



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P.O. Box 41100 • Olympia, Washington 98504-1100

**Department of Corrections Response to the
OCO Report on the DOC COVID-19 Response
September 1, 2020**

Introduction

Corrections acknowledges that, as experienced in the broader community, this unprecedented pandemic has impacted all individuals incarcerated within and working for the Washington State Department of Corrections. Corrections activated the Emergency Operations Center (EOC) in March of 2020 and has maintained a team of agency trained and Federal Emergency Management Agency (FEMA) credentialed incident management team members working tirelessly to ensure the health and safety of the incarcerated population and staff in the Washington State correctional facilities. As a department, there has been an outstanding willingness by staff and the incarcerated population to adhere to learning to live and work a new normal routine in our everyday life, and a willingness to follow countless newly implemented protocols, procedures, and guidelines.

There have been many lessons learned throughout the agency's pandemic response, and the Department is proud of the work being done by staff and the incarcerated population and the ability to maintain low levels of COVID-19 exposure in our facilities. The Department appreciates the collaboration between families and external stakeholders during this trying time and will continue to provide updates and implement additional protocols to ensure the agency is responding in the most informed way possible.

Impact of COVID-19 on persons incarcerated

The Ombuds falsely reports a supposed protocol restricting individuals from receiving a change of clothes more than once every seven days. Corrections's clinical leadership assessed the need for protocols to ensure the health of individuals. Although it is accurate that individuals who are on medical isolation are not offered showers for the first seven days, that first seven day period is proven to be when individuals shed the virus most. Therefore, the decision was made that the first seven days will be highly restricted movement to minimize the spread of the virus. After seven days, however, individuals are not restricted from showering unless medically or physically unable to do so. Individuals on medical isolation are restricted to time in their housing cell to ensure their health and the health of the neighboring incarcerated individuals.

Though the Ombuds report states individuals had to defecate in food storage containers at the Coyote Ridge Corrections Center, it should be noted these concerns began surfacing on

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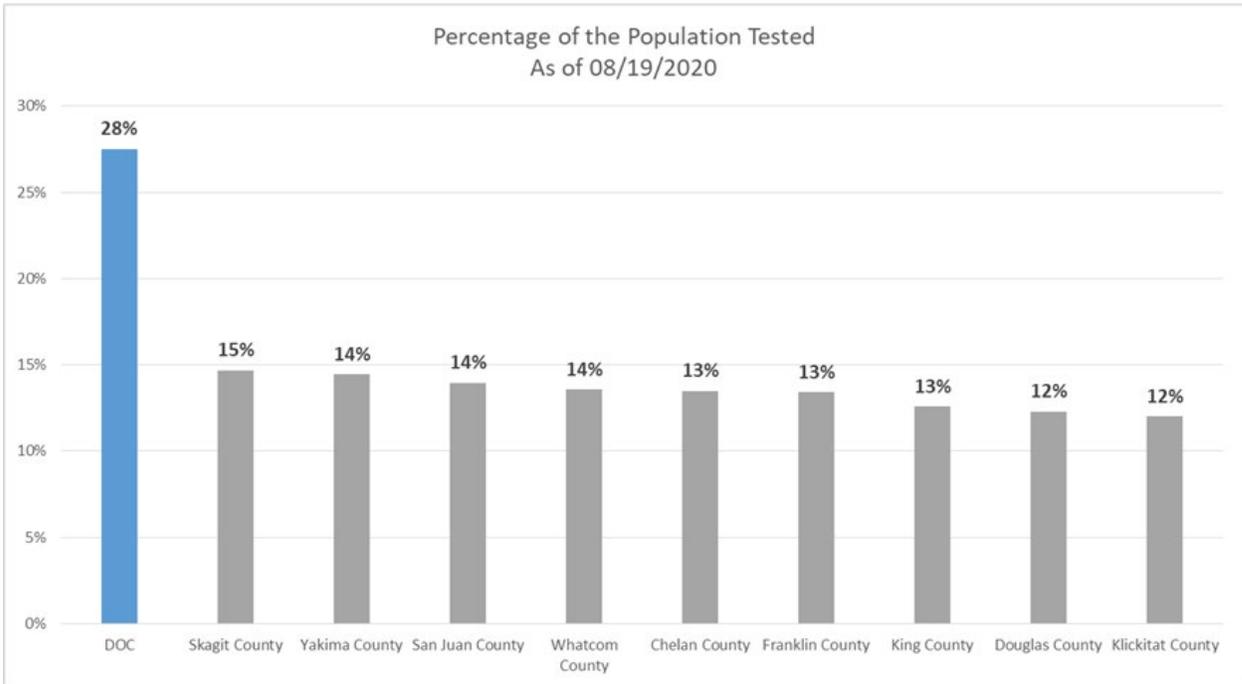
social media three hours before actual implementation of the facility restricted movement and Corrections is not able to verify the accuracy of this allegation. Immediately following the implementation of the restricted movement, correctional staff began rotating through units to open cells as needed for bathroom breaks. Within 24 hours, facility leadership was able to bring in additional staffing resources and implement 15-minute protocols to ensure that individuals were able to utilize bathrooms as often as needed.

Contrary to the Ombuds report, Corrections is able to verify that there have been absolutely no Prison Rape Elimination Act (PREA) allegations put on hold for investigation due to reduced correctional staff resources during the pandemic response. There are two cases on hold, by a local county sheriff's office, which has the responsibility to conduct the criminal investigation. Corrections does not have jurisdiction over the sheriff's department and is available to assist in these investigations as the sheriff's office requests.

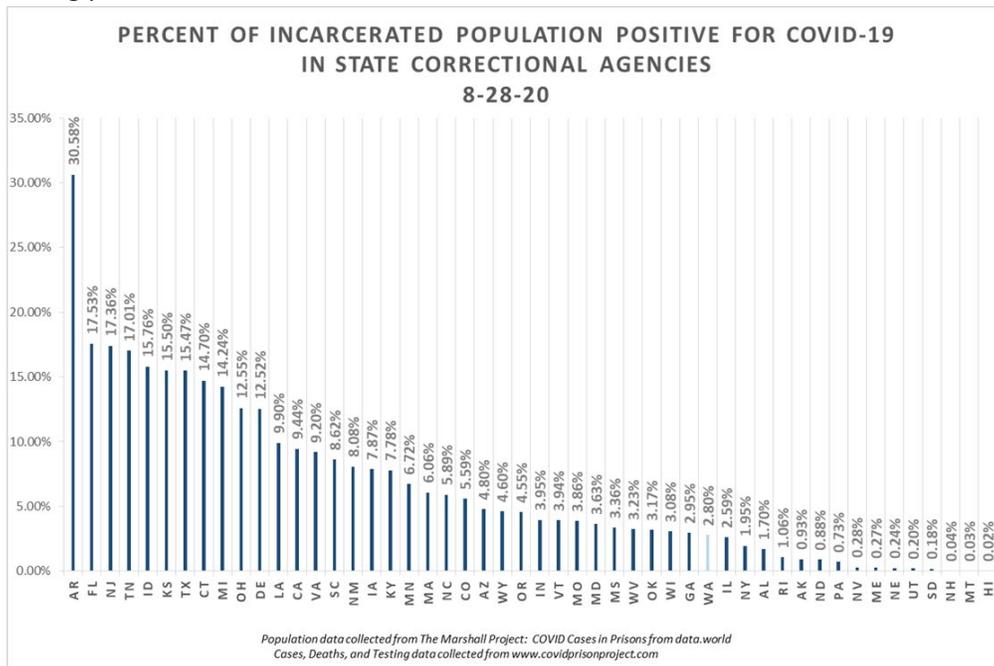
Secretary Sinclair and all staff are compassionate and understand the effects closing visitation has had on the incarcerated population. The CDC Guidance on Management of COVID-19 in Correctional and Detention Facilities recommends that correctional facilities suspend or modify visitation programs. To better protect the entirety of the population, visitation closure was a step that needed to be, and was, taken. Consistent with CDC guidelines, DOC has worked to provide alternative ways for incarcerated individuals to maintain contact with family and friends. Individuals are currently allowed two free phone calls per week, two free video visits per week, two free stamps per week, and free reply Wednesdays, in which message responses on Wednesday are at no cost. Corrections also offers paper and pencil to write to loved ones and additionally was able to implement phone access by use of a transportable and/or rolling phone for these individuals in June 2020. Leadership is aware of the technical difficulties surrounding JPay services and Secretary Sinclair personally reached out to JPay urging their cooperation to enhance their service offerings to alleviate the hardship to the population. Washington State Corrections, along with all other 24/7 state agencies, are working through the suspension of in-person visitation services and are actively working on plans for re-introducing these services safely for the incarcerated population, staff and the community.

Comparable Jurisdictions

When comparing the amount of COVID-19 testing occurring within the Washington Department of Corrections to the top nine Washington counties testing for COVID-19, the numbers speak for themselves. Our state's correctional system has tested over 25% of its population, 10% more than the next county for testing.



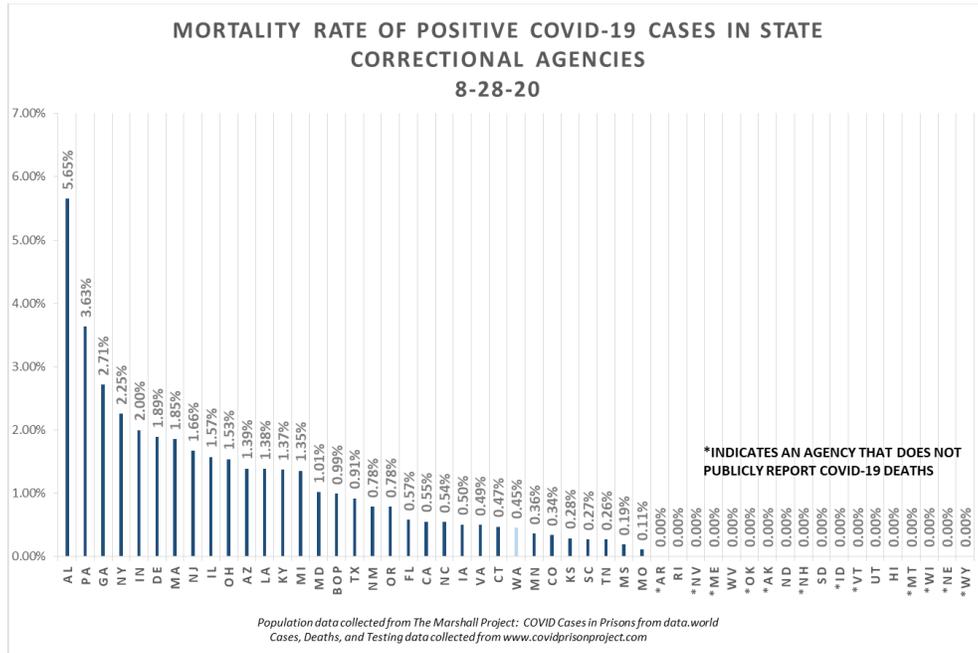
When evaluating the percentage of total positive cases in a state correctional system compared to that same system’s overall incarcerated population, Washington Department of Corrections is ranked in the lowest third of state correctional systems (or 35th out of 50 states) experiencing positive cases.



When evaluating the percentage of mortality rate in a state correctional system compared to that same system’s overall positive COVID-19 population, Washington Department of

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Corrections is ranked in the lowest third of state correctional systems (or 26th out of 38 reporting states).



OCO Workgroup Recommendations and Corrections' Actions

CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities

Corrections has published reference that shows the CDC recommendation and Corrections' actions pertaining to each recommendation. The agency has provided actionable responses and supporting documentation under each recommendation posed by the CDC. Washington State Department of Corrections is almost 100% compliant (or has surpassed compliance) with all of the CDC recommendations pertaining to responding to the COVID-19 pandemic in a correctional setting. This has required truly unprecedented coordination and consistent effort across the agency since early March.

Improved Social/Physical Distancing

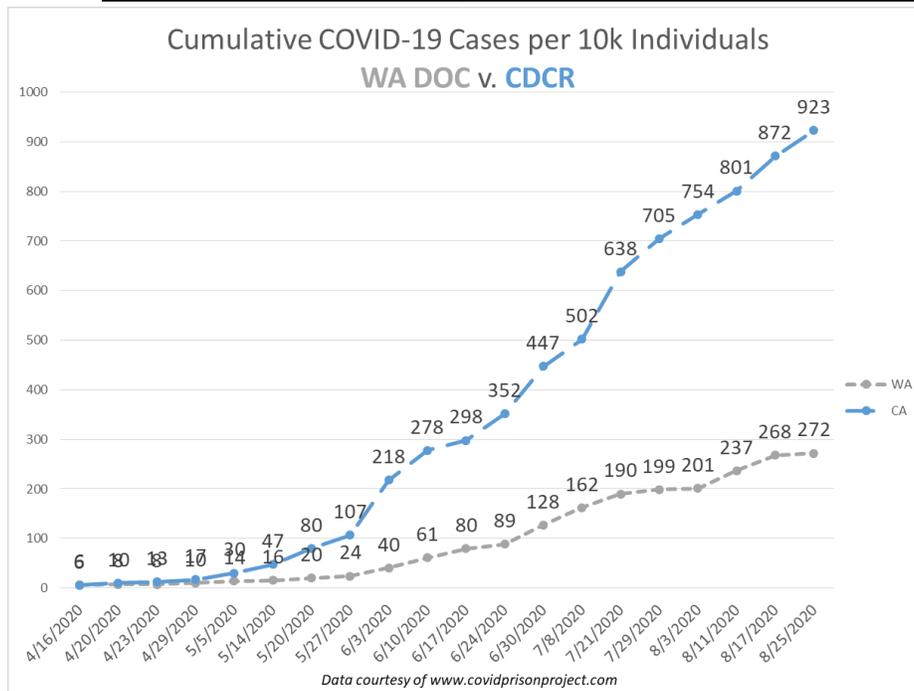
The authority for the Department to complete legislative reports comes from the legislature. The Department has not been directed by the legislature or the Governor's office to complete a report and has not been allocated the resources to conduct such a report. Further, there is currently no request from the Governor's office or legislature to determine the feasibility to further reduce the prison population.

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Comparisons between Washington State and California Correctional Jurisdictions

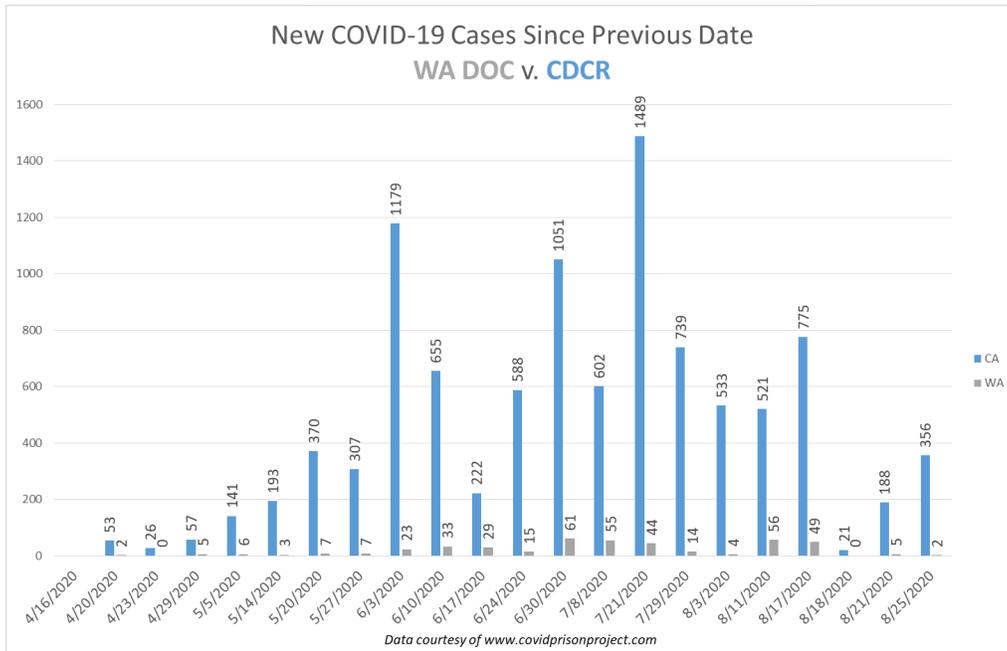
In reference to the comparisons made in the Ombuds published report pertaining to the State of California populations and releases, Washington Corrections has put together correlating data between the two jurisdictions.

Cumulative COVID-19 Cases per 10k Individuals: WA DOC v. CDCR



- **Overview:** This chart displays a line graph of the number of cumulative COVID-19 cases per 10,000 incarcerated individuals in the Washington State Department of Corrections versus the California Department of Corrections and Rehabilitation on specific dates.
- **Summary:** On August 25, 2020, the Washington State Department of Corrections had in total, 272 cases per 10,000 individuals and the California Department of Corrections and Rehabilitation had 923 cases per 10,000 individuals.
- **Data From:** Case totals: www.covidprisonproject.com. Population data: The Marshall Project: COVID in Prisons updated population dataset available on data world.

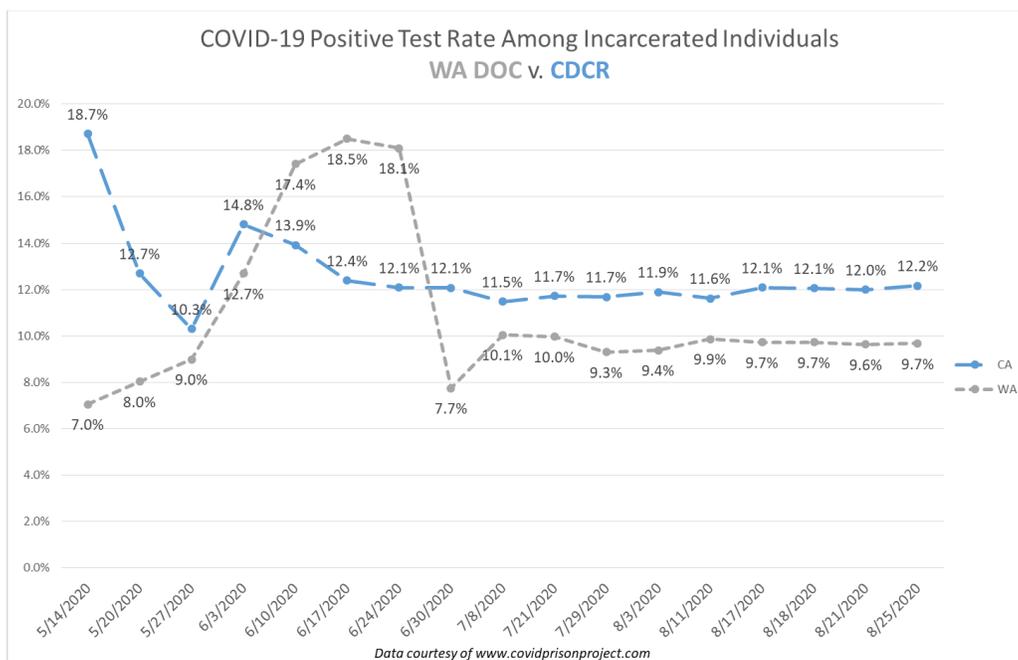
New COVID-19 Cases: WA DOC v. CDCR



- **Overview:** This chart displays a bar graph of the number of new COVID-19 cases among incarcerated individuals in the Washington State Department of Corrections versus the California Department of Corrections and Rehabilitation.
- **Summary:** Between 8/21/20 and 8/25/2020, the Washington State Department of Corrections had two new COVID-19 incarcerated cases and the California Department of Corrections and Rehabilitation had 336 new COVID-19 incarcerated cases.
- **Data From:** Case totals: www.covidprisonproject.com. Population data: The Marshall Project: COVID in Prisons updated population dataset available on data world.

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COVID-19 Positive Test Rate among Incarcerated Individuals: WA DOC v. CDCR



- **Overview:** This chart displays a line graph of the rate of positive COVID-19 tests among incarcerated individuals in the Washington State Department of Corrections versus the California Department of Corrections and Rehabilitation.
- **Summary:** On 8/25/2020, the Washington State Department of Corrections had a 9.7% positive COVID-test rate with a high of 18.5% on 6/17/2020 and the California Department of Corrections and Rehabilitation had a 12.2% positive COVID-19 test rate with a high of 18.7% on 5/14/2020.
- **Data From:** Case totals: www.covidprisonproject.com. Population data: The Marshall Project: COVID in Prisons updated population dataset available on data world.

Mental Health Support

Corrections worked with JPay and GTL in March 2020 to implement free or reduced services to the population and loved ones in lieu of in-person visitation, which had recently been suspended. Corrections then worked with JPay and GTL to continue to extend the free and reduced cost services through the end of the calendar year. Individuals are currently allowed two free phone calls per week, two free video visits per week, two free stamps per week, and free reply Wednesdays, in which message responses on Wednesday are at no cost. Corrections Secretary Sinclair and agency liaisons have been in contact with JPay and have continued to express the sincere concern for the services being provided, requesting that services be improved. As the agency cannot force JPay to expand their infrastructure of

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services, the agency will continue to alert JPay of the present need in hopes that it will bring forward improvements.

Corrections is amenable to libraries being reopened. The State has continued the closure of all State-run libraries for in-library services, to include the libraries that are inside Washington State correctional facilities. These will begin to resume when the State of Washington resumes state library services. However, at the beginning of the COVID-19 pandemic, the agency received a huge donation of books that were distributed to facilities throughout the state. About every two weeks, the agency receives up to 15 different printed resources to include current magazine and newspaper subscriptions, puzzles, short articles etc., that are sent to facilities for printing locally. Community partnership program coordinators (CPPCs) and religious coordinators are in constant communication with the population and provide individualized resources as requested by the incarcerated population.

The Ombuds recommends two and a half hours of physical activity per week, to include one hour per week outdoors for the entire population, however, there is no system-wide restriction prohibiting this recommendation. Both the K-Unit at Airway Heights Corrections Center and Sage East Unit at Coyote Ridge Corrections Center (CRCC) have created and implemented plans to ensure that individuals are getting consistent periods of time for physical activity, to include at least one hour per week outdoors. It is not practical to require all individuals in In-Patient Housing Units (IPUs) to have access to this level of physical activity as there is a medically urgent reason for their admittance to this unit. Due to the urgent need at CRCC, agency leadership initiated one facility-wide restricted movement to slow the potential spread of COVID-19 in the facility. This did restrict the outside time available to the population. This restricted movement was deemed medically necessary and as the spread of the COVID-19 virus in the facility was slowed and controlled, movement restriction was lifted.

Individuals on medical isolation are to be seen by mental health staff twice daily for assessment and to alleviate any mental health concerns as able. Corrections is aware of glitches in protocol when it comes to property and medical isolation or quarantine status. Through continued communication, facility leadership ensures that individuals have access to their property, to include their address books. Corrections custody and mental health staff offer imagery guides, art supplies, origami, and other crafts to individuals and they are available additionally upon request.

All Washington State correctional facilities have ordered hundreds of televisions to ensure that all cells utilized for medical isolation, quarantine, or alternative housing, of which infrastructure allows, are given a television. Additionally, facilities have been able to provide baked goods and additional fundraisers to alleviate some of the anxieties being experienced during this trying time.

Our mental health staff did assess having tennis balls available to incarcerated individuals to bounce against the wall. As it may seem like a harmless implementation, the introduction of

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hearing a ball bouncing on the wall of the neighboring cell poses a negative mental health affect for a neighboring individual. Due to the holistic analyzation of this implementation, the decision was made not to provide tennis balls for bouncing off walls.

Visitation Services

In July 2020, Secretary Sinclair instructed a workgroup be created to begin the planning and research process to reopen in-person visitation services. Corrections has created this workgroup and this workgroup has analyzed visitation plans from all over the nation with similar frameworks. This workgroup has created an initial visitation proposal that was shared with the Statewide Family Council for suggestions and feedback as families and loved ones are most impacted by the visitation system across the agency. Additionally, Correctional Industries is creating no-contact barrier prototypes that could be incorporated into the visitation reopening plans. Once feedback from the families has been incorporated, the workgroup will present the proposal to the agency's Executive Strategy Team for final review, input, and approval for safe implementation and moving forward.

More Rigorous Screening and Testing

Having incarcerated individuals conduct daily screenings will add an unnecessary increased contact risk for all individuals and is not medically supported. There is also a potential for an individual's protected health information to be shared throughout the population, violating their privacy and statutory protections regarding health care information, if they are found to be showing symptoms or don't pass the screening process. Corrections will continue to remind staff and the incarcerated population of the importance of self-reporting symptoms and ensuring that all follow the recommended precautionary measures put forth by the department and the CDC.

Corrections has implemented many instances of broad based testing throughout facilities to date. Corrections is currently utilizing the following definition of outbreak: "two or more confirmed cases of COVID in incarcerated individuals occurring within 14 days who reside in the same living area, or, one or more confirmed cases of COVID in an incarcerated individual AND one or more confirmed cases of COVID in DOC staff working in proximity to the incarcerated individual case/cases occurring within 14 days." Please note, incarcerated individual COVID cases occurring in intake separation areas are not included in the above unless new COVID transmission is thought to be occurring within the intake separation area or elsewhere in the facility. When there is an outbreak at any facility, Clinical Leadership and the Emergency Operations Center begin to assess the need for broad based testing, on a case by case basis. Recently, the decision was made to implement a broad based testing of the population at the Washington State Penitentiary (WSP) East Complex in units 6, 8, and 10 to further assess the extent of the outbreak and appropriately respond. Other examples of broad based testing being executed are instances at Coyote Ridge Corrections Center and the Monroe Correctional Complex. Additionally, Corrections has created and published an implementation plan to continue expanding staff serial testing throughout facilities as

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resources and lab capacity allow. The agency will continue to pursue this serial testing effort for as long as medically responsible and resources allow.

Corrections implemented expanded testing into medical protocols in July of 2020. These protocols were reviewed and endorsed by the Department of Health (DOH) and the Washington State Epidemiologist. All individuals who are placed onto medical isolation status and individuals who are identified as close contact to someone confirmed with COVID-19 and are on quarantine status will receive at least one COVID-19 test, regardless of their potential of being classified as high-risk. All individuals will additionally undergo a health assessment which will include an assessment of their medical needs and will identify if these individuals placed onto quarantine or medical isolation are considered to be high-risk.

Corrections has not found an FDA approved antigen test that could be utilized in the agency COVID-19 pandemic response. Corrections does not wait on test results to identify close contacts and place individuals onto quarantine or medical isolation status. Once any individual is found to be suspected of or confirmed having COVID-19 the contact mapping process begins and all individuals are appropriately quarantined or medically isolated. Having a rapid diagnostic antigen test would not provide any clinical benefit.

Improved Infection Prevention

Corrections has published medical guidelines under the close evaluation and direction from the Department's clinical leadership, to include a nationally recognized infectious control physician. To prevent the spread of COVID-19, patients in medical isolation will be offered showers starting after day 7 in medical isolation, with bath basins provided for in-cell hygiene maintenance in between these showers. Individuals on quarantine status are allowed showers per custody unit schedules. Corrections has implemented additional testing measures to allow for individuals to be released from medical isolation status if two negative test results are received and those individuals will then be able to resume normal shower access once removed. Please note, the cited article from the OCO is not written based on a COVID-19 pandemic response or with any indication of medical protocol in a pandemic response. This article was published over a year ago and additionally, presents information pertaining to proven benefits of not showering daily. The article, provides little guidance about the appropriateness of showers in a correctional setting during a global pandemic.

Face coverings are provided for, and available upon, request to the incarcerated population. Facilities have distributed kiosk messages explaining this process to the population, and if necessary, the notice was distributed by paper to the individual's specific bunk. Those working in sanitation jobs are required to utilize PPE, per the PPE Matrix. This includes gloves and face coverings. Every incarcerated individual and staff member are required to wear face coverings when in the correctional facilities at all times. The agency continues to provide information about the importance of wearing face coverings and practicing CDC recommendations in all aspects of their lifestyle, to include time away from correctional workplaces. Corrections does not have authority to require a staff member to adhere to any

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guidelines outside of their workplace. The employees' unions also cannot enforce this of individuals in their time away from work. The resources needed to regulate this type of requirement would be substantial, and there is simply no law or regulation that will enforce it.

Corrections has had conversations with mental health and health services staff to reiterate the importance of understanding and compassion during this trying time. If individuals raise concern about a physical or mental health condition that may restrict their use of wearing a face covering, staff are to work with the individual to find an alternative that adheres to the safety of the incarcerated population, considers the directives from headquarters and will safely address the incarcerated individual's situation.

Ventilation and air flow systems in health services clinics and living areas are already being reviewed. Several adjustments have been made already, most notably in many health services areas, where HEPA filters have already been installed, as well as identified isolation and quarantine areas, where appropriate.

Improved Pandemic Response

In addition to the aforementioned definition of outbreak, the Unified Prisons/Health Services command has created a COVID-19 Outbreak Checklist. This checklist covers such actions as notifications, response, movement, protocol and step-down processes. The checklist has been implemented for use across the agency to initiate facility response in the event an outbreak, as defined above, occurs in that facility. The checklist has been proven successful in mitigating outbreaks at CRCC and the WSP.

When facilities have undergone an emergency status, DOC health services and prison leadership have deployed to the facility to provide first-hand support to the facility. Additionally, there are 24/7 on-call resources available to the Incident Command Post (ICP) and facility medical staff. This is to include, but not limited to, the Chief Medical Officer and on-call COVID-19 Medical Duty Officer. In addition to deploying teams to facilities, there are daily calls held between facility medical leadership and headquarters medical leadership during the state of an outbreak to provide updates and seek guidance if the need were to arise. In addition to these medical staff specific calls, there are daily calls held at least once a day between facility leadership, all COVID-19 response team leaders, and headquarters staff to provide updates, ask for direction, and brief on the current response taking place.

Corrections has plans in place to implement additional security measures to ensure the safety of all individuals inside a Regional Care Facility (RCF). In the event there is a custody level concern when placing positive COVID-19 individuals in a RCF, these measures will be implemented. The RCF is only utilized for individuals who have tested positive for the virus and require medical treatment for a COVID-19 diagnosis.

Correction's leadership is in constant consultation with DOH and the State Epidemiologist who has been to our facilities and has consistently endorsed our approaches. Corrections

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does not agree with cohorting based on individuals fitting a category of high risk per a COVID-19 high risk assessment. As we have seen in nursing homes, this type of cohorting can be very significant if COVID-19 does enter the cohort. Corrections is continuing to look for ways to ensure that we are properly assessing and ensuring care for individuals who may be or have been diagnosed positive with COVID-19 virus and does have processes in place to ensure the health care for those individuals per our medical protocols and partnerships with neighboring communities.

Corrections agrees with small group cohorting and is taking steps to implement supportive processes for this, for example, cohorting housing assignments with job assignments. However, each facility and housing unit is unique and as there are cohorting plans in place, the agency would not be able to plan and publish these individualized models as quickly as these models would be changing, it would be impractical to sustain. Additionally, Headquarters has instructed all facilities to implement tabletop exercises with staff at each facility to educate staff on how the facility will respond in the event positive cases of COVID-19 are found inside of the facility. These exercises are being implemented to give practical experience to staff and encourage proactive thought processes going through this pandemic. Corrections has already developed multiple protocols and flow charts on how to do mapping and tracing internally. The agency has modified public health's forms for purposes more relevant to our agency's needs and these are included in our current process. Historically, corrections does not require staff to utilize these trainings as they are designed for the community and much of the content is often irrelevant to the corrections environment. However, Corrections has identified one Infection Prevention Nurse and one Occupational Nurse Consultant to complete the John Hopkins COVID-19 Contact Tracing training. This training is more streamlined and may be more applicable to our agency response. Additionally, upon completion of this training a certification is available which can be utilized for tracking purposes if the agency finds it beneficial to require completion for these staff. These two individuals will complete the course and report back to medical leadership on its relevance and help to determine if it would be beneficial to require the rest of the team to complete.

If there is clinical suspicion of COVID-19, DOC tests patients pre-mortem. DOC is happy to support the concept of post-mortem testing, which is a decision to be made by county coroners and medical examiners in their local jurisdictions to implement mandatory testing of all deaths that occur in a facility for COVID-19. It is not within the jurisdiction of DOC to make this mandate or to conduct testing post-mortem as part of death investigation.

Improved Communication with the Population

Corrections is not blocking grievances at level 0 or deeming them non-grievable as was falsely reported in the Ombuds report. The Statewide Resolution Program Manager has trained all resolution program specialists to thoroughly review grievances and ensure that they have attempted to resolve at the lowest level before elevating through the grievance process. Frequently the term "COVID" will be written in a grievance and then would be considered a

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COVID grievance, when in fact the basis of the grievance was another matter. Resolution program specialists are to respond to inquiries by referencing DOC policy, to include the Offender Grievance Program Manual, along with supporting pandemic response documentation, to include Governor's proclamations, for any COVID grievance response. The Statewide Resolution Program creates a summary update tracking trends and number of complaints received for utilization in forthcoming procedure implementations and agency directives. The Department has seen evidence that these trends and elevations have calmed many complaints and grievance trends due to responsiveness.

The Joint Information Center (JIC) will continue to disperse information to the population and staff reminding of the importance to self-report symptoms and to follow the precautionary measures put into place and recommended CDC guidelines. Additionally, the JIC will continue to include information pertaining to virus transmissibility, symptoms, risk factors, and health risks.

Early on, Corrections initiated weekly COVID-19 related phone calls with members of the Local Family Council for each respective facility. These informational phone calls were implemented to provide weekly facility-specific updates to loved ones of the incarcerated population, answer questions submitted in advance from those in the community, and alleviate any concerns brought forth by those in attendance. The notes from these calls are posted weekly in the housing units for reference by the incarcerated individuals in that respective facility, or distributed via kiosk. These calls additionally were initiated with members from the Statewide Family Council, in collaboration with staff from Headquarters who can provide more systemic updates and address concerns that are higher than a facility level. To add levels of transparency, the Assistant Secretary for Prisons has committed to attending one call from every facility to answer questions and alleviate concerns and provide a high level update from a headquarters level. At this time, he has three facilities left to attend. Additionally, the Executive Strategy Team attended a Statewide Family Council call on August 6, 2020, to provide a high level update and answer questions and concerns that facility leadership may not be able to answer. All notes from all informational calls are posted online for reference by anyone in the public on the agency's outward-facing Local and Statewide Family Council webpages. In addition to these calls, facilities are distributing local and headquarters level written updates to the population and staff when there is a change in facility operations and continue to post information provided by the JIC pertaining to updates to the COVID-19 pandemic, the importance of self-reporting becoming symptomatic, and maintaining proper hygiene recommendations by the CDC throughout the facilities. All facilities are continuing to encourage staff in the facilities to act with compassion and answer questions as they are able when posed by the incarcerated population. Facility leadership frequently walk throughout the facility and are available to answer questions as well.

The Department of Corrections appreciates the opportunity to respond to the Office of Corrections Ombuds Report on the DOC COVID-19 Response. The Department of Corrections will continue to collaborate with the Office of the Corrections Ombuds to implement

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additional policies, procedures, and security measures to continue to improve the facility operations.

Sincerely,

A handwritten signature in blue ink, appearing to read "Steve Sinclair", with a long horizontal flourish extending to the right.

Steve Sinclair, Secretary
Washington Department of Corrections