

# WA DOC COVID-19 Exposure Partnership with Prison Facilities

## Purpose

To assist Occupational Nurse Consultants (ONC) in effectively and efficiently identifying staff who were potentially in close contact (*within 6 feet for 10 consecutive minutes or more*) with incarcerated individuals or violators suspected or confirmed for COVID-19 without sending unnecessary staff out on quarantine.

## After initial notification of an incarcerated individual or violator suspected or confirmed case by the IPN/designee:

- Each facility identifies representatives who are familiar with the geography of facility, staffing, and program areas. These individuals should be trustworthy, respected, and have no conflict of interest. A suggestion is to have each facility form a mapping team of 4-8 people with a lead. If a mapping team is not identified, identify a facility representative to lead this effort, such as a CUS or Unit Sgt.
- Mapping team or facility representatives will:
  1. Pull a list of staff, for the specific period of time indicated by the IPN/designee, who worked in the unit/area with the incarcerated/violator.
  2. Ask each staff member two non-clinical questions and document responses on attached [Close Contact Log](#). Ask both questions every time.
  3. Send potential close contact staff home to quarantine, ensuring the Appointing Authority/designee approves.
    - If staff say yes or unsure to being within 6 feet (the first question), send staff home to quarantine and refer to ONC to verify, regardless of their answer to the second question. Each scenario is unique and ONCs must apply clinical guidelines and knowledge to verify close contact.
    - For staff who report wearing proper PPE (second question) as verified by the most current [PPE Matrix](#), refer to ONC to verify. If warranted (and this would not likely be frequent), use discretion and knowledge of the protocol\* to facilitate an ONC calling the staff while at work to avoid sending staff home unnecessarily.
    - For healthcare workers in designated shortage areas, refer to ONC to verify and educate on the responsibilities and process. If warranted, use discretion and knowledge of the protocol\* to facilitate an ONC calling the staff while at work to avoid sending staff home unnecessarily.
    - Where there is any uncertainty, use caution, send staff home to quarantine, and refer to ONC to verify.
  4. For potential staff close contacts onsite, provide [educational handout](#) for information on what to do when exposed to COVID-19. Offer to email the staff member this flyer if they are not on site.
  5. Inform the staff member that an ONC will follow up with them.
  6. Coordinate notification with Shift and Roster for sending staff home AND entry point screeners for those who can't enter facility. For staff that the mapping team or facility representatives are unable to contact, ensure entry point screeners are aware to stop them at entry point. These staff must answer the two non-clinical questions, prior to entry into the facility. If identified as a potential close contact, provide handout above in item #4 and complete #5 and #6.
    - If an entry point screener asks the non-clinical questions, ensure the mapping team/Facility

Representatives get an updated report on staff answers.

7. Send the completed Close Contact log with staff names and contact information to the ONC Team at [DOCOccupationalHealthandWellness@doc.wa.gov](mailto:DOCOccupationalHealthandWellness@doc.wa.gov)

- For questions, the ONCs are available via email at [DOCOccupationalHealthandWellness@doc.wa.gov](mailto:DOCOccupationalHealthandWellness@doc.wa.gov) Monday through Friday from 8:00–18:00 and Saturday and Sunday, 9:00–18:00 or you may contact your [local Health Department](#).

\*Refer to mapping team protocols and processes provided during training or reach out to the ONC team.

### Benefits to facility partnership include:

- Funneling contact mapping at the facility to the mapping team/facility representatives creates efficiency and decreases error. In addition, for facilities conducting serial staff testing, a mapping team is recommended by the Statewide COVID-19 Staff Serial Testing Team.
- Enhanced education on defined close contacts and wearing PPE from facility to staff members.
- Connecting the mapping team/facility representatives with staff increases communication and trust.
- Increased efficiency as a small team can connect with numerous staff more quickly.
- Facility staff have immediate access to Atlas tools.
- Fiscally responsible – not sending unnecessary staff out.
- Notifying active screeners at entry points – staff unreachable so need to confirm contact prior to entry.
- The ONC will make two (2) attempts to contact staff (leaving a voice mail) and notify the facility's mapping team or representative that the employee was contacted with no returned call. Facility will decide how to proceed with contact.

### The process will address the following concerns:

- Staff are being unnecessarily sent home causing significant staffing challenges.
- Staff are not appropriately identified timely and remain on shift until an ONC is able to contact them.
- Staff do not respond quickly to calls from ONCs.
- Volume of work is unreasonable for limited unit of ONCs.
- Tracking down contact information and then connecting with staff can take hours.