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Governor

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STATE OF NEVADA
DEPARTMENT OF SENTENCING POLICY

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NEVADA SENTENCING COMMISSION
PUBLIC COMMENT FOR
DECEMBER 9, 2020 MEETING

Personal identifying information has been redacted

Public Comment #1:

From: Patricia Adkisson
Subject: NV Sentencing Commission -Public Comments 12-9-2020
Date: Wednesday, December 9, 2020 9:50 AM

Members of the Nevada Sentencing Commission,

We are currently facing an emergency in our Nevada state prisons that require attention from the Sentencing Commissioners. Inmates need to be provided a less restrictive custody status, where they are not housed in such high-risk environments, like dormitory style living. Everyone is sick with Covid-19 and they are not being provided the treatment protocol that is being administered in all the local hospitals, including Vitamin C and D supplements, etc.

The NDOC is not disclosing the results of the tests to the inmates that are positive. Our loved ones are living in huge open rooms filled with 150 beds, they cannot social distance themselves. The inmates are not bringing in Covid-19 to the prisons, the employees are infecting our loved ones, and no one is protecting them. An inmate at NNCC died last night. They are being subjected to these living conditions. I spoke with one inmate who was given ONE cough drop, and he has been sick for more than 10 days.

The California prisons have released inmates that are subject to these living arrangements, as they cannot protect themselves. I want to know who is going to start protecting our loved ones?

There is a big percentage of men in our prisons who have already been paroled or expired on their crime but are being kept in there solely for an additional penalty, beyond the discharged crime. NRS. 193.165 Use of a Deadly Weapon subsection #3 states “this section does NOT create any separate offense but provides an additional penalty for the primary offense”. One cannot be given a separate sentence, if there is NO offense and NO conviction. You have many men sitting in prison, far past their release date, because of the PRACTICES of the NDOC. The relevant statutory scheme in Nevada requires a conviction equal to a felony before any citizen may be confined to a state prison. See NRS.193.120. When we consider a sentence pursuant to Nevada’s Use of a Deadly Weapon statue NRS. 193.165 NO conviction or felony is ever contemplated. There simply is NO statutory Authority for confinement to a state prison, when read in conjunction with NRS.193.120. Once the sentence for the crime is discharged either through parole or expiration, NDOC cannot maintain custody and confinement to a state prison. The additional penalty for Use of a Deadly Weapon can only be served utilizing a less restrictive custody status like residential confinement.

I would like to know when someone is going to be concerned enough to look into it this matter.

Thank you in advance.

Public Comment #2:

From: Nevada ACPI (Nevada Advocacy for People Incarcerated)
Subject: Nevada Sentencing Commission, December 9th, 2020 – NACPI's Public Comment
Date: Thursday, December 10, 2020 1:15 PM

Dear Sentencing Commission Executive Director and Staff Attorney,
Dear Committee Members,

On November 18th, 2020, Nevada Advocacy Coalition for People Incarcerated (NACPI) sent the attached letter to NDOC Medical Director Michael Minev and many other NDOC representatives to address the Covid-19 outbreak at Warm Springs Correctional Center and discuss general concerns and issues with the NDOC's handling of Covid-19. This letter was followed by two emails to the same recipients, sent on November 20th and 25th. To this day, our letter and emails have unfortunately remained unanswered.

NACPI recognizes the difficulty of handling a pandemic in such a fragile environment as correctional facilities. Unfortunately, the situation has drastically worsened since our letter, and many concerned incarcerated individuals and families have reached out to us in the hope of drawing your attention to several issues.

• The Covid-19 protocol as described on the NDOC website (last visited Dec. 8, 2020) is not being followed in many facilities (please see attached letter for more details on the matter). It also does not fully align with the CDC recommendations for correctional and detention facilities.

• On November 19th, 2020, the Nevada Department of Health and Human Services issued a Technical Bulletin on guidance for discontinuation of Covid-19 isolation to all health care providers, employers, businesses and public health officials (see attached). This bulletin supports the CDC recommendations for correctional and detention facilities. Specifically, individuals with mild to moderate Covid-19 symptoms who are on home isolation may come out of isolation after ten (10) days so long as their symptoms are improving (loss of smell and taste excepted) and they are 48 hours fever free without fever-reducing medication. In these circumstances, a negative test result is not required. NDOC's policies, however, require that people incarcerated have two (2) negative test results, separated by at least 48 hours, before they are permitted to leave isolation. The NDOC's policy is against CDC recommendations and serves to impose punitive-like quarantine conditions and prolonged lockdowns that do not serve any medically reasonable purpose. The punitive-like effects of this requirement and its associated prolonged lockdown is even more intensified by the documented delays and difficulties in obtaining test results. The NDOC allowed those at Warm Springs Correctional Center out of strict isolation (time on tier, limited yard, etc.) without the two (2) negative tests required per its policies; we recognize and commend this. With multiple other facilities having current outbreaks, for the mental well-being of those men and women, it is imperative that this two (2) negative-test policy is altered to be consistent with CDC Guidelines and the State's Bulletin.

• Another concern regularly brought to NACPI's attention is the unwillingness of some NDOC staff to properly wear their masks at all times. Some correctional officers wear them at their neck, at their belt, or under their nose, and some only wear them around their supervisors. NDOC's policy of staff wearing masks needs to be followed at all times by all staff.

• It has also been reported to NACPI that many NDOC correctional officers have been working at more than one facility in back-to-back days/shifts (Lovelock Correctional Center and Northern Nevada Correctional Center correctional officers have reportedly been doing overtime shifts at Warm Springs Correctional Center during

the outbreak and then returning to their facility for their regular shifts). This has not only created a risk to spread the virus across the facilities, but it has also put an unbearable strain on the NDOC staff. Some employees have given their notice, creating a more unsustainable situation in our facilities, which can no longer proceed with their normal operations. In fact, many facilities across the state have increased their use of lockdowns because of limited staff. Under those specific lockdowns, incarcerated individuals are being isolated in their cells for days at a time, with no access to showers or store, very little to no contact with their families (who still cannot visit), and no programming of any sort available to them. Such restrictions leave people incarcerated susceptible to mental health suffering; in fact, more and more violent incidents have been reported to NACPI every week.

• The NDOC has lacked transparency with the public and families of people incarcerated. Both in Utah and California, for example, Departments of Corrections have created lines of communication with families and advocacy groups (regular Facebook lives, Twitter updates, dedicated phone numbers…). The NDOC, by contrast, has not addressed the families of the incarcerated since the suspension of visitation nine months ago. Incarcerated individuals are reporting to their loved ones positive cases and even deaths in their facilities due to Covid-19, yet these have yet to be addressed publicly by the NDOC. This situation, which could easily be avoided by implementing new lines of communications with families and advocacy groups, creates an unnecessary and unbearable stress on our incarcerated population and their loved ones.

• NACPI has been informed that groups like the ACLU have been working on efforts to reduce the NDOC population through early release measures. NACPI supports these early release efforts for those nearing their release date or at high risk of Covid-19 complications, as well as other mechanisms to reduce the prison population such as: examining sentences to ensure the absence of disparities, implementing second-look policies for long-serving inmates, raising the age on those for whom NRS 176.025, NRS 213.12135, etc. apply consistent with brain maturation research, repealing mandatory minimum sentencing, reforming enhancements, law of parties, and habitual criminal statutes, abolishing the death penalty, access for all (regardless of sentence and date of conviction/crime) to sentence commutation opportunities, revisiting credits on term of imprisonment policies, reforming juvenile justice, and timely releasing individuals paroled or having reached their expiration dates.

We appreciate your time and consideration and are truly hoping that our joint efforts can help improve the situation in our facilities and open considerate communication between the NDOC and families of people incarcerated.

See attached documents: 2020-11-18 NACPI Letter to NDOC
2020-11-19 DHHS Technical Bulletin

Nevada Advocacy Coalition for People Incarcerated
- NACPI -

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November 18th, 2020

Dr. Michael Minev, Medical Director
Nevada Department of Corrections
5500 Snyder Avenue, Bldg. 17
P.O. Box 7011
Carson City, Nevada 89702
--and--
3955 W. Russell Road
Las Vegas, Nevada 89118

Re: COVID-19 Pandemic and Mishandling by the NDOC

Dear Dr. Minev,

We are writing this open letter to you today to address the tragic outbreak of COVID-19 inside Warm Springs Correctional Center ("WSCC"). Specifically, we are writing 1.) to ask that the Nevada Department of Corrections ("NDOC" or the "Department") take immediate corrective action at WSCC and 2.) to discuss general concerns and issues with the NDOC's handling of COVID-19 and to ask for immediate action across the Department.

Overview of Outbreak at WSCC, Mishandling and Mistreatment by the NDOC, and Corrective Action Requested

As you are aware, on or about November 1, 2020, an outbreak of COVID-19 started in Unit 1 of WSCC. Since that time, at least 424 of the 525 people incarcerated at the facility have returned positive test results for COVID-19; no doubt that number will only increase as more testing is conducted and/or reported. In the early part of the outbreak, the NDOC failed to separate those who were positive for COVID-19 from those who were not; in so doing the NDOC negligently left all the people there vulnerable to contracting COVID-19. To our knowledge, separation of those individuals with negative test results from those with confirmed COVID-19 cases has still not taken place, leaving the remaining individuals vulnerable to exposure and almost certain contraction of COVID-19. Had the NDOC taken measures to segregate people earlier, it likely could have reduced the spread of the virus in the facility. We ask that the NDOC review its procedures on segregation after an outbreak and develop a plan to better manage such an

outbreak and protect the remaining population from exposure to the virus, consistent with the procedures set forth by the Center for Disease Control ("CDC"). *See* CDC Guidelines for correctional and detention facilities ("CDC Guidelines") at www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/index.html, last visited Nov. 16, 2020.

The NDOC's mishandling of the outbreak at WSCC has only continued. People in WSCC have had their means of communication to their loved ones completely cut off, leaving family members with no information on the safety and health of their loved ones and people incarcerated susceptible to mental health suffering. While we understand that the existence of health care privacy laws may constrain the NDOC from providing medical information to those other than the person incarcerated, the NDOC should allow those people the opportunity to call their families after learning of their test results. At WSCC, the facility was placed on lockdown on the evening of November 5, 2020, the NDOC released news of the initial 93 positive cases at WSCC on November 6, 2020, and the people inside were not able to call their families for at least three to four days thereafter. Families had to find out about potential positive cases or outbreaks in the newspaper, with no way of knowing if their family member is safe, affected, hospitalized, etc.

The NDOC's restrictions on communication also leave people incarcerated susceptible to mental health suffering. *See* CDC Guidelines (states not only that telephone privileges should be afforded in medical isolation but that the NDOC should ["c]onsider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated."). The limitations on communication following the outbreak at WSCC fall dramatically short of the CDC's recommendations. No mail was received by the people in Unit 1, for example, during the week of November 9, 2020, they have not had access to the kiosks in order to receive emails (and those messages have not been printed by NDOC staff and distributed in hard-copy), and those individuals have had extremely limited access to the phone (calls have been permitted just once every two to four days).

Even beyond restricted communication with loved ones, the treatment of the people suffering inside the prison is significantly below standard and improperly punitive in nature. The CDC advises correctional facilities to "[e]nsure that medical isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detailed individuals, both in name and in practice." *See* CDC Guidelines. The practices of the NDOC during the outbreak at WSCC are punitive in nature.

While on COVID-19 isolation, people incarcerated at WSCC have not received an adequate amount of food to sustain them, some of the food they have received is rotten and contained maggots, and they have not had access to commissary[1] to help supplement the lack of food being provided to them (for those fortunate enough to be able to afford commissary).

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[1] The CDC also advises that correctional facilities should ensure that people incarcerated have access to commissary while in COVID-19 related medical isolation. *See* CDC Guidelines.

The people there are being held under lockdown in their cells, being let out with no consistency, at times just once every two to three days to shower, and are not being given access to the yard. Given that entire units are affected with COVID-19, there is no medical necessity behind these lockdowns and limitations in access to yard. The NDOC stated to the press on or about November 18, 2020 that staff are working on a plan to extend time out of the units to include time in the yard. This is a positive step in the right direction, which needs to take place as soon as possible.

Moreover, the individuals remaining in their units at WSCC (i.e. anyone who has not been removed to a medical facility or infirmary) have not been given access to medical care, which is explicitly contrary to the CDC Guidelines. *See* CDC Guidelines (stating that correctional facilities need to "[e]nsure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services," neither of which is occurring at WSCC). People inside WSCC have not had any regular contact with medical staff. In fact, in order to have an opportunity to access medical care, a person must submit a medical kite; when locked down in their cells, however, they do not have access to the medical kites, and therefore do not have access to even a hope for medical care. Many are suffering tremendously as a result.

As of the date of this writing, the NDOC issued new protocols for when people incarcerated can be released from COVID-19 related quarantine following a positive test; these protocols explicitly disregard the CDC Guidelines. The rationale for this complete disregard was that the people incarcerated are "a vulnerable population and we are a public safety agency with limited staff." *See* NDOC website, http://doc.nv.gov/About/Press_Release/covid19_updates/, last visited November 17, 2020. This rationale is completely lacking; the CDC has issued guidelines for correctional and detention facilities specifically, which takes into full consideration the vulnerability of the population and the status and nature of a correctional facility.

While we certainly recognize the need to take precautions and safeguard the NDOC population from COVID-19, that must be balanced against the mental health, general well-being, and psychological condition and balance of the population. The NDOC's new protocols improperly and punitively extend quarantine and lockdown in the event of an outbreak well beyond what is reasonably necessary to protect their vulnerable population. The new protocols require that people incarcerated who receive a positive test must stay in quarantine for at least 10 days, until they are 72 hours free of any symptoms, and only after they have two negative test results, separated by at least 48 hours. These requirements, particularly being 72 hours free of any symptoms (to include loss of taste and smell, it appears) and the need for two negative test results are contrary to the CDC Guidelines and will unnecessarily prolong the quarantine period significantly. The CDC explicitly states in its Guidelines that correctional facilities should lift medical isolation consistent with the CDC criteria for discontinuing home-based isolation. *See* CDC Guidelines. That criteria is as follows: individuals with COVID-19 who did not have severe COVID-19 and do not have severely weakened immune systems may be around others if 1.) ten (10) days have passed since their symptoms first appeared, 2.) 24 hours have lapsed since their last fever without the use of fever-reducing medications, and 3.) other symptoms of COVID-19 are

improving.[2] *See* www.cdc.gov/ coronavirus/2019-ncov/hcp/disposition-in-home-patients.html, last visited Nov. 16, 2020. The CDC also advises that most people do not require a negative test result to decide when they can come out of isolation. *See id.*

We are asking that the NDOC immediately take the individuals at WSCC off lockdown and give them full access to the tier in order to move about, shower, and place calls to their families and friends; provide regular yard time; provide mail in a timely fashion; provide access to adequate medical care, as needed; provide sufficient and fresh food; and release people from quarantine consistent with the CDC Guidelines.

General Concerns with the NDOC's Handling of COVID-19 and System-Wide Changes Requested

Incarcerated Population Reduction Through Early Release

The NDOC needs to take immediate action to reduce the prison population through early release in order to help prevent the virus from spreading too fast in its facilities in the event of an outbreak, as was experienced at WSCC.

In April, the California Department of Corrections and Rehabilitation ("CDCR"), for example, expedited the release of almost 3,500 incarcerated persons serving a sentence for non-violent offenses, who do not have to register as a sex offender, and who had 60 days or less to serve. In July, CDCR announced an additional series of release actions in an effort to further decompress the population to maximize space for physical distancing, and isolation/quarantine efforts. These releases included approximately 4,800 eligible people with 180-days or less to serve and 700 eligible people who have less than one-year to serve who reside within identified institutions that house large populations of medically high-risk patients. Additionally, CDCR issued 12 weeks of credit to incarcerated people who had no rules violations between March 1, 2020 and July 5, 2020, excluding those serving life without the possibility of parole or who are condemned. In total, CDCR has released 9,000 incarcerated individuals, or approximately 8% of its population, under these policies. In Nevada, this would represent approximately 950-1,000 incarcerated people.

Nevada's prisons are overcrowded and over capacity, thereby making it exceptionally dangerous and problematic in the event of a COVID-19 outbreak. The 2019 Prison Physical Capacity Report shows an Operating Capacity of 10,017 beds in our institutions in Nevada (conservation camps excluded), with an actual population of 11,236 individuals incarcerated as of March 31, 2019. The number of people incarcerated in Nevada has surely only increased since then, with no new facilities/capacity being added. In March 2019, our facilities were already more than 12% over capacity. Reducing the prison population even just in line with the 8% reduction that the CDCR

[2] Note, that per the CDC, the loss of taste and smell may persist for weeks or months after recovery and need not delay the end of isolation.

accomplished—while it would be a great starting point and help contribute to alleviating the situation—would still leave the NDOC over capacity.

Moreover, the 2019 Prison Physical Capacity Report showed only 99 infirmary beds & 94 regional medical hospital beds (located at NNCC). These beds can only cover for 1.43% of the entire incarcerated population; compare this to the 80.76% infection rate presently seen at WSCC, a rate of infection that is possible at any and all of the NDOC's facilities at any moment. There is no visibility on the number of ventilators available in the NDOC. Intensive care can only be done in public hospitals, under the supervision of two (2) correctional officers per person incarcerated; however, the NDOC is severely understaffed, which is further complicated by the multiple correctional officers who have tested positive for COVID-19. The NDOC is tremendously ill equipped to treat its population in the event of an outbreak.

To date, the NDOC has refused to take any population reduction action, despite calls to action by advocates and legal groups across the state, including the ACLU of Nevada, starting as early as March of this year. The NDOC appeared at various state board meetings arguing against such action. The Board of Pardons Commissioners requested in June that the NDOC and Department of Parole and Probation compile a list of people incarcerated who might be good candidates for early release due to susceptibility to COVID-19 and other limited factors. The NDOC returned a list with two people who would qualify. We join the other advocacy groups in Nevada in calling for the release of a broader group of people, including those who have less than a year in their sentence or are medically fragile and due for release within two years, as an emergency measure to reduce the prison population and prevent the spread of COVID-19. We are asking that the NDOC move swiftly with other interested state Boards and Departments on releasing men and women from prison in order to better control outbreaks inside its facilities.

CDC Guidelines for Correctional/Detention Facilities Are Not Being Followed By the NDOC

Most of the CDC Guidelines for correctional/detention facilities have not been followed here in Nevada. The following, while not exhaustive, highlights just some of the CDC Guidelines for correctional/detention facilities not being followed by the NDOC:

- Masks should be worn at all time by NDOC employees:
    - Some employees wear them at their neck, at their belt, or under their nose, and some only wear them around their supervisors.

- Ensure that separate physical locations (dedicated housing areas and bathrooms) have been identified to 1.) isolate individuals with confirmed COVID-19 (individually or cohorted), 2.) isolate individuals with suspected COVID-19 (individually – do not cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary).

- Limit transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.

- Suspend co-pays for incarcerated/detained persons seeking medical evaluation for possible COVID-19 symptoms, to remove possible barriers to symptom reporting.

- Implement intensified cleaning and disinfecting procedures, by establishing a strict schedule and increasing the number of staff/incarcerated persons responsible for cleaning common areas. Specific guidelines on the cleaning located here: www.cdc.gov/coronavirus/2019-ncov/community/clean-disinfect/index.html, last visited Nov. 16, 2020.

- Provide liquid or foam soap, running water, disposable paper towels, tissues, no-touch trash receptacles for disposal, face masks and alcohol-based hand sanitizer.

- Test all individuals:
  - with signs or symptoms consistent with Covid-19,
  - with recent known or suspected exposure to control transmission,
  - without recent known or suspected exposure for early identification.

- Organize staff assignment so that the same staff are assigned to the same areas of the facility over time, to reduce the risk of transmission through staff movement.
  - Not only has this not been followed within individual facilities, upon information and belief, staff have been brought into other facilities on temporary bases (i.e. staff from WSCC was brought into Lovelock Correctional Center ("LCC") to assist with a shakedown days prior to the COVID-19 outbreak at WSCC surfacing), staff have worked at more than one facility in back-to-back days/shifts (LCC correctional officers have reportedly been doing overtime shifts at WSCC during the outbreak and then returning to LCC for their regular shifts), and the NDOC has held trainings for correctional staff, whereby staff from various facilities are brought together onsite at one facility, not socially distanced, not properly wearing masks, and participating in training that requires physical toughing of one another. *See e.g.,* Nevada Department of Correction's public Facebook page, post dated October 27, 2020 at 10:36 am ("Senior Correctional Officers trained with Director Daniels and the Executive Team at Lovelock Correctional Center. The Northern Nevada officers learned leadership and tactical skills.").

- Provide up to date information about COVID-19 to people incarcerated on a regular basis, preferably in person and allow people incarcerated to ask questions (i.e. townhall settings). Updates should address topics including safety protocols on COVID-19 and changed to the daily routine and how they can contribute to risk reduction.
  - NDOC typically holds townhall meetings after action has been taken, and fails to provide people incarcerated information about things such as bed movements, closure of programming, and lockdowns until after they have occurred. This lack of information is detrimental to the mental health and well-being of people incarcerated.

Visiting, Lockdowns, Yard Access, and Related Mental Health Concerns

We understand that measures need to be implemented but the CDC also recognizes that visitation and communications with loved ones are important to maintain mental health. Their Guidelines state that facilities should implement safe visiting (verbal screening, temperature check, mandatory mask, hand-sanitizer, surface cleaning…) or explore alternative ways for incarcerated people to communicate with their loved ones in a way that is not financially burdensome for them (video-visiting). *See* CDC Guidelines. The CDC also recommends the increase of telephone privileges to promote mental health. *Id.* As for group activities/programming, the CDC states that "if group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated/detained persons." *Id.*

In Nevada, visitation has been suspended for over eight (8) months with no alternative. Phone lines have increased, thereby making access more complicated. Some prisons have run out of stationary for people to write their loved ones. Programming has decreased or has been completely suspended in some cases. Yard access has been decreased, and in many instances ceased altogether. Lockdowns and confinement are more frequent, with no communication allowed with families, which takes a toll on the incarcerated individuals' mental health and makes it unbearable for their loved ones on the outside who have no way of knowing their health status. Right now, all facilities appear to be going on COVID-19 precautionary lockdown, with limited time out of cells (15 minutes every day or every other day to shower and place calls to loved ones), meals are delivered directly in the cells with limited portions, and no access to yard. While lockdowns may be necessary to some extent in the event of an outbreak, they should not be used in the precautionary practice manner currently being employed by the NDOC.

Communication and Transparency with the Public and Families of People Incarcerated

The NDOC has not addressed the families of people incarcerated since March 7, 2020. Multiple advocacy groups, including NACPI, have asked the NDOC for meetings and to be included or updated, to no avail. Requests for information made by the media and advocacy groups regularly go unanswered. This lack of transparency, coupled with the news of situations like that at WSCC, erodes the public's trust in the NDOC. We are asking the NDOC to provide transparency through communication with the public and families of people incarcerated, meetings with (or at a bare minimum, updates to) advocacy groups, and responses to requests for information made by advocacy groups and the media.

We ask that the NDOC immediately take the action requested as outlined in this letter.

Sincerely,
NACPI

Cc: - NDOC Director Charles Daniels and his executive team
- Warm Springs Correctional Center Warden Kyle Olsen and Medical Department
- Nevada DPS Parole and Probation
- Program Officer I Ronda Larsen, NDOC Family Services Division
- Governor Steve Sisolak
- ACLU Nevada Policy Fellow Nick Shepack
- Associate Professor of Criminal Justice at the University of Nevada Emily Salisbury
- Progressive Leadership Alliance of Nevada Decarceration Organizer Leslie Turner

Technical Bulletin

Date:	November 19, 2020
Topic:	Guidance for Discontinuation of COVID-19 Isolation
Contact:	Ihsan Azzam, Ph.D., M.D., Chief Medical Officer, Division of Public and Behavioral Health
To:	All Health Care Providers, Employers, Businesses, and Public Health Officials

This bulletin describes the Centers for Disease Control and Prevention (CDC) guidance for discontinuation of self-isolation for those that have been able to care for themselves at home. It is intended for employers and businesses; health care providers; and public health officials managing persons with COVID-19 (cases that received a positive PCR test for COVID-19) and under isolation who are not in health care settings. This includes, but is not limited to, at home, in a hotel or dormitory room, or in a group isolation facility.

The most recent CDC recommendations, published on July 17, 2020, no longer supports the test-based strategy for self-isolated cases. According to CDC, in most cases the test-based strategy is no longer the method of choice for the discontinuation of home isolation, so it should not be used as a requirement for recovered individuals to return to the workplace, unless it has been found by a health care provider to be clinically necessary.

A test-based strategy is no longer recommended to determine when to discontinue home isolation, except in certain circumstances. A test-based strategy may result in prolonged isolation of patients who may continue to shed detectable viral RNA fragments that are no longer infectious.

Symptom-based strategy for patients with mild to moderate* illness who are not severely immunocompromised or persons with COVID-19 who have symptoms and were able to care for themselves at home may discontinue isolation under the following conditions:

- At least 10 days have passed since symptoms first appeared, and
- At least 24 hours have passed since last fever without the use of fever-reducing medications, and
- Symptoms (e.g., cough, shortness of breath) have improved

For patients who are not severely immunocompromised and who were asymptomatic throughout their infection, self-isolation and transmission-based precautions may be discontinued when at least 10 days have passed since the date of their first positive viral diagnostic test.

*Mild Illness: Individuals who have any of the various signs and symptoms of COVID-19 (e.g., fever, cough, sore throat, malaise, headache, muscle pain) without shortness of breath, dyspnea, or abnormal chest imaging.

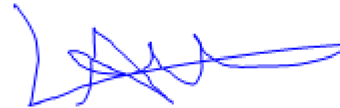
Moderate Illness: Individuals who have evidence of lower respiratory disease by clinical assessment or imaging, and a saturation of oxygen (SpO2) ≥94% on room air at sea level.

Severe Illness: Individuals who have respiratory frequency >30 breaths per minute, SpO2 <94% on room air at sea level (or, for patients with chronic hypoxemia, a decrease from baseline of >3%), ratio of arterial partial pressure of oxygen to fraction of inspired oxygen (PaO2/FiO2) <300 mmHg, or lung infiltrates >50%.
Critical Illness: Individuals who have respiratory failure, septic shock, and/or multiple organ dysfunction.

In **pediatric patients**, radiographic abnormalities are common and, for the most part, should not be used as the sole criteria to define COVID-19 illness category. Normal values for respiratory rate also vary with age in children, thus hypoxia should be the primary criterion to define severe illness, especially in younger children.

Please Review the CDC Website for Additional Information
https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html

For More Information: Please contact DPBH M-F 8:00 AM to 5:00 PM at (775)-684-5911. The after-hours line can be contacted at (775) 400-0333.



Lisa Sherych, Administrator
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Ihsan Azzam, Ph.D., M.D.
Chief Medical Officer