

# Local Family Council COVID-19 Informational Call Notes

## Call Details

**Facility:** Stafford Creek Corrections Center

**Date and Time:** 2-10-2021

## Attendees

- SCCC Staff – Associate Penrose, Superintendent Haynes, CPM Bohon, Plant Manager Matthews, Secretary Meyers & Secretary Collecchi
- Other DOC staff – Caroline Melhuish, Family Services; Communications Paige Perkinson; OCO – M. Gyde
- LFC Officers: State Rep Susan Cooksey; Co-Chair Miriam Fry, Secretary Vanessa Lewis, Health services Verna Westman
- Family members – Diane Sifres, Emily Broussard, Jeannette Revay, Julie Triggs, Bethany Duschene, Jenny Griggs, Susan Wade, Katherine Kaiser, Sheri Acker, Todd Young, Cassandra Delacruz, Tamara Goddard, Star Garden

## WEEKLY UPDATES AND EMAILED QUESTIONS:

The following emailed questions were not discussed in the meeting but were added to the notes.

### Question 1

Incarcerated Individuals with negative tests have been sent to G unit and kept locked in. They have not been allowed the use of the phone and have not had fresh air or yard time. What is the justification for this? If they are all negative in this unit, and have been since you first started testing, they should be allowed yard time with their cohorts. And, they should be allowed the use of the phone every day. Why are you punishing them for being Covid free?

### Answer

They were exposed to an incarcerated individual that tested positive for COVID. They were removed from the unit as to lessen the chance that they in turn would be able to infect others. Once they have completed their isolation time they will be returned to a clear unit and have quarantine completed status. They were not going to be allowed to receive yard time because the pod that they were coming from was still having positive test results coming from it. The only reason that one of the pods that they came from is now clear and not still on quarantine status is because of the fact that we removed them from it.

### Question 2

According to one report, Mr. Van Ogle has now banned bleach at Stafford. If this is true, why would the one substance guaranteed to kill bacteria (99%) and the virus be banned?

### Answer

This is not a decision made by Associate Van Ogle; this was directed through our guidelines. It is better for those with breathing issues to not be around bleach. Bleach doesn't do a better job at disinfecting than the chemicals being utilized in the facility.

### Question 3

According to a memo from Van Ogle, on the 16th there will be a change of movement schedule in the "recovered" pods. Stafford will now change to having the upper tier and lower tier each have 1/2 day schedules and will not be allowed to be out at the same time. This is perceived by the incarcerated as moving backward although the incarcerated were told it was getting ready for the "new normal". What happens to those who are out every day working? If their return to the pod is not during their "movement schedule", do they just lose out?

#### Answer

This rotation will be on a 2 hour rotation, giving all multiple opportunities to access services in the dayroom in the morning, afternoon and evening.

### Question 4

It has been suggested that if you want all emails (for whatever reason) directed to DOCSCCCLocalFamilyCouncil@DOC1.WA.GOV instead of to you or Katy personally, that you post this email address on the SCCC webpage. If the email address is only for certain topics (like Covid questions), please describe when to use it and when to use regular email address.

#### Answer

This request was sent up for consideration.

### Question 5

In regard to Question # 3 above: If there is a change of movement, what is the plan on JPay video visits? Gina promised previously when the lockdown only allowed 45 minutes out of their cell with cohorts, that JPay visits would still occur as scheduled, even if not within that 45 minute window. With no in-person visitation, JPay visits must be a priority. Some family members must schedule outside of their work hours and some of the incarcerated are also working. Are JPay video visits going to remain as scheduled even if not within the new movement schedule?

#### Answer

A notice went out to all of the staff and population, Jpay visits will not be affected by the new schedules.

### Question 6

How many mental health staff do you have for the incarcerated who are working at Stafford? How many full-time, how many part-time?

#### Answer

SCCC has eight (8) full-time Mental Health Providers.

### Weekly Update:

- H3 A pod and H4 A pod are the two general population spot that have quarantine individuals still housed in them, and G A tier, which is only half of the a pod the lower tier has quarantine, and isolation status in that area. All positive incarcerated individuals are now housed in the gym. We were able to empty out the visitation room again. All the other living areas, not

including H3 A pod, H4 A pod and G A tier are now getting at least an hour a day, or they are getting an hour a day of outside exposure. **\*\*Since the meeting H3 A Pod has been cleared\*\***

- A memo went out on Monday, February 8<sup>th</sup>. The memo indicated we were going to scale back on how much time the clear units had in the day room. The reason why this was determined necessary is because when the whole pod is out at the same time, we have social distancing issues. Therefore, it was recommended that we do one tier at a time so there's half as many people out and we can maintain social distancing within the units. We have not started this yet, it's projected to start on February 16<sup>th</sup> but that date isn't final. **\*\*This date has been changed to February 17<sup>th</sup>, 2021\*\***
- On February 9<sup>th</sup>, we had an outdoor Tier Rep meeting. It was very well-received by the Tier Reps. Most of them agreed instead of us doing it half of the unit or a tier at a time, there would be one in the morning and the second at night. It would be better alternating in two (2) hour sessions. This would make it fair and more accommodating when we do implement it. We will try to work the schedule in two (2) hour blocks, instead of half a day at a time like we thought we were going to do. This is better than forty five minutes in a day that the quarantine cohorts schedule has. H3 A pod and H4 A pod are still on the cohorting schedule.
- We're developing a plan for cohorted work crews by unit for jobs outside of the living units. We're trying to figure out how many gardeners we're going to allow and start getting the gardening crews out.
- We're planning Grab and Go meals, which will begin with only two (2) meals a day. A main part of grab and go meals is that the meals will be fresher and they will be hot. They'll grab them at the dining hall and go back and eat them in their cell. And then as time goes on, as we are able, we're going to do three (3) meals a day and hopefully sometime in the future we'll have dining hall again. Our main goal of doing this is so that the food will be in better condition for the individuals.
- Medical appointments are going to be restored and pill line will resume. When we do the grab and go meals, they'll also go to pill line instead of the line happening in the unit.
- These are big steps towards our recovery. If another outbreak happens, we will have to scale it back and go backwards. That's part of COVID and we'll have to adjust and start over again. But the idea is to get things to a new normal, and a little bit more movement for everybody.
- As discussed a couple weeks ago, we do have transfers happening between facilities. They have been done with protective processes in place to include a transfer separation tier. As people come in, they're placed into the separation tier, medically observed for illness and are tested prior to being placed into general population. We are taking all precautions but have to start moving people in order to get individuals to camp. It's been shut down for almost a year now and it's tough on the incarcerated population.
- There was a complaint a couple weeks ago about TVs. We have started an audit and are inventorying how many TVs we actually have that are operable in all the units. We will then order TVs to make sure we have enough for the population.

- There was a modification made with Jpay, which should improve the quality not only to schedule video visits, but also the quality of the video visits.

## Participant Questions:

### Question 1

Per Diane Sifres- Are some of the Incarcerated individuals receiving COVID vaccinations?

#### Answer:

Yes, we have vaccinated some of the Incarcerated Individuals beginning with those aged 65 with underlying health conditions.

### Question 2

Per Diane Sifres- Which brand is being used?

#### Answer

Moderna is the only brand we have at the facility for staff and the incarcerated.

### Question 3

Per Julie Triggs- How are the people who have remained negative being handled?

#### Answer

Those individuals are in the clear units. They're being handled the same as individuals who have recovered from COVID. They're getting to go outside and access the dayroom.

### Question 4

Per Julie Triggs- Quarantined individuals are housed in H3, H4 and GA, are they being housed elsewhere?

#### Answer

H3 A pod and H4 A pod have quarantine individuals. G Unit A tier has quarantine and isolation individuals. The gym has positives and there's a few quarantine and isolation individuals in the IMU.

### Question 5

Per Julie Triggs- Do the quarantine and isolation individuals have access to a phone?

#### Answer

I don't know the exact process. I do know that the first seven (7) days of isolation they do not have access. It's different criteria for isolation and quarantine. Quarantine individuals get out during their cohort timeout and can use the phone. Isolation individuals receive a phone call after seven (7) days. After that, I do not know how frequent it is. It's done with a special phone that has a bag to be able to sanitize it. **\*\*The follow up calls are 10 minute calls every seven days for ISO individuals.\*\***

## Question 6

Per Julie Triggs- What is the definition of isolation?

### Answer

We isolate individuals that we believe are contaminated with the virus. They've either had an inconclusive test, so they are retested, or they received a positive test, or they refused the test, or they are symptomatic. We have to isolate from the population in order to keep the population safe.

## Question 7

Per Miriam Fry- Is the new dayroom access schedule necessary when they have been together for so long?

### Answer

This is what's been recommended by our clinical experts. The reason is to properly social distance. CDC first started reporting to us stating you could only get it once, then they said you could possibly get it a second time after 90 days and now they're saying you could possibly get it after 180 days. They're stating there's four strains and you might get a different strain. So, we're trying to protect everyone to the best of our ability. We want them to wear their surgical masks, social distance, wash their hands and sanitize as much as possible. So yes it is necessary because these day rooms can have up to 136 individuals in them at one time. Reducing the amount of individuals will assist with social distancing. It also will make it so when they are out, they have a better chance of using a phone and meeting their own personal needs. The tier reps collected information from their pods stating they prefer the two hour blocks because it gives them different windows of time during the day to utilize the dayroom.

## Question 6

Per Miriam Fry- Will CI work open up again?

### Answer

The cohorting by unit for work will enable us to get more people working and still keep separation so we don't cross contaminate if we do have another outbreak. This will increase how many people can work, they may not get full time, but they'll get to work.

## Question 6

Per Susan Cooksey- Now that the dayroom use will be limited by tier, what will you do with the JPAY video visits? It's very difficult to schedule one and it's very difficult sometimes because people have to work, family members work, and the incarcerated work. Are you going to honor a visit even if it isn't in that tiers cohort time?

### Answer

I believe we are. It's not a true cohort schedule since these are clear pods. What we're trying to do is reduce the amount of individuals that are out in the dayroom at one time. If there's a scheduled JPAY visit and it overlaps between, or it's on the opposite one, I, I don't see any reason why we wouldn't honor that. This is not a matter of contaminating, it's just a matter of making sure there's enough space for social distancing. **\*\*Jpay visits will not be affected\*\***

## Question 6

Per Susan Cooksey- The DOC LFC email address is that only for COVID related questions or a family member email because a lot of people aren't family or aren't part of the LFC, and they don't have that email address. Can it be posted on the website on if you want the emails to go to that address?

### Answer

I will look into this.

## Comment

Per Susan Cooksey- It was reported to me that the veteran who just passed away was one who had been complaining when he was in the gym that he was sick and he did so for about a 10 day period. No one responded to him. He was left in there when the other vets went back to their unit, and it was only then that he was transferred to the hospital. It has also been reported that there's another person who's been in the gym reporting that he can't breathe and no one is paying attention. I just want someone to verify that this is being looked into and if there is an individual stating they can't breathe, that they will receive medical attention.

### Answer

I don't have any details on these rumors. What I do know is that our medical staff and our nurses go through the gym and check on everybody twice a day minimum, and that they're looking for individuals that need help. I have not heard of anybody not getting attention from the medical staff, getting their vitals taken and making sure they're okay if they've claimed that they've had any kind of issues. So I'm not sure where that's coming from, but if they're not disclosing to the nurses when they come in there, then it's possible that a symptom may be missed.

## Question 6

Per Susan Cooksey- If the isolation individuals are treated the same as the positives in the gym then why can't they be combined?

### Answer

If an individual is placed in isolation because they're symptomatic meaning it could be COVID or the flu, because a lot of times they're the same symptoms, they could also have an inconclusive test which means it didn't look right to the lab, but it wasn't enough to say positive or negative. So they retest them and during that interim when they're being retested, we keep them separated and isolated. If an individual refuses to test, because we have no idea if they're positive or negative, we isolate them. We can't place them with positives because they might not be positive. So we wait until we know if they're positive or negative. And then once they're cleared, they can go back to General population or if they're positive, then we move them to the gym or alternation housing area for positive individuals.

## Question 7

Per Verna Westman- My son tested inconclusive, his retest was negative but spent 14 days in isolation. My understanding is that this shouldn't have happened.

## Answer

To be released from isolation an individual needs to be asymptomatic and have two negative tests. This can sometime extend the 14 days isolation standard.

## Question 8

Per Miriam Fry- Are the nurses qualified in respiratory issues?

## Answer

I do not know the training requirements or what additional training they have received. If an individual looks as though they are struggling or need some added medical assistance, we send them to the RCF at Shelton.

## Question 9

Per Bethany Duschene- How are the CO's going to be notified about video visits being honored during the rotating tier schedule?

## Answer

We will communicate that when the schedule is placed.

## Question 10

Per Bethany Duschene- A lot of the guys are back to doing schoolwork and having tutoring from someone else in the unit. There's a concern because they're in opposite tiers. Can there be any adjustments made, or is there no more tutoring for now?

## Answer

They should talk to their CUS who can manage those needs at the unit level.

## Question 11

Per Bethany Duschene- What is the procedure for access to the policy books?

## Answer

They can request to use the book from their counselor. They then can use the book at a dayroom table.

## Question 12

Per Bethany Duschene- The big yard is the only one that's accessible to wheelchairs. So far they've only been getting the baseball yard. So you do you know when the guys in wheelchairs will have access and be able to go out, or is that something guys are working on?

## Answer

This matter was looked into. The baseball yard does not have the same pavement set up as the big yard but is still accessible for wheelchairs. Our main goal was to provide fresh air to the population, but we will be rotating the schedule.

## Question 13

Per Bethany Duschene- I read somewhere that at coyote Ridge, they have had people come down with COVID for the second time, is that anything you've been aware of or they're communicating with you.

## Answer

So the CDC has told us that they're not sure if people could possibly get it a second time or a separate strain, even if they're vaccinated. Because of this, we need to ensure that we have the ability to social

distance and continue to sanitize and wear our masks. So that's part of the reason why we're scaling back is because we want to protect the population. I do not know for a fact that anybody from any specific facility has gotten it twice. I've heard, but not read it officially that there were two (2) people possibly with a second case but it wasn't confirmed.

#### Question 14

Per Bethany Duschene- If you do have someone that get COVID for the second time, is that something you will report to us?

#### Answer

Headquarters determines how that information will be disseminated.

#### Question 15

Per Susan Wade- How is roll call conducted because the order is not the same?

#### Answer

Unfortunately due to staff absence it was conducted off an older list.

#### Question 16

Per Susan Wade- Is the Incident Command Post in charge of getting COVID clues or basic information sheets out to the medical staff?

#### Answer

I don't know exactly what they're using as far as help sheets for staff nursing staff to identify issues. I do know that we've worked with Unified Command and Health sRvices very tightly from the beginning. They've been helping us to manage the situation. I know that they're working closely with their staff, through their chain of command and making sure that their staff understand what they need to do as well, so I don't have an exact answer for you.

#### Question 17

Per Susan Wade- Do the people on ventilators go to Shelton? How many Stafford individuals have been sent to Shelton on ventilators?

#### Answer

I don't have that number.

#### Question 18

Per Susan Wade- Out of the five deaths from COVID, have any of them been ventilated at Shelton or did they go straight to the hospital?

#### Answer

Per Paige Perkinson- We do not have anyone on a ventilator at Shelton. They go to the RCF if there is an advanced care that they may need more 24/7 watch because they might have a medical condition that makes them a higher risk. So we're prepared to treat them in case they do need it but if they need a ventilator they go to the hospital.

#### Question 19

Per Susan Wade- Do the transfer individuals quarantine for 14 days?

## Answer

I don't have the exact protocol in front of me. There is a protocol, quarantine time and there is testing being done for that.

## Question 20

Per Susan Wade- Are rapid tests available for those with symptoms?

## Answer

There's a certain criteria for using the rapid test because a rapid test is not as accurate as the normal testing. It won't show positive if it's performed too early in the contamination. I'm not an expert on it but there are reasons why they don't authorize it. It's not in our practice to utilize the rapid test.

## Question 21

Per Susan Wade- The staff are the ones that are going in and out, what precautions are those staff members being given or driven into them, because they know they're the cause.

## Answer

We're screened every day, our temperature is taken and we get asked symptom questions. We are also tested every week, once a week. I can't control what anybody else does in their free time any more than I can control what you do. We have to just be careful and think about everybody else as well as ourselves.

## Question 22

Per Susan Wade- How many staff are out right now positive?

## Answer

I don't know that number. Headquarters is given a report daily. It is not information we would disclose at the facility level.

## Question 23

Per Susan Wade- If staff are positive or symptomatic or anything else is it a requirement for them to stay out 14 days?

## Answer

I don't have the exact protocol on what they're using for staff. I know we hold 14 days for the incarcerated because the population is so compressed, but it's above and beyond the CDC standards. So, I couldn't give you an exact answer on that. Look at the website and see what it says about what their protocol is for everyone.

## Question 24

Per Susan Wade- Is the Chaplain making appearances in the units?

## Answer

The Chaplain is making rounds to units, and was reminded that the expectation is to do weekly visits in every unit. Administration is also making rounds in the units. We're trying to get out every day to at least one (1) or two (2) units.

## Question 25

Per Susan Wade - Can there be a goody bag for Valentine's Day?

## Answer

I will pass that along.

## Question 26

Per Sarah Hitchcock- Did headquarters decide how to handle the IRS forms?

## Answer

Per CPM Bohon- The inmates who have had the debit cards returned to the IRS have received an email message. Their counselors have been notified where to get the forms and what forms. Those inmates who are on the list can get the forms.

**\*\*Paige Perkinson is looking into a further answer from headquarters as to who can have access to the forms\*\***

## Question 27

Per Todd Young- When might the weight room open?

## Answer

We are currently housing COVID positives in the gym. I cannot guess as to when we can open it.

## Question 28

Per Emily Broussard- A few weeks ago I asked you guys to stop double locking the cell doors and the doctor confirmed that it can cause issue. I personally know someone right now that ended up with a kidney infection, and we've had to treat twice for it. They tested his kidney function and said oh yeah by the way you have some damage done to your kidney due to this infection that may or may not go away. So I'm begging you guys to actually put a stop to it, that you're harming their health. Not everybody can go to the bathroom on a specific schedule. I understand that there is a new cohort schedule, can you explain this?

## Answer

It's not exactly a cohort schedule because we're not doing cohorts. It's just to limit the number of individuals in the unit for social distancing. They're not locked in, they just don't have access to the dayroom. They're still going to be able to use the restroom. It's in two hours blocks, one tier at a time. That was what the tier reps decided that they would prefer.

## Comments/Closing

Thank you all very much; you all had a really good questions. I appreciate all your input, and I appreciate your attendance of this call every week. Stay safe.