



# NORCOR

## CORRECTIONS FACILITIES

Wasco-Gilliam-Hood River-Sherman  
201 Webber Street  
The Dalles, OR 97058  
541-298-1576

Date: June 1st 2020  
From: Jail Commander Dan Lindhorst  
To: NORCOR Sheriff's Board  
Regarding: Phased Approach Framework for Reopening of NORCOR

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With best practice recommendations from OSSA, Oregon Jail Command, OHA, CDC, County Government and NORCOR Medical Staff, I am making the following recommendations for a phased re-opening of the NORCOR. It must be understood that my recommendations are cognizant of the reality that business as it has been done in the past cannot continue for the foreseeable future (at least not with the threat of the corona virus still a possibility). It is not prudent or recommended to return completely to our practices prior to the COVID-19 pandemic. That being said, we will be able to enact a "new normal" operation upon either one of two things happening:

- 1) a vaccine which is readily available to the facility for deployment is developed; and/or
- 2) a rapid test that is readily available to the facility for quick identification of individuals upon intake who are positive for COVID-19 is developed.

The need for these two caveats to engage in a "new normal" business operation for the facility is based on the opinions of experts in the field of medicine and disease control. Specifically, the primary concern is of the reemergence or "second wave" of infection as society, the State, and the Country begin to open up. Jails and prisons are extremely susceptible to outbreaks and quick transmissions because of the very nature of their function and physical structure of close proximity. Adults in custody are in mandatory custody and options are limited for isolation or removal of ill persons from the environment. The workforce must be maintained and options are limited for work alternatives (e.g., work from home, reduced or alternate schedules, etc.). In addition, many adults in custody and staff members may have underlying medical conditions that increase their risk of complications and/or susceptibility.

A real concern for an outbreak exists within the facility population. Jails traditionally house individuals who are more likely to suffer from chronic health conditions than the general public<sup>1</sup>, and are transient, low-income, and/or have mental health issues with limited access to medical care<sup>2</sup>. These factors, coupled with a high potential for substance abuse with illicit drugs<sup>3</sup>, including the sharing of needles, makes for a more compromised, higher-risk population. Furthermore, the concern of influenza, which is a yearly concern of the incarcerated population<sup>4</sup>, is heightened toward the end of this year with the continued existence of the corona virus.

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<sup>1</sup> Udo, Tokoo, Chronic Medical Conditions in U.S. Adults With Incarceration History, University at Albany, State University of New York, <https://pubmed.ncbi.nlm.nih.gov/30762401/>, Health Psychol. 2019 Mar;38(3):217-225.

<sup>2</sup> Regenstein M, Rosenbaum S. What the Affordable Care Act means for people with jail stays. Health Aff (Millwood) . 2014; 33 ( 3 ): 448 – 54 . <https://www.healthaffairs.org/doi/10.1377/hlthaff.2013.1119>.

<sup>3</sup> Center on Addiction, Behind Bars II: Substance Abuse and America's Prison Population, February 2010. <https://www.centeronaddiction.org/addiction-research/reports/behind-bars-ii-substance-abuse-and-america-s-prisonpopulation>

<sup>4</sup> Because jails have reduced social distances between individuals in the facility, there is an increased risk of influenza transmission. For this reason, we recommend additional measures be taken. We recognize that these measures may place some burdens on the system. However, these additional measures are prudent at this time due to:

- People living in crowded conditions.
- Higher turnover in jails compared to prisons with less ability to follow up on inmates since they may be housed for only a brief amount of time.
- People suffer from a variety of chronic and acute conditions that may place them at high risk for complications from influenza.

<https://correctionalnurse.net/blog/page/8/>

<https://www.prisonlegalnews.org/news/2018/jun/5/influenza-season-hits-nations-prisons-and-jails/>

<https://www.nytimes.com/2020/03/30/us/coronavirus-prisons-jails.html>



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“There’s a possibility that the assault of the virus on our nation next winter will actually be even more difficult than the one we just went through,” CDC Director Robert Redfield said in an interview with The Washington Post<sup>5</sup>. “We’re going to have the flu epidemic and the corona virus epidemic at the same time,” he said.

Having two simultaneous respiratory illness outbreaks would put unimaginable strain on our facility system. It would cause the facility to completely shut down and divert many of the intakes until proper steps could be taken to ensure the safety of all adults in custody and staff. Our current medical capacity in the facility could be overwhelmed and all steps taken so far to reduce risk in the facility would be eliminated.

Moreover, the issue of budget impacts could cause greater strain on the system if we have to send more adults in custody for outside medical treatment due to the limited capacity of our in-house medical facility, whether those treatments were for COVID-19 related symptoms or in order to treat non-COVID-19 adults in custody for other medical issues in a clean environment. An additional budgetary impact is possible with the potential increased costs in overtime if staff were to be exposed to the virus and unable to work. Entire teams could be in quarantine or isolation, requiring us to be creative with our personnel in order to meet the mandated shift minimums and be able to continue operating a facility while minimizing risk. Our ability to maintain a measure of safety and protection for staff and the adult in custody population is incumbent upon our current funding having the resources available to identify, contain, and manage those adults in custody with the Corona virus.

The focus of these phased openings is on general preventive measures for NORCOR, risk reduction of the introduction of the Novel Corona virus (COVID-19) into the facility, rapid detection of persons with the virus, and management and isolation of identified or suspected cases. Each phase is a gradual introduction of steps to ensure the rollout does not overwhelm the capacity of the facility to safely process and manage the adult in custody population while maintaining safety protocols for detection of the Corona virus within the facility.

**My recommendation is that until a vaccine which is readily available to the facility for deployment is developed; and/or a rapid test that is readily available to the facility for quick identification of individuals upon intake who are positive for COVID-19 is developed, NORCOR will continue to follow the procedures outlined in our COVID 19 policies developed at the beginning of the emergency.**

During all phases, the facility will continue the use of Personal Protective Equipment (PPE). The CDC and Wasco County Public Health encourages all local law enforcement agencies to wear agency-issued masks and gloves if they encounter subjects exhibiting symptoms of Corona virus. As a result, to prevent the potential spread of illness, NORCOR requires staff to wear provided proper PPE when dealing with adults in custody at the facility who is exhibiting symptoms of COVID-19.

NORCOR has, and will continue to, communicate clearly and frequently with incarcerated/detained persons about changes to their daily routine and how they can contribute to risk reduction in light of COVID-19 in the community. The facility has posted announcements and informational bulletins in the facility about hand washing importance and practices, COVID-19 Fact Sheet (English and Spanish versions), how to stop the spread of COVID-19 (English and Spanish versions), and symptoms of COVID-19 (English and Spanish versions).

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<https://www.wweek.com/news/state/2018/03/21/oregon-failed-to-provide-flu-vaccinations-to-most-of-its-prison-inmates-one-woman-died/>

<sup>5</sup> Sun, Lena H., CDC director warns second wave of coronavirus is likely to be even more devastating,

<https://www.washingtonpost.com/health/2020/04/21/coronavirus-secondwave-cdcdirector/>, The Washington Post, April 21,2020.



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CDC and WHO maintain that some of the easiest and most effective precautions we can take are to wash our hands often, avoid touching our face, and to clean and disinfect frequently touched surfaces. The facility instituted a focused cleaning protocol to ensure all surfaces within the facility are cleaned multiple times a day. Those surfaces touched repeatedly, such as in booking, medical, kitchen, exit and entrance doors, and work areas, are a focus in our efforts to prevent a spread of the virus. Soap and cleaning products to disinfect living areas are provided at no cost to all inmates.

Although social physical distancing is challenging to practice in correctional and detention environments, as reported by the CDC it is a cornerstone of reducing transmission of respiratory diseases such as COVID-19. Social physical distancing is the practice of increasing the physical space between individuals and decreasing the frequency of contact to reduce the risk of spreading a disease (ideally to maintain at least 6 feet between all individuals, even those who are asymptomatic). Not all strategies will be feasible in all correctional facilities as noted by the CDC. NORCOR is not conducive to total social physical distancing, but staff were reminded to always be cognizant of social physical distancing and maintain 6 feet of distance when possible, as well as to be mindful of proximity with co-workers in the work environment to the extent possible (for example, booking and the report writing room). When feasible, and consistent with security priorities, staff is encouraged to maintain a distance of 6 feet or more from any adult in custody with respiratory symptoms while interviewing, escorting, or interacting in other ways.

Staff is instructed to not enter the facility if they have symptoms of COVID-19 and will be expected to leave the facility as soon as possible if they develop symptoms while on duty. If an employee feels sick, they are encouraged to stay home and follow the advice of medical professionals.

Staff will continue to be instructed to practice the following steps to protect themselves and others.

Practice Good Cough Etiquette: Cover your mouth and nose with your elbow (or ideally with a tissue), rather than with your hand when you cough or sneeze and throw all tissues in the trash immediately after use.

Practice Good Hand Hygiene: Regularly wash your hands with soap and water for at least 20 seconds, especially after coughing, sneezing, or blowing your nose; after using the bathroom; before eating or preparing food; before taking medication; and after touching garbage. Avoid touching your eyes, nose, or mouth without cleaning your hands first.

In addition, the facility floor staff were issued cloth masks to use, and wear—this is in addition to normal PPE which is placed throughout the facility. Staff is instructed to follow proper PPE steps and use appropriate PPE under the conditions they are presented as has been outlined by CDC and OHA.

In March, NORCOR staff began making enough cloth masks to issue each adult in custody with one that were housed in the quarantine rooms, as well as being able to reissue a clean, laundered mask each day. The making of cloth masks continues, and we permit adults in custody to take their mask with them when they are released to help prevent the spread in the community.

It is important to understand that, in order for NORCOR to continue to follow the CDC-recommended practices of social physical distancing for adults in custody through housing one adult in custody per cell, we will need to continue to keep the population of the facility much lower than pre COVID-19 numbers. It is also important to understand that the ability to continue with the mandatory quarantining for 7 days of new custodies is a critical process that is intended to keep COVID-19 out of



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the facility, which is necessary in keeping staff and adults in custody safe. In order to accomplish this going forward, it will be necessary to convert 700 Block and 900 Block into a quarantine blocks. These

blocks are identical in size as they each have 10 individual cells and a larger dayroom. By converting these blocks, it will allow the facility to keep more adults in custody quarantined for the mandatory 7 days when first accepted into custody. This will also keep the six medical cells free for other medical needs, including quarantining adults in custody who are symptomatic for COVID-19.

The downside to converting one of these blocks to a quarantine block is that it reduces the ability to house the large number of adults in custody who are not eligible for dorm housing, due to their classification level or their ability to get along well with others, in a block with cells. This will also reinforce the need to keep the population of the facility much lower than preCOVID-19 numbers.

Something else to consider is that, starting in March, NORCOR changed the lodging criteria for accepting custody of new adults in custody as a precaution to the COVID-19 pandemic in consultation with the Courts and the District Attorney. By doing so, it required law enforcement officers to cite in lieu of custody individuals who were being charged with most misdemeanor crimes and nonviolent felony crimes. We continued to accept custody of violent felony crimes, restraining order violations, no contact order and release agreement violations, and mandatory arrest domestic violence crimes. We have also made exceptions to the lodging of individuals who continued to commit new crimes after being cited and released for prior crimes.

While I can't tell you what the current failure-to-appear rate is on those citations over the last few weeks, I can tell you that it appears a large number of individuals have been appearing on their citations via phone calls to the courts. This is an indicator to me that the process we put in place is working. We have also found that individuals with warrants for their arrest that did not meet the current lodging criteria began calling in to make appointments to come in and clear the warrants through the book and release process where they receive a court date to appear. Again, this is an indication that the modifications in place are working in the current environment, and that if we continue to be diligent in addressing the community's concern about violators while balancing the concerns of the facility with regard to the prevention and containment of COVID-19 in the facility, we will be able to weather this storm and uphold our responsibilities under the law.