May 14, 2020 phone call notes

* Additional positive test – currently at AHCC, transferred from CRCC. We are going to be following up to ask about how he was identified as positive, why he was transferred, precautions taken in transfer, etc. We don’t have that information right now.
* DOC has tested 383 individuals. 7% have tested positive. Talking only about the positive rate (not the total number of tests, which I will get to in a minute) this is a relatively good testing rate. This means that the virus is not spreading as quickly as feared and/or that containment measures are working.
* DOC has established a second test protocol. If someone tests negative twice, then they can be taken off isolation and the unit they had come from or any close contacts can be taken off quarantine. We heard on the CCCC call today that this has been much appreciated in speeding up the time that people have to spend in quarantine. Currently only 55 in isolation and 370 in quarantine, which is way down.
* SCCC reported that violence has dropped tremendously.
* WSP reported that they couldn’t figure out how the positive individual was positive since he had been in IMU, so they tested him again and it came back negative. Now uncertain whether there was a false positive or a false negative.
* DOC has released about 900 people so far, with more planned. Governor’s Executive Order ends at midnight on Friday – anyone who is going to be released will need to be released by then.

Testing

* The following are notes from OCO’s meeting with DOC and the Governor’s office regarding testing. Unfortunately, the meeting was not successful.
	+ 1,055 test kits available with 10,000 swabs on order and 2,000 vials on order. Hopefully see those by the end of the week.
	+ Early on there was a slow pace but it appears that things are going well now with our supply chain.
	+ Yes DOC tests everyone in isolation. There were a couple people who were placed in isolation who did not receive a test and we had a phone call last week to confirm with all clinical staff to ensure that they are following the protocol. We did have some circumstances when we were still in flu season that if someone tested positive for influenza, we did not test in addition to COVID, so anyone who had both flu and COVID would be very ill.
	+ For mass testing would create challenges beyond just having the testing supplies. Not sure of the clinical benefit.
	+ Clinically, what has really shown is the public health measures, which we have been decreasing the spread.
	+ We have been more conservative than the CDC from the isolation and quarantine measures. It has now extended its recommendation for isolation from 7 to ten days. We are still maintaining ours at 14 days. We think it shows that we were right in the first place.
	+ Just not possible to screen everyone. We know from MCC that it is indeed happening that people are hiding symptoms.
* OCO does not agree with DOC and believes that DOC needs to test more people. However, DOC IS following current guidelines set by the CDC and WA DOH that only mandate testing for symptomatic people. Thus, OCO’s role here is limited because DOC is meeting the current standard. However, this is a good opportunity for people to use their advocate voices if they believe that more testing needs to happen. OCO will also be closely watching for any changes to CDC and DOH standards.

SCCC monitoring visit

Positives:

* We saw that almost 100% of people were wearing face masks, both staff and incarcerated.
* We saw indications of the incarcerated implementing social distancing, including signage indicating where people should stand to maintain six feet of distance and restricting to two per dining table. Both staff and the incarcerated relayed modifications to various schedules to allow for improved social distancing.
* The overall environment appeared good. We did not view negative staff interactions, nor felt any tension.
* All areas viewed by the monitoring team appeared very clean. We viewed the incarcerated using appropriate cleaners and appeared to have good knowledge of leaving it on the surface before wiping it off.
* The incarcerated in the quarantine and isolation cells appeared to be in good spirits, did not have immediate medical concerns, were receiving medical and mental health welfare checks per policy, had access to TVs, puzzles, and other activities for their mental health, and their cells appeared clean.

Concerns/Thoughts:

* We saw inconsistent signage in the housing units. I actually need to find out from HQ what signs are supposed to be posted.
* Even with restricting two to a dining table, it’s not enough because the tables are not very wide and with people eating, their masks would be down and it would seem like a prime opportunity for transmission.
* Kitchen workers are bunched together, in some cases due to the close confines of the facility structure (like the dishwashing area).
* I observed that health services staff are in close quarters in a confined, closed-door space in the health services area, both lower and upper floors, not always wearing masks. It felt like they were more relaxed in their workspace because they were not in front of patients and were used to not having to wear PPE in that space, but that does not give adequate consideration to the fact that they could be transmitting the virus between each other.
* The individuals in the isolation cells did not appear to have access to books; one is Muslim and said that he could not access his Quran. He appreciated the puzzles, but would also appreciate a more frequent exchange of puzzles since he completed his. I will note that the same individual reported that conditions in his cell were very dirty when he came in, which is similar to the complaint that I relayed to you a week or so ago; however, I also talked to the porter who insisted that all of the cells are cleaned the same and that they were clean. The other isolation individual reported that he had paper and pencils but did not have envelopes or his address book to mail anything out to loved ones.
* The porter on G unit demonstrated that the cleaning utensils that he has are older and well-used; would like new products given the individuals on that unit.
* The CI Business Office appeared a bit concerning to me as it is a large open air environment with a lot of individuals.
* The incarcerated relayed the following:
	+ that although some actions have been taken to promote social distancing, others have not, including that they are bunched up in a group during mass movements and passing in the units;
	+ that they have insufficient rags for cleaning;
	+ that 3rd shift staff have negative attitudes.
	+ A lot of frustration around JPAY
	+ They are concerned about the cleanliness of the dishes when they do not have a dishwasher [I did speak with the dishwashing staff who said that the situation has improved since they “have a crew who cares now”]
	+ Need better dispenser handles for the chemicals since they break
	+ They would like more people to be allowed out at recreation at one time.
	+ Staff are not social distancing. Staff have been observed coughing, sneezing, coming to work, or otherwise not appropriately screening themselves out of the facility.
	+ They reported that although there haven’t been a lot of infractions, some guys have been forced to cell in for not wearing a mask and one guy was reportedly sent back from the chow hall without being able to eat.
* Staff relayed:
	+ The pill RN needs the list of rapid reentry/commutated persons in advance to have pills ready.
	+ Would like to require as part of the entry screening that incoming staff are observed utilizing the hand sanitizer – can that be required?

CCCC monitoring visit

* Overall positive
* Shelving added to every unit to support TV in common areas for guys who don’t have access to TVs
* Porters were cleaned, they were knowledgeable about the chemicals
* Vocational programs have started back up
* Majority of the population was wearing face masks, but there were quite a few who weren’t.
* No one was on quarantine. They were very excited to be off of quarantine.
* No negative interactions observed.
* Short waits for commissary and meals. No six foot distancing observed in the lines.
* Staff are trying to facilitate a call between JPAY and the incarcerated population. Staff are also frustrated with JPAY – JPAY will just show up, plug something in and leave.
* Bathrooms did not have soap, hand sanitizer and paper towels missed in some housing units.
* Mixed messages about when to wear masks and when not to.
* A lot of people who weren’t wearing masks said that they feel like they already had it.
* Concerns about infractions for not wearing a mask or if they’re scared to go to work. The hearing officer dropped them and the Superintendent said the same.
* Did not see much social distancing.
* Good sense of community.
* The incarcerated wanted to know if they could phase down. They want to have more people at rec.
* There is a deep sadness about missing their family.
* Most of concerns were immediately addressed by the Superintendent.

Q&A

* Did you share information about the positive individual at AHCC? Yes. We are following up with questions about when was he determined to be symptomatic, why was he transferred, etc. Don’t have the information yet. Are you not concerned/shouldn’t that be a top priority? It is a top priority, but we just got the notification this afternoon.
* Asked Q to describe the library/educational area, which she did.
* More concerns about the testing.