



STATE OF WASHINGTON  
**DEPARTMENT OF CORRECTIONS**  
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**Department of Corrections Response to the  
OCO Report on the CRCC Outbreak  
November 30, 2020**

**Introduction**

The Washington State Department of Corrections has been working countless hours to help ensure the health and safety of incarcerated individuals, staff, and community surrounding Washington state correctional facilities. Coyote Ridge Corrections Center (CRCC) began to see positive cases of the COVID-19 virus in May 2020. Leading up to this time Franklin, Benton and Yakima counties were seeing a significant spike in positive cases. The staff required to ensure safe and secure facilities generally live in the communities surrounding these facilities and as cases increase in our communities it is anticipated we will see additional outbreaks in our facilities.

Approximately 10.53% of the total facility population tested positive for the COVID-19 virus between May and September 2020 at CRCC. Out of the 233 individuals who tested positive, 231 individuals successfully recovered from the virus and were released from medical isolation and/or quarantine status. Regrettably, two individuals, who were identified as symptomatic, passed away after their transfer to community-based medical centers, which are better equipped to provide the necessary care for identified high-risk individuals. CRCC successfully contained the COVID-19 virus in the Medium Security Complex (MSC), keeping the Sage Unit – East (geriatric and/or otherwise vulnerable population) and Minimum Security Unit (MSU) (MI2 facility commonly known as a “camp”) free of the COVID-19 virus throughout the outbreak.

The Emergency Operations Center (EOC) has teams in place to monitor each facility’s daily status and strategize precautionary measures from a statewide level to reduce the spread and instances of outbreak within the correctional facilities. When CRCC began to report positive cases within their Medium Security Complex, the EOC immediately began to create data driven maps of the facility and track and analyze the cases that were being reported.

Facility staff and leadership immediately stepped into unprecedented roles and began to strategize ways to mitigate and reduce the spread throughout the facility. Headquarters clinical staff and CRCC teams began meeting twice daily to report and work together on steps and precautionary measures needed to be taken to ensure the health and safety of all individuals at the CRCC facility.

CRCC received an overwhelming amount of support from colleagues and external partners. Members from the Department's Incident Management Team, Emergency Response Teams from Monroe Correctional Complex, Stafford Creek Corrections Center, Washington Corrections Center, Washington Corrections Center for Women and the Washington State Penitentiary. Additionally, teams from the agency's Headquarters' Health Services, Community Corrections and Prisons divisions all sprang into action, leaving their homes and loved ones for extended periods of time, to cooperatively help CRCC. These teams were able to assist CRCC staff in filling staffing shortages, providing support to incarcerated individuals and fellow colleagues, and working to provide assistance in the coming months in the implementation of protocols and procedures that helped to reduce the spread of the COVID-19 virus throughout the CRCC facility.

The first individual to receive a positive COVID-19 test was recorded on May 13, 2020, and immediately the Department began to formulate actionable steps to contain and mitigate the spread of the virus. Examples of this would be enhancing the mandated face covering protocol from April 10, 2020, to the mandatory use of surgical masks for all persons facility wide, implemented on May 30, 2020. CRCC was reporting 71 individuals throughout the Medium Security Complex on June 11, 2020, and the EOC and clinical leadership then made the critical decision to implement a restricted movement throughout the Medium Security Complex. Also at that time, the decision was made to test all staff who work in Sage Unit - East and to restrict the number of staff able to enter the unit to prevent the spread into this specialized unit.

On June 17, 2020, the department received assistance from the Department of Health, Benton-Franklin Health District and the Washington State National Guard with a plan to implement a mass testing of staff and the incarcerated population in the Medium Security Unit. The EOC and policy group approved the rental and implementation of temporary tents to assist housing individuals after the mass testing efforts were completed. These tents were constructed and incarcerated individuals were moved into the tents and alternative housing on June 27.

Serial testing of staff and mass testing of the incarcerated population began on June 24, 2020, to the credit of the many internal and external resources who came together to better protect the incarcerated population and staff. Mapping teams, medical leadership, health services staff, custody staff, and administrative staff were additionally ready and anxiously awaiting test results to begin the next steps in the process to stop the spread of the COVID-19 virus in the facility.

Through all of these selfless efforts from individuals, CRCC was able to slowly lift the restricted movement and slowly and safely return to a new normal operation.

Corrections was able to learn from the experience and implement additional protocols, quality assurance and precautionary measures to better mitigate future outbreaks that may occur during the unprecedented COVID-19 global pandemic. As efforts continue,

Corrections will continue to evaluate its operations and staff, community resources and the incarcerated population will continue to work together to protect those at the state's correctional facilities.

Please see the following photos of the CRCC Response.

Incarcerated Individuals being tested for COVID-19 by the National Guard.



National Guard and DOH volunteers preparing to test incarcerated individuals.



*“Working Together for SAFER Communities”*

## Staff Serial Testing Stations



## Alternative Housing Areas



*“Working Together for SAFER Communities”*



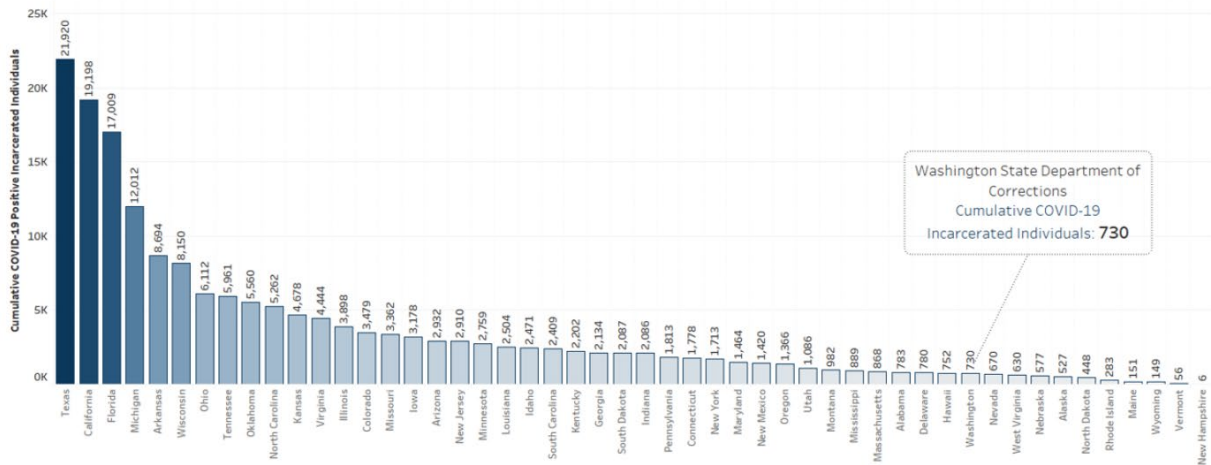
## Tents brought in to help with housing of incarcerated individuals



Comparative Jurisdiction Data Among All 50 States – Demonstrating Washington Corrections has the among the lowest COVID-19 cases in state correctional systems

### Total COVID-19 Cases in State Correctional Agencies

### Total COVID-19 Cases in State Correctional Agencies November 24, 2020



Sum of Incarcerated Cases for each Agency. Color shows sum of Incarcerated Cases. The data is filtered on Prison System and Data Collection Date (MDY). The Prison System filter excludes Federal BOP, ICE and PR. The Data Collection Date (MDY) filter keeps November 24, 2020  
 Population data collected from *The Marshall Project: COVID Cases in Prisons from data.world*  
 Cases, Deaths, and Testing data collected from *www.covidprisonproject.com*

**“Working Together for SAFER Communities”**

Recommendation	Response
<p><b><u>An overarching recommendation is that DOC develop its own list of lessons learned that it distributes to all of the facility superintendents and that it creates an action plan for any future outbreaks.</u></b></p>	<p>The Prisons/Health Services Unified Command worked to create an “Outbreak Checklist” that was created based on the response to the CRCC May 2020 outbreak and was implemented for use by each facility in the case of an outbreak. The checklist is a working document that is updated as Corrections continues to learn throughout the COVID-19 pandemic response. It is publically available at <a href="#">DOC Outbreak Checklist</a></p>
<p>Related to the above cited nursing note in which a person needing emergent care at the external hospital and the Chief Medical Officer was not contacted in violation of DOC Policy 610.010, <b>DOC should update and clarify this policy to reflect any desired changes to the process for emergency medical treatment when a patient is unable to give consent and no surrogate is available. Once updated, a review of the working agreements between DOC and regional hospitals should be conducted by Health Services administrative leadership, so that the hospitals where incarcerated individuals receive treatment are aware of DOC’s process. Finally, the policy should be reviewed with all Health Services staff, including CRCC health services staff, so that calls requesting permission for treatment are promptly directed to the appropriate decision maker(s).</b></p>	<p>The Department agrees with the recommendation and is working to update Policy 610.010 <i>Offender Consent to Healthcare</i> to reflect the internal process for emergency medical treatment when a patient is unable to give consent and no surrogate is available. These revisions will be drafted and distributed to health services staff by the chief medical officer by the end of calendar year 2020.</p> <p>Clinical and Health Services Administrative leadership will conduct a review of the working agreements between DOC and hospitals to include a review of DOC processes that may impact hospitals.</p> <p>Once these policies and procedures have been updated prior to the start of calendar year 2021, the chief medical officer will send the final updates to all Health Services staff in a memo format and additionally will review with each facility medical director and health services manager to ensure all facilities will be able to implement these procedures holistically.</p>
<p><b>DOC should monitor communicable disease activity in the community, and upon measuring a demonstrable increase, DOC should require staff to</b></p>	<p>Clinical leadership and the Emergency Operations Center are consistently reviewing the communicable disease activity in the community as it directly</p>

<p><b>wear masks and initiate enhanced hygiene measures.</b></p>	<p>affects facilities and planning strategies. Meetings are held each day to review current COVID-19 case information in the community and in correctional facilities to keep the agency leadership and response teams up to date and able to make well-informed decisions pertaining to outbreak situations. Without waiting for a community increase, the most recent update being DOC required all staff to wear surgical masks, as of November 6, 2020.</p>
<p><b>Similarly, if an increase in communicable disease activity is seen in the community, DOC should work to gain staff compliance with social/physical distancing and face coverings while off-duty.</b> 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.</p>	<p>Facility leadership is consistently communicating with staff and the incarcerated population about the importance of following the recommended protocols for reducing the spread of COVID-19. The department has added signage throughout facilities and distributes email updates with information to all staff pertaining to current recommendations and the importance of complying with them.</p> <p>The Prisons/Health Services Unified Command has been and will remain in constant communication with Teamsters 117 throughout the pandemic to assist with supporting compliance with presented requirements for staff, to include ongoing messaging regarding wearing surgical masks and social distancing.</p>
<p><b>DOC should engage in greater preparedness and training, including the following:</b></p> <ul style="list-style-type: none"> <li>○ <b>Each facility should develop and publish a working cohort model within every unit before the first symptomatic patient is identified.</b> Once a symptomatic person is identified, the cohort model should immediately be implemented per</li> </ul>	<p>Each facility has plans for cohort models in their specific facility. However, once an outbreak occurs, the facility housing models and structures are oftentimes changed dramatically to appropriately respond to the situation at hand. Therefore, the agency additionally has teams in place to implement cohorts appropriately in response to the situational happenings and once cohorts are</p>

<p>affected unit(s). In addition, staff should be trained on cohort modeling so that they understand the importance of strictly maintaining every cohort.</p> <ul style="list-style-type: none"> <li>○ <b>Develop and implement formal training for staff related to contact tracing.</b></li> <li>○ <b>With the knowledge that a large number of staff will be out of the facility on leave during an infectious disease pandemic, easy-to-implement training should be developed and implemented so that new staff coming into the facility can be quickly acclimatized to the facility.</b> If not already in practice, all post orders and facility specific operational memoranda should be updated and a training binder should also be implemented specifically for staff with no prior understanding of the facility or the population so that staff can quickly gain the knowledge that they need to effectively run the institution, with a diagram of the cohort model in existence.</li> </ul>	<p>identified, they are documented and shared with the staff that work in the units and are distributed to health services staff for reference.</p> <p>Corrections has developed multiple protocols and flowcharts on conducting mapping and tracing internally. The agency has modified public health forms as tools more relevant to the agency’s needs and these are included in the current process.</p> <p>Corrections identified two infection prevention nurses and two occupational nurse consultants to complete the John Hopkins COVID-19 Contact Tracing training and assess the relevance and benefit to requiring all staff to complete. Upon completion, the staff did not feel it was very relevant and may cause more confusion as a result. Oftentimes, formal trainings are designed for public health settings that are non-inclusive for correctional systems so the training is not applicable to a correctional setting. The department will continue to update these processes as it continues to learn more about contact tracing.</p> <p>The Department has directed to all superintendents that, in this time of staff volunteering to cover necessary shifts in units that aren’t their normal area of operation, unit staff ensure that operational manuals, normal protocols and COVID-19 protocol documents be updated and readily available and accessible for staff who may be new to the unit.</p>
<p>From the moment that a person (either incarcerated or staff) reports or is discovered to have symptoms, the entire unit in which the person had</p>	<p>The department is following the WA State DOC COVID-19 Screening, Testing, and Infection Control Guidelines that outline how the department is to respond to</p>



<p>regular contact (or cohort if a cohort model has been implemented) should be placed on immediate quarantine.</p>	<p>confirmed or suspected cases of COVID-19 in our correctional facilities. Once an individual is identified as symptomatic or suspected of COVID-19, immediate contacts are immediately placed onto quarantine status and the contact tracing process begins to identify if anyone additional should be placed on quarantine status. Upon review of an outbreak, clinical leadership may request that additional measures be taken to identify the spread of the outbreak.</p>
<p><b>Clear identification of trigger for DOC's response to an outbreak at a facility.</b> DOC should develop a clear definition of an <i>outbreak</i> 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.</p>	<p>The department has now defined the word "outbreak," which is identified in the Outbreak Checklist and that definition is the identified trigger for an immediate response pertaining to an outbreak.</p>
<p><b>DOC should provide greater amounts of PPE to the incarcerated population – face coverings and gloves at a minimum – upon request, and face shields or alternatives for those who physical or mental health conditions are exacerbated by wearing a cloth face covering.</b></p>	<p>The department of corrections is continuously providing Personal Protective Equipment (PPE) to staff and the incarcerated population. Face coverings are widely available for the population and are being provided upon request, if additional supply is needed. In addition to providing PPE, the department is also providing individuals with additional hygiene products, to include free soap, to encourage compliance with recommendations of hand washing and personal hygiene measures to prevent the spread of COVID-19.</p> <p>The Prisons/Health Services Unified Command had conversations with all superintendents and mental health staff in August of 2020 discussing the need to work with individuals to find appropriate</p>

	<p>solutions when they identify themselves as having a physical or mental health condition exacerbated by wearing a face covering. All facilities responded to the Prisons/Health Services Unified Command with any examples of this occurring and discussed options and way to mitigate this exacerbation. All facilities have been directed to continue working with individuals throughout the longevity of the pandemic.</p>
<p><b>Full-time, on-site clinical leadership at all times at the start of the outbreak and for the duration that it lasts.</b></p> <ul style="list-style-type: none"> <li>○ 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.</li> <li>○ The Facility Medical Director should be a mandatory member of the facility Incident Command Post (ICP).</li> </ul>	<p>When facilities have been identified as having an outbreak, 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 includes, but is 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 an outbreak to provide updates and seek guidance. 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.</p> <p>The department does require a facility medical director, or other health services designee, to be present on the Incident Command Post. There is no requirement to the facility medical director being the only member who is able to be present, as in the time of outbreak a facility medical director may be critically needed to be present in treating those who may be suspected of, or confirmed having, COVID-19.</p>

<p><b>DOC should perform more rigorous screening and testing, including the following:</b></p> <ul style="list-style-type: none"> <li>○ Medical surveillance via daily mass screening of the entire population.</li> <li>○ Testing of staff when there are increased cases in the community surrounding a facility.</li> <li>○ 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.</li> <li>○ Implementation of on-site rapid diagnostic (antigen) testing for COVID-19.</li> </ul>	<p>The Department of Corrections has considered the recommendation of medical surveillance via daily mass screening of the entire population and concluded this is not a feasible action at this time due to this being too resource intensive. The department has implemented broad-based staff testing at all correctional facilities and is continuing to encourage incarcerated individuals to report becoming symptomatic and following the precautionary measures put in place. This action is paired with enhanced testing protocols for incarcerated individuals suspected of having COVID-19 or being in close contact of someone suspected of having COVID-19.</p> <p>The department is consistently updating the testing protocols documented in the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline. Each outbreak situation is assessed by the department’s clinical leadership and emergency response team, and in addition to these procedures, more widespread testing is implemented based on clinical concern.</p> <p>The department continues to analyze antigen rapid testing and screening protocols as the science is still developing and will continue looking at the training requirements for staff to be able to appropriately implement these additional measures.</p>
<p>For the welfare of the persons in medical isolation and to improve self-reporting by potentially infected persons across the compound, <b>DOC should take immediate action to improve conditions of confinement for those in medical isolation.</b></p>	<p>As it has since March 2020, the department will continue to work with telecommunication vendors to offer free and reduced cost services during the COVID-19 pandemic, as the department is committed to ensuring that individuals remain connected to loved ones during</p>

<p>Suggestions include:</p> <ul style="list-style-type: none"> <li>○ Increased free phone calls with family</li> <li>○ Ensured JPay access, if possible, including video visitation</li> <li>○ Books, magazines, newspapers, printed articles of interest to the population</li> <li>○ Materials created/made available by the chaplain</li> <li>○ Increased visits from mental health providers</li> <li>○ Ensured access to personal property, including address book</li> <li>○ Visualization/mental imagery guides</li> <li>○ Basic art materials (drawing, painting, clay, beading)</li> <li>○ Working radio and television for every cell</li> <li>○ Food treats (energy bars, popcorn, occasional cookies and other sweets)</li> <li>○ Origami and other crafts</li> <li>○ Daily showers or at least every other day</li> <li>○ Recreation activities, preferably out of cell, but at least in-cell.</li> </ul>	<p>this trying time. As is safe for all individuals and as infrastructure allows, all individuals are given access to video visitation. The department acknowledges that many facilities are utilizing segregation cells for medical isolation, and due to infrastructure, the access to video visitation is not always available. To relieve this stress, the department created a mobile phone system in all medical isolation areas to ensure that these individuals continue to have access to communication with their loved ones, even if on medical isolation status.</p> <p>All incarcerated individuals have access to books and reading materials. Individuals can request additional reading materials and, as able, staff can retrieve specific books. However, the condition of books tends to be poor after being utilized in medical isolation cells so the number of available books are limited.</p> <p>The religious coordinator or designee at each facility is making rounds in medical isolation cells and does provide materials as requested by individuals.</p> <p>The department is providing additional beverages and snacks to individuals, as able. Gatorade, water bottles, popcorn, and granola bars are examples of items that facilities are able to provide to individuals on isolation status.</p> <p>Basic art materials and visualization and mental imagery guides are provided to individuals. The Prisons/Health Services Unified Command has reminded facilities that basic art supplies can be purchased and distributed to individuals on medical isolation as custody levels and safety restrictions allow.</p>
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	<p>Corrections confirmed that all medical isolation cells, in which infrastructure allows, have acquired working televisions at no cost to incarcerated individuals. Additionally, facilities have access to working radios and handheld gaming devices have been made available to the population upon request and at no cost to the individual. Depending on where individuals are housed, certain areas also have access to board games, microwaves and popcorn, DVD players, and other pastimes.</p> <p>Individuals on medical isolation are seen by mental health providers per the WA State DOC COVID-19 Mental Health/Psychiatry Response Guideline. Mental health providers are seeing individuals on a more frequent basis if mental health needs are identified or reported and as resources allow.</p> <p>Facilities are all beginning to partake in regularly scheduled fundraisers as is safe to do so. All individuals who meet the criteria to partake in the fundraiser will have access, to include those who are on medical isolation status.</p> <p>The shower protocol has been updated, to allow for shower use for those on medical isolation after the initial seven-day highly restricted movement period. Additionally, Corrections will continue to provide running water, basins and hygiene products for individuals to utilize for hygiene purposes whenever they desire. The department will continue to update medical protocols as the COVID-19 response progresses.</p> <p>Individuals who are on medical isolation status are required to stay in their medical isolation area to help prevent any spread</p>
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	<p>within the facility, as possible. Individuals are encouraged to engage in physical activity in their cell as they are able. Corrections has provided in-cell recommended recreation activities to incarcerated individuals, and if their health permits, do not restrict individuals from safely engaging in in-cell recreation.</p>
<p>Also related to improving self-reporting by potentially infected incarcerated persons, <b>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 and ensure an individual’s COVID-19 related complaints are addressed, whether through the grievance program or otherwise.</b></p>	<p>All facilities have been holding regularly scheduled LFC COVID-19 informational calls since Spring 2020. Each facility reports applicable numbers of cases and includes the information in their notes. The notes from these informational calls are shared with all housing units either in print and/or via kiosk in their respective facilities. Additionally, these notes are posted to the external WA Corrections website for stakeholders to access.</p> <p>Headquarters staff, as well as local facility leadership and local facility line staff at all facilities, are frequently responding to family members and incarcerated individuals. These responses are to assure that complaints are reviewed, and if able, resolved. The statewide resolution program manager is also working to ensure that all grievances related to the COVID-19 pandemic are appropriately reviewed and receive response with specific citations as to why certain COVID-19 protocols are in place, or immediately remedying the grievance.</p> <p>In addition to these communication venues, DOC clinical leadership has begun to provide a monthly COVID-19 informational update to the population pertaining to the community and DOC COVID-19 status updates as to keep the incarcerated as up-to-date on the recent happenings to better inform and educate on how to prevent the spread of the</p>

	COVID-19 virus.
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The Department of Corrections appreciates the opportunity to respond to the Office of Corrections Ombuds Report on the DOC CRCC Outbreak. The Department of Corrections will continue to collaborate with the Office of the Corrections Ombuds to implement additional policies, procedures, and security measures to continue to improve the facility operations.

Sincerely,



Steve Sinclair, Secretary  
Washington Department of Corrections