

SUPREME COURT OF THE STATE OF WASHINGTON

SHYANNE COLVIN, et al.,

Petitioners,

v.

JAY INSLEE, et al.,

Respondents.

RESPONDENTS' REPORT
ON THE DEPARTMENT OF
CORRECTIONS' COVID-19
RESPONSE

As the Court directed in its April 10, 2020, Order, Respondents Governor Inslee and Secretary Sinclair provide the following report on the steps the state has taken to mitigate the risk of COVID-19 to the incarcerated population in Department of Corrections (DOC or Department) custody.

I. INTRODUCTION

DOC emergency operations, Health Services, Prisons, and other staff from across the agency have been intensely engaged in COVID-19 response since late February 2020. The response has affected every aspect of DOC operations. While it is not possible to describe every single step taken in this unprecedented effort, this report summarizes the main steps. As the report indicates, Department staff have been working tirelessly and aggressively to plan for the effects of COVID-19 and to mitigate any risk to its incarcerated population.

Before its first confirmed case of COVID-19, DOC staff had been preparing for weeks to minimize the chances of COVID-19 entering its facilities and having a plan to manage the spread of COVID-19 if it entered correctional facilities. The Department now has eight incarcerated individuals out of its population of approximately 18,000 who have tested positive, or 0.039% of its overall population; in comparison, approximately 0.14%¹ of the total population of Washington State have tested positive. As described below, now that it had confirmed cases, the Department has been continuing to manage the risk of COVID-19 to its incarcerated population using protocols that it has developed and refined over many weeks prior to its first confirmed cases.

This report begins with basic information about the current status of COVID-19's impact on the Department. The report next provides background information about DOC's Health Services and Communicable Disease and Infection Prevention Program. The report then discusses the Department's early role in supporting the statewide COVID-19 response, expansion of the Department's Emergency Operations Center (EOC) in early March 2020 to direct the agency's own COVID-19 response, and development of the WA State DOC COVID-19 Screening, Testing, and

¹ As of April 11, 2020, there have been 10,411 positive cases in Washington, and Washington has an estimated population of approximately 7.6 million people.

Infection Control Guideline. Thereafter, the report summarizes DOC's efforts to mitigate the risk of COVID-19 entering correctional facilities, spreading within facilities, and affecting the community custody violator population.

Drawing from a detailed table included within Respondents' record submissions, the report next summarizing how the Department's COVID-19 response follows the Centers for Disease Control (CDC) guidelines for correctional facilities. Then, the report describes DOC's response to the first positive cases identified within the incarcerated population only eight days ago at the Monroe Correctional Complex. Last, the report addresses discretionary action the Governor and Department have been planning to further mitigate the risk of COVID-19 to the incarcerated population, through the release of certain nonviolent and drug offenders, including those who, due to age or medical condition, are vulnerable to the virus and who are nearing their earned early release date.

Transparency has been a priority in the Department's COVID-19 response. Early on DOC communicated its efforts to the incarcerated population, Statewide Family Council, Office of the Corrections Ombuds, and other stakeholders. The Department also created a public website (<https://www.doc.wa.gov/news/covid-19.htm>), where detailed information about the agency's COVID-19 response can be found. Included with this

information is a daily situation report, which describes chronologically the Department's COVID-9 action items and includes links to related documents. A copy of the April 10, 2020 Daily Situation Report is provided as Attachment 1.

II. CURRENT STATUS

1. As of April 10, 2020, the Department has tested 237 incarcerated individuals and have 179 negative results, 8 positive results, and we are awaiting results of 50 tests. As discussed in more detail below, these eight results include one individual who tested positive while at a community medical center and seven individuals who tested positive at the Monroe Correctional Complex. Tested individuals have been isolated pursuant to the isolation procedures described in the COVID-19 Guideline.

2. As of April 10, 2020, the Department had 161 individuals in isolation and 912 individuals in quarantine. These April 10 numbers were lower than the Department's peak numbers of quarantined individuals, as a number of incarcerated individuals cleared quarantine last week.

4. The Department maintains supplies of PPEs in the Health Services Departments of each facility and the warehouses at each facility. As of April 13, 2020, the Department had the following available PPE: 29,549 non-expired N95 masks; approximately 399,600 surgical ear loop

masks; 23,762 face shields; approximately 3,600 pairs of goggles; 1,337 Tyvek suits; approximately 1,579 shoe covers; 48,737 boxes of gloves; and 9,893 isolation gowns. Although the Department has had some challenges due to the nationwide increase in demand for PPEs, the Department's inventories have not been depleted.. The Department continues to work through the State Emergency Operations Center each week to obtain PPE.

III. DOC HEALTH SERVICES AND INFECTIOUS DISEASE PREVENTION

1. Each major prison has in-house medical facilities, led by a Facility Medical Director who is a physician, and staffed with licensed medical doctors, physician assistants, nurse practitioners, and/or other health care providers. The Department's prison medical facilities are similar to a primary care clinic in the community. They provide a range of health services in-house, including: managing medical conditions, prescribing medications, conducting physical examinations, providing diagnostic procedures, and performing minor surgical procedures. Incarcerated individuals who require care beyond that available in prison receive those services at hospitals and other outside providers, with appropriate security measures in place.

2. DOC has a Communicable Disease and Infection Prevention Program. Defined in policy, the program is designed to ensure a safe and

healthy environment for employees and incarcerated individuals. *See* DOC Policy 670.000: Communicable Disease, Infection Prevention, and Immunization Program² This policy guides the Department's extensive preparation for and response to the yearly influenza season.

3. The Infection Prevention Program focuses on infectious disease prevention, education, identification, and treatment. A Board-Certified Infectious Disease Physician oversees the program, and each major prison facility has an Infection Prevention Nurse position among its medical staff. DOC trains all employees on communicable diseases and infection prevention when hired, and they receive annual in-service trainings thereafter.

4. A cornerstone of the Communicable Disease and Infection Prevention Program is medically assessing and screening all incarcerated individuals for infectious diseases as they enter the Washington prison system. This occurs at the two reception centers: the Washington Corrections Center and the Washington Corrections Center for Women. As explained more fully below, the Department enhanced this routine screening process in response to the COVID-19 outbreak.

² <https://www.doc.wa.gov/information/policies/showFile.aspx?name=670000>

IV. EARLY COVID-19 RESPONSE PLANNING AND INCIDENT COMMAND ACTIVATION

Because of DOC's existing, robust infectious disease prevention infrastructure, and with its staff well trained in Incident Command System emergency management, the Department was able to respond quickly to the COVID-19 outbreak in Washington State and has been able to adapt and update its approach as needed.

A. DOC Began Tracking the Coronavirus Early and Supported Statewide COVID-19 Response Efforts Beginning in February

1. On January 24, 2020, DOC Health Services staff issued a notification to all staff entitled "Novel Coronavirus" advising that on January 20, 2020, the CDC confirmed one case of novel coronavirus in Washington State. At that time, the CDC advised that anyone arriving to the United States from mainland China should stay home and monitor their health for 14 days after leaving China. The Health Services notification advised staff to contact a health care provider if they developed a fever, cough, or difficulty breathing, and to take normal precautions to avoid spreading illness, such as handwashing and covering coughs and sneezes.

2. On February 9, 2020, DOC opened its Emergency Operations Center (EOC) at its Headquarters in Tumwater, to support statewide COVID-19 response efforts. DOC deployed approximately 15 staff in support of this effort, and allowed the Department of Health (DOH)

to use DOC's Maple Lane property for the State's response efforts as a potential quarantine site.

3. On February 14, 2020, DOC Health Services issued an updated notification to all staff regarding the novel coronavirus and CDC-recommended guidance and precautions. On February 20, 2020, Secretary Sinclair sent a message to all staff regarding the Department's steps to assist DOH in the State response to COVID-19. This included notice that the CDC's then-updated COVID-19 precautions indicated that the virus could only be passed through close contact with someone who had symptoms, similar to influenza.

B. The Department's EOC Expansion and Initial COVID-19 Response Efforts

1. On March 2, 2020, Secretary Sinclair officially expanded the Department's previously activated EOC to oversee the Department's own response to COVID-19. By taking this action, the Secretary set in motion a process for coordinated planning, implementation, and response to COVID-19 across all divisions of the agency. The EOC operates within the framework of the Incident Command System, a standardized approach to command, control, and coordination of emergency response efforts.

2. Initial planning work involved updating the Department's Public Health Pandemic Plan, establishing points of contact at each facility

for COVID-19 matters, and developing a tracking form for staff who called in sick reporting flu-like symptoms.

3. The Department also promptly advised stakeholders about COVID-19 and the agency's response to it. This included posting information on the Department's public website and on each prison facility's homepage asking visitors not to visit if they felt sick with a fever, cough, or difficulty breathing, and it announced a new screening process for visitation. A similar message went out via email to the Statewide Family Council, a group comprised of incarcerated individuals' family members, and the Office of the Corrections Ombuds (OCO) regarding the Department's response to COVID-19.

4. Similarly, on March 5 and 6, 2020, the Department sent messages to the incarcerated population about the agency's COVID-19 response efforts and precautions they should take to avoid protect against the virus. In both forms, these messages instructed incarcerated individuals to report to facility Health Services if they were not feeling well. Also, to encourage incarcerated individuals to seek care if they were not feeling well, DOC waived the standard \$4.00 copay for patient-initiated visits otherwise required by statute.

5. The Department sent DOH flyers to all DOC divisions for posting in public areas to provide additional information and guidance

regarding common preventative measures everyone could take to stop the spread of COVID-19.

C. DOC's COVID-19 Screening, Testing, and Infection Control Guideline

1. In early March, the Department's Chief Medical Officer and Infectious Disease specialist and other Health Services staff developed guidelines specific to COVID-19 screening, testing, and infection control. The document is entitled "WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline." The guideline details the screening, testing, and infection control procedures the Department has put into place with respect to COVID-19. Health Services staff has updated the guideline as needed to reflect the rapidly evolving nature of the COVID-19 pandemic. The guideline currently is in its 13th edition. *See Attachment 2.*

2. The WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline is a critical document in that it outlines the agency's requirements for screening of staff and inmates; guides clinical evaluation of patients referred through the COVID-19 screening process; details testing procedures; includes precautions for high risk individuals; governs the clinical care of patients with suspected or confirmed COVID-19; defines infection control and prevention through isolation and

quarantine protocols; and establishes personal protective equipment (PPE) requirements for clinical and custody staff.

3. As has been widely reported in the news, access to testing for COVID-19 has been limited in the United States. In anticipation of having a limited supply of tests, DOC initially ordered 50 additional test kits for every facility and 100 additional test kits each for Monroe Correctional Complex, Washington Correctional Center for Women, Airway Heights Corrections Center, and Washington Corrections Center. As of April 12, 2020, the Department had 588 COVID-19 test kits in its inventory.

4. The Department has had sufficient test kits to administer tests in accordance with DOH guidelines. DOC has worked with the Washington State DOH public health laboratory, the University of Washington Virology Laboratory, and InterPath Laboratory to process DOC tests. As of April 10, 2020, the Department had completed 237 tests, with 179 negative results, 8 positive results, and 50 results pending. This testing information is available on the Department's COVID-19 website.

D. The Department's Commitment to Transparency Throughout Its Response to COVID-19

1. The Department is committed to maintaining transparency with the public and community partners. This includes updating its public website with current COVID-19 information at least every weekday with a daily status report and the most updated numbers on testing, isolation, and quarantines of incarcerated individuals. The Department's website also has updated information on the number of staff who have self-reported testing positive.

2. During the COVID-19 crisis, the Department has regularly communicated with the Office of the Corrections Ombuds (OCO), Statewide Family Council, and the incarcerated population (in written message in both English and Spanish). The OCO hosted phone calls every weekday, during which members of the public participate. DOC staff participated in these calls.

3. After the incident at MCC, Corrections Ombuds Joanna Carns and State Representative Roger Goodman toured all living units in the MCC-MSU and MCC Intensive Management Unit on April 10, 2020. The Department's Chief Medical Officer, Dr. Sara Kariko, and the Department's Infectious Disease Control physician, Dr. Lara Strick, participated in this tour. During the tour, they spoke with incarcerated

individuals and tier representatives, and discussed concerns related to COVID-19 and the Department's response.

V. MITIGATING THE RISK OF COVID-19 ENTERING FACILITIES

A. DOC Promptly Took Steps to Significantly Reduce the Number of Individuals Entering DOC Facilities

1. Following implementation of visitor screening at all facilities beginning March 6, 2020, on March 13, 2020, DOC took the significant step of suspending all visitation indefinitely, including Extended Family Visiting. The Department communicated this decision broadly to stakeholders, including incarcerated individual, the Statewide Family Council, Office of Corrections Ombuds, legislators, and the media.

2. The Department also, on March 20, 2020, suspended all volunteer programs and discontinued allowing volunteers into its facilities. Attachment 3, March 20, 2020 Memo to Superintendents and Community Partnership Program Coordinators.

B. The Department Implemented COVID-19 Screening of All Incoming Inmates

1. With the onset of the crisis, the Department began screening all new intakes for COVID-19 using screening questions and a temperature check. Similarly, all individuals transferred from one Department facility to another have their temperature taken prior to boarding to a transport vehicle and upon arrival at the receiving facility. Incarcerated individuals who fail

the screening process are required immediately to don a surgical mask and are placed in an isolated area. Attachment 2, WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline.

2. Incarcerated individuals who have tested positive for COVID-19 or are suspected of having COVID-19 can only be transported with the approval of the Department's Chief Medical Officer. Staff transporting such individuals are required to wear gloves, eye protection, a gown or disposable coveralls, and an approved respirator. If staff cannot wear a gown due to security concerns, they are required to disinfect gear after transport. Attachment 2, WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline.

3. DOC protocols require staff to disinfect transport vehicles and restraints before and after each transport, as well as at the end of the day.

4. DOC is implementing a plan for a 14-day quarantine of all incoming individuals to the male reception center (Washington Corrections Center in Shelton), as recommended by the CDC.

C. The Department Implemented Mandatory Screening of all Staff Entering Facilities

1. On March 15, 2020, DOC began screening all staff entering its facilities. Attachment 4, March 16, 2020 Memo to All DOC Staff. This

includes screening questions and a temperature check. If staff fails the screening process, they are refused entry to the facility and must leave. Employees who fail screening are able to return to the facility only after being cleared through a secondary screening process that involves screening by a medical professional. Attachment 5, March 21, 2020 Memo to All DOC Staff.

2. Department staff who screen staff entering correctional facilities wear PPE, including gloves, a surgical mask, a disposable gown, and eye protection. Attachment 6, April 1, 2020, Memo to All DOC Staff and PPE Quick Reference Sheet. Approximately 1,344 DOC employees have been denied entry into agency facilities through the screening process, and medical staff has cleared 836 of those employees to return to work through the Department's secondary screening process.

3. In addition to screening staff entering facilities, the Department has limited the number of access points at its facilities and encouraged staff who are able to telecommute to do so. In a memo to all staff, Secretary Sinclair also encouraged staff, when not working, to abide by the Governor's Stay Home, Stay Healthy proclamation, to minimize any potential exposure that staff may have in the community and then bring into facilities.

4. In addition, the Department has formalized a process for contact mapping when a staff member is suspected of having, or tests positive, for COVID-19. This process identifies incarcerated individuals who have had close contact with a staff member who has tested positive for COVID-19, and who therefore require quarantine. Attachment 7, April 8, 2020 Memo to Appointing Authorities.

D. The Department Has Reduced Intrasystem and Intersystem Transfers

1. The decreased operations of the courts has resulted in a reduction in intakes from county jails. This has allowed the Department to reduce the frequency of transports from certain jails, such as the King County Jail, the Pierce County Jail and the Kitsap County Jail. As discussed further below, DOC has also significantly reduced incoming population by implementing a new protocol for arrests for violations of community custody.

2. Also, as part of the Department's social distancing protocols within correctional facilities, the direction to staff has been to minimize classification overrides for promotions or demotions. The intent and effect of this direction is to reduce movements. Any override or demotion that would result in the relocation of an inmate from one facility to another, must first be cleared by DOC Health Services.

3. On April 6, 2020, the Department suspended transfers from the Monroe Correctional Complex and the Stafford Creek Corrections Center through April 27. No transfers to or from those facilities can occur unless the individual needs a higher level of care that cannot be met at their current facility. The Department currently is reviewing the option of suspending all transfers between all facilities until April 27. The Department also is implementing a 14-day quarantine plan at the male reception center (Washington Corrections Center) for all incoming inmates.

4. In addition, DOC has put into place protocols to ensure that all transport vehicles are cleaned and disinfected after each use. Attachment 8, March 19, 2020 Memo to Superintendents and Transportation Unit Staff.

5. To the extent the Petitioners suggest that scheduled releases are not occurring, that is inaccurate. Scheduled releases are occurring consistent with normal practice. For example, Petitioners asserted that Declarant Daniel Maples was not released as scheduled on April 1, 2020. That is untrue. Mr. Maples released from prison as scheduled on April 1, 2020, is now on lifetime community supervision as a Level 3 sex offender residing at a homeless shelter in Tacoma, Washington.

E. The Department Implemented Measures to Reduce Movement In and Out of Work Release Facilities

1. Effective March 17, 2020, DOC suspended all resident visits and social outings within work release facilities. In addition, to minimize potential virus exposure, the Department restricted residents from leaving their work release facilities except for approved education and programming, or for essential business such as verified medical appointments. Attachment 9, March 16, 2020 Memo to Work Release Staff.

2. Effective March 16, 2020, DOC prohibited community movement of individuals serving partial confinement sentences on electronic home monitoring through the Graduated Reentry or Community Parenting programs. The Department also reduced contact standards for staff working with these individuals, to reduce exposure and mitigate the potential spread of the illness to staff and to individuals in partial confinement. Attachment 10, March 14, 2020 Memo to CPA/GRE Staff.

F. DOC Has Implemented Guidelines for Use of Personal Protective Equipment and All Individuals Are Now Required to Wear Face Coverings

1. DOC has issued guidance on the use of personal protective equipment for staff. The use of specific PPE depends on the situation and role of the staff member. The Department has updated its guidance and continues to evaluate and improve its guidance. Attachment 6, April 1, 2020 Memo to All Staff and PPE Quick Reference Sheet.

2. DOC Correctional Industries also has begun manufacturing PPE, including gowns, face shields, masks, and hand sanitizer. As of April 10, Correctional Industries has produced 22,965 gowns, 7,310 face shields, and 10,100 masks. With regard to hand sanitizer, Correctional Industries has obtained necessary certifications to produce the product and is developing a prototype dispenser that will be available for incarcerated individual use.

3. Additionally, to further minimize the risk of transmission into and within correctional facilities, Secretary Sinclair on April 10, 2020, mandated that all facilities implement plans to ensure that all staff and incarcerated individuals wear face coverings within correctional facilities. Attachment 11, April 10, 2020 Memo to All Staff; Attachment 12, April 10, 2020 Memo to All Superintendents and All Work Release Supervisors. For staff, approved face coverings include DOC-provided expired N95 respirators (approved for use by CDC), self-provided surgical mask, or a cloth face covering such as those that can be made following CDC online instructions. For the incarcerated population, the Department is providing bandana face covering packs that include all materials necessary to make two face covering using the included CDC instructions.

VI. MITIGATING THE RISK OF COVID-19 TRANSMISSION WITHIN FACILITIES

A. The Department Has Implemented Strict Cleaning and Disinfection Procedures in all Facilities

1. All DOC locations instituted an intensive cleaning protocol focusing on sanitizing high touch surfaces such as telephones, kiosks, counters, and doors, as well as medical, vulnerable population, and high traffic areas. Cleaning products used include EPA-registered disinfectants. The Department also has increased the number of trained incarcerated individuals to support the additional cleaning and sanitizing protocol. *See* Attachment 13, March 20, 2020 Memo regarding Social Distancing Protocols.

2. On March 27, 2020, following the CDC's March 23, 2020, issuance of COVID-19 correctional facility guidelines, the Secretary issued a memo to all staff listing the CDC approved disinfectants the Department authorized for use against the coronavirus in each Washington DOC facility. A true and correct copy of the memo is provided with this report as Attachment 14.

3. DOC also provides incarcerated individuals access to cleaning products, including spray disinfectant, and encourages them to clean their cells more frequently, and to help keep common areas clean.

B. The Department Has Provided Hygiene Supplies to all Incarcerated Individuals and Stressed the Importance of Good Hygiene Practices

1. DOC has provided two no-cost bars of soap to every incarcerated individual and will continue providing no-cost soap for the duration of the pandemic. Soap also is available and continually restocked in the common areas. All incarcerated individuals have access to running water and hand drying machines or disposable paper towels for hand washing.

2. The Department has regularly communicated with staff and the incarcerated population regarding precautionary measures such as good hygiene practices and social distancing. This has occurred through kiosk messages, memos, and posting of DOH, CDC, and other COVID-19 and hygiene-related materials in public areas and areas visible to the incarcerated population.

C. The Department Implemented Social Distancing Measures in all Facilities

1. On March 20, 2020, the Department implemented social distancing protocols in its prisons. The goal of these protocols is to encourage everyone to maintain a distance of six feet from each other when possible. The social distancing protocols discourage physical touching or handshakes, limit inmate work crews to no more than 10 individuals unless six-foot distancing can be maintained with a larger crew, and limit dining

room occupancy to only the number that allows for six-foot social distancing. The protocols also reduce classroom and programming to facilitate six-foot social distancing, stagger pill lines to allow social distancing, stagger movements within prisons as necessary to maintain social distancing, limit the number of individuals in the outside yards to no more than 50, mandate closure of weight lifting facilities, and adjusted religious services to ensure individuals are able to practice their faith while maintaining social distancing of six feet. Attachment 13, March 20, 2020 Memo to Superintendents and Health Care Managers; Attachment 15, March 21, 2020 Memo to Superintendents and Health Care Managers.

2. On March 17, 2020, the Department suspended all community work crews with the exception of Department of Natural Resources crews from Cedar Creek Corrections Center and Olympic Corrections Center; an offsite crew that supports Department of Social and Health Services operations on McNeil Island; and an Olympic Corrections Center crew that assists with maintenance of outer perimeter facilities at Clallam Bay Corrections Center. Work crews have no contact with the public and follow strict social distancing guidelines. All other work crews are suspended through April, at a minimum.

3. On March 23, 2020, the Department supplemented the Social Distancing Protocols to enable facilities experiencing extended meal

periods due to social distancing requirements, to develop alternative meal processes, including “grab and go” and/or in-cell feeding when warranted. Attachment 16, March 21, 2020, Memo to Superintendents and Health Care Managers.

D. The Department Implemented Precautionary Measures for Units Housing Vulnerable Populations

1. There are special housing units within state correctional facilities where elderly and/or infirm individuals reside. These units include infirmaries at major facilities, the Sage Unit at Coyote Ridge Corrections Center, and the K Unit at Airway Heights Corrections Center. Because these populations are potentially vulnerable to COVID-19, on March 18, 2020, DOC issued special restrictions intended to mitigate the risk to these special populations. Attachment 17, March 18, 2020 Memo to Superintendents and Health Manager Staff; Attachment 18, April 10, 2020, K-Unit Special Guidelines; Attachment 19, Sage East Staffing / Clean Room Process.

2. These restrictions applicable to the special housing units limit staff who may enter the units and require that all staff entering the units first wash their hands. The restrictions further limit the movement of incarcerated individuals in and out of the units and provide for meals on the units rather than in the dining halls (except that K Unit dines

separately in the dining hall that has been sanitized before use). In addition, the procedures applicable to special units encourage frequent hand washing and allow individuals to self-quarantine in their cells, if they desire.

E. The Department Has Implemented Isolation and Quarantine Procedures for COVID-19

1. Guided by the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline (Attachment 2), the Department has put in place measures to immediately isolate patients suspected or confirmed to have COVID-19. These measures include requiring the individual to wear a surgical mask until he/she can be isolated, isolating the individual in a single person cell, and if a single cell is not available, housing or “cohorting” patients with suspected or confirmed COVID-19 cases.

2. While in isolation, the individual is required to be assessed at least once every shift and will receive all necessary medications at cell-front. Additionally, Droplet Precaution procedures are put in place, ensuring that staff wears appropriate personal protective equipment when within 6 feet of the isolation cell. Isolated patients generally are not allowed out of their cell absent a medical or security emergency, and they will remain in isolation until they are symptom free for 14 days.

3. The Department also has implemented measures to quarantine asymptomatic individuals who have had close contact with suspected or confirmed COVID-19 patients. Quarantined patients are required to be housed alone or cohorted with other quarantined patients. The Department's procedures mandate that if a quarantined patient becomes symptomatic, they immediately will be removed from quarantine and placed into isolation. Quarantined patients receive nursing assessments twice daily, and are to remain in quarantine for 14 days or until symptoms develop.

VII. MITIGATING THE RISK TO THE COMMUNITY CUSTODY VIOLATOR POPULATION

DOC has taken steps to mitigate the risk to individuals serving terms of community custody, including reducing the number of individuals returned to confinement for violations of conditions of community custody, which in turn reduces prison population and risk to incarcerated individuals.

1. In response to the COVID-19 pandemic, and prior to the initiation of the current action by Petitioners, DOC made the discretionary decision to amend the arrest protocol for individuals who violate conditions of community custody. DOC's amended protocol allows staff to arrest individuals only for high-level violations. DOC also made the discretionary

decision not to send staff to take custody of individuals arrested by local law enforcement.

2. In response to a request DOC initiated before Petitioners brought this action, Governor Inslee issued Proclamation 20-35, concerning low-level violations of conditions of community custody. The proclamation waived the requirement in RCW 9.94A.737(2)(b) to treat all sixth and subsequent low level violations of community custody as high-level violations, and the requirement to arrest and detain individuals committing such low-level violations. The waiver essentially expedited the effective date of HB 2417 (Wash. Laws 2020, c. 82). The waiver allowed DOC to impose alternative non-confinement sanctions, rather than sanctions of confinement, for what would otherwise be low-level violations, thereby reducing the number of individuals placed in county jails and state correctional facilities.

3. Before the initiation of the current action, DOC decided to have the hearings unit retroactively reduce, where appropriate, previously imposed confinement sanctions for high-level violations of community custody. The hearing unit reduces the sanction of total confinement to time served, allowing the early release of the individual from confinement back to the community. So far, DOC has reduced the sanction in approximately 20 cases.

4. As part of the above decision, the hearings unit also has conditionally released from jail confinement at least four individuals who had

symptoms as verified by a medical professional. The hearings unit additionally expedited a large number of hearings to reduce confinement time pending a hearing on a high-level violation.

5. DOC's various discretionary decisions have resulted in the reduction of the Average Daily Population (ADP) for individuals confined for violations. Prior to the COVID-19 situation, the ADP for violators was over 1900 individuals. On April 10, 2020, the ADP for violators was just 678 individuals, a reduction of over 1,200 individuals confined for community custody violations.

6. In addition, prior to and apart from the initiation of the current action, DOC made the discretionary decision to implement special guidelines for when DOC arrests or transports an individual for a community custody violation. At the time of arrest and/or transport, the officer will ask the individual the required COVID-19 active screening questions. If the person answers "yes" to any active screening question, the officer will consider whether mitigating factors warrant against arrest. If mitigating factors are not present, the officer will contact the DOC Nurse Desk to determine the appropriate facility for placement and to notify the facility's medical staff, will utilize appropriate PPE including gloves and mask, and will place a mask on the individual. DOC directed that staff require

any transported individual to wear a mask during transport if staff observes or believes the individual to be symptomatic.

7. Apart from the current action, DOC directed community corrections staff to disinfect transport vehicles before placing an individual in the vehicle, between transports of individuals, and at the end of each day. The disinfecting includes wiping all hard surfaces (such as door handles, arm rests, seats, seat belts, and partitions) with Clorox/Lysol/Bleach wipes. Staff will use Lysol or other disinfectant spray on cloth seats. Staff also will disinfect all restraints with Clorox/Lysol/Bleach or other disinfectant spray after each application and at the end of the day.

VIII. COMPLIANCE WITH CDC CORRECTIONAL FACILITY GUIDELINES

1. On March 23, 2020, the CDC issued guidance specific to corrections facilities. The CDC Guidance noted that the guidance did not require strict compliance, and “may need to be adapted based on individual facilities’ physical space, staffing, population, operations, and other resources and conditions.” The guidance recommends that prison facilities work with state and local health departments to determine what procedures a particular prison should implement. As noted above, DOC had proactively implemented many of the recommendations before the CDC released its correctional facility guidelines. After their issuance, DOC worked with its Chief Medical Officer and Infectious Disease Physician, as well as other

state and local partners, to implemented procedures to substantially comply with all the CDC's recommendations. The Department has implemented, fully or partially, the CDC guidelines as follows:

- **Review sick leave policies** - DOC gave Superintendents authority to send staff home if symptomatic, and DOC encouraged staff to remain home if they felt sick
- **Identify staff who could work from home** - DOC encouraged, and in some cases mandated, telecommuting of all eligible staff
- **Plan for staff absences** - DOC updated emergency staffing plans and developed plans for shortages, revised the Continuity of Operations Plan to ensure mission-essential functions remain operational, implemented a process for rapid hiring and expedited training, worked with contracting services for the provision of medical and clinical staff
- **Offer alternative positions to staff at higher risk to COVID-19** – DOC offers telecommuting and reassignment for those at high risk, as well as leave options
- **Offer seasonal flu vaccines** – DOC offers vaccines to all staff and inmates
- **Ensure sufficient PPE, medical supplies, and cleaning supplies** – DOC complies with CDC recommendations for PPE supplies, is

working on a protocol to sterilize and reuse N95 masks, and Correctional Industries now manufactures PPE

- **Consider relaxing prohibition on alcohol-based hand sanitizer, and provide free soap** – staff and visitors may carry alcohol-based hand sanitizer, incarcerated individuals working in medical and other supervised areas and of prisons may use alcohol-based hand sanitizer (60% alcohol), and DOC has provided free soap and handwashing facilities to all incarcerated individuals
- **Employers within prisons should establish a respiratory protection program** – prison and health staff who require it are fit-tested for N95 masks. DOC is considering fit-testing masks for community corrections staff in the field. Given the nationwide shortage, DOC tries to conserve existing supplies of N95 masks.
- **Ensure staff and individuals are trained on proper use of PPE** – DOC has provided training materials to staff and incarcerated individuals
- **Communicate with state and local partners, and the public** – DOC has worked closely with state and local partners, and updates daily a public website regarding COVID-19 response
- **Transfers of individuals into and within the prison system** – DOC established protocol for screening of individuals including

temperature readings, use of masks and other PPE, disinfecting of transport vehicles and restraints, and changes/reductions of transfers to DOC facilities from courts and jails.

- **Alternatives to in person hearings** – most courts no longer require in person hearings
- **Suspend medical copays** – DOC has suspended copays for COVID-19 testing/treatment
- **Limit operations entrances/exits** – DOC has limited entrances and exits, and has implemented enhanced screening at all entrances
- **Cleaning and disinfecting** – DOC cleans housing units several times a day with special attention to “high touch” areas. Staff use EPA registered cleaning/disinfecting products, and have received instructions on mixing cleaning solutions
- **Increase number of staff trained to clean/disinfect, and provide sufficient supplies** – DOC has increased the number of trained porters, and has provided special training to individuals on blood and bodily fluids cleanup, and provided PPE to those individuals. DOC provides cleaning supplies for individuals to clean their cells, including spray bottle disinfectant, and DOC encourages frequent cleaning of cells

- **Reinforce health hygiene practices** – DOC put up instructions on proper hygiene, has provided free soap to individuals, and ensures the soap supply is restocked in common areas.
- **Implement social distancing** – DOC has put up signs throughout correctional facilities to instruct and remind individuals of social distancing
- **Provide alternatives to social gathering** – DOC has provided movies to incarcerated individuals, has worked with mental health staff to develop a plan for individual wellbeing and stress management, and has provided radios and video games to individuals in medical isolation at MCC
- **Suspend movement in and out of work release** – DOC has suspended transfers of new incarcerated individuals into work release facilities and suspended work programs
- **Provide up to date information to individuals** – DOC provides updated information, including messages to incarcerated individuals via kiosk, posting information in common areas, and providing printed copies to populations that have limited access to common areas (in both English and Spanish)
- **Suspend visitations** – DOC has suspended visitations, and has provided free or reduced cost communication

- **Provide masks to individuals suspected of being symptomatic** – DOC provides masks to any symptomatic individual, and follows isolation and quarantine procedures
- **Maintain individuals in isolation until cleared** – DOC keeps an individual in isolation until 14 days after resolution of all symptoms. DOC provides medical treatment and meals in the isolation area, and anyone entering the isolation area must wear PPE.
- **Food service items** – DOC requires use of disposable food service containers for those in isolation, and disposes of the items after use. Any non-disposable items are handled using gloves, and washed in hot water or in a dishwasher.
- **Laundry** – DOC requires individuals performing laundry services to use gloves, discard the gloves after use, and wash their hands
- **Encourage reporting of symptoms** – DOC encourages individuals report symptoms and to seek medical attention.
- **Dedicated rooms** – DOC has, where possible, designated a room near the housing unit for medical staff to evaluate a symptomatic individual, rather than having the individual walk through the entire facility.

2. Last, the record submissions Respondents filed in this matter on April 3, 2020, include a detailed table comparing the CDC correctional

facility guidelines with the Department's COVID-19 response. Appendix D at 9.

IX. RESPONSE TO POSITIVE CASES AT MONROE CORRECTIONAL COMPLEX

1. On April 5, 2020, the Department had its first positive test of an incarcerated individual in a prison. This individual was a man housed in the Minimum Security Unit (MSU) of the Monroe Correctional Complex (MCC). This individual presented with symptoms and was taken to a community hospital on April 5, where he underwent rapid testing for COVID-19 and tested positive. Following the Department's protocol for isolation and quarantine of individuals, the man returned to MCC and was placed in isolation in a single person cell, where the Department began to give him treatment appropriate for COVID-19. The housing unit where the individual previously was housed was placed on quarantine with no transfers in or out of the unit. There are approximately 119 incarcerated individuals in the housing unit where the individual was previously housed. There are a total of 420 individuals in the Minimum Security Unit. All Minimum Security Unit staff were directed to mandatorily wear issued N95 respirators. On April 5, 2020, the Department issued a press release with this information and added this information to its public website.

2. On April 6, 2020, an additional seven incarcerated individuals from the MSU had been placed in isolation. Additionally, all

incarcerated individuals at the Minimum Security Unit and staff were issued surgical masks to wear. The MCC facility medical director, in consultation with the Department's Chief Medical Officer and Infectious Disease Control Physician, began the staff and incarcerated individual contact mapping process, following established protocols. According to the quarantine protocol, a health care team assesses each person on quarantine status for COVID-19 symptoms twice a day. These assessments include the taking of each individual's temperature. The Department is doing this in the housing unit where the first confirmed patient resided.

3. Two of the individuals placed in isolation were tested on-site for COVID-19 on April 5, 2020, and the test results came back positive on April 7, 2020. The Department issued a news release on the same day. The incarcerated individuals who remain in the Minimum Security Unit have been placed in protective isolation or quarantine as a preventative measure. Additionally, the facility has made housing moves within the unit to further protect the most vulnerable individuals. Department staff repurposed various areas within the facility, including a classroom and extended family visit units, to spread the population out. The most vulnerable individuals, as identified by Health Services, were moved into two-person rooms. The Department received news of an additional three positive tests of incarcerated individuals in the Minimum Security Unit at MCC on April 8,

2020. Those individuals were also identified as part of the contact mapping process of the first positive test and were placed in isolation. The health care team is providing clinical monitoring and supportive care for the individuals in the isolation unit.

4. All individuals housed in the MCC MSU B unit where the positive cases were identified have been provided surgical masks for further protection. The Department currently is developing a new staffing model for the MSU. This model will identify only those staff who are approved to work inside the MSU, and such employees will not be allowed to work anywhere else at MCC. The Department also scheduled a Skype call with B unit tier representatives (incarcerated individuals) and the Department's Chief Medical Officer, Dr. Sara Kariko, and Infectious Disease Control physician, Dr. Lara Strick, to answer any COVID-19 health-related questions the B unit residents might have.

5. The Department offered to move the most vulnerable individuals in B Unit to single cell housing within the unit or to another unit to add an additional layer of protection from others on quarantine. To facilitate this process, Captains at MCC met with those identified as vulnerable to discuss the offer to move them out of the Minimum Security Unit. All of these approximately thirty individuals declined the Department's offer to move them to another unit with a single cell. These

individuals indicated that they did not want to move because they believed that the housing change would result in the loss of privileges and some of these individuals indicated that they wanted to show solidarity with the other inmates in their unit by staying on the unit. Men housed in two-person rooms refused to move out to make room for the most vulnerable population. The Department's Chief Medical Officer and Infectious Disease Control Physician continued to have additional conversations with these individuals to encourage them to agree to these precautionary measures.

6. As the Department has reported in a press release, on April 8, 2020, while the Skype call was occurring between B unit tier representatives and the Department's Infectious Disease Control Physician, individuals from MSU D-unit broke their quarantine and, without authorization, went out into the yard. Individuals from C-unit followed, resulting in essentially a mob of individuals from the two units gathering in the yard. To contain the volatile situation, staff directed the individuals to return to their units for count. They initially complied with the direction, but once inside, pulled fire alarms, set off fire extinguishers, vandalized property, turned bunks over to use as barricades, wrapped towels around their faces and stuffed magazines in their sweatshirts to protect against riot control measures, and said they were going to take hostages if staff entered the tier. At that point, the decision was made to evacuate staff from C and

D units their safety. Outside law enforcement arrived on site to establish a perimeter to prevent against escape. This included response from the Monroe Police Department, Snohomish County Sheriff's Office, and Washington State Patrol. Fire trucks from the Monroe Fire Department were also staged on site.

7. After evacuating staff from the units, MCC locked down the entire complex to avoid the disturbance spreading to other units, and began developing emergency plans to regain control of MSU C and D units. During the operation to recover control of the units, and because there were a significant number of men who continued to ignore verbal directives, an Emergency Response Team deployed pepper spray and sting balls (which release light, noise, and rubber pellets) to stop the destruction of property and bring the men into compliance. From start to finish, the incarcerated individual's active resistance to staff directives lasted approximately 3 hours. There were no injuries to staff or incarcerated men.

8. The Department's understanding is that the incident related to concern over the positive COVID-19 cases within the MSU. According to initial staff reports, one inmate began to yell at staff and use profanity. Reports indicate that this individual yelled at staff something to the effect that "there are more of us than you have" and "what the f--- are you going to do about it?" According to staff, this inmate was yelling such things in

the presence of over 20 inmates. Other staff reports indicate that at least one inmate was heard threatening to kidnap any law enforcement. Staff also observed inmates wielding fire extinguishers as weapons.

9. Department staff have completed repairs to MSU C and D units, including fixing broken windows and overhead fire sprinklers, and replacing fire extinguishers maliciously discharged by incarcerated individuals, even though there were no fires started during this disturbance. The Department repaired other items vandalized during the disturbance such as doors and wall-mounted convex mirrors used for observation by staff of incarcerated occupied areas.

10. The actions of these incarcerated individuals interrupted the Department's COVID-19 response and its ability to monitor whether any additional incarcerated persons on quarantine had become symptomatic. The Department's need to respond to this disturbance required the Department to devote resources to address the inappropriate behavior of these individuals rather than working to address issues related to its response to COVID-19. As a result, these incarcerated individuals likely increased the risk to a population that the Department was protecting through the various protocols established for the health care management of persons on quarantine. The incident also caused increased, close interaction among inmates and between inmates and Department staff.

11. On April 9, 2020, the Chief Medical Officer and Infectious Disease Control Physician met with tier reps from the MCC Minimum Security Unit. They held a question and answer session regarding vulnerable populations and the concept of protective isolation, initiating moves to ensure the safety of vulnerable incarcerated men, and healthcare concerns regarding COVID-19. The Department also issued radios and handheld video games to individuals in medical isolation at MCC.

X. EARLY RELEASE OF INDIVIDUALS

A. Statutory Limitations on the Secretary's Release Authority

1. DOC has limited authority to release an incarcerated individual prior to expiration of the sentence. This is true under both the indeterminate and determinate sentencing systems. Under the indeterminate sentencing scheme, the Department may generally release a person only upon expiration of the maximum sentence or when the Indeterminate Sentence Review Board issues an order of parole. Under the Sentencing Reform Act, the Department may not release a person before the early release date except for as allowed under statute.

2. The most common form of release in determinate sentences prior to expiration of the maximum sentence is release through early release credits. In such cases, where the individual must serve a term of community custody, the statutes require DOC to investigate and approve the release plan

to ensure there is no risk to the victim, the community, and to the releasing individual. The statute prohibits earned early release to individuals serving mandatory minimum terms, and to individuals serving sentences of life without parole, like Petitioner Theodore Roosevelt Rhone.

3. The Department may release an individual on extraordinary medical placement, but only if certain statutory criteria exist. Among the statutory requirements, the individual must have an existing serious medical condition that will require costly care or treatment, and the individual must pose a low risk to community safety as a result of the medical condition or incapacitation due to age. As with early release credits, the Department may not grant extraordinary medical placement to an individual serving a mandatory minimum sentence or a sentence of life without parole.

4. The Department may transfer an individual from prison to a work release to aid in the transition to the community, but only for the final twelve months of a sentence. The Department may also transfer a person to home detention as part of a graduated reentry program, but only for the final six months of a sentence. As with the other release programs, the Department may not transfer to work release or home detention any individual serving a mandatory minimum sentence or a sentence of life without parole.

5. The Secretary may authorize temporary furloughs for an emergency, but the statutes make an individual ineligible for a furlough if not

classified as minimum security, or if sentenced to life without parole. The statutes also generally require that the individual have served a minimum term of the sentence, and if convicted of a violent offense have served at least half the minimum term of sentence. If the person has a mandatory minimum sentence, the statute allows a furlough only for the final six months of the sentence. Similar to early releases above, the individual seeking a furlough must submit an approved plan, must have a sponsor, and must comply with conditions while on furlough. The Secretary may waive certain timing and sponsor requirements in order to grant an emergency furlough, but the Secretary cannot waive other criteria such as the ineligibility for individuals serving a sentence of life without parole.

6. The statutes also generally require the Department to provide notice to victims and witnesses enrolled in the notification program prior to any release, whether early release, transfer to partial confinement, or furlough. The notification provides important information to the victims and witnesses to allow them to take steps necessary for their own personal safety and security, including if necessary obtaining protective orders. The notification period gives the Department's victim services unit time to work with and provide assistance with victims necessary to keep them safe.

B. Emergency Releases During the COVID-19 Pandemic

1. DOC releases approximately 700 individuals each month, on average. That has continued during the COVID-19 crisis. In addition, as noted previously, DOC has taken action with respect to community custody violators that has resulted in approximately 1200 fewer violator admissions to jails and prisons than would have occurred absent the crisis. These steps have made a meaningful difference in mitigating COVID-19 risk to the incarcerated population.

2. In addition, Governor Inslee has been evaluating options to exercise his discretionary emergency powers and constitutional clemency authority to further mitigate COVID-19 risk to incarcerated individuals, and do so in a way that does not jeopardize public safety. As of the date of this report, the Governor and Secretary Sinclair are finalizing a plan focused on certain individuals serving sentences for nonviolent and/or drug or alcohol offenses whose release dates are within six to eight months. The plan targets the following groups of individuals for release (including to electronic home monitoring if feasible): (1) Non-violent individuals (including vulnerable and non-vulnerable) who are due to release within 75 days; (2) Non-violent individuals and vulnerable individuals who are due to release in 2-6 months (through a re-entry planning process); (3) Non-violent individuals and vulnerable individuals who are due to release in 6-8 months, who have an

approved release plan; (4) Non-violent individuals who were incarcerated for lower level supervision violations; and (5) Non-violent individuals who are on work release and can be released through the Secretary's furlough authority. The Governor and Secretary intend to implement this plan expeditiously, with the release of approximately 600-950 incarcerated individuals beginning in the coming days. Note that this estimate is based on the best information available at this time.

RESPECTFULLY SUBMITTED this 13th day of April 2020.

s/ Tim Lang

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s/ John J. Samson

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CERTIFICATE OF SERVICE

I hereby certify that I caused the foregoing Report to be electronically filed with the Clerk of the Court, which will send notification of such filing to the following:

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I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

DATED this 13th day of April 2020, at Olympia, Washington.

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ATTACHMENT 1



Coronavirus / COVID-19 Plan
Significant Events Timeline
Updated 04/10/2020

Objectives	<ul style="list-style-type: none"> • Provide for the safety of staff, incarcerated individuals, and the public. • Collect daily information to create a common operating picture of the agency. • Continue to provide policy direction and support to all divisions concerning the implementation of DOH and CDC guidance for prevention, mitigation, and response to COVID-19 and implement as needed. • Maintain DOC COVID-19 response network to provide related information to internal and external stakeholders. • Communicate timely and accurate information to staff, incarcerated individuals and stakeholders. • Support agency efforts to maintain critical staffing levels by implementing a secondary screening process. • Forecast, acquire, manage and distribute critical PPE at the agency level.
Key messages	<ul style="list-style-type: none"> • Remain calm, ensure residents, clients, and families feel safe. • If you are ill, stay home. Work with your supervisor if telework is an option. • Use social distancing and enhanced hygiene protocols to prevent illness and spread of virus. • Visit Department of Corrections website for update to date COVID-19 agency information. • Visit the DOH and CDC websites for up to date information. • Notify the Emergency Operations Center of rumors or misinformation that needs to be corrected.

Agency Actions

Actions we are taking as an agency:

- The health and safety of our staff, those in our care, and the community is our top priority. As of April 10, 2020, the Washington Department of Corrections has 13 confirmed cases of staff and one contractor staff with COVID-19 and eight incarcerated individuals with COVID-19.
- DOC has a communicable disease, infection prevention and immunization program to prevent the spread of communicable and infectious disease by providing prevention, education, identification through examination of staff and incarcerated individuals suspected of having a communicable disease, surveillance, immunization, treatment, follow-up, isolation and reporting. Staff were expected to follow this program as we updated our public health pandemic plan.
- Corrections established an Emergency Operations Center at headquarters supporting the state DOH response to COVID-19 on Feb. 9.
- An advanced contingency planning team launched on Feb. 28.
- Corrections officially opened its Emergency Operations Center (EOC) at HQ in response to COVID-19, including representatives from health services staff, on March 2.
- Health services staff have been receiving regular updates from our Chief Medical Officer providing WA DOC COVID-19 screening, testing and infection control guidelines to all medical staff since March 5.
- We completed the first draft and distributed the public health pandemic plan to facilities, work release and community corrections offices, including specific checklists, on Friday, March 6.
- All individuals received at a Washington Dept. of Corrections facility, including community supervision violators, always receive an initial health screening—which we’ve enhanced in response to COVID-19.

- Our interstate transport unit works with out-of-state holding facilities to ensure any person we pick up to transport back to our department has not been exposed.
- Since March 4, we have been messaging to visitors not to visit or take part in programming if they feel sick with a fever, cough, or difficulty breathing—and we’re encouraging friends and family that may be sick and not able to visit to keep in contact during this time utilizing JPay, video visiting, telephone calls and mail correspondence.
- On March 6, we instituted and distributed a COVID-19 passive screening process for individuals wishing to visit our facilities—as well as participating in scheduled facility events where outside visitors have been approved to attend. Individuals who fail to pass the screening will be turned away to protect the health and safety of the staff and incarcerated individuals at our locations. We are in the planning phase for escalating to active screening.
- On March 15, we implemented active screening (temperature check and screening questions) of all individuals prior to entering a work location where resources are available. In locations that resources are not yet available, passive screening will take place.
- On March 23, DOC implemented a secondary screening process for identifying employees who were screened and prevented from reporting to work for reasons other than COVID-19.
- On March 30, With response to COVID-19 expected to affect the Department of Corrections’ staffing levels over the coming months, the department is implementing an expedited hiring and training process for ‘Limited Scope Correctional Officer 1 (CO1)’ positions.
- On April 1, DOC approved a contract with Swank Motion Pictures to provide facilities access to movies for the incarcerated population.
- On April 3, DOC issued expired N95 respirators to staff who work closely with those incarcerated in state correctional facilities. The wearing of N95 respirators is for general use and is voluntary to staff at this time.
- On April 8, Emergency Response Team members were dispatched to the Monroe Correctional Complex. The press release is available [here](#).

Deployed Resources in support of COVID-19 response

Total Deployed to date: DCYF 1, DOC HQ 13, SEOC 2

AGENCY TIMELINE

Date	Location	Activity	Notes
04/10/20	Headquarters EOC	Memo to all DOC employees: Families First Coronavirus Response Act (FFCRA) Resources DOC 03-113	The FFCRA requires certain employers, which includes state agencies, to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.
04/10/20	Headquarters EOC	Memo to All Superintendents and Work Release Supervisors about Mandatory Use of Face Coverings for All Persons in DOC Facilities	
04/10/20	Headquarters EOC	Memo to incarcerated individuals: DOC Response to COVID-19 Message from Health Services English/ Spanish	
04/10/20	Headquarters EOC	Memo to Appointing Authorities: Supporting Our Employees at Higher Risk Due to COVID-19	
04/10/20	MCC-MSU MCC-IMU	Sonja Hallum Office of the Governor, Joanna Carns Office of the Correction Ombuds, Representative Roger Goodman, tour MCC-Minimum Security Unit and MCC Intensive Management Unit with Superintendents Mike Obenland, Jack Warner, Dr. Kariko and Dr. Strick.	The group toured all living units at MCC-MSU and MCC-IMU to talk with the incarcerated population and tier reps, discussion included concerns related to DOC COVID-19 response.

04/10/20	Headquarters EOC	Memo to Classification Counselors and Work Release Supervisors: PREA Risk Assessments	
04/10/20	Headquarters EOC	Memo to all staff: Mandatory Use of Face Coverings – ALL DOC Locations	
04/09/20	Headquarters EOC	Cleaning and Disinfecting Guidance	During the COVID-19 response it is essential that employees and incarcerated individuals adhere to Centers for Disease Control (CDC) cleaning and disinfecting guidelines and recognize the difference between cleaning and disinfecting surfaces.
04/09/20	Headquarters EOC	GTL phone company notified some prison facilities are experiencing technical issues with incarcerated phone lines.	GTL assessing and repairing technical issues.
04/09/20	Monroe Correctional Complex- Minimum Security Unit (MCC-MSU)	Chief Medical Officer Dr. Kariko and Infectious Control Physician Dr. Strick meeting with incarcerated population at MCC-MSU.	Discussing DOC priority response of maintaining health and welfare of incarcerated population. Discussion regarding vulnerable populations and concept of protective isolation, initiating moves to ensure the safety of vulnerable incarcerated men.
04/09/20	Headquarters EOC	Memo to Appointing Authorities: Supervisor Guidance – For Employees Absent	
04/09/20	Headquarters EOC	Additional CDC posters posted in prisons. Clean Hands: English/Spanish Coronavirus Fact Sheet: English Slow the Spread of Germs: English/Spanish	
04/09/20	Headquarters EOC	Memo to incarcerated individuals: Incarcerated Individual Gratuity – Follow Up English/ Spanish	
04/08/20	Headquarters EOC	PRESS RELEASE: Disturbance at Monroe Correctional Complex Under Control	
04/08/20	Headquarters EOC	Employee Telework Guidance Frequently Asked Questions (FAQ) v.1	
04/08/20	Headquarters EOC	Memo to All Staff: COVID-19 Mapping Guidelines	
04/08/20	Headquarters EOC	Chief Medical Officer Dr. Kariko and Infectious Control Physician Dr. Strick conducted a Skype session with MCC-MSU incarcerated population.	Question and answer session regarding COVID-19, screening, testing and DOC priority response to maintain safety of the impacted population.
04/08/20	Headquarters EOC	Memo to all Appointing Authorities: COVID-19 Mapping Guidelines	
04/07/20	Headquarters EOC	PRESS RELEASE: Additional Positive COVID-19 Tests for Incarcerated Individuals within Monroe Correctional Complex	
04/07/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 13)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are

			encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
04/06/20	Headquarters EOC	Memo to Community Corrections Staff: Changes to Conditional Releases in Response to COVID-19	
04/05/20	Headquarters EOC	PRESS RELEASE: First Positive COVID-19 Test for Incarcerated Individual within Washington State Correctional Facility	
04/05/20	Headquarters EOC	Memo to all staff: First Positive COVID-19 Test for Incarcerated Individual within Washington State Correctional Facility	
04/03/20	Headquarters EOC	Memo to incarcerated individuals: Voluntary N95 Respirator General Use – English/ Spanish	
04/03/20	Headquarters EOC	Memo to all staff: Voluntary N95 Respirator General Use	
04/03/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 12)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
04/03/20	Headquarters EOC	Memo to all Superintendents: Commissary for Individuals on Isolation or Quarantine	
04/03/20	Headquarters EOC	Memo to incarcerated individuals: Commissary for Individuals on Isolation or Quarantine – English/ Spanish	
04/03/20	Headquarters EOC	COVID-19 DOC Dental Services Protocol Version 4 (April 2, 2020)	Stakeholders are encouraged to check back frequently for updates to the Dental Services Protocol as the COVID-19 situation evolves.
04/02/20	Headquarters EOC	Expansion of FMLA and Sick Leave Due to the Federal Families First Coronavirus Response Act (FFCRA)	
04/02/20	Headquarters EOC	Protocols for Transport, Property Management and Safety in Response to COVID-19	Memo to Community Corrections Staff
04/02/20	Headquarters EOC	Protocols for Transport, Property Management and Safety in Response to COVID-19	Memo to CPA/GRE/Corrections Specialists
04/01/20	Headquarters EOC	Updated Employee PPE Protocols for Patients on Isolation or Quarantine	
03/31/20	Headquarters EOC	Active Screening – Administrative Leave Approval	
03/31/20	Headquarters EOC	Memo to all staff: Screening Follow Up	
03/30/20	Headquarters EOC	Memo to Appointing Authorities: Exception To Policy-Annual Leave Accruals	The purpose of this message is to inform you of an exception that has been authorized to approve

		Over 240 Hours	leave extensions in accordance with DOC Policy 830.100 Leave and the Collective Bargaining Agreements.
03/30/20	Headquarters EOC	Memo to All Staff: Rapid Staff Hiring	The impacts of COVID-19 on our staffing levels will continue over the coming months. In an effort to mitigate staffing shortages, we are implementing an expedited hiring and training process for 'Limited-Scope Correctional Officer 1' positions.
03/30/20	Headquarters EOC	WA State DOC COVID-19 Mental Health/Psychiatry Response Guideline Version 2 (March 26, 2020)	In conjunction with the Guideline for a medical response, this plan will provide support for the emotional well-being of incarcerated individuals during various levels of quarantine/isolation, if Required. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
03/30/20	Headquarters EOC	Memo to incarcerated individuals: Money Orders - English/ Spanish	
03/30/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 11)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
03/28/20	Headquarters EOC	Incarcerated Patient at Snohomish County Medical Center Tests Positive for COVID-19 – English/ Spanish	
03/27/20	Headquarters EOC	Temporary Changes to the Public Records Act – English/ Spanish	
03/27/20	Headquarter EOC	Employee PPE Protocols for Patients on Isolation or Quarantine	
03/27/20	Headquarters EOC	Memo to incarcerated individuals: Temporary Prison Rape Elimination Act (PREA) Reporting and Support Services - English/ Spanish	
03/27/20	Headquarters EOC	Memo to all staff: EPA Approved COVID-19 Cleaning & Sanitizing Products	
03/27/20	Headquarters EOC	Memo to incarcerated individuals: Incarcerated Individual Gratuity – English/ Spanish	
03/27/20	Headquarters EOC	Memo to Superintendents, Local Business Advisors and CI Corporate Management Team: Incarcerated Individual Gratuity	
03/27/20	Headquarters EOC	Revised Transportation Schedule for Pierce County Jail	In response to the current COVID-19 crisis, DOC will reduce the frequency of transports to/from the Pierce County Jail.
03/27/20	Headquarters EOC	Revised Transportation Schedule for Kitsap County Jail	In response to the current COVID-19 crisis, DOC will reduce the frequency of transports to/from the Kitsap County Jail.

03/27/20	Headquarters EOC	Revised Transportation Schedule for King County Jail	In response to the current COVID-19 crisis, DOC will reduce the frequency of transports to/from the King County Jail.
03/27/20	Headquarters EOC	Memo to Superintendents: Fee-Based Indoor and Outdoor Weightlifting Program Refunds	
03/26/20	Headquarters EOC	Memo to incarcerated individuals: Fee-Based Indoor and Outdoor Weightlifting Program Refunds – English/ Spanish	
03/26/20	Headquarters EOC	Expanded list of cancelled instructor-led trainings	Update to the list of instructor-led trainings.
03/25/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 10)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
03/25/20	Headquarters EOC	Revised Daily Bus Transportation Schedule	
03/24/20	Headquarters EOC	DOC 420.380 Drug/Alcohol Testing	Memo to incarcerated individuals
03/24/20	Headquarters EOC	Reentry Division memo about Room and Board Waiver for Work Release Residents	Memo to work release residents and staff
03/24/20	Joint Information Center	Community Corrections Division reduces some supervision in response to COVID-19	Press release
03/24/20	Headquarters EOC	MCC Facility Violator Booking and Housing Protocol	
03/24/20	Headquarters EOC	WSP Facility Violator Booking and Housing Protocol	
03/24/20	Headquarters EOC	DOC Policy 420.380 Drug/Alcohol Testing	
03/23/20	Headquarters EOC	Governor Inslee’s Stay Home, Stay Healthy Proclamation	
03/23/20	Headquarters EOC	Robert Herzog, Julie Martin, Updated COVID-19 Information	Memo to incarcerated individuals
03/23/20	Headquarters EOC	Robert Herzog, Julie Martin, memo Social Distancing Protocols Amendment.	
3/23/20	Headquarters EOC	Secretary Sinclair, Implementation of Secondary Screening for Employees.	
3/23/20	Headquarters EOC	Social Distancing Protocols Amendment	
3/23/20	Headquarters EOC	Mac Pevey, memo to Criminal Justice Partners.	Community Corrections Operational Changes in Response to COVID-19.
3/23/20	Headquarters EOC	Policy Group Meeting	
3/23/20	Headquarters EOC	Command and General Staff Meeting	

3/23/20	Headquarters EOC	Operational Briefing	
03/21/20	Headquarters EOC	Memo to appointing authorities: Secondary Screening Implementation	
3/20/20	Headquarters EOC	DOC.WA.GOV updated, COVID-19 Testing Among Incarcerated Population.	
3/20/20	Headquarters EOC	Robert Herzog/Julie Martin memo, Suspension of Volunteer Services in Prisons	
3/20/20	Headquarters EOC	Robert Herzog/Julie Martin memo, Dry Cell Watch Medical Assessments	Frequency of nursing checks for individuals on dry cell watch.
3/20/20	Headquarters EOC	Robert Herzog/Julie Martin memo, Activities for Individuals on Quarantine Status.	Approved activities and associated hygiene standards.
3/20/20	Headquarters EOC	Contract employee at Peninsula Work Release confirmed positive COVID-19.	DOC Covid-19 confirmed employee cases (4) : 1 MCC 1 HQ 2 Peninsula Work Release 0 Incarcerated/supervised individuals confirmed
3/20/20	Headquarters EOC	Robert Herzog memo, Social Distancing Protocols in Prisons	To provide for the safety of staff, incarcerated individuals and the general public.
3/20/20	Headquarters EOC	Policy Group Meeting	
3/20/20	Headquarters EOC	Command and General Staff Meeting	
3/20/20	Headquarters EOC	Operational Briefing	
3/19/20	Headquarters EOC	Rob Herzog memo to all incarcerated individuals, COVID-19 updates including GTL and JPay free and reduced opportunities – English/ Spanish	Updates on COVID-19, Health Services, Phones and JPay information.
3/19/20	Headquarters EOC	Received new Health Services COVID-19 health screening, testing and infection control guidelines criteria (V8).	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
3/19/20	Headquarters EOC	Rob Herzog/Julie Martin, memo to all Superintendents, regarding drug testing in prisons.	Change in prison Drug/Alcohol Testing Protocols.
3/19/20	Headquarters EOC	Rob Herzog/Julie Martin, memo regarding WCCW operations.	Change in operation regarding violator management, body scanner and dry cell watch process at WCCW.
3/19/20	Headquarters EOC	EST briefing	
3/19/20	Headquarters EOC	Robert Herzog, memo to all Superintendents and Transportation Unit Staff.	Screening and Transport sanitation expectations.

3/19/20	Headquarters EOC	Mac Pevey, memo to CCD staff operational changes in response to COVID-19.	Memo supersedes memo dated March 13, 2020 with same subject line, major changes in operations, review carefully.
3/19/20	Headquarters EOC	Secretary Sinclair, memo to all staff expanded list of cancelled instructor led trainings.	In light of COVID-19 and social distancing guidelines, the list of instructor-led trainings is expanded.
3/19/20	Headquarters EOC	Mac Pevey, memo to CCD staff clarifying drug testing protocols for Community Corrections Division.	
3/19/20	Headquarters EOC	Operational Briefing	
3/18/20	Headquarters EOC	Training and Development Administrator Jason Aldana notifies the ICP, CWC facility days are suspended effective immediately.	
3/18/20	Headquarters EOC	Secretary Sinclair memo to All Staff	Third confirmed case of COVID-19 reported by Corrections Employee, Peninsula Work Release.
3/18/20	Headquarters EOC	ISRB notifies, all release hearings scheduled in April will be completed via Skype.	
3/18/20	Headquarters EOC	EST briefing	
3/18/20	Headquarters EOC	Julie Martin, Robert Herzog memo to all Superintendents and Health Manager Staff.	COVID-19 Special Population Units Guideline, all facility infirmaries, CRCC Sage Unit and AHCC K Unit (55+ older)
3/18/20	Headquarters EOC	Executive Strategy Team decision, implementation of changes to DOC policy 420.380 Drug/Alcohol Testing (effective date 3/25/20) delayed until further notice.	
3/18/20	Headquarters EOC	Policy group meeting	
3/18/20	Headquarters EOC	Secretary Sinclair memo to All Staff	Active Screening Protocol and the use of administrative leave.
3/18/20	Headquarters EOC	Received new Health Services COVID-19 health screening, testing and infection control guidelines criteria (V7).	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
3/18/20	Headquarters EOC	Command and General Staff meeting	
3/18/20	Headquarters EOC	Operational Briefing	
3/17/20	Headquarters EOC	ICP receives COVID-19 DOC Mental Health Plan.	Shared with all Superintendents. Stakeholders are encouraged to check back frequently for updates to the mental health plan as the COVID-19 situation evolves.
3/17/20	Headquarters EOC	Secretary Sinclair all staff memo	All COVID-19 resources now located at DOC.WA.GOV

3/17/20	Headquarters EOC	Planning Group Meeting	
3/17/20	Headquarters EOC	EST briefing	
3/17/20	Headquarters EOC	ICP receives COVID-19 DOC Dental Services Protocol (v2). Shared revised criteria with all healthcare staff and Appointing Authorities.	Stakeholders are encouraged to check back frequently for updates to the Dental Services Protocol as the COVID-19 situation evolves.
3/17/20	Headquarters EOC	Thermometers in place in CCD sections 1-7 to include Work Release facilities for enhanced screening implementation.	
3/17/20	Headquarters EOC	Command and General Staff meeting	
3/17/20	Headquarters EOC	SEOC advises via situation report has filled 11% of resource requests from state agencies.	As of this writing, 802 resource requests have been received—an increase of about 112 since this time yesterday. About 11% of these requests have been Filled (on scene or completed status). The cumulative status of resource requests in the Resource Tracker (WebEOC) is as follows: Unassigned = 3 Accepted = 127 Assigned = 555 Completed = 76 In Transit = 2 On Scene = 14 Cancelled = 32
3/17/20	Headquarters EOC	Received new Health Services COVID-19 screening criteria (V5).	Shared revised criteria with all healthcare staff and Appointing Authorities.
3/17/20	Headquarters EOC	Operational Briefing	
3/17/20	Headquarters EOC	Tacoma Community College (TCC) notification to WCCW and MCCW staff and incarcerated population cancellation of classes for the remainder of winter quarter. TCC staff will work from home (3/16-3/20).	
3/16/20	Headquarters EOC	American Behavioral Health Systems (ABHS) Spokane, notification to DOC, closure of outpatient services	
3/16/20	Headquarters EOC	COVID-19 DOC Dental Services Protocol.	
3/16/20	Headquarters EOC	Planning Meeting	
3/16/20	Headquarters EOC	EST briefing	
3/16/20	Headquarters EOC	Mac Pevey, memo to CCD staff implementation of enhanced screening process.	
3/16/20	Headquarters EOC	Susan Leavell, memo to Reentry	Operational changes, active screening.

3/16/20	Headquarters EOC	Susan Leavell, memo to Work Release Staff.	Operational changes restricting/limiting movement in the community.
3/16/20	Headquarters EOC	Robert Herzog, Julie Martin memo to all prisons, enhanced screening station implementation plan.	Prior to entry into work location all individuals must process through screening stations.
3/16/20	Headquarters EOC	Command and General Staff meeting	
3/16/20	Headquarters EOC	Susan Leavell memo to all CPR/GRE staff	Operational changes
3/16/20	Headquarters EOC	Agency briefing	New IAP and objectives shared with group.
3/15/20	Headquarters EOC	Secretary Sinclair, all staff memo	Updated Enhanced Screening: DOC response to COVID-19 March 15, 2020
3/15/20	Headquarters EOC	DOC Response to COVID-19 - March 15, 2020	Message to all incarcerated individuals
3/15/20	Headquarters EOC	Secretary Sinclair, all staff memo	Encouraging Telework for Eligible Employees
3/15/20	Headquarters EOC	Secretary Sinclair, all HQ message	Staying healthy and safe
3/15/20	Headquarters EOC	All 12 prisons have implemented the active screening process.	
3/15/20	Headquarters EOC	Active screening in place in some DOC locations where resources are available. Facilities that have not yet sourced resources will use passive screening measures until active screening resources are in place.	Reduced access points, prior to entry to work location all individuals must process through active/passive screening stations.
3/15/20	Headquarters EOC	Notification from MCC, 1 employee who was thought to be positive for COVID-19 has informed initial results are false positive and they do not have the COVID-19 virus.	Updated employee active cases: 1 MCC 1 HQ Those under our care: There are no confirmed cases of incarcerated or supervised individuals.
3/14/20	Headquarters EOC	Command and General staff meeting	Incident Commander Danielle Armbruster Deputy Incident Commander Greg Miller Operations Section Chief Jamison Roberts Planning Section Chief Charlotte Headley Logistics Section Chief Jeff Ford Safety John Watts
3/14/20	Headquarters EOC	Organizational structure meeting	
3/14/20	Headquarters EOC	Notification of MCC employee positive test result for COVID-19.	
3/14/20	Headquarters EOC	I/C Armbruster approves annual in-service classes which are currently delivered as instructor-led classes, to be converted to online classes.	PREA Prison Safety Sexual Harassment for Managers EMS Suicide Prevention Verbal De-escalation for CCD

3/13/20	Headquarters EOC	ICP Receives 40 no touch thermometers for implementation of active screening of employees.	Prior to any person entering a prison, administrative office, work release facility, training center etc. active screening measures will take place as resources become available in specific locations.
3/13/20	Headquarters EOC	Notification of HQ 3 rd floor employee positive test result for COVID-19.	
3/13/20	Headquarters EOC	Message to all staff suspending some in-service classes	
3/13/20	Headquarters EOC	Appointing Authority and HR conference call.	
3/13/20	Headquarters EOC	Request to SEOC for resources	2 boxes medium Tyvek Proshield Coveralls 2 boxes large Tyvek Proshield Coveralls 2 boxes Tyvek Proshield Coveralls 2 boxes 2xl Tyvek Proshield Coveralls Order #WA-202031317305
3/13/20	Headquarters EOC	Command and General staff meeting	Incident Commander Danielle Armbruster Deputy Incident Commander Greg Miller Operations Section Chief Jamison Roberts Planning Section Chief Charlotte Headley Logistics Section Chief Chris Welch
3/13/20	Headquarters EOC	Request to SEOC for resources	Three month supply of hand sanitizer (5031 units) Clorox Wipes (4335 units), individual Purell Wipes (4119 units) Lysol Spray (273 units). Order number WA-202031217369.
3/13/20	Headquarters EOC	Washington State Library notification temporary suspension of library services in all prisons.	“In an abundance of caution, the WSL will temporarily close the libraries at the prisons to give them time to consider plans for modified services, protecting their staff from exposures while still trying to assist in reducing idleness and boredom in our population.”
3/13/20	Headquarters EOC	Message to prisons Appointing Authorities from Rob Herzog.	Provides additional clarification referencing contractor work that is occurring within your prisons e.g. capital projects, emergency repairs, deliveries, etc. being done by private contractors/vendors. We do not intend at this time to disrupt facility infrastructure repairs and projects (capital or minor works etc.) being completed by contractors. So if you currently have projects that are occurring or have vendors that you rely upon for a variety of services (example: porta potty service at WCC for porta potty’s within the perimeter) critical to maintain continued operations you are authorized to approve that continued work/service
3/13/20	Headquarters EOC	Secretary Sinclair message to all interested parties regarding first confirmed staff case of COVID-19 MCC-WSRU.	Message individually provided to labor organizations, OCO, statewide family council, local family councils, posted for incarcerated viewing, shared at local levels with red badge volunteers.
3/13/20	Headquarters EOC	Mac Pevey provides Community Corrections Division (CCD) message to all CCD staff.	Suspension of all DOC staff facilitated offender change groups statewide. This suspension includes all Thinking 4 Change (T4C) and Sex

3/13/20	Headquarters EOC	Message to OCO	Offender Treatment (SOTAP) groups. It is the expectation that facilitators and therapists contact the participants and inform them of the suspension of programming.
3/13/20	Headquarters EOC	Operations briefing	Notification of suspending visitation at all correctional facilities in Washington, including extended family visits (EFV). Corrections has authorized reimbursement for families scheduled for EFVs; restricting access for all individuals, with the exception of employees/contract staff and legal professionals, to the Monroe Correctional Complex, Washington Corrections Center and Washington Corrections Center for Women; and suspending all tours and events involving four or more outside guests at all facilities.
3/12/20	Headquarters EOC	Communication to employees, visitors, incarcerated population, Statewide Family Council, Ombuds office, Legislators, and media suspending visitation at all correctional facilities in Washington, including extended family visits (EFV). Corrections has authorized reimbursement for families scheduled for EFVs; Restricting access for all individuals, with the exception of employees/contract staff and legal professionals, to the Monroe Correctional Complex, Washington Corrections Center and Washington Corrections Center for Women; and suspending all tours and events involving four or more outside guests at all facilities.	
3/12/20	Headquarters EOC	General Staff meeting	
3/12/20	Headquarters EOC	Governor Inslee press conference	All K-12 schools King, Pierce and Snohomish Counties cancelled through April 24, 2020
3/12/20	Headquarters EOC	All staff message published	
3/12//20	Headquarters EOC	Policy group meeting	
3/12//20	Headquarters EOC	Notification to ICP, WCCW Close Custody Unit (CCU) placed on quarantine, one incarcerated individual presenting symptoms, isolated from CCU.	
3/12//20	Headquarters EOC	Notification of MCC employee positive test result for COVID-19.	
3/12/20	Headquarters EOC	Logistics Section Chief sources vendor, Tenspros.com for 96 infrared ear and forehead thermometers.	Jim Ronnse Health Services reviews and approves sourced thermometer.

3/12/20	Headquarters EOC	Request placed with SEOC for thermometer resources.	Request # 202031212446
3/12/20	Headquarters EOC	Logistics placed order with GoVetsDirect.com for 80 no touch thermometers, for active screening.	Order cancelled by vendor, out of stock.
3/12/20	Headquarters EOC	Open ICP's in prisons at noon today	
3/12/20	Headquarters EOC	Conference call facility Superintendents	Activate Incident Command Post (ICP) at each prison, one ICP for Work/Training Release, and one ICP for CCD hours of operation Monday thru Friday 0800-1700.
3/12/20	WCCW	ICP open at WCCW, Close Custody Unit (CCU) on isolation, and one incarcerated person symptomatic, awaiting test results.	Lt. Simons Incident Commander
3/12/20	Headquarters EOC	CCD strategy meeting	Danielle Armbruster, Kristine Skipworth, Mac Pevey, Jamison Roberts, Greg Miller, Charlotte Headley, Tom Fithian.
3/12/20	Headquarters EOC	Morning briefing	Review of objectives, significant events, situation tracking, and section chiefs' report out, initiate action group.
3/11/20	Headquarters EOC	Agency briefing	Command and General Staff
3/11/20	Secretary's office Communications Meeting	Set expectation for regular staff messaging to occur by 10am Tuesdays and Thursdays	Steve Sinclair, Danielle Armbruster, Julie Martin
3/11/20	Headquarters EOC	Logistics placed order with The Smart Shop for 80 no touch thermometers, for active screening.	Order cancelled by vendor, out of stock.
3/11/20	Secretary's office	Governor's policy group call	Steve Sinclair, Danielle Armbruster, Greg Miller
3/11/20	Headquarters EOC	Sent DOH educational flyers to all divisions for posting in public areas to provide additional communication regarding common preventative measures everyone can take.	Susan Biller
3/11/20	Headquarters EOC	Logistics placed order with Amazon.com for 80 no touch thermometers, for active screening.	Order cancelled by vendor, out of stock.
3/11/20	Headquarters EOC	Received new Health Services COVID-19 screening criteria (V4).	Shared revised criteria with all healthcare staff and Appointing Authorities
3/11/20	Headquarters EOC	Executive Strategy Team briefing	Command and General Staff
3/10/20	Headquarters EOC	Agency briefing	Command and General Staff
03/10/20	Headquarters EOC	Finalized Incident Action Plan, revised objectives.	Command and General Staff
3/10/20	Department of Health	Greg Miller meeting with DOH	Incident management, identify future resource needs.
3/10/20	Headquarters EOC	Briefing with Appointing Authorities and Human Resource Manager	Conference call
3/10/20	Secretary's Office	Interagency meeting to discuss 24 hour operation agencies and consensus moving forward. DCYF, DSHS, DVA, OFM.	Steve Sinclair, Danielle Armbruster, Charlotte Headley

03/10/20	Policy Group	Policy group decisions regarding large group events, meetings, training, active and passive screening.	All staff message to be published 3/12/20
03/10/20	Headquarters EOC	Executive Strategy Team (EST) briefing	EST, Command and General Staff, planning group.
3/9/20	Headquarters EOC	Provided response to Senate Republican Caucus “is DOC doing any testing upon entry to Shelton/Purdy and then upon transfer to other facilities? What kind of testing capacity does DOC have, is DOC implementing preventative measures?”	PIO Janelle Guthrie provided response via email approved by IC Danielle Armbruster
3/9/20	Headquarters EOC	EOC briefed on the status of all regional and county jails. DOC is currently able to manage the violators within existing systems and existing beds.	
3/9/20	Headquarters EOC	Updated WA DOC COVID-19 screening, testing and infection control guidelines provided to health services staff and superintendents. Health services provides ICP with updated medical screening criteria (V3).	
3/9/20	Headquarters EOC	Communication via email to all facilities directing all negative pressure rooms to be reserved for medical purposes only. Any patients currently housed in negative pressure rooms should be relocated.	All Superintendents, all Health Services Facility, Medical Directors.
3/6/20	Headquarters EOC	Conducted conference call with all appointing authorities and Human Resource managers	Shared operational and workplace guidance in response to Novel Coronavirus document from OFM
3/6/20	Headquarters EOC	Strategy for Grand Mound Thurston County meeting 3/7/20 finalized with Jeremy Barclay, DOH representative will attend to respond to COVID 19 related questions at community meeting.	
3/6/20	Headquarters EOC	Published memo to incarcerated population regarding agency direction to follow routine flu precautions and report if you are feeling ill – English/Spanish	
3/6/20	Correctional Industries	Submitted food service, manufacturing and commissary plan to planning team.	
3/6/20	Headquarters EOC	Updated WA DOC COVID-19 screening, testing and infection control guidelines provided to health services staff and superintendents. Health services provides ICP with updated medical screening criteria version 2.	
3/6/20	Headquarters EOC	EOC provides clear direction to Prisons regarding visit program operations.	Provided visit staff with 3 screening questions to ask visitors/volunteers prior to entry into prisons

3/6/20	Headquarters EOC	Communicated CCD Violator transport directive.	as well as criteria of when to deny entrance of a visitor/volunteer.
3/6/20	Headquarters EOC	Provided updated agency pandemic health plan and checklists to all Divisions	Incident Commander Danielle Armbruster Deputy Incident Commander Greg Miller Operations Section Chief Jamison Roberts Planning Section Chief Charlotte Headley Logistics Section Chief Chris Welch
3/6/20	Headquarters EOC	EOC will continue to respond to questions sent to doccovid19@doc.wa.gov throughout the weekend. ICP will activate over the weekend if a confirmed case of an employee or incarcerated person occurs.	
3/6/20	Headquarters EOC	All staff message sent	
3/5/20	Located at Headquarters EOC	Established Department Of Corrections Incident Command Post to respond to all Department issues related to COVID-19.	
3/5/20	All Health Services Staff	Sent out memo to all Health Services Staff providing updates on communications process and guidelines for WA DOC COVID-19 screening, testing and infection control guidelines	
3/5/20	Located at Headquarters EOC	Health Services team provides ICP with medical screening criteria. Conference call with all facility medical directors.	
3/5/20	CCD all Sections	Surgical masks are being purchased in each CCD section for transporting sick to incarceration placements.	
3/5/20	Prisons	Established and published facility violator intake, housing and release plan for use in all prisons.	
3/5/20	Headquarters	Communication sent to incarcerated population via kiosk, regarding agency direction to follow routine flu precautions and report if you are feeling ill.	
3/5/20	Headquarters	Conducted conference call with all prison Superintendents	
3/4/20	Headquarters	Established a question and answer mailbox for staff to communicate with any COVID-19 related questions.	DOCCOVID19@doc.wa.gov
3/4/20	Statewide Family Council	Tom Fithian sent message to the Statewide Family Council regarding DOC's response to COVID-19 and asking their assistance in not visiting if they are feeling ill.	
3/4/20	Office of Correctional Ombuds	Tom Fithian sent a message to the Office of the Ombuds regarding DOC's response to COVID-19	

3/4/20	Public website	Posted web site notification on doc.wa.gov pages for alerts and on each facility home page asking visitors not to visit if they show symptoms and announcing screening process	
3/4/20	Facility Superintendents, Field Supervisors, and Work Release Supervisors.	Tom Fithian sent message to the Superintendents, Kristine Skipworth, Carrie Trogden-Oster regarding authorization of hand sanitizer.	
3/4/20	All Staff	Secretary message to all staff regarding the establishment of the COVID-19 outlook mailbox for staff questions, concerns, and/or information requests you or your staff have regarding correctional operations, policies, and procedures related to the COVID-19 response.	
3/3/20	Headquarters	Established a work group/task force for COVID-19.	Representatives from the Department Incident Management team, Human Resources, Works Release, Community Corrections, Prisons, and Infectious disease control.
3/3/20	Superintendent, Field Office Supervisors, Work Release Supervisors	Sent out email to all facility Superintendents, Field Supervisors, and Work Release supervisors requesting a point of contact.	POC's will be responsible for disseminating and collecting information.
3/3/20	POC's	Sent email with a template for updating their Pandemic Plans.	All have responded and POC's have been established. Plan are due by close of business 3/5/20. Plan includes staffing models, contingency planning, quarantine areas, etc.
3/3/20	Headquarters	Began working on updating the DOC Public Health Pandemic Plan.	
3/3/20	Headquarters	Updated Public Health Pandemic Plan checklists to attach to the Plan.	
3/3/20	Headquarters	Convened work group to create enhanced medical inmate process.	
3/3/20	Headquarters	Staff began working on a tracking form for all facilities, field offices, and work releases, to track staff call ins due to flu like symptoms, as well as any staff who are on quarantine.	The form has been created and is waiting for approval to be sent out to facilities, Work Release, and Field offices.
3/2/20	All Staff	Secretary message to all staff regarding the activation of the Incident Command System, reminding them of universal precautions and the policies the agency already has in place regarding communicable diseases.	
2/28/20	Headquarters	Tom Fithian assigned to lead team for advanced contingency planning for COVID19 response.	Renee Swenson, Justin Schlagel, Candace Germeau, Susan Biller, Kaci Thomas deployed to HQ.
2/27/20	DOH, DOC	DOC staff joins DOH for staff briefing re: isolation site at Maple Lane	

2/20/20	All Staff	Secretary message to all staff regarding steps the Department of Corrections (DOC) has taken in order to assist the Department of Health (DOH) in their state response to COVID-19 (previously referred to as Novel Coronavirus).	
2/14/20	All Staff	Updated internal message from Health Services regarding Novel Coronavirus	
2/09/20	DOC HQ EOC	Established Headquarters EOC to support SEMD and DOH COVID-19 response.	Responded to request to deploy DOC resources
1/24/20	All staff	Internal message from Health Services explaining Novel Coronavirus	

ATTACHMENT 2

WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline

Version 13

The purpose of this guidance document is to allow the Washington State Department of Corrections (DOC) to better respond to the emerging COVID-19 outbreak. This document covers screening, assessment, testing and infection control of patients housed in Washington DOC facilities.

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Screening:

- 1) **Patients presenting with symptoms prior to Health Services contact:** Direct the patient to immediately don a surgical mask and place them in an isolated area and contact Health Services.
- 2) **Intersystem intakes (Patient arriving from other than a DOC facility):** All intersystem intakes coming into DOC facilities will have a temperature taken and will be asked the two screening questions listed below as a. and b. If any of the three screening items are positive the patient should immediately don a surgical mask and be placed in an isolated area.
 - A) Intersystem intakes originating from the community, such as patients from community custody field offices, work release, or community custody violators in jails will be screened prior to transport. If the patient screens positive they should be transported by staff in PPE including an N95 mask per the **Transportation of patients with suspected or confirmed COVID-19 disease** section below.
- 3) **Patients presenting with symptoms in Health Services:** Patients with symptoms concerning for COVID-19 should immediately don a surgical mask and be placed in an isolated area.

- 4) **Intrasystem intakes (Patients transferring to another DOC facility):** All intrasystem intakes should have a temperature taken prior to boarding and upon exiting the transport bus. If the patient has temperature greater than 100.4F immediately direct the patient to don a surgical mask, place them in an isolated area, and contact health services.
- 5) **Active screening of staff:** All staff entering DOC facilities will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Staff screening positive will not be allowed entry to the facility and will have follow up through the secondary staff screening process.
- 6) **Active screening of patients prior to entering Health Services:** All patients entering Health Services areas for scheduled or unscheduled care will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Patients screening positive will immediately don a surgical mask and be placed in an isolated area for evaluation according to the Health Services Evaluation section below.

Health Services Evaluation:

- 1) Any health care provider making first contact with patients referred from the screening section above should don personal protective equipment listed below *before* the evaluation:
 1. Fit-tested N95 mask
 2. Gloves
 3. Eye protection: goggles or facemask
 4. Gown
 5. If not fit tested use PAPR instead of N95
- 2) For instructions on proper donning and doffing of PPE see the following [video](#) and/or [document](#).
- 3) Nurse performs a clinical assessment, including temperature check, and asks the following 2 screening questions:
 - A) Do you have a fever **OR** any new cough, shortness of breath, or pharyngitis?
 - B) Did you have contact with someone with possible COVID-19 in the previous 14 days?
- 4) If the answer to **either** screening questions is yes, or temperature is greater than 100.4F, notify a healthcare practitioner for further assessment:
 - A. If a practitioner is available onsite they will assess the patient clinically and decide whether symptoms are compatible with COVID-19 disease. If yes proceed to step C.
 - B. If no practitioner is onsite the nurse will discuss the patient's case with the practitioner.
 - C. The practitioner will determine the following:
 1. Level of care based on acuity
 - a. To emergency department for severely ill patients
 - b. To a negative pressure room for any non-severely ill patient if one is available and the patient requires IPU level care, under airborne isolation precautions.
 - c. Living unit isolation with contact and droplet precautions for patients with mild illness.
 - Patients isolated in a living unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every shift
 2. Patients remaining in the facility will have the following diagnostic workup:
 - a. Perform rapid influenza test:

- i. If the rapid influenza test is negative send a viral respiratory panel (Interpath #2470) NP swab and COVID-19 test according to the testing procedure below, and isolate the patient.
 - ii. If the rapid influenza test is positive and illness is mild a COVID-19 test is not needed and the patient can be isolated according to the influenza protocol
 - iii. If the rapid influenza test is positive and illness is moderate or severe send a COVID-19 test according to testing procedure below
 - b. Consider other diagnostic testing as clinically appropriate, i.e. chest x ray for community acquired pneumonia
3. In the event that the patient is unable to be tested but for whom clinical suspicion remains, the patient should be isolated for presumptive COVID-19 disease.
4. Treat supportively based on symptoms and clinical evaluation.
5. Record and file rapid influenza test on the [In-House Lab Results Form 13-415](#)

Testing procedure:

- 1) There are currently two options for COVID-19 testing:
 - i. Washington State DOH/public health laboratory:
 1. Refer to [Washington DOH COVID-19 Specimen Collection and Submission Instructions](#) for guidance on collecting, submitting, and shipping of test samples.
 2. When the decision is made to test patients for COVID-19 use the following lab testing equipment:
 - a. Nasopharyngeal swab in viral transport media testing tube is the preferred testing sample in all patients. Use only synthetic sterile swabs.
 - b. Test sputum **if easily available** using a sterile specimen cup. Do not induce sputum in patients who are not producing sputum.
 3. Please review the following nasopharyngeal swab sample collection guidance:
 - i. [NP swab guidance document](#)
 - ii. [NP swab demonstration video](#)
 4. Use the [Washington State DOH Sample Submission Form](#) to submit test samples to the state DOH lab.
 5. Write the provided PUI# on the submitter section of the submission form.
 6. Send samples via Federal Express pickup using supplied packaging that complies with the IATA/DOT regulations for shipping category B biological substances. Laboratory personnel can review the following [guidance](#) for more shipping information about shipping samples through Federal Express. Shipping labels will be provided for both testing laboratories.
 - ii. University of Washington Virology Lab:
 1. Use the following [testing instructions](#) and the linked [UW Virology COVID-19 test requisition](#).
 2. Send samples via Federal Express pickup using supplied packaging that complies with the IATA/DOT regulations for shipping category B biological substances. Laboratory personnel can review the following [guidance](#) for more shipping

information about shipping samples through Federal Express. Shipping labels will be provided for both testing laboratories.

- 2) Notify facility Infection Prevent Nurse, Facility Medical Director, and Health Services Manager

Patients at High Risk for Severe COVID-19:

1) Patients with underlying conditions and those with advanced age are at higher risk for severe disease and complications if they acquire COVID-19. Patients with the following conditions should be considered at high risk:

- A) Aged 50 years** or older
- B) COPD or moderate to severe asthma
- C) Cardiovascular disease
- D) Patients who are immunosuppressed based on diagnosis or due to medication
- E) Cancer
- F) Morbid obesity (BMI >40)
- G) Diabetes, particularly if poorly controlled
- H) Chronic kidney disease including those with ESRD on dialysis
- I) Hepatic cirrhosis
- J) Pregnancy or the immediate post-partum period

**National Institute of Corrections recognizes that incarcerated population ages 50 and above are considered elderly

2) The following recommendations should be made for patients identified as high risk :

- A) Encourage self-quarantine in cell
- B) Wear a surgical mask if leaving cell
- C) Perform frequent hand hygiene
- D) Perform frequent cleaning of cell throughout the day
 - highly discourage the use of bleach as this can exacerbate conditions for those patients with underlying lung disease
- E) Avoid contact of high-touch surfaces
- F) Limit movement in the facility
- G) Social distancing (stay at least 6 feet from others) should be maintained during Day Room, Yard, Gym, Dining Halls, Religious Services, Pill Line, and other areas where the incarcerated population congregates.

3) For those patients identified as “very high risk” for severe disease, the Facility Medical Director may choose to write an HSR for medication and meal delivery to the patient’s cell front on a case by case basis.

Clinical Care of Patients with Suspected or Confirmed COVID-19:

1) **Triage for appropriate care setting of suspected or confirmed COVID-19 patients:**

- a. COVID-19 can display a very wide range of disease severity, from asymptomatic and mild upper respiratory symptoms to severe lower respiratory tract disease with ARDS and multiple organ

failure. Therefore triage to the appropriate care setting and subsequent monitoring are important aspects of clinical care for patients with COVID-19.

- b. Risk factors for severe disease and mortality include the following:
 - i. Lung disease including COPD and asthma
 - ii. Cardiovascular disease including hypertension and cardiomyopathy
 - iii. Diabetes
 - iv. Immunosuppression due to diagnosis or medication
 1. History of Transplant
 2. HIV with CD4 <200 or detectable viral load
 3. Immune modulators or immunosuppressive medications including corticosteroid treatment at the equivalent of 20 mg of oral prednisone or more daily
 - v. Cancer
 - vi. Chronic kidney disease
 - vii. Cirrhosis
 - viii. Age 50 years old or greater
- c. Patients with one or more of the risk factors above should be considered at high risk for clinical deterioration and should be monitored closely regardless of initial care setting.
- d. Patients with confirmed or suspected COVID-19 disease can be triaged into the following groups based on the clinical evaluation:
 - i. Mild disease: Patients with mild disease may have fever, cough, upper respiratory tract symptoms, myalgias, and fatigue without significant dyspnea or hypoxia (oxygen saturation 96% or greater).
 - ii. Moderate to severe disease: Patients with significant dyspnea, hypoxia (oxygen saturation less than 96%) or other clinical evidence for severe disease should be triaged to a higher level of care.
 1. If hypoxia is mild (92-95% on room air) and the patient is otherwise clinically stable admission to an inpatient unit or other unit with 24 hour nursing coverage, with on-site diagnostic evaluation may be considered:
 - a. In addition to the diagnostic testing described in the Health Services Evaluation section above, at a minimum perform a chest x ray and the following lab studies:
 - i. CBC with differential
 - ii. CMP
 - iii. CRP
 - iv. LDH (Interpath #1018)
 - v. INR
 - vi. D-dimer (Interpath #2657)
 - vii. Creatine kinase (CK) (Interpath #1015) and troponin (Interpath #2688)
 - viii. lactic acid (Interpath #2092)
 - b. Patients in this group with risk factors for severe disease are at high risk for rapid clinical deterioration. Consider emergency department evaluation as indicated based on clinical judgement.
 2. If hypoxia is severe (<92% on room air) or there is other clinical evidence of severe disease, including sepsis, cardiac complications, or coagulopathy, the patient should be transferred to the emergency department for further diagnostic evaluation and treatment.

2) Treatment and monitoring of outpatients with suspected or confirmed COVID-19 and mild disease as defined above:

- a. Treatment for patients with mild disease is supportive:
 - i. Patients with mild disease will be isolated in a living unit and will have nursing assessments every shift. Signs of clinical deterioration that should provoke transfer to a higher level of care or further diagnostic assessment include:
 - 1. Hypoxia with oxygen saturation less than 96% on room air
 - 2. Development of significant dyspnea
 - 3. Inability to tolerate oral intake
 - 4. Clinical evidence for sepsis, cardiac complications, or coagulopathy.
 - ii. Supportive care can include oral hydration, anti-emetics if indicated, and analgesics/antipyretics:
 - 1. Prefer acetaminophen for fever and myalgias
 - 2. Anecdotal reports initially suggested NSAIDs may have been associated with worsening COVID-19 disease in some patients. Currently there is no evidence to support either harm or safety for use of NSAIDs in patients with confirmed or suspected COVID-19. In the face of this uncertainty acetaminophen should be used preferentially for pain and fever in this patient group, however NSAIDs can be used intermittently based on clinical judgement on a case by case basis if no contraindications are present.
 - iii. For patients in the mild disease category be aware that early experience with COVID-19 cases suggests the potential for clinical deterioration **five to ten days after illness onset**, including the onset of respiratory failure, sepsis, and cardiac complications.
 - iv. There are no data to suggest a link between ACE inhibitors and ARBs with worse COVID-19 outcomes. These medications should be continued unless the clinical picture warrants holding them (ex. hypotension).

3) Treatment and monitoring of the COVID-19 patient admitted to an inpatient unit setting:

- a. Patients initially triaged to an inpatient unit care setting or another unit with 24 hour nursing coverage, or admitted to one after return from an emergency department evaluation or hospitalization for COVID-19:
 - i. Admit to negative pressure room with airborne isolation precautions if available
 - ii. Until further evidence for benefit and safety is available anti-viral agents are not recommended.
 - iii. Supportive care ordered as described above for patients with mild illness
 - iv. Supplemental oxygen by nasal cannula to keep oxygen saturation > 92%
 - v. Close monitoring for clinical deterioration including worsening hypoxia, with awareness of the potential for severe disease to develop 5-10 days after illness onset.
 - vi. Clinical factors that should provoke consideration for transfer to a higher level of care:
 - 1. Need for greater than 2L supplemental oxygen to maintain saturation above 92%
 - 2. Bilateral infiltrates on chest x ray suggesting moderate to severe pneumonia
 - 3. Elevated D Dimer > 1000 ng/ml
 - 4. Elevated CRP > 100
 - 5. LDH >245
 - 6. CPK > 2x ULN or elevated troponin
 - 7. Elevated AST and ALT

8. Significant lymphopenia or neutrophilia:
 - a. Calculate absolute neutrophil to absolute lymphocyte ratio: if 3.0 or greater the patient should be considered at high risk for clinical deterioration

OR

 - b. Absolute lymphocyte count <0.8
9. Lactate > 4
10. New creatinine elevation
11. Other clinical findings based on clinical judgement of medical team
- vii. Consider monitoring diagnostic studies recommended above through the course of illness until clear clinical improvement is seen.
- viii. Patient may transfer back to living unit isolation for the remainder of the isolation period after clinical improvement is seen and the risk for deterioration has passed.

4) For questions or consultation regarding management of patients with suspected or confirmed COVID-19 call the DOC COVID medical duty officer phone: 564-999-1845

Infection Control and Prevention:

A) Definitions:

1. Isolation: Separating a symptomatic patient with a concern for a communicable disease from other patients.
2. Quarantine: Separating asymptomatic patients who have been exposed to a communicable disease from other patients.
3. Cohort: Grouping patients infected with or exposed to the same agent together. Isolated and quarantined patients should NOT be cohorted together.

B) Patients suspected of COVID-19 and their cellmates are immediately isolated and quarantined respectively until they can be evaluated by a medical provider.

C) Isolation of symptomatic confirmed or suspected COVID-19 cases:

1. As soon as staff become aware that a symptomatic patient is suspected or confirmed as a COVID-19 case, staff should direct the patient to put on a surgical mask until the patient can be isolated.
 - a. Each housing unit and Shift Commander's office will maintain a supply of surgical masks
 - b. Surgical masks will be made available in clinic waiting rooms
 - c. Staff will work to isolate the patient and notify medical if they are identified outside the clinic
2. If the patient is off the living unit at the time COVID-19 symptoms are noted, staff working with the patient will notify the applicable housing unit that they are sending the patient back for single cell confinement until the patient can be assessed by medical

- a. If a single room is not immediately available, confine the patient at least 6 feet away from others until they have been evaluated by medical
3. If the patient is already in the living unit, isolate the patient in their cell and notify medical
4. Droplet Precautions will be initiated
 - a. Droplet Precaution Isolation signs will be hung outside the room at cell front
 - b. Proper PPE will be available outside the isolation cell or somewhere easily accessible
 - c. All staff must wash hands with soap and water or with alcohol sanitizer prior to entering a patient's cell and removing gloves.
 - d. In the following situations PPE will be comprised of an **N95 mask, eye protection, gown, and gloves:**
 - i. Patients with suspected or lab confirmed COVID-19 while symptomatic with cough or sneezing.
 - ii. While performing diagnostic nasopharyngeal swab sample collection or any other potentially aerosol generating procedures
 - e. In the following situations PPE will be comprised of a **surgical mask, eye protection, gown, and gloves:**
 - i. When speaking with a symptomatic patient from outside of an isolation cell
 - ii. Any patient who has tested negative for COVID-19 but remains in isolation and continues to be symptomatic
 - iii. Patients with suspected or lab confirmed COVID-19 without cough or sneezing.
 - f. All staff must wash hands with soap and water or with alcohol sanitizer after leaving a patient's cell and removing gloves.
 - g. A red trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.
 - h. If possible avoid isolating patients with suspected or confirmed COVID-19 in cells with open bars.
 - i. Patients in isolation should don a surgical mask if staff enters the cell for any reason.
5. Isolation of patients with suspected or confirmed COVID-19
 - a. Custody will work with medical staff to determine the best location to house patients on isolation status.
 - b. If single cell not available, it is acceptable to cohort patients with COVID-19 together if they both/all have lab confirmed disease and are not thought to have other communicable diseases concurrently (i.e influenza or another viral respiratory disease).
 - c. Sick isolated patients must be housed separately from asymptomatic exposed patients (quarantined).

6. As a general rule, isolated patients will not be allowed out of the cell unless security or medical needs require it
 - a. If an isolated patient needs to be out of their cell, they will don a surgical mask during the necessary movement
 - b. Staff will ensure that the patient goes where directed by communication between the sending and receiving area staff
7. Any pill line medications will be delivered by medical staff unless medical staff determines the need for a different protocol
8. Patients isolated in a living unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every shift, with referral to a practitioner as clinically indicated.
9. Medical practitioners should document an assessment on patients in isolation for confirmed or suspected COVID-19 each business day until they are asymptomatic for 24 hours.
10. Patients with laboratory confirmed COVID-19, or who were not tested but are suspicious for COVID-19, will remain in isolation until they have been asymptomatic for 14 days.
11. Patients who tested negative for COVID-19 will remain in isolation until they have been asymptomatic for 14 days, unless they have a documented or confirmed alternative diagnosis that explains their symptoms, such as in the following examples:
 - a. Mild respiratory illness with a positive influenza test
 - b. Fever explained by infection at another site, such as UTI or cellulitis
12. Close contacts of patients who test negative for COVID-19 will remain in quarantine 14 days after the last exposure to the patient unless there is a documented or confirmed alternative diagnosis that explains their symptoms.
13. Close contacts of patients who test positive for COVID-19 will remain in quarantine 14 days after the last exposure to the patient.
14. Patients isolated for suspected or confirmed COVID-19 disease who become asymptomatic:
 - a. After an isolated patient is asymptomatic for 24 hours the intensity of monitoring can be decreased to once daily temperature and symptom checks at cell front. Patients with recurrence of symptoms should be evaluated by a medical practitioner.
 - b. Recommended PPE for these asymptomatic isolation nursing checks will include **surgical mask, gown, and gloves**.
15. Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's isolation cell.

D) Quarantine of exposed patients

1. Patients who are asymptomatic but have been in close contact with confirmed or suspected COVID-19 patients should be quarantined. Quarantined patients can be housed alone or cohorted with other quarantined patients from the same exposure.
 - a. If a quarantined patient develops symptoms of the COVID-19, they will be immediately removed from quarantine if they were housed with other asymptomatic patients, and placed into isolation. If cohorted with other asymptomatic patients the quarantine period for those patients will be reset to day 0 of 14.
 - b. If the symptomatic patient lived in dormitory-style housing, consider quarantining an entire dorm or wing of a housing unit, especially if multiple cases
 - 1) Staff performing tier checks in open dorm style housing units should remain 6 feet away and have patients sit on their beds. PPE worn during these tier checks includes **gloves**.
 - 2) Staff performing nursing or medical assessments in open dorm style housing units on quarantined patients should don the following PPE: **surgical mask, gown, eye protection and gloves**.
 - c. Staff performing nursing or medical assessments in units with barred cells
2. Staff performing nursing assessments of patients in quarantine should do so by discussing development of symptoms and perform temperature check at the cell front after donning the following PPE: **surgical mask, gown, eye protection and gloves**. Disposable thermometers should be used by patients if available. If multi-use thermometers must be used they should be disinfected in between patients.
3. If the patient develops symptoms or fever a full assessment should be done by entering the cell in PPE appropriate for symptomatic patients including full PPE with N95 mask.
4. Exposed patients will remain in quarantine for COVID-19 for 14 days from the date of last contact with the symptomatic patient, or until symptoms develop.
5. Patients in quarantine will be assessed twice daily by nursing staff. The assessment will include a temperature check and development of any respiratory symptoms. If the patient develops symptoms while in quarantine they will be assessed by a medical practitioner per Health Services Evaluation section step #3.
 - a. For stand-alone camps Health Services staff will determine scheduling to accommodate assessment of quarantined patients 7 days per week.
6. Any pill line medications will be delivered to the quarantined patient by medical staff unless medical staff determines the need for different protocol.
7. A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.

8. Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's quarantine cell.

E) Facility management of isolated/quarantined patients:

1. If possible, cluster cases in isolation within in a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population
2. If patients need to be isolated/quarantined in a living unit, allowances will be made to accommodate patients in this location
 - a. Television, playing cards and/or other recreational activities will be provided
 - b. There will be no cost to the patient for the duration of their stay
3. All patients placed in isolation/quarantine will be issued hygiene kits and new clothing as needed
4. Provision of health care
 - a. Routine health care will be provided at cell front.
 - b. Medications will be given at cell front
 - c. Insulin and other diabetic services will be given at cell front
 - d. Routine mental health services will be provided at cell front
 - e. Emergency medical needs will be assessed immediately by medical personnel, as required. Patient will be transported as deemed necessary if a higher level of medical care than can be delivered in the unit is required. There is not a medical indication for restraints during transport. Patient will don a surgical mask if it is not contraindicated.
5. Meals will be provided by Food Services and delivered to the cell.
 - a. The Unit staff will notify Food Services at the beginning of each shift the number of meals that are needed
 - b. Gloves will be worn when picking up used trays
6. Education Programs will be suspended

F) PPE Requirements for Prisons and Work Release Staff:

1. Contact with asymptomatic individuals who are not on isolation or quarantine:
 - a. **Gloves** (follow normal practice)
2. Contact with individuals on isolation (symptomatic):

- a. In the following situations **N95 mask, eye protection, gown, and gloves** should be worn:
 - i. Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).
 - b. In the following situations **surgical mask, eye protection, gown, and gloves** should be worn:
 - i. When speaking with a symptomatic patient from outside of an isolation cell
 - ii. Any contact with a patient who has tested negative for COVID-19 but remains on isolation
 - iii. Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
 - c. In the following situations PPE will be comprised of **gloves**:
 - i. Passing items through a closed door cuff port and NO face to face contact
 - ii. If possible, avoid isolation in cells with open bars
3. Contact with quarantined (asymptomatic) individuals:
- i. Open bay units:
 - 1. Close contact (ex. Temp check): **surgical mask, gown, gloves**
 - 2. No close contact (example walking through unit): **gloves**
 - ii. Dayroom/or other close quarters:
 - 1. Close contact (within 6 feet): **surgical mask, gown, gloves**
 - 2. No close contact (example walking through unit): **gloves**
 - iii. Pat searches:
 - 1. **Surgical mask, gown, gloves** (for every person pat searched)
 - iv. Closed door cells with *cuff port*:
 - 1. Passing items through cuff port and NO face to face contact: **gloves** only
 - 2. No contact at all (talking through the door): **No PPE required**
 - 3. Close contact: **surgical mask, gloves, goggles/face shield**
 - v. Bar cells:
 - 1. Close contact (ex. temp check): **surgical mask, gown, gloves**
4. Staff active screening of patients or staff at entry into facilities, health services, or other :
- i. **Surgical mask, gown and gloves**

- ii. **When an active screener should change PPE:** If a facility active screener comes within 6 feet of a staff member or patient that screens positive PPE should be removed and discarded, hand hygiene should be performed, and new PPE should be donned prior to resumption of screening.

G) Environmental Cleaning

1. Enhanced frequency of cleaning and disinfection procedures of high touch surfaces is recommended for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.
2. Disinfectant must be:
 - a. EPA-approved as a hospital/healthcare or broad spectrum disinfectant
 - b. Contain quaternary ammonium
3. Management of laundry:
 - a. Laundry from isolation or quarantine patients and cells will be placed in yellow bags and transported in rice bags. Contents should be washed/treated as infectious laundry.
4. Food service management:
 - a. Meals for isolated and quarantined patients should be served in disposable clamshells. If trays are used staff should wear gloves and wash hands before and after handling.
5. Medical waste from isolation and quarantined cells can be discarded using the regular waste disposal process.
6. Any individuals involved in cleaning rooms occupied by isolated suspected or confirmed COVID-19 cases, including DOC staff and employed incarcerated individuals, should wear the following PPE: **surgical mask, gown, eye protection and gloves.**
7. Any individuals involved in handling laundry and food services items of patients in isolation or quarantine, without entering the cell, should wear the following PPE: **Gown and gloves**
8. Rooms occupied by quarantined patients who are moved prior to the complete 14 day period, should be similarly cleaned only by individuals wearing PPE listed above in #4.

Release of patients into the community

- 1) Patients in isolation: For any patient with suspected or confirmed COVID-19 disease who releasing from a DOC facility, the Infection Prevention Nurse or designee in conjunction with the facility Psychiatric Social Worker will contact their local health jurisdiction for appropriate placement guidance prior to the patient's release.
- 2) Patients in quarantine: Upon release from DOC custody while on quarantine status, patients will be provided a surgical mask and will be directed to self-quarantine in the community until the remainder of their 14 day quarantine period. Direction should be given that they should immediately report to their CCO via phone to arrange future reporting requirements.

Transportation of patients with suspected or confirmed COVID-19 disease:

- 1) This section refers to transportation of patients under Washington DOC jurisdiction to or between DOC facilities who are confirmed or suspected (by a licensed medical provider) to have COVID-19 disease. This includes community custody violators, work release/GRE returns, and patients currently housed in DOC facilities.
- 2) No patient with confirmed COVID-19 disease will be transported into or between DOC facilities without approval of the CMO in consultation with the COVID-19 EOC.
- 3) For any patients with confirmed or suspected (by a licensed medical provider) COVID-19 disease being transported into or between DOC facilities custody officers, community custody officers, or other DOC staff in close contact with the patient, will don the following personal protective equipment:
 - i. A pair of disposable examination gloves
 - ii. Disposable isolation gown or single-use/disposable coveralls
 - iii. Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator)
 - iv. Eye protection (i.e., goggles or disposable face shield)
 - v. If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.
- 4) The transport vehicle will be cleaned and disinfected after use.
- 5) For any patients on quarantine for contact with a suspected or confirmed COVID-19 case DOC staff will don the following PPE:
 - i. A pair of disposable examination gloves
 - ii. Disposable isolation gown or single-use/disposable coveralls
 - iii. Surgical mask

Contact Tracking and Case Reporting:

1. Cases of suspected and confirmed COVID-19 will be thoroughly investigated by the Infection Prevention Nurse (IPN):
 - a. Review the patient's cell and living unit location, job, classes, etc. to determine who could have been exposed and needs to be quarantined
 - b. The decision to classify a contact as close or high risk and requiring quarantine will be a clinical decision by the IPN taking into consideration the guidance described here. IPNs should strongly consider consultation with a DOC Infectious Disease physician or local/state public health departments if any uncertainty exists regarding how to classify a contact with a suspected or confirmed COVID-19 case.
 - c. A close, or high risk, contact with potential COVID-19 cases will be defined as follows for the purpose of this guideline:
 - i. Being within approximately 6 feet of a person with confirmed or suspected COVID-19 for a prolonged period of time, defined as at least several minutes. Examples include caring for or visiting the patient or sitting within 6 feet of the patient in a healthcare waiting room.

- ii. Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
 - d. Contact not considered close or high risk include briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation with a patient who was not wearing a facemask.
 - e. Mitigating and exacerbating factors should be considered in determination of contact risk. For example a suspected or confirmed COVID-19 case will be more likely to transmit disease if they are actively coughing during the contact, and less likely if they are wearing a facemask.
 - f. Report the need to isolate a patient and the need to quarantine other patient/s as indicated to the Health Care Manager or designee who will then notify the Superintendent at the facility, Facility Medical Director, and headquarters EOC.
 - g. Enter the information about the case of suspected/confirmed COVID-19 and the information about the exposed patients on the [Influenza like illness log](#).
 - h. The results of contact investigations will be communicated to the Facility Medical Director, HSM, facility Human Resources and infectious disease consultant who will help ensure that people who have been exposed are identified, notified, and all appropriate infection control measures are put in place to reduce transmission (masking, quarantine, cohorting etc.)
2. All COVID-19 test results for DOC patients should be reported via phone to the CMO, FMD, and IPN immediately upon receipt from the testing lab.
- a. The CMO will report test results to the COVID-19 EOC, who will forward to Human Resources for updating of any staff who were identified as potentially exposed through the contact investigation.
 - b. The IPN will update the contact investigation and review isolation/quarantine status of the tested and exposed patients after receipt of test results.

Guideline Update Log:

- 1) 3/6/20: Under Health Services Evaluation, section 3.iii, added subsection 3 to include criteria for isolating patients who are suspected COVID-19 who cannot be tested.
- 2) 3/6/20: Under Infection control and Prevention section C.5, d. "COVID-19 patients will not be isolated in an IPU, unless they require IPU level of medical care." was deleted.
- 3) 3/6/20: Under Infection control and Prevention section C.9 added.
- 4) 3/6/20: Section Transportation of patients with suspected or confirmed COVID-19 disease added.
- 5) 3/9/20: Section Contact Tracking and Case Reporting added
- 6) 3/9/20: Section Health Services Evaluation 3.3.2 changed to reflect updated DOH and CDC testing guidance
- 7) 3/11/20: Section Health Services Evaluation part 2 added instruction for donning and doffing PPE.
- 8) 3/11/20: Section Contact Tracking and Case Reporting added guidance and definitions for determining risk of contact with suspected or confirmed COVID 19 cases.
- 9) 3/11/20: Section Contact Tracking and Case Reporting changed COVID-19 log to Influenza-like illness log.
- 10) 3/12/20: Section Health Services Evaluation part 5 Testing Procedure updated
- 11) 3/13/20: Section Testing Procedure information regarding testing through Interpath labs

Version 13: 04/07/2020

Valid Until Rescinded

- 12) 3/17/20: Section Screening Intrasystem Intakes changed to require temperature screening at both boarding and exiting the transport bus.
- 13) 3/17/20: Section Health Services Evaluation 3A (screening question #1) changed from AND to OR
- 14) 3/17/20: Section Infection Control and Prevention changed to reflect updated PPE requirements for staff evaluating quarantined patients
- 15) 3/18/20: Section Infection Control and Prevention changed the duration of isolation recommended
- 16) 3/18/20: Section Testing Procedure, deleted #3 regarding Interpath Labs, as they are no longer performing COVID testing
- 17) 3/18/20: Section Health Services Evaluation added information regarding when to order COVID testing in the context of influenza test results
- 18) 3/19/20: Section Infection Control and Prevention, changed criteria for use of N95 mask when in contact with isolated patients.
- 19) 3/20/20: Section Infection Control and Prevention, changed monitoring of isolated patients after they become asymptomatic to once daily at cell front
- 20) 3/25/20: Section Patients at High Risk for Severe COVID-19 added
- 21) 3/25/20: Section Infection Control and Prevention added statement regarding release from quarantine requirements
- 22) 3/25/20: Section Health Services Evaluation added pharyngitis to screening questions
- 23) 3/25/20: Section Infection Control and Prevention, added PPE Requirements for Prisons and Work Release Staff
- 24) 3/27/20: Section Testing Procedure- deleted reference to need for PUI number and approval prior to sending COVID tests to the Washington DOH public health lab
- 25) 3/27/20: Section Release of Patients into the Community added direction for patients on quarantine status at the time of release
- 26) 4/3/20: Section Testing Procedure added NP swab demonstration video
- 27) 4/3/20: Section Infection Control and Prevention added eye protection to PPE needed for evaluation of quarantined patients
- 28) 4/3/20: Section Infection Control and Prevention, PPE for Work Release and Prisons Staff, added criteria for changing PPE for screeners
- 29) 4/7/20: Section Clinical Care of Patients with Suspected or Confirmed COVID-19 added
- 30) 4/7/20: Section Screening added statements about active screening of staff and patients
- 31) 4/7/20: Section Infection Control and Prevention changed waste disposal from biohazard red bag/bin to regular trash bins.

ATTACHMENT 3



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
PRISONS DIVISION
P. O. Box 41118 • Olympia, Washington 98504-1118

March 20, 2020

TO: All Superintendents
All Community Partnership Program Coordinators

FROM: Robert Herzog, Assistant Secretary *RH*
Julie Martin, Deputy Secretary *JM*

RE: Temporary Suspension of Volunteer Services

Effective immediately, Washington State Department of Corrections (DOC) is temporarily suspending all volunteer access and associated services at all prison facilities. This action is taken to enhance the practice of social distancing and further mitigate the risk of exposure to our employees and incarcerated population.

The work of our volunteers is important and greatly appreciated. During normal circumstances, we have hundreds of volunteers entering prisons on a daily basis to provide an array of services to support our population.

However, during this critical time, DOC must limit access to our facilities as much as possible to keep everyone safe. These hard decisions must be made first and foremost to keep those under our care, those providing volunteer services to the incarcerated population, and our staff, safe.

cc: Julie Martin, Deputy Secretary
Robert Herzog, Assistant Secretary
Jeneva Cotton, Deputy Director Command B
All Superintendents
All Community Partnership Program Coordinators
Lisa Flynn, Correctional Program Administrator
Dawn Taylor, Corrections Specialist 4
DOC COVID-19

“Working Together for SAFE Communities”

ATTACHMENT 4



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

March 15, 2020

TO: All DOC Staff

FROM: Stephen Sinclair, Secretary

SUBJECT: UPDATED Enhanced Screening: DOC Response to COVID-19 - March 15, 2020

Good afternoon:

Our country and our state are both operating in a State of Emergency. While the World Health Organization (WHO) has declared COVID-19 a pandemic and it's spreading in several communities in Washington, the WHO also reports this virus can be suppressed and controlled by taking action to prevent exposure. For these reasons, we've implemented enhanced screening across all Corrections facilities and locations.

This message is to amend the Enhanced Screening Protocol portion of the DOC All-Staff message sent to you from the DOC COVID19 mailbox on March 15, 2020 at approximately 11:10 a.m.

Per my direction, effective immediately:

- If an employee refuses to participate in the enhanced screening protocol or refuses to participate in the screening process, they will not be placed on assignment to home pending an investigation;
- They will be denied entry to the workplace--~~and~~ informed this will be treated similarly to a no-call, no-show/unauthorized leave, until such time they are willing to participate in the mandatory screening process; and
- The employee will be informed that they are still required to report any future absences in advance of their scheduled work hours per their current workplace established process.

While I know these screening measures and steps are extraordinary, our goal is to do our

"Working Together for SAFER Communities"

part to keep you and all those in our system safe and healthy so we can fulfill our important mission of public safety.

Now more than ever, we must all work together as an agency and as Washingtonians to do what we can to abide by the recommendations and restrictions.

Again, I encourage you to utilize the various resources out there to support you and your families.

Your mental health is just as important as your physical health. Remember that if this is a stressful time for you, the [Employee Assistance Program \(EAP\)](#) or [Staff Psychologists](#) are available. These are free and confidential services. It's important to take care of yourself.

As always, for more information:

- [DOH COVID-19 Information Center](#)
- [King County COVID-19 Fact Sheet \(pdf\)](#)
- [What to do if you have symptoms and have not been around anyone who has been diagnosed with COVID-19](#)
- [EAP: Coping with Stress During an Infection Disease Outbreak \(pdf\)](#)

Thank you to everyone involved in responding to COVID-19 at Corrections and to all of you for keeping Corrections running smoothly during these challenging times. Please continue to take care of yourselves, your co-workers and those in our care.

ATTACHMENT 5



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

March 21, 2020

TO: All DOC Staff

FROM: Stephen Sinclair, Secretary

SUBJECT: Secondary Screening Implementation

As you are aware, earlier this week, we implemented Active Screening protocols to limit the spread of COVID-19 and to protect employees and those under our care. As was shared on March 18, we are now implementing a secondary screening process to identify those who are able to return to work and support the mission of DOC.

Active Screening

- Employees denied entry during the Active Screening process, and employees who call out sick, will be asked to provide their current contact information for follow-up by a DOC medical professional.
- Employees will be provided a [return-to-work information sheet](#) about next steps and a [COVID-19 pamphlet](#).

Leave Reporting

- Employees need to call their supervisor if they are not allowed entrance after the Active Screening process. We encourage the employee to discuss with their supervisor whether telework is an option.
- Employees not allowed access due to answering “yes” to one or more of the [active screening questions](#) and unable to telework, will receive paid leave (Administrative Leave) while awaiting the completion of secondary screening process.
- Employees not allowed access due to a current temperature reading at or above 100.4 degrees will be expected to use the appropriate leave in accordance with the applicable collective bargaining agreement, leave policies and laws.

Secondary Screening Process

- The goal is to complete the secondary screening as soon as possible.
- If an employee declines to participate, they may choose to use their own accrued leave or leave without pay in accordance with the leave laws or applicable Collective Bargaining Agreement.
- A medical professional will call the employee and ask a series of follow-up questions ([DOC COVID-19: Secondary Screening](#)) related to the reason(s) for denial (e.g., cough, sore throat, etc.).
- The medical professional will make a determination on clearance to return to work.
 - If a medical professional determines an employee is sick, the employee will be expected to use accrued leave or leave without pay in accordance with leave laws or collective bargaining agreement.
 - If the medical professional determines an employee is approved to return to work, the employee will be expected to return to work on their next scheduled workday or work with their supervisor to determine appropriate leave usage.
- Medical professionals will make three attempts to contact the employee. If after three attempts contact is unsuccessful, the employee may receive unauthorized leave without pay, or will need to work with their supervisor to use accrued leave or leave without pay in accordance with leave laws or collective bargaining agreement.

Employees who have a confirmed case of COVID-19 must wait until 14 days after symptoms resolve before returning to work regardless of the release from a healthcare provider.

We encourage all of you to stay home and take care of yourself if you feel sick. You should only report to work if you feel healthy. Our goal continues to be to provide a healthy and safe environment for all.

ATTACHMENT 6



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

April 1, 2020

TO: All DOC Staff

FROM: Stephen Sinclair, Secretary 
Danielle Armbruster, Emergency Operations Center Manager 

SUBJECT: Updated Employee PPE Protocols for Patients on Isolation or Quarantine

In light of the response to COVID-19 and personal protective equipment guidelines, we have updated the information in this memorandum. The updates are in **bold** and underlined. This memorandum and attachments will be continuously updated as changes are made to PPE protocols.

The coronavirus (COVID-19) situation continues to evolve. It is critical to ensure procedures are in place to provide services as appropriate to individuals, while maintaining safe and secure environments. To assist all staff, a quick reference sheet and matrix is attached to appropriately identify personal protective equipment (PPE) for specific job types. The documents outline the activity, type of work and appropriate identified PPE. Staff have been trained on universal precautions and are reminded to follow established protocols.

Protocols are intended to assist custody staff in maintaining alignment with the most up-to-date version of *WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline*. For information about how Personal Protection Equipment (PPE) shall be utilized, please refer to the *WA Department of Corrections PPE Quick Reference Sheet*.

If equipment is not readily available in your work location, to request equipment:

- prison staff will work with their Incident Command Post;
- work release staff will work with work release supervisors; and
- community corrections staff will work with field administrators.

Where indicated, the N95 filter half-face respirator will be used by staff who have been medically cleared and fit tested. Staff are not authorized to use any respirator unless they

have been approved for use and fit tested. As a reminder, be sure to inspect each respirator prior to use, ensure it has not exceeded the manufacturer's expiration date, and is in good repair. This would include inspections of straps, nose piece and general integrity of the filtration system.

ISOLATION

Patients who test negative for COVID-19 will remain in isolation until they have been asymptomatic for 14 days, unless they have a documented or confirmed alternative diagnosis that explains their symptoms.

Isolated patients must wear a surgical mask any time they are outside of their cell.

Isolated patients are not to use the phone, or any other dayroom items (microwave, hot shot, etc).

Contact with individuals on isolation:

- N95 mask, eye protection, gown, and gloves needed in the following:
 - Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).
- Surgical mask, eye protection, gown, and gloves in the following:
 - When speaking with a symptomatic patient from outside of an isolation cell
 - Any contact with a patient who has tested negative for COVID-19 but remains on isolation
 - Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
- In the following situations PPE will be comprised of gloves:
 - Passing items through a closed door cuff port and NO face to face contact

Isolated patients shall be offered a minimum of one (1) shower per week after Day 7 in Isolation.

Showers being used by those on isolation shall be disinfected after each shower according to the manufacturer's guidelines. The janitor/porter cleaning the shower will need to wear: surgical mask, disposable gown, gloves and eye protection, if supplies are available at the facility. If appropriate PPE is not available at the facility, showers should be suspended.

QUARANTINE

Quarantine is for 14 days at a minimum, and refers to separating those who are NOT symptomatic, but who were exposed to someone who has symptoms of illness.

Any quarantined patient who develops symptoms will be immediately removed from quarantine and placed into isolation.

Quarantined patients may be housed alone or with other quarantined patients from the same

exposure.

Quarantined patients may NOT have any interactions with non-quarantined incarcerated individuals.

The following activities are approved for quarantined populations, as long as social distancing of at least six (6) feet is maintained for each activity:

- Outside recreation yards (no more than 50 individuals at a time)
- Day room use

All surfaces must be wiped down/cleaned after the quarantined patient(s) returns to their cell

FOR ALL ON EITHER ISOLATION OR QUARANTINE

COMMISSARY:

A memo will be distributed by DOC Prisons/Health Services Unified Command advising all incarcerated individuals that, if they are on isolation or quarantine status:

- Commissary orders will be submitted via paper form
- Microwaves WILL NOT be available to those on **isolation**.
- **Microwaves will be available to those on quarantine.**

Superintendents must define locations and processes for how commissary orders are to be delivered.

MISCELLANEOUS:

- All patients in isolation or quarantine shall be issued hygiene kits and new clothing as needed
- All patients in isolation or quarantine will receive meals in clamshells at cell-front
- Laundry from isolation or quarantine patients will be placed in yellow bags and transported in rice bags, and washed/treated separately as infectious laundry
- Staff or incarcerated individuals who clean rooms used for isolation or quarantine patients will need to wear PPE consisting of: Surgical mask, disposable gown, and gloves, and ensure the PPE is immediately removed and disposed of once cleaning is complete

SS/DA:eocjic

Attachments:

COVID-19 PPE Quick Reference

COVID-19 PPE Matrix

cc: DOC COVID-19

WA Department of Corrections

PPE Quick Reference Sheet

Updated 03-31-20

****This information is based on the current COVID-19 situation and availability of PPE. As we learn more about COVID-19 and as the needs of the response or availability of PPE within the U.S. change we will update our recommendations.**

Updates

- 3/31/2020: Added introductory paragraph
- 3/31/2020: Updated guidance for active screening
- 3/31/2020: Added guidance for handling laundry and food services
- 3/31/2020: Added guidance for hospital watch officer

The best protection against acquiring COVID-19 is by maintaining physical distance (over 6 feet), frequently washing hands (for at least 20 seconds) and avoidance of touching face with unwashed hands. However, given the nature of our work, there are situations in which wearing PPE is necessary. It is not only important that you wear the proper PPE, it is just as important to use the recommended PPE correctly, including how to properly put it on (don) and how to properly take it off (doff).

**** If PPE is worn in a room of a suspected or positive case, all of the PPE needs to be removed before or immediately after exiting the patient's room or quarantined dorm.**

1. Active Screening (for staff and incarcerated individuals):
 - a. Gloves, surgical mask, disposable gown and eye protection
2. Health services
 - a. Contact with individuals on isolation (symptomatic):
 - i. **N95 mask, eye protection, gown, and gloves needed for the following:**
 1. Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).
 2. While performing diagnostic nasopharyngeal swab sample collection.
 - ii. **Surgical mask, eye protection, gown, and gloves needed for the following:**
 1. When speaking with a symptomatic patient from outside of an isolation cell
 2. Any contact with a patient who has tested negative for COVID-19 but remains on isolation
 3. Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
 - b. Contact with quarantined individuals (asymptomatic):

- i. Open bay units:
 - 1. Close contact (e.g. temp check) surgical mask, gown, gloves
 - 2. No close contact (e.g. walking through unit) gloves
- ii. Closed door cells with cuff port:
 - 1. Passing items through cuff port and NO face to face contact: gloves only
 - 2. No contact at all (talking through the door): No PPE required
 - 3. Close contact surgical mask, gloves, goggles/face shield
- iii. Bar cells:
 - 1. Close contact (e.g. temp check) surgical mask, gown, gloves

3. Prisons/work release

- a. Contact with asymptomatic individuals who are not on isolation or quarantine:
 - Gloves (follow normal practice)
- b. Contact with individuals on isolation (symptomatic):
 - i. **N95 mask, eye protection, gown, and gloves needed for the following:**
 - 1. Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).
 - ii. **Surgical mask, eye protection, gown, and gloves for the following:**
 - 1. When speaking with a symptomatic patient from outside of an isolation cell
 - 2. Any contact with a patient who has tested negative for COVID-19 but remains on isolation
 - 3. Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
 - iii. **Handling Laundry and Food Service Items:**
 - 1. Gloves and disposable gown
 - iv. **Passing items through closed door or cuff port (No face to face contact):**
 - 1. Gloves

****If possible, avoid isolation in cells with open bars**
- c. Contact with quarantined (asymptomatic) individuals:
 - i. Open bay units:
 - 1. Close contact (e.g. temp check): surgical mask, gown, gloves
 - 2. No close contact (e.g. walking through unit): gloves
 - ii. Dayroom/or other close quarters:
 - 1. Close contact (within 6 feet): surgical mask, gown, gloves
 - 2. No close contact (e.g. walking through unit): gloves
 - iii. Pat searches:
 - 1. Surgical mask, gown, gloves (with new PPE for each person pat searched)
 - iv. Handling Laundry and Food Service Items:

1. Gloves and disposable gown

v. Closed door cells with cuff port:

1. Passing items through cuff port and NO face to face contact: gloves only
2. No contact at all (e.g. talking through the door): No PPE required
3. Close contact surgical mask, gloves, goggles/face shield

vi. Bar cells:

1. Close contact (e.g. temp check): surgical mask, gown, gloves

4. Transportation /Community Corrections

a. By car:

- i. Movement asymptomatic patient: gloves
- ii. Movement symptomatic patient: N95, gloves, gown, goggles/face shield

b. By van or bus:

- i. Movement asymptomatic patient: gloves
- ii. Movement symptomatic patient: N95, gloves, gown, goggles/face shield

5. Hospital Watch (In the Community)

**** If possible, conduct hospital watch from outside a patient's room, if not possible, follow guidance below****

a. If remaining outside of the patient's room:

- i. No PPE is required

b. If inside of the patient's room:

- i. Minimize the direct contact with the patient whether or not they have suspected COVID-19. As possible remain at least 6 feet away from the patient.
- ii. Follow hospital guidance in reference to proper PPE. The hospital should ensure access to the necessary PPE.
- iii. If the patient is not on any precautions, but tells you or you observe that they have a cough, fever and/or shortness of breath, notify hospital staff immediately.

**Department of Corrections COVID-19
Personal Protective Equipment (PPE) Matrix for Staff**

Date	Activity	Type of Work	Universal Precautions	Respirator (Fit Tested)	Surgical Mask	Disposable Gloves	Gown	Goggles/Faceshield
3/27/2020	Active Screening	Screening Staff or Incarcerated Individuals	X		X	X		
	Health Services	<p>Contact with Individuals on Isolation (Symptomatic)</p> <p>Contact with Suspected or Confirmed COVID-19 Patients</p> <p>Diagnostoc Nasopharyngeal Swab Collection</p> <p>Speaking to Symptomatic Patient (Outside Cell)</p> <p>Contact with Patient on Isolation (Negative Test)</p> <p>Contact with Asymptomatic Confirmed COVID-19</p> <p>Contact with Quarantined Individuals (Asymptomatic)</p> <p>Open Bay Units / Close Contact</p> <p>Open Bay Units / No Close Contact</p> <p>Closed Door Cell Cuff Port / Passing Items Through</p> <p>Closed Door Cell Cuff Port / No Contact</p> <p>Closed Door Cell Cuff Port / Close Contact</p> <p>Bar Cells / Close Contact (Except Temperature Check)</p>	X	N95 or PAPR N95 or PAPR	X	X	X	X
	Transportation	<p>Movement / Symptomatic with COVID-19</p> <p>Movement / Asymptomatic COVID-19</p>	X	N95		X	X	X
	Community Corrections	<p>Movement / Symptomatic with COVID-19</p> <p>Movement / Asymptomatic COVID-19</p> <p>* Prisons Corrections Officers will transport suspected or confirmed COVID-19 from medical facility to DOC facility</p>	X	N95		X	X	X
	Prisons / Work Release	<p>Contact with Individuals on Isolation (Symptomatic)</p> <p>Suspected or Confirmed COVID-19</p> <p>Communicating Outside of Isolation Cell</p> <p>Direct Contact with Individual on Isolation Who Tested Negative</p> <p>Direct Contact with Individual on Isolation Who Tested Positive (No Cough or Sneezing)</p> <p>Passing Items Through Closed Cuff Port Door</p> <p>Contact with Individuals on Quarantine (Asymptomatic)</p> <p>Open Bay Units Close Contact</p> <p>Open Bay Units No Close Contact</p> <p>Dayroom / Other Close Quarters Close Contact</p> <p>Dayroom / Other Close Quarters No Close Contact</p>	X	N95	X	X	X	X

ATTACHMENT 7



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

April 8, 2020

TO: All Appointing Authorities
All Human Resource Managers
All Health Services Managers
All Occupational Nurse Consultants
All Infection Prevention Nurses

FROM: Stephen Sinclair, Secretary 

SUBJECT: COVID-19 Mapping Guidelines

The health and safety of our employees, those in our care, and in the community is our top priority. As such, the DOC Emergency Operations Center (EOC) identified a need to create a mapping process to identify potential COVID-19 exposure(s) of our employees, incarcerated and those individuals under supervision.

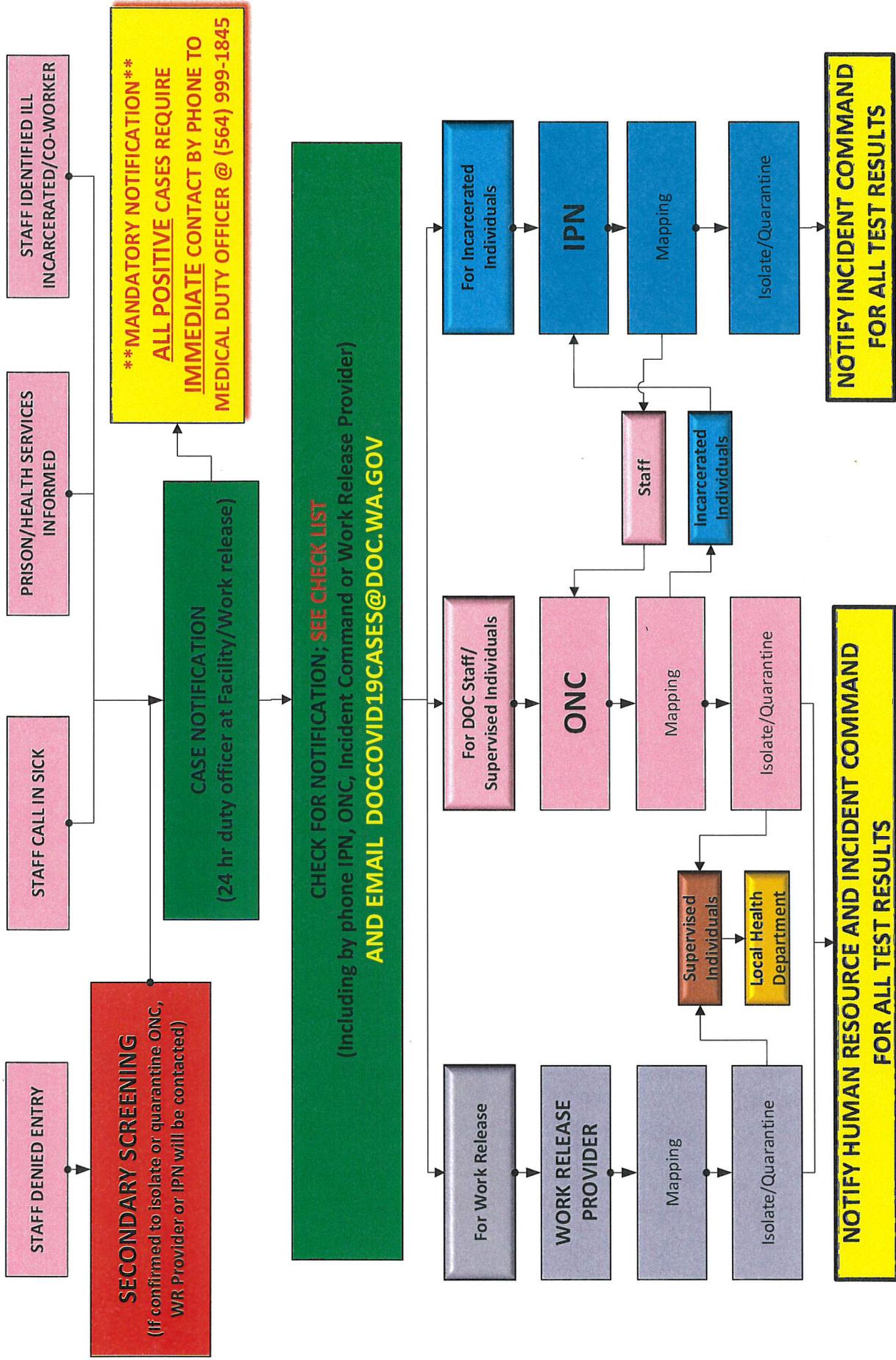
As a follow up to the All Staff message sent earlier today, please find attached the Mapping Workflow, Mapping Guidelines and Response Mapping Checklist developed to standardize how we process the notification of staff and incarcerated individuals with suspected or confirmed COVID-19. This process will assist you in making proper notifications. The Occupational Nurse Consultants (ONC) and/or Infection Prevention Nurses (IPN) will identify the close contacts, interview those contacts, and communicate outcomes per the attached Response Mapping Checklist for appropriate notifications.

Please review the guidance and checklist to ensure you're aware and appropriately share with your Incident Command Post (ICP) or designees to complete the process as outlined in the checklist. The ICP or designee will need to ensure the "detect" and "notification" items are included when making notification. This will assist in providing a prompt response by our ONCs or IPNs.

Thank you for your all you do each and every day. We are in this together.

SS:ab
Attachments

COVID-19 MAPPING FOR STAFF AND INCARCERATED INDIVIDUALS



COVID-19 Exposures

The health and safety of our employees, those in our care, and in the community is our top priority. DOC's Emergency Operations Center (EOC) has identified a need to map the statewide extent of potential employee and incarcerated/supervised individual exposure to COVID-19. These Mapping Guidelines standardize how we process the notification of staff with suspected or confirmed COVID-19, by identifying the close contacts, interviewing those contacts, communicating outcomes to local Human Resources (HR) office for staffing updates, and report roll-up data into a centralized database.

Mapping Tools – used by Occupational Nurse Consultant (ONC)/Infection Prevention Nurse (IPN) or designee

1. COVID-19 Mapping Workflow
2. COVID-19 Mapping Form
3. COVID-19 Mapping Rollup Database

Definitions

1. Staff/Patient – the employee, incarcerated individual (patient), or supervised individual with confirmed or suspected positive COVID-19.
2. Close Contact – the staff, incarcerated individual, or supervised individual identified as having contact with the Staff/Patient.
3. ONC – Occupational Nurse Consultant, regional nurses supporting employee health and well-being and delegated as examiner for staff mapping.
4. IPN/HSM – Infection Prevention Nurse/Health Services Manager or medical staff within the facility delegated as examiner for incarcerated individuals.

Roles

1. ONC or IPN/designee – will conduct mapping process and necessary follow-up. For Work Release, this will be a designated WR Provider.
2. Incident Command Post (ICP) – will make sure the active screening station is aware of employees who have been quarantined.
3. Supervisor – may gather administrative information (e.g. date last worked, demographic information, location, who may have been at work within close proximity).
4. HR – local HR Manager/Consultant will follow up with required notifications.

Contact Analysis Mapping Guidance

This information may come in from Headquarters ICPs, staff denials/secondary screenings, employee call-ins, and/or staff identified as being ill and sent home with symptoms related to COVID-19.

1. If secondary screener identifies staff member to isolate or quarantine, they will need to notify the 24-hour Duty Officer at facility/Appointing Authority for CCD/Work Release for immediate notification.
2. The ICP designee (for CCD/WR the Community Corrections Supervisor) completes the Mapping Checklist and makes notification to ONC/IPN/ICP AND, immediate notification to Medical Duty Officer for all positive cases by calling (564) 999-1845. ONC will be notified via email at DOCOccupationalHealthandWellness@doc.wa.gov. For Work Release facilities, notifications are made to a designated Work Release Provider.

3. For all confirmed cases, notification will need to be made DOCCOVID19cases@doc.wa.gov
4. ONC/IPN will use the COVID-19 Mapping Form and the COVID-19 Mapping Workflow to conduct an interview with the Staff/Patient documenting answers and actions. ONC/IPN will inform the Staff/Patient of actions and next steps.

NOTE: ONCs are responsible for mapping of Staff and the IPN is responsible for mapping incarcerated Patient cases.

5. Using the COVID-19 Mapping Form, ONC/IPN will interview each Close Contact identified, seeking permission from the Staff/Patient to use their name with Close Contacts. If no permission is received, the examiner will *keep the Staff/Patient confidential from the Close Contacts*.
6. The ONC/IPN will use the COVID-19 Mapping Form to verify the Close Contacts of the Staff/Patient and identify isolation or quarantine steps as necessary.

NOTE: If the ONCs find Close Contacts who are incarcerated individuals, they notify the appropriate IPN or HSM within ICP (including Patient Name, Close Contact Name(s), date and specific location of contact) for the IPN or designee to conduct the mapping. If the IPNs find Close Contacts who are staff, they will notify Occupational Health and Wellness Unit (OHWU) (including Person Name, Close Contact Name(s), phone number, date and specific location of contact) for the ONC to conduct the mapping.

7. The ONC will communicate next steps to the staff and Close Contact employees, and supervised individuals, to include:
 - Encouraging them to call their healthcare provider if they develop symptoms
 - Conducting a daily symptom check (twice daily take temperature, check for cough, sore throat)
 - Self-quarantining, up to 14 days from date of contact
 - Discussing the possibility of teleworking with their supervisor
 - The date they are able to return to work, if no symptoms arise

NOTE: if healthcare workers, please see guidelines for healthcare workers on returning to work

8. On the same day that the Close Contact employee is interviewed, the ONC will email the appropriate HR contact via local HR Distribution List* with the following information:
 - Staff Name
 - Name(s) of all Identified Close Contact(s)
 - Specific Work Location of suspected or confirmed staff member or incarcerated individual (e.g., Unit A, HR Office, Building C, etc.)
 - Actions for Close Contact employee(s)
 - If actions include quarantine, last date worked and presumed return to work date
 - Any required notification for staff involved

9. Local HR will provide notification as follows:
 - o Inform the designated Appointing Authority (e.g., Superintendent, Administrator, Director, etc.)
 - o Provide “Notification of Exposure” letter to the Close Contact employee(s) using applicable template (available on SharePoint)
 - o Inform the local Incident Command Post of any changes to staffing with presumed return to work date
 - o Notify Field Administrator, supervisor or roster manager to work with employee on telework possibility or enter applicable leave

10. The Appointing Authority will send an email notification to the DOCCOVID19cases@doc.wa.gov to include the following about each suspected or confirmed case (or for the entire facility):
 - o Number of staff quarantined or isolated
 - o Number of staff with suspected or confirmed COVID-19

11. ONC/IPN will keep the COVID-19 Mapping Forms confidential in a locked file and save to a confidential shared drive. OHWU staff enter the roll-up data from each Mapping Form into the COVID-19 Mapping Roll-up database site within 48-72 hours of completion.

12. If results are received anytime during this process, the ONC/IPN will follow up with local HR and email DOCCOVID19cases@doc.wa.gov immediately.

NOTE: at any time results are received, notification is required to be made to the DOCCovid19cases@doc.wa.gov AND a call to the Medical Duty Officer at (564) 999-1845 line immediately to report the positive result.

The ONC team will provide support as needed and for any questions about these guidelines, please direct them via email to the DOCOccupationalHealthandWellness@doc.wa.gov

*Human Resources Office Distribution List

Facility	Email Distribution List
AHCC	DOC DL AHCC HR
CBCC	DOC DL CBCC HR
CCCC	DOC DL CCCC HR
CRCC	DOC DL CRCC HR
LCC	DOC DL LCC HR
MCC	DOC DL MCC HR
MCCCW	DOC DL MCCCW HR
OCC	DOC DL OCC HR
SCCC	DOC DL SCCC HR
WCC	DOC DL WCC HR
WCCW	DOC DL WCCW HR
WSP	DOC DL WSP HR

CI, HQ & Region	Email Distribution List
CI	DOC DL CI HR
HQ	DOC DL HQ HR
CCD 1 & 2	DOC DL EAST HR
CCD 3, 4 & 7	DOC DL SW HR
CCD 5 & 6	DOC DL NW HR

**WA STATE DOC COVID-19 RESPONSE
MAPPING CHECKLIST**

DATE and TIME RECEIVED:	LOCATION/SITE:	INCIDENT COMMANDER OR DESIGNEE:
REQUIRED ACTIONS Use this checklist to complete all necessary tasks		
When an employee, contractor, volunteer, incarcerated individual advises the DOC they have been confirmed or suspected of COVID-19		
ACTION	TIME	NOTES
Detect <input type="checkbox"/> Staff/Incarcerated Individual Name <input type="checkbox"/> Phone number and shift of staff Person <input type="checkbox"/> Work location <input type="checkbox"/> Specific work site <input type="checkbox"/> Contact Name/phone number – for further information <input type="checkbox"/> Positive/Suspected <input type="checkbox"/> If staff, last date in office <input type="checkbox"/> If staff, supervisor name and phone number	Immediately	Symptomatic – Isolate Asymptomatic - Quarantine
Notification: Follow normal facility protocols Include the following: <input type="checkbox"/> All Positive test results call 24/7 Medical Duty Officer at (564) 999-1845 <input type="checkbox"/> Indicate Positive OR Suspected case <input type="checkbox"/> Indicate source of referral (e.g., Secondary Screener, Staff call-in, Prison’s health services reported, Staff identified ill incarcerated or co-worker) <input type="checkbox"/> Indicate in email subject line, Location/worksites notification date of COVID-19 testing (example, MCC 5-2-2020 COVID-19 testing)	Date/Time Sent	
For Incarcerated: <input type="checkbox"/> Notify by phone the Infection Prevention Nurse or Incident Command Health Services Manager		See phone list below
For Work Release <input type="checkbox"/> Notify designated Work Release Provider		
For Staff: <input type="checkbox"/> Notify Occupational Nurse Consultant at: DOCOccupationalHealthandWellness@doc.wa.gov		See phone list below
For Work Release Staff: <input type="checkbox"/> Notify designated Work Release Provider		
Email written Notification of ALL cases to: COVID19cases@doc.wa.gov Include the following information: <input type="checkbox"/> Name Staff/Incarcerated Individual & DOC# <input type="checkbox"/> Work location		

WA STATE DOC COVID-19 RESPONSE MAPPING CHECKLIST

<input type="checkbox"/> Specific work site (if known)		
<input type="checkbox"/> Contact Information		
<input type="checkbox"/> Suspected or Confirmed COVID-19		
<input type="checkbox"/> Assist Occupational Nurse Consultant or Infection Prevention Nurse with mapping by providing details and information as requested		
Outcome		
<input type="checkbox"/> Number of Incarcerated placed in Isolation _____		
<input type="checkbox"/> Number of Incarcerated placed in quarantine _____		
<input type="checkbox"/> Number of staff placed on quarantine status _____		
<input type="checkbox"/> Number of staff placed on isolation status _____		
Additional Instructions provided by ONC or IPN		
<input type="checkbox"/> Disinfecting/sanitation of contact areas		
<input type="checkbox"/> Notify Incident Command Post of staff sent home to quarantine or isolate		
<input type="checkbox"/> Ensure entry point screener aware of staff placed on quarantine or isolation status		

DEFINITIONS	
Significant contact	Less than 6 feet of contact for more than 10 minutes, if coughing or sneezing close intimate contact.
Quarantine	General means the separation of a person or group of people reasonably believed to have been exposed to a communicable disease but not yet symptomatic, from others who have not been so exposed, to prevent the possible spread of communicable disease.
Social Distancing	Maintaining distance – approximately 6 feet or 2 meters from others.
Isolation	Separation of person or group of people known or reasonably believed to be infected with a communicable disease and potentially infectious from those who are not infected to prevent spread of the communicable disease.

INFECTION PREVENTION NURSES	
NOTE: If no answer, please inform Incident Command Health Services Manager	
AHCC: Zina Blancher RN 3 Eileen Herbst LPN 4	(509) 244-6829
CBCC: Julie Windle RN 3	(360) 963-3237/3177
CCCC: Donald Mann RN 2	(360) 359-4071
CRCC: Troy Linville RN 3	(509) 544-3641
LCC: Karin La Brie RN 2	(360) 260-6300
MCC: Joann Strong, RN 3	(360) 794-2727
MCCCW: Amber MacDiarmid RN 2	(360) 277-2445
OCC: Amy Hall RN 2	(360) 374-7132
SCCC: Jody Wayman RN 3	(360) 537-2085
WCC: Holly Shenefiel RN3	(360) 427-4596

**WA STATE DOC COVID-19 RESPONSE
MAPPING CHECKLIST**

WCCW: Chris Schlatter RN 3	(253) 858-4200/82440
WSP: Edith Darensbourg RN 3	(509) 526-6538
OCCUPATIONAL NURSE CONSULTANTS NOTE: If no response, inform Incident Command	
East Region: Brent Brodrick	(509) 939-1783
NW Region: Darcy Thomas	(360) 965-5388
SW Region: James Ronsse	(360) 791-9578

Please Note: for CCD/Work Release, Field Office, please contact Appointing Authority or Duty Officer

ATTACHMENT 8



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
PRISONS DIVISION

P. O. Box 41118 • Olympia, Washington 98504-1118

March 19, 2020

TO: All Superintendents
All Transportation Unit Staff

FROM: Robert Herzog, Assistant Secretary *rd Herzog*
Julie Martin, Deputy Secretary *J. Martin*

SUBJECT: **COVID-19 Transport Vehicle Sanitation Expectations**

Currently there have been no incarcerated individuals that have tested positive for Novel Coronavirus (COVID-19). With that being said, to assist in the prevention efforts to minimize potential for cross-contamination, and to keep our staff and the incarcerated population safe, the following precautions protocols will be in place effective immediately for all Prison Transportation Staff:

- All transport bus/vehicles **WILL BE** disinfected during the course of the day between all transports, as well as at the end of each day. If you are transporting incarcerated individuals to a location and are scheduled to pick up at another location, the bus/vehicle will be disinfected prior to placing individual in the transport bus/vehicle. Disinfecting the bus/transport vehicle consists of wiping all hard surfaces (door handles, arm rests, seat belts, partitions, etc.) with Disinfectant-type products approved by the Center for Disease Control (CDC) and Facility Safety Officer. If the vehicle contains hard seats, these must also be wiped down. If the vehicle contains cloth seats, standard Disinfectant spray should be used. The use of facility incarcerated individuals who have been trained in cleaning of blood and bodily fluid protocols is authorized (if proper PPE equipment - gloves and a standard dusk mask - is provided and approved by facility management).
- All restraints **WILL BE** wiped down with Disinfectant-type products 1) after each application, 2) prior to placing them back into the storage locker, and 3) at the end of each day. Custody staff are the only persons authorized to perform this function.
- All incarcerated individuals being transported will be asked the Active Screening questions as outlined in the COVID-19 protocol, which includes having their temperature taken. If the individual answers "Yes" to any of the questions, or is found to have a temperature of 100.4 or higher, the individual will not be placed on the bus/vehicle for transport. A separate transportation team from a designated prison will be dispatched to retrieve the individual and transport him/her using the appropriate protocols outlined by the Department. Transportation staff will work directly with the facility Transportation Supervisor and the Nurses Desk to determine appropriate housing. **NOTE:** This does not mean they have the virus; this is simply to avoid any potential cross-contamination of any illness.

"Working Together for SAFE Communities"

March 19, 2020

I realize that all of you have been in the transport business for many years and should already have processes in place for the decontamination/disinfecting of your vehicles. I greatly appreciate all that you do every day. We have a tremendous unit full of well qualified and professional staff. We are all very proud of you. Stay safe and keep up the good work.

cc: Julie Martin, Deputy Secretary
Robert Herzog, Assistant Secretary

ATTACHMENT 9



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P. O. Box 41126 • Olympia, Washington 98504-1126

March 16, 2020

TO: Work Release Staff

FROM: Susan Leavell, Senior Administrator
Reentry Division

SUBJECT: Operational Changes in Response to COVID-19

This memo serves as an addendum to the memo titled Operational Changes in Response to COVID-19, dated March 13, 2020.

The Department has been working closely with Department of Health and other state agencies in developing plans to maintain the health and safety of our staff as well as those under our care. By now, you have received numerous messages from the Governor and from our Secretary providing information and details specific to steps being taken in this regard.

The following operational changes are implemented effective immediately as precautionary measures in order to prevent the spread of illness and maintain community safety.

Restricting/limiting movement into the community:

To mitigate exposure we will only be allowing residents to leave the facility for approved education/programming and essential business. An example of essential business would include a store trip to obtain hygiene items, verified medical/dental appointments, or verified mental health appointments.

To further mitigate exposure to our facilities, resident visiting and social outings are suspended effective March 17, 2020; until further notice.

Best Practices:

Staff are encouraged to be proactive and practice universal precautions at all times.

- Stay home when you're sick. This is important for all illnesses, but especially for the duration of a respiratory illness.
- Wash your hands and use alcohol-based sanitizer frequently.
- Avoid touching your mouth, nose and eyes with unwashed hands.
- Cover your coughs and sneezes by coughing into your elbow or a tissue.
- Frequently clean and disinfect high-touch areas and common surfaces.

"Working Together for SAFE Communities"

Operational Changes in Response to COVID-19 Visiting/Social Outings

March 16, 2020

Page 2

- Enhance social distancing (more than 6 feet)
- Stay away from people who are sick.
- If you have coronavirus symptoms, i.e. fever, cough and shortness of breath, contact your health care provider immediately. Also notify your supervisor and/or Human Resources so the agency can assist and connect you to appropriate resources.

Your Reentry Leadership Team is meeting regularly during this time and adjustments will be made as the situation evolves. If you have questions or concerns, please staff those questions with your supervisor and, if necessary, send them to the [DOC COVID19](#) mailbox.

Please remember to take care of yourself and your family during these tough times. Your personal safety and wellness are important.

cc: DOC Covid19 Mailbox

ATTACHMENT 10



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P. O. Box 41126 • Olympia, Washington 98504-1126

March 14, 2020

TO: CPA/GRE STAFF
FROM: Susan Leavelle, Senior Administrator
Reentry Division
SUBJECT: Operational Changes in Response to COVID-19

The Department has been working closely with Department of Health and other state agencies in developing plans to maintain the health and safety of our staff as well as those under our care. By now, you have received numerous messages from the Governor and from our Secretary providing information and details specific to steps being taken in this regard.

I know you are probably eagerly awaiting how these measures will impact you, your staff, the resident population and what is being done to protect you in the community. The following operational changes are being put in place effective Monday March 16, 2020 to address your concerns, establishing preventative measures for our staff while maintaining community safety.

Restricting/limiting movement into the community:

To mitigate exposure and potential spread of illness we will be only allowing Participants access to the community for personal essential business and/or approved work or school. An example of personal essential business would include grocery shopping, medical or mental health appointments. All medical or mental health appointments must be verified prior to movement as well as verification from participants after return.

Change in Contact Standards:

GRE:

- ✓ phone check ins will be daily
- ✓ face to face 2x/month with 1 social media
- ✓ no office reporting
- ✓ all collateral contacts will be via email or phone

"Working Together for SAFE Communities"

CPA:

- ✓ phone check ins will be daily
- ✓ face to face 2x/month and 2 by social media (phase 1)
- ✓ face to face 1x/month and 1 by social media (phase 2)
- ✓ no office reporting
- ✓ all collateral contacts will be via email or phone

Best Practices:

Staff are encouraged to be proactive and practice universal precautions at all times.

- Stay home when you're sick. This is very important for all illnesses, but especially for the duration of a respiratory illness.
- Wash your hands and use alcohol-based sanitizer frequently.
- Avoid touching your mouth, nose and eyes with unwashed hands.
- Cover your coughs and sneezes by coughing into your elbow or a tissue.
- Frequently clean and disinfect high-touch and common surfaces.
- Enhance social distancing (more than 6 feet)
- Stay away from people who are sick.
- If you have coronavirus symptoms, i.e. fever, cough and shortness of breath, contact your health care provider about what your next steps may be. Please also notify your supervisor and/or Human Resources so the agency can take any necessary steps.

Your Reentry Leadership Team is meeting regularly during this time and adjustments will be made as the situation evolves. If you have questions or other concerns, please staff those questions with your supervisor and, if necessary, send them to the [DOC COVID19](#) mailbox.

Please remember to take care of yourself and your family during these rather tough times. Your personal safety and wellness are important.

cc: DOC Covid19 Mailbox

ATTACHMENT 11



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

April 10, 2020

TO: All DOC Staff

FROM: Stephen Sinclair, Secretary

SUBJECT: Mandatory Use of Face Coverings – ALL DOC Locations

The safety of our employees, incarcerated individuals, residents and supervised population continues to be our top priority. The [Centers for Disease Control](#) (CDC) reports the COVID-19 virus can spread between people interacting in close proximity – for example, speaking, coughing, or sneezing – even if those people are not exhibiting symptoms. The CDC is now recommending cloth face coverings in public settings where social distancing measures are difficult to maintain.

All persons entering any DOC location to include Prisons, Work Releases, Headquarters, Field offices, Correctional Industries and Satellite offices will be required to wear a face covering, specifically over their nose and mouth while in any area other than a clinic, hospital, or area deemed for isolation or quarantine. Staff will continue to use appropriate personal protective equipment (PPE), as directed in the [Screening, Testing, and Infection Control Guidelines](#), when in those designated areas.

Approved face coverings include:

- Self-provided Surgical mask
- Expired N95 respirator, voluntary (limited supply available)
- Cloth face covering (Purchased or Homemade)

Employees who prefer to make their own face coverings, the CDC has [online instructions](#) on how to make sew and no-sew face coverings from cotton sheets, t-shirts or bandanas. They also provide instruction on how to properly wear cloth and safely sanitize face coverings. Face coverings must meet requirements as noted in [DOC 870.400 Personal Appearance/Uniform Standards](#), which states, “Clothing that depicts violence, gang affiliation, alcohol, or drugs, or which could be construed as sexual in nature, is not authorized.”

Each appointing authority should establish a time for full implementation. Staff should not

“Working Together for SAFER Communities”

Mandatory Use of Face Coverings

April 10, 2020

Page 2

be turned away until this has been fully implemented. Please do not use PPE items that are for use in isolation, quarantine, or used by medical providers as PPE is in short supply across the nation.

The mandatory use of face coverings within our facilities will help slow the spread of COVID-19 and protect our employees and those in our care. Please continue to practice social distancing, take care of yourselves, stay positive, stay home if you are sick or have symptoms and remember to wash your hands.

ATTACHMENT 12



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

April 10, 2020

TO: All Superintendents
All Work Release Supervisors

FROM: Stephen Sinclair, Secretary

SUBJECT: Mandatory Use of Face Coverings for All Persons in DOC Facilities

There continues to be changes in the recommendations and guidance provided by the Centers for Disease Control (CDC). The most recent guidance is the use of face coverings in all public settings where social distancing measures are difficult to maintain. Per that recommendation, we will now **require all persons** in our facilities, to include incarcerated individuals and those residing in our work release facilities, to wear a face covering.

I am directing all facilities to operationalize the production and distribution of face coverings to all incarcerated individuals, residents, and supervised population in their care. The CDC has [online instructions](#) on how to make sew and no-sew face coverings from cotton sheets, t-shirts or bandanas. Please utilize the resources within your facility to find a solution that works for your operations.

Additionally, all facilities will soon receive bandana face covering packs for distribution to their population. Bandana packs will include two bandanas, four hair ties, coffee filters and a step-by-step tutorial (attached). In the meantime, facilities should find alternate face coverings to issue to their populations.

As a reminder, use of cloth face coverings, either purchased or homemade, must meet the requirements of [DOC 870.400 Personal Appearance/Uniform Standards](#), which states “Clothing that depicts violence, gang affiliation, alcohol, or drugs, or which could be construed as sexual in nature, is not authorized”.

The mandatory use of face coverings by our staff and all incarcerated individuals, residents and supervised population will help slow the spread of COVID-19. I encourage you to work together and find opportunities to support each other.

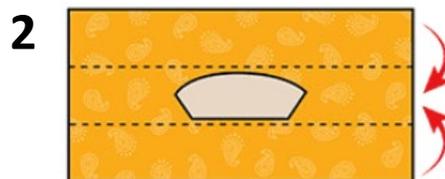
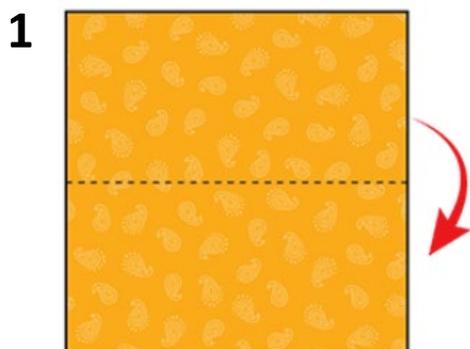
SS:lk

Bandana Face Covering Tutorial

Materials

- Bandana
- Rubber bands / Hair Ties
- Coffee Filter

Directions

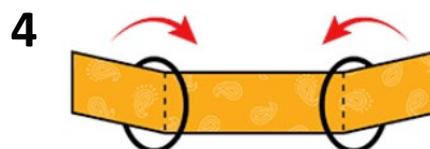


Fold filter in center
of folded bandanna.

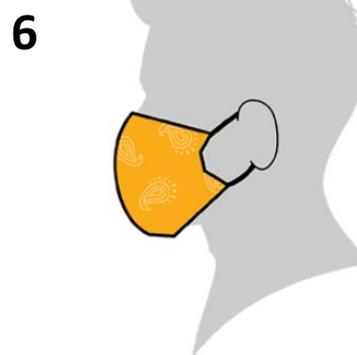
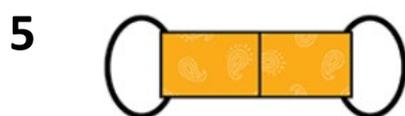
Fold top down. Fold bottom up.



Place rubber bands or hair ties
about 6 inches apart.



Fold side to the middle and tuck.



Individuals may place their face covering in with their regular laundry to be cleaned. Per CDC, a washing machine should suffice in properly washing a face covering.

Individuals should wash their hands prior to folding their face covering and putting it on.

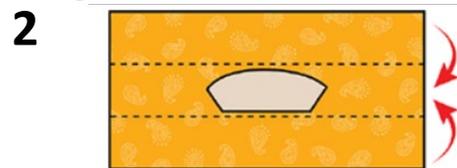
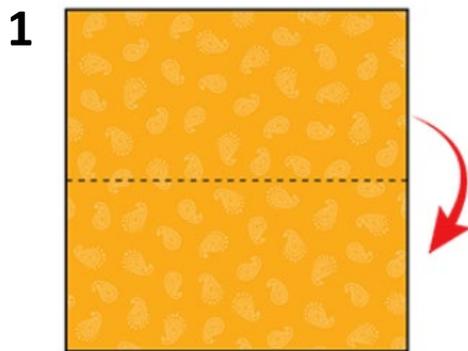
Individuals should be careful not to touch their eyes, nose, and mouth when removing their face covering and wash hands immediately after removing.

Tutorial de Cobertura de la Cara con una Bandana

Materiales

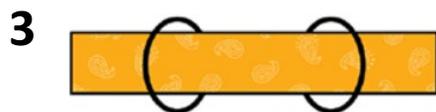
- Bandana
- Gomas Elásticas / Cintas o Lazos para el Cabello
- Filtro de Café

Instrucciones

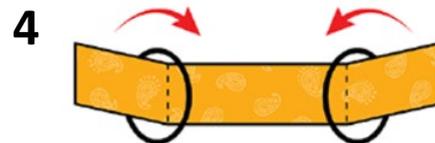


Doblar el filtro en el centro de la bandana doblada.

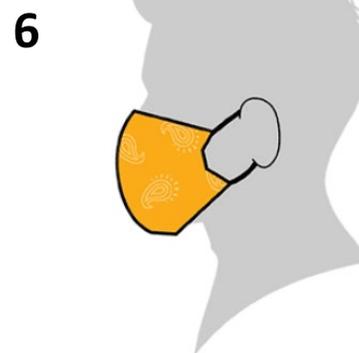
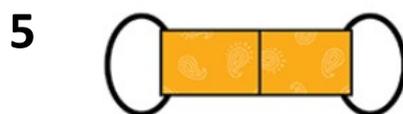
Doblar la parte de arriba hacia abajo. Doblar la parte de abajo hacia arriba.



Colocar las gomas o cintas elásticas para el cabello a 6 pulgadas de distancia la una de la otra.



Doblar los costados hacia el centro y colocar un extremo dentro del otro.



Los internos pueden poner su cubierta de cara con su ropa normal de lavandería para ser limpiada. Según el CDC, una lavadora debería bastar para lavar correctamente una cubierta de la cara.

Los internos deben lavarse las manos antes de doblar su cubierta de cara y ponérsela.

Los internos deben tener cuidado de no tocarse los ojos, la nariz y la boca cuando se quiten la cubierta de la cara y lavarse las manos inmediatamente después de quitársela.

ATTACHMENT 13



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
PRISONS DIVISION
P. O. Box 41118 • Olympia, Washington 98504-1118

March 20, 2020

TO: All Superintendents
All Health Care Managers

FROM: Robert Herzog, Assistant Secretary *RH*
Julie Martin, Deputy Secretary *J. Martin*

SUBJECT: Social Distancing Protocols

Objectives:

- Provide for the safety of staff, incarcerated individuals, and the general public.

Social Distancing:

- DOC has implemented social distancing and is encouraging 6 feet of distance between people when able to do so. It is a priority to make social distancing the practice.
- Discourage physical touch/handshakes
- When messaging with the population, where it makes sense, take advantage of JPay, institutional TV (where in place), KIOSK and Cell front delivery. Ensure any internal messaging at your facility you use language that is consistent with department language in previous messaging. Do not use new terms.
 - Encourage staff to model social distancing practices
 - Frequent Management walk abouts to help ensure incarcerated individuals and employees are practicing social distancing
 - All employees are encouraged to give on-site praise and corrections for desired/non-desired behaviors
 - Increase communication with Offender Change Liaisons/Tier Reps as ongoing reminders for social distancing
 - Management staff should meet with Offender Change Liaisons/Tier Reps at least daily to hear concerns and clarify existing directions. Please ensure that those who meet with Offender Change Liaisons/Tier Reps do not provide answers to questions where there is no current direction.

Environmental Cleanliness and Sanitation

- The continued use of Incarcerated porters should occur on every shift in every occupied area.

- Cleaning will be especially emphasized for shared objects and surfaces (dayroom tables, phones, kiosks, etc.) Utilize trained incarcerated individual work crews.
- Expand the number of porter jobs to ensure enough incarcerated individuals remain available each shift to accomplish ongoing cleaning and sanitation.
- Implement/Enhance 1st shift/extra cleaning crews for deep cleaning of high traffic areas.
- Employ more janitors to clean “Hi touch items” microwaves, hot shots, ice machines, coolers, dayroom TV remotes, phones, games, JPay, Kiosk, doors, tables, handles, etc. High touch items will be cleaned between incarcerated individual use.
- **Medical, vulnerable populations and high traffic areas are a priority.**

Chains/Inter and Intra Facility Moves

- Communicate and coordinate unscheduled transfers with HQ Transportation Unit. Refer to March 19, 2020 memo to all Superintendents and Transportation staff Subject: COVID-19 Transport Vehicle Sanitation Expectations. Attached for your ease of review.
- Restrict all unnecessary moves including unit moves.
- Event driven Classification
 - Be extremely conservative when considering overrides for promotions or demotions to help minimize movement of incarcerated individuals.
 - Overrides for promotions or demotions that would result in the relocation of an incarcerated individual must first be cleared by Medical.

Incarcerated Individual Workers

- Limit the work crew size to no more than 10. Depending on size of work area, crews may exceed 10 if social distancing (6 foot rule) can be managed.
 - Symptomatic incarcerated workers should not be allowed to go to work.
 - Increase handwashing/sanitizing while at work.
 - Increase hygiene/sanitation education for all workers.
- In all work areas where possible reduce the number of incarcerated workers to a level that can accommodate social distancing (6 feet apart where able).

Meals

- Increase social distancing in dining rooms. Adjust seating to accommodate.
 - Reduce dining room numbers to only the amount where you can accommodate the social distancing 6 foot rule.
 - Consider reducing the 20 minute limit time to eat to 15 minutes if necessary to sustain reasonable mainline movement. Consider exceptions for those with special needs.
 - If at all possible units should not share the dining room at the same time. Consider sending to mainline same unit and tier groups to reduce cross contamination.
- Disinfect dining tables, door knobs, and all high-touch areas between unit use.

- Continue in cell feeding where currently in practice. Local incident command posts should be developing plans in the event we move completely to in-cell feeding.
- SAGE and infirmaries will be fed on unit.
- Incarcerated individuals on quarantine or isolation status will be fed in-cell, in dorm; in room etc.

Programs/Education

- No more students in a classroom than appropriate spacing for social distancing (6ft rule) recognizing classroom sizes vary. Institutions will need to evaluate and ensure this standard is met and maintained. This includes congregate programming within our IMUs.
- Where possible and it makes sense for certain programs implement in-cell packets.
- Continue the use of laptop pilot programs where applicable.
- If program space is limited, court ordered, evidence based, education and other treatment programs should be top priorities while maintaining social distancing practices.
- Utilize DOC Channels to Offer educational programming training modules that can be played on the TV (hygiene practices, exercise videos, T4C, Roots for Success, Redemption, and other programs if available.)

State Libraries

- State Librarians will be working in prison libraries, but libraries are closed due to social distancing (no clerks/porters)
- State Library services will continue by internal mail distribution to units
- Requests for reentry information, including the issuing of public library cards to eligible inmates, will be filled
- Requests for reference and information to meet educational, informational, and recreational needs will be filled via photocopies of library materials or Internet printouts
- The State Library will send pre-screened, unmarked donated books to each facility staff liaison for them to distribute/manage as they see fit

Health Care

Pill line

- Pill line in the units for quarantine/isolation, Sage, AHCC K-Unit 55 and older, and infirmaries
- Stagger Pill line using social distancing.
- HQ Health Services staff is developing a process to seal bags of KOP that can be delivered in-unit to incarcerated individuals by non-clinical staff. This will help reduce pill line movements. Once finalized and sent out for operationalizing, work with your Health Care Manager to implement. Do not let the delivery of these KOP bags become a labor item. Use managers if necessary to avoid delay.

Diabetic services/ Medical Call Outs

- Implement social distancing to ensure 6 foot spacing (e.g. use of tape or other method)
- Increase movement frequency for this population to allow social distancing and allow the patient to go back to the unit after their medical appointment. As patients return to their unit the next one should be coming.
- Medical is looking at telemedicine options.

Movement

- Stagger movement as much as needed. Explain to our population the effects of keeping distance from others.
- Incident Command Centers will evaluate current movement practices and develop/redesign movement schedules/practices to accommodate operational change identified in these instructions.

Recreation

- Sport activities will encompass social distancing practices. (Handball, basketball, pickle ball, soccer, etc.). Consider establishing tournaments such as chess, free throw shooting, etc.
- No more than 50 at a time in outside recreation yards. Implement processes necessary to ensure equitable access. Where local unit yards exist your ICP shall determine appropriate numbers. This number can be adjusted based on size of yards.
 - Adjust movements to accommodate and provide equitable access to all
 - Utilize portable hand washing stations in areas without sinks if available.
Resource local vendors for portable handwashing stations
 - Take advantage of and create in-unit activities while maintaining social distancing
 - Send incarcerated individuals to yard by same unit and tier groups to reduce cross contamination.
 - Increase yard times where possible and into the evening where appropriate security and safety can be maintained.
- Shared exercise equipment (stationary bikes, etc.) must be sanitized after each individual use.
 - Close all Weight rooms and decks except for any incarcerated individual directed by medical as part of a rehabilitation plan.
 - Research and encourage in cell workout/wellness activities.
- Dayrooms-
 - Increase frequency of use
 - Limit numbers based on size of dayrooms

Telephone Calls/ JPay/ Kiosks

- Increase availability, while ensuring social distancing.

Mail

- Encourage our population to use the JPay system.
- Ensure incoming mail handling with universal precautions, wash hands routinely when handling mail.

Property/Clothing Room

- Have appropriate staff screen the priorities for property exchange.
- Ensure property handling with universal precautions, wash hands routinely.
- Deliver to units where possible
- Practice social distancing when determining how many incarcerated individuals are called to property rooms.

Store Order/Delivery

- Limit the number of incarcerated individuals at a time to pick up store maintaining social distancing practices.
- Ensure handling with gloves.

Religious Services

- Religious services will continue as noted below
 - Ensure all incarcerated individuals have the ability to practice their religious beliefs independently, or collectively if resources allow while maintaining social distancing of 6 feet. This may require multiple services needing to be provided, if programming area and staffing allows.
 - Ensure religious resources are available for incarcerated individuals to obtain by request from Religious Coordinator (via kite or kiosk) absent the ability to hold in-person services due to lack of resources noted above
 - Increase Religious Coordinator availability to incarcerated population
 - Determine process for equitable access and rotation (if needed) to religious services due to reduced numbers allowed in an area at a given time based on social distancing

Do not allow incarcerated individuals to determine access or priority for other incarcerated individuals.

Cc: Julie Martin, Deputy Secretary
Robert Herzog, Assistant Secretary

ATTACHMENT 14



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OFFICE OF THE SECRETARY
P.O. Box 41101 • Olympia, Washington 98504-1101

March 27, 2020

TO: All DOC Staff

FROM: Stephen Sinclair, Secretary

SUBJECT: EPA Approved COVID-19 Cleaning & Sanitizing Products

The Washington State Department of Corrections works hard to assure the safety of incarcerated individuals and staff. Prior to coronavirus, Washington state correctional facilities and offices have utilized cleaning and disinfecting processes which include the use of approved disinfectants.

The Centers for Disease Control and Prevention (CDC) has issued [interim guidance on management of COVID-19 in correctional and detention facilities](#) on March 23, 2020. The CDC, on their [COVID-19 Clean & Disinfect page](#), recommend the use of Environmental Protection Agency (EPA)-registered disinfectants effective against the virus that causes COVID-19 and adherence to CDC recommendations for cleaning and disinfection during the COVID-19 response.

The Department of Corrections correctional facilities currently report use of Professional Hepastat 256, CorrectPac 205-SC 128 Germicide, and limited use of bleach as their primary cleaning/disinfecting products. These products are approved for use against coronavirus by the [Center for Biocide Chemistries/American Chemistry Council's list of products in compliance with EPA's Emerging Viral Pathogen Guidance for Antimicrobial Pesticides](#). If supplies are unavailable, facilities should choose another product listed on the [EPA List N](#) or the [Center for Biocide Chemistries/American Chemistry Counsel list](#).

It is important that users comply with mixing, use, and contact requirements as specified on the cleaner instructions. Safety data sheets (SDS) must be available to users. Staff will assure required personal protective equipment (PPE) as outlined on the SDS is available and utilized where necessary.

EPA Approved COVID-19 Cleaning & Sanitizing Products

March 27, 2020

Page 2

The following table contains the approved COVID-19 fighting products used in Washington Department of Corrections facilities:

<u>Facility</u>	<u>EPA Approved Cleaner</u>	<u>Mixing Instructions</u>
AHCC	Hepastat 256	Professional Hepastat 256 – Mix ½ oz. per gallon of water.
CCCC	Hepastat 256	
WCC	Hepastat 256	
CBCC	CP 205 Germicidal	
CRCC	CP 205 Germicidal	
LCC	CP 205 Germicidal	
MCC	CP 205 Germicidal	CP 205-SC 128 – Mix one Pac per 5 gallon container.
MCCCW	CP 205 Germicidal	
OCC	CP 205 Germicidal	
SCCC	CP 205 Germicidal	
WCCW	CP 205 Germicidal	
WSP	CP 205 Germicidal	
<u>Other Approved Cleaners</u>		
Bleach		1/3 cup per gallon of water
https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2		
https://www.americanchemistry.com/Novel-Coronavirus-Fighting-Products-List.pdf		
https://portionpaccorp.com/wp-content/uploads/2020/03/Coronavirus-Infection-Control-Germicide-2.pdf		
CP 205 SDS: https://portionpaccorp.com/wp-content/uploads/2017/05/CorrectPac-SAFETY-DATA-SHEET-200-V-17.pdf		
Hepastat 256 SDS: http://sds.staples.com/msds/830262.pdf		

SS:jb

ATTACHMENT 15



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
PRISONS DIVISION
 P. O. Box 41118 • Olympia, Washington 98504-1118

March 21, 2020

TO: All Superintendents
 All Health Care Managers

FROM: Robert Herzog, Assistant Secretary
 Julie Martin, Deputy Secretary

S. Sobola on behalf of Herzog 3.21.20
J. Martin

Approved
(SKA) Miller
03/21/2020

SUBJECT: Social Distancing Protocols Amendment

OBJECTIVE:

Provide for the safety of staff, incarcerated individuals, and the general public.

Environmental Cleanliness and Sanitation

The agency is purchasing large quantities of soap that will ensure store/commissary/unit supplies are maintained for Incarcerated Individual access as needed. Please continue to model and reinforce good sanitation and hygiene practices at all times.

Incarcerated Individual Workers

Effective immediately the food factories at AHCC and CRCC will be modifying their operations with increased health and sanitation procedures. This will include but not limited to:
 All C.I. Workers will be screened (attached) by appropriate staff including temperature check prior to reporting to work.

Additional procedures and protocols will be instituted and reinforced for all food service locations. This includes increased hand washing and sanitizing every hour on the hour during factory operations (7am to 10pm).

In an effort to achieve the appropriate social distancing and sanitation practices, it is expected that all DOC Food Services locations institute/continue the following effective immediately.

- Hand washing upon arrival to work (All staff and All incarcerated individuals)
- Hand washing on the hour, every hour. (All staff and all incarcerated individuals)
- Continued use of usual foodservice protections (e.g, gloves, beard guards, and hairnets)
- Cover coughs & sneezes /re-wash and re-glove

As a reminder, please maintain the following protocols:

- Sanitize all Food Contact Surfaces before and after each use.
- Sanitize all doors (including handles), bathrooms, keyboards, phones, desk tops, garbage cans, and non-food surfaces 3 times a day.
- Space out 6 feet of distance between every person when possible (when not on the tray work lines).
- Increased communication daily with respect to the importance of social distancing and sanitation. (staff and incarcerated workers)

Please note the Food and Drug Administration (FDA) states: “Currently there is no evidence of food or food packaging being associated with transmission of COVID-19. Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory illness. **Foodborne exposure to this virus is not known to be a route of transmission.**”

MEALS

Your evaluation and monitoring of mainline procedures recently implemented while maintaining current social distancing requirements has provided critical feedback to the Headquarters Prisons/Health Services Unified Command.

This feedback is being utilized to make modifications to current mainline procedures. As stated in the March 20th, 2020 Social distancing Protocols memorandum, ICP’s should move ahead with alternative meal processes based on your circumstances. For facilities experiencing extended mainline movements due to occupancy restrictions, dining hall size, which are impacting operations in other areas, work together with your food services team to ensure a coordinated, sustainable transition to a “grab and go” and/or in cell feeding when circumstances necessitate. Please include those operational changes in your ICS 204, and SITREP.

Due to the current circumstances and further increased impacts to operations regarding waste stream, suspend recycling and take all waste directly to your local land fill.

Thanks for your input and continued efforts to ensure we are doing everything we can do to impact this terrible virus.

Cc: Julie Martin, Deputy Secretary
Robert Herzog, Assistant Secretary

ATTACHMENT 16



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
PRISONS DIVISION
 P. O. Box 41118 • Olympia, Washington 98504-1118

March 21, 2020

TO: All Superintendents
 All Health Care Managers

FROM: Robert Herzog, Assistant Secretary
 Julie Martin, Deputy Secretary

Subordia on behalf of Herzog 3.21.20
J. Martin

Approved
(SKA) Miller
03/21/2020

SUBJECT: Social Distancing Protocols Amendment

OBJECTIVE:

Provide for the safety of staff, incarcerated individuals, and the general public.

Environmental Cleanliness and Sanitation

The agency is purchasing large quantities of soap that will ensure store/commissary/unit supplies are maintained for Incarcerated Individual access as needed. Please continue to model and reinforce good sanitation and hygiene practices at all times.

Incarcerated Individual Workers

Effective immediately the food factories at AHCC and CRCC will be modifying their operations with increased health and sanitation procedures. This will include but not limited to:
 All C.I. Workers will be screened (attached) by appropriate staff including temperature check prior to reporting to work.

Additional procedures and protocols will be instituted and reinforced for all food service locations. This includes increased hand washing and sanitizing every hour on the hour during factory operations (7am to 10pm).

In an effort to achieve the appropriate social distancing and sanitation practices, it is expected that all DOC Food Services locations institute/continue the following effective immediately.

- Hand washing upon arrival to work (All staff and All incarcerated individuals)
- Hand washing on the hour, every hour. (All staff and all incarcerated individuals)
- Continued use of usual foodservice protections (e.g, gloves, beard guards, and hairnets)
- Cover coughs & sneezes /re-wash and re-glove

As a reminder, please maintain the following protocols:

- Sanitize all Food Contact Surfaces before and after each use.
- Sanitize all doors (including handles), bathrooms, keyboards, phones, desk tops, garbage cans, and non-food surfaces 3 times a day.
- Space out 6 feet of distance between every person when possible (when not on the tray work lines).
- Increased communication daily with respect to the importance of social distancing and sanitation. (staff and incarcerated workers)

Please note the Food and Drug Administration (FDA) states: “Currently there is no evidence of food or food packaging being associated with transmission of COVID-19. Unlike foodborne gastrointestinal (GI) viruses like norovirus and hepatitis A that often make people ill through contaminated food, SARS-CoV-2, which causes COVID-19, is a virus that causes respiratory illness. **Foodborne exposure to this virus is not known to be a route of transmission.**”

MEALS

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This feedback is being utilized to make modifications to current mainline procedures. As stated in the March 20th, 2020 Social distancing Protocols memorandum, ICP’s should move ahead with alternative meal processes based on your circumstances. For facilities experiencing extended mainline movements due to occupancy restrictions, dining hall size, which are impacting operations in other areas, work together with your food services team to ensure a coordinated, sustainable transition to a “grab and go” and/or in cell feeding when circumstances necessitate. Please include those operational changes in your ICS 204, and SITREP.

Due to the current circumstances and further increased impacts to operations regarding waste stream, suspend recycling and take all waste directly to your local land fill.

Thanks for your input and continued efforts to ensure we are doing everything we can do to impact this terrible virus.

Cc: Julie Martin, Deputy Secretary
Robert Herzog, Assistant Secretary

ATTACHMENT 17



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P. O. Box 41100 • Olympia, Washington 98504-1118

March 18, 2020

TO: All Superintendents
All Health Manager Staff

FROM: Julie Martin, Deputy Secretary *J. Martin*
Rob Herzog, Assistant Secretary *R. Herzog*

SUBJECT: COVID -19 Special Population Units Guideline

Identified Populations: All Facility Infirmaries, CRCC Sage Unit and AHCC K Unit (55+ Older Pod Only)

The following restrictions will be in effect until further notice.

- DOC Staff working in above identified units:
 - Only necessary and assigned staff should have access to this unit
 - Must wash hands before entering and before exiting tier and/or unit
 - No specialized PPE is currently required
 - When possible, staff interacting with quarantined and isolated individuals should not be entering these units

- Incarcerated Individuals:
 - Restriction of individuals to remain in their existing unit, tiers or cells- facility to determine how that is done
 - Individuals should practice washing hands anytime they enter or exit their cells
 - Restricted from eating in the main chow halls
 - Individuals shall be given medications at their cells which will allow nursing staff to do a wellness check
 - Allow individuals to self-quarantine if they choose to in their cell
 - Non-medical call-outs shall be restricted unless previously approved by designated custody staff (Incident Commander/CUS)

- Unit CUS will identify 2 workers per shift that will be responsible for sanitizing/cleaning the units/designated areas multiple times per day (to include day rooms, phones, door knobs, etc.)
- Social distancing should be used in day rooms
- Any identified Health and Safety issues regarding incarcerated individuals and or staff supervision should be pushed up their respective chain of command.

****If any flu-like symptoms are noted with staff or the incarcerated population, this should be reported IMMEDIATELY to the Incident Command****

cc: Julie Martin, Deputy Secretary
Rob Herzog, Assistant Secretary

ATTACHMENT 18

AHCC K-Unit Special Population Guidelines

Due to current DOC COVID-19 Guidelines for Special Incarcerated Individuals at AHCC, the following protocols are in effect:

AHCC K-Unit Special Population Guidelines

Social Distancing:

Social distancing, will be maintained with all unit operations. Staff will continually monitor incarcerated individual movement and activity to ensure compliance with social distancing.

Entrance into the unit:

In order to provide for the safety of the Special Population in K-Unit at AHCC, incarcerated individuals who do not live in K-Unit are prohibited from being in the unit for any purpose. Only staff who have been assigned to work in K-Unit will be allowed to work posts in K-Unit. These staff will use a clean room process when they report to work in the unit. Any staff who have essential job responsibilities (Medical, Maintenance, etc.) who access K-Unit will also be required to follow the Clean Room process as listed below:

When staff enter the unit they will:

1. Access the staff bathroom inside the entrance of K-Unit.
2. They will then sanitize any equipment that they have by using the available spray bottles of Hepastat in the bathroom. Additional sanitation of equipment throughout your shift is strongly encouraged.
3. Staff will then wash their hands using the handwashing standards of 20 seconds using anti-microbial soap and then don gloves.
4. Staff will then enter the clean room area and don a designated gown, ear-loop mask and gloves.
5. Once PPEs have been donned and all of the staff's equipment has been sanitized, the staff will then enter the K-Unit B-slider and complete shift exchange with the on-duty staff.
6. Staff will follow sanitizing protocols prior to exchanging required equipment, keys, restraints, radio, OC etc.
7. Once Shift exchange has been completed the off-going staff will leave through the K-Unit A-sliders and doff their masks, gloves and gown in designated receptacles that are located just outside of the slider exit.

K-Unit Entrance cleaning, sanitizing, and disinfecting process:

1. The entrance, foyer and clean room areas will be cleaned, and sanitized by the off-going shift staff after they doff their PPEs.
2. The foyer Janitor closet will have cleaning, sanitizing and disinfecting equipment that will allow the off-going shift to clean all surfaces, sanitize and disinfect all areas.
3. Staff will use this equipment to clean all surfaces, door handles and mop the floor with Hepastat prior to leaving the unit.

AHCC K-Unit Special Population Guidelines

Additional PPE Protocols: Staff will follow all quarantine PPE protocols per the guidelines set forth in the most current version of the “WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline”.

Staffing:

- K-Unit Classification Staff/Unit staff will assist on the unit to assist with daily operation from (07:30-16:00) to include:
 - Ensuring proper sanitation is occurring.
 - Ensuring social distancing recommendations are being followed.
 - Dealing with emergent classification concerns.
 - Assisting medical staff with medication distribution by ensuring appropriate amount of incarcerated individuals out at a time. Also monitor medication carts/tables.
 - Assist with distributing other unit deliveries (e.g. mail, warehouse items, possibly commissary).

Use of Dayroom:

- Toilet use only will continue on a 24-hour basis.
- Social Distancing with phones. Every other phone will be utilized.
- Unit tier reps will have access to the dayroom to assist with FAQ, forms, or any other designated responsibilities.
- Dayroom numbers will not exceed 50 per wing at a time. Staff will use their best judgement to accommodate this, considering unit workers and other unit activities.
- Under normal operations the dayroom numbers will not exceed 50 individuals per wing at a time for more than 45 minutes to allow for 15 minutes to sanitize between dayroom use.
- In the event K-Unit, is placed on quarantine status, dayroom numbers will not exceed 25 individuals per wing at a time to support social distancing and will not exceed 30 minutes to allow for more individuals time out due to the reduced numbers of individuals allowed in the dayrooms.
- Beginning at 8am, and subsequently at the top of every hour, Unit staff will systematically call out cells to allow incarcerated individuals access to the dayroom on both sides of the unit. It is an expectation that unit staff allow the maximum allowable amount of incarcerated individuals out for each session based on normal operations or quarantine protocols.
 - Table covers have been removed indefinitely for sanitation purposes.

AHCC K-Unit Special Population Guidelines

- Social Distancing and unit sanitation will be continuously monitored by staff and addressed as needed.
- Only two individuals per table, seated directly across from one another. Unit staff will use masking tape to mark seats that are not to be used in the dayroom.
- Any surface/item, to include phones, KIOSK/JPay keyboard, microwave, stationary bike, exercise equipment, will be sanitized between individual incarcerated individual uses.
- Each session will be 45 minutes for normal operations or 30 minutes if the unit is on quarantine using the below listed schedule for dayroom use. During this period of time individuals in the dayroom will be allowed access to the dayroom for recreation activities and for the use of the shower areas.
 - 8:00-12:00: Dayroom Use
 - 11:30: Lunch
 - 13:00-16:00: Dayroom Use
 - 16:00-18:00: Formal Count/Dinner
 - 18:00-21:20: Dayroom Use
- Transgender individual shower times will remain the same, during the 16:00 formal count.
- It is the responsibility of Unit staff to track and ensure equitable access to these areas for all incarcerated individuals in their units.

Dayroom Sanitation:

All individuals who are cleaning, sanitizing and disinfecting must wear the appropriate PPE per DOC policies and guidelines and have documented training in OMNI for the Porter PowerPoint Training.

15 minutes have been designated between each dayroom session as a cleaning and sanitizing time for all areas in the dayroom. Porters, who have been properly trained (including tier reps, personal care aides, game box porters), will clean and sanitize all dayroom surfaces prior to the next dayroom session.

Laundry turn in will occur Sunday through Thursday. Individuals will be asked to place their laundry bags outside the cell door. Laundry porters will pick up at the cell door and track turn in as usual.

Outside Recreation Area:

In order to support the incarcerated population that is on special status Senior Living Unit, incarcerated individuals have access to the outside area in front of the unit. The unit will use the concrete bench area near the front door and the grass area between the fresh air pad and the concrete bench. These areas will be identified and marked by existing borders, and ground spray paint. These areas will not be used by any other incarcerated individuals, only those individuals who are K-unit incarcerated individual s. K-unit incarcerated individual s will use the path from

AHCC K-Unit Special Population Guidelines

the front door to those areas by the closest path that is not near any walk-way going past K-unit/H-foyer. K-unit incarcerated individuals will stay in the designated area.

CAUTION: K-unit population is a high-risk population which needs to be completely isolated/separated from all other units/individuals and any other staff than K-unit staff. It is imperative for close staff supervision at all times. The staff supervising this outside process will ensure no other incarcerated individuals/staff come within a close proximity any of the K-unit individuals.

Social Distancing Protocols during outside recreation:

Social Distancing Protocols will be maintained, which are:

- Six feet of separation between all individuals,
- No physical touching including; Handshakes, fist bumps, hugging, sharing of food, utensils, containers, cups, and other items, sharing of clothing, or any other direct or secondary form of physical contact.
- Wheelchairs will have priority of the marked areas right near the front door concrete bench area.

Schedule for outside recreation area K-unit:

- The outside recreation access will be scheduled into the current rotation with the established Dayroom Schedule for the unit. When A and B side individuals are called out for dayroom access, one side will be able to choose to stay in the dayroom or access the designated outside recreation area. This rotation will switch between sides throughout the day on an alternating basis.
- Incarcerated individuals are not compelled to stay in the yard area the whole time and may go back into the dayroom, allowing others to take their spot.
- Participation will be limited to a manageable amount, not to exceed 15, participants. All areas for individuals are clearly marked.
- Individuals who are going to the outside recreation area will be directly supervised by staff during their time in this area.
- Painted areas/benches/chairs will indicate designated yard area:
 - Any areas outside the marked area will be considered out of bounds.
- No equipment will be available in the outside area.

Cleaning, Sanitizing and Disinfecting:

The same standards for cleaning the dayrooms will be applied to the foyer area and the doors and handles that have been accessed by the individuals when they access the outside recreation

AHCC K-Unit Special Population Guidelines

areas. Incarcerated individuals will be reminded to wash hands before they leave their tier and upon return to their tier.

Mail:

- Mail will be handed out between 16:00-18:00 by unit staff delivering to each cell. This will minimize the need for individuals to line up and wait to approach the officer station.

Legal Mail:

- Legal mail will be placed in the unit mail bags and distributed to the unit by the Mailroom through the current mail delivery process. Which will meet the 24 hour time requirement outlined in DOC 450.100 "Mail for Individuals in Prison".
- Living Unit staff will use the process outlined in the "AHCC COVID-19 Process for Delivery of Legal Mail" (Attached) when delivering all Legal Mail, which will be included in the mailbag.
- This process is temporary and is subject to change based on COVID-19 response priorities.

Commissary:

- Commissary will be delivered to the back door and assigned unit staff will pass it out. K-unit incarcerated individuals will be used to assist the staff in distributing store. This could be commissary incarcerated individual workers currently housed in K-unit or other K-unit incarcerated individual volunteers, approved by Unit staff.
- Movement of K-unit incarcerated individuals to the distribution location/Laundry Room will be supervised by unit staff/incarcerated individual workers.

Dogs:

- One handler per dog allowed outside of the unit for bathroom use. Ensure social distancing is observed by K-unit handlers. Two dogs and two handlers at a time allowed in the day room as schedule activities occur.
- Incarcerated individuals will wash their hands prior to leaving their tier. Upon return to their tier they will go to the bathrooms and wash their hands.

Medical Services:

- Pill line and diabetic pill line will be completed in the unit by medical staff. Medical staff will follow the clean room procedures outlined above.
 - Participants in pill line will be called to the distribution location at the slider door. Staff will allow a number of waiting incarcerated individuals, ensuring social distancing and dayroom limit of total 50 under normal operations and 25 if the unit is on quarantine status. Movement to the distribution location pill cart/table will be managed by staff.

AHCC K-Unit Special Population Guidelines

- Diabetic patients will be called first.
- Supplies and medication will be at a location to be in control of staff at all times.
- Incarcerated individuals may need their cup for water prior to getting their medications/standing in line.
- Custody are required to escort medical staff to and from K-Unit, but will stop 25 feet out from the unit and proceed no farther. Unit staff will take over at this point.
- Any necessary medical trips and any necessary call-outs will be assessed/approved by medical staff. Medical will ensure K-unit incarcerated individuals are a priority for social distancing and they will be brought in the inside medical waiting room, and not left in the outside waiting room.
- Medical staff will utilize the clean room

Medical call-outs in the Unit:

- K-Unit blood draws will be at 07:00 Hrs. on Tuesday.
- If medically required to be seen out of the unit all other Medical call-outs for K-Unit will be scheduled at 08:00 Hrs. and 14:50 Hrs. These movements should only include individuals from K-unit and Medical staff will ensure that K-unit individuals are given priority in order to provide appropriate social distancing from the other incarcerated population at AHCC.
- All other services will occur on the unit during a designated medication administration time even if they appear on the callout for another time.

Mental Health:

- MH will make unit rounds on known MH patients once per week.
- MH will respond to staff referrals and MH emergencies in addition to routine follow up at the unit.
- Unit space/room will be provided if needed for any MH contacts.

Meals:

- Meals are delivered to the back of the unit.
- Only unit staff will distribute meals to the incarcerated individuals.

Unit Porters:

Cleaning and sanitizing will be emphasized with all incarcerated individuals. The unit porters remain part of the allowed 50 out in the dayroom at a time.

Maintenance:

Maintenance needs for the unit will be conducted by DOC maintenance staff only. All persons entering the unit will follow the clean room protocols in this document.

AHCC K-Unit Special Population Guidelines

Unit Deliveries:

All deliveries to the unit will be monitored by unit staff to ensure that the deliveries are dropped off at the back door or in the rotunda of the unit to keep K-unit incarcerated individuals isolated from delivery persons.

Emergencies:

Emergencies will be managed per current Emergency Response protocols. PPE is available to responders upon entry to the unit.

Additional important operational considerations:

- Only permanently assigned K-unit staff are allowed to work in K-unit. This includes the 2 additional staff on 2nd/3rd shifts (see attached 7 day roster).
- K-unit Staff can only work in K-unit; they are not allowed to work any other area/post.
- The three K-unit RDO custody positions, which work one day in other posts, will not be allowed to work those other posts. They will be re-directed to K-unit for work.
- Any custody overtime on K-unit is filled with only K-unit custody staff (see attached 7 day roster).
- K-unit custody staff are used for all mandatory overtime/positions within K-unit.
- Shift Lt. will assign OT/mandatory, per seniority within K-unit, utilizing attached 7-day K-unit staffing roster.
- K-unit Staff can still sign-up for overtime as already established, for other facility areas, however they will not be allowed to work those areas. Shift Lt. /Roster Management will track any missed overtime bypass of K-unit staff. K-unit Staff may be re-directed to K-unit for additional work in this case, unless it is determined all K-unit positions are filled and the Unit Supervisor/Shift/ICP determines no more staff are needed in the unit.
- Only essential staff are allowed into K-unit. Any required maintenance needs will be conducted by maintenance staff only; no incarcerated individuals.
- All internal unit functions are performed by K-unit staff only, to include: commissary pass-out, and any unit recreation activities.
- All staff, not assigned to K-unit, are not to enter K-unit. The Shift Lt. will assess any emergent response needs to assess if the current K-unit staffing, can manage the emergency without other custody staff intervention (chest pains, slip, etc.) If additional response staff are needed, proper PPE should be considered by the Shift Lt.
- **EMS and those types of immediate critical response/lifesaving will be handled, by the Shift Lt., in the best manner possible, with life-saving measures as the first priority.**

AHCC K-Unit Special Population Guidelines

ATTACHMENT 19

Sage East Staffing/Clean Room Process

In order to provide for the safety of the Vulnerable Population in Sage East at CRCC a clean room process has been set-up for any staff who work inside of or enter Sage East Unit for essential tasks/jobs. All staff who are assigned to Sage Unit will now only work Sage East. Sage West will be staffed with temporary staff and or relief staff. Sage East staff will consist of the following:

1st Shift- 2 custody officers, 2 CNAs and 2 nurses

2nd shift- 3 custody officers, 3 CNAs, 3 nurses and 2 classification counselors.

3rd shift- 3 custody officers, 3 CNAs, 3 nurses and 2 classification counselors until 1630.

Staff who work Sage East will **ONLY** work Sage East, they will not be allowed to work in other parts of the facility. In emergent situation it may be necessary to utilize a relief officer not assigned to Sage East but those staff will be informed of and taught the process for the clean room.

All staff will follow the below listed process:

When staff enter the unit they will:

1. Staff will enter into Sage East through the main doors of Sage Unit which has been transformed into a clean room. The front entrance will have two sections consisting of a non-clean side and a clean side going directly into Sage East. Sage West staff and Offenders will enter and exit using the Sage West fire exit door no longer using the main entrance.
2. When staff enter the non-clean side of the front entrance they will sanitize any equipment that they have using Germicide, CorrectPac CP205.
3. Staff will then enter the clean room area, immediately wash their hands using the handwashing standards for 20 seconds using anti-microbial soap and don PPE consisting of gloves mask and gowns.
4. Once their PPEs have been donned they will then enter into Sage East and complete shift exchange with the on-duty staff.
5. All equipment at CRCC is currently cleaned, sanitized and disinfected prior to any shift exchange, this process will be followed per the existing protocols.
6. Once Shift exchange has been completed the off-going staff will leave through the Sage East fire exit door on the east side of the unit and doff their mask, gloves and gowns in receptacles that are located just outside of Sage East fire exit door. Hand sanitizer will be available to clean hands before putting on a clean surgical mask.

Sage East Entrance cleaning, sanitizing, and disinfecting process:

1. The entrance and foyer areas will be cleaned, and sanitized by the staff working the unit.
2. The clean room will have cleaning, sanitizing and disinfecting equipment that will allow the staff to clean all surfaces, sanitize and disinfect all areas.
3. Staff will use this equipment to clean all surfaces, door handles and mop the floor with Germicide, CorrectPac CP205 prior to leaving the unit.

Additional PPE Protocols: Staff will follow all quarantine PPE protocols per the guidelines set-forth in the most current version of the "WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline".

CORRECTIONS DIVISION ATTORNEY GENERAL'S OFFICE

April 13, 2020 - 11:53 AM

Transmittal Information

Filed with Court: Supreme Court
Appellate Court Case Number: 98317-8
Appellate Court Case Title: Shyanne Colvin et al. v. Jay Inslee et al.

The following documents have been uploaded:

- 983178_Other_20200413112043SC436508_1165.pdf
This File Contains:
Other - Respondents' Report on DOCs' COVID 19 Response
The Original File Name was RespReport-final.pdf

A copy of the uploaded files will be sent to:

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- John.Samson@atg.wa.gov
- PCpatcecf@piercescountywa.gov
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