




# WA DOC Coronavirus Response

The following recommendations are pulled from the CDC's "Interim Guidance on the Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities. This document attempts to provide a snapshot analysis of DOC's efforts to meet the guidelines. The full CDC recommendations can be accessed at <https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html>.

	Indicates that DOC has issued written guidance, policy, or protocol, or otherwise demonstrated compliance with this guideline.
	Indicates that DOC has taken steps toward meeting the guidance, but has not yet completely met it.
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Planning and Protocols			
1. Review existing pandemic flu, all-hazards, and disaster plans at both the systemwide and facility levels, and revise for COVID-19. <sup>1</sup>	✓		
2. Review and update existing staffing plans to provide for minimum levels of staff in all categories required for the facility to function safely. <sup>2</sup>	✓*		
3. Create contingency plans for PPE shortages, particularly for non-healthcare workers. <sup>3</sup>	✓*		
4. Establish a respiratory protection program to ensure that staff and incarcerated persons are fit tested for any respiratory protection they may need within their scope of responsibility. <sup>4</sup>	✓		
5. Conduct training for both staff AND incarcerated individuals on how to correctly don, doff, and dispose of PPE that they will need to use within the scope of responsibilities. <sup>5</sup>	✓		
6. Create and implement written protocols for quarantine and isolation that meet CDC guidelines. <sup>6</sup>	✓		

\*Indicates that information has been relayed, but OCO has not yet verified.

<sup>1</sup> See CDC guidance for greater specifics on items to be included in the plans.


<sup>2</sup> See CDC guidance.

<sup>3</sup> See CDC guidance.

<sup>4</sup> See CDC guidance.

<sup>5</sup> See CDC guidance.

<sup>6</sup> CDC guidance includes provision of PPE, tissues, and trash receptacles; cohorting; monitoring by staff; and restriction from facility transfers or releases.

<b>Healthcare</b>			
7. Waive medical copays for all medical appointments related to coronavirus symptoms and treatment. <sup>7</sup>	✓		
8. All prisoners and personnel should be offered the flu vaccine. <sup>8</sup>	✓		
9. Ensure greater protections of persons who are at high risk for contracting COVID-19, such as accommodations for dining, programming, and recreation. <sup>9</sup>	✓		
10. Increase keep on person (KOP) medication orders to 30 days unless security precautions dictate otherwise. <sup>10</sup>	✓		
11. Facilities should ensure that incarcerated/detained individuals receive medical evaluation and treatment at the first signs of COVID-19 symptoms, <sup>11</sup> such as through prioritization of sick call appointments.	✓		
12. Establish a plan for screening symptomatic persons in a safe manner and place that does not expose others, including transporting staff, such as designated rooms by housing units and intake. <sup>12</sup>	✓		
13. Provide personal protection equipment (PPE) such as masks to all persons who are suspected of having COVID-19 and to all persons, including both incarcerated and staff (medical, custody, mental health, etc) who interact with such individuals. <sup>13</sup>	✓		
14. Increase proactive suicide risk screening across the population, but particularly for those in isolation/quarantine. <sup>14</sup>			
<b>Screening</b>			
15. All persons entering the correctional system – including all new prisoner intakes and all personnel for every shift - should be “temperature screened” daily in addition to question/symptom screening. <sup>15</sup>	✓		

<sup>7</sup> CDC guidance states only to “consider suspending co-pays for incarcerated persons seeking medical evaluation for respiratory symptoms”; OCO believes waiver of copays for both treatment and testing is necessary.

<sup>8</sup> CDC guidance recommends offering the seasonal flu vaccine to all incarcerated/detained persons (existing population and new intakes) and staff throughout the influenza season.

<sup>9</sup> This is not specifically recommended as part of CDC’s guidance, but OCO believes it is an important step for DOC to take.

<sup>10</sup> CDC guidance recommends “consider increasing keep on person (KOP) medication orders to cover 30 days in case of healthcare staff shortages.”


<sup>11</sup> See CDC guidance.

<sup>12</sup> CDC recommends that if possible, DOC should “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 sick call.”

<sup>13</sup> See CDC guidance.

<sup>14</sup> This is not recommended by CDC, but in light of the heightened suicide risk likely provoked by the stress and fear of COVID-19, OCO believes that this is an important action for DOC to take.

<sup>15</sup> See CDC guidance.

16. All incarcerated persons should be daily temperature screened in addition to question/symptom screening, particularly those living in units where COVID-19 cases have been identified and those working in the kitchen, porters, or health aides. <sup>16</sup>			
17. When staff or incarcerated persons have symptoms of COVID-19, ensure written protocols and supplies have been provided to staff to immediately reduce the spread of the infection. <sup>17</sup>	✓		
18. Identify appropriate locations at each facility for quarantine/isolation, including written guidelines for appropriate conditions of confinement, including privileges. <sup>18</sup>	✓		
<b>Sanitation</b>			
19. Conduct and require regular inventories at each facility to ensure sufficient stocks of hygiene supplies, cleaning supplies, PPE, and medical supplies are available and have a plan in place to restock as needed if COVID-19 transmission occurs within the facility. <sup>19</sup>	✓*		
20. Provide a no-cost supply of soap to incarcerated persons, sufficient to allow frequent hand washing. <sup>20</sup>	✓		
21. Provide incarcerated persons and staff no-cost access to tissues and no-touch trash receptacles for disposal. <sup>21</sup>	✓		
22. Implement cleaning of all high touch areas with EPA-registered disinfectants effective against the virus that causes COVID-19 a minimum of every hour during free movement hours, with preference for cleaning between each use. <sup>22</sup>	✓		
23. Ensure access to hot, running water, and increase frequency of laundry. <sup>23</sup>	✓		
24. Create and implement cleaning protocols in line with CDC guidance for specific surfaces that came into contact with a	✓		

<sup>16</sup> CDC recommends to “implement daily temperature checks in housing units where COVID-19 cases have been identified, especially if there is concern that incarcerated/detained individuals are not notifying staff of symptoms.” OCO believes this should be expanded to all incarcerated people and particularly to incarcerated workers, in addition to the people CDC identified.

<sup>17</sup> CDC guidance includes requiring the individual to wear a face mask, ensuring staff who have direct contact with the individual wear recommended PPE, placing the individual under medical isolation, and coordinating healthcare.

<sup>18</sup> Although not required by CDC guidance, OCO is concerned that people may be placed in a segregation-like environment, which may impact people’s truthfulness in responding to screening questions.

<sup>19</sup> CDC guidance includes standard medical supplies for daily clinic needs, tissues, liquid soap when possible as opposed to bar soap, hand drying supplies, alcohol-based hand sanitizer containing at least 60% alcohol, cleaning supplies that include EPA-registered disinfectants effective against the virus that causes COVID-19, recommended PPE and sterile viral transport media and sterile swabs.

<sup>20</sup> CDC guidance recommends liquid soap as opposed to bar soap; if bar soap, DOC should ensure that it does not irritate the skin and thereby discourage frequent hand washing.

<sup>21</sup> See CDC guidance.

<sup>22</sup> CDC guidance recommends implementing “intensified cleaning and disinfecting procedures” that include cleaning high touch areas “several times per day”; OCO recommends at least hourly, if not continuously.

<sup>23</sup> CDC guidance only requires access to running water. OCO recommend expanding to include requiring hot water due to reports that some sinks do not have hot water, which may be a barrier/disincentive to hand washing.

person diagnosed with COVID-19, including use of EPA-registered disinfectants according to label instructions. <sup>24</sup>			
<b>Social Distancing</b>			
25. Implement social distancing strategies to increase the physical space between incarcerated/detained persons (ideally 6 feet between all individuals, regardless of the presence of symptoms). <sup>25</sup>	✓		
26. Identify alternative forms of activity to support the mental health of incarcerated/detained persons after group activities have been suspended. <sup>26</sup>		○	
27. Restrict transfers of incarcerated/detained persons to and from other jurisdictions and facilities unless necessary for medical evaluation, medical isolation/quarantine, clinical care, extenuating security concerns, or to prevent overcrowding. <sup>27</sup>		○	
28. Quarantine all new intakes to facilities for 14 days before they enter the facility's general population (SEPARATELY from other individuals who are quarantined due to contact with a COVID-19 case)			✗
29. Suspend physical contact visitation and entrance to the facilities of all non-essential staff. <sup>28</sup>	✓		
30. Ensure greater access to alternative forms of communication between incarcerated individuals and their loved ones, including free or reduced communication, increasing telephone privileges, <sup>29</sup> and suspension of any barriers to swift delivery of email.		○	
31. Suspend all non-essential interaction between incarcerated individuals and the community, such as community work crews and work release programs. <sup>30</sup>	✓		
32. Identify alternate means for incarcerated individuals to engage with legal representatives, clergy, and other individuals with whom they have a legal right to consult. <sup>31</sup>	✓		
<b>Information and Transparency</b>			
33. System-wide notification of the incarcerated population, including posted signage, of good hygiene practices. Notification should be provided at a minimum in both English	✓		

<sup>24</sup> CDC guidelines provide specific recommendations for cleaning different types of surfaces.

<sup>25</sup> CDC guidance recommends implementing strategies related to common areas, recreation, meals, group activities, housing, and medical.

<sup>26</sup> See CDC guidance.


<sup>27</sup> See CDC guidance.

<sup>28</sup> CDC recommends “suspending or modifying visitation programs, if legally permissible,” and providing access to non-contact or virtual visitation. CDC also recommends “restrict non-essential vendors, volunteers, and tours from entering the facility.”

<sup>29</sup> See CDC guidance.

<sup>30</sup> CDC recommends that DOCs “consider suspending work release programs and other programs that involve movement of incarcerated/detained individuals in and out of the facility.”

<sup>31</sup> See CDC guidance.

and Spanish languages, with preference for additional languages and consideration of persons with limited literacy. <sup>32</sup>			
34. System-wide notification of the incarcerated population, including posted signage, of the symptoms of coronavirus, preventative actions, when and how to seek medical assistance, and that medical copays will be waived. Notification should be provided at a minimum in both English and Spanish languages, with preference for additional languages and consideration of persons with limited literacy. <sup>33</sup> CDC recommends that this information is provided to the incarcerated population “on a regular basis.”	✓		
35. System-wide notification of the incarcerated population that sharing drugs and drug preparation equipment can spread COVID-19 due to potential contamination of shared items and close contact between individuals. Notification should be provided at a minimum in both English and Spanish languages, with preference for additional languages and consideration of persons with limited literacy. <sup>34</sup>	✓		
36. Communicate clearly and frequently with incarcerated/detained persons about COVID-19 cases within the facility, changes to their daily routine and how they can contribute to risk reduction. <sup>35</sup> Ensure that information is provided in a manner that can be understood by all persons.	✓		
37. Healthcare staff should perform rounds on a regular basis to answer questions about COVID-19. <sup>36</sup>			
38. Provide regular information to the public regarding new developments, key indicators (including number of confirmed or suspected cases and tests conducted), and responses to frequently asked questions. <sup>37</sup>	✓		
<b>Quarantine and Isolation</b>			
39. Incarcerated/detained persons who are close contacts of a confirmed or suspected COVID-19 case (whether the case is	✓		

<sup>32</sup> CDC guidance recommends the following: practice good cough etiquette; practice good hand hygiene; avoid touching your eyes, nose, or mouth without cleaning your hands first; avoid sharing eating utensils, dishes, and cups; avoid non-essential physical contact.

<sup>33</sup> CDC guidance states to post signage throughout the facility communicating symptoms of COVID-19 and hand hygiene instructions and reporting symptoms to staff at a minimum. Guidance recommends ensuring that signage is understandable for non-English speaking persons and those with low literacy and make necessary accommodations for those with intellectual disabilities and those who are deaf, blind, or low vision.

<sup>34</sup> See CDC guidance.

<sup>35</sup> See CDC guidance.

<sup>36</sup> CDC guidance recommends that DOCs “consider” taking this action; OCO believes that increased healthcare rounds are important both for the informational aspect and for healthcare staff to be monitoring people in the population who may not be self-reporting symptoms.

<sup>37</sup> CDC guidance recommends only to “create and test communications plans to disseminate critical information to incarcerated persons, staff, contractors, vendors, and visitors as the pandemic progresses.” OCO recommends frequent communication directly from DOC staff to the public.

another incarcerated/detained person, staff member, or visitor) should be placed under quarantine for 14 days, <sup>38</sup> unless they develop symptoms.			
40. Incarcerated persons on quarantine or isolation status should have their movements outside the unit kept to a minimum, with staff providing medical evaluations/services and food services on unit.	✓		
41. Both quarantined and isolated individuals should be provided face masks, with fresh masks provided daily or as needed. <sup>39</sup>	✓		
42. Quarantined individuals should be monitored twice a day for COVID-19 symptoms, including temperature checks.	✓		
<b>Reentry</b>			
43. Incorporate screening for COVID-19 symptoms and a temperature check into release planning, including screening all releasing individuals for COVID-19 symptoms and performing a temperature check. <sup>40</sup>	✓		
44. Ensure continuity of care for any symptomatic individuals, including making direct linkages to community resources to ensure proper medical isolation and access to medical care. <sup>41</sup>		○	

<sup>38</sup> See CDC guidance.

<sup>39</sup> CDC guidance provides that “Ensure that the [isolated] individual is wearing a face mask at all times when outside of the medical isolation space, and whenever another individual enters. Provide clean masks as needed. Masks should be changed at least daily, and when visibly soiled or wet...Quarantined individuals should wear face masks if feasible based on local supply, as source control” given certain circumstances

<sup>40</sup> See CDC guidance.

<sup>41</sup> See CDC guidance.