

# COVID-19 Informational Call Notes

## Call Details

**Facility:** Stafford Creek Corrections Center

**Date and Time:** 10/26/2022 3:00 P.M.

## Attendees

- DOC: Superintendent Jason Bennett for Facility Co-Chair G. Penrose, Facility Secretary A. Carlson, FSM R. Attard, CC L. Olden, HSM T. Johnson, CC T. Nickula, CPM R. Schreiber, CS E. Meade, RN M. Lynch, CC J. Wright, Sec. Senior A. Clift, CPPC B. Masford, Senior Admin. P. Perkinson, CS M. Erickson, CPA L. Flynn, AA K. Linker, Captain E. Manio, LBA S. Richardson, AA. K Shaw, CS M. Ritter, MA H. Aulakh
- LFC Officers: State Rep Vacant; Co-Chair Diane Sifres, Secretary Vacant
- Family members –Annie Trepanier, Tammy Bertrand, Anna Ivanov, Bea, Shawnte Holmes-Davenport, Joanne Todd, Catherine Antee, Sarah Leon, Jule, Unidentified Individuals

## Weekly Updates:

In the last 30 days

Website states 123 positives but it is actually 130 positives and we will be getting that updated.

H3 & H4 are clear

H5 & H6 are scheduled to clear on 10/28

G Unit, H1, & H2 continue to quarantine

GA still being used as a quarantine/isolation tier

H2 & V Building have been removed from limited area cluster as of this morning

## Round table

**Q: G Unit, H1, & H2. Do they have a scheduled date to clear?**

A: Tentative dates G: 11/3, H2: 11/9, H1: 11/14. These are tentative dates. Please remember these dates can change.

**Q: If 2 units get cleared, does this mean we can go back to limited area outbreak versus facility wide outbreak?**

A: Yes

**Q: What does all this mean since the dates are just tentative?**

A: For us to go off facility wide outbreak we cannot have more than 1 unit on outbreak status. If we get down to 1 unit, we will be on limited outbreak status with opportunity to open visiting and (audio cut out) masks.

**Q: 11/9 is when we would go down to limited outbreak status?**

A: Correct

**Q: Is it a possibility for everyone to be more proactive to get visiting up and going right away and have vending machines ready for the 11/9 date? We don't want it to be cleared and then have to wait 2 weeks for visiting to open.**

A: Yes, we have already started. However, H1 will still not be cleared so vending machines would not be open and masks will still need to be worn during visits.

**Q: 227 is that the number of people who are sick in H2?**

A: No, that number came from last week's quarantine numbers

**Statement:**

I'm concerned that things will not be ready again. We have received a direct message from Cheryl Strange about how valuable visiting is and I just feel like Stafford Creek is not understanding and doing that.

A: We are working on getting visiting up and going as soon as we can and do care about accomplishing that.

**Q: Where are we on getting insulin line, food services, and everyone on the same page for medical?**

A: The insulin line should all be worked out. If you would like to email me.

Family Member: I've sent multiple, multiple emails and have no response

Lynch: Insulin line and mainline are running well. Please email me and let me know the specific instance so I can look into it.

Family Member: There needs to be communication on the breezeway about how this is being done. Some don't get it and are saying no because that's how they've always done it.

**Statement:**

And once again could we please look into raincoats that will last more than 2 or 3 times for these guys who are in the weather for extended periods of time.

Flynn: We were working on that with CI last year and will be sending that to Bennett for a review/follow up

**Q: Can non-medical staff respond to a medical kite?**

A: Non-medical staff should not be responding. Could you please forward that information to me (Jason Bennett) so I can forward that properly.

**Statement:**

Insulin stacking is still an issue. My husband's was 2 hours a part recently but is required to be 4-6 hours. Some will skip meals and just go to bed because they are always last (for mainline/insulin line), this is an issue.

Lynch: Please send me that information

**Q: Air scrubbers?**

A: It was recommended not to use the air scrubbers. They tend to just push the air around and the way the population has responded to them has not good. They were very frowned upon due to extreme loudness during phone and video use. Based on advice and talking to clinical we were advised not to use air scrubbers.

**Q: Special visits and reserving tables. For visits to finally be open all day, and you guys have taken away the ability to make reservations, I feel they will be fuller. Therefore, for families traveling an extended distance, we may not get in. Can we consider doing reserved tables for those who come from long distances?**

A: No answer for that today. There may be complications for doing that, but we will explore the topic and talk with clinical on how to proceed.

**Q: Why did the mileage for special visits change?**

A: That was a covid thing. When we go back to normal with all things, that number will be dropping back down. This is really just for covid operations and slowly graduating us back into that lower mileage number.

**Q: Could you consider extending the awning at the visit building entrance. When it rains it is very hard to get everyone under there.**

A: I am always looking at other options to make people comfortable. I have to talk to some people in regard to expense and have to check it for a security issue. If it is too close to the fence that would pose a problem. I will look into it.

Family Member: That has been looked into in the past, but it has always come down to it having to be a permeant structure, and funding, and the wind....it's been brought up again and again.

**Q: Visiting. Will it be full or half room? Everyone is hearing about the calendars and schedules. When is a timeframe that we could have that up to view?**

A: When we get more clear information we will be happy to share it. However, I don't want to get anyone's hopes up at this time

Family Member: Bad information is definitely a thing but they (individuals?) are hearing different things from people and anxiety is high. So some sort of update goes a long way with helping anxiety

Bennett: The information Schreiber shared earlier is that best we can go with right now

**Q: 33.1 and the 20 day quarantine....Is all around patient language and clinical suspicion. By definition a patient is a person who requires medical care. A person receiving medical/dental care/treatment. A person under a physician's care for a particular disease. Clinical suspicion is a strong presumption about a patient's diagnosis, which is tested w/appropriately targeted tests to arrive at a definitive diagnosis; a clinical suspicion is based on a constellation of findings in that a patient that suggests to the physician a limited palette of possible diagnoses. A strong presumption that, absent a diagnostic or algorithmic certainty, a patient is suffering from a given disorder or state. How is doc defining clinical suspicion?**

A: that has been passed on to Dr. P. and we have not heard back in regards to that but SCCC is following the direction from our clinical group.

Lynch: I understand your definitions are by hospital standards but please know that all individuals at SCC are treated like our patients because we can provide them medical care at any time.

**Q: Were you guys accepting transfers into Stafford during this outbreak?**

A: Yes, we have accepted them with a testing procedure in place. The needs for beds are high right not in DOC. WCC was in need so we did accept them to avoid people on floors.

**Q: If everyone says "no, I feel fine" ..why are they suspected of being ill and being required to quarantine? Why are they being tested? They were misguided and for some the 20 days turned into 36.**

A: Once we reach a facility wide outbreak we have to offer all to be tested.

**Q: Going into the holidays. Are you going to be testing your staff 2x a week due to the sticky situation we could encounter?**

A: We will be following whatever the clinical advice is at that time. I don't anticipate we will go into random testing for no reason.

**Q: Is there no clarity on how many people will be allowed in visiting?**

A: It is my understanding that it will still be at a reduced capacity. We worked with HQ Visiting to develop a plan, but I don't believe there are exact numbers available on that yet.

**Statement from Chat:**

Pre-Covid Stafford had open visits Fridays and Mondays ; however Saturday would be odd number units and Sunday would even number units and switch the next week, but that still allowed 78 tables so 78 families were allowed to visit on that day

**Q: Could we please have this looked into in advance?**

A: Starting on Monday (10/24) the visit sergeant has been down in the visiting room and we are working on this. I think we are at 73 tables now. We are working with HQ, Ms. Flynn, and our visit sergeant to get this to run smoothly and accommodate as best we can.

**Q: The memo (on visiting) made us think that it was going to be at the old capacity 4 years ago. It is already 10/26 and most of the other facilities are off their lockdown.**

A: Facilities are still developing transition plans but still need to be prepared if we receive a positive. We are fine tuning the tables piece. SCCC's visit room is much bigger than others, it's going to take some work.

**Q: When are the transition plans due?**

A: Transition plans are being worked on. They have been submitted, visit guidelines are being updated, and we are working on getting those out. We wanted everything done by the beginning of the week; but we have run into some issue and are doing what we can. Start with a table with a number, see how many show up, and how many we have to turn away, reevaluate, and then go forward with maybe expanding. And if the outbreak happens again, we are trying upset visiting as little as possible.

Family Member: This feels like an experiment. Waiting to see how many people are getting turned down and then maybe adding more tables, just seems like an experiment.

**Statement:**

Covering for weather. Can we do a borrow an umbrella at the intake area and then deposit on the way back? That may be simpler than building an awning. We should also go to signing up for visits versus having open the doors for all to arrive.

**Statement from Chat:**

I want to advocate for Diane's suggestion to reserve a visit spot for not only those who come a long way but for others. That way, the far away visitors can know they have a spot and those who show up late (without a reservation) can get first come, first served.

**Q: How do we go about applying for special visits? Is there a form that needs to be filled out? What is the information that you need?**

A: Assuming it's a December visit and being off outbreak, there is a form. Please check on the status of visitation and outbreaks prior to purchasing plane tickets and other travel arrangements.

Schreiber—nothing has changed with forms when it comes to special visits.

\*\*Link for special visit form was posted into the chat. Document enclosed as well.

**Q: Where are we at on being able to go back to 2 visits or the hour or half hour for video visits. Visits have been cut short, and we understand, because of mainline or yard, they want the visit but the other opportunity as well.**

A: No answer recorded by facility secretary

**Q: Are we having a meeting next Wednesday**

A: Yes, I would anticipate we will be having next week's call

Comments/Closing –

Thank you all for coming. Our next meeting will be **Wednesday, November 2, 2022 from 3:00-4:00 pm Via Microsoft teams.**

**SEE IMPORTANT INFORMATION ON ATTACHED PAGE:**

