

9. **Staffing Plans for Services Provided by Incarcerated People.** Many tasks in facilities, such as food preparation and basic sanitation, are performed by incarcerated people. The plans for an outbreak must address how these necessary tasks performed by incarcerated people will continue if large numbers of incarcerated people are ill or exposed to COVID-19. There must be plans in place to regularly screen incarcerated people for illness or exposure to COVID-19 and, if necessary, to remove them from any job that

incarcerated people. It is critical that financial barriers do not prevent anyone with a suspected COVID-19 infection from receiving immediate, appropriate medical care.

15. Data Collection: The collection of data regarding COVID-19 will be part of the public health response. As with any contagious disease, data collection is critical to understanding and fighting the virus. The correctional system must be part of this process. The same information that is tracked in the community must be tracked in facilities. The plan should include mechanisms for providing timely data to state, local, and federal health authorities.

16. Access to Communication. Systems and facilities must make every effort to protect and preserve incarcerated people's ability to communicate with their friends and family on the outside. Fees ordinarily charged for phone and videoconference calls should be waived if in-person visitation is limited. Videoconferencing should also be made available at those facilities where it is currently unavailable.

17. Access to Legal Counsel. Systems and facilities must ensure incarcerated people have free, confidential, timely access to legal counsel and law libraries. This includes in-person visitation, when counsel indicates the meeting is necessary, to the extent possible, and ample videoconference and telephone communications which would not be recorded for any purpose. Further, facilities must ensure that detained and incarcerated people can meaningfully contribute to their legal cases—for example, by being able to transmit and sign confidential documents, even if in-person visitation is limited.

18. Avoid Lockdowns. Although corrections staff may be tempted to reflexively cut off visitation and increase the use of solitary confinement to control the spread of COVID-19, any system or facility-wide lock-down or interruptions in regular activities, such as exercise or visits and phone calls with families or attorneys, should be based solely on the best science available and should be as limited as possible in scope and duration to ensure the health and safety of individuals in custody. Prolonged lockdowns can inflict substantial, serious mental harm on incarcerated populations, exacerbating feelings of stress and anxiety amongst those in custody who are deprived of regular contact with their friends and family. International experts consider prolonged solitary

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