

**DEPARTMENT OF CORRECTIONS**  
**Government of Guam**  
**Mangilao, Guam 96913**

<b>SPECIAL ORDER</b>	<b>Date of Issue:</b> <b>March 16, 2020</b>	<b>Effective Date:</b> <b>IMMEDIATELY</b>	<b>No.:</b> <b>FY-20-021</b>
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To: All Personnel

From: Acting Director of Corrections

Subject: **CORONAVIRUS (COVID-19) POLICY**

As a result of the government's ongoing efforts to address COVID-19, the Department of Corrections is implementing the following security measures in order to mitigate the spread of COVID-19 because the population density of prisons creates a risk of infection and transmission for inmates and staff. These measures are also being put in place to ensure the continued effective operations of the department and to ensure that staff remain healthy and available for duty.

**EFFECTIVE IMMEDIATELY**, the following measures are being implemented by DOC:

**SOCIAL VISITS:**

Social visits and incoming will be suspended for 30 days, at which time the suspension will be reevaluated. To ensure inmates maintain social ties we will allow for additional inmate telephone communications.

**LEGAL VISITS:**

Access to legal counsel remains a paramount requirement but like social, DOC is mitigating the risk of exposure created by external visitors. As such, while in general, legal visits will be suspended for 30 days, case-by-case accommodation will be accomplished at the facility level and confidential legal calls will be allowed in order to ensure inmates maintain access to counsel. Attorneys seeking an in-person visit with their client or a confidential call should contact the facility via email at [antone.aguon@doc.guam.gov](mailto:antone.aguon@doc.guam.gov). If approved for an in-person visit, the attorney will need to undergo screening using an established visitor screening questionnaire (see attachment).

**PRISONER MOVEMENT:**

All prisoners facility transfers will be suspended for 30 days, at which time the suspension will be reevaluated. Exceptions are allowed for safety and security reasons on a case-by-case exceptions at the discretion of the Warden. All community work detail programs are suspended until further notice.

**CONTRACTORS:**

Contractor access to DOC facilities will be restricted for thirty (30) days to only those performing essential services (e.g. medical or mental health care, meals, etc.). Exceptions may be approved by the Director. Contractors who require access will be screened using an established visitor screening questionnaire (see attachment) prior to entry.

**VOLUNTEERS:**

Volunteer visits will be suspended for thirty (30) days, at which time the suspension will be re-evaluated. Exceptions may be approved by the Director. Alternate means of communication (e.g. telephone calls) will be available for inmates who request to speak privately with a religious advisor. Volunteers who are approved for access will be screened using an established visitor screening questionnaire (see attachment) prior to entry.

**TOURS:**

Tours will be suspended for thirty (30) days, at which time the suspension will be reevaluated. Any exceptions may be approved by the Director. If approved, participants will be screened using an established visitor screening questionnaire (attachment A) prior to entry.

**SCREENING OF NEW PRISONERS:**

To address the specific issues involving COVID-19, all new prisoners will be screened in accordance with GMHA Pandemic Plan.

**ANNUAL LEAVE:**

No off-island or on-island annual leave will be approved until further notice. If employees have recently traveled off-island to any of the high risk areas, they must first see their doctor and obtain a clearance prior to returning to work.

**ALL previously approved requests for annual leave (off-island and on-island) has been rescinded.**

As the current situation evolves, the Director will evaluate the operations and adjust accordingly to ensure the safety of prisoners, staff, and the community.

For compliance.

  
**JOSEPH S. CARBULLIDO**

Attachment: COVID-19 Visitor Screening Tool Form

Date: \_\_\_\_\_

### Visitor Screening Tool

Visitor's Name: \_\_\_\_\_

Resident being visited: \_\_\_\_\_

Please let us know if you have had any of the following:

	YES	NO
Fever of 100.4°F within the last 14 days	<input type="checkbox"/>	<input type="checkbox"/>
Cough/Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>
Pneumonia/flu - recent	<input type="checkbox"/>	<input type="checkbox"/>
Have you traveled out of the country in the last 14 days to a level 2 or 3 country as determined by the Centers for Disease Control and Prevention. A list of countries can be found at: <a href="https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html">https://www.cdc.gov/coronavirus/2019-ncov/travelers/after-travel-precautions.html</a>	<input type="checkbox"/>	<input type="checkbox"/>
Have you had contact with anyone who has lab confirmed Novel Coronavirus within 14 days of symptom onset?	<input type="checkbox"/>	<input type="checkbox"/>

Please do not write below this line. Official Use Only

Temperature: \_\_\_\_\_

Staff signature: \_\_\_\_\_