

**Some questions may be grouped together as they were asked by more than one person.  
If specific questions about individuals were asked, they were removed.  
If you have specific questions about your loved one, please contact your local facility.**

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Phone-In Information with others, especially via social media.  
These are internal DOC communication lines and are not for public posting.**

## Call Details

**Facility: Statewide Family Council**

**Date and Time: 2/25/2022, 2:00PM**

## Attendees

- DOC: Jeff Uttecht, Ramona Cravens, Dr. Frank Longano, Michael Eby, Don Holbrook, Lisa Flynn, Bruce Wood, Jeannie Darneille, Paige Perkinson, Dawn Taylor, Paige Perkinson, and Jason Spooner
- Anna Ivanov – SCCC Representative
- Elise McKinnon – SFC Co-Secretary
- Felix D’Allesandro – WCC Representative
- Loretta Pedersen - WSP Representative
- Julie Burden – AHCC Representative
- Gwen McIlveen – CRCC Representative

## Weekly Update

- No old business.

## Pre-Submitted Questions

### Question 1

*Why are non-medical staff conducting testing?*

Answer:

Under normal operating circumstances, diagnostic testing is performed by clinical staff. However, due to clinical staff shortages and high testing workload during outbreaks the COVID Emergency Operations Center (EOC) developed testing teams that contain non-clinical staff. COVID tests can be performed by non-clinical staff as they require no technical or clinical skills beyond following training directions. The sample collection requires anterior nasal swabbing and is completed by the patient, identical to sample collection for at-home COVID testing.

### Question 2

*What determines when a unit comes off quarantine if they go back to restart the days with an incarcerated individual tests positive?*

Answer:

Criteria for release from quarantine for housing units during an outbreak include:

- All incarcerated individuals in the living unit having two negative tests on days 5-7 and 10-14 AND they have been on quarantine status at least 10 days from their last contact with COVID positive or symptomatic patients.

- When these testing criteria are met the unit can be taken off quarantine. However, there may be circumstances that may require additional quarantine for the health and safety of the staff and population.

### Question 3

*How do the clinical staff balance benefits and harms for prisoners and their families, as well as to DOC custody staff, when deciding how to implement CDC and DOH Covid protocol guidelines?*

#### Answer

Recognizing that some aspects of COVID mitigation strategies are difficult for people, we limit quarantine and isolation time to the minimum necessary to prevent the spread of the virus. For example, when new medical evidence revealed that most patients were not contagious 10 days after the onset of their infection, we shortened the isolation period from 14 days to 10.

### Question 4

*Do the clinicians consider the mental health and other health detriments caused by the protocols and what do they do to attempt to mitigate these harms?*

#### Answer

We understand that prolonged time in medical isolation and quarantine is difficult for people's well-being and mental health. DOC's COVID mental health protocol directs twice-weekly rounds by mental health staff and the availability of items such as books and journals to help people pass time. Unfortunately expanding allowed activities in quarantine and isolation units risks promoting the spread of the virus and prolonging the time a facility is on outbreak status, so protocols must balance the risk of spread with the benefits of increasing activities.

### Question 5

*In what ways do the clinical staff give feedback to the Governor's office, CDC, and DOH about the drawbacks to the protocols designed for prisons? How willing are these entities to consider this feedback?*

#### Answer

When considering elements of COVID protocols the DOC COVID medical team advocates for implementing best practices that will protect the lives of incarcerated people and DOC staff and prevent the spread of COVID in DOC facilities. In cases where these recommended practices differ slightly from DOH or CDC guidelines, these agencies have been open to discussion about these differences. The COVID medical team and EOC have an excellent working relationship with DOH to include weekly meetings and frequent discussions about protocol implementation.

### Question 6

*How do clinical staff ensure they are truly in touch with what the incarcerated and custody staff are experiencing as detriments and drawbacks to the protocols?*

#### Answer

The COVID medical team and EOC are in daily contact with facility staff regarding all aspects of protocol implementation during outbreaks. Members of the COVID medical group visit and work in facilities periodically to assist with outbreak response and perform direct clinical care when local teams need assistance. In these contexts, both remote and in-person, the COVID medical team receives frequent formal and informal feedback regarding COVID protocols. Additionally, patients can provide feedback about COVID protocols through kites and the resolution process.

## Question 7

*Do clinical staff rely solely on communications with facility leadership, or do they do regular on-the-ground observations to make sure they truly understand the complexities and consequences of the effects of the protocols?*

### Answer

Please see the answer to question 6. Additionally, the COVID EOC has conducted an audit process for COVID protocol compliance periodically throughout the pandemic which includes on-site observation and discussion.

## Additional comments/questions

- Question: Can the answers to these questions could be shared with the SFC prior to the meeting?
  - The process for this meeting will be changing to a webinar for the next meeting. A DOC Covid Questions Mailbox where questions can be sent. The LFC Covid Calls will remain the same.
- Question: Is there a pandemic exit strategy?
  - No specific conversations yet.
- Question: If a question during an LFC Covid meeting cannot be answered at the facility call, can they be asked at the SFC Covid meeting?
  - We will try to answer those questions.
- Question: As of today, the CDC has changed some of its guidelines. When will DOC make the change?
  - The changes will need to be reviewed before changes are made within DOC.
- Question: When protocols are developed, how are you weighing the cost of the protocols?
  - Protecting people's lives is or highest values. We make changes when there is solid evidence that we are not putting people's lives at risk.
- Question: What is solid evidence?
  - It is more "lasting changes" to protocols that would change the way we react to the next potential outbreak.
- Question: Are you tracking the cost of protocols (i.e. mental health)?
  - Not currently.
- Question: What is the plan to go back to normal?
  - It will be more "preventative" than returning to normal. Depends on the next variant.
- Question: Are you looking at nursing homes and how they are dealing with zero cases?
  - Not currently.
- Question: Why can vending machines not be used during visitation?
  - This may have come up early in the pandemic and something that will require discussion with Leadership.
- Comment: Families would like toys available for small children during visitation.
- Comment: Families would like Dr. Longano participate in the opening of Visitation.

## Closing

Visiting is currently open for CBCC, CCCC, OCC. MCC, SCCC, WSP-East Complex opens on the 4<sup>th</sup>. MCCW is open on the 5<sup>th</sup>. In March, there will be free photos (masks will be required) during visitation. Memos to be sent shortly.

**Thank you for coming. The next meeting will be Friday, March 4, 2022, at 2:00 pm, via Zoom Webinar. Please submit your questions to [DOCCovidQuestions@doc1.wa.gov](mailto:DOCCovidQuestions@doc1.wa.gov) by the Wednesday prior to the Webinar.**