

Local Family Council COVID-19 Informational Call Notes

Call Details

Facility: AHCC

Date and Time: 12/16/2020, 2:00PM

Attendees

- Kay Heinrich, Associate Superintendent
- Paige Perkinson, HQ
- Jess Robb, Family Secretary
- Justin Gudvangen, RN4
- Erin Molish, LFC Member
- Kehaulani Walker, LFC Member
- Michelle Mason, LFC Member
- Beth Ann Daigre, LFC Member
- Ellen Hargrove, LFC Member
- Yoshi Garcia, State Rep
- Christina Current, LFC Member
- April Chavis, LFC Member
- Mildred Hawthorne, LFC Member
- Sierra Baker, LFC Member
- Connie Cencich-Myers, LFC Member
- Doug Smith, LFC Member
- James Key, Superintendent
- Caitlin Robertson, OCO
- Stella Spracklin, OCO
- Gheorghe Turcin, Family Services
- Donna Jaramillo, Family Secretary
- Stephanie Colunga, LFC Member
- Juanita Rodriguez, LFC Member
- Julianne Presson, LFC Member
- Bill Hargrove, LFC Member
- Rachel Bisbee, LFC Member
- Teresa Golden, LFC Member
- Holli Wessels, LFC Member
- Roberta Baker, LFC Member
- Julie Burden, LFC Member
- Valerie Smith, LFC Member
- George Ingraham, LFC Member

If you would like your friend/family member/loved one to be a part of the Local Family Council, please have them write to Jess Robb at the following email address:

Jessica.robbs@doc1.wa.gov

or

Jess Robb, Facility Secretary
Airway Heights Corrections Center
PO Box 1899
Airway Heights, WA 99001

To be part of the Local Family Council, one must be on the Incarcerated Individual's approved visitation list, and "any approved visitor in good standing may attend" (policy 530.155). If one is not on the inmate's visitation list and wishes to fill out an application to become a visitor please, go to the following website:

<https://www.doc.wa.gov/corrections/incarceration/visiting/prison-visits.htm>

- Questions need to be submitted to Ms. Robb by noon on Tuesday before the meeting. Please keep your questions, pre-submitted and during the call, to COVID-19 related topics.
- Please keep each question concrete and specific via bullet statements.

Weekly Update from Superintendent James Key

- We have administered 8822 staff tests. We have received 53 positive results from serial testing. From serial and outside testing, we have had 155 staff test positive, 77 are active and 38 recovered. We have 180 staff currently mapped out, 115 custody staff and 65 non-custody. We have had 11 staff screen out in the last 24 hours; 1 of those was non-custody.

- There are 1,057 COVID positive I/I and no new positive results since yesterday. We currently have 617 tests pending.
- There are a total of 1049 I/I on isolation.
 - RCF- 19
 - L Unit- 258
 - M Unit- 250
 - N Unit- 110
 - R unit B Side- 126
 - T unit A side - 131
 - REC (gym) - 145
 - IPU - 4
 - Segregation - 4
 - Hospital watch - 2
 - L, M, and REC all have asymptomatic positive.
- There are a total of 565 I/I on quarantine.
 - K unit – 228
 - N unit B side - 59
 - R unit A side - 50
 - T unit B side - 88
 - IPU - 7
 - Segregation - 1
 - C4 B-tier - 20
 - C4 F-tier - 21
 - C5 B-tier - 23
 - C5 C-tier - 23
 - C5 F-tier - 23
 - C5 G-tier - 22
- There were 70 grievances from the MAIN since last week, regarding housing, showers, laundry, COVID results, meals and phones. MSU had one grievance, regarding hazard pay for porters.
- As of yesterday, 12/15/20, we implemented a new Isolation/quarantine quality assurance (QA) checklist. Every area Supervisor must fill this out once a day. We have QA staff walking around making sure the information gets to ICP. This information includes; tone, memos being posted and issued to the population, equipment needs, mail access, form access (grievance and PREA), sanitation, food quality, laundry, proper PPE usage, etc.
- I would say the tone is fair. This has been improved over the week based on the phone access. We have extended resources on laundry, phones, and cleaning supplies. Laundry has a contract with Kalispell. L and M tone is very good. We will continue to work hard on listening to the population and making sure services are provided and improving living conditions. Staff are just like the public and cases are going up. We are working hard to make sure we can continue to provide all of services for the population.

Health Summary from RN4 Justin Gudvangen

- In our RCF we have 17 I/I, and only 8 have symptoms that were intense enough to require nursing assessments each shift. The infirmary has 2 I/I that need assessment each shift. Our general population, despite high numbers of positive individuals, had 90 individuals who had reported mild symptoms in the last 2 weeks. Most of the individuals are in the gym. Those individuals are followed up with by the RCF nursing staff for medications and wellness checks.

Pre-Submitted Questions

Question

How can we provide hot meals to R, L and T unit? Food has been coming out cold to multiple units.

Answer

As of this week we have looked at this issue and developed a new process. The food is delivered to the back of the unit. We are coordinating deliveries for the staff to be immediately there to pick up the food as soon as it is delivered.

Question

Why are individuals in N unit not being given breakfast regularly?

Answer

If there is a specific time or day you are referring to, we would be happy to look into this. Breakfast boats come the night before with dinner.

Question

What are the numbers of the COVID positive I/I by unit and tiers?

Answer

At the beginning of the meeting, I read the numbers. One side of a unit may be isolation and one side may be quarantined depending on the unit.

Question

How many I/I are in the hospital?

Answer

As of this morning we had two. One went out for COVID symptoms. One was COVID positive and had underlying symptoms and has returned to the facility.

Question

How can the quarantined I/I file grievances if they are not able to pass paper due to COVID?

Answer

COVID is not passed by paper. In all areas there is access to grievances.

Question

It is my understanding that Plexiglas partitions are not being placed around the officers' stations. Why were these not made prior to or at the same time the Plexiglas partitions were made for the visiting rooms?

Answer

Based on the set up of the officer stations, we have processes that the I/I must maintain the six-foot distance. Without the partitions we are meeting the guidelines. The visiting area was set up by CI.

Question

How is information communicated to the I/I?

Answer

They are being sent memos, and we hand out individual copies to an isolation area such as the gym. They are also placed under doors for those who are COVID positive. Memos are posted for viewing in the units. We will also be sending the LFC members copies of the I/I memos once they have been approved for viewing.

Question

Do any of the COs work in more than one unit?

Answer

Yes, we have many custody staff who fill open slots. We have 115 custody staff out. On-site staff are working voluntary and mandatory overtime.

Question

If AHCC was deemed to be a COVID-19 intake facility, as stated prior to the outbreak, how was that preparation executed in regards to access to hygiene, communication and prevention of spread that has now occurred?

Answer

I am not sure about this being an intake facility. This might be referring the RCF. We are following the CDC guidelines and HQ works with the Dept. of Health. Since March we have been following these guidelines. They have been updated since then, but we update our processes as those change.

Question

To clarify what was stated in the last COVID teleconference, whom exactly from the DOC is communicating with whom exactly from the DOH with guidance in response to the outbreak- the DOH has released statements (per KXLY news outlet) that state that no consultation or support from the DOH to DOC has taken place regarding inmates quarantine or isolation guidelines.

Answer

Our doctors at HQ with established protocols are in communication with DOH and relay information to our medical staff. This communication is through the PPE matrix and protocols. This is not what DOC said. That's what DOH said. HQ is working with DOH.

Question

If positive individuals are not getting re-tested, when will they be considered negative?

Answer

The positive individuals are considered negative after 14 days of their symptoms resolving. The CDC has scaled back this requirement for the community for 7-10 days, but DOC is staying with 14 days.

Question

There is a rumor that there is a large tent set up to take positive incarcerated. Is this true?

Answer

There is a large tent set up. We have a succession plan based on the number of positive I/I. Our next step is to utilize the visiting room if we need to put symptomatic individuals in there. The one tent is for asymptomatic COVID positive I/I. These will have hospital beds, heat and other basic needs. These are not populated, just in the process of being built.

Question

Why are the Hepastat and other cleaners being diluted by so much water that they have 0 color, or odor? Was this happening before the outbreak?

Answer

We have dispensers for Hepastat in every unit. This was set in place before COVID. Hepastat is a chemical that is diluted with water in our chemical dispensers. The dispensers have been checked by maintenance on a routine basis. The absence of color or smell is not indicative of the chemical not being present, as it is based on a water to chemical ratio as well as ppm (parts per million). Areas are advised to submit work requests to maintenance if they suspect issues with their dispensers.

Question

What are the protocols for dayroom, shower use, phone use and outside time for R unit?

Answer

R unit A side is on quarantine. They have one cordless phone for use along with the phone bank in the dayroom. We are on a cohort schedule of four individuals out at a time. B side is on isolation. COVID positive isolation is allowed increased access because there is less concern of transmitting the virus since they all have it. HQ made effective that our quarantine groups just be single cell instead of groups. They are only allowed out one cell at a time.

Question

Are the men allowed outside to yard on a regular basis?

Answer

No, based on restricted movement there is no yard access.

Question

I understand that the porters in K Unit are wearing face shields, but the COs are not. Why aren't the COs wearing face shields?

Answer

This is because the processes and protocols we have in place, as well as porters cleaning the bathrooms for quarantine areas.

- **Update: I verified with Lt. Merry and K unit staff. They are wearing face shields and are supposed to be according the PPE matrix.**

Question

For those who were awaiting transfer to MSU from MAIN prior to an asymptomatic positive test, will they be permitted to transfer to MSU as planned after their 14-day isolation period?

Answer

As directed by HQ, movement from facility to facility has been stopped to prevent passing COVID from facility to facility which includes the MSU. We are trying to prevent exposing other facilities to the virus. If someone is positive at the MSU, they may be brought inside to the gym, RCF or IPU depending on their health status.

Question

Is there a safety and security risk mixing classifications of inmates together in cohorted areas such as the gym?

Answer

We look at this while we are doing our movement. We have MI3 in units at the gym. They will be mixed but we go through classification and PREA processes before any individual is moved within the institution.

- **Update from HQ: MI3 and Medium custody individuals intermix in all areas at AHCC, including prior to COVID-19, to include recreation, programming and working. To increase the ability to safely quarantine and/or medically isolate as necessary, individuals were moved to appropriate temporary housing areas as clinically necessary. All appropriate screening for safety of individuals was completed prior to moves being implemented.**

Question

Why were incarcerated individuals moved out of their units, after having spent no less than ten days locked 24/7 in a cell with positive cellmates, not being allowed to shower for eight of those days, while showing Covid-19 symptoms, and without getting their re-test results back?

Answer

We are moving people who are positive into entire units. When we know an I/I is positive and the cellmates' test has not come back yet, we have to move the positive individual. Tests results come in at different times during the week. This is a staggered process as we get those tests results back. As far as the decision to move people around, we have been following direction from HQ. We are working to get everyone their test results. When dealing with the entire population, this is a lot of results. We had to come up with a process to deliver these. We had to find a process to funnel these results to our health services team as well as tracking those positive individuals and putting a copy in their medical records. This process is continuing to get better.

Question

Only some of the phones are working. Is this being worked on so that all phones can be utilized?

Answer

K unit is on quarantine with a cohort schedule of four cells at a time. They are using the phone bank in the dayroom. L unit has 256 asymptomatic positive I/I. Their dayroom is open to use on both sides with up to 64 individuals out. M unit is the same as L unit. N unit A side is on isolation with no cohort schedule. There are four cordless phones available for either side to use. R unit A side is on quarantine. They have one cordless phone and are on a cohort schedule. On R unit B side, we allowing one individual out per 15-minute period to use the dayroom phones and showers. T unit A side is on isolation. They are allowed 64 in the dayroom to use the phones in the unit. T unit B side is on quarantine with a cohort schedule. RCF has two cordless phones. On the north side of the gym, the mobile phone batteries were not lasting. Maintenance added three hard line phones. The south side of the gym has two hard line phones. If we were to use visiting, there are two hard line phones in that area. C4 and C5 is based off quarantine and cohort. They are using the phones in the unit. We have seven cordless phones on order. We are finding out that in some areas the cordless phones are not working as well. Phone usage is on the quality assurance checklist. We have maintenance staff out making sure the phones are working.

Question

Why aren't the LFC members being sent the memos being posted to Incarcerated Individuals and Interested Parties?

Answer

These memos are posted on the website, but we have established a process with Ms. Robb that when a memo goes out to the I/I, it will be distributed to LFC members as well.

Question

Why weren't any incarcerated individuals who were in isolation, quarantine, etc. offered to have a message taken to be given to a loved one, and that loved one contacted with that message?

Answer

Once an individual has been assigned to medical isolation, the designated staff member will ask the isolated individual if there is a family member who would like to have contacted in order to notify them about their placement on isolation status. I'll make sure this is happening.

Question

Why are those on isolation, who are the sickest or most exposed, being restricted the most from showers?

Answer

We are following CDC guidelines. Protocol states once every seven days. This may be happening more. Most units that are going out one at a time are quarantine units. They are getting showers more than once a week.

Question

What are your plans are for building more structures to at least temporarily help with the social distancing of inmates and to keep them safe as well as your staff?

Answer

We are repurposing different areas and adding the tents. We have a succession plan based on the clinical group with HQ and our possible upcoming COVID positive numbers. We are working hard to not move I/I to alternate housing areas. They are based on separating negatives and positives. We would like to do this within the living units so we do not have to open those alternative housing areas.

Question

How many hospital beds and ventilation machines are on site for I/I use at AHCC?

Answer

Currently combined between the IPU and RCF, we have 50 hospital beds. We are equipping the alternative housing areas to have hospital beds if we have to overflow into those areas. We are in the process of getting additional equipment. The RCF and infirmary are okay for capacity. We do not have ventilation machines which are used in intensive care units. These require a tube to be placed in a person's mouth and the person be sedated. All of our licensed staff have experience with this. However, if this amount of care is required, we send the individual to the hospital.

Question

What are the make and model of those machines?

Answer

We provide oxygen concentrators. Individuals have CPAP or BiPAP machines that may be prescribed for them.

Question

Are they hospital style equipment?

Answer

Yes, it is the same type of equipment that is used at the hospital. This comes from DOH and EOC.

Question

If you do not have hospital beds and ventilators, do you have nebulizers?

Answer

We have hospital beds and nebulizers.

Question

Are the nebulizers being prescribed to COVID positive individuals who are being seen in private or community hospitals within Washington State?

Answer

I can only speak on the patients here. Overwhelmingly no. They are not being prescribed by outside health care providers. These aren't normally used for COVID. These can be prescribed on a case by case basis.

Question

Who at AHCC has a current Washington State Medical License and/or DEA License to authorize the use of nebulizer treatment or ventilator treatment?

Answer

This would be an MD, PA, or Advanced Registered Nurse Practitioner which we do have on site. Our prescribers can recommend ventilators to the hospital prescribers, but this would be up to the hospital to administer.

Question

Who at Airway Heights Correctional Facility Medical Staff holds a current Registered Nurses License in the State of Washington and how many are on site daily?

Answer

The highest level is me, RN4, I have four nursing supervisors who are registered nurses, and there are line staff. We have registered nurses, Licensed Practical Nurses, and CNAs. The number onsite fluctuates daily depending on facility needs. The minimum maintained on average is one (RN) in the infirmary. The RCF averages two registered nurses and medical assistants each shift. For our clinic we have one registered nurse for day shift and evening shift. We have pill line and med management who are LPN's.

Additional Questions

Question

I just want to clarify that there are only 90 individuals that have had symptoms in the last two weeks? Do you believe that?

Answer

That is correct. Anyone identified positive gets an initial assessment and these questions are asked. If individuals testing negative report symptoms, I still included them in those 90 individuals. If there is an indication someone is hiding symptoms, we send someone out to do a wellness check on the entire tier. I follow this process till the end to make sure this is done.

Question

When you say hiding symptoms, I get offended. The I/I couldn't bring the COVID into the facility.

Answer

You can be offended and I understand. We are just providing information based on reports we have received.

Question

When you are triaging COVID positive patients similar to a mass casualty, individuals get tagged by color. How are you coding them and what are the names and status levels?

Answer

This is different from a mass casualty. But we are triaging by level of care. We classify them as mild, moderate, and severe. Severe is considered as someone who would not be able to maintain greater than 82% of oxygen even on an oxygen machine. These individuals would go to the hospital. Moderate is considered someone with multiple symptoms who is not able to do a normal daily routine and requires more care than in unit. Mild would be someone who says for the most part they are okay and describes non-sustained symptoms that do not impact their ability to function normally.

Question

The state is stating that if an individual doesn't have access to daily showers, they should have means to a fireman's shower or a tub of water to wipe themselves down.

Answer

I went through the units and the isolation areas. They are allowed more than one shower a week while being out in their 15 min period. Non COVID positive I/I who are in wet cells and have access to a sink in their rooms to do a sponge bath.

Question

What are the criteria for isolation and for quarantine?

Answer

Isolation is for those people who are suspected/confirmed COVID positive or identified as a significant close contact of someone who has symptoms. Quarantine is for someone who might have been potentially exposed, but does not have symptoms. For example, we have a COVID positive I/I in a unit, but they are not reporting they are sick. The COVID positive is a game porter passing things from cell to cell. The COVID positive individual says I have contact with many, but not less than six feet or longer than ten minutes. The Individual and their roommate would be placed on isolation, but the whole tier would be placed on quarantine due to possible exposure. That way if they develop symptoms, they are not infecting others.

Question

When are the people that have been moved going back to their original housing?

Answer

These moves are currently based on whether they are COVID positive, on quarantine or isolation. There is no time frame on moving them back to their original house. Eventually once it's safe to do so, we will be putting them back into their correct classification unit.

Question

Some of us were told that there were people who did a walk through. There are rumors that CDC was on site. Could you give us information on this?

Answer

It wasn't the CDC. Late last week we had Caitlin Robertson walk through the MSU. HQ QA team did a walk through the institution to report back to HQ.

Question

If I/I are negative from the test done Sunday, are there plans to re-test them if there are positives nearby?

Answer

We tested the whole MSU on Sunday. Those tests went out to lab on Monday. The response to whether or not to do second round of testing depends on the results. The decision will be made by clinicians at HQ, DOH is involved with the decision as well.

Question

15 minutes is not long enough to be able to shower and talk to your loved ones. This is unfair to us out here who are worried sick. You keep telling us to talk to our loved ones, but talking to them for two or three minutes once a day is not enough.

Answer

Thank you for your comments. If I were in your shoes, I would say the same thing. With the cohort individuals and the 15 min time out with four individuals is the best we can do within the guidelines and processes. We have to make sure everyone in those areas has time out once a day.

Question

I am reading the report by OCO. There is a protocol that's works at CRCC in the Sage unit and AHCC in K unit. There are four additional precautions. One of the biggest things was restricting staff to working in one unit. Why could the four simple things not be done for the entire population?

Answer

Unfortunately, those measures did not keep COVID out. There were several cases in Sage at CRCC that we have received in RCF.

LFC Member: It's a simple yes or no.

Supt. Key: This is my meeting and an informational meeting.

LFC Member: I'm sorry, did you say "this is my meeting?"

Supt. Key: Yes, this is my meeting set up for information. You cannot compare what is going on at CRCC to AHCC. This is not a cookie cutter model. I do not have this report in front of me. We are following the guidelines and doing our best with these guidelines and processes in place. I understand this is causing angst and it is difficult.

Question

What status in N unit B-side in? What are the yellow and white signs?

Answer

B side Nora unit is on quarantine. Four individuals are allowed out at a time for 15 min. We are able to go cell to cell with those cordless phones and I have maintenance staff staged to get the phones distributed. These signs are quarantine signs. These describe the level of PPE needed for interactions with that individual.

Question

What are the criteria to re-test individuals in the Main? Is there a negative area for individuals? Will you be retesting individuals who are negative in the Main?

Answer

There are about 2/3 positive in the Main. Yes, the negatives are going to be retested. We have a schedule with the large-scale testing team. There is a process to continue testing all the negatives each week. This will only change if the number of positives decreases. A large purpose of the moves is to separate out those who are negative from those who are positive. There is not a negative unit, but they are kept as separate as possible from the positives.

Question

What is getting done to meet the spiritual needs for these men?

Answer

We will check into this for you.

- **Update: Due to the current outbreak and the fact that the religious coordinator is out on leave, these services are not offered at this time.**

Question

Are they allowed to have TVs when they are moved?

Answer

Their TVs get moved with their property.

Question

I was wondering if someone has information on L unit B side kiosk for JPay as it is down. Someone sprayed it with a backpack cleaner and it stopped working after that.

Answer

According to the JPay update I got, there was supposed to be an update on the 15th that did not happen. I will take a look at spraying the kiosks with cleaner. We are trying to get WIFI in here for the gym and other alternative housing areas for individuals to be able to use their JPay players.

- **Update: It is JPay's policy that they cannot go into a unit with positive cases. We have asked them to look at the Kiosk remotely and asked that the technician go to the unit while on-site for the WIFI site survey visit on the 22nd.**

Question

Are you saying there are indeed COVID positive individuals in the Sage unit at CRCC which were not reported?

Answer

There are new cases reported. They are stating that protocols previously stated were in place per the guidelines.

Question

Where will you be housing positive cases that come out of MSU?

Answer

We can open up other areas that we previously used for alternate housing such as the gym and visiting.

Question

Is there a list of symptoms that are considered for someone to be symptomatic?

Answer

There is a list. Generally, these symptoms consist of fever, body aches, sore throat, difficulty breathing, cough, nausea, vomiting or diarrhea, and loss of taste or smell. These are the suspected symptoms formulated through HQ.

Question

Is someone who had a loss of smell still considered asymptomatic?

Answer

Once previous symptoms resolve they are considered asymptomatic.

Question

I just want to clarify the Camp testing. Since it takes 3-5 days to get test results, why would you move individuals out of the area and not keep them in that area?

Answer

The same that is done in the Main is being done at Camp. We are moving only positive individuals. I am not aware of other moves being planned.

Question

I am curious, since the outbreak that happened in the Sage unit, after the initial outbreak, were the precautions in place that kept the initial outbreak?

Answer

We can't compare the institutions. I do not know everything that happened at CRCC.

Question

You have already clarified that you are mixing medium and minimum. What are doing to follow PREA?

Answer

The PREA risk assessment is done to determine who is compatible and classification is done before any move occurs.

Comments/Closing

I appreciate your time. We collected a lot of information. We are trying to get as many phones out to the living areas as possible. Keep in mind these protocols are being implemented to help save the spread of the disease. I understand communication is difficult. We are working as fast as we can to increase more communication for individuals. Please have questions in by 12 on Tuesday. After this call, we will get the I/I memos sent out to the LFC members. We will continue to do the best we can for the care of the incarcerated. Social distance, keep your mask on, and we will talk to you next week.