

**OFFICE OF THE CORRECTIONS OMBUDS REPORT**  
**RECOMMENDATIONS RELATED TO THE DOC COVID-19 RESPONSE**  
**PREPARED BY**  
**JOANNA CARNS, OCO DIRECTOR**  
**PATRICIA H. DAVID MD MSPH CCHP,**  
**DIRECTOR OF PATIENT SAFETY AND PERFORMANCE REVIEW**  
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**Introduction**

The COVID-19 pandemic is the worst public health crisis to impact the United States in decades. COVID-19 poses a particular risk to people incarcerated within correctional facilities due to confined living spaces, overcrowded populations, and group movements. As has been documented through numerous studies, incarcerated persons tend to have greater underlying health conditions and comorbidities, making them especially susceptible to complications arising from COVID-19. Last, the daily flow of DOC staff in and out of the facilities creates a constant threat of potential infection transmission to the health and safety of both the incarcerated people and the greater communities.

As of August 3, 2020, 319 incarcerated persons and 128 Washington Department of Corrections (DOC) staff have tested positive for COVID-19. At least three persons have died due to COVID-19 – one staff and two incarcerated people. DOC is presently dealing with ongoing outbreaks at several facilities and has experienced at least one mass disturbance by incarcerated persons and several protests by loved ones on the outside – and the pandemic is still far from over.

The impact of COVID-19 on persons incarcerated within DOC has been severe:

- Conditions in medical isolation are often grim, depending on the facility, with symptomatic incarcerated persons allowed a shower and a new change of clothing only once every seven days; one individual reportedly went almost three weeks without a shower. Persons placed in medical isolation are not allowed out of the cell for recreation or fresh air. Individuals at MCC reported unsanitary cell conditions, a lack of meaningful mental occupation as

they sat in a bare cell, and the heavy emotional toll of being disconnected from communication with their loved ones.

- Following an outbreak of COVID at CRCC, facility staff made the difficult decision to significantly restrict movement across multiple housing units to reduce the spread of infection; while understandable in its intention of stopping the spread of the disease, some incarcerated persons reported having to urinate and defecate in their food storage containers due to DOC staff allowing infrequent bathroom trips.
- Transfer restrictions due to COVID have halted individuals' ability to promote to lower security facilities. Community work crews have been halted. Reductions in programming due to social distancing mandates may even impact a person's release from prison; as just one example, an individual in the senior housing unit at AHCC reported that he and others could not access programming required of them by the ISRB and without the programming, he was afraid they would be "flopped" for additional time.
- Many incarcerated persons have had their medical and dental appointments cancelled or postponed due to COVID-19. OCO knows of at least two cases where a patient's chronic abdominal complaints were disregarded until symptoms became so severe that they were sent to the hospital where they were found to require emergency surgery. In another case, a patient who needed tooth extractions for dental abscesses was merely given repeated courses of antibiotics without any exam, despite his complaints of severe pain.
- COVID-19 related restrictions have resulted in the cessation of all in-person visitation, and individuals have reported the mental and emotional anguish of knowing that their loved one is in a prison experiencing an outbreak, but unable to physically see or touch their loved one to know that they are alright. Although video visitation exists, the service is extremely spotty and individuals report many problems in using it.

OCO recognizes that decisions have to be made in real time, in response to a situation that no one expected, by DOC staff who have worked long hours under tremendous stress themselves. However, out of concern for the health and safety of the incarcerated population, the Office of the Corrections Ombuds (OCO) convened a workgroup to analyze DOC's COVID-19 processes and provide insight and advice to OCO on this report. This advisory workgroup included volunteer

community members who had some healthcare background or expertise.<sup>1</sup> Additional valuable insight was gathered from the Stafford Creek chapter of the Black Prisoners Caucus.

The purpose of this report is to provide Governor Inslee and the Washington Legislature with immediate action steps that are necessary to protect both the medical and mental health of the incarcerated persons within DOC custody.

### **List of Recommendations**

- **Full compliance with all of the CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities<sup>2</sup> (CDC guidelines).** The CDC guidelines represent minimum requirements to protect the health and safety of the population.

#### *Improved Social/Physical Distancing*

- **Assessment of capacity requirements at each facility to accurately determine the maximum number of incarcerated persons per facility that permits adequate social/physical distancing.**
  - DOC should provide a facility-by-facility report to the Governor, the legislature, and the OCO by September 1, 2020.
  - Once the report is received, the Governor, the legislature, and DOC should strongly consider taking actions for additional releases<sup>3</sup> in order to meet these numbers, such as those taken by the Federal Bureau of Prisons<sup>4</sup> and the California Department of Corrections and Rehabilitation.<sup>5</sup>

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<sup>1</sup> OCO wishes to thank community workgroup members Noreen Light, Portia Hinton, Jacqueline Boles, Stephanie Colunga, Sierra Fabrizio, and Dr. Chuck McQuinn.

<sup>2</sup> OCO is currently in the process of comparing DOC protocols with the current CDC guidelines and plans to publish a comprehensive report by September 1, 2020.

<sup>3</sup> Governor Inslee already authorized the release of approximately 1,000 persons who were convicted of nonviolent offenses and approaching release.

<sup>4</sup> Memorandum from the US Attorney General to the Director of the Bureau of Prisons.

[https://www.bop.gov/coronavirus/docs/bop\\_memo\\_home\\_confinement.pdf](https://www.bop.gov/coronavirus/docs/bop_memo_home_confinement.pdf)

<sup>5</sup> California Department of Corrections and Rehabilitation. CDCR Announces Additional Actions to Reduce Population and Maximize Space Systemwide to Address COVID-19.

## *Mental Health Support*

- **Sufficient alternative forms of activity to support the mental health of the entire population.** These are critical, given that visitation and group activities must be cancelled to promote social/physical distancing. Suggested activities include:
  - Increased free phone calls with family<sup>6</sup>
  - Ensured JPay access, including improved video visitation
  - Improved access to books from the general library
  - At least two and a half hours of physical activity per week,<sup>7</sup> which includes at least one hour per week outdoors
  - Books, magazines, newspapers, printed articles of interest to the population<sup>8</sup>
  - Materials created/made available by the chaplain
- **Sufficient mental health support for those in medical isolation.** In addition to the items listed in the above section relative to the entire population, OCO recommends the following for those placed in medical isolation:
  - Increased visits from mental health providers
  - Ensured access to personal property, including address book
  - Visualization/mental imagery guides
  - Basic art materials (drawing, painting, clay, beading)

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<https://www.cdcr.ca.gov/news/2020/07/10/cdcr-announces-additional-actions-to-reduce-population-and-maximize-space-systemwide-to-address-covid-19/>

<sup>6</sup> The Stafford Creek Black Prisoners Caucus recommends for consideration that all fees and financial obligations be considered for waiver. These fees are often born by family members of the incarcerated, many of whom are struggling with the economic downturn imposed by COVID-19 in the greater community.

<sup>7</sup> US Department of Health & Human Services, Physical Activity Guidelines for Americans.

<https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html#:~:text=For%20substantial%20health%20benefits%2C%20adults.or%20an%20equivalent%20combination%20of>

<sup>8</sup> The Stafford Creek Black Prisoners Caucus also suggests consideration of increasing access to LexisNexis through the current JPAY contract as access to the law library has been reduced.

- Working radio and television
  - Food treats (energy bars, popcorn, occasional cookies and other sweets)
  - Tennis ball for bouncing against the wall
  - Origami and other crafts
- **Reopening to visitation as soon as possible, in light of the many emotional benefits of in-person communication with families.** DOC will need to consider creative means of reopening visitation. Some suggestions include:
    - Outdoor visitation during summer months.
    - Non-contact or socially distanced visitation indoors with expanded screening and PPE requirements for visitors.

*More Rigorous Screening and Testing*

- **Medical surveillance via daily mass screening of the entire population.** Screening should include a combination of temperature screening and verbal symptom-screening questions. To reduce concerns regarding staff workload, DOC should consider utilizing trained and appropriately paid incarcerated workers whose job it would be to conduct screenings on a daily basis and provide daily reports.
- **Testing of staff when there are increased cases in the community surrounding a facility.** This testing – which is in addition to screening of staff prior to entry into the facility – should be performed serially to reduce the chance of introducing the virus into the facility.
- **Expanded testing once a positive test is identified.**
  - Once an incarcerated person tests positive at a facility, testing should be expanded to include all close contacts, as well as all those in the incarcerated person’s unit who fall within the CDC high-risk groups.

- If an indication exists of a larger outbreak (at least one additional positive test), strong consideration should be given to conducting mass testing of all incarcerated people in the unit, and in the larger institution.
- **Implementation of on-site rapid diagnostic (antigen) testing for COVID-19.** Although negative results may still require confirmatory molecular testing in symptomatic cases, rapid receipt of positive test results would allow for immediate isolation to reduce spread of disease.

### *Improved Infection Prevention*

- **Showers daily or at least every other day.** As part of reinforcing the healthy hygiene practices recommended by CDC, those in isolation and quarantine should be allowed to shower daily, or at least every other day<sup>9</sup> with bath basin on alternate days. Although OCO acknowledges that the plan for once weekly showers was made by the Chief Medical Officer and DOC's Infectious Disease specialist, CDC does not recommend restricting the number of times per week that an ill person can shower.<sup>10</sup> Inadequate cleaning allows accumulation of infectious material on the person's body, which is then shed onto surfaces and potentially in the air, resulting in an increased chance of disease transmission to DOC staff as well as other patients.
- **Sufficient number of face coverings for the incarcerated population to comply with Washington Department of Health (DOH) guidance.** The population should receive:
  - Enough face coverings to allow them to comply with DOH's instructions to wash facemasks after each use (in detergent and hot water, dried at a high heat setting or air-dried in direct sunlight), at least once per day.<sup>11</sup>

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<sup>9</sup> Harvard Health Blog. <https://www.health.harvard.edu/blog/showering-daily-is-it-necessary-2019062617193#:~:text=While%20there%20is%20no%20ideal,armpits%20and%20groin%20may%20suffice.>

<sup>10</sup> Per discussion with CDC, 4/24/2020.

<sup>11</sup> Guidance of Cloth Face Coverings from the Washington State Department of Health. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf>

- Greater amounts of PPE – face coverings and gloves at a minimum – upon request, and particularly for those who work in sanitation jobs within the facility.
- Face shields or other alternatives for those whose physical or mental health conditions are exacerbated by wearing a cloth face covering.
- **Sufficient ventilation and clean air.** Poor indoor air quality represents a health risk, particularly in high risk populations, and the potential for COVID-19 inhalation exposure via respiratory microdroplets can increase that risk.<sup>12,13</sup> Facilities should have improved ventilation that supplies clean outdoor air and minimizes air recirculation.
- **Staff compliance with social/physical distancing and face coverings while off-duty.** Staff should understand the importance of preventing infection by complying with social/physical distancing measures and wearing masks even while off work; this is critical in keeping the incarcerated people safe, since staff can inadvertently introduce an infectious organism into the facility. DOC can utilize existing state public awareness campaigns to assist with staff education, and should work with the union to gain compliance for the safety of the entire facility.

### *Improved Pandemic Response*

- **Clear identification of trigger for DOC’s response to an outbreak at a facility.** DOC should develop a clear definition of an *outbreak* which, once met, triggers a cascade of events including but not limited to cessation of transfers between units, cessation of transfers between facilities, discontinuation of staff rotations between units, launch of contact tracing efforts, expanded testing, etc. One potential definition is *at least one case*

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<sup>12</sup> Morawska L, Milton DK. It is Time to Address Airborne Transmission of COVID-19. Oxford University Press for the Infectious Diseases Society of America. <https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa939/5867798>.

<sup>13</sup> World Health Organization Scientific Brief. Transmission of SARS-CoV-2: implications for infection prevention precautions. <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>.

*of laboratory-confirmed COVID-19 in the setting of two or more cases of acute illness compatible with COVID-19 within a 14-day period.*<sup>14</sup>

- **Full-time, on-site clinical leadership at all times for the duration of an outbreak.** At the start of a facility outbreak:
  - Clinical leadership should move to 24/7 coverage, with a minimum of on-site presence of the leadership daily. If the Facility Medical Director cannot be physically present, alternate in-person coverage should be provided, such as by the Chief Medical Officer or designee.
  - The Facility Medical Director must be a mandatory member of the facility Incident Command Post (ICP). While the Health Services Managers (HSMs) currently participate in the ICP, many HSMs are former DOC administrative assistants/secretaries who have little to no health care training or expertise.

OCO's current investigation into the outbreak at Coyote Ridge Corrections Center has identified these factors as having contributed to the errors in outbreak management that occurred.<sup>15</sup>

- **Regional Care Facility (RCF) for each level of security.** A RCF for each level of security would allow DOC to more easily move those needing medical isolation out of the individual facilities, limiting the potential for spread.
- **Risk assessment tool for screening those who will go into high-risk housing.** This would allow for standardized identification of those who are medically vulnerable versus those who are not, so that appropriate placements can be made.
- **Facility planning by patient cohort, prior to the first positive case.** Each facility should develop and publish a working cohort model within every unit before the first symptomatic patient is identified. Once a symptomatic person is identified, the cohort model should immediately be implemented per affected unit(s). In addition, staff should be trained on

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<sup>14</sup> Per the California Department of Public Health, <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/OutbreakDefinitionandReportingGuidance.aspx>

<sup>15</sup> Investigation under way; report to follow.



cohort modeling so that they understand the importance of strictly maintaining every cohort.

- **Contact tracing by formally trained individuals.** DOC should ensure that those involved in contact tracing activities are provided the proper training to perform this task. Examples of training include those provided by the CDC<sup>16</sup> and WHO.<sup>17</sup>
- **COVID-19 testing of all mortalities.** The Snohomish and King County Medical Examiner’s offices have implemented universal COVID-19 testing for all deaths since April.<sup>18</sup> Similarly, DOC should perform testing on all mortalities involving the population, so that there is early identification of positive cases and appropriate contact tracing and other outbreak-related activities can begin.
- **Clear definitions of urgent versus non-urgent appointments, and a firm plan for resuming non-urgent medical visits as soon as possible.** Decisions regarding access to care can only be consistent across facilities when there are clear definitions. In addition, there must be a phased plan for resuming non-urgent on-site and off-site healthcare appointments, so that patients are not kept waiting indefinitely or until their conditions become emergencies.
- **Clear plan for providing ongoing care for chronic conditions during the pandemic.** Patients with chronic conditions still need to receive treatment despite the pandemic. Their access to care for these ongoing conditions should not be hampered.
- **Early requirement for masks and enhanced hygiene measures by staff.** For future pandemics, DOC should require staff to wear masks and initiate enhanced hygiene measures when an increase in communicable disease activity is reported in the surrounding community.

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<sup>16</sup> Centers for Disease Control and Prevention. COVID-19 Sample Training Plans for Contact Tracers, Case Investigators, and Supervisors. <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/index.html>

<sup>17</sup> World Health Organization. Contact tracing in the context of COVID-19. <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19>

<sup>18</sup> Per phone discussion with Dr. Lacy (medical examiner) and Ms. Oie (operations manager), Snohomish County Medical Examiner’s Office, 6/3/2020.

### *Improved Communication with the Population*

- **Formal process for having an individual’s COVID-19 related complaints separately addressed, resolved, and acknowledged in writing by DOC leadership.** The concerns of the population related to COVID-19 are currently being blocked at Level 0 of the grievance process and rejected as being non-grievable (“due to the Governor’s proclamations”). Although DOC states that it is gathering these non-grievable complaints and elevating any identified “themes” to HQ leadership, the complainants themselves do not receive direct responses to their individual case complaints.
- **Weekly information updates regarding facility COVID-19 status.**
  - DOC should, on a weekly basis, distribute to incarcerated people and staff information such as number of positive cases at their facility, proper personal hygiene, and significance of social distancing. This will promote compliance with necessary precautions.
  - DOC Health Services staff should take a more active role in dispensing information regarding virus transmissibility, symptoms, risk factors, and health risks (e.g. immediate risk of serious illness or death, long term recovery risks, etc.). This will not only remind the population to report to staff at the first sign of illness, but may help build a positive relationship between the population and their providers. Information could include infographics from the World Health Organization,<sup>19</sup> the CDC,<sup>20</sup> and DOH;<sup>21</sup> these materials are designed for lower reading levels and those who are not English proficient.

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<sup>19</sup> World Health Organization. Coronavirus disease (COVID-19) advice for the public. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

<sup>20</sup> Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19); print resources. <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>

<sup>21</sup> Washington Department of Health. COVID-19 educational materials – 26+ languages. <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthEducation>