

TB & COVID-19 Informational Call Notes

Call Details

Facility: Stafford Creek Corrections Center

Date and Time: 10/19/2022 3:00 P.M.

Attendees

- **DOC:** Facility Co-Chair G. Penrose, Facility Secretary A. Carlson, Superintendent J. Bennett, FSM R. Attard, CC T. Nikula, CC J. Wright, CS E. Meade, CS M. Ritter, AA K. Linker, SS M. Bolden, RN M. Lynch, CPM R. Schreiber, Senior Sec. A. Clift, HSM S. Evans, Senior Sec. K. McGarrah, Senior Admin. P. Perkinson, CPPC B. Mansford, CC L. Olden, Captain R. Rubalcaba, AA K. Shaw, FVSM D. Taylor, Assoc. Sup. D Van Ogle
- **LFC Officers:** State Rep Vacant; Co-Chair Diane Sifres, Secretary Vacant
- **Family Members:** Annie Trepanier, Tammey Bertrand, Lydia Schoen, Anna Ivanov, Bea, Shawnte Holmes-Davenport, Joanne Todd, Tammy Goddard, Susan Wade, Sarah Leon, MC, Catherine Antee, Unidentified Individuals

Weekly Updates:

Total 129 positives for outbreak

123 are considered recovered-no longer considered positive

Currently 3 active cases all of which came from H1 in yesterday's test results

11 on transfer step

1 on isolation

122 covid recovered.

SCCC is scheduled to test again on 10/25

584 total on quarantine

G 107 is reduced due to 1 full tier being on isolation

H1 249

H2 222

Day started until cleared

9/28 H3 & H4

9/29 H5 & H6

This will continue until at least mid-November. Tentative dates will be in notes

Round table

Q: What is a positive versus an active?

A: Actives have tested positive but have not completed their minimum of 7 days of isolation.

Q: If we only have 3 positives and everyone else was clear...does this mean we can come off facility wide outbreak?

A: No. H1, G and H2 still need to start their 21 days.

Q: What is enhanced cohorting?

A: “**Enhanced Cohort**” meaning One Unit at a time will go to Mainline, work in an area. All II workers will Rapid Test prior to each assigned shift.

Q: Cluster Status is for staff correct?

A: Yes, clusters are affected by staff positives. Outbreaks are affected by individual positives. SCCC Still has 2 areas in cluster status

Q: When does H2’s 20 days start based off their last positives being on the 13th? If there are no more positives. The 20 days would start on the 21st if that person rapid tests negative? Is that the same with G Unit?

A: Correct. Their 7th day is the 13th. All of G Unit came back negative, their 20 days has started.

Q: Why can we not visit 3,4, 5, 6 if they are negative and not sick. What page in Safe Start is that? What page is the 20-day rule on?

A: We have to remember there are refusals to test involved. And when we go into facility wide outbreak and that changes things drastically. Page 13 of 33.1.

*Page 13 of 33.1 attached below

Statements:

You all keep saying “we’ll bring it up on tomorrows call”... Why even have these meetings if you don’t have any answers. This is so frustrating.

Schreiber: We don’t always have answers to your questions right now because it has to be presented to HQ, clinical and the doctor up there then we have to wait for their reply. We are equally frustrated and I’m trying to find the best way to get this information across to everyone. We are waiting for answers on our call tomorrow.

Penrose: Even though we do not have a call tomorrow (covid teleconference with families) a document will be drafted and sent out if we receive answers.

We get that you are all frustrated and we have listened to your concerns and the populations concerns. Everything in today's chat is very negative but it needs to be remembered that we do not have the ability to change the way SCCC is operated while under facility wide outbreak. We do understand your frustration, the closer to normal it is the easier it is for us to run SCCC. We want to move forward in this process, please bear with us.

Q: Where on 33.1 does it state the 20 days.

A: Page 13

Q: Was the question brought up to have all stake holders at meeting? Family member, staff, Incarcerated?

A: No, I don't recall that being discussed. HQ would have to choose to invite.

Q: What are the numbers for symptomatic and on treatment for this outbreak?

A: 2 have been symptomatic/on treatment for this outbreak.

Q: What is SCCC's staff testing protocols?

A: All staff are tested 1x a week. Those involved in cluster areas are tested 2x a week.

Q: Re: 33.1 13 E What does clinical suspicion mean? Is that defined somewhere?

A: If we have people residing in a unit where we have had positive test results and they refuse to test that would raise clinical suspicion. It could also be someone who is symptomatic, and we are ruling them out that way.

Q: Is that documented somewhere for us to see

A: I could look into that – Lynch

Q: The Governors COVID Proclamation is ending...what is happening now?

A: His end to Covid 19 has excluded the prisons. Clinical is looking at options for change on how DOC is/will be handling everything, but we have not had any decisions to release as of yet.

Q: Forms for the immunocompromised were signed to stay in the unit. If someone has sent a message for their medication to be refilled or a specific type of appointment why has no action been done?

A: Medications have always been refilled and delivered during our outbreaks. If you have something specific, please feel free to email me - Lynch

Q: I would like to request that someone needs to be on here from HQ next week. It is time for them to hear our questions and concerns

A: That will be presented and hopefully we can get someone here and have questions answered from them versus us.

Q: In retro spec, does anyone see the correlation of opening chow hall and this outbreak occurring? I see it, SCCC did not have a problem and then they opened chow hall.

A: I'm not sure there was a direct correlation for eating in the dining halls, but it also has not been ruled out.

Q: Do those self-isolation forms make sense to you?

A: Yes, that is what we are doing now. That is what the individuals have asked for. We still offer the options for isolation as well.

Q: So why not do the same for visiting

A: We wish it was that easy.

Statement - Lynch: We have some of the same frustrations. They are from a different view and aspect, but they are the same. We are told they are working on version 34, and we are really hoping it has some new ways to go about the difficulties and frustrations everyone is having.

Q: How many positives in H6?

A: 1

Q: 1 positive caused the clinical suspicion for H6?

A: Yes

Q: My son is in G Unit and was cleared to work, called out multiple days in morning but was then told to go back to bed. Then he put his name in and they didn't come get him. Could we please get him some clarification?

A: The only ones who can work in G are those who are covid recovered in a 90 day window.

Food services: Call outs and kiosk messages were sent out. I will be sending out kiosk messages again.

Q: Congregate settings...Strategies for enhanced ventilation should be made for entire facility. What has been done to accomplish this and how many air scrubbers are available?

A: 6 or 7 air scrubbers but at this time I do not believe they are being operated.

Q: Why are they not being used?

A: We are going to ensure that our facility manger gets on these calls to successfully answer these questions as they arise. I am not sure the exact protocol for air scrubbers. We will be speaking with them.

Q: Do you know the make and model of these air scrubbers as they are not all created equal.

A: I do not know that off the top of my head I would have to look through previous notes from when this was provided

Statements:

I am requesting those be used. In all units, or else it was a waste of funds.

Family Member: I'm probably going to be hated for this....But If it wasn't an incarcerated idea we would all be on your ass.....but the incarcerated requested something, even though it doesn't make sense, you did what they asked and now everyone is frustrated. Maybe everyone should talk with their loved one and see how that really went down. (in regards to self isolation forms)

Schreiber: Air scrubbers. We also have gotten feedback from the population stating that it was hard for them to sleep, be on JPay visits, or phone calls due to their noise and size. But we will still be working with maintenance to have them issued out again in the day rooms.

Q: Mental health lists are being put up by OAS in day room but no one wants to sign up on a public paper.

A: They can always send a kite and request mental health that way.

*Follow Up: This has been looked into and will be further addressed.

Comments/Closing –

There is a lot of issues that were brought up. They all are important and we will be speaking with HQ about family being involved with the call, get the air scrubbers going and get information to you as soon as we can.

Thank you all for coming. Our next meeting will be Wednesday, October 26, 2022 from 3:00-4:00pm via Microsoft Teams.

SEE IMPORTANT INFORMATION ON ATTACHED PAGES:

“**Enhanced Cohort**” meaning One Unit at a time will go to Mainline, work in an area. All II workers will Rapid Test prior to each assigned shift.

Question 1:

- What units have already begun their 20 days until cleared? **H3, H4, H5 and H6.**

Question 2:

- Have all the units had their double negatives yet? Or are we still waiting on more tests ? **No, they all haven't received all of their 2nd test results. Some units still have more testing to do.**

Question 3:

H3 and H4 have had no individuals showing symptoms of COVID-19 since **August 30th** when all Covid-19 Calls were canceled, yet Stafford has had them on ~~Quarantine~~ **Enhanced Cohort** status for over a month and requiring unit-wide testing.

Since each unit is isolated, COVID-19 cases in one unit doesn't equate to exposure in other units requiring quarantine and testing. The only exposure would come from a staff member. If a staff member was exposed in one unit but tested negative, this would mean the staff member was not exposing another unit to COVID-19 and that unit should not be forced into quarantine and testing. If no staff entering a unit had tested positive to COVID-19 regardless of where they came from, that unit should not be in quarantine and not required to test.

H3, H4, H5 and H6 are on Enhanced Cohort status and G, H1 and H2 are on Quarantine status.

- Explain why H3 and H4 are in quarantine status without ever being exposed to an individual with COVID-19? **H3, H4, H5 and H6 are on Enhanced Cohort status**

Facility Management of Patients on Medical Isolation Status:

- 1) Custody will work with medical staff to determine the best location to house patients on medical isolation status.
- 2) If single cell is not available, it is acceptable to cohort patients with COVID-19 together if they both/all have lab confirmed disease and do not have other communicable diseases concurrently (i.e. influenza or another viral respiratory disease). Do NOT place an isolated asymptomatic patient diagnosed with COVID-19 by rapid antigen testing with another patient with COVID-19 unless confirmed with a PCR test. This can include patients who have been tested by rapid antigen outside our system, like in a jail or community hospital or emergency room.
- 3) Patients in medical isolation must be housed separately from asymptomatic exposed patients (quarantined).
- 4) If possible, avoid isolating patients with suspected or confirmed COVID-19 in cells with open bars.
- 5) As a general rule, isolated patients will not be allowed out of the cell unless security or medical needs require it.
- 6) If an isolated patient needs to be out of their cell, they will don a surgical mask during the necessary movement.
- 7) Staff will ensure that the patient goes where directed by communication between the sending and receiving area staff.
- 8) Any pill line medications will be delivered by medical or RC staff unless medical staff determines the need for a different protocol.
- 9) Patients in RC will be issued a cell phone so that they can contact staff as needed without leaving their room. The phone number of the phone given to the resident should be sent to the RC COVID19 Medical Consultant so that staff can also contact the resident as needed.
- 10) If a patient in medical isolation is confirmed to have COVID-19 and is from a Reentry Center, a prison open bay tier, or a prison open-bar tier, the entire RC facility or tier where the patient originated will be rapid tested within 24 hours of the positive test result. Close contacts will also be placed into quarantine and tested by PCR as per quarantine protocol.

Clinical management of medical isolation patients:

- 1) Symptomatic patients placed in isolation at a prison facility will have the following diagnostic workup:
 - a) All patients will be tested for COVID-19 by PCR if they have never had confirmed COVID-19 before, unless the patient refuses.
 - i) COVID-19 nasal PCR testing will be repeated in 48 hours, if negative or not yet back.
 - ii) Reentry Centers will use Rapid Antigen Tests and not PCR testing unless indicated otherwise.
 - b) If the patient previously had COVID-19 within the past 90 days, testing for COVID-19 will be by rapid antigen testing in place of the PCR testing and similarly repeated in 48 hours, if negative.
 - c) If it is greater than 90 days since the patient had a positive COVID-19 test, then standard COVID-19 PCR testing will be done as above.
 - d) COVID-19 vaccination history does not change the need or protocol for isolating and testing symptomatic patients.
 - e) In the event that the patient is unable to be tested (for example if testing is declined) but for whom clinical suspicion remains, the patient should be isolated for presumptive COVID-19 disease for up to 20 days.
 - f) Patients in prison will have additional on-site work-up:
 - i) During influenza season (October through the end of March) perform rapid influenza testing as available (based on [Washington State Surveillance Data](#)) along with the first COVID-19 test if the patient has respiratory symptoms.