To date, there are no confirmed coronavirus cases in DOC – we have done 7 tests, with 3 negative results and 4 pending. It is important to remember that DOC deals with the risk of infectious diseases every day and we do it well. But the reality is that our population is aging and compared to the general population more likely to have serious underlying health conditions. While we are all still learning about the coronavirus, what we do know so far is that these two populations are most at risk of falling ill from coronavirus. In addition, we recognize that in a congregate setting like corrections, practices such as personal hygiene, environmental cleaning and social distancing are not as easily achieved as they may be at home. To that end, the Department is working hard to make sure both inmates and staff are protected if a case of coronavirus is identified in a DOC facility.

Since February 2, 2020 DOC has been screening every inmate booked into a DOC facility for COVID-19. On February 3, 2020 the DOC Infectious Disease Response Team held its first tabletop exercise for coronavirus response and has been meeting at least weekly since that time. A clinical care guide for DOC medical staff has been in place since February 27, a full departmental response plan was drafted March 4 and the Governor declared a Public Health Emergency on March 11. On March 23 the Centers for Disease Control (CDC) issued its *Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities*. The Department was pleased to see that the safeguards already put in place in Alaska met and in some cases exceeded the standards issued by the CDC.

**Preparedness**

- Weekly meetings of DOC Infectious Disease Response Team
- Daily Interagency Preparedness Meetings
- Daily Emergency Operations Center Meetings
- Monitoring daily updates from the CDC and the WHO and updating plans and instructions accordingly
- Implemented a full DOC Response Plan – Different levels depending on what is happening our communities (no cases in Alaska leads to Level A response, travel only related cases in Alaska leads to Level B, community transmission a Level C Response and positive case within a DOC facility prompts a Level D response. The response plan includes options for the following:
  - Screenings (inmates & staff)
  - Measures for isolation
  - Levels of quarantine
  - Inmate movement restrictions
  - Environmental cleaning standards for common areas & inmate housing/cells
  - Meal delivery and laundry services
  - Reporting process through Epidemiology
  - Release procedures for suspected and confirmed cases

**Preventive Measures**

- Suspended all visitation—including attorney, tours and events
- Suspended non-essential contract services and all group activities
Coordinated with phone vendor to provide two free phone calls per inmate per week during the visitation suspension
Mandated all facilities install hand sanitizing stations.
Authorized hiring additional inmate workers to assist in cleaning and disinfecting efforts
Suspended inmate copays for COVID-19 related symptoms or questions
Restricting outside medical appointments to urgent and emergent only
Closed lobbies eliminated acceptance of cash bail and in person contributions to offender trust account funds.
Suspended Interstate Compact Travel
Begun entry point screenings for all institutional staff to prevent the introduction of the virus into the facilities.
Restricted probation/parole field visits to only those for whom policy currently mandates (high risk and sex offenders) or those who are reported to be in violation status
Modified probation/parole offender reporting to other methods such as phone-reporting, Skype or FaceTime
Reduced number of UA testing to test only those offenders who are reported to be actively using or those who exhibit signs of use

Education for Staff & Inmates
• Holding all-staff Town Hall meetings to ensure employees are informed and have avenues for questions
• Developed an instruction bulletin for medical and security staff
  o identification of symptoms
  o isolation of suspected cases
  o stopping the spread
• Created a detailed clinical care guide for medical staff
  o Risk assessment
  o Diagnostic algorithm
  o Treatment
• Distributed inmate education posters and informational handouts
• Modified programming to provide what we can
• Reentry programs continue to coordinate release plans
• Developed COVID-19 awareness posters & handouts for inmate education
• Distributed COVID-19 information material to inmates with mental illness & cognitive disabilities
• Provided staff and inmates with information on stress, anxiety and resilience
• Launched a DOC/COVID-19 Website for the public to stay informed about department efforts

Recent Initiatives
• Implemented a sewing project where inmates sew protective masks and gowns to address the PPE shortage