March 18, 2020 phone call notes

Stella Spracklin (OCO)

Susan Cooksey (SCCC)

Jennifer Bright

Cindy Robinson

Kay Crampton

Elisabeth Kingsbury

Caitie Robertson (OCO)

Jennifer Tillford

Josephine Johnson (WSR)

Julie Trigs (SCCC)

Paige Perkinson (DOC)

Elizabeth Hendren

Matthias Gyde (OCO)

Kehaulani Walker (CRCC)

Angee Schrader (OCO)

Katie Wilks (SCCC)

EV Webb (OCO)

Wendy Dubinsky (WSP)

Dave and Jody Bullard (TRU)

Melody Simle (MCCW)

Suzanne Cook (TRU)

Janet Folyd (Clallam)

Family member of person incarcerated at CRCC

Shane Evans (DOC)

Jeremy Barclay (DOC)

Anna Ivanov (WSP)

Elise McKinnon

Trish David (OCO)

Question about what happened to Mary Jo Currey. She was the Assistant Secretary for Health Services. Julie Martin who is the Deputy Secretary for DOC is now holding the Health Services role in an interim capacity. At this time, there is no Assistant Secretary for Health Services. There are still three Health Service Administrators – Shane Evans, Ronna Cole, and Kathy Reninger. Because Ronna and Kathy are now being used in the COVID-19 response.

Shane is Command A – MCC, WCCW, WSP, and MCCW. Command B – WCC, Clallam Bay, and pharmacy. Ronna – Command C – SCCC, CRCC, AHCC.

What types of testing is being done in the facility – predominately that is swab testing and then we are working with three separate labs for confirmation – UW, DOH, and a contract provider (Interpath) – working with all three to get tests expedited. How long does it take? UW – 48 hours, DOH – 48-72, Interpath – closer to 72 hours. That’s about average for the community. If they have acute symptoms, then they are sent to a hospital that does its own testing.

At this time there are three staff who have tested positive for COVID-19. No incarcerated individuals. The three staff were located at Monroe, HQ, and the third announced today was at the Peninsula Work Release.

How many swab tests have been done? We have created the protocols for collecting the number of tests. I do not have the number of tests in front of me at this time. We are working toward collecting the number of tests. We understand that when we say that there are no positive tests, it’s important to know how many have been tested. I don’t have that number of tested. For the criteria for the testing, the basic testing protocol is similar to the influenza, if someone self-reports or is identified, rapid influenza test and will test for covid and any additional respiratory. This is a respiratory virus, so we’re looking for other viruses. We are looking for whatever is causing them distress.

If the inmate says that they’re not feeling good, that there’s no sick call in the morning, how do they report their symptoms? They can report to their officer on their unit, they can declare medical emergency, just some way to get that information to the health services staff. How we’re doing that to protect patient and staff and others, once they self-report we immediately give them a mask and they’re sent to health services and depending on the symptoms, may go through that three tests.

Can you tell us whom of the three people you have, who performs the lab tests – UW, Interpath, etc – is this through their normal community collection? Most of the staff will go through their own health providers. Once we identify symptoms, we quarantine them at home and ask them to go to their doctors. We don’t know who does the actual testing.

If an incarcerated person comes down with this, will it be collected by medical staff who have been trained on how to collect nasal swabs? Yes.

There are people now who have flu symptoms – what is happening now, how are they treated, are they isolated, does each one of them get tested? We have two protocols – quarantine, which are folks that are asymptomatic but have potentially been exposed either on their living unit or in another area that protects them and the population and staff. For those that are symptomatic, we isolate them to a specific place and provide ongoing nursing care, do the full testing that I discussed earlier and we monitor them for the 14 day period until they’re asymptomatic and assessed to be released again. Does everyone who has been symptomatic get tested? Do you have this many who have been tested and this many came back negative? As relayed earlier, they are still working on that information collection, but they can say that no one has tested positive.

What is E unit at TRU? The E unit is one that we identified for isolation for those who are symptomatic, so we have now staffed that with health services and security staff so that we can monitor them for 14 days, they get nursing assessments each shift and we have a provider to oversee that to see if their symptoms become more acute.

It sounds like the quarantine is different at each facility – at CRCC, some of the individuals are being quarantined for 72 hours, but at CBCC, it’s different. Can you explain how the quarantine is different at each facility? Jeremy will take that question and get back to everyone tomorrow.

How are we communicating information to the incarcerated about how to care for themselves? Shane already addressed some of the reporting structure but some of what to look for – we are efforting more specific details. I was on a workgroup to discuss how social distancing would work in an institution. This workgroup has made recommendations to enhance those opportunities for social distancing, we have instituted significant cleaning protocols, we’re limiting access where we can, trying not to congregate more than ten or more than 50 on the yard. More to come on that. Once the protocol is complete, we will share. We are communicating with the population about maintain your distance.

At TRU there is a pill line, how is that being addressed, as well as the medical holding cell that people are being placed in at TRU? Similar principles. We’re putting only as many in there that can be at six feet. We’re asking people in pill line to maintain social distance. Security staff are assisting in monitoring. As mentioned, we just had a workgroup make recommendations for broader standards to address more of that. What happens on the yard, what happens in feeding, more to come on that.

I was told that the facilities are overcrowded and there’s no way to do that. Answer: Still being worked on.

Been a range of questions and I appreciate them. Screening – in an effort to limit the introduction, we’re doing a full screening of all staff and all contractors. Everyone is asked a standard set of questions and we’re also taking their temperature. Each of one of our areas to include HQ and work releases. If they answer yes or have a temperature above 100.4, they’re turned away. We’re also doing this for all of the transport buses – temperature taken, asked the questions, if yes, then we give them a mask and health services is notified.

How are the screening questions asked? We have a script and each one of the intake areas has the temperature.

The cleaning solution at CBCC is hepastat it is not listed on the CDC approved disinfectants for covid-19, is that going to be updated to something that is on the approved list? My husband says that when they go into the chow hall, they clean them, but it’s not allowed to sit for the necessary time period. Why are they not given any gloves to clean anything? Jeremy said that these are new questions and will need to get some answers for tomorrow.

Do we have a date in mind when we might return to visiting? No date yet, especially as we see that we’re up to three staff who have tested positive.

Can we get prisoners some vitamins or other things to help with vitamins? That question is a prior question and we’re working to get an answer.

Will DOC provide a written response to these questions? Will work on that.

When we will get information on quarantine? Working on the testing numbers right now.

Hand sanitizer in DOC – 60% alcohol in the hand-sanitizer. Is the brand Correct Pac? Paige will find out. The reason we are asking, the two different brands are not alcohol based.

Why can’t they tell us the number of incarcerated who have been tested?

They are doing tests in front of everyone else in the unit. Puts everyone’s health and safety at risk.

Would really like to have people go through the prepared questions/answers rather than jumping in with random questions – would like to see DOC prepare answers and send them out to be reviewed PRIOR to the call.