STATE OF WASHINGTON

OFFICE OF THE CORRECTIONS OMBUDS

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Steve Sinclair, Secretary
Department of Corrections (DOC)

As you know, the Centers for Disease Control and Prevention (CDC) has published an evolving list of Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities (https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html). Since March, OCO has held a series of meetings with DOC staff regarding DOC's compliance with the Interim Guidance. We appreciate both the ongoing discussion as well as DOC's recent publication of its compliance with the Interim Guidance. It is clear that DOC has a commitment to compliance with the CDC Interim Guidance, which is both admirable and necessary.

In an effort to assist DOC's efforts toward compliance with the CDC Interim Guidance, Dr. Patricia David, OCO's Director of Patient Safety and Performance Review, has conducted an independent, comprehensive evaluation and provided both findings and suggestions for improvement. In addition to discussion and meetings with DOC, Dr. David based her review on DOC documentation, multiple on-site facility monitoring visits, and hundreds of complaints related to COVID-19 within the facilities. We hope that this comprehensive review is both useful to DOC and will be fully considered for implementation/improvement.

Any member of the public who wishes to report a concern to OCO is welcome to contact the office at (360) 664-4749 or at the address above. All concerns are logged into the OCO database and used as part of its overall reporting to policymakers and analysis of issues within DOC.

Sincerely,

Joanna Carns

Joanna Carns
Director

cc: Governor Inslee

Executive Summary

Since the start of the pandemic, DOC, like most state agencies, has been working to respond with policies and procedures to limit the spread of the disease. DOC has continued to fine-tune their protocol over the past several months, as evidenced by the fact that they are on version 20 of the Screening, Testing, and Infection Control Guideline in response to both their growing understanding of best practices and the evolving guidance from the CDC.

However, more work is still needed in order to be fully compliant with CDC's Interim Guidance. Key suggestions for improvement include:

- Implementing alternatives to incarceration, to meet the CDC guideline regarding social distancing and further reduce the risk of SARS-CoV-2 transmission

- Minimizing movement across units and ensuring that the same staff are assigned to the same housing unit at all facilities to prevent cross-contamination; as evidenced by the lack of positive cases in the Sage unit, this strategy is an important component of keeping people safe from disease

- Encouraging self-reporting by ensuring that medical isolation for COVID-19 is distinct from punitive solitary confinement and cultivating an environment focused on the care and comfort of ill patients, and eliminating co-pays for those seeking an evaluation for possible COVID-19 symptoms

- Securing sufficient supply of the seasonal influenza vaccine so that it is offered to ALL incarcerated persons at the start of flu season[1]

- Allowing the population to follow good hygiene practices as recommended by the CDC; this includes showers more than once every seven days, distributing face coverings that are consistent with the CDC recommendations,[2] and providing each person with a sufficient supply

- Maintaining the mental health of the population by implementing innovative ways for the population to re-connect with their families in person, and offering a broader number of alternative forms of activity while group activities are still reduced

[1] Although DOC states that it offers the flu vaccine each year to the incarcerated population and staff during flu season, the influenza plan that it shared with OCO indicates that the vaccine first only offered to those who fall within high-risk categories as well as new intakes, and remaining vaccines are only offered to the rest of the population after Oct 30.

[2] https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html

- Improving access to chronic care visits during the pandemic so that patients with chronic illnesses are not overlooked until their conditions become emergent; this would include implementing telehealth visits where feasible

- Incorporating COVID-19 practices into release planning, by performing symptom screening and temperature check on those releasing; performing COVID-19 testing prior to release if the person is releasing to a congregate housing environment; and providing each person with hand hygiene supplies and cloth face coverings, and directly connecting them with community treatment programs so that there are no gaps in care

DOC Compliance with CDC Interim Guidance for Correctional Facilities

Communication and Coordination

- **Develop information-sharing systems with partners**
    - **Identify points of contact in relevant state, local, tribal, and/or territorial public health departments before SARS-CoV-2 infections develop. Actively engage with the health department to understand in advance which entity has jurisdiction to implement public health control measures for COVID-19 in a particular correctional facility.**

DOC Response: Corrections is in continuous contact with tribal partners, health departments, and state and local resources. The Emergency Operations Manager partakes in weekly State Emergency Operations Center (EOC) meetings which provides the agency with contact to many local resources. Additionally, the emergency operations manager attends a bi-weekly health care coordination call which connects Corrections to the Eastern Washington medical community resources and all correctional facilities are now having ongoing conversations with their local health jurisdictions.

OCO Findings/Suggestions for Improvements: DOC is part of the state's coordinated emergency operations center. However, communication with the local public health departments has previously been found to be lacking when positive cases are transferred to institutions without notifying the local county public health department. To demonstrate compliance with this guideline, DOC needs to provide a list of points of contact, as well as minutes of a state EOC meeting which demonstrates participation by DOC and relevant public health departments before the first case was identified.

- **Create and test communications plans to disseminate critical information to incarcerated persons, staff, contractors, vendors, and visitors as the pandemic progresses.**

DOC Response: Corrections implemented the Joint Information Center (JIC) in March 2020 to create a comprehensive and streamlined communication process for the COVID-19 pandemic response. The JIC is the point for communication dissemination and provides updates to staff, incarcerated and stakeholders as the pandemic and the pandemic response progresses. Additionally, Corrections implemented weekly information sharing phone calls with respective local family councils to share local facility information with family members about the COVID-19 response. Each facility is also sending communication to their populations regarding local facility response and procedure updates.

OCO Findings/Suggestions for Improvements: DOC has sent out memos to the incarcerated population and staff, and has posted regular updates on its external-facing website. However, DOC has not provided an actual "communications plan" to OCO. Developing a true communications plan is critical; this will help expedite information sharing for future pandemics. In addition, unit kiosks – the main form of communication with the incarcerated population – have at times been non-functional.

To demonstrate compliance with this guideline, DOC needs to provide a copy of the communications plan, along with dates the communications plan was tested, with whom the tests were conducted, any issues that arose during testing, and how those issues were resolved.

- **Communicate with other correctional facilities in the same geographic area to share information <u>including disease surveillance and absenteeism patterns among staff</u>.**

DOC Response: Corrections had conversations with jail jurisdictions in the beginning of the COVID-19 pandemic. Additionally, leadership from all 12 correctional facilities virtually meet three times per week to discuss weekly updates and changes to current protocols or practices.

OCO Findings/Suggestions for Improvements: Although the conversations with jails and internal dialogue among facilities is acknowledged, the information does not appear to include disease surveillance or staff absenteeism patterns, nor is it apparent whether the conversations are ongoing and with what frequency. Communication between prisons and work release centers is also not documented. In addition, there is no indication of regular information sharing with other correctional facilities in the surrounding states, or with the Federal Bureau of Prisons.

To demonstrate compliance with this guideline, at a minimum DOC needs to provide evidence of ongoing communication with jails in the state from which DOC may be receiving persons, as well as between prisons and work release centers; the communications must specifically include a discussion of disease surveillance and absenteeism patterns. DOC should also provide copies of communications with the Association of State Correctional Administrators, Federal Bureau of Prisons, Oregon and Idaho state prison systems, and local jails.

- **Where possible, put <u>plans in place with other jurisdictions</u> to prevent individuals with confirmed and suspected COVID-19 cases and their close contacts from being transferred between jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.**

DOC Response: Corrections has been in communication with the jails and has been able to reduce intake to every other week, which effectively reduced overcrowding and allows for medical resources to be as available as possible to the population. Corrections has also implemented an enhanced screening protocol and a separate intake process for all intakes of other jurisdictions to prevent the potential spread of the COVID-19 virus in Washington State correctional facilities. For any individual entering the corrections system from the community, Corrections has created an intake separation process which includes separation from the existing population until two negative COVID-19 test results for that individual have been received.

OCO Findings/Suggestions for Improvements: As of April 24, 2020, DOC limited transfers from jails to every other week. Further, DOC currently screens all new intakes to determine whether a person has symptoms or was in close contact with a person with COVID-19. DOC also quarantines new intakes for 14 days and checks symptoms prior to release to general population. However, OCO was not able to find a formal plan established with jails that

prevents individuals with confirmed and suspected COVID-19 and their close contacts from being transferred unless necessary.

- **Stay informed about updates to CDC guidance via the CDC COVID-19 website as more information becomes known.**

DOC Response: Corrections established an Emergency Operations Center (EOC) and this team frequently evaluates and reviews the CDC guidance pertaining to detention centers to ensure that the agency is implementing the most effective and updated precautionary measures and protocols to prevent the spread of COVID-19.

OCO Findings/Suggestions for Improvements: According to DOC, medical staff frequently check the CDC website to update DOC protocols. As evidence of compliance with this guideline, DOC provided the updated daily situation report that references changes to DOC protocols, which they say were based on evolving CDC guidelines.

- **Review existing influenza, all-hazards, and disaster plans, and revise for COVID-19.**

DOC provided OCO copies of its pandemic plans to OCO to demonstrate that they have been updated to include COVID-19; DOC reported that the all-hazard and disaster plan information is contained within the pandemic plans.

Note: the OCO investigation into the outbreak at Coyote Ridge Corrections Center revealed that plans have not been updated to require the Facility Medical Director to be a member of the Incident Command Post. Although not specifically required by the CDC guidelines, OCO believes that given that the outbreak is an infectious disease, full-time participation by the facility's senior clinical leader should be mandatory.

- **Train staff on the facility's COVID-19 plan. All personnel should have a basic understanding of COVID-19, how the disease is thought to spread, what the symptoms of the disease are, and what measures are being implemented and can be taken by individuals to prevent or minimize the transmission of SARS-CoV-2.**

DOC Response: The Unified Prisons/Health Services Command has tasked all facilities with implementing table top COVID-19 outbreak scenarios with every shift at every facility on at least a monthly reoccurring basis. Corrections has also required that the superintendent of each facility be active participants in these exercises.

OCO Findings/Suggestions for Improvements: DOC stated that within the last two months, the unified command has tasked all facilities with the implementing the tabletop COVID-19 outbreak scenarios with every shift at every facility on at least a monthly reoccurring basis. The agency has also required that the superintendent of each facility be active participants in these exercises. These tabletop discussions should be documented. In order to demonstrate compliance with this guidelines, DOC needs to provide a sample of these tabletop sessions, dates and shifts they were conducted at each facility, session participants, issues revealed, and how those issues were resolved.

- **Ensure that separate physical locations (dedicated housing areas and bathrooms) have been identified to 1) isolate individuals with confirmed COVID-19 (individually or cohorted), 2) isolate individuals with suspected COVID-19**

(individually – do NOT cohort), and 3) quarantine close contacts of those with confirmed or suspected COVID-19 (ideally individually; cohorted if necessary). The plan should include contingencies for multiple locations if numerous infected individuals and/or close contacts are identified and require medical isolation or quarantine simultaneously.

DOC Response: Corrections has implemented isolated areas for these scenarios at each facility. Each medical isolation area is established to individually isolate each individual with confirmed COVID-19 or presenting symptoms of COVID-19. Individuals placed onto quarantine status are quarantined in their current housing environment if possible, and if not, will be moved to a designated quarantine area.

OCO Findings/Suggestions for Improvements: Every DOC facility has identified specific units to house symptomatic individuals in medical isolation or to house close contacts of symptomatic individuals in quarantine. DOC is also implementing regional care facilities at four of its prisons to allow for higher need/overflow populations if the need expands beyond current ability to provide effective health services. DOC demonstrated documentation to indicate planning for both current and overflow populations on-site, in addition to the utilization of the regional care facilities. However, in order to demonstrate compliance with this guideline, DOC needs to ensure dedicated bathrooms easily accessible to those in isolation.

- **Facilities without onsite healthcare capacity should make a plan for how they will ensure that individuals with suspected COVID-19 will be isolated, evaluated, tested, and provided necessary medical care.**

DOC Response: Each Washington State correctional facility has identified specific spaces to house individuals who are placed on medical isolation due to suspicion of or confirmed COVID-19 where they will be evaluated, tested, and provided necessary medical care.

OCO Findings/Suggestions for Improvements: At the minimum security "camp" facilities (CCCC, OCC, LCC, and MCCW), any person with symptoms indicative of COVID-19 is transferred to a parent major facility for appropriate housing, evaluating, testing (if indicated per the DOC Screening, Testing, and Infection Control Guideline (STIC)), and necessary medical care. In addition, several months into the pandemic, Coyote Ridge Corrections Center was identified as a location where there are more limited healthcare resources, and therefore Airway Heights' regional care facility was activated to provide higher level care.

- **Make a list of possible social distancing strategies that could be implemented as needed at different stages of transmission intensity.**

DOC response: The Emergency Operations Center (EOC) has put together plans to encourage social distancing, where permissible, in each Washington State correctional facility. Due to infrastructure, these measures may vary per facility.

OCO Findings/Suggestions for Improvements: DOC has provided a list of possible social distancing strategies.

- **Designate officials who will be authorized to make decisions about escalating or de-escalating response efforts as the disease transmission patterns change.**

DOC Response: Corrections has designated the Emergency Operations Center (EOC) to be authorized to make decisions about escalating or de-escalating response efforts as the disease transmission patterns change.

OCO Findings/Suggestions for Improvements: DOC implemented an "Emergency Operations Center" with established leadership with authority to make decisions as needed based on the need, demonstrated via an organizational chart.

- **Coordinate with local law enforcement and court officials**
    - **Identify legally acceptable alternatives to in-person court appearances, such as virtual court, as a social distancing measure to reduce the risk of SARS-CoV-2 transmission.**

DOC Response: Corrections works with each court as they are requesting court appearances during this time. If the facility can accommodate a virtual court appearance, and the court is amenable, the facility will do so. If the facility does not have the capability, or the court is not amenable, they will work with the court to adhere to the precautionary measures put into place by the specific court to conduct an in-person appearance. If it is an immediate need, Corrections and the courts will work to find a solution that works with each individual court.

OCO Findings/Suggestions for Improvements: According to DOC, the agency works directly with the requesting court to ensure that those who are required to attend a court matter are able to do so. The facilities that are able to offer tele-court services work directly with the courts who also are able to facilitate tele-court services. In the event that tele-court services are not accessible, DOC works with the court to ensure in-person court services are held in a way that follows the COVID-19 prevention guidelines and protocols. If the court appearance is seen as a non-emergent matter, the court and DOC are working to delay these matters until further notice. To demonstrate compliance with this guideline, clarification regarding the number of persons whose cases were heard via virtual court is needed, as well as the number of non-emergent cases delayed and for how long.

    - **Consider options to prevent over-crowding (e.g. diverting new intakes to other facilities with available capacity, and encouraging alternatives to incarceration and other decompression strategies where allowable).**

DOC Response: Corrections implemented additional and alternative housing locations in all stand-alone and co-located minimum custody facilities to encourage greater social distancing and to lessen the numbers for individualized cohorts. Examples of locations that were turned into alternate housing locations: extended family visit trailers, chapel areas, library areas, gym areas, etc. Additionally, Corrections reduced the intake of the violator population to every other week and was able to reduce the number of individuals sleeping on the ground and overcrowding at intake to zero for a substantial period of time.

OCO Findings/Suggestions for Improvements: OCO acknowledges the above actions. However, main reception facilities continue to be overcrowded, which recently resulted in a large disturbance at Shelton due to incarcerated individuals being asked to move to another unit where they would have to sleep on the floor due to overcrowding. As DOC cannot turn away intake from jails, OCO acknowledges that this may be beyond DOC's control.

- **Encourage all persons in the facility to take the following actions to protect themselves and others from COVID-19. Post signs throughout the facility and communicate the following information verbally on a regular basis. Ensure that materials can be understood by non-English speakers and those with low literacy and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low-vision.**

  - **For all:**

    - **Practice good cough and sneeze etiquette.**
    - **Practice good hand hygiene.**
    - **Wear face coverings, unless PPE is indicated.**
    - **Avoid touching your eyes, nose, or mouth without cleaning your hands first.**
    - **Avoid sharing eating utensils, dishes, and cups.**
    - **Avoid non-essential physical contact.**

  - **For incarcerated persons:**

    - **Importance of reporting symptoms to staff.**
    - **Social distancing and its importance for preventing COVID-19.**
    - **Purpose of quarantine and medical isolation.**

  - **For staff:**

    - **Stay at home when sick.**
    - **If symptoms develop while on duty, leave the facility as soon as possible and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms including self-isolating at home.**
    - **Contacting their healthcare provider as soon as possible to determine whether they need to be evaluated and tested.**
    - **Contacting their supervisor.**

  DOC Response: Posters are posted throughout all facilities and in all housing units. Facilities are continuously reminded of posters and signage requirements during weekly Incident Command Post calls.

  All COVID-19 posters are translated in English and Spanish languages. In March, the ADA compliance manager sent an email to all ADA coordinators requesting they identify all individuals who require assistance understanding English/Spanish posted documentation and to provide support to those individuals for understanding all COVID-19 related documentation.

  Corrections has distributed memos about the importance of practicing the CDC recommended social distancing and face covering protocols. Additionally, facility superintendents are reminding staff and incarcerated individuals of the importance of reporting symptoms and the medical necessity for medical isolation status and quarantine status. Kiosk messages, tier rep meetings, and verbal communication have been the main source of this communication distribution. Corrections also identified individuals who were classified as high-risk incarcerated individuals and individually contacted these individuals to inform them of their ability to instigate a self-quarantine.

Corrections continues to encourage the staff working for the agency to stay home if they are sick and to contact their medical provider if they have been in contact with an individual sick or suspected of having COVID-19 or if they themselves develop symptoms of COVID-19. The agency has provided additional emergency leave to help encourage staff to stay home and support individuals who are screened out during the enhanced screening process. Additionally, Corrections is expanding staff serial testing procedures.

OCO Findings/Suggestions for Improvements: As evidenced by OCO's monitoring site visit reports, signage has been posted in the facilities. However, the signage is directed toward the incarcerated population (not staff), and does not include information on how to report symptoms.

Personnel Practices

- **Review the sick leave policies of each employer that operates in the facility:**
  - **Ensure that they are flexible, non-punitive, and actively encourage staff not to report to work when sick**
  - **Determine which officials will have the authority to send symptomatic staff home.**

DOC Response: Corrections has implemented emergency leave for qualifying individuals to utilize due to being screened out of their work location or testing positive for the COVID-19 virus. All supervisory staff have been advised to encourage ANY persons to stay home if they are feeling ill, and if there is a question, they have authority to send the staff member home, as is agency's normal protocol. Corrections has implemented enhanced screening protocols at the entrance of all state correctional facilities and work release locations. Corrections also agreed to pay contract staff, who may be screened out due to the screening process, to encourage those staff to stay home if they are ill.

OCO Findings/Suggestions for Improvements: DOC's Human Resources (HR) "strike team" encouraged all staff to stay home if sick, per memos distributed from HR Leadership and Secretary Sinclair. However, many nurses actively seek overtime work opportunities for supplemental income, and the agency's sick leave policy for COVID-19 does not address this loss of additional income; therefore, there is the potential for some staff to downplay symptoms in order to continue participating in these overtime work opportunities. With regards to contract staff employers, DOC stated that it does not have access to their benefit packages, but it evaluated whether it could continue to pay contracted staff who were screened out due to the screening process; however, the results of that evaluation were not provided.

In order to demonstrate compliance with this guideline, DOC should have their contractors provide information regarding whether sick leave policies are flexible, non-punitive, and actively encourage contract staff to stay home when sick. In addition, DOC and their contractors should clearly state that paid time off will be provided for those who are screened out, and should address the loss of overtime pay. Otherwise, there is a disincentive for staff to ignore or downplay information about exposure, potential infection, or symptoms.

- **Identify duties that can be performed remotely. Where possible, allowing staff to work from home can be an effective social distancing strategy to reduce the risk of SARS-CoV-2 transmission.**

DOC Response: Corrections was able to identify and deploy an impactful amount of staff to work from home during the COVID-19 pandemic. Corrections is encouraging staff and leadership to find ways to encourage those who are considered high-risk to take on a modified at-home work assignment if their current position is not able to be completed from home, until further notice.

OCO Findings/Suggestions for Improvements: Within the first two weeks, the DOC HR strike team identified staff whose duties would allow them to work from home, including headquarters and administrative staff. Further, on March 15, 2020, Secretary Sinclair sent out a memo to all staff encouraging staff to telework if possible. At this time, all facilities are reportedly working with as many staff on either rotating or full telework schedules as possible. Staff of the vulnerable or high-risk population have been advised that they could request alternative duties. Additionally, the HQ building is now only housing the EOC and an as-needed staffing amount, i.e. less than 80 DOC staff.

- **Plan for staff absences:**
  - **Identify critical job functions and plan for alternative coverage.**
  - **Determine minimum levels of staff in all categories required for the facility to function safely. If possible, develop a plan to secure additional staff if absenteeism due to COVID-19 threatens to bring staffing to minimum levels.**
  - **Review CDC guidance on safety practices for critical infrastructure workers (including correctional officers, law enforcement officers, and healthcare workers) who continue to work after a potential exposure to SARS-CoV-2.**
  - **Consider increasing keep on person medication orders to cover 30 days in case of healthcare staff shortages.**

  DOC Response: Corrections has critical staffing models in place that will be implemented if necessary to ensure that all Washington State correctional facilities remain fully operational. Leadership advised supervisory staff to ensure there are back up staff for each position and job duty in the event that an individual is not able to return to work for a period of time due to the COVID-19 pandemic.

  OCO Findings/Suggestions for Improvements: DOC provided documentation to OCO related to minimum staffing levels; in addition, DOC stated that it has also implemented rapid hiring for essential positions. Note: a preliminary finding from OCO's investigation into the CRCC outbreak indicates that the absence of an *on-site* Facility Medical Director during the early stages of the COVID-19 outbreak may have exacerbated the situation. To demonstrate compliance with this guideline, DOC should consider including a plan for in-person coverage for critical leadership positions.

  Section XIII of the DOC Pharmaceutical Management and Formulary Manual states that KOP (and other prescriptions) "are dispensed in *up to* a one month supply." However, there is no documentation to indicate that individuals are being provided *at least* a 30 day supply to reduce trips to the pill line during the pandemic.

- **Consider offering revised duties to staff who are at increased risk for severe illness from COVID-19. Persons at risk may include older adults and persons of any age with serious**

underlying medical conditions including lung disease, moderate to severe asthma, heart disease, chronic kidney disease, severe obesity, and diabetes.

- **Consult with occupational health providers to determine whether it would be allowable to reassign duties for specific staff members to reduce their likelihood of exposure to SARS-CoV-2.**

DOC Response: Supervisors were advised early in the COVID-19 pandemic to ensure that all staff who are considered persons at risk are encouraged to work from home. If working from home was not a feasible option due to their current job position, a temporary at-home assignment is to be assigned to the individual until further notice.

OCO Findings/Suggestions for Improvements: Although DOC stated that it encourages staff to request alternate work if they believe they are at increased risk from COVID-19, OCO was unable to find any protocol which actively offers these revised duties to staff who have concerns regarding their health risk. Sadly, this potentially resulted in the COVID-related death of one correctional officer early in the pandemic. In addition, there is no objective documentation of consultation with occupational health providers with regards to the reassignment of duties.

- **Make plans in advance for how to change staff duty assignments to prevent unnecessary movement between housing units during a COVID-19 outbreak.**
    - **If there are persons with COVID-19 inside the facility, it is essential for staff members to maintain a consistent duty assignment in the same area of the facility across shifts to prevent transmission across different facility areas.**
    - **Where feasible, consider the use of telemedicine to evaluate persons with COVID-19 symptoms and other health conditions to limit the movement of healthcare staff across housing units.**

  DOC Response: Corrections has tasked each supervisor to create a contingency plan for each unit in the event a COVID-19 outbreak affects their unit workloads. Each situation is additionally being assessed on a case-by-case basis for review and temporary at-home work assignments are given if applicable to the individual due to being screened out of a facility or testing positive for the COVID-19 virus.

  OCO Findings/Suggestions for Improvements: OCO could not find any documentation to support consistent duty assignments for staff members in any areas other than the Sage East unit at Coyote Ridge Corrections Center. In addition, DOC reported that it does not have the capability to use telemedicine to evaluate the population at its facilities.

- **Offer the seasonal influenza vaccine to all incarcerated persons (existing population and new intakes) and staff throughout the influenza season. Symptoms of COVID-19 are similar to those of influenza. Preventing influenza in a facility can speed the detection of COVID-19 and reduce pressure on healthcare resources.**

  DOC Response: Corrections offers the flu vaccination each year to the incarcerated population and staff during flu season.

OCO Findings/Suggestions for Improvements: Per the DOC Comprehensive Plan for Prevention and Control of Influenza Outbreak v. 10/2014, the seasonal influenza vaccine is not available to the entire population; rather, individuals who fall in certain high-risk categories are prioritized to receive the vaccine, along with new intakes received from the community during the influenza season. The remaining vaccines are only offered to the rest of the population after October 30.

Operations and Supplies

- **Ensure that sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies (consistent with the healthcare capabilities of the facility) are on hand and available and have a plan in place to restock as needed:**
  - **Standard medical supplies for daily clinic needs**
  - **Tissues**
  - **Liquid or foam soap when possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent handwashing.**
  - **Ensure a sufficient supply of soap for each individual.**
  - **Hand drying supplies**
  - **Alcohol-based hand sanitizer containing at least 60% alcohol (where permissible based on security restrictions)**
  - **Cleaning supplies, including EPA-registered disinfectants effective against SARS-CoV-2.**
  - **Recommend PPE (surgical masks, N95 respirators, eye protection, disposable medical gloves, and disposable gowns/one-piece coveralls).**
  - **Cloth face coverings**
  - **SARS-CoV-2 specimen collection and testing supplies**

DOC Response: Each facility has a procedure locally that ensures that each facility has sufficient cleaning supplies available to their facility. These supplies have been ordered in abundance due to the COVID-19 pandemic response. Additionally, Headquarters has implemented a process for ordering additional PPE as needed through the WA State Emergency Operations Center and that memo was distributed to all facilities.

OCO Findings/Suggestions for Improvements: DOC stated that they receive daily inventory reports for N95 masks, gowns, Tyvek suits, surgical masks, face shields, gloves and hand sanitizer. However, information from the incarcerated population indicates that DOC is regularly out of stock of cleaning supplies, PPE, and medical supplies. Many incarcerated persons are still using the single-use masks they were initially given, or are reusing bandanas; they are also only issued two, and are unable to meet the Department of Health recommendations for washing face coverings after each use and at least once daily. Sanitizers

are only available in limited locations. Bars of soap are only distributed once every three weeks. Paper towels for drying hands are not readily available, and toilet paper rolls are being given to the population for use in place of facial tissues.

- **Make contingency plans for possible PPE shortages during the COVID-19 pandemic, particularly for non-healthcare workers.**

  DOC Response: Corrections is requiring all facilities to report their on-hand stock of PPE each week to Headquarters. All facilities are maintaining a 90-day supply in their facility at this time. Headquarters has implemented a process for ordering additional PPE through the WA State Emergency Operations Center and that memo was distributed to all facilities. Additionally, the incarcerated are producing face coverings, surgical gowns, and face shields to help prevent the possible shortages that could happen in our facilities. These PPE items are also being provided in some areas to the public to assist with community shortages.

  OCO Findings/Suggestions for Improvements: While DOC Correctional Industries (CI) is currently engaged in producing masks, gowns, and face shields, these are reportedly not available to the incarcerated population.

- **Consider relaxing restrictions on allowing alcohol-based hand sanitizer in the secure setting, where security concerns allow.**

  DOC Response: Corrections relaxed restrictions on alcohol-based hand sanitizer and made policy allowances for staff to utilize alcohol-based hand sanitizer in secured locations. Incarcerated individuals have been allowed use of alcohol-based hand sanitizer in specific, supervised locations where hand washing is not readily available.

  OCO Findings/Suggestions for Improvements: DOC had previously allowed alcohol-based hand sanitizer within the correctional facilities, but their chosen locations were not sufficiently secure. Following an incident in which several individuals ingested the sanitizer, the sanitizer was removed only to places where there is direct supervision by correctional staff; in some facilities, this resulted in only one or two dispensers remaining in the whole facility in areas such as the dining room.

- **Provide a no-cost supply of soap to incarcerated/detained persons, sufficient to allow frequent hand washing.**

  - **Provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin and thereby discourage frequent hand washing, and ensure that individuals do not share bars of soap.**

  DOC Response: Corrections began offering complimentary bars of soap to incarcerated individuals in April 2020. Since the first distribution of soap, the agency has continued to distribute bars of soap as requested by individuals and has ensured that all common spaces and bathroom areas are stocked with proper hand washing resources, to include soap and warm water.

  OCO Findings/Suggestions for Improvements: DOC stated that it provides a regular supply of free bar soap to incarcerated individuals upon request. However, OCO has heard reports from the incarcerated population that a bar of soap is distributed once every three weeks at

some facilities. OCO has not received any complaints regarding the bar soap irritating the skin.

- **If not already in place, employers operating within the facility should establish a respiratory protection program as appropriate, to ensure that staff and incarcerated persons are fit-tested for any respiratory protection they will need within the scope of their responsibilities.**

  DOC Response: Corrections' policy 890.090 Respirator Program has established a respiratory protection program, which requires current fit testing for employees, contract staff, and incarcerated individuals to wear respiratory protection devices.

  OCO Findings/Suggestions for Improvements: The DOC respirator program referenced above appears to cover employees, contract staff, and incarcerated workers.

- **Ensure that staff and incarcerated/detained persons are trained to correctly don, doff, and dispose of PPE that they will need to use within the scope of their responsibilities.**

  DOC Response: Corrections has implemented training documents for all staff and incarcerated individuals who are required to wear PPE at any time

  OCO Findings/Suggestions for Improvements: DOC created the "Proper Use of PPE for COVID-19 Video" and a mandatory training for staff through the Learning Management System course catalog. However, OCO was unable to find documentation of compliance with this guideline with regards to the incarcerated workers who require PPE for their jobs. Also, according to the incarcerated population, they were shown a video on how to make masks using a bandana, coffee filter, and hair ties, but the video did not provide instruction on how to properly wear one or to remove one while minimizing contamination.

- **Prepare to set up designated PPE donning and doffing areas outside all spaces where PPE will be used. These spaces should include:**

  - **A dedicated trash can for disposal of used PPE**
  - **A hand washing station or access to alcohol-based hand sanitizer**
  - **A poster demonstrating correct PPE donning and doffing procedures**

  DOC Response: All Washington State correctional facilities have designated PPE donning and doffing areas outside of all spaces where PPE will be used. These areas all have a no-touch trash receptacle for disposal of PPE, hand washing stations and/or alcohol-based hand sanitizer, posters demonstrating correct PPE donning and doffing procedures, and a copy of the PPE Matrix provided by medical staff.

  OCO Findings/Suggestions for Improvements: Although OCO site visits demonstrated at some facilities, others did not demonstrate a designated area for the above.

Prevention: Operations

- **Stay in communication with partners about your facility's current situation:**
  - **State, local, and/or tribal health departments**
  - **Other correctional facilities.**

  DOC Response: Corrections had conversations with jail jurisdictions in the beginning of the COVID-19 pandemic. Leadership from all 12 correctional facilities meet virtually three times per week to discuss weekly updates and changes to current protocols or practices. The agency medical staff are in constant communication with local health departments, and additionally, the tribal liaison is in constant communication with tribal stakeholders.

  OCO Findings/Suggestions for Improvements: Internally, DOC facilities share information about their current status via weekly meetings with the Facility Medical Directors. However, per the response above DOC has only been in contact with jail jurisdictions at the start of the COVID-19 pandemic. In addition, although DOC reports "constant" communication with state and tribal health departments, there is no documentation to confirm whether information regarding each DOC facility's current status is shared during those discussions.

- **Communicate with the public about any changes to facility operations, including visitation programs.**

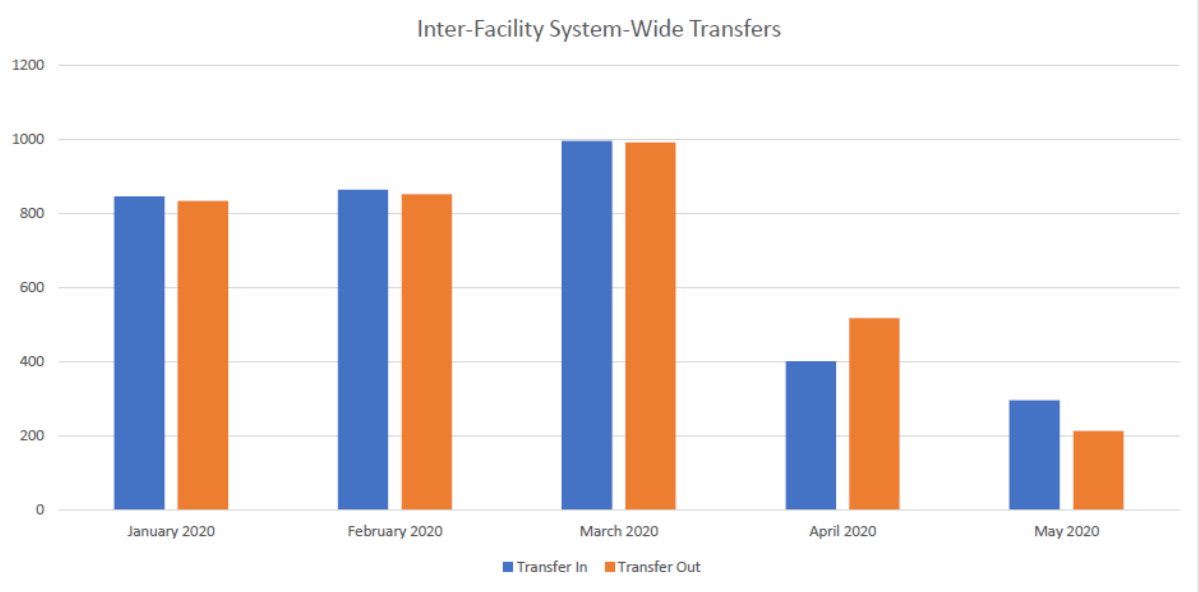
  DOC Response: Corrections initiated weekly phone calls between each Washington State correctional facility and the local family council members to give weekly facility updates and answer questions and concerns pertaining to the facility and the COVID-19 response. All facilities are posting these informational call notes on the local family council webpages. Additionally, Corrections is updating the significant events timeline each business day with daily operational updates during the COVID-19 pandemic. Finally, Corrections posts updates about its COVID-19 response, including links to memos, on its twitter social media account.

  OCO Findings/Suggestions for Improvements: DOC provides a public website with up-to-date information regarding the COVID-19 response and impact upon facility operations, including visitation closure. Individual facilities provide weekly phone calls with their local family council members to communicate information specific to that facility. DOC also utilizes social media (e.g. Twitter) to notify the public about updates to the DOC website and other changes to operations based on the COVID-19 response.

- **Limit transfers of incarcerated persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, release, or to prevent overcrowding.**

  DOC Response: Corrections has postponed all non-urgent outside medical visits until further notice. If a transfer to any facility is necessary, to include outside medical facilities, the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline is followed and each individual is screened and temperature checked prior to each transfer. Each Washington correctional facility has designated COVID-19 quarantine and isolation areas for individuals if needed.

OCO Findings/Suggestions for Improvements: The above DOC response does not fully respond to nor comply with the CDC guidance. Per a memo dated April 13, 2020, DOC reduced the frequency of interfacility transfers from weekly to biweekly. DOC provided the below chart to demonstrate the reduction in facility transfers. However, it is unclear whether transfers have been limited to only the CDC identified factors, nor are there written guidelines to this effect.



- **Consider postponing non-urgent outside medical visits. Use telehealth to the extent possible as a social distancing measure within the facility and to help minimize movement between the facility and the community.**

DOC Response: (Same as above) Corrections has postponed all non-urgent outside medical visits until further notice. If a transfer to any facility is necessary, to include outside medical facilities, the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline (pdf) is followed and each individual is screened and temperature checked prior to each transfer. Each Washington correctional facility has designated COVID-19 quarantine and isolation areas for individuals if needed.

OCO Findings/Suggestions for Improvements: As above, DOC has postponed all non-urgent outside medical visits. However, OCO believes there should also be a definition of what is non-urgent vs. urgent, and a process for when/how to begin scheduling non-urgent outside medical visits in the future so these patients are not left waiting indefinitely.

DOC stated that it does not have the capability of hosting telehealth appointments within the facility.

- **If a transfer is absolutely necessary, perform verbal screening and a temperature check before the individual leaves the facility. If an individual does not clear the screening process, delay the transfer and follow the protocol for suspected COVID-19 infection – including giving the individual a cloth face covering (unless contraindicated) if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2 testing.**

OCO Findings/Suggestions for Improvements: Per the STIC, all intrasystem transfers should have a temperature taken prior to boarding and upon exiting the transport bus. If the temperature is greater than 100.4 degrees F, the patient is directed to don a surgical mask and placed in an isolated area, and health services staff is contacted.

- **Ensure that the receiving facility has capacity to properly quarantine or isolate the individual upon arrival.**

OCO Findings/Suggestions for Improvements: As noted above, per DOC's Screening, Testing, and Infection Control protocol (STIC) if a transferred patient is found to have a temperature greater than 100.4 degrees F, the patient is directed to don a surgical mask and placed in an isolated area, and health services staff is contacted.

- **Follow CDC precautions to use when transporting an individual with confirmed or suspected COVID-19.**

OCO Findings/Suggestions for Improvements: Per the STIC, the following PPE are required for staff when transporting patients with confirmed or suspected COVID-19 between or into facilities: gloves, gown, N95 respirator, eye protection. This is in compliance with CDC precautions. However, the STIC does not provide PPE requirements for the patients with confirmed or suspected COVID-19 who are being transported.

- **Make every possible effort to modify staff assignments to minimize movement across housing units and other areas of the facility. For example, ensure that the same staff are assigned to the same housing unit across shifts to prevent cross-contamination from units where infected individuals have been identified to units with no infections.**

DOC Response: Corrections is working to minimize staff working in more than one housing unit. Due to the outbreaks in one or more facilities and the need to fill staffing models, this practice has not been able to be implemented throughout all facilities. As we move forward through the pandemic response, the department is working to acquire staff for specific locations to support one housing assignment as able, which will eliminate the staffing movement between units and will minimize the potential for spreading the COVID-19 virus between positive and non-positive units. To help prevent the spread of COVID-19, Corrections has implemented a phased approach for serial staff testing to take place in all facilities.

OCO Findings/Suggestions for Improvements: As above, DOC is not compliant with this guideline.

- **Consider suspending work release and other programs that involve movement of incarcerated individuals in and out of the facility, especially if the work release assignment is in another congregate setting, such as a food processing plant.**

DOC Response: Corrections is limiting the number of incarcerated individuals that may partake in these programs to ensure there is appropriate social distancing capacity of the facility. As space allows, individuals will be allowed to transfer to work release facilities, but will be required to follow the enhanced screening protocols and any medical protocols in place based on the individual's medical status.

OCO Findings/Suggestions for Improvements: OCO's understanding of the CDC guideline is that it refers not to work release centers, as WA DOC operates, which are independent

facilities, but to community work crews in DOC parlance – groups of individuals moving in and out of the facilities. These work crews were suspended early in the pandemic response, with the exception of Department of Natural Resources work crews that did not have external community contact.

- **Implement lawful alternatives to in-person court appearances where permissible.**

  DOC Response: Corrections works with each court as they are requesting court appearances during this time. If the facility can accommodate a virtual court appearance, the facility will do so. If the facility does not have the capability, they will work with the court to adhere to the precautionary measures put into place by the court to do an in person appearance. If it is an immediate need, the department and the courts are working collaboratively to find the solution that works with each individual court.

  OCO Findings/Suggestions for Improvements: According to DOC, the agency works directly with the requesting court to ensure that those who are required to attend a court matter are able to do so. The facilities that are able to offer tele-court services work directly with the courts who also are able to facilitate tele-court services. In the event that tele-court services are not accessible, DOC works with the court to ensure in-person court services are held in a way that follows the COVID-19 prevention guidelines and protocols. If the court appearance is seen as a non-emergent matter, the court and DOC are working to delay these matters until further notice. To demonstrate compliance with this guideline, clarification regarding the number of persons whose cases were heard via virtual court is needed, as well as the number of non-emergent cases delayed and for how long.

- **Where relevant, consider suspending co-pays for incarcerated persons seeking medical evaluation for possible COVID-19 symptoms.**

  DOC Response: Corrections suspended all copays related to COVID-19 testing.

  OCO Findings/Suggestions for Improvements: Although all copays related to COVID-19 testing are suspended, copays for patients seeking a medical evaluation for possible COVID-19 symptoms have not been suspended.

- **Limit the number of operational entrances and exits to the facility.**

  DOC Response: All Corrections facilities were tasked to implement enhanced screening stations. To fully adhere to this direction, facilities were required to limit the number of operational entrances and exits and have procedures in place to ensure everyone coming into their facility enters through the enhanced screening station.

  OCO Findings/Suggestions for Improvements: Per a memo dated March 16, 2020 sent by the DOC Assistant Secretary for Prisons, Superintendents were directed to establish reduced access points with screening stations for all persons entering the facility. This was confirmed by OCO staff during monitoring visits.

- **Where feasible, consider establishing an on-site laundry option for staff so that they can change out of their uniforms, launder them at the facility, and wear street clothes and shoes home. If on-site laundry for staff is not feasible, encourage them to change clothes before they leave the work site, and provide a location for them to do so. This practice**

may help minimize the risk of transmitting SARS-CoV-2 between the facility and the community.

DOC Response: In development. Will be updated soon.

OCO Findings/Suggestions for Improvements: No additional information.

Prevention: Cleaning and Disinfecting Practices

- **Even if COVID-19 has not yet been identified inside the facility or in the surrounding community, implement the following intensified cleaning and disinfecting procedures to help prevent spread of SARS-CoV-2 if introduced, and if already present through asymptomatic infections.**

  DOC Response: Corrections has implemented enhanced cleaning guidelines at every corrections facility and work release location. Additionally, each facility has hired additional porters who are required to consistently clean all high-touch surfaces, such as door knobs and light switches, etc.

  OCO Findings/Suggestions for Improvements: OCO agrees with the above. However, DOC's Cleaning and Disinfecting Guidance does not provide information regarding the frequency that the cleaning is performed.

- **Adhere to CDC recommendations for cleaning and disinfection during the COVID-19 response. Monitor these recommendations for updates.**

  - **Several times per day, clean and disinfect surfaces and objects that are frequently touched, especially in common areas. Such surfaces may include objects/surfaces not ordinarily cleaned daily (e.g., doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, kiosks, telephones, and computer equipment).**

  - **Staff should clean shared equipment (e.g., radios, service weapons, keys, handcuffs) several times per day and when the use of the equipment has concluded.**

  - **Use household cleaners and EPA-registered disinfectants effective against SARS-CoV-2, the virus that causes COVID-19 as appropriate for the surface.**

    - **Follow label instructions for safe and effective use of the product, including precautions that should be taken when applying the product, such as wearing gloves and making sure there is good ventilation during use and around people.**
    - **Clean according to label instructions, including for pre-cleaning steps, product dilution, contact time, and potable water rinse directions, if applicable, in order to ensure the product is effective and does not present an undue risk to users and others. The contact time is the amount of time the surface needs to be treatment for the product to work. Many product labels recommend keeping the surface wet for a specific amount of time.**

DOC Response: Corrections has implemented enhanced cleaning guidelines at every corrections facility and work release location. These directions were communicated to staff and incarcerated individuals. Additionally, each facility has hired additional porters who are required to continuously clean all high-touch surfaces, such as door knobs and light switches, etc.

OCO Findings/Suggestions for Improvements: Per a memo to the incarcerated population from the DOC Assistant Secretary of Prisons dated March 20, 2020, additional incarcerated porters should be employed to clean all high touch areas. Items such as microwaves, JPAY kiosks, etc, should be cleaned between each use. However, OCO could not find any documentation specifically directing and defining the "continuous" cleaning of doorknobs, light switches, sink handles, countertops, toilets, toilet handles, recreation equipment, and telephones, or outlining the frequency of this cleaning. In addition, reports from the incarcerated population indicate that these items may not be adequately cleaned in some facilities.

OCO could not find any documentation to support compliance with the guideline for staff cleaning of shared equipment

- **Consider increasing the number of staff and/or incarcerated persons trained and responsible for cleaning common areas to ensure continual cleaning of these areas throughout the day.**

  DOC response: Each corrections facility has hired additional porters to continuously clean the facility's high-touch surfaces and common areas. This has also allowed the department to offer additional work to those incarcerated individuals who due to COVID-19 have not been able to continue working.

  OCO Findings/Suggestions for Improvements: Per a memo to the incarcerated population from the DOC Assistant Secretary of Prisons dated March 20, 2020, additional incarcerated porters should be employed to clean all high touch areas.

- **Ensure adequate supplies to support intensified cleaning and disinfection practices and have a plan in place to restock rapidly if needed.**

  DOC Response: Each correctional facility has a localized inventory supply system. Due to COVID-19 the cleaning supplies inventory needs have become higher and are being monitored closely. Each facility is required to report their stock of cleaning and PPE supplies to Headquarters once a week to give the agency the ability to analyze any trends and ensure that the agency is prepared for any shortages that may come upon the agency.

  OCO Findings/Suggestions for Improvements: DOC facilities have been instructed to acquire products locally first and maintain their normal tracking process and procedures. If a facility is having trouble acquiring cleaning supplies, they have been directed to contact the EOC who will work to transfer existing product from other facilities or will assist in sourcing from another vendor as needed.

Prevention: Hygiene

- **Encourage all staff and incarcerated persons to wear a cloth face covering as much as safely possible, to prevent transmission of SARS-CoV-2 through respiratory droplets that are created when a person talks, coughs, or sneezes ("source control").**
  - **Provide cloth face coverings at no cost to incarcerated individuals and launder them routinely.**
  - **Clearly explain the purpose of cloth face coverings and when their use may be contraindicated.**
  - **Ensure staff know that cloth face coverings should not be used as a substitute for surgical masks or N95 respirators that may be required based on an individual's scope of duties. Cloth face coverings are not PPE.**
  - **Surgical masks may also be used as source control but should be conserved for situations requiring PPE.**

  DOC Response: Corrections requires all persons in a Washington correctional facility or work site to wear a face covering. The department has reminded all individuals of the importance of face coverings to enhance the ability to prevent the spread of COVID-19 when interacting with potential asymptomatic individuals. All staff in the correctional facilities have been sent the PPE matrix which explains which circumstances require certain levels of PPE, for example surgical mask vs. face covering, vs. N95 respirator.

  OCO Findings/Suggestions for Improvements: According to the population in several facilities, they are given two cloth face coverings ("bandanas") for use. In order to get additional face coverings, they have to ask staff. Given that only two are dispensed, they reportedly are not able to properly wash them with their laundry after each use; in addition, the bandanas reportedly become wrinkled and misshapen after going through the laundry so they do not provide sufficient coverage. Some individuals have tried washing their face coverings in their own sinks (when available), but this does not follow DOH's recommendation for washing.

  OCO was unable to find evidence where the purpose of cloth face coverings was clearly explained to the population, and when their use might be contraindicated.

  Although the STIC and PPE matrix outlines the use of N95 masks and surgical masks, these do not explicitly state that cloth face coverings should not be used as a substitute.

- **Reinforce healthy hygiene practices, and provide and continually restock hygiene supplies throughout the facility, including in bathrooms, food preparation and dining areas, intake areas, visitor entries and exits, visitation rooms and waiting rooms, common areas, medical, and staff-restricted areas (e.g., break rooms).**

  DOC Response: Each facility has a procedure locally that ensures that each facility has sufficient cleaning supplies available to their facility. These supplies have been ordered in abundance due to the COVID-19 pandemic response. Additionally, Headquarters has

implemented a process for ordering additional PPE as needed through the WA State Emergency Operations Center and that memo was distributed to all facilities. To actively encourage incarcerated individuals to follow recommend hygiene practices, Corrections has begun to provide aloe soap to alleviate any skin irritations that may occur from frequent hand washing. Corrections also did an audit of all sink work orders on April 3, 2020, and Superintendents were directed to prioritize functioning sinks with hot water. The department only utilizes no touch trash receptacles, and additionally has placed toilet paper throughout facilities for use when sneezing, and all incarcerated individuals have access to toilet paper or tissues in their housing units.

OCO Findings/Suggestions for Improvements: The majority of OCO's monitoring site visits indicated ready access to plentiful hygiene supplies. However, incarcerated individuals at various facilities reported inadequate or insufficient gloves, inadequate disinfectant, and old/worn cleaning implements.

- **Provide incarcerated persons and staff no-cost access to:**
  - **Soap – provide liquid or foam soap where possible. If bar soap must be used, ensure that it does not irritate the skin, as this would discourage frequent hand washing, and ensure that individuals are not sharing bars of soap.**
  - **Running water, and hand drying machines or disposable paper towels for hand washing**
  - **Tissues and (where possible) no-touch trash receptacles for disposal**
  - **Cloth face coverings**

DOC Response: Corrections began distributing soap at no charge to the incarcerated population in April of 2020. As the CDC has reassured that anti-bacterial soap is not necessary to combat the virus as it is not a bacterial infection, the department has begun to provide aloe soap to alleviate any skin irritations that may occur from frequent hand washing. Corrections also did an audit of all sink work orders on April 3, 2020, and Superintendents were directed to prioritize functioning sinks with hot water. Corrections only utilizes no touch trash receptacles, and additionally has placed toilet paper throughout facilities for use when sneezing, and all incarcerated individuals have access to toilet paper or tissues in their housing units.

OCO Findings/Suggestions for Improvements: DOC stated that bar soap is available to incarcerated persons at no cost. However, at some facilities the incarcerated population reported receiving only one bar of soap every three weeks.

Running water is available, but hand-drying machines are not; in addition, disposable paper towels for use after handwashing is not widely available.

In lieu of tissues, incarcerated persons are given a roll of toilet paper; however, this is not felt to be sufficient to meet this guideline since the toilet paper roll can be a vehicle for transmitting disease. Open trash receptacles are reportedly available throughout the facility but there is no documentation to support this.

The population has been given two face coverings ("bandanas"), but this is not a sufficient amount to allow for washing after each use, which is a recommendation by the Washington Department of Health.

- **Provide alcohol-based hand sanitizer with at least 60% alcohol where permissible based on security restrictions. Consider allowing staff to carry individual-sized bottles to maintain hand hygiene.**

  DOC Response: Corrections has allowed 60% alcohol-based hand sanitizer to be available in areas that can be monitored by staff. Hand sanitizer is available at the entrance/exit of the facility, at donning/doffing stations, and in areas where a handwashing station is not nearby.

  OCO Findings/Suggestions for Improvements: Per a DOC memo on April 18, 2020, DOC is providing hand sanitizer to the incarcerated population where soap and water is not available. However, in order to demonstrate compliance with this guideline, a list of areas whether alcohol-based hand sanitizer is available should be provided, along with who has access to it and how often. OCO could not find any documentation indicating that staff was permitted to carry individual-sized bottles of alcohol-based sanitizer.

- **Communicate that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals.**

  DOC Response: Corrections discourages the use of all drug paraphernalia in any capacity. We continue to share with the incarcerated population the dangers of sharing drug paraphernalia and will continue to follow disciplinary processes as usual in the event any is discovered.

  OCO Findings/Suggestions for Improvements: DOC discourages sharing drugs and drug preparation equipment and informs the population of this through the disciplinary program. However, DOC has not posted a communication related to this specific topic with regard to COVID-19.

Testing for SARS-CoV-2[3]

- **Facilities should integrate temperature screening and symptoms checks into their standard practices:**
  - **Among incarcerated persons at intake**
  - **Prior to discharge/release or transfer**
  - **Daily staff screening and screening of volunteers and vendors upon entry.**
  - **Individuals (including staff and incarcerated persons) with COVID-19 signs or symptoms should be referred to a healthcare provider for evaluation for testing.**

[3] The CDC Interim Guidance…in Correctional and Detention Facilities does not have specific bullet points related to testing. Instead, it refers to the CDC's Testing Guidance for details regarding testing strategies in correctional settings. For purposes of clarity, OCO has included the Testing Guidance in this document.

DOC Response: DOC's response to all sections related to Testing was, "In development. Will be updated soon."

OCO Findings/Suggestions for Improvement: The STIC states that intersystem intakes have their temperature taken and are asked two screening questions. Incarcerated persons who are transferring between DOC facilities also have their temperature taken prior to boarding the transport bus as well as upon exiting, but screening questions are not asked. The STIC also outlines a process for screening of staff and others entering DOC facilities, and a process for referring incarcerated individuals who screen positive to a practitioner, who assesses the patient and decides whether symptoms are compatible with COVID-19 disease.[4] However, for staff who screen positive, the STIC and DOC COVID-19 Secondary Screening[5] process do not include a referral to a healthcare provider for evaluation for testing. The STIC also does not require temperature screening and symptom checks prior to discharge/release.

- **CDC guidelines for testing asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 to control transmission**
  - **Testing is recommended for all close contacts of persons with SARS-CoV-2 infection:**
    - **Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that contacts of the population and staff with COVID-19 be quickly identified and tested.**
    - **In areas where testing resources are limited, CDC has established a testing hierarchy for close contacts; refer to the Interim Guidance on Developing a COVID-19 Case Investigation and Contact Tracing Plan for more information.**
    - **Contact tracing and case investigation can often be done in collaboration with local public health departments and disease investigation specialists.**

OCO Findings/Suggestions for Improvement: The DOC protocol states that patients who are close contacts of confirmed cases are tested for COVID-19 with a viral PCR test within 24 hours of confirmation of the positive test result.

- **Broader testing strategy beyond close contacts**
    - **Congregate living or working conditions, such as in correctional and detention facilities, have potential for rapid and widespread transmission of SARS-CoV-2.**
    - **If contact tracing is not practicable, or if there is concern for widespread transmission following identification of new-onset SARS-CoV-2 infection among the population or staff, facility management should consider a**

[4] Although not explicitly stated as a CDC guideline, OCO believes that the decision of whether symptoms are compatible with COVID-19 disease should be more clearly defined in the STIC. A clear case definition would help guide clinicians in correctly identifying patients for testing.
[5] https://www.doc.wa.gov/news/2020/docs/2020-0321-covid-19-secondary-screening-guideline-facility-entry-final.pdf and https://www.doc.wa.gov/news/2020/docs/2020-0321-covid-19-secondary-screening-questions.pdf

broader testing strategy, beyond testing only close contacts within the facility, to reduce the chances of a large outbreak.

- **If pursuing broad-based testing, strongly consider a program that includes testing for both the incarcerated population and staff.**

OCO Findings/Suggestions for Improvements: The STIC does not include a broader testing strategy beyond close contacts.

- **Practical considerations for implementing a broader testing strategy should include the availability of resources and the ability to act on results of testing. Decisions about testing strategies in correctional and detention facilities should be made in collaboration with state/local health departments.**
  - **Depending on facility characteristics and available resources, targeted (e.g., a specific housing unit) or facility-wide testing should be considered if a single incarcerated person or staff member in the facility tests positive for SARS-CoV-2.**
  - **Incoming incarcerated individuals testing positive at intake should be placed immediately into medical isolation and provided medical care. As long as these individuals have not yet been in contact with the rest of the facility's population, this circumstance would not trigger broader testing.**

OCO Findings/Suggestions for Improvements: Facility-wide testing was performed at the Coyote Ridge Corrections Center, but this only occurred after there were already 100+ positive cases at the facility. Additional targeted testing of the incarcerated population and serial testing of staff has occurred at various facilities, but the criteria and thought process behind the decisionmaking has been relatively opaque.

- **Quarantine and additional testing for close contacts**
  - **All persons who are close contacts of someone with COVID-19 (e.g., incarcerated persons and staff assigned to the housing unit where someone tested positive for SARS-CoV-2) should be provided with cloth face coverings (if not already wearing them, and unless contraindicated), and the incarcerated person should be placed under quarantine restrictions for 14 days after their last exposure.**

OCO Findings/Suggestions for Improvements: The STIC instructs all close contacts of a person with COVID-19 to be placed under quarantine. They are required to wear a surgical mask anytime they leave their cell.

- **Staff:**
  - **Management should consider requiring asymptomatic staff who have been identified as close contacts of a confirmed COVID-19 case to home quarantine to the maximum extent possible, while understanding the need to maintain adequate staffing levels of critical workers.**
  - **Workers in critical infrastructure sectors (including correctional and detention facilities) may be permitted to work if they remain asymptomatic after a potential exposure to SARS-CoV-2, provided that worker infection prevention**

recommendations and controls are implemented, including requiring the staff member to wear a cloth face covering (unless contraindicated) at all times while in the workplace for 14 days after the last exposure (if not already wearing one due to universal use of cloth face coverings).

- **If the exposed staff members test positive, they should follow local health department and health care provider instructions regarding home isolation.**

OCO Findings/Suggestions for Improvements: Although DOC does encourage its staff to stay at home if they are feeling ill, the STIC does not instruct staff to home quarantine if they have been identified as a close contact of a confirmed positive case.

- **Incarcerated population**
  - **Because correctional and detention facilities may not have enough space to provide an individual cell for each quarantined patient, they may need to form cohorts of quarantined patients who were exposed to SARS-CoV-2 at the same time.**
  - **Some patients in a quarantined cohort may be infected without showing symptoms or may not test positive due to early stage infection. Infected persons may transmit SARS-CoV-2 to others several days before the onset of symptoms, or even if they never develop symptoms. To prevent continued transmission of the virus within a quarantined cohort, re-testing those who originally tested negative every 3 to 7 days could be considered, until no new cases are identified for 14 days after the most recent positive result. The specific re-testing interval that a facility chooses could be based on:**
  - **The stage of the ongoing outbreak (i.e., more frequent testing in the context of escalating outbreaks, less frequent testing when transmission has slowed)**
  - **The availability of testing supplies and capacity of staff to perform repeat testing without negatively impacting other essential health care services**
  - **Financial resources to fund repeat testing, including procurement of testing supplies, laboratory testing services, and personal protective equipment (PPE)**
  - **The capacity of on-site, contract laboratories, or public health laboratories that will be performing the tests**
  - **The expected wait time for test results (and resulting capacity for timely action based on the results)**
  - **If patients who are close contacts of a confirmed COVID-19 case test positive for SARS-CoV-2, they should be placed under medical isolation. If a patient who tested positive was part of a quarantine cohort, restart the 14-day quarantine clock for the remainder of the cohort.**

OCO Findings/Suggestions for Improvements: The STIC outlines a process to retest for COVID-19 on quarantine day #7. These individuals also remain on quarantine status until 14 days from the time of last contact with the index case has elapsed. The STIC also states that if repeat testing is not available, close contacts of patients testing negative once for COVID-19 may be released from quarantine 14 days after their last contact with the symptomatic patient. If close contacts of a confirmed positive case test positive or become symptomatic,

the STIC outlines a process for transferring them to medical isolation; in addition, if this patient was part of a quarantine cohort, the quarantine period for the remaining cohort is reset to 0.

- **CDC guidelines for testing asymptomatic individuals without known or suspected exposure to SARS-CoV-2 for early identification**
  Facilities in communities with moderate to substantial levels of community transmission can consider the following:
  - **Baseline testing for all current incarcerated persons.**
  - **Testing all new incarcerated persons at intake before they join the rest of the population in the facility, and housing them individually while test results are pending to prevent potential transmission. Some facilities may choose to implement a "routine intake quarantine" in which new incarcerated persons are housed individually for 14 days before being integrated into general housing.**
  - **Testing for SARS-CoV-2 and reviewing results before transferring incarcerated persons to another facility or releasing them to the community, particularly if an incarcerated person will transition to a congregate setting with persons at increased risk for severe illness from COVID-19.**
  - **Consider combining pre-transfer/release testing with a 14-day quarantine (ideally in single cells) before an individual's projected transfer or release date to further reduce risk of transmission to other facilities or the community.**

  OCO Findings/Suggestions for Improvements: The STIC does not include baseline testing for the population when the surrounding communities demonstrate moderate-to-substantial levels of SARS-CoV-2 transmission. The STIC indicates that all new intakes are housed separately from the general population and are tested for COVID-19. If negative and the patient is asymptomatic, the patient is retested on day #7 and released to the general population on day 10 post-intake if the second test is negative. If testing is not available or not feasible due to the patient's length of stay, they are separated from the general population for 14 days after arrival. The STIC does not include guidance regarding testing prior to transfer to another DOC facility or prior to release. The STIC does not outline a process for pre-transfer/release testing combined with a 14-day quarantine before the date of transfer or release.

- **CDC guidelines for transmission-based precautions for suspected and confirmed COVID-19 cases**
  - **All staff with suspected or confirmed COVID-19 should wear cloth face coverings (if not already wearing one, and unless contraindicated), self-isolate at home, connect with appropriate medical care as soon as possible, and follow medical care and instructions.**
  - **All incarcerated persons with suspected or confirmed COVID-19 should be provided with cloth face coverings (if not already wearing one, and unless contraindicated), connected to appropriate medical care as soon as possible, and placed in medical isolation until medical care and instructions can be provided.**

- **Criteria for discontinuing medical isolation of incarcerated persons with COVID-19**
    - **For persons with mild to moderate COVID-19 illness who are not severely immunocompromised, medical isolation can be discontinued when:**
        - **At least 10 days have passed since symptoms first appeared (or since first positive viral test, if asymptomatic),**
        - **At least 24 hours have passed since last fever, without the use of fever-reducing medications, and**
        - **Symptoms have improved.**
    - **For persons with severe illness or who are severely immunocompromised, medical isolation can be discontinued when:**
        - **At least 20 days have passed since symptoms first appeared (or since first positive viral test, if asymptomatic),**
        - **At least 24 hours have passed since last fever, without the use of fever-reducing medications, and**
        - **Symptoms have improved.**

OCO Findings/Suggestions for Improvements: Staff are already required to wear face coverings. However, for staff with suspected or confirmed COVID-19, the STIC and DOC COVID-19 Secondary Screening process do not include instructions to self-isolate at home and/or to seek medical care as soon as possible. The STIC states that if an incarcerated person answers yes to a screening question or has a temperature greater than 100.4, they are placed in an isolated area and a practitioner is notified for further assessment. The STIC indicates that patients with confirmed COVID-19 remain in medical isolation until asymptomatic for 14 days. The STIC indicates that those who are significantly immunocompromised are not released from medical isolation until the case is discussed with the COVID medical duty officer to determine a strategy for release. However, the STIC does not include the criteria for this strategy, so it is unclear whether the above guidelines are followed.

Prevention Practices for Incarcerated Persons

- **Provide cloth face coverings (unless contraindicated) and perform pre-intake screening and temperature checks for all new entrants in order to identify and immediately place individuals with symptoms under medical isolation. Screening should take place in an outdoor space prior to entry, in the sallyport, or at the point of entry into a facility immediately upon entry, before beginning the intake process.**

DOC Response: Corrections provides all persons in the correctional facilities with face coverings. If an individual is placed on quarantine or medical isolation status they will be given proper PPE, and if individuals are working in those areas they will be given proper PPE, per the PPE Matrix. Additionally, all individuals entering all correctional facilities and worksites are required to be screened and temperature checked before being allowed entrance into the facility.

The Screening, Testing, and Infection Control Guideline provides information on Corrections' response to individuals identified to be symptomatic, as well as the quarantining of individuals identified as close contacts of someone with COVID-19.

OCO Findings/Suggestions for Improvements: Per the STIC, "all intersystem intakes coming into DOC facilities will have a temperature taken and will be asked the two screening questions…" Further, all new intakes to DOC are being quarantined for 14 days at WCC prior to transfer within DOC.

- **If an individual has symptoms of COVID-19:**
  - **Require the individual to wear a cloth face covering. Anyone who has trouble breathing or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.**

OCO Findings/Suggestions for Improvements: Per the STIC, all persons presenting with symptoms are directed to immediately don a surgical mask and must be placed in an isolated area, and health services is contacted. However, there are no instructions for those who have trouble breathing or are unconscious, incapacitated, or otherwise unable to remove the mask without assistance.

- **Ensure that staff who have direct contact with the symptomatic individual wear recommended PPE.**

OCO Findings/Suggestions for Improvements: The STIC and PPE matrix outline the required PPE for staff, including N95 mask, gloves, eye protection, and gown. All staff who interact with isolated patients are directed to don appropriate PPE, which includes N95 respirator, eye protection, gown, and gloves

- **Place the individual under medical isolation and refer to healthcare staff for further evaluation.**

OCO Findings/Suggestions for Improvements: The STIC indicates that patients presenting with symptoms should be placed in an isolated area, and Health Services should be contacted.

- **Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective medical isolation and necessary medical care.**

DOC Response: None specified.

OCO Findings/Suggestions for Improvements: All of DOC's facilities have onsite healthcare staff, but the minimum security locations (aka "camps") do not have an on-site provider on weekends. OCO could not find any documentation indicating contact with state, local, tribal, and/or territorial health departments to coordinate effective medical isolation and necessary medical care.

- **If an individual is an asymptomatic close contact of someone with COVID-19:**
  - **Quarantine the individual and monitor for symptoms at least once per day (ideally twice per day) for 14 days.**

DOC Response: The Screening, Testing, and Infection Control Guideline provides information on Corrections' response to individuals identified to be symptomatic, as well as the quarantining of individuals identified as close contacts of someone with COVID-19.

OCO Findings/Suggestions for Improvements: Per the STIC, "Patients who are asymptomatic but have been in close contact with confirmed or suspected COVID-19 patients should be quarantined…Close contacts of patients who test positive for COVID-19 will remain in quarantine 14 days after the last exposure to the patient…Patients in quarantine will be assessed twice daily by nursing staff. The assessment will include a temperature check and monitoring for development of any symptoms."

- **Facilities without onsite healthcare staff should contact their state, local, tribal, and/or territorial health department to coordinate effective quarantine and necessary medical care.**

OCO Findings/Suggestions for Improvements: OCO could not find any documentation to support compliance with this guideline.

- **Implement social distancing strategies to increase the physical space between incarcerated persons (ideally 6 feet between all individuals, regardless of the presence of symptoms), and to minimize mixing of individuals from different housing units.**
  - **Common areas**
    - **Enforce increased space between individuals in holding cells as well as in lines and waiting areas such as intake (e.g. remove every other chair in a waiting area).**
  - **Recreation**
    - **Choose recreation spaces where individuals can spread out.**
    - **Stagger time in recreation spaces.**
    - **Restrict recreation space usage to a single housing unit per space (where feasible).**
  - **Meals**
    - **Stagger meals in the dining hall (one housing unit at a time).**
    - **Rearrange seating in the dining hall so that there is more space between individuals (e.g. remove every other chair and use only one side of the table).**
    - **Provide meals inside housing units or cells.**
  - **Group activities**
    - **Limit the size of group activities.**
    - **Increase space between individuals during group activities.**
    - **Suspend group programs where participants are likely to be in closer contact than they are in their housing environment.**
    - **Consider alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.**

- **Housing**
    - **If space allows, reassign bunks to provide more space between individuals, ideally 6 feet or more in all directions. (Ensure that bunks are cleaned thoroughly if assigned to a new occupant.)**
    - **Arrange bunks so that individuals sleep head to foot to increase distance between their faces.**
    - **Minimize the number of individuals housed in the same room as much as possible.**
    - **Rearrange scheduled movements to minimize mixing of individuals from different housing areas.**
- **Work details**
    - **Modify work detail assignments so that each detail includes only individuals from a single housing unit.**
- **Medical**
    - **If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. If this is not feasible, consider staggering individuals' sick call visits.**
    - **Stagger pill line, or stage pill line within individual housing units.**
    - **Identify opportunities to implement telemedicine to minimize the movement of healthcare staff across multiple housing units and to minimize the movement of ill individuals through the facility.**
    - **Designate a room near the intake area to evaluate new entrants who are flagged by the intake symptoms screening process before they move to other parts of the facility.**

DOC Response:

1. **Common areas:**
    - Reduced the intake of the violator population to every other week.
    - Reduced the number of individuals sleeping on the ground and overcrowding at intake to zero for a substantial period of time.
    - Facilities added markings on floors and seats to indicate approximated appropriate distancing.
2. **Recreation:**
    - Chose recreation spaces where individuals can spread out.
    - Staggered time in recreation spaces.
    - Restricted recreation space usage to a single housing unit per space (where feasible).
3. **Meals:**
    - Staggered meals in the dining hall (one housing unit at a time).
    - Rearranged seating in the dining hall so that there is more space between individuals (e.g., remove every other chair and use only one side of the table).

- Providing meals inside housing units or cells.

4. **Group activities:**
   - Limit the size of group activities.
   - Increased space between individuals during group activities.
   - Suspended group programs where participants were likely to be in closer contact than they are in their housing environment.
   - Considered alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.
5. **Housing:**
   - Implemented additional and alternative housing locations in all stand-alone and co-located minimum custody facilities to encourage greater social distancing and to lessen the numbers for individualized cohorts. Examples of locations that were turned into alternate housing locations: extended family visit trailers, chapel areas, library areas, gym areas, etc.
6. **Work details:**
   - Limited the size of group activities.
   - Increased space between individuals during group activities.
   - Suspended group programs where participants are likely to be in closer contact than they are in their housing environment.
   - Considered alternatives to existing group activities, in outdoor areas or other areas where individuals can spread out.
7. **Medical:**
   - Designated a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. When this is not feasible, staggering individuals' sick call visits.
   - Staggered and staged pill lines within individual housing units.
   - Designated a room near the intake area to evaluate new entrants who are flagged by the intake symptom screening process before they move to other parts of the facility.

OCO Findings/Suggestions for Improvement: OCO agrees with the above regarding measures taken by DOC. However, OCO also notes that WCC has reportedly returned to overcrowded levels. Also, as noted in at least the SCCC monitoring report, DOC removed half of the seating in the dining halls, but persons were still sitting across from each other at a distance of approximately three feet and would not be wearing masks while eating.

- **If group activities are discontinued, it will be important to identify alternative forms of activity to support the mental health of incarcerated persons.**

  OCO Findings/Suggestions for Improvements: Per the STIC, "If patients need to be isolated/quarantined in a living unit, allowances will be made to accommodate patients in this location: Television, playing cards and/or other recreational activities will be provided."

  Per the DOC Mental Health/Psychiatry Guideline v3, for GP/Outpatient Individuals in isolation, "MH staff will provide materials to reduce boredom and distract from situation," including journaling, writing down what they would have been doing and thinking through anticipated disruptions in their lives, and books, magazines, and puzzles available on the unit.

OCO's monitoring visits found that individuals in quarantine and isolation were being offered books and puzzles. However, books were often in poor condition and were not what was of interest to the population. Persons in medical isolation reported feeling anxiety, depression, and a need for more activities.

- **Provide up-to-date information about COVID-19 to incarcerated persons on a regular basis. As much as possible, provide this information in person and allow opportunities for incarcerated individuals to ask questions (e.g town hall format if social distancing is feasible, or informal peer-to-peer education). Updates should address:**
  - **Symptoms of COVID-19 and its health risks**
  - **Reminders to report COVID-19 symptoms to staff at the first sign of illness**
    - **Address concerns related to reporting symptoms (e.g. being sent to medical isolation), explain the need to report symptoms immediately to protect everyone, and explain the differences between medical isolation and solitary confinement.**
  - **Reminders to use cloth face coverings as much as possible.**
  - **Changes to daily routine and how they can contribute to risk reduction.**

  DOC Response: Corrections staff are continuously communicating with the incarcerated population about updates to the COVID-19 pandemic and the department's response. The department will continue to add information through memos and posting posters/signage throughout the facility as the pandemic progresses. The department is continuing to encourage incarcerated individuals to self-report symptoms and additionally staff are directed to report any individuals they suspect are symptomatic.

  OCO Findings/Suggestions for Improvements: This information has not been provided by DOC to the incarcerated population via an in-person discussion, which is what is recommended in this guideline. DOC has sent memos to the incarcerated population via kiosk related to COVID-19 and also posted signage in the institutions. An initial memo to the incarcerated population dated March 15, 2020 informed the population to watch for the symptoms of breathlessness, cough, and fever, and directed them to notify health services immediately. However, it is unclear whether additional/updated symptoms have been communicated to the population.

Prevention Practices for Staff

- **Remind staff to stay at home if they are sick. Ensure staff are aware that they will not be able to enter the facility if they have symptoms of COVID-19, and that they will be expected to leave the facility as soon as possible if they develop symptoms while on duty.**

  DOC Response: Corrections has encouraged all staff to stay home if they begin to feel sick or present symptoms of COVID-19. Corrections implemented an emergency paid leave for individuals who are unable to enter their work facility due to the COVID-19 virus. Additionally, Corrections has created an enhanced screening process at the entrance of all

correctional facilities and workplaces. Staff have been informed they will not be allowed to enter the facility if they do not pass the screening. At-home work assignments can be assigned to individuals who are screened out of the facility or workplace and for individuals at higher risk for COVID-19.

OCO Findings/Suggestions for Improvements: According to DOC, the agency's Human Resources (HR) strike team ensured that all staff were encouraged to stay home if sick, per memos distributed from HR Leadership and Secretary Sinclair. (https://www.doc.wa.gov/news/2020/docs/2020-0315-headquarters-health-and-safety-messages.pdf).

- **Perform verbal screening and temperature checks for all staff daily on entry.**
    - **Send staff home who do not clear the screening process, and advise them to follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.**

DOC Response: Corrections has implemented an enhanced screening process for all correctional facilities and work sites. Those individuals who do not pass the screening will be sent home to follow the process for return to work.

OCO Findings/Suggestions for Improvements: The STIC states that staff who screen positive will not be allowed entry to the facility, and will have follow-up through a secondary staff screening process.

- **Provide staff with up-to-date information about COVID-19 and about facility policies on a regular basis, including:**
    - **Symptoms of COVID-19 and its health risks.**
    - **Employers' sick leave policy.**

DOC Response: The Corrections DOC COVID-19 webpage has a direct-link to the Department of Health webpage which provides the state COVID-19 response information and updated information pertaining to symptoms and new applicable research relevant to the COIVD-19 virus. Corrections leadership has communicated with staff about the sick leave policies in place and additional leave that was implemented to help alleviate distresses from the COVID-19 pandemic.

OCO Findings/Suggestions for Improvements: As above.

- **If staff develop a fever or other symptoms of COVID-19 while at work, they should immediately put on a cloth face covering (if not already wearing one), inform supervisor, leave the facility, and follow CDC-recommended steps for persons who are ill with COVID-19 symptoms.**

DOC Response: In development. Will be updated soon.

OCO Findings/Suggestions for Improvements: This is not explicitly stated in the STIC.

- **If a staff member has a confirmed SARS-CoV-2 infection, the relevant employers should inform other staff about their possible exposure in the workplace but should maintain**

the infected employee's confidentiality as required by the Americans with Disabilities Act.

DOC Response: In development. Will be updated soon.

OCO Findings/Suggestions for Improvements: This is not explicitly stated in the STIC.

- **Follow guidance from the EEOC when offering testing to staff. Any time a positive test result is identified, ensue that the individual is rapidly notified, connected to appropriate medical care, and advised how to self-isolate.**

  DOC Response: In development. Will be updated soon.

  OCO Findings/Suggestions for Improvements: This is not explicitly stated in the STIC.

- **Staff identified as close contacts of someone with COVID-19 should self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine.**

  - **Staff identified as close contacts should self-monitor for symptoms and consider seeking testing.**

  OCO Findings/Suggestions for Improvements: This is not explicitly stated in the STIC.

- **To ensure continuity of operations, critical infrastructure workers (including correctional officers, law enforcement officers, and healthcare staff) may be permitted to continue work following potential exposure to SARS-CoV-2, provided that they remain asymptomatic and additional precautions are implemented to protect them and the community:**

  - **Screening: Facility should ensure that temperature and symptom screening take place daily before the staff member enters the facility.**
  - **Regular monitoring: Staff member should self-monitor under the supervision of their employer's occupational health program. If symptoms develop, they should follow CDC guidance on isolation with COVID-19 symptoms.**
  - **Wear a cloth face covering: Staff member should wear a cloth face covering (unless contraindicated) at all times while in the workplace for 14 days after the last exposure (if not already wearing one due to universal use of cloth face coverings).**
  - **Social distance: Staff member should maintain 6 feet between themselves and others and practice social distancing as work duties permit.**
  - **Disinfect and clean workspaces: Facility should continue enhanced cleaning and disinfecting practices in all areas including offices, bathrooms, common areas, and shared equipment.**

  DOC Response: Corrections requires that all persons in correctional facilities or worksites go through an enhanced screening process, monitor their symptoms and report if they become symptomatic, wear face coverings at all times, practice good hygiene, practice social distancing as able, and clean and disinfect high-use surfaces as able.

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation regarding operations specific to critical infrastructure workers.

- **Staff with confirmed or suspected COVID-19 should inform workplace and personal contacts immediately. These staff should be required to meet CDC criteria for ending home isolation before returning to work.**

  DOC Response: In development. Will be updated soon.

  OCO Findings/Suggestions for Improvements: This is not explicitly stated in the STIC.

- **When feasible and consistent with security priorities, encourage staff to maintain a distance of 6 feet or more from an individual with COVID-19 symptoms while interviewing, escorting, or interacting in other ways, and to wear recommended PPE if closer contact is necessary.**

  DOC Response: Corrections encourages all staff to practice precautionary measure and follow recommended practices put forth by the CDC to ensure their health during the COVID-19 pandemic. All persons in correctional facilities or work sites are required to wear a face covering at all times. Corrections provides any person with additional personal protective equipment (PPE) if they are in an environment that requires it per the PPE Matrix.

  OCO Findings/Suggestions for Improvements: These instructions are outlined in the STIC and PPE matrix.

- **Ask staff to keep interactions with individuals with COVID-19 symptoms as brief as possible.**

  DOC Response: Corrections encourages all staff to practice precautionary measure and follow recommended practices put forth by the CDC to ensure their health during the COVID-19 pandemic. All staff have received information about proper use of personal protective equipment (PPE) when interacting with individuals who may be symptomatic, have been in close contact, or are positive for COVID-19.

  OCO Findings/Suggestions for Improvements: The instructions to keep interactions with symptomatic patients as brief as possible is not explicitly stated in the STIC.

Prevention Practices for Visitors

- **If possible, communicate with potential visitors to discourage contact visits in the interest of their own health and the health of their family members and friends inside the facility.**

  DOC Response: Corrections has closed all visiting facilities at this time. This has been communicated with the population and the external stakeholders, to include loved ones of the incarcerated.

  OCO Findings/Suggestions for Improvements: As above. General visitation has been cancelled as of March 13, 2020.

- **Require visitors to wear cloth face coverings (unless contraindicated) and perform verbal screening and temperature checks for all visitors and volunteers on entry.**
    - **Staff performing temperature checks should wear recommended PPE.**
    - **Exclude visitors and volunteers who do not clear the screening process or who decline screening.**

    DOC Response: Corrections has closed all visiting facilities at this time. This has been communicated with the population and the external stakeholders, to include loved ones of the incarcerated.

    OCO Findings/Suggestions for Improvements: General visitation has been cancelled (see 9.1).

- **Provide alcohol-based hand sanitizer with at least 60% alcohol in visitor entrances, exits, and waiting areas.**

    DOC Response: Corrections has provided 60% alcohol based hand sanitizer at entrances/exits of the facilities and areas deemed appropriate by the superintendent and the assistant secretary for prisons.

    OCO Findings/Suggestions for Improvements: No additional information regarding visitor entrances.

- **Provide visitors and volunteers with information to prepare them for screening.**
    - **Instruct visitors to postpone their visit if they have COVID-19 symptoms.**
    - **If possible, inform potential visitors and volunteers before they travel to the facility that they should expect to be screened for COVID-19 (including a temperature check), and will be unable to enter the facility if they do not clear the screening process or if they decline screening).**
    - **Display signage outside visiting areas explaining the COVID-19 symptom screening and temperature check process. Ensure that materials are understandable for non-English speakers and those with low literacy.**

    DOC Response: Corrections has closed all visiting facilities at this time. This has been communicated with the population and the external stakeholders, to include loved ones of the incarcerated.

    OCO Findings/Suggestions for Improvements: General visitation has been cancelled (see 9.1).

- **Promote non-contact visits:**
    - **Encourage incarcerated persons to limit in-person visits in the interest of their own health and the health of their visitors.**
    - **Consider reducing or temporarily eliminating the cost of phone calls for incarcerated persons.**

- **Consider increasing incarcerated persons' telephone privileges to promote mental health and reduce exposure from direct contact with community visitors.**

DOC Response: Until further notice, Corrections has suspended in-person visitation. Corrections understands the importance of maintaining ties with family, friends, and the community, and is working to continue providing additional reduced and no-cost communication resources. A work group has been established to develop an implementation plan for non-contact visits in the facilities.

OCO Findings/Suggestions for Improvements: General visitation has been cancelled (see 9.1). DOC offered various rounds of two free five minute calls. In addition, two free video visitation calls were added to JPay accounts (although JPay functionality has been an ongoing problem). OCO believes more could/should be done to support family communication.

- **Consider suspending or modifying visitation programs, if legally permissible. For example, provide access to virtual visitation options where available.**
  - **If moving to virtual visitation, clean electronic surfaces regularly after each use.**
  - **Inform potential visitors of changes, or suspension of, visitation programs.**
  - **Clearly communicate any visitation program changes to incarcerated persons, along with the reasons for them (including protecting their health and their family and community members' health).**
  - **If suspending contact visits, provide alternate means (e.g., phone or video visitation) for incarcerated/detained individuals to engage with legal representatives, clergy, and other individuals with whom they have legal right to consult.**
    - **Suspending visitation should only be done in the interest of incarcerated/detained persons' physical health and the health of the general public. Visitation is important to maintain mental health. If visitation is suspended, facilities should explore alternative ways for incarcerated/detained persons to communicate with their families, friends, and other visitors in a way that is not financially burdensome for them.**
  - **Restrict non-essential vendors, volunteers, and tours from entering the facility.**

DOC Response: Corrections has closed all visiting facilities at this time. This has been communicated with the population and the external stakeholders, to include loved ones of the incarcerated. In an effort to provide additional communication, Corrections has worked with JPay to provide additional free or reduced cost services to the population and loved ones. Additional porters have been hired to clean high-touch surfaces to include phones and JPay kiosks. Corrections is working to continue these services to encourage continued phone and virtual communication in lieu of in-person visitation.

OCO Findings/Suggestions for Improvements: As of March 13, 2020, visitation was suspended at all correctional facilities. In addition, access was restricted to MCC, WCC, and WCCW for all individuals with the exception of employees, contract staff, and legal professionals, and all tours and events involving four or more outside guests were suspended.

Management: Operations[6]

- **Coordinate with state, local, tribal, and/or territorial health departments. When an individual has suspected or confirmed COVID-19, notify public health authorities and request any necessary assistance with medical isolation, evaluation, and clinical care, and contact tracing and quarantine of close contacts.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. The STIC does not explicitly provide this direction.

- **Implement alternate work arrangements deemed feasible in the Operational Preparedness section.**

  OCO Findings/Suggestions for Improvements: Although DOC states that this was implemented, there is no objective documentation to support compliance with this guideline.

- **Suspend all transfers of incarcerated/detained persons to and from other jurisdictions and facilities (including work release), unless necessary for medical evaluation, medical isolation/quarantine, health care, extenuating security concerns, release, or to prevent overcrowding.**

  OCO Findings/Suggestions for Improvements: Per DOC's COVID-19 FAQs, all incarcerated individual work crews that operated outside of the prisons were suspended with the exception of DNR crews with no community interactions, a crew to McNeil Island for island operations, and to CI headquarters. Work release centers continued to operate. On its face, this may appear contradictory to the guidelines; however, OCO believes this is preferable as it allows for the flow of individuals out of the larger prison facilities, enabling social distancing. In addition, a large number of individuals close to release were granted rapid reentry or commutation by Governor Inslee, further reducing the potential risk of the work release centers.

- **Set up PPE donning/doffing stations as described in the Preparation section.**

  OCO Findings/Suggestions for Improvements: PPE donning and doffing stations have been established at the facilities. However, they are not compliant with the contents of the PPE stations per the CDC guidelines.

- **If possible, consider quarantining all new intakes for 14 days before they enter the facility's general population (separately from other individuals who are quarantined due to contact with someone who has COVID-19).**

  OCO Findings/Suggestions for Improvements: Per the STIC, new persons arriving through intake "should be separated from the general population at the receiving facility for 14 days after arrival."

- **Consider testing all newly incarcerated/detained persons before they join the rest of the population in the correctional or detention facility.**

[6] DOC did not include this section in its responses.

OCO Findings/Suggestions for Improvements: DOC is not compliant with this guideline.

- **Minimize interactions between incarcerated/detained persons living in different housing units, to prevent transmission from one unit to another. For example, stagger mealtimes and recreation times, and consider implementing broad movement restrictions.**

  OCO Findings/Suggestions for Improvements: Based on OCO's monitoring visits, DOC is somewhat compliant with this guideline as actions have been taken to minimize interactions, including staggered meal, recreation, and pill line times. But it is unknown (and not clearly expressed by DOC) to what extent each facility has taken these actions and what level of interaction individuals still have.

- **Ensure that work details include only incarcerated/detained persons from a single housing unit, supervised by staff who are normally assigned to the same housing unit.**

  - **If a work detail provides goods or services for other housing units (e.g., food service or laundry), ensure that deliveries are made with extreme caution. For example, have a staff member from the work detail deliver prepared food to a set location, leave, and have a staff member from the delivery location pick it up. Clean and disinfect all coolers, carts, and other objects involved in the delivery.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **Incorporate COVID-19 prevention practices into release planning.**

  - **Consider implementing a release quarantine (ideally in single cells) for 14 days prior to individuals' projected release date.**

  OCO Findings/Suggestions for Improvements: DOC is not compliant with this guideline.

  - **Consider testing individuals for SARS-CoV-2 before release, particularly if they will be released to a congregate setting or to a household with persons at increased risk for severe illness from COVID-19.**

  OCO Findings/Suggestions for Improvements: DOC is not compliant with this guideline.

  - **Screen all releasing individuals for COVID-19 symptoms and perform a temperature check (see Screening section below.)**

    - **If an individual does not clear the screening process, follow the protocol for suspected COVID-19 – including giving the individual a cloth face covering, if not already wearing one, immediately placing them under medical isolation, and evaluating them for SARS-CoV-2 testing.**
    - **If the individual is released from the facility before the recommended medical isolation period is complete, discuss release of the individual with state, local, tribal, and/or territorial health departments to ensure safe medical transport and continued shelter and medical care, as part of release planning. Make direct linkages to community resources to ensure proper medical isolation and access to medical care.**

- **Before releasing an incarcerated/detained individual who has confirmed or suspected COVID-19, or is a close contact of someone with COVID-19, contact local public health officials to ensure they are aware of the individual's release and anticipated location. If the individual will be released to a community-based facility, such as a homeless shelter, contact the facility's staff to ensure adequate time for them to prepare to continue medical isolation or quarantine as needed.**

OCO Findings/Suggestions for Improvements: DOC is not compliant with this guideline.

- **Incorporate COVID-19 prevention practices into re-entry programming.**
  - **Ensure that facility re-entry programs include information on accessing housing, social services, mental health services, and medical care within the context of social distancing restrictions and limited community business operations related to COVID-19.**
    - **Provide individual about to be released with COVID-19 prevention information, hand hygiene supplies, and cloth face coverings.**
    - **Link individuals who need medication-assisted treatment for opioid use disorder to substance use, harm reduction, and/or recovery support systems. If the surrounding community is under movement restrictions due to COVID-19, ensure that referrals direct releasing individuals to programs that are continuing operations.**
    - **Link releasing individuals to Medicaid enrollment and healthcare resources, including continuity of care for chronic conditions that may place an individual at increased risk for severe illness from COVID-19.**
    - **When possible, encourage releasing individuals to seek housing options among their family or friends in the community, to prevent crowding in other congregate settings such as homeless shelters. When linking individuals to shared housing, link preferentially to accommodations with the greatest capacity for social distancing.**

OCO Findings/Suggestions for Improvements: OCO was not able to find documentation to support compliance with this guideline.

Management of Incarcerated Persons with COVID-19 Symptoms

- **Staff interacting with incarcerated/detained individuals with COVID-19 symptoms should wear recommended PPE.**

OCO Findings/Suggestions for Improvements: The STIC and PPE matrix outline the PPE which appear to be consistent with CDC recommendations.

- **If possible, designate a room near each housing unit for healthcare staff to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.**

DOC Response: [Provided in social distancing response, but relevant here.] Designated a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having them walk through the facility to be evaluated in the medical unit. When this is not feasible, staggering individuals' sick call visits.

OCO Findings/Suggestions for Improvements: Despite the above, the STIC does not direct the designation of a room near each housing unit for evaluation of patients with COVID-19 symptoms. Per the STIC, if the patient is off the living unit at the time COVID-19 symptoms are reported, staff will notify the unit that they are sending the patient back for single cell confinement until a medical assessment is performed. If the patient is already in his living unit, the patient should be isolated in their cell awaiting evaluation.

- **Incarcerated/detained individuals with COVID-19 symptoms should wear a cloth face covering (unless contraindicated) and should be placed under medical isolation immediately.**

  OCO Findings/Suggestions for Improvements: Per the STIC, "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."

- **Medical staff should evaluate symptomatic individuals to determine whether SARS-CoV-2 testing is indicated. Incarcerated persons with symptoms are included in the high-priority group for testing in CDC's recommendations due to the high risk of transmission within congregate settings.**

  OCO Findings/Suggestions for Improvements: The STIC does not explicitly state that all symptomatic persons will be tested. Rather, the STIC states that, if a patient has symptoms, a practitioner will determine whether symptoms are compatible with COVID-19. This will result in a wide range of testing patterns, since some practitioners may choose to test everyone with fever or new-onset cough, shortness of breath, sore throat, diarrhea, or loss of taste/smell while others may attribute the symptoms to a non-COVID related condition.

  - **If the individual's SARS-CoV-2 test is positive, continue medical isolation.**

  OCO Findings/Suggestions for Improvements: Per the STIC, patients with laboratory-confirmed COVID-19 remain in medical isolation until asymptomatic for 14 days, although additional time may be required for special circumstances (those with immunocompromised state or needing treatments that may aerosolize virus).

  - **If the SARS-CoV-2 test is negative, the individual can be returned to their prior housing assignment unless they require further medical assessment or care or if they need to be quarantined as a close contact of someone with COVID-19.**

  OCO Findings/Suggestions for Improvements: Per the STIC, following a screening in which a person answers "yes" to any screening question, "If a practitioner is available onsite they will assess the patient clinically and decide whether symptoms are compatible with COVID-19 disease." Note: OCO has a concern that these guidelines for COVID-19 testing are not clearly defined and are not comprehensive of mild symptoms, subclinical cases, or asymptomatic individuals.

- **Work with public health or private labs, as available, to access testing supplies or services.**

  OCO Findings/Suggestions for Improvements: The STIC lists three options for COVID-19 testing: 1) Washington DOH / public health laboratory; 2) Interpath laboratory, and 3) University of Washington Virology lab.

Medical Isolation of Individuals with Confirmed or Suspected COVID-19

- **As soon as an individual develops symptoms of COVID-19 or tests positive for SARS-CoV-2 they should be given a cloth face covering (if not already wearing one and if it can be worn safely), immediately placed under medical isolation in a separate environment from other individuals, and medically evaluated.**

  OCO Findings/Suggestions for Improvements: Per the STIC, patients with symptoms concerning for COVID-19 should immediately don a surgical mask and be placed in an isolated area; then, health services is contacted.

- **Ensure that medical isolation for COVID-19 is distinct from punitive solitary confinement of incarcerated/detained individuals, both in name and in practice. Because of limited individual housing spaces within many correctional and detention facilities, infected individuals are often placed in the same housing spaces that are used for solitary confinement. To avoid being placed in these conditions, incarcerated/detained individuals may be hesitant to report COVID-19 symptoms, leading to continued transmission within shared housing spaces and, potentially, lack of health care and adverse health outcomes for infected individuals who delay reporting symptoms. Ensure that medical isolation is operationally distinct from solitary confinement, even if the same housing spaces are used for both.**

  OCO Note: As part of its investigation into the outbreak at Coyote Ridge Corrections Center, OCO staff found exactly the above; namely, that incarcerated individuals failed to report symptoms due to fears of placement in medical isolation. DOC did not do enough to incentivize or soften the environment to promote better reporting by incarcerated individuals.

  - **Ensure that individuals under medical isolation receive regular visits from medical staff and have access to mental health services.**

  OCO Findings/Suggestions for Improvements: Per the STIC, those in medical isolation who have "mild disease" receive nursing assessments every shift. Those admitted to the inpatient unit receive 24-hour nursing coverage. Routine health care is provided at cell front, although the STIC does not indicate how often this would be performed.

  Per the Mental Health / Psychiatry Response Guide (Version 3), mental health staff perform rounds three times per week for those in General Population / Outpatient isolation. For those in RTU isolation, mental health staff perform daily rounds.

  - **Make efforts to provide similar access to radio, TV, reading materials, personal property, and commissary as would be available in individuals' regular housing units.**

OCO Findings/Suggestions for Improvements: Per the STIC, those in medical isolation are given television, playing cards, and/or "other recreational activities." OCO monitoring visits have demonstrated that officially, people in isolation should have access to these items; however, people in isolation have also reported various delays in receiving property, items not being available, electronics not working, etc.

- **Consider allowing increased telephone privileges without a cost barrier to maintain mental health and connection with others while isolated.**

OCO Findings/Suggestions for Improvements: DOC originally either did not allow direct phone calls at all, or limited phone calls (ten minutes once a week). However, through continued prompting by OCO and other external stakeholders, DOC has enabled a telephone that can be used twice a week for thirty minutes. It is unknown if this level of access is allowed at all facilities with isolation units, however, and it is not specified in DOC protocols.

- **Communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.**

OCO Findings/Suggestions for Improvements: OCO was unable to find any documentation to support compliance with this guideline. The STIC does not include the requirement to communicate regularly with isolated individuals about the duration and purpose of their medical isolation period.

- **Keep the individual's movement outside the medical isolation space to an absolute minimum.**

OCO Findings/Suggestions for Improvements: The STIC restricts movement of those in the high-risk categories regardless of COVID-19 status, but this is not specifically stated for isolated patients who are not in the high-risk categories.[7]

- **Provide medical care to isolated individuals inside the medical isolation space, unless they need to be transferred to a healthcare facility. See Infection Control and Clinical Care sections for additional details.**

OCO Findings/Suggestions for Improvements: Per the STIC, routine health care is provided at cell front. In addition, medications, insulin, and other diabetic services are also provided at cell front.

- **Serve meals inside the medical isolation space.**

OCO Findings/Suggestions for Improvements: Per the STIC, meals are delivered to the cell for patients in medical isolation.

- **Exclude the individual from all group activities.**

OCO Findings/Suggestions for Improvements: Per the STIC, educational programs are suspended. In addition, per the Daily Situation Report, as of March 13, 2020 all staff-facilitated change groups (including Thinking 4 Change (T4C) and Sex Offender Treatment (SOTAP) groups) were suspended.

[7] Page 5, STIC.

- **Assign the isolated individual(s) a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result. Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.**

OCO Findings/Suggestions for Improvements: DOC is not compliant with this guideline.

- **Ensure that the individual is wearing a cloth face covering if they must leave the medical isolation space for any reason, and whenever another individual enters. Provide clean masks as needed. Masks should be washed routinely and changed when visibly soiled or wet.**

OCO Findings/Suggestions for Improvements: Per the STIC, patients are required to wear a surgical mask at all times while out of their cells. However, there are no explicit instructions regarding how frequently masks are changed.

- **If the facility is housing individuals with confirmed COVID-19 as a cohort:**
  - **Only individuals with laboratory-confirmed COVID-19 should be placed under medical isolation as a cohort. Do not cohort those with confirmed COVID-19 with those with suspected COVID-19, or with close contacts of individuals with confirmed or suspected COVID-19.**

OCO Findings/Suggestions for Improvements: Per the STIC, it is acceptable to cohort patients with COVID-19 together if they both/all have laboratory confirmed disease and are not thought to have other communicable diseases concurrently.

- **Do not house individuals with undiagnosed respiratory infection (who do not meet the criteria of suspected COVID-19) with individuals with suspected COVID-19.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. It is not explicitly stated in the STIC.

- **Ensure that cohorted groups of people with confirmed COVID-19 wear cloth face coverings whenever anyone (including staff) enters the isolation space. (Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.)**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. It is not explicitly stated in the STIC.

- **Use one large space for cohorted medical isolation rather than several smaller spaces. This practice will conserve PPE and reduce the chance of cross-contamination across different parts of the facility.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. It is not explicitly stated in the STIC.

- **If the facility is housing individuals with confirmed COVID-19 as a cohort, use a well-ventilated room with solid walls and a solid door that closes fully.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. The STIC only states to avoid isolating patients with suspected or confirmed COVID-19 in cells with open bars if possible.

- **If possible, avoid transferring infected individual(s) to another facility unless necessary for medical care. If transfer is necessary, see Transport section for safe transport guidance.**

  OCO Findings/Suggestions for Improvements: The STIC provides instructions regarding intrafacility transportation of patients with suspected or confirmed COVID-19 disease.

- **Staff assignments to isolation spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility as much as possible. These staff should wear recommended PPE as appropriate for their level of contact with the individual under medical isolation (see PPE section below) and should limit their own movement between different parts of the facility.**

  OCO Findings/Suggestions for Improvements: See previous regarding staff assignments.

  - **If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the isolation space. If PPE supplies necessitate reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination. For example, start in a housing unit where no one is known to be infected, then move to a space used as quarantine for close contacts, and end in an isolation unit. Ensure that staff are highly trained in infection control practices, including use of recommended PPE.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline.

- **Minimize transfer of individuals with confirmed or suspected COVID-19 cases between spaces within the facility.**

  OCO Findings/Suggestions for Improvements: This is not explicitly stated in the STIC. See above regarding transfer.

- **Provide individuals under medical isolation with tissues and, if permissible, a lined no-touch trash receptacle. Instruct them to:**

  - **Cover their mouth and nose with a tissue when they cough or sneeze**
  - **Dispose of used tissues immediately in the lined trash receptacle**
  - **Wash hands immediately with soap and water for at least 20 seconds. If soap and water are not available, clean hands with an alcohol-based hand sanitizer that contains at least 60% alcohol (where security concerns permit). Ensure that hand washing supplies are continually restocked.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline.

- **Maintain medical isolation at least until CDC criteria for discontinuing home-based isolation have been met.**

  OCO Findings/Suggestions for Improvements: Patients in medical isolation remain until they have been asymptomatic for 14 days (with some exceptions). This meets and potentially exceeds the CDC's basic criteria for discontinuing home-based isolation, which is discontinuation of home-based isolation ten days after symptom onset and resolution of fever for at least 24 hours.

Cleaning Spaces where Individuals with COVID-19 Spend Time

- **Ensure that staff and incarcerated/detained persons performing cleaning wear recommended PPE.**

  OCO Findings/Suggestions for Improvements: Per the STIC, individuals involved in cleaning rooms occupied by suspected or confirmed COVID-19 cases should wear a surgical mask, gown, eye protection, and gloves.

- **Thoroughly and frequently clean and disinfect all areas where individuals with confirmed or suspected COVID-19 spend time.**

  - **After an individual has been medically isolated for COVID-19 close off areas that they have used prior to isolation. If possible, open outside doors and windows to increase air circulation in the area. Wait as long as practical, up to 24 hours under the poorest air exchange conditions (consult CDC Guidelines for Environmental Infection Control in Health-Care Facilities for wait time based on different ventilation conditions) before beginning to clean and disinfect, to minimize potential for exposure to respiratory droplets.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline.

  - **Clean and disinfect all areas (e.g., cells, bathrooms, and common areas) used by the infected individual, focusing especially on frequently touched surfaces (see list above in Prevention section).**

  OCO Findings/Suggestions for Improvements: The STIC directs that showers need to be disinfected after each shower, and recommends enhanced frequency of cleaning and disinfection of high-touch surfaces in healthcare settings. However, there is no specific mention of any "common areas" that might be used by an infected individual.

  - **Clean and disinfect areas used by infected individuals frequently on an ongoing basis during medical isolation.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline, other than what is stated above.

- **Hard (non-porous) surface cleaning and disinfection**

- **If surfaces are soiled, they should be cleaned using a detergent or soap and water prior to disinfection.**

OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline.

- **Consult a list of products that are EPA-approved for use against the virus that causes COVID-19. Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.).**

OCO Findings/Suggestions for Improvements: The STIC states that disinfectant must be an EPA-approved hospital/healthcare or broad-spectrum disinfectant, and contain quaternary ammonium. However, there are no explicit instructions outlining the concentration, application method, or contact time (dwell time).

- **Diluted household bleach solutions can be used if appropriate for the surface. Follow the manufacturer's instructions for application and proper ventilation, and check to ensure the product is not past its expiration date. Never mix household bleach with ammonia or any other cleanser. Unexpired household bleach will be effective against coronaviruses when properly diluted.**

OCO Findings/Suggestions for Improvements: Per the STIC, use of bleach is discouraged because it can exacerbate underlying lung disease.

- **Soft (porous) surface cleaning and disinfection**

  - **For soft (porous) surfaces such as carpeted floors and rugs, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

After cleaning:

- **If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **Otherwise, use products that are EPA-approved for use against the virus that causes COVID-19 and are suitable for porous surfaces.**

OCO Findings/Suggestions for Improvements: As previously noted, the STIC states that disinfectant must be an EPA-approved hospital/healthcare or broad-spectrum disinfectant, and contain quaternary ammonium. However, there are no explicit instructions outlining the concentration, application method, or contact time (dwell time).

- **Electronics cleaning and disinfection**

- **For electronics such as tablets, touch screens, keyboards, and remote controls, remove visible contamination if present.**
    - **Follow the manufacturer's instructions for all cleaning and disinfection products.**
    - **Consider use of wipeable covers for electronics.**
    - **If no manufacturer guidance is available, consider the use of alcohol-based wipes or spray containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.**

  OCO Findings/Suggestions for Improvements: Per a COVID-19 Cleaning Guidance document, chemicals are sprayed on a rag that is used to clean electronic equipment. However, there is no instruction regarding the removal of visible contamination and/or use of alcohol-based wipes or wipeable covers for electronic equipment.

- **Food service items. Individuals under medical isolation should throw disposable food service items in the trash in their medical isolation room. Non-disposable food service items should be handled with gloves and washed following food safety requirements. Individuals handling used food service items should clean their hands immediately after removing gloves.**

  OCO Findings/Suggestions for Improvements: The STIC instructs individuals involved in handling food service items to wear gown and gloves. However, there is no directive regarding 1) where to throw away used disposable food service items, 2) the washing of non-disposable food service items, and 3) the cleaning of hands immediately after removing gloves.

- **Laundry from individuals with COVID-19 can be washed with other's laundry.**

  OCO Findings/Suggestions for Improvements: The STIC states that laundry from those in medical isolation or quarantine is placed in "yellow bags" and transported in "rice bags," and contents are handled as infectious laundry.

    - **Individuals handling laundry from those with COVID-19 should wear disposable gloves and gown, discard after each use, and clean their hands immediately after.**
    - **Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air. Ensure that individuals performing cleaning wear recommended PPE (see PPE section below).**
    - **Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.**
    - **Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.**

  OCO Findings/Suggestions for Improvements: The STIC instructs individuals handling laundry to wear gown and gloves. However, there is no instruction to discard after each use, or to clean hands immediately after handling. The rest of the above guidelines are not reflected in the STIC or other DOC documents.

Transporting Individuals with Confirmed and Suspected COVID-19 and Quarantined Close Contacts

- **Refer to CDC guidance for Emergency Medical Services (EMS) on safely transporting individuals with confirmed or suspected COVID-19. This guidance includes considerations for vehicle type, air circulation, communication with the receiving facility, and cleaning the vehicle after transport.**

  OCO Findings/Suggestions for Improvements: The STIC directs staff to sanitize a vehicle after transporting patients with suspected or confirmed COVID-19. However, there are no directives in the STIC for transporting patients who are quarantined close contacts. In addition, there is no direction provided with regards to vehicle type, air circulation, communication with the receiving facility, or specific instructions on cleaning the vehicle after transport.

  - **If the transport vehicle is not equipped with the features described in the EMS guidance, at minimum drive with the windows down and ensure that the fan is set to high, in non-recirculating mode. If the vehicle has a ceiling hatch, keep it open.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **Use the same precautions when transporting individuals under quarantine as close contacts of someone with COVID-19.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

Quarantining Close Contacts of COVID-19 Cases

- **Contact tracing can be a useful tool to help contain disease outbreaks. When deciding whether to perform contact tracing, consider the following:**
  - **Have a plan in place for how close contacts of individuals with COVID-19 will be managed, including quarantine logistics.**

  OCO Findings/Suggestions for Improvements: The STIC outlines how close contacts are managed.

- **Incarcerated/detained persons who are close contacts of a confirmed or suspected COVID-19 case (whether the case is another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days:**

  - **If the close contact is tested for SARS-CoV-2 and tests positive for SARS-CoV-2, the individual should be medically isolated rather than quarantined.**

  OCO Findings/Suggestions for Improvements: Per the STIC, close contacts are placed on quarantine status and are tested only if the index case is confirmed positive. Quarantined patients testing positive for COVID-19 area transferred to medical isolation.

- **If quarantined individual is tested during quarantine and they test negative, they should continue to quarantine for a full 14 days after last exposure and follow all recommendations of public health authorities.**

OCO Findings/Suggestions for Improvements: Per the STIC, quarantined patients who test negative remain on quarantine status and are retested on Day 7. They will remain on quarantine status until 14 days from the time of last contact with the index case has elapsed.

- **If an individual is quarantined due to contact with someone with suspected COVID-19 who is subsequently tested and receives a negative result, they can be released from quarantine and retesting should be considered.**

OCO Findings/Suggestions for Improvements: Per the STIC, quarantined patients who test negative for COVID-19 may be released form quarantine if the index case tests negative for COVID-19 on two tests at least 48 hours apart OR if 14 days have passed since their last contact with the index case.

- **Testing is recommended for all close contacts of persons with SARS-CoV-2 infection, regardless of whether the close contacts have symptoms.**

OCO Findings/Suggestions for Improvements: DOC is not compliant with this guideline. Per the STIC, close contacts are tested for COVID-19 if the index case has a confirmed positive test.

- **Medically isolate those who test positive to prevent further transmission.**

OCO Findings/Suggestions for Improvements: Per the STIC, patients with laboratory-confirmed COVID-19 remain in medical isolation until they have been asymptomatic for 14 days.

- **Asymptomatic close contacts testing negative should still quarantine for 14 days from their last exposure**

OCO Findings/Suggestions for Improvements: Per the STIC, patients testing negative for COVID-19 remain on quarantine status and are retested on Day #7.

- **Keep a quarantined individual's movement outside the quarantine space to an absolute minimum.**

OCO Findings/Suggestions for Improvements: OCO was not able to find documentation to support compliance with this guideline.

- **Provide medical evaluation and care inside or near the quarantine space when possible.**

OCO Findings/Suggestions for Improvements: Per the STIC, patients in quarantine are assessed twice daily (at a minimum) by nursing staff.

- **Serve meals inside the quarantine space.**

OCO Findings/Suggestions for Improvements: Per the STIC, meals are delivered to the cell.

- **Exclude the quarantined individual from all group activities.**

OCO Findings/Suggestions for Improvements: See earlier in report related to group activities.

- **Assign the quarantined individual a dedicated bathroom when possible. When a dedicated bathroom is not feasible, do not reduce access to restrooms or showers as a result.**

OCO Findings/Suggestions for Improvements: Per the STIC, patients in quarantine are offered showers per custody unit schedule. There is no information regarding access to restrooms.

- **Staff assignments to quarantine spaces should remain as consistent as possible, and these staff should limit their movements to other parts of the facility. These staff should wear recommended PPE as appropriate for their level of contact with the individuals under quarantine (see PPE section below) and should limit their own movement between different parts of the facility.**

  - **If staff must serve multiple areas of the facility, ensure that they change PPE when leaving the quarantine space. If PPE supplies necessitate reuse, ensure that staff move only from areas of low to high exposure risk while wearing the same PPE, to prevent cross-contamination.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **Facilities should make every possible effort to individually quarantine cases of confirmed COVID-19, and close contacts of individuals with confirmed, or suspected COVID-19. Cohorting multiple quarantined close contacts could transmit SARS-CoV-2 from those who are infected to those who are uninfected. Cohorting should only be practiced if there are no other available options.**

  - **If cohorting of close contacts under quarantine is absolutely necessary, symptoms of all individuals should be monitored closely, and individuals with symptoms of COVID-19 or who test positive for SARS-CoV-2 should be placed under medical isolation immediately. If an individual is removed from the cohort due to COVID-19 symptoms and tests positive (or is not tested), the 14-day quarantine clock should restart for the remainder of the quarantined cohort.**

  - **If an entire housing unit is under quarantine due to contact with an individual from the same housing unit who has COVID-19, the entire housing unit may need to be treated as a cohort and quarantine in place.**

  - **Some facilities may choose to quarantine all new intakes for 14 days before moving them to the facility's general population as a general rule (not because they were exposed to someone with COVID-19). Under this scenario, avoid mixing individuals quarantined due to exposure someone with COVID-19 with individuals undergoing routine intake quarantine.**

- **Do not add more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.**

OCO Findings/Suggestions for Improvements: Per the STIC, quarantined patients can be housed alone or cohorted with other quarantined patients from the same exposure.

Also per the STIC, intersystem intakes are housed separately from the general population as a cohort after intake.

However, the STIC does not instruct against adding more individuals to an existing quarantine cohort after the 14-day quarantine clock has started.

- **If cohorting close contacts is absolutely necessary, be especially mindful of those who are at increased risk for severe illness from COVID-19. Ideally, they should not be cohorted with other quarantined individuals. If cohorting is unavoidable, make all possible accommodations to reduce exposure risk for the increased-risk individuals. (For example, intensify social distancing strategies for increased-risk individuals.)**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **If single cells for isolation (of those with suspected COVID-19) and quarantine (of close contacts) are limited, prioritize them in rank order as follows to reduce the risk of further SARS-CoV-2 transmission and adverse health outcomes:**

  - **Individuals with suspected COVID-19 who are at increased risk for severe illness from COVID-19**
  - **Others with suspected COVID-19**
  - **Quarantined close contacts of someone with COVID-19 who are themselves at increased risk for severe illness from COVID-19**
  - **Other quarantined close contacts**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **In order of preference, multiple quarantined individuals should be housed as follows (note: if the ideal choice does not exist in a facility, use the next best alternative as a harm reduction approach):**

  - **IDEAL: Separately, in single cells with solid walls (i.e., not bars) and solid doors that close fully**
  - **Separately, in single cells with solid walls but without solid doors**
  - **As a cohort, in a large, well-ventilated cell with solid walls, a solid door that closes fully, and at least 6 feet of personal space assigned to each individual in all directions**
  - **As a cohort, in a large, well-ventilated cell with solid walls and at least 6 feet of personal space assigned to each individual in all directions, but without a solid door**

- **As a cohort, in single cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells creating at least 6 feet of space between individuals. (Although individuals are in single cells in this scenario, the airflow between cells essentially makes it a cohort arrangement in the context of COVID-19.)**
- **As a cohort, in multi-person cells without solid walls or solid doors (i.e., cells enclosed entirely with bars), preferably with an empty cell between occupied cells. Employ social distancing strategies related to housing in the Prevention section to maintain at least 6 feet of space between individuals housed in the same cell.**
- **As a cohort, in individuals' regularly assigned housing unit but with no movement outside the unit (if an entire housing unit has been exposed). Employ social distancing strategies related to housing in the Prevention section above to maintain at least 6 feet of space between individuals.**
- **Safely transfer to another facility with capacity to quarantine in one of the above arrangements. Transfer should be avoided due to the potential to introduce infection to another facility; proceed only if no other options are available.)**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **Meals should be provided to quarantined individuals in their quarantine spaces. Individuals under quarantine should throw disposable food service items in the trash. Non-disposable food service items should be handled with gloves and washed with hot water or in a dishwasher. Individuals handling used food service items should clean their hands immediately after removing gloves.**

  OCO Findings/Suggestions for Improvements: Per the STIC, meals are delivered to the cell; trays are handled with gloves and staff are instructed to clean their hands immediately afterwards. However, there is no instruction regarding where to throw disposable food service items or with regarding to how non-disposable food items are washed.

- **If quarantined individuals leave the quarantine space for any reason, they should wear cloth face coverings (unless contraindicated) as source control, if not already wearing them.**
  - **Quarantined individuals housed as a cohort should wear cloth face coverings at all times.**

  OCO Findings/Suggestions for Improvements: Per the STIC, patients must wear a surgical mask at all times when out of their cell, but there is no instruction for them to be worn at all times.

  - **Quarantined individuals housed alone should wear cloth face coverings whenever another individual enters the quarantine space.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support this guideline.

- **Anyone who has trouble breathing, or is unconscious, incapacitated or otherwise unable to remove the mask without assistance should not wear a cloth face covering.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support this guideline.

- **Staff who have close contact with quarantined individuals should wear recommended PPE if feasible based on local supply, feasibility, and safety within the scope of their duties.**

  OCO Findings/Suggestions for Improvements: The STIC and PPE matrix outline the PPE required for staff who are in contact with individuals on quarantine status.

  - **Staff supervising asymptomatic incarcerated/detained persons under routine intake quarantine (with no known exposure to someone with COVID-19) do not need to wear PPE but should still wear a cloth face covering as source control.**

  OCO Findings/Suggestions for Improvements: The STIC instructs all staff who are performing active screening to wear PPE.

- **Quarantined individuals should be monitored for COVID-19 symptoms at least once per day (ideally twice per day) including temperature checks.**

  OCO Findings/Suggestions for Improvements: Per the STIC, patients in quarantine are assessed twice daily, at a minimum; the assessment includes temperature checks.

  - **If an individual develops symptoms or tests positive for SARS-CoV-2, they should be moved to medical isolation (individually, and separately from those with confirmed COVID-19 and others with suspected COVID-19) immediately and further evaluated.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support this guideline. Although the STIC states that quarantined patients who develop symptoms or test positive, it does not indicate that these patients are isolated separately from those with confirmed COVID-19 or others with suspected COVID-19.

- **If an individual who is part of a quarantined cohort becomes symptomatic:**

  - **If the individual is tested for SARS-CoV-2 and tests positive: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.**

  OCO Findings/Suggestions for Improvements: The STIC provides this instruction.

  - **If the individual is tested for SARS-CoV-2 and tests negative: the 14-day quarantine clock for this individual and the remainder of the cohort does not need to be reset. This individual can return from medical isolation to the quarantined cohort for the remainder of the quarantine period as their symptoms and diagnosis allow.**

  OCO Findings/Suggestions for Improvements: This is implied in the STIC instruction.

  - **If the individual is not tested for SARS-CoV-2: the 14-day quarantine clock for the remainder of the cohort must be reset to 0.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. It is not outlined in the STIC.

- **Restrict quarantined individuals from leaving the facility (including transfers to other facilities) during the 14-day quarantine period, unless released from custody or a transfer is necessary for medical care, infection control, lack of quarantine space, or extenuating security concerns.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **Quarantined individuals can be released from quarantine restrictions if they have not developed COVID-19 symptoms during the 14-day quarantine period.**

  OCO Findings/Suggestions for Improvements: The STIC provides this instruction.

  - **Place any individuals testing positive under medical isolation, and if the individual testing positive was part of a quarantine cohort, restart the 14-day quarantine clock for the remainder of the cohort.**

  OCO Findings/Suggestions for Improvements: The STIC provides this instruction.

  - **Consider re-testing individuals in quarantine cohort every 3-7 days to identify and isolate infected individuals and to minimize the amount of time infected individuals spend with the rest of the cohort.**

  OCO Findings/Suggestions for Improvements: The STIC states that patients who test negative for COVID-19 remain on quarantine status, and they are retested for COVID-19 on quarantine day #7.

- **Laundry from quarantined individuals can be washed with other's laundry.**

  OCO Findings/Suggestions for Improvements: Per the STIC, laundry from quarantined patients and cells are placed in rice bags and transported in yellow bags. The contents are washed/treated as infectious laundry.

  - **Individuals handling laundry from quarantined persons should wear disposable gloves and gown, discard after each use, and clean their hands immediately after.**

  OCO Findings/Suggestions for Improvements: Per the STIC, individuals handling laundry from quarantined patients are required to wear a gown and gloves. There is no specific instruction that they discard the gowns after each use, or that they clean their hands immediately after.

  - **Do not shake dirty laundry. This will minimize the possibility of dispersing virus through the air.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

  - **Launder items as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline.

- **Clean and disinfect clothes hampers according to guidance above for surfaces. If permissible, consider using a bag liner that is either disposable or can be laundered.**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. There is no information regarding how the yellow bags used to transport clothing are handled.

Management of Incarcerated Persons without COVID-19 Symptoms

- **Provide clear information to incarcerated/detained persons about the presence of COVID-19 within the facility, and the need to increase social distancing and maintain hygiene precautions.**

OCO Findings/Suggestions for Improvements: DOC indicates that they provide the population with information regarding the need for social distancing and hygiene precautions. However, the population have indicated that they are not provided information regarding the presence of COVID-19 within their facilities.

- **As much as possible, provide this information in person and allow opportunities for incarcerated/detained individuals to ask questions (e.g., town hall format if social distancing is feasible, or informal peer-to-peer education).**

OCO Findings/Suggestions for Improvements: OCO was unable to find documentation to support compliance with this guideline. Most of the information provided to the population has been through kiosk messages and signage.

- **Ensure that information is provided in a manner that can be understood by non-English speaking individuals and those with low literacy, and make necessary accommodations for those with cognitive or intellectual disabilities and those who are deaf, blind, or have low-vision.**

OCO Findings/Suggestions for Improvements: Information within the facilities is available in English and Spanish. However, obtaining information is not as easy for other non-English speakers, those with low literacy, or those who are deaf, blind, or have low vision.

- **If individuals with COVID-19 have been identified among staff or incarcerated/detained persons anywhere in a facility, consider implementing regular symptom screening and temperature checks in housing units that have not yet identified infections, until no additional infections have been identified in the facility for 14 days. Because some incarcerated/detained persons are hesitant to report symptoms, it is very important to monitor for symptoms closely even though doing so is resource intensive. See Screening section for a procedure to safely perform a temperature check.**

OCO Findings/Suggestions for Improvements: DOC is not compliant with this guideline.

- **Consider additional options to intensify social distancing within the facility.**

OCO Findings/Suggestions for Improvements: See earlier notes regarding social distancing.

Management Strategies for Staff

- **Provide clear information to staff about the presence of COVID-19 within the facility, and the need to enforce use of universal cloth face coverings (unless contraindicated) and social distancing and to encourage hygiene precautions.**

  OCO Findings/Suggestions for Improvements: Information regarding the presence of COVID-19 within the facilities is available to staff through the DOC website. The STIC outlines the use of face coverings, social distancing, and hygiene precautions. Memos to staff provide additional information.

  - **As much as possible, provide this information in person (if social distancing is feasible) and allow opportunities for staff to ask questions.**

  OCO Findings/Suggestions for Improvements: The majority of information is available in the form of documents and website text. In person provision of information does not appear to be widely available.

- **Staff identified as close contacts of someone with COVID-19 should be tested for SARS-CoV-2 and self-quarantine at home for 14 days, unless a shortage of critical staff precludes quarantine of those who are asymptomatic .**

  OCO Findings/Suggestions for Improvements: The STIC states that Occupational Nurse Consultants will communicate with the IPN to review a case for potential close contacts among DOC staff. However, OCO was unable to find objective documentation of instructions regarding testing requirement or self-quarantine.

  - **Close contacts should self-monitor for symptoms and consider seeking testing.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline.

- **Staff who have confirmed or suspected COVID-19 should meet CDC criteria for ending home isolation before returning to work. Monitor CDC guidance on discontinuing home isolation regularly, as circumstances evolve rapidly.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline.

Infection Control

- **Staff should exercise caution and wear recommended PPE when in contact with individuals showing COVID-19 symptoms. Contact should be minimized to the extent**

possible until the infected individual is wearing a cloth face covering (if not already wearing one and if not contraindicated) and staff are wearing PPE.

OCO Findings/Suggestions for Improvements: The STIC and PPE matrix provide guidance on the PPE to be used when in contact with individuals showing COVID-19 symptoms. However, the document does not include instruction to minimize contact until the infected individual is wearing a face covering nd until staff are wearing PPE.

- **Remind staff about the importance of limiting unnecessary movements between housing units and through multiple areas of the facility, to prevent cross-contamination.**

  OCO Findings/Suggestions for Improvements: OCO could not find any objective documentation to support compliance with this guideline.

- **Ensure that staff and incarcerated~~/detained~~ persons are trained to doff PPE after they leave a space where PPE is required, as needed within the scope of their duties and work details. Ideally, staff should don clean PPE before entering a different space within the facility that also requires PPE.**

  OCO Findings/Suggestions for Improvements: The STIC provides links to video and written instructions on donning and doffing PPE for staff. However, OCO was unable to find any objective documentation of similar training for the incarcerated population.

  - **If PPE shortages make it impossible for staff to change PPE when they move between different spaces within the facility, ensure that they are trained to move from areas of low exposure risk ("clean") to areas of higher exposure risk ("dirty") while wearing the same PPE, to minimize the risk of contamination across different parts of the facility.**

  OCO Findings/Suggestions for Improvements: Aside from a discussion on the re-use of N95 masks, the STIC does not provide any information regarding training on how to move from areas of low exposure to areas of higher exposure while wearing the same PPE.

Clinical Care for Individuals with COVID-19

- **Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms.**

  OCO Findings/Suggestions for Improvements: The STIC indicates that any patients who present with symptoms are directed to don a surgical mask and placed in isolation; then, health services is contacted.

  - **If a facility is not able to provide such evaluation and treatment, a plan should be in place to safely transfer the individual to another facility or local hospital (including notifying the facility/hospital in advance). See Transport section. The initial medical evaluation should determine whether a symptomatic individual is at increased risk for severe illness from COVID-19. Persons at increased risk may include older adults and persons of any age with serious underlying medical conditions, including chronic kidney disease, serious heart conditions, and Type-2 diabetes. See CDC's website for**

a complete list and check regularly for updates as more data become available to inform this issue.

OCO Findings/Suggestions for Improvements: The STIC outlines several clinical factors that should provoke consideration for transfer to a hospital or another facility for a higher level of care. However, this does not include a determination as to whether the patient is at high risk for severe illness.

- **Based on available information, pregnant people seem to have the same risk of COVID-19 as adults who are not pregnant. However, much remains unknown about the risks of COVID-19 to the pregnant person, the pregnancy, and the unborn child. Prenatal and postnatal care is important for all pregnant people, including those who are incarcerated/detained. Visit the CDC website for more information on pregnancy and breastfeeding in the context of COVID-19.**

OCO Findings/Suggestions for Improvements: The STIC does not include pregnant patients in DOC's list of high risk categories. DOC does not have a protocol regarding the care of a pregnant or postpartum patient in the context of COVID-19.

- **Staff evaluating and providing care for individuals with confirmed or suspected COVID-19 should follow the CDC Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease (COVID-19) and monitor the guidance website regularly for updates to these recommendations.**

  OCO Findings/Suggestions for Improvements: The STIC does not include the signs and symptoms of COVID-19 outlined in the Interim Clinical Guidance for Management of Patients with Confirmed Coronavirus Disease. However, the STIC does indicate that those with risk factors for severe illness should be monitored closely regardless of initial care setting.

- **Healthcare staff should evaluate persons with COVID-19 symptoms and those who are close contacts of someone with COVID-19 in a separate room, with the door closed if possible, while wearing recommended PPE and ensuring that the individual being evaluated is wearing a cloth face covering.**

  OCO Findings/Suggestions for Improvements: Although the STIC does not specify that the door to the evaluation room should be closed, PPE is recommended and the patient being evaluated is supposed to be wearing a surgical mask.

  - **If possible, designate a room near each housing unit to evaluate individuals with COVID-19 symptoms, rather than having symptomatic individuals walk through the facility to be evaluated in the medical unit.**

  OCO Findings/Suggestions for Improvements: According to the STIC, symptomatic individuals are given a surgical mask and placed into isolation for an evaluation. There is no information regarding whether this is a room located near each housing unit.

- **Clinicians are strongly encouraged to test for other causes of respiratory illness (e.g., influenza). However, presence of another illness such as influenza does not rule out COVID-19.**

OCO Findings/Suggestions for Improvements: Per the STIC, rapid influenza testing is performed during influenza season. In addition, other diagnostic tests, such as chest x-ray, are considered.

- **When evaluating and treating persons with symptoms of COVID-19 who do not speak English, use a language line or provide a trained interpreter when possible.**

  OCO Findings/Suggestions for Improvements: OCO was unable to find objective documentation to support compliance with this guideline.

Recommended PPE and PPE Training for Staff and Incarcerated Persons

- **Ensure that all staff (healthcare and non-healthcare) and incarcerated/detained persons who will have contact with infectious materials in their work placements have been trained to correctly don, doff, and dispose of PPE relevant to the level of contact they will have with individuals with confirmed and suspected COVID-19. Ensure strict adherence to OSHA PPE requirements.**

  OCO Findings/Suggestions for Improvements: The STIC indicates that a video and document instructing on proper donning and doffing of PPE is available for staff. However, whether the information strictly adheres to OSHA PPE requirements is unknown. In addition, there is no information regarding the same video and documentation being available to the population.

  - **Ensure that staff and incarcerated/detained persons who require respiratory protection (e.g., N95 respirator) for their work responsibilities have been medically cleared, trained, and fit-tested in the context of an employer's respiratory protection program. If individuals wearing N95s have facial hair, it should not protrude under the respirator seal, or extend far enough to interfere with the device's valve function (see OSHA regulations).**

  OCO Findings/Suggestions for Improvements: See prior entry regarding respiratory protection program.

- **Ensure that all staff are trained to perform hand hygiene after removing PPE.**

  OCO Findings/Suggestions for Improvements: The STIC does instruct staff to perform hand hygiene after removing PPE.

- **Ensure that PPE is readily available where and when needed, and that PPE donning/doffing/disposal stations have been set up as described in the Preparation section.**

  OCO Findings/Suggestions for Improvements: See prior entry regarding PPE stations.

- **Recommended PPE for incarcerated/detained individuals and staff in a correctional facility will vary based on the type of contact they have with someone with COVID-19 and their close contacts (see Table 1). Each type of recommended PPE is defined below.**

As above, note that PPE shortages are anticipated in every category during the COVID-19 response.

- **N95 respirator: N95 respirators should be prioritized when staff anticipate contact with infectious aerosols or droplets from someone with COVID-19.**
- **Surgical mask: Worn to protect the wearer from splashes, sprays, and respiratory droplets generated by others. (NOTE: Surgical masks are distinct from cloth face coverings, which are not PPE but are worn to protect others in the surrounding area from respiratory droplets generated by the wearer.)**
- **Eye protection: Goggles or disposable face shield that fully covers the front and sides of the face**
- **A single pair of disposable patient examination gloves. Gloves should be changed if they become torn or heavily contaminated.**
- **Disposable medical isolation gown or single-use/disposable coveralls, when feasible**

OCO Findings/Suggestions for Improvements: For all of the above, the STIC and PPE matrix indicate what PPE to be used.

- **If custody staff are unable to wear a disposable gown or coveralls because it limits access to their duty belt and gear, ensure that duty belt and gear are disinfected after close contact with an individual with confirmed or suspected COVID-19, and that clothing is changed as soon as possible and laundered. Clean and disinfect duty belt and gear prior to reuse using a household cleaning spray or wipe, according to the product label.**

- **If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, activities where splashes and sprays are anticipated, and high-contact activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.**

OCO Findings/Suggestions for Improvements: The STIC and PPE matrix indicate the appropriate PPE for use in specific situations. Also, the STIC specifically instructs the cleaning of duty belt and gear if a disposable gown cannot be worn. However, OCO was unable to find information regarding the prioritization of gowns in the event of shortages.