Referrals must be made based on appropriateness for home confinement. Consideration should be given to whether the inmate has a verifiable reentry plan, which will prevent recidivism and maximize public safety; including verification, the conditions under which the inmate would be confined upon release would present a lower risk of contracting COVID-19.

All referrals should clearly document the review of the following:

- Specific type of release residence (House/Apt/Group home etc.),
- Who inmate will be living with,
- Any health concerns of individuals in the residence,
- Contact phone numbers of the inmate should he/she be placed on Home Confinement,

- Transportation plan as to how the inmate will be transferred to the Home Confinement location.

All the above information must be documented on the referral for Home Confinement prior to submission to the RRM Office.

Inmates will be screened by Health Services to determine if the inmate requires frequent and on-going medical care within the next 90 days, if frequent and on-going medical care is required then:

- Health Services staff will coordinate with Naphcare and RRMBs Health Services Specialists to determine if the inmates' medical needs can be met in the community at this time. Naphcare will set up follow up care prior to transfer. The inmate must transfer with AT LEAST 90 days of any prescribed medications.
- If inmates' medical needs cannot be met in the community, then the inmate will remain at BOP Facility.
- If inmates do not require frequent and on-going medical care then the referral will be processed.
- All the above information must be clearly documented on the referral for Home Confinement prior to submission to the RRM Office.
- **Medical staff must add COVID specific risk factors to the medical (BEMR) exit summary.**

Pregnant inmates should be considered for viability of placement in a community program to include Mothers and Infants Together (MINT) programs and Home Confinement.

If an inmate is referred for home confinement due to the COVID-19 pandemic, the Case Management Activity (CMA) assignment **CV-COM-REF** should be loaded.

Case Management Coordinators must track all inmates determined to be ineligible for Home Confinement or the Elderly Offender Pilot Program and enter the appropriate denial code in SENTRY. Reports outlining the reason for denial must be reported to BOP-CPD/Unit Management on a weekly basis by Monday at 2pm EST.

If you have any questions, please contact David Brewer, Acting Senior Deputy Assistant Director, Correctional Programs Division.




U.S. Department of Justice
Memorandum
Federal Bureau of Prisons

Correctional Programs Division

Central Office
320 First Street, N.W.
Washington, DC 20534

MAY 08 2020

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS

FROM:  Andre Matevousian, Acting Assistant Director
Correctional Programs Division

SUBJECT: Providing Personal Protective Equipment (PPE) to
Transferring or Releasing Inmates

This memorandum provides further direction regarding the transfer or release of inmates to the community during the COVID-19 pandemic.

Any inmate who is releasing or transferring to the community must be provided with cloth face coverings or the proper PPE. Inmates must be instructed to wear a mask during their travel to a Residential Reentry Center (RRC), Home Confinement (HC) or the inmates release residence. Asymptomatic inmates will be given sufficient cloth face coverings for travel, and in the event a symptomatic inmate is released, mask and gloves must be issued. As a reminder, travel plans for inmates must be designed to minimize exposure.

Failure to utilize proper PPE may result in the refusal of placement in an RRC or on HC. It is recommended, a notation be entered on the BP-291, Furlough Application, requiring the inmate to wear the provided PPE while on furlough.

If you have any questions, please contact David Brewer, Acting Senior Deputy Assistant Director, Correctional Programs Division or Jon Gustin, Administrator, Residential Reentry Management Branch.




**U.S. Department of Justice
Memorandum
Federal Bureau of Prisons**

Correctional Programs Division

*Central Office
320 First Street, N.W.
Washington, DC 20534*

MEMORANDUM FOR CHIEF EXECUTIVE OFFICERS


FROM: Andre Matevousian, Acting Assistant Director
Correctional Programs Division
SUBJECT: Inmate Quarantine Prior to Release/Transfer

All inmates releasing or transferring from BOP facilities to the community will be placed in quarantine for 14 days prior to their scheduled departure from the institution. This includes but is not limited to Full Term releases, Good Conduct Time releases, releases to detainers, furloughs, and transfers to Residential Reentry Centers/Home Confinement. Wardens are expected to identify an appropriate location within their facility to quarantine releasing/transferring inmates.

Standard quarantine priorities and procedures, as described in the BOP Quarantine Checklist (see attached), will be followed. Inmates will be quarantined in single cells with solid doors if possible. If cohorting of quarantined inmates is necessary, the 14-day quarantine period must be reset to zero if any inmate in the cohort becomes symptomatic for COVID-19. Additionally, any inmate who becomes symptomatic for COVID-19 while in quarantine must be immediately removed from quarantine and placed in isolation.

Inmates in quarantine who have not had close contact with a confirmed or suspected case of COVID-19 will have a COVID-19 symptom screen and temperature check performed daily. A symptom screen and temperature check must be completed on the day of the inmate's release/transfer to the community.

Residential Reentry Center/Home Confinement dates for inmates may need to be adjusted to ensure each inmate has completed a 14 day quarantine without COVID-19 symptoms and without contact with any inmate who was symptomatic for COVID-19.

If an inmate is in isolation on their release date, the institution will notify the local health authorities in the location where the inmate is releasing. Transportation that will minimize exposure will be used and inmates will be supplied a mask to wear. Staff should follow the appropriate PPE guidelines during transport.

If you have any questions, please contact David Brewer, Acting Senior Deputy Assistant Director, Correctional Programs Division, at (b)(6); (b)(7)(C).

QUARANTINE COVID-19

Move to Quarantine <ul style="list-style-type: none"> • New Intakes • Contacts 	Quarantine is used to separate asymptomatic persons who have Risk Factors or are Contacts to COVID-19 while they are in the incubation period (up to 14 days for COVID-19). Escort inmate to a designated single room with door OR cohort with other asymptomatic inmates in a housing area with door. Staff escorting asymptomatic inmates with direct contact will wear face mask, eye protection, and gloves (as feasible).
Implement Transmission Based Precautions - Standard/Contact/ Eye Protection/ Droplet. (USE OF PPE)	Standard precautions/Contact/Eye Protection/Droplet Isolation 1) Hand hygiene (before and after wearing gloves) 2) PPE (<i>gloves, gown, eye protection, surgical mask</i>) for entry into room and direct contact (or open grid unit). 3) If not entering room and ≥ 6 feet away, utilize standard precautions – gloves (e.g. place food container in food slot while inmate(s) stand at back of room). -Prior to room entry: Perform hand hygiene. Apply (don) gloves, gown, surgical mask and eye protection before room entry or inmate contact. <i>See donning checklist.</i> -Upon room exit with Anteroom: Have inmate(s) move to a social distance ≥ 6 feet, if possible, and remove gloves and gown and then exit room. Perform hand hygiene, remove (doff) eye protection, mask and repeat hand hygiene. IF no anteroom is available, exit out of room to doff all PPE in a designated doffing area (tape off area for doffing) located immediately outside of room. <i>See doffing checklist.</i>
Signage	A Respiratory QUARANTINE Sign is placed on the door
Inmate Education	Advise/educate inmate regarding reportable symptoms of COVID-19 illness and notify housing unit office if symptoms arise. Educate regarding social distancing. Provide education sheet.
Communication	<ol style="list-style-type: none"> 1) Notify local facility leadership, infection prevention and control (QIIPC)/health services, Incident Command, Chief Psychologist. Notify Regional QIIPC Consultants. 2) Communicate with Regional Medical Director if COVID-19 test is applicable. See specific manufacturers/commercial instructions for testing. 3) If inmate condition deteriorates (respiratory distress) and emergent transportation to local hospital is necessary, call ahead for guidance and direction before transfer. DO NOT transport without first notifying receiving hospital.
Documentation	Place a medical hold in BEMR and Sentry for the duration of the quarantine. Code inmate as Z0489-q in BEMR. Temperature checks per guidance.
Staff Interaction	Staff assessments not requiring direct contact will be conducted with social distancing ≥ 6 feet away. Limit the number of staff interactions with inmate(s) and take measures to reduce rotation of staff interacting with quarantined inmate(s). Dedicate personnel if possible.
Medical Equipment	Medical equipment should be dedicated to area if possible.
Medical Care	Conduct temperature checks twice daily (as quarantine numbers increase, prioritize critical tasks). Document symptoms with temperature check (use comment box in BEMR temperature flowsheet). Isolate inmate(s) if symptomatic or temperature ≥ 100.4 F. Positive symptoms require Clinical Encounter. Limit close or direct contact as much as possible. Provide other necessary medical care as required.
Food Service	Regular trays or use disposable dish wear. Wear gloves and maintain social distancing. Dispose of in regular trash.
Laundry	Wear gloves. Regular central laundry processes are acceptable. Do not shake dirty laundry. Disinfect dirty carts after use.
Visits	In person visits will be suspended until the end of quarantine. Consult local leadership for exceptions.
Telephone Calls	Phone should be cleaned and disinfected with disposable towel and product from
Trash	For disposal of trash wear gloves and double bag in clear waste bags; <i>Ensure it is not processed by recycling.</i>
Cleaning/Disinfection	The inmate(s) should be provided supplies to clean room. Use disinfectant from EPA list N.
Discontinuation of Quarantine	Duration of quarantine is 14 days. If at all possible , do not add individuals to an existing quarantine after the 14-day quarantine clock has started; however, if no other option exists and new inmates are added into a quarantine cohort, the original group may be released from quarantine on the original schedule if no inmates develop COVID-19 symptoms or are diagnosed with COVID-19.
Terminal Cleaning	When the decision to discontinue quarantine is made, the inmate, if possible, should perform a terminal cleaning. If inmates in quarantine became symptomatic, wait 24 hours (if possible), and then the quarantine area should be cleaned again with an EPA List N registered disinfectant while wearing gloves, gown and any other PPE recommended by the disinfectant manufacturer and based on condition of the room (i.e., if splashes are anticipated, wear mask and eye protection).



U. S. Department of Justice

Federal Bureau of Prisons

Reentry Services Division

Washington, D.C 20534

May 12, 2020

TO: ALL RRC CONTRACT PROVIDERS

A handwritten signature in black ink, appearing to read "Jon Gustin".

FROM: JON GUSTIN, ADMINISTRATOR
RESIDENTIAL REENTRY MANAGEMENT BRANCH

SUBJECT: Coronavirus (COVID-19) Resumption of Normal Residential Reentry Center Operations

In response to the COVID-19 pandemic, the President and the Centers for Disease Control (CDC) have issued "Guidelines for Opening up America Again" which provides guidance and instructions for state and local governmental leaders to use in making determinations regarding the resumption of "normal" activities and operations. These steps were designed to help state and local officials when opening their economies, getting people back to work, and continuing to protect American lives.

Accordingly, the Bureau of Prisons (Bureau) is providing the following guidance with the goal of gradual resumption normal Residential Reentry Center (RRC) and Home Confinement (HC) operations:

- Contract providers should continue to monitor their state and local guidance regarding the resumption of normal operations and follow local guidance where applicable when making determinations as to resuming RRC programming and activities to include resumption of passes, work activities and other approved programming.
- Contract providers may need to tailor the application of guidance based upon local circumstances, staffing concerns, and individual population concerns. Deviations from this guidance require consultation with your local Residential Reentry Management Offices and the Residential Reentry Management Branch regarding resumption of operations in accordance with local guidelines.

In accordance with the White House and CDC phased-in approach to resumption of normal operations, the following general guidelines will apply. (Note that timing and duration of each phase is in accordance with local/state guidelines):

PHASE ONE:

- All vulnerable inmates (as defined by CDC guidance) should continue to shelter in place, either inside the RRC or on HC; with the exception that limited movement is permitted for essential workers.
- Social distancing should continue to be practiced to include the wearing of PPE; approved variances regarding Staff Site Checks, Case Management, Breathalyzer/drug testing, group programming and required check-in at the facility, are still approved.
- Subsistence waiver is still approved and appropriate for all residents of RRCs.
- As businesses re-open, inmates may be allowed to return to previous employment.
- Inmates working at essential jobs/businesses should be placed on HC if possible.
- Job seeking or other absences outside the facility are not allowed.

PHASE TWO:

- All vulnerable inmates should continue to shelter in place, either inside the RRC or on HC; with the exception that limited movement for is permitted for essential workers.
- Social distancing should continue to be practiced to include the wearing of PPE; approved variances regarding Staff Site Checks, Case Management, Breathalyzer/drug testing, group programming and required check-in at the facility, are still approved.
- Resume Mental Health, group therapy, and other ancillary services in accordance with available services/contracts with the Bureau's Community Treatment Services.
- Subsistence waiver is still approved and appropriate for all residents of RRCs.
- As businesses continue to re-open, inmates may be allowed to return to previous employment.
- Limited passes may be approved for employment seeking/attainment, religious, or social purposes that follow social distancing and local protocols.

PHASE THREE:

- Vulnerable inmates can resume public interactions; should continue to practice social distancing, minimize exposure to social settings where distancing is not practicable, observe all precautionary measures, and wear appropriate PPE.
- Resume Mental Health, group therapy, and other ancillary services in accordance with available services/contracts with the Bureau's Community Treatment Services.
- Variances regarding Staff Site Checks, Case Management, Breathalyzer/drug testing, group programming and required check-in at the facility for inmates on HC are further modified to require a minimum of one physical visit per month to HC location, one in-person Case Management meeting monthly; group programming should resume allowing for social distancing and wearing of appropriate PPE (Mask) during groups; and minimum of one check-in at the facility monthly where a breathalyzer and urinalysis test will be conducted.
- Subsistence waiver is still approved and appropriate for all residents of RRCs.
- As businesses continue to re-open, inmates may be allowed to return to previous employment.
- Passes may be approved for employment seeking/attainment, religious, or social purposes that follow social distancing and local protocols.

RESUMPTION OF NORMAL OPERATIONS IN ACCORDANCE WITH CONTRACTUAL SPECIFICATIONS:

- It is the expectation that after 90 days in phase three all RRC/HC operations will resume in accordance with the established contract requirements.
- Variances/modification to contractual requirements may be requested through the Contracting Officer.

Information regarding the Bureau's response to COVID-19 may be found on the Bureau's public website, www.bop.gov. The Bureau appreciates your hard work and continued partnership and will continue to update this guidance as the situation continues to develop.

The Bureau understands individual circumstances may arise outside of the general guidance and recommendations. Questions should be directed to your designated Residential Reentry Manager, Contracting Officer or the Residential Reentry Management Branch. They will collaborate with individual RRCs to develop suggestions for local accommodations.



U.S. Department of Justice
Federal Bureau of Prisons

Washington, D.C. 20534

May 14, 2020

MEMORANDUM FOR ALL BOP DETENTION CENTERS,
JAILS, AND QUARANTINE/TESTING SITES
CLINICAL DIRECTORS; ALL BOP DETENTION CENTERS,
JAILS, AND QUARANTINE/TESTING SITES HEALTH
SERVICES ADMINISTRATORS; ALL BOP DETENTION
CENTERS, JAILS, AND QUARANTINE/TESTING SITES
INFECTION PREVENTION AND CONTROL COORDINATORS

Jeffery D. Allen, M.D.

Digitally signed by JEFFERY ALLEN

Date: 2020.05.14 00:03:50 -04'00'

FROM: Jeffery D. Allen, M.D., Medical Director
Health Services Division

SUBJECT: COVID-19 testing procedures for all new BOP
admissions

New admissions to the Bureau of Prisons (Bureau) present an unknown COVID-19 exposure risk and a possible source for introducing COVID-19 into an established population of inmates. The Bureau's initial screening strategies, first outlined in a guidance memo dated January 31, 2020, focused on identifying those inmates who were symptomatic for COVID-19. However, it has become clear that a significant number of infected persons may be contagious even though they are asymptomatic for the virus. Expanded testing capacity throughout the country is making it possible to incorporate COVID-19 testing into our screening strategy for new admissions to the Bureau. This new approach will help to identify asymptomatic cases, reduce the likelihood of the spread of infection, and assist institutions in managing COVID-19 at their facilities.

Effective Monday, May 18, 2020, all Bureau detention centers, jails, and institutions identified as quarantine/testing sites will begin testing all new admissions/intakes for COVID-19 in addition to screening them for COVID-19 symptoms and a temperature check. Additional details of this process are described in the attachment.

If you have questions related to this new procedure, please route them through the Emergency Operations Centers.

Attachment: (1)

cc: CEOs/All BOP Detention Centers, jails, and quarantine/
testing sites
Michael Carvajal, Director
Thomas Kane, Deputy Director
Assistant Director/All Central Office Divisions
Regional Directors/All Regional Offices
Chris A. Bina, Sr. Deputy Assistant Director, HSD
BOP-HSD/Executive Assistant
HSD Branch Chiefs / Chief Professional Officers
Regional Medical Directors
Regional Health Services Administrators
Regional Quality Improvement /Infection Prevention
Consultants
BOP-CPD/Emergency Operations Center



May 18, 2020

MEMORANDUM FOR ALL CHIEF EXECUTIVE OFFICERS

A handwritten signature in blue ink, appearing to read "Andre Matevosian", is written over a large, light blue oval shape.

**FROM: ANDRE MATEVOUSIAN, ACTING ASSISTANT DIRECTOR
CORRECTIONAL PROGRAMS DIVISION**

A handwritten signature in black ink, appearing to read "L. Cristina Griffith", is written in a cursive style.

**L. CRISTINA GRIFFITH, ASSISTANT DIRECTOR
HUMAN RESOURCE MANAGEMENT DIVISION**

SUBJECT: CORONAVIRUS (COVID-19) PHASE SEVEN ACTION PLAN

This memorandum describes the BOP's Coronavirus (COVID-19) Phase Seven Action Plan, which includes an extension of previously disseminated guidance along with new measures to implement in the management of the evolving pandemic. Effective immediately, the following preventative measures are mandated for all Bureau locations:

EXTENSION OF PHASE SIX ACTION PLAN:

Effective Monday, May 18, 2020, the Bureau will continue its nationwide action as described in the Phase Six Action Plan, to include measures to minimize movement and decrease the spread of the virus. These restrictions will remain in place through June 30, 2020, at which time the plan will be reevaluated.

MOVEMENT AND TESTING:

The Bureau will continue to coordinate with the U.S. Marshals Service to significantly decrease incoming movement. Three strategic institutions (OKL/VVM/YAZ) have been identified for mandatory movement needs along with all detention centers and jail units throughout the country to accommodate population increases. These locations will serve as testing and quarantine sites until such time that inmates can be moved safely to their final destination. Testing will be carried out in accordance with Abbot ID Now Point of Care testing guidance issued by the Health Services Division.

Internal movement will continue to be suspended. Exceptions to this restriction are transfers related to forensic studies, writs, Interstate Agreements on Detainers, necessary medical or mental health treatment, and RRC/HC placements. Any exceptions must be routed through your Regional Director for approval by the Assistant Director, Correctional Programs Division.

ACCESS TO ELECTRONIC LAW LIBRARIES:

Whenever possible, consistent with social distancing protocols and safe institution operations, inmates should be permitted access to the Electronic Law Library (ELL) at the discretion of the Warden at each facility. We recommend that a schedule be established to permit fair and timely access to ELL terminals upon inmate request, and that the use of such schedule be made known to inmates at the facility.

STAFF TESTING:

Currently, we are unable to offer staff testing at the institution. However, we encourage Wardens to identify and publish possible testing sites in the community, where interested staff may be tested.

QUESTIONS:

If staff have questions about COVID-19, they may reach out to the agency at the following email box: COVID19Questions@bop.gov.

We appreciate your assistance in this significant phase, and all phases of our COVID-19 response.