Local Family Council TB Informational Call Notes

Call Details
Facility: Stafford Creek Corrections Center
Date and Time: 6/29/2022 3:00 PM

DISCLAIMER: These notes are from a meeting one week ago; therefore, many of these answers are outdated at this time. SCCC is in a different place this week and the notes do not reflect where we are at now.

Attendees
- LFC Officers: State Rep Lydia Schoen; Co-Chair Diane Sifres, Secretary Vanessa Lewis
- Family members – Roll Call wasn’t taken
- Bethany DuSchene, Annie Trepanier, Shante Holmes, Alexis Magana, T. Goddard, Catherine Antee, Tammey Bertrand, Julie, Sonia Malicoat, Andrea Triggs, Stacey Wu.
- Department of Health Monica Pecha, David Miller

Monthly TB meetings will be the 1st Wednesday of every month.

Weekly Updates:

SCCC is serving 3 hot meals, with movements open by cohorts.

Working on Religious activities and Pow Wows currently.

Department Of Health David Miller will be showing a Power Point Presentation on slide show.

ROUNDTABLE

Question 1 Medication refusal for I/I that do not want to take treatment.

Answer: Happens all the time, they don’t want to do it. Like in the outside world if someone has a medical condition they do not have too, and we cannot make them do it. We make it a point about
sickness later, or to see a doctor. Especially in Corrections they can refuse too, and hopefully later we can evaluate with a chest x ray or sputum collection.

Question 2 How will SCCC monitor those around that have been exposed and could become active.

Answer: Checks, follow ups, as an agency we cannot force anyone as mentioned previously. We work closely with local Department of Health, Dr. Strict and Dr. Pezo, on counseling with refusals from I/I. We have them try to get appointments to educate and further answer questions. DOC maintains the list and brings periodically revisions on checking for treatment or more counseling is our strategy moving forward. DOC is observing as well on high alert.

Question 3: Does DOC consider those that refuse to cohort together?

Answer No, not necessary or clinically appropriate.

Question 4. What quantifies a pandemic crisis from SCCC? Outbreaks are unexpected large numbers rapidly multiplying. Even with a clinic crisis what or when would constitute DOH to label this a pandemic

Answer We do not, CDC defines the definitions to look at science pieces that are a common source.

Question 5. Have you seen this as an outbreak facility wide elsewhere or just at SCCC?

Answer DOC in other place in clusters statewide. More common but not specific on WA statistics currently. Due to COVID and resources across the world, we can trace some of this with science.

Question 6. Why is SCCC not considering this a crisis, it has not been this bad in 18 years. Our I/I have no way for distancing please answer why this is not considered a crisis. It needs to be and be looked at it this way.

Answer Pecha DOH- Social distancing on how spread and contagious is not relevant to TB as in COVID 19. We don’t use crisis since it is not clinically used; we are working with DOC and again is not a term used.

Answer: Evans HSM Our Incident command and staff focused on this outbreak. They are spending time treating patients all around, tracking with DOH and CDC to identify mapping and exposure. DOC with DOH processes for months to focus on facility for access to the clinic. Expanding space as well to facilitate all needs to our I/I. Hopefully this helps in taking it seriously with utilizing the gym and working with logistics additional space. The gym is more accessible, with a valuable tool in working with it in close proximity to our main clinic

Question 7 Blood test- how often 30-60-90 days window being used? How is tracing on this being done? No one is telling I/I if positive after blood work is done.
Answer Miller DOH Skin test, a couple days, for lab test results a few days. With exposure we test right away, to make sure they are not infected. If negative and had been around last 8 weeks to someone active, they will be tested again. Bacteria being in body can take time to amount enough to a response. We then wait till after 8 weeks, if negative then they are in the clear.

Pecha DOH if no exposure no 2nd test is needed.

Question 8 History TB in H2, H3, H6 requested to test before facility wide, why was that?

Answer Evans’s HSM Data showed they did map which identified an exposure target list. We want to evaluate as quickly as possible for the alternative clinic. Continuing to do that, annually and tracing of exposure of different categories for preventative actions.

DOH Miller- DOC has continuous months to months of research and resources w DOH. Checking on Infections with investigating potential exposure with testing offered.

Pecha DOH “Example” We go back with TB infectious in unit X, for a few weeks. In January, exposed in unit Y and Z and W no exposure happened. We look and see if released into community or in other facilities, to where they have been. It is and depends on clinical presentation on those circumstance.

Question 9 Last week Monica Pecha DOH said 15 hr. a week in day room together. In a prison setting in same space more. Why those refusing treatment not separated, you have 136 in one unit. a 3rd of 170 people a lot. They have been sick for two years. With COVID many did not want to say anything. Even if they don’t feel good, they don’t want to know. 1 active I/I on each pod side exposes the whole prison. They need to be separated till full treatment. This is concerning what the different implementation in prison too large masses to home setting.

Answer To Clarify TB exposure, hard to know if infected, we know over; 10 % of the people involved. Take those people who actively will get sick with no treatment 5% or 10 % over a lifetime. Even those get sick at a decade later before that happens. Separating people and dividing them, just not realistic compared too COVID. TB is a very slow process, why no rush to separate people and make them take the treatment. Typically, in homeless centers we educate and do the best w can. DOC is doing the best annually within all clinical staff on alert to look for symptoms to evaluate I/I and show awareness.

Question 10. A lot #, DOH contact tracing those that have been exposed? Why challenge as a family member on both sides, not telling them if exposure, we are not setting I/I up for success at all. It is not a courtesy to our loved ones with possible exposure. 10 % of exposure 190 people and then get sick 10-20 people. Where air flow and negative air circulation, they are breathing each other air.
Question 11: Making more space we just heard and expecting more space? What is the measure or preventative to be able to reduce # positive cases?

Answer Flynn DOC / David DOH, what we are doing is what Shane Evans mentioned earlier. Active TB, infectious or not, once we know those have been infectious. We look for period of times when and where the I/I was. Advantages in DOC where they were during period of times. Who was around them and narrow down the search? Let’s get those tested, then to those to offer treatment or are agreeable to take the treatment. How we prevent it, identify and infected and treated, cure them to stop the spread and control TB in these situations.

Answer Pecha DOH- We are seeing improvements and it takes time. These are proven methods with contact tracing and therapy. Our methods not 100 percent and not abnormal with improvements continue, at this facility and investigations.

Question 12 What are the actual items you are doing?

Answer Lynch RN4

Expansion of Gym, Extra work as explained running back through and talking with I/I to checking on symptoms. Counseling that is the whole process SCCS is doing, lab draws, consults, placing tests. Infectious team daily overseeing and doing follow ups. Continuance focusses and logistics with working on modular expansion to be out of gym and EFVS for I/I to use.

Question 13. Pg. 26 Safe start states procedures on TB. Rubbing alcohol solutions, sprays in school. It is advised to not be wiping down due to bacterial infection always falls suspended into the air. Prevention and alternative with suggestions on this. Spraying in facility in the air to combat infection in the air. Spray on a regular basis since alcohol kills the infectious.

Answer: No spraying airs.

Thank you, Department of Health, emphasize respect to everyone and stay safe and healthy.

Evans- HSM

Evaluation Statewide: 1615
SCCC: 1725 test evaluations,
SCCC: 215 Latent
SCCC: 84 engaged in treatment
SCCC: 52 completed treatments
SCCC: 20 active cases under treatment

Thank you DOH, Lisa Flynn for emphasizing the teamwork and unified command with families at this stressful time. Running in circles but we know we are working on best interest. I will end this call stay safe week, SCCS will send out a notification with the next meeting. 1 month TB meeting each month.
Comments/Closing – Thank you all for your participation. Please be safe.

SEE IMPORTANT INFORMATION BELOW

https://www.cdc.gov/tb/topic/basics/default.htm

Basic TB Facts slide show on the link above.