

# Local Family Council COVID-19 Informational Call Notes

## Call Details

**Facility:** Stafford Creek Corrections Center

**Date and Time:** 3-3-21 3:00pm

## Attendees

- SCCC Staff – Superintendent Ron Haynes, Associate Supt. of Programs, Gina Penrose, CPM Rob Schreiber, FMD Dr. Herrington, Mental Health Dr. Cryder, Food Services Mgr. Attard, ITS Bradley, AA3 Tatro, CPM Secretary Myers
- Other DOC staff – Caroline Melhuish, Family Services; OCO – Matthias Gyde
- LFC Officers: State Rep Susan Cooksey; Co-Chair Miriam Fry, Secretary Vanessa Lewis
- Family members – Diane Sifres, Jeannette Revay, Susan Wade, Kat & David Kaiser, Heather Dockery, Julie Triggs, Sheri Acker & Todd Young, Tamara Goddard, Starr Garden

## Introduction & Weekly Updates:

- **Facility Tours** – Rather than responding to a dozen emails, I thought I'd provide some clarification on the meetings/tours that will hopefully answer your questions. When Visitation reopens, all LFC bi-monthly meetings will go back to the original schedule of the second Friday of all even months from 0900-1100. Due to COVID restrictions, we continue to hold COVID calls on the 1<sup>st</sup> & 3<sup>rd</sup> Wednesdays of the month at 3:00pm. In moving forward with our LFC schedule, the tours are currently scheduled for June 11<sup>th</sup> & August 13<sup>th</sup> from 0900-1100 beginning first with our meeting and then proceeding with the tour. If Visitation does not re-open by June, then the physical tour cannot take place.
- **Health Services staff** – Dr. Cryder is in attendance today to answer all mental health related questions. When it is your turn to speak, please feel free to ask any questions you might have. Dr. Herrington is in attendance today as an SME (subject matter expert) to answer questions regarding clinical processes and how this relates to COVID-19 within our facility. Having said that, I wanted to clarify that neither Dr. Cryder nor Dr. Herrington are here to make presentations to the group.
- **II workers & movement into specific units** - I've been asked if we are moving all II's working in the Kitchen or all CI workers into one unit. To provide clarification, we are not moving all our II workers to specific units. What we're doing is our work supervisors are creating work schedules so that our II's only work in a specific area. The only job classification that we have planned to move is the Outside Work Crew. They will be offered the job under the condition that they live in a specific unit so we're not moving hundreds of II's to one unit. I'll use the Kitchen as an example. The Kitchen has the ability to split everyone into four (4) separate work crews, which means four (4) separate units will work a scheduled day in the Kitchen, each day of the week. However, they won't move from their units. We are doing this because if we have a new outbreak and it happens in the Kitchen, it will only infect one unit, rather than half or the entire facility. Some people will get less hours than they are used to, but more will be able to have a job. So, we see this as a win win.

- **Gym update** – Our only alternate housing area is the gym and we are now down to single digits, with the possibility of a soft close by next week if things continue in the direction they are going. However, that’s subject to change without notice.
- **Changes to Video Visits** – We have a new notice from HQ about mandatory mask wearing, the importance of social distancing and hand washing for all incarcerated, which will be enforced. If the II’s do not adhere to the mandatory requirements during a video visit, that II could possibly lose their visits by termination or suspension. If you are on a video visit with your loved one and they are not wearing their face mask, it’s in your best interest to encourage them to put their masks on. Otherwise, there’s the potential of that video visit being terminated or suspended.

**THIS HAS BEEN RESCINDED BY HQ VISITATION!**

## Questions for this week’s meeting

### Question 1

On our LFC teleconference call this past Wednesday, we did not have a chance to hear from Mr. Kreider (not sure of spelling) with Mental Health. If possible, it would be great to invite him back to hear his input and to answer any questions our LFC families have.

#### Answer

Dr. Cryder, Supervisor of our Mental Health Department, will be on the call today to answer all mental health related questions.

### Question 2

I understand the SCCC (and possibly other facilities) will be cohorting by CI job. For example, all laundry workers going to be housed in H4. What about other workers? Are you cohorting others, like food service, etc.? What about those attending classes? Was that the reason that approximately 46 incarcerated were moved from H4 A to the wet cells? Would you please discuss this new cohort movement/unit reassignment with the family members? It makes sense to cohort by job and should allow SCCC to give more freedom of movement to our loved ones.

#### Answer

Job supervisors are developing work schedules, so units are kept separate. The only job category that will be moved to a designated unit is “Outside Work Crew.” All others will have schedules to separate crews by unit; moves won’t be required.

## Participant Questions –

### Question 1

Per Diane Sifres – Does the mandatory wearing of masks apply to staff? Is there a reprimand or letter put in their file? If the inmates are required to wear their masks, then the staff should also.

#### Answer

Per Associate Penrose – All staff are mandated to wear their face masks during their work shift. Staff are addressed appropriately for not following this directive.

### Question 2

Per Jeannette Revay – So after two (2) hours out in the dayrooms, I've heard they are not rotating and wiping down the phones in between.

#### Answer

Per Associate Penrose – A reminder was sent out to all living units.

### Question 3

Per Miriam Fry - This question is for Dr. Cryder. If an II that has no family or friends who could have depression from all the moving around, what is being done for those individuals? Who is checking in on them and can those staff identify whether it's true depression or not?

#### Answer

All clinicians are assigned to certain units. We did have some staff out at different times and were unable to get out to all the units for our MH checks on the incarcerated. Our MH clinicians visit the units weekly and check in with the II's. However, we've had to rely on nursing staff to assist our MH team as they are frequenting the units regularly for the medical needs of our incarcerated. The nurses are trained in recognizing the symptoms of depression and notify MH if action is needed for any II's demonstrating symptoms. We also give out Boredom Busters, which are activity packets for the II's, that gives them other things to work and focus on. I'd say our biggest change has been with restrictions on movements. Now that some restrictions have been lifted, we can access our patients more easily and can reach out to us through Kites. Medical then decided not to charge the II's for the \$4.00 copay that we normally would when having sick call. In addition, various staff have reached out to our MH providers by calling or sending in the MH form if they felt an II needed to be seen or if an II was requesting help.

### Question 4

Per Miriam Fry - So staff are trained to recognize the symptoms of depression?

#### Answer

Per Dr. Cryder – Yes, our staff have received mental health training and are up to date on this training.

### Question 5

Per Miriam Fry – So what if there are II's that may be too proud to say anything?

#### Answer

Per Dr. Cryder – Since the cellmates don't always share this information, we have had to rely on the C/O's to report off baseline behaviors that might be representative of depression. Now that we aren't so restricted on II movements, we have more access to our patients. When access was more restricted, we tried to get more word out to staff to report signs and symptoms of depression in our patients.

### Question 6

Per Susan Cooksey – I wanted to find out if the negatives are being housed in solitary and if not, where are they being housed?

#### Answer

Per Associate Penrose – Can you expand on what you mean by negative?

### Question 7

Per Susan Cooksey – We know that the number of positive cases you have and the number of inmates that you have are different so there are some that have never tested positive, and we keep being told that they are being put into solitary with no access to phones except once a week and no showers. Are they housed together somewhere, because there has to be at least 400 or 500 of them that have never been positive?

### Answer

Per Associate Penrose – So we have our medical isolation which is for symptomatic individuals. Then we have quarantine which is for anyone who was possibly exposed to somebody symptomatic or positive or somebody who transferred in and we have to do their transfer quarantine. Then we have positives which are actual cases and then a mass conglomeration of folks who are neither – never been sick nor have recovered. These are the folks who are housed in our clear units. Right now, all of our MI1 units, H1 through H6, are clear units and half of our medium unit, which is G unit, is all cleared. In GA tier, we have some folks on restricted movement depending upon their case. We have our SEG unit, F South which is two (2) tiers, 48 beds of different stages of transfer separation where they are quarantined in cohorts by chain arrival date. We also have some folks on quarantine and some isolated that are separated in F unit. I do not have the numbers as I'm not doing the moves, but we have individuals that have to be separated as they can't be out with anybody else. I know it feels like we're putting those individuals into a 23-hour lockdown for punishment, but that's not the case and not the direction we're trying to go. We need the wet cells so those individuals have a bathroom and water so they can stay hydrated and there's less chance for cross contamination with not having to use a shared bathroom. Does this answer your question?

### Question 8

Per Susan Cooksey – No, it doesn't. I keep getting reports from family members that say their husband never tested positive and tests come back negative; they aren't symptomatic and I'm told they have been put into wet cells yet they are in a situation where they can't call their loved ones.

### Answer

Per Associate Penrose – The folks that you're talking about are the group of individuals that were moved out of H4 A pod because they were in quarantine status. And every time we had somebody test positive, everybody in that whole pod that was still left which was somewhere between 40 and 50, would have to start their two (2) weeks, two (2) negative tests over again. In order to stop them from having to restart every time we had a positive, they were relocated into F unit. And then we're putting them in wet cells and quarantine individually so now when we get a positive, it doesn't make the whole 40 or 50 people have to restart again on that two (2) weeks, two (2) negative tests. That move happened last Wednesday. So, after that two (2) week, two (2) negative test process, they would qualify to move back to a clear unit. But, we had so many cases come out of that pod and because it kept trickling, we had to take drastic measures to separate them so they couldn't cross contaminate because with the dry cells and the open bathroom we continued to have problems and would have to restart. I hope that helps as it's difficult to explain; sorry.

#### Question 9

Per Vanessa Lewis - So, were you saying that those 40 men that moved last week were positive or negative?

#### Answer

Per Associate Penrose – Negative; they are in quarantine status, haven't tested positive ever, but they were in the area and were exposed. That's why the quarantines show they've never tested positive.

#### Question 10

Per Julie Triggs – Are those 11's that were previously on the Outside Work Crew, are they all going to be given the opportunity to go back?

#### Answer

Per Associate Penrose – We're not back to a full-size crew due to the amount of space and because of social distancing. So as attrition works, we'll get the workers back out there that are approved.

#### Question 11

Per Julie Triggs – What I'm wanting to ensure is that those original 20 or so on that crew don't lose their spot to somebody else who has gone through the process of being positive and recovered or they get bumped out because of somebody else.

#### Answer

Per Associate Penrose – Mr. Matthews, are you on the call today? Ok so he is usually on the call, but not today. I believe they don't get bumped out, but I will invite Mr. Matthews to join us on our 3-17-21 teleconference so he can explain the criteria and process they're using to fill the spots.

#### Question 12

Per Susan Wade – I just got online after your spoke about the masks during video visits. What I heard was if anybody is caught not wearing their mask during a video visit, they will be sanctioned loss of privilege, and then it could result in forevermore.

#### Answer

Per Associate Penrose - I don't believe forevermore was part of this, but it could result in a suspension or termination yes.

#### Answer

Per Denise Myers - The message from headquarters was that the first incident would be the incarcerated individual has to wear a mask during the video visits. The first time it's a 30-day suspension for him. He won't be able to participate in any video visits, then it goes to 60 days 90 days and then a termination. Does that answer your question?

#### Question 13

Per Susan Wade – Was that a new Memo? Did it go out today or yesterday? And that's been implemented?

#### Answer

Per Denise Myers – It came out yesterday. Yes, implemented 3-4-21.

#### Question 14

Per Susan Wade – On the availability of our loved one getting a new mask, are they handed out individually or a bunch in a bucket that somebody hands out without wearing gloves? If the mask is wet or damaged, can they get another one? Is it on kiosk that says under these new mandates, please make sure if you want a new mask, go get it?

#### Answer

Per Associate Penrose – They need to request a replacement mask and most masks are handed out every day at lunchtime anyway. If they need one at another time, they just ask for one from unit staff and they'll get it, even during other hours as well. This process includes them discarding the used mask in front of the staff before they put on the replacement mask.

#### Question 15

Per Susan Wade – Last week regarding those medical forms, CPM Schreiber said Ms. Lynch checked and said the forms were also being collected from a Medical box. Well, I was told that the H2 CUS went cell to cell and collected those forms. This is a concern due to privacy and HIPPA.

#### Answer

Per Associate Penrose – I'm not sure exactly what the expectations were that were sent out to Medical as I wasn't involved in it. So, I will follow up on that and provide a response to everyone.

#### Question 16

Per Susan Wade – Regarding staff wearing masks, is there a policy or a memo that reprimands them for repeat offenses of not wearing their masks at all times? Will you suspend staff members for not following these rules?

#### Answer

Per Associate Penrose – This is done on a case by case basis and handled privately. All staff are sent out an IAP that they are expected to read and follow. We hold staff accountable through a disciplinary process that is done through Personnel.

#### Question 17

Per Starr Garden – N95 masks are supposed to be more effective masks and are given to II's when they are in the gym. If so, why are they being taken away from them and told they are not allowed to have them if the staff are the ones providing them?

#### Answer

Per Associate Penrose – We have been directed to provide our incarcerated with surgical masks only.

#### Question 18

Per Susan Wade – Have the incarceration been inoculated?

#### Answer

Per Associate Penrose – Yes, we are giving the vaccinations to our incarcerated for those 65 and older. I do not have the numbers and do not know the exact criteria for all the vaccinations.

**Comments/Closing** – Thank you all for participating in today's call. Please remember that we're conducting these teleconferences on the 1<sup>st</sup> & 3<sup>rd</sup> Wednesdays of each month, so there will not be a meeting next week. Have a great day and stay safe.