

RECEIVED
Sep 16 2022
SC Court of Appeals

STATE OF SOUTH CAROLINA
IN THE COURT OF APPEALS

Appeal from Horry County
Honorable R. Ferrell Cothran, Jr., Circuit Court Judge
Honorable William H. Seals, Jr., Circuit Court Judge
Appellate Case Tracking No. 2021-001271

The State,

Respondent,

vs.

Jamie Goss,

Appellant.

**RETURN TO “MOTION FOR EMERGENCY BOND
FOR EXTRAORDINARY CIRCUMSTANCES”**

Respondent, through its undersigned counsel, would respectfully show unto this Court as follows:

Appellant has served and filed a notice of appeal from the denial of his request for compassionate release by the circuit court. As he has in his Motion for Emergency Bond, he asserted he was entitled to release based on a federal statute—18 USC § 3582. Additionally, he contends the exceptional circumstances are based on Covid-19 and the South Carolina Department of Corrections’ handling of Covid-19 cases. (Motion for Compassionate Release for Extraordinary Reasons attached as Exhibit A).

Pursuant to South Carolina law, a criminal defendant “may” potentially be granted bail during the pendency of an appeal following a conviction. S.C. Code Ann. § 18-1-90. Importantly though, a defendant has no right to an appeal bond, and a court ordinarily will only issue one with “extreme caution.” Nichols v. Patterson, 202 S.C. 352, ___, 25 S.E.2d 155, 156 (1943)

(citation and internal quotations omitted). In cases in which a defendant was originally sentenced to a term of imprisonment exceeding ten years, South Carolina’s appellate courts alone have discretion to decide whether an appeal bond should be issued. Rule 246(a), SCACR. When deciding whether to exercise that discretion, an appellate court should consider the following factors: (1) the probability of success on appeal; (2) the nature and seriousness of the criminal offense committed; (3) the danger the defendant may pose to the community if he or she is released; (4) the likelihood the defendant may forfeit bail or flee if released; (5) the character and circumstances of the defendant; and (6) the defendant’s “personal attitude toward society and government.” Nichols, 202 S.C. at ___, 25 S.E.2d at 156. However, our legislature has demonstrated a strong preference for an appeal bond not to be granted in a case in which a convicted offender has been sentenced to a term of imprisonment exceeding ten years. See S.C. Code Ann. § 18-1-90 (“Bail may be allowed to the defendant in all cases in which the appeal is from the trial, conviction, or sentence for a criminal offense. However, bail is not allowed when the defendant has been sentenced to death, life imprisonment, or imprisonment for more than ten years.”); see also State v. Whitener, 225 S.C. 244, 248, 81 S.E.2d 784, 786 (1954) (concluding—in a divided opinion—the Supreme Court could “grant bail, in its discretion, where the sentence exceeds ten years” despite the existence of a statutory provision prohibiting a grant of bail under such circumstances).

Initially, and most significantly, Appellant bases his release (and the underlying appeal) on the federal statute allowing release from federal custody for extraordinary and compelling reasons. The federal statute has no application to an inmate serving time on a state sentence in the South Carolina Department of Corrections. Additionally, even if it could be applicable, many courts have found that Covid and the exposure to Covid does not warrant a reduction in

time because it is not an extraordinary and compelling reason—even when various health issues have been present. See e.g., United States v. Rodriguez, 27 F.4th 1097 (5th Cir. 2022); United States v. Halvon, 26 F.4th 566 (2nd Cir. 2022). As a result, he is very unlikely to succeed on appeal as his argument is based on a statute which cannot be applied to him. The statute also does not provide a basis for this Court to grant his release.

Further, Appellant is currently serving a twenty-eight-year sentence for trafficking crack cocaine, third offense. His offense is considered a violent offense, and it is especially concerning that it was his third offense demonstrating a lack of ability to follow the rules and laws of the state. While he has served a portion of his sentence, he still has over eight years remaining in prison prior to release. As a result, he would constitute a significant flight risk if released on bond. Also, while in prison, Appellant has not been a model citizen with disciplinarys related to drugs, contraband, and masturbation or exhibitionism. See <https://public.doc.state.sc.us/scdc-public/inmateDetails.do?id=%2000294885> (last viewed Sept. 14, 2022). Again, it demonstrates an inability to follow the rules, which demonstrates his attitude towards government and society.

Appellant contends he is entitled to extraordinary relief because the Department of Corrections is not taking adequate steps to protect him from the harm of Covid or providing adequate care. Appellant has failed to provide any specifics regarding care he is unable to obtain while incarcerated or how the Department of Corrections has failed to provide adequate care. Contrary to his claim, the South Carolina Department of Corrections has actively instituted safeguards to protect the health and wellbeing of the inmate population during the course of the coronavirus pandemic and has instituted an action plan to prepare for and respond to any challenges that may arise in conjunction with the Governor's Office, the South Carolina Department of Health and Environmental Control, the South Carolina Emergency Management

Division, and other state agencies. See South Carolina Department of Corrections COVID-19 Action Plan, https://www.doc.sc.gov/scdc_covid-19_action_plan.pdf (last visited September 14, 2022). Additionally, SCDC regularly updates its guidance from its Medical Services, Division of Infectious Disease Management. The guidance was updated as recently as August 16, 2022, and provides guidance for everyday operations and enhanced operations. (See Guidance Attached as Exhibit B). Additionally, SCDC has numerous protocols for the use of personal protective equipment by staff, inmates, and healthcare employees. (See Protocols Attached as Exhibit C). According to Christina Bigelow, Deputy General Counsel for the South Carolina Department of Corrections, Appellant tested positive for Covid June 24, 2021. He was evaluated multiple times and returned to Ridgeland on July 16, 2021. All other Covid test results have been negative. (See Letter Attached as Exhibit D). As a result, Appellant's case does not qualify as an exceptional circumstance warranting release on bond or otherwise.

Finally, if his motion is intended to seek immediate release under a "compassionate release" process, he does not qualify. As noted above, the federal statute is inapplicable to his service of imprisonment in state prison. Additionally, section 24-21-715 of the South Carolina Code, which appears to be the only statute which could be applicable to Appellant, provides for release "of an inmate who is terminally ill, geriatric, permanently incapacitated, or any combination of these conditions." See S.C. Code Ann. § 24-21-715 (Supp. 2021). Appellant has not demonstrated he qualifies under the statute for release.

For all the foregoing reasons, the State does not believe Appellant is entitled to release, nor does the State believe the circumstances warrant the extraordinary relief of the grant of an appeal bond or other "Emergency Bond."

WHEREFORE, Respondent prays that the Court deny Appellant's request.

Respectfully submitted,

ALAN WILSON
Attorney General

WILLIAM M. BLITCH, JR.
Senior Assistant Deputy Attorney General



WILLIAM M. BLITCH, JR.
S.C. Bar No. 15608
Office of the Attorney General
Post Office Box 11549
Columbia, SC 29211
(803) 734-3727

ATTORNEYS FOR RESPONDENT

September 16, 2022

EXHIBIT A

STATE OF SOUTH CAROLINA)	IN THE COURT OF COMMON PLEAS OF Horry COUNTY
COUNTY OF Horry)	Case No. 2006-6s-26-4735
JAMIE GROSS, # 294885)	D.O.B: 11/15/81 SS No. _____
Defendant,)	Presiding Judge Honorable, Steven John
Vs)	Circuit Court Judge
STATE OF SOUTH CAROLINA,)	
Release.)	
_____)	

**Motion for Compassionate
Release for Extraordinary
Reasons**

FILED
 Horry COUNTY
 2021 MAR 12 P 2:21
 RENEE M. MYIS
 CLERK OF COURT
 Horry COUNTY, SC

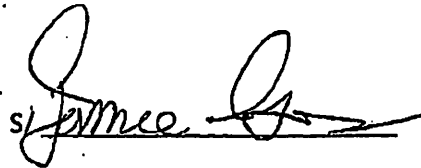
Come now Defendant Jamie Goss Pro se. Before this honorable court on a Motion for Compassionate Release for Extraordinary Reasons. This motion is written pursuant to 18 U.S.C. 3582(c)(1)(A)(i), and S.C. Constitution Article 1 Section 15, United States of America V. Lincoln Warrington Defendant, (March 4, 2021) 2021 825400. This matter comes Before Honorable Steven John Circuit Judge of Horry County Motion for Compassionate Release for Extraordinary Reasons pursuant to 18 U.S.C. 3582 (C)(A)(i), in light of the COVID-19 Pandemic, and also the following reasons, the Defendant respectfully show this Honorable Court the Following:

- (1) Due to S.C. Department of Corrections Ridgeland Facility and all other SCDC Facilities being short of Staff, overcrowded inmate population, lack of clean air and cleaning supplies.
- (2) My wife has a life threatening illness which require her to rely upon Respiratory Breathing Machines, and she has custody of my two (2) children ages 14 and 15.
- (3) My wife is currently in custody of Immigration Detention Facing Deportation, she is in custody of my other two (2) Children ages 15 and 16.

Conclusion

FILED
HORRY COUNTY
2021 MAR 12 P 2:21
RENEE M. ELVIS
CLERK OF COURT
HORRY COUNTY, SC

Wherefore, the Defendant respectfully pray that this Honorable Court literally construe this motion and grant all relief that he may be entitled to under the Compassionate Release section of 18 U.S.C. 3582 (c) (a) (i). If a hearing is needed, please Appoint Counsel S.C. code 17-3-50.



Jamie Goss; Defendant

Date: 3/9/21

EXHIBIT B

Medical Services
Division of Infectious Disease Management
Updated COVID-19 Guidance
August 16, 2022

- I. CDC's updated COVID-19 guidance for correction and detention facilities divides guidance in to two categories, **Everyday Operations** and **Enhanced Operations**. The levels are based on the following factors.
 - the number of COVID-19 cases in each community and the impact of severe disease on community-based health care symptoms
 - vaccination coverage by both staff and offenders
 - transmission in the facility
 - risk of severe outcomes in each facility
 - facility structural and operational characteristics

- II. A dashboard has been created (separate from the Quarantine list) that will reflect the status of each facility. Certain facilities may have an area on **Everyday Operations** while another area of the facility is on **Enhanced Operations**. Changes will only be made to the dashboard when a facility has a change in their status. In the beginning, the status of each facility will be determined if they have an isolation or quarantine dorm as well as staff cases not associated with a particular dorm. As the plan is developed and expanded it may change to a rubric approach with all factors above incorporated.

- III. If a facility or area of the facility is on **Everyday Operations** the following will apply.
 - A. COVID 19 vaccinations and boosters should continue to be offered and encouraged for both offenders and staff. The COVID-19 vaccine is the most important tool available to prevent severe COVID-19.
 - B. Maintain standard infection control strategies.
 1. Handwashing-all individuals in the facility should use preventative actions including regularly washing their hands, avoiding touching their eyes, nose, and mouth, and covering their cough.
 2. Cleaning and disinfection-continue to use appropriate EPA approved disinfectants and restock as needed
 3. Providing acceptable indoor air quality for the current occupancy level
 4. Offer mask/respirators to all offenders and staff who want them, but it will not be mandatory. However, if an offender or staff member presents symptoms, they should be given a disposable surgical mask while awaiting testing.
 5. Ensure appropriate PPE is available for both offenders and staff based on their level of risk, and make sure offenders and staff are appropriately trained for use of PPE such as correct donning and doffing and respiratory fit testing for use of the N-95 masks. Hand sanitizer or handwashing should always be done after the removal of PPE and PPE

should be discarded in a dedicated trash. Always remove and change PPE when leaving medical isolation or quarantine areas.

- C. Maintain screening and diagnostic testing procedures, regardless of vaccination and booster status
1. All employees entering any SCDC facility under Everyday Operations will be verbally screened for COVID-19 (except at institutions with an R&E Center); if an employee answers yes to any questions there should be no entry into the facility, and the employee should call the COVID hotline at 803-896-0323. If an immediate response is needed, contact the EHSO at the facility.
 2. All inmates leaving a SCDC facility under Everyday Operations as a transfer to another facility, should be verbally screened for COVID. If any symptoms are noted, a rapid antigen test may be done on site. If the antigen test is negative for a symptomatic offender, obtain a PCR test and place the symptomatic patient on quarantine pending the PCR test. Do not transfer a symptomatic offender unless the transfer is to a designated isolation or quarantine area.
 3. Diagnostic testing for any offender who shows signs or symptoms of COVID-19. A rapid antigen test may be done on site. If the antigen test is negative for a symptomatic offender, obtain a PCR test and place the symptomatic patient on quarantine pending the PCR test. If the offender has a roommate, he or she should also be tested and quarantined. If the test result is positive, the offender should be placed in medical isolation for 10 days from the date when symptoms began. The roommate would need to follow quarantine guidelines and be tested 5-7 days after last exposure.
 4. Staff members with COVID-19 symptoms, should be excluded from work and advised to seek testing. If the test result is positive, the staff member should be excluded from work for 10 days from the date when symptoms began. The staff member should contact the COVID hotline at 803-896-0323. They should be cleared by the COVID hotline prior to returning to work.
 5. Visitors, vendors, and volunteers with COVID-19 symptoms should be denied entry and encouraged to seek testing.
- D. R/E Intake Screening and testing, regardless of vaccination and booster status.
1. New intakes will be screened for COVID symptoms using SCDC form M216-A. If any symptoms are noted, a rapid antigen test will be done on site. If the antigen test is negative for a symptomatic offender, obtain a PCR test and place the symptomatic patient on quarantine pending the PCR test. If the offender has arrived with other offenders, they should also be tested and quarantined. If the test result is positive, the offender should be placed in medical isolation for 10 days from the date when symptoms began. If the test is negative and the symptoms have resolved, they may be placed in routine housing. The other intakes transported with them will also be placed in quarantine pending results. If the original person is positive, the others would need to follow quarantine guidelines and be tested 5-7 days after exposure.
 2. Antigen testing should be done for all new intakes into SCDC. No routine observation period should be done if the antigen test is negative unless the offender demonstrates COVID symptoms.

3. Offenders who have completed the R/E process may be transferred to another facility as soon as they receive a negative PCR after their processing is complete.
- E. All transfers to mental health areas (CSU, ICS, GPH, Choices, HLBMU, LLBMU, SMHU), specialized medical areas (all infirmaries), or Kirkland R&E for Infectious Disease Clinics, Dental, X-Ray and other medicals concerns will need a negative antigen test, unless coming from an institution or area under Enhanced precautions or quarantine. Someone from an Enhanced precaution area will need a negative PCR test within 72 hours of transfer and if coming from a quarantine area within 24 hours. No one should be admitted to these areas who is on medical isolation unless they are going to a COVID only infirmary.
 - F. Offenders scheduled for medical trips, outside appointments, court appearances, or released from a facility under Everyday Operations do not need COVID testing unless going to a specialized area (listed above in III.E) or being transferred to another Law Enforcement Agency. The test must be at a minimum of an antigen test for COVID within 24 hours of the release.
 - G. Institutional transfers from a facility under Everyday Operations do not need COVID testing on transferring offenders unless the offender is going to a specialized area (listed above in III.E); however, transferring offenders do need to be screened with SCDC form M-261A. If any symptoms are noted, a rapid antigen test will be done on site. If the antigen test is negative for a symptomatic offender, obtain a PCR test and place the symptomatic patient on quarantine pending the PCR test. Do not transfer him or any close contacts pending the PCR result.
 - H. Contact Tracing should be done for any positive offender or staff member.
 - I. Facilities should maintain awareness of how to access medications to prevent severe COVID-19 for offenders who are at a higher risk. Medications are not a substitute for vaccines.
 - J. Medical Isolation and Quarantine
 1. Identify a medical isolation area (dedicated housing and bathrooms) that can medically isolate offenders with symptoms (ideally for short periods while awaiting test results), those with confirmed COVID-19, and those in quarantine identified as close contact with confirmed or suspected covid-19s. If a location is identified with several offenders who were close contacts, that entire dorm will be placed on quarantine. These should be separate areas if possible; if they must be the same area then the offenders should be placed as far apart as possible.
 2. Keep offender movement outside the medical isolation/quarantine space to a minimum
 3. Serve meals inside the medical isolation/quarantine area
 4. Provide medical care inside the medical isolation/quarantine space unless it is not physically possible
 5. Minimize shared air between medical isolation/quarantine spaces and other spaces within a building
 6. Where possible, restrict medically isolated/quarantined residents from leaving the facility (including transfers to other facilities) during the medical isolation/quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of medical isolation/quarantine space, or extenuating correctional, judicial, or security concerns.
 7. Staff assignments to medical isolation/quarantine spaces should remain as consistent as possible, and these staff members should limit their movements to other parts of the

facility. These staff members should wear recommended PPE appropriate for their level of contact with people under medical isolation/quarantine. See PPE attachment.

8. Clean and disinfect areas used by people with COVID-19 and their close contacts on an ongoing basis during medical isolation/quarantine.
- K. Insofar as feasible, medically isolate and quarantine inmates outside of a RHU. If RHU must be utilized:
 - a. Consider a provision of similar access to radio, TV, reading materials, personal property, commissary, showers, and other resources as would be available in general population housing units.
 - b. Consider allowing increased telephone time or other opportunities to communicate with others outside the institution during the medical isolation or quarantine period to support mental health.
 - c. Regularly communicate with offenders in medical isolation or quarantine about the duration and purpose.
- L. Offenders with identification of symptoms or a positive test should wear a mask until placed in medical isolation, once in medical isolation they should mask whenever another individual enters unless that person is also a confirmed COVID case, and if they leave the medical isolation area for any reason prior to being taken off isolation.
- M. Medical Isolation may be discontinued after 10 days from either the first positive test (asymptomatic) or 10 days after the onset of symptoms and no fever within 24 hours without the use of fever reducing medications and if symptoms are significantly decreased.
- N. Medical isolation for offenders with severe illness and/or who are moderately to severely immunocompromised may be extended up to 20 days.
- O. Staff members with COVID-19 symptoms, should be excluded from work and advised to seek testing. If the test result is positive, the staff member should be excluded from work for 10 days from the date when symptoms began. The staff member should contact the COVID hotline at 803-896-0323. They should be cleared by the COVID hotline prior to returning to work.
- P. Shortening the isolation period for staff due to Crisis -level operations will be considered on a case by case basis but will incorporate a test-out strategy.
- Q. Prepare for Outbreaks-Maintain communication with staff members and offenders about what to expect if a positive case or outbreak occurs.
- R. SCDC will utilize both traditional contact tracing and location-based contact tracing for both staff and inmates who have been exposed to COVID-19.
- S. Staff who are exposed at work, may continue to work unless symptoms develop. If symptoms develop, they should call the COVID hotline at 803-896-0323 for directions.
- T. Staff who are exposed outside of work and considered a close contact will be required to quarantine for 7 days and will need a negative COVID test on day 5 or after (test sooner if symptoms develop). Staff on quarantine will be monitored by the COVID hotline and must be cleared through the COVID hotline team to return to work.
- U. Offenders who are considered a close contact will be placed on quarantine for 10 days. Either the individual or a percent of offenders in the identified location will be tested 5-7 days after the exposure unless symptomatic and then should be tested earlier. Any roommate or an identified very close contact of a known positive case should be tested immediately and then again at the 5-7-day mark.

- V. Offenders placed on quarantine should be monitored for symptoms daily along with pulse oximeter reading, temperature, and pulse. If all cannot be done at least the daily symptoms check and pulse oximeter readings should be done. Document on SCDC incident form 19-29A when deviation from this occurs.
 - W. Offenders placed on isolation should be monitored twice daily with pulse oximeter reading, temperature, and pulse. Contact the institutional or on-call provider for abnormal readings.
 - X. Offenders who are more likely to get very sick from COVID-19 should be evaluated for eligibility for COVID-19 therapeutics to prevent severe outcomes.
 - Y. Maintain COVID-19 preparedness through essential action plan and policy.
- IV. If a facility or area of the facility is on Enhanced Operations the strategies for Everyday Operations should apply as well as add the following Enhanced measures.
- A. Require masks/respirators indoors for both offenders, staff, visitors, volunteers, and any other persons in the facility.
 - B. Enhance the ventilation in the facility by increasing the introduction of outdoor air, if available, using portable HEPA filters and /or if available using upper room or in duct ultraviolet germicidal irradiation systems (UVGI).
 - C. Screening for COVID symptoms
 1. All employees entering any SCDC facility under Enhanced Operations will be screened for COVID-19 using the SCDC form 216. If an employee answers yes to any questions there should be no entry into the facility, and the employee should call the COVID hotline at 803-896-0323. If an immediate response is needed, contact the EHSO at the facility.
 2. All inmates leaving a SCDC facility under Enhanced Operations as a transfer should be screened for COVID-19 using SCDC form 216-A. If any symptoms are noted, a rapid antigen test may be done on site. If the antigen test is negative for a symptomatic offender, obtain a PCR test and place the symptomatic patient on quarantine pending the PCR test. Do not transfer a symptomatic offender unless the transfer it to a designated isolation or quarantine area.
 - D. Strengthen testing strategies
 1. Test all offenders (PCR) before transfer to another facility, offender should be moved within 7 days of PCR test unless the offender is coming from a quarantine dorm. No one should be moved from a quarantine dorm without discussion from the Division of Infectious Disease Management or designee.
 2. Test all offenders (PCR) 7 days prior to release.
 3. Test all offenders (Antigen) transferred to another Law Enforcement Agency within 24 hours of the release. This will be in addition to the 7-day PCR test listed above.
 4. Test all offenders prior to medical trips, court appearances, or outside appointments; PCR testing should be done within 7 days, and if the offender is in a quarantine dorm should also be antigen tested within 24 hours of the appointment.
 5. All transfers to mental health areas (CSU, ICS, GPH, Choices, HLBMU, LLBMU, SMHU) and specialized medical areas (all infirmaries) coming from an Enhanced Operations area/institution will need a negative PCR test with 72 hours of transfer and if coming

from a quarantine area within 24 hours. No one should be admitted to these areas who is on medical isolation unless they are going to a COVID only infirmary.

6. Randomly test individuals who are more likely to get very sick from COVID-19
 7. Randomly test offenders who mix with other housing units such as those on work details or programs that mix
 8. Test a portion of a dorm that has been identified through contact tracing from an offender or staff member
- E. Minimize movement and contact across housing units and with the community while being mindful of the prolonged restrictions on an offender's mental health.
1. Restrict contact between housing units, including maintaining consistent staff assignments when possible and ensuring that internal work details do not include residents from multiple housing units who otherwise would not interact
 2. Restrict work release from a dorm on quarantine
 3. Postpone non-essential community visits if the dorm affected is on quarantine except court hearings and medical appointments
 4. Restrict movement across different areas of the facility
 5. Restrict movement between facilities
 6. Restrict in person visitation (while ensuring access to virtual operations) if a dorm is on quarantine.
- F. Implement physical distancing strategies where feasible.
1. Staggering use of common spaces by different housing units
 2. Limiting the size of group activities
 3. Temporarily suspending group activities
- V. Attachments
- A. PPE Protocols
 - B. Chart Everyday Operations/Enhanced Operations

EXHIBIT C

**Appropriate Personal Protective Equipment (PPE) for
Inmates During Everyday Operations
SCDC – Office of Medical Services
May 19, 2022**

INMATES

SITUATION	GLOVES	MASK	FACE SHIELD	GOWN
<u>AT ALL TIMES</u> <i>All inmates are encouraged to wear a surgical mask. Surgical masks shall be offered to all inmates that want them.</i>	NO	SURGICAL	NO	NO

REMINDER:

- All inmates are encouraged to wear a surgical mask when exiting their cells.
- DO maintain social distancing (6 feet distance) from others when not wearing a mask
- DO practice good hand hygiene at all times

**Appropriate Personal Protective Equipment (PPE) for
Inmates During Enhanced Operation Levels
SCDC – Office of Medical Services
May 19, 2022**

INMATES

SITUATION	GLOVES	MASK	FACE SHIELD	GOWN
<p><u>WORKING – AREA DESIGNATED FOR QUARANTINE/ISOLATION</u> <i>Working in an area designated for quarantine or medical isolation (without having close contact with persons under quarantine or isolation precautions)</i></p>	NO	N95	NO	NO
<p><u>WORKING – AREA DESIGNATED FOR QUARANTINE/ISOLATION</u> <i>Working in an area designated for quarantine or medical isolation (with having close contact with persons under quarantine or isolation precautions)</i></p>	YES	N95	YES	YES
<p><u>LIVING OR WORKING – AREA NOT DESIGNATED FOR QUARANTINE OR ISOLATION</u> <i>All inmates working or living in areas of the institution not designated for quarantine or medical isolation</i></p>	NO	SURGICAL	NO	NO
<p><u>LIVING IN QUARANTINED OR ISOLATED AREA</u> <i>All inmates living in quarantined or isolated areas with symptoms of COVID-19 or with close contact of someone with COVID-19</i></p>	NO	SURGICAL	NO	NO

REMINDER:

- All inmates shall wear a surgical mask when exiting their cell.
- Gloves protect hands, but **DO NOT** replace hand hygiene
- **DO** hand hygiene with each glove change
- N95 requires an initial and annual FitTest
- **DO** hand hygiene before and after adjusting any mask/respirator, face shield
- **DO NOT** wear the same pair of gloves for direct interaction with multiple inmates
- **DO NOT** touch your face/mouth/eyes while wearing gloves
- **DO NOT** reuse gloves or attempt to clean them

**Appropriate Personal Protective Equipment (PPE) for Non-Healthcare
Correctional Staff During
Everyday Operations
SCDC - Office of Medical Services
May 19, 2022**

SITUATION	GLOVES	MASK	FACE SHIELD	GOWN
<p><u>AT ALL TIMES</u> <i>Staff are encouraged to wear a surgical mask. Surgical masks are provided to any staff member desiring to wear one. Volunteers, visitors, and vendors are also encouraged to wear a mask and provided one if requested.</i></p>	NO	SURGICAL MASK IS OPTIONAL	NO	NO
<p><u>SUPERVISING NON-COVID INMATES IN A HOSPITAL SETTING</u> <i>Staff supervising inmates in a hospital setting (in-patient or out-patient) who are not suspected of having COVID-19 nor from a quarantine or isolation unit</i></p>	NO	SURGICAL, KN95, OR KN90 <i>(Hospitals may dictate increased PPE requirements which all staff shall follow)</i>	NO	NO

REMINDER:

- Encouraged to maintain social distancing when feasible
- Encouraged to utilize gloves to protect hands
- DO hand hygiene with each glove change
- DO hand hygiene before and after adjusting any mask/respirator/face shields
- DO NOT wear the same pair of gloves for direct interaction with multiple inmates
- DO NOT touch your face/mouth/eyes while wearing gloves
- DO NOT reuse gloves or attempt to clean them

**Appropriate Personal Protective Equipment (PPE) for Non-Healthcare Correctional Staff
During Enhanced Operations
SCDC - Office of Medical Services
May 19, 2022**

#Note: Inmate will also be wearing a face mask for protection.

*Note: Laundry may be washed and dried normally. Food service items should be disposed of normally and bagged and directly thrown into dumpster.

SITUATION	GLOVES	MASK	FACE SHIELD	GOWN
<p><u>AREA/UNIT FOR QUARANTINE OR ISOLATION WITHOUT CLOSE CONTACT</u> <i>Staff working in an area designated for quarantine or medical isolation without having close contact with inmates under quarantine or isolation precautions</i></p>	NO	N95	NO	NO
<p><u>AREA/UNIT FOR QUARANTINE OR ISOLATION WITH CLOSE CONTACT</u> <i>Staff working in an area designated for quarantine or medical isolation with close contact with inmates under quarantine or isolation precautions</i></p>	<p>YES <i>Change gloves periodically.</i></p> <p><i>Hand hygiene before and after glove changes.</i></p>	N95	YES	YES
<p><u>INDOOR AREAS</u> <i>Staff working in any area within a building of the institution not designated for quarantine or medical isolation.</i></p>	NO	SURGICAL	NO	NO
<p><u>OUTSIDE AREAS</u> <i>Staff working posts and/or supervising areas outside (not indoors) when social distancing can be maintained.</i></p>	NO	OPTIONAL (<i>should maintain social distancing (6 ft)</i>)	NO	NO
<p><u>INMATE SCREENING –</u> <i>Staff performing temperature checks/screenings on inmates for transport</i></p>	YES	KN95 OR KN90	YES	NO
<p><u>NON-COVID TRANSPORTATION</u> <i>Staff transporting inmates for any reason that are not suspected or confirmed positive for COVID-19 nor housed in a quarantine or isolation unit.</i></p>	YES	SURGICAL, KN95, OR KN90	OPTIONAL	NO
<p><u>COVID-19 TRANSPORTATION SUSPECTED/CONFIRMED QUARANTINE OR ISOLATION AREA</u> <i>Staff transporting inmates for any reason that are suspected of having COVID-19, confirmed to have COVID-19, or housed in a quarantine or isolation unit.</i></p>	YES	N95	YES	YES

<p><u>HOSPITAL DUTY SUPERVISING NON-COVID INMATES</u> <i>Staff supervising inmates in a hospital setting who are not suspected of having COVID-19 nor from a quarantine or isolation unit</i></p>	OPTIONAL	<p>SURGICAL, KN95, OR KN90 <i>(Hospitals may dictate increased PPE requirements which all staff shall follow)</i></p>	OPTIONAL	NO
<p><u>HOSPITAL DUTY SUPERVISING COVID INMATES</u> <i>Staff supervising inmates in a hospital setting who are COVID-19 positive or from a quarantine or isolation unit</i></p>	YES	N95	YES	YES

REMINDER:

- Maintain social distancing when feasible
- Gloves protect hands, but DO NOT replace hand hygiene
- DO hand hygiene with each glove change
- DO hand hygiene before and after adjusting any mask/respirator/face shields
- DO NOT wear the same pair of gloves for direct interaction with multiple inmates
- DO NOT touch your face/mouth/eyes while wearing gloves
- DO NOT reuse gloves or attempt to clean them
- N95 requires an initial Fit Test (annual fit testing is required)

**Appropriate Personal Protective Equipment (PPE) for Healthcare Correctional Staff –
Everyday Operations
SCDC – Office of Medical Services
May 19, 2022**

SITUATION	GLOVES	MASK	FACE SHIELD	GOWN
<p><u>AT ALL TIMES</u> <i>Staff are encouraged to wear a surgical mask. Surgical masks are provided to any staff member desiring to wear one. Volunteers, visitors, and vendors are also encouraged to wear a mask and provided one if requested.</i></p>	NO	SURGICAL MASK IS ENCOURAGED	NO	NO

REMINDER:

- Maintain social distancing when feasible
- Gloves protect hands, but DO NOT replace hand hygiene
- DO hand hygiene with each glove change
- DO hand hygiene before and after adjusting any mask/respirator, face shield
- DO NOT wear the same pair of gloves for direct interaction with multiple inmates
- DO NOT touch your face/mouth/eyes while wearing gloves
- DO NOT reuse gloves or attempt to clean them
- N95 requires an initial Fit Test (annual fit testing required).

**Appropriate Personal Protective Equipment (PPE) for Healthcare Correctional
Staff During Enhanced Operations
SCDC – Office of Medical Services
May 19, 2022**

SITUATION	GLOVES	MASK	FACE SHIELD	GOWN
<u>INMATE SCREENING</u> <i>Healthcare staff completing inmate entry screening coming into the institution</i>	YES <i>Care should be taken to not touch the face with the gloves.</i>	SURGICAL, KN95, OR KN90	NO	NO
<u>INITIAL PATIENT TRIAGE</u> <i>Initial triage nurse asking patient questions/taking temperatures to ascertain if further respiratory screening is needed</i>	YES	SURGICAL, KN95, OR KN90	NO	NO
<u>RESPIRATORY PATIENT ASSESSMENT – NURSE</u> <i>Respiratory illness screening triage nurse seeing symptomatic patients in separate areas other than that of initial triage</i>	YES	N95 (REQUIRED)	YES	YES
<u>R&E/NEW RECEPTION AREA SUPERVISION</u> <i>Working in R&E reception area around inmates who upon arrival tested negative, do not have symptoms, but are new to reception.</i>	YES <i>Change gloves periodically. Hand hygiene before and after glove changes.</i>	SURGICAL, KN95, OR KN90	NO	NO
<u>PANDEMIC QUARANTINED PATIENTS</u> <i>Nurse seeing asymptomatic patient in pandemic quarantine area</i>	YES	SURGICAL, KN95, OR KN90	NO	NO
<u>PANDEMIC/ CONFIRMED PATIENTS</u> <i>Nurse seeing a symptomatic patient face-to-face in a pandemic/confirmed isolation area</i>	YES	N95 (REQUIRED)	YES	YES
<u>GENERAL MEDICAL AREA</u> <i>Staff walking around medical areas but have no direct contact with symptomatic respiratory illness patients</i>	NO	SURGICAL, KN95, OR KN90	NO	NO

REMINDER:

- Maintain social distancing when feasible
- Gloves protect hands, but DO NOT replace hand hygiene

- DO hand hygiene with each glove change
- DO hand hygiene before and after adjusting any mask/respirator, face shield
- DO NOT wear the same pair of gloves for direct interaction with multiple inmates
- DO NOT touch your face/mouth/eyes while wearing gloves
- DO NOT reuse gloves or attempt to clean them
- N95 requires an initial Fit Test and annual fit testing

EXHIBIT D



SOUTH CAROLINA
DEPARTMENT OF CORRECTIONS
Safety, Service, and Stewardship

HENRY McMASTER, Governor
BRYAN P. STIRLING, Director

September 16, 2022

William Blitch, Esquire
South Carolina Attorney General's Office
Post Office Box 11549
Columbia, SC 29211

RE: Jamie Goss, # 294885


Dear Mr. Blitch:

Per our Pandemic Program Manager:

"Ridgeland was placed on enhanced status on 7/27/2022 due to an employee positive. Ridgeland was returned to everyday operations on 8/4/2022. On 8/30/2022, Ridgeland was placed on enhanced status due to an employee positive. On 9/6/2022, quarantine in units GB and GA were extended due to two inmate positives in the unit. The positive inmates were removed and isolated on 9/6/2022. Projected quarantine clearance is 9/16/2022.

Jamie Goss #294885 tested positive for COVID 6/24/2021. He received COVID evaluations on 7/2/2021 and 7/12/2021 at Kirkland. He was returned to Ridgeland on 7/16/2021 with a negative COVID result. All other COVID test results have been negative."

Sincerely


Christina Catoe Bigelow
Deputy General Counsel
South Carolina Department of Corrections

RECEIVED

Sep 16 2022

SC Court of Appeals

STATE OF SOUTH CAROLINA

IN THE COURT OF APPEALS

Appeal from Horry County
Honorable R. Ferrell Cothran, Jr., Circuit Court Judge
Honorable William H. Seals, Jr., Circuit Court Judge
Appellate Case Tracking No. 2021-001271

The State,

Respondent,

vs.

Jamie Goss,

Appellant.


PROOF OF SERVICE

I, Caroline Collins, certify that I have served the Return to Motion for Emergency Bond for Extraordinary Circumstances by depositing in the US Mail, Postage Prepaid, addressed to:

Jamie Goss, *Pro se* Appellant
#294885, GB-0055-B
Ridgeland Correctional Institution
Post Office Box 2039
Ridgeland, South Carolina 29936

I further certify that all parties required by Rule to be served have been served.

This 16th day of September, 2022.



CAROLINE COLLINS
Administrative Coordinator
Office of Attorney General
Post Office Box 11549
Columbia, South Carolina 29211
(803) 734-3727