

Statewide Family Council COVID-19 Informational Call Notes

**Some questions were grouped together as they were asked by more than one person.
If specific questions about individuals were asked, they were removed.
If you have specific questions about your loved one, please contact your local facility.**

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Phone-In Information with others, especially via social media.
These are internal DOC communication lines, and are not for public posting.**

Call Details

Facility: Statewide Family Council Covid Informational Call
Date and Time: 01/08/2021, 2:00PM

Attendees

- DOC: Jeneva Cotton, Paige Perkinson, Dawn Taylor, Rob Herzog
- SFC: Co-Chair – Loren Taylor, Secretary – Loretta Pedersen
- OCO: Joanna Carns
- AHCC: Rachel Bisbee
- CBCC: Janet Floyd
- CRCC: Gwen McIlveen
- MCCCW: Paula Bond
- WCCW: Jason Rice
- WSP: Steve Kugler

Pre-Submitted Questions

Question 1

In what specific ways is DOC deviating from [CDC guidelines for prisoner living conditions in isolation/quarantine units](#) (to include shower and restroom access), and why are these deviations occurring?

Answer

The Department is working each day with reference to CDC recommendations, the Washington State Department of Health, and other resources to progress our response protocols. These protocols are available on the website for your reference and review.

Question 2

If DOC quarantine protocols are working, why have outbreaks occurred in quarantine-lockdown units that have been on lockdown for over 1.5 months? (Such as WSP medium custody units)? Is DOC working to identify which practices are undermining quarantine effectiveness (such as requiring prisoners who are in a quarantine cell to go out into common areas for up to ten hours a day to carry out job duties, creating a vector for viral spread?)

Answer

Each day clinical leadership, Prisons/Health Services Unified Command, and facility incident command posts to include facility prisons and health services leadership to identify best practices and strategize the best response procedures for the facility at that time for that specific situation. The department is putting facility staff in touch with other facility staff to discuss outbreak process best practices between facilities.

Question 3

We feel that DOC is not taking seriously the demoralizing effect that lengthy (and clearly ineffective) quarantine periods are having on prisoners' minds (and probably also aggression levels) when quarantines last one or two months or potentially longer. Is DOC reassessing the restrictions on access to outdoors, showers, and phones for lengthy quarantines to properly support prisoner mental health and peaceful feelings towards staff for the long-run? Is DOC truly in touch with the problems it might be creating in the long-run by keeping already demoralized humans cooped up so long in boxes with no emotional or physical outlets?

Answer

The facility incident command posts, clinical leadership, and Prisons/Health Services Unified Command strategize each day on how to safely bring units to having more access to JPay kiosks, time into the day room, and yard time. A good example of this strategy is AHCC and their camp schedule adjustments that were made giving individuals access to yard and video visitation once the facility had time to assess the situation.

Question 4

What standard has DOC set statewide for blanket and mattress exchanges during the pandemic? We are hearing reports of guys going many months without an opportunity to exchange dirty blankets for clean ones at some facilities.

Answer

Would be best asked on your local facility calls as each facility has its own process for clothing and linen exchange.

Question 5

Is DOC tracking successful lawsuits against correctional systems in other jurisdictions for mishandling of COVID protocols to proactively reassess its own approach at facilities where outbreaks are occurring despite quarantines being in place?

Answer

DOC is not tracking lawsuits regarding other correctional systems at this time.

Question 6

How is DOC ensuring that custody staff (sergeant rank and lower) statewide are truly complying with instructions for quarantine/isolation shower and phone access schedules statewide, as well as with maintaining the integrity of quarantine effectiveness and not undermining it by instructing prisoners to go into spaces that introduce vectors of viral transmission? Are custody staff required to log their daily compliance with instructions for supervisors? We are hearing that unless CUSs are physically present on units, things are not running as scheduled, and that quarantine effectiveness is being undermined by staff practices, and that understaffing is not the only reason for inefficiencies or incorrect public health practices.

Answer

There are multiple levels of staff in each unit who are required to run the unit per the instructions of cohorting provided by the Incident Command Post. This includes protocols for shower use, phone use, and maintaining quarantine and medical isolation integrity. There is also additionally required cleaning by porters in all units. The department understands that these are confusing times and is consistently working to inform staff through verbal and written communication.

Question 7

We are hearing concerns at least three facilities (WSP, SCCC, and MCC) that living unit ventilation systems clearly carry airborne particles from cell to cell. (For example, if a hot pot burns out in one cell the burning smell can be smelled coming from the vents in all the cells on the living unit. Is DOC thinking about this as a possible vector of COVID transmission and potentially installing air filters, as well as considering the consequences of quarantining prisoners TO their cells 24 hours a day to breathe this shared ventilation air?

Answer

For many areas in facilities across the state where ventilation systems are a concern, air scrubbers and additional HVAC filters have been implemented in conjunction with Clinical leadership.

Question 8

When will eligible prisoners and guards be vaccinated?

Answer

Please note our custody staff are Correctional Officers. This is already taking place. Please review the [Vaccine Frequently Asked Questions](#) section on the DOC webpage for more information. As the list expands, the webpage will be updated.

Question 9

How often are prisoners seen by a medical professional? What occurs during these visits? How is that information tracked and documented?

Answer

Incarcerated individuals on medical isolation and quarantine status are assessed daily by health services staff. Medical isolation patients are assessed multiple times daily and can request medical by contacting unit staff. A COVID-19 symptom assessment is completed and vitals are taken, to include but not limited to an oxygen level check, temperature reading, and verbal assessment. Additionally, all incarcerated individuals have the ability to declare a medical emergency any time.

Question 10

What triggers the decision to send someone to the hospital? How many people are currently hospitalized?

Answer

Individuals are sent to the hospital if their medical provider feels that they need care above what the facility can provide. There isn't a set statistic that determines when an individual is sent to the hospital. This is a case-by-case assessment. The number of individuals in the hospital varies frequently with some individual's hospital stays lasting as little as an hour once they are stabilized and no longer requiring hospital level care. The facilities medical director or designee are responsible for tracking every patient who is sent to the hospital and is receives updates pertaining to their care and status if they are in the hospital receiving care from another provider.

Question 11

How are you ensuring that everyone has access to medicines and treatments for COVID - water, pain relief, meds, aspirin (for vascular needs), cough suppressants, remdesivir, vitamin supplements, etc.

Answer

Health Services staff assess every patient on quarantine or medical isolation status daily. During that assessment, if it is determined necessary to treat symptoms, medical will provide medicinal relief within

protocols. Vitamin supplements are available for purchase if desired through commissary, however they are not recommended by the CDC or Washington State Department of Health for treating COVID-19.

Question 12

How are you ensuring that people in isolation still have access to previously prescribed medicines?

Answer

Health Services is doing multiple daily assessments of individuals on medical isolation status. These individuals are permitted to bring any prescribed medications with them to their medical isolation unit. Health Services follows the normal protocol for refilling Keep on Person medications, and if an individual has a concern, they can reach out to the health services staff upon assessment or send a medical kite to staff.

Question 13

What is your definition of “recovered?” How are you ensuring that this standard is adhered to?

Answer

Once an individual has completed their medical isolation status per the WA State COVID-19 Screening, Testing, and Infection Control Guideline they are no longer considered an active COVID-19 case, or contagious to others.

Question 14

Why are you moving people so frequently? In some cases, (at some sites) there isn't a clear medical rationale for the decisions. (Prisoners who haven't become ill are being exposed to sick people because of these moves.)

Answer

There is a strategy behind every move that is made at every facility. Each facility has a different infrastructure, different population, different staffing resources, different classification levels, different numbers of confirmed cases, etc. We understand the confusion behind the moves, and the department is working closely with each facility to communicate with the population frequently regarding the moves to ensure understanding of the need to complete those moves. Hopefully through continued communication this will alleviate some of the confusion to the population.

Question 15

How often are people in isolation visited by psychological services staff in isolation AND quarantine? What resources are provided?

Answer

Those on both medical isolation and quarantine status are visited by health services staff on a daily basis. If there is a need for mental health staff, an individual can always make this request at those daily checks, in addition to sending a Health Services Kite.

Question 16

Given that we're reaching the end of the post-holiday incubation period for staff members who've been exposed to the virus, what plans are in place to deal with the surge among staff? And among prisoners, about 10 days later?

Answer

The plan is to continue to respond to the pandemic and the data presented to us. As facilities continue to require serial staff testing and those results are received, the department will appropriately respond and is proactively reminding staff of the need to follow protocols and report symptoms/close contacts inside and outside of the facility.

Question 17

How are you supporting staff members: stress, anxiety, grief...

Answer

Staff psychologists and CISM resources are routinely available to all staff at every facility. Additionally, headquarters leadership and facility leadership continues to show gratitude to all staff for their continued dedication to the incarcerated population and facility through this extremely trying time through written communication, staff appreciation gestures, and verbal reminders.

Question 19

How are you keeping facilities staffed?

- Overtime?
 - Some facilities are requiring mandatory overtime shifts, however we continue to see a large number of staff volunteering for overtime positions. Additionally, the department has implemented a system to help bring staff resources back through rapid COVID-19 testing and additional PPE measures.
- How are you ensuring that staff members don't work in multiple areas of a prison?
 - This isn't possible in all facilities and all areas. Staff are having to support the facility in many ways due to the population being highly restricted and unable to work. The facilities are doing their best to keep areas separate if possible, but the areas of possibility are limited.
- Are you bringing in people from less impacted facilities to support? If so, what protocols are in use to protect everyone when they return to their home position?
 - Yes, to support operations on a case-by-case basis. For those who are deployed, there is a demobilization process in place, to include a required negative COVID-19 test and time at home before returning to work at their place of work.
- Are staff members asked to or permitted to work when COVID positive?
 - If a staff member is reported through staff serial testing or self-reported from the community as testing positive, they are not permitted to return to work until a medical isolation off-site period is completed.
- What positions are going vacant when you're unable to cover essential ones?
 - This is not really an answerable question. Essential posts are required to be covered, and will continue to be covered.

Answer

See above bullets

Question 20

Conditions of Quarantine and Isolation: Food quality and quantity? Adherence to special dietary requirements?

Answer

Special dietary requirements are still provided to all individuals with documented and approved dietary needs. For information about the food menu at a specific facility, you will have to inquire at the local level.

Question 21

What is the ratio of phones to prisoners in isolation - specific numbers for each site?

Answer

This number also changes each day due to COVID-19 recovered individuals and additional positive numbers. Additionally, all facilities are continuously acquiring additional resources for these areas. For specific information, you would have to inquire with your specific facility on their weekly call.

Question 22

What is the ratio of toilets and showers to prisoners - specific numbers for each site?

Answer

This number also changes each day due to COVID-19 recovered individuals and additional positive numbers. Additionally, all facilities are continuously acquiring additional resources for these areas. For specific information, you would have to inquire with your specific facility on their weekly call.

Question 23

What personal possessions are people permitted to bring with them?

Answer

This is different pertaining to medical isolation or quarantine status. All individuals are permitted to bring clothing, hygiene items, address books, JPay players, books, and other items that will fit into the storage device provided for the move.

Question 24

What is the availability to internet for people in quarantine and isolation - specific to each site?

Answer

This number also changes each day due to COVID-19 recovered individuals and additional positive numbers. Additionally, all facilities are continuously acquiring additional resources for these areas. For specific information, you would have to inquire with your specific facility on their weekly call.

Question 25

How often are people provided with clean clothing?

Answer

This is different at each facility. Please inquire with your local facility for their current laundering schedules.

Question 26

Do NOT do double lockdowns. There is no question here. It's a firm request.

Answer

Thank you for your suggestion.

Question 27

Communications with family

- Prisoner given the opportunity to call loved ones before being moved?
- Release of information forms on file and current for each person?
- Family contacted within XXXX hours if someone is transferred to the regional medical center or hospital?

Answer

Incarcerated individuals have access to phones according to the rotating cohort schedules on quarantine status, and as available in the medical isolation areas. Medical isolation areas have different levels of restrictions on movement so these areas may have varying access depending on the facility and infrastructure. However, this is typically available within 48 hours of placement.

Release of information forms are filed as they are submitted to health services and processed. If there isn't a current form on file, it was not submitted and processed. Health services does not have an electronic health records system currently that would notify of an expired form to the incarcerated. At this time especially, staff do not have the resources to do an audit on the forms in all patients' files for confirmation of currently being

active. If this is a concern, incarcerated individuals have access to these forms in their housing units and can resubmit to medical.

Families are contacted if a seriously ill notification is placed on an individual and they are identified as a contact.

Question 28

Thank you for adding information about new cases in the last 30 days on the daily website update!

Answer

You're welcome!

Question 29

Experts are saying that the most accurate metric is the number of hospitalizations. Please add this information daily.

Answer

Hospitalizations will not be posted on the webpage. Many times individuals are sent to the hospital for other reasons and may additionally have a positive COVID-19 diagnosis. It becomes too hard to accurately track the reason of being hospitalized as COVID-19. The facilities continue to track this information per their normal health services reporting structures, but this will not be posted systemically.

Question 30

Staff testing and reporting - Until October 19, serial testing was not in place. Self-report was the only way for you to track staff cases.

- On what date was self-reporting eliminated on the daily report? Why was it removed? (If it was being used previously, there shouldn't be a problem continuing this practice.)
- Are you still tracking self-reported cases internally? If not, why not?

Answer

DOC can accurately track serial testing numbers because the agency has access to the testing results. The number of testing being completed each day agency wide is a large task for staff to track and ensure validity for posting. As this can be accurately tracked and reported, the agency is confident in this figure.

DOC does not have a way to verify a self-reported case. The department does track every self-reported case and does treat them as a confirmed positive case. Due to not being able to accurately verify these numbers, the agency is not outwardly reporting these numbers but does track them internally.

Comments/Closing

- Next SFC COVID Informational Call will be Friday, January 22, 2021 at 2PM, facilitated by Paige Perkinson