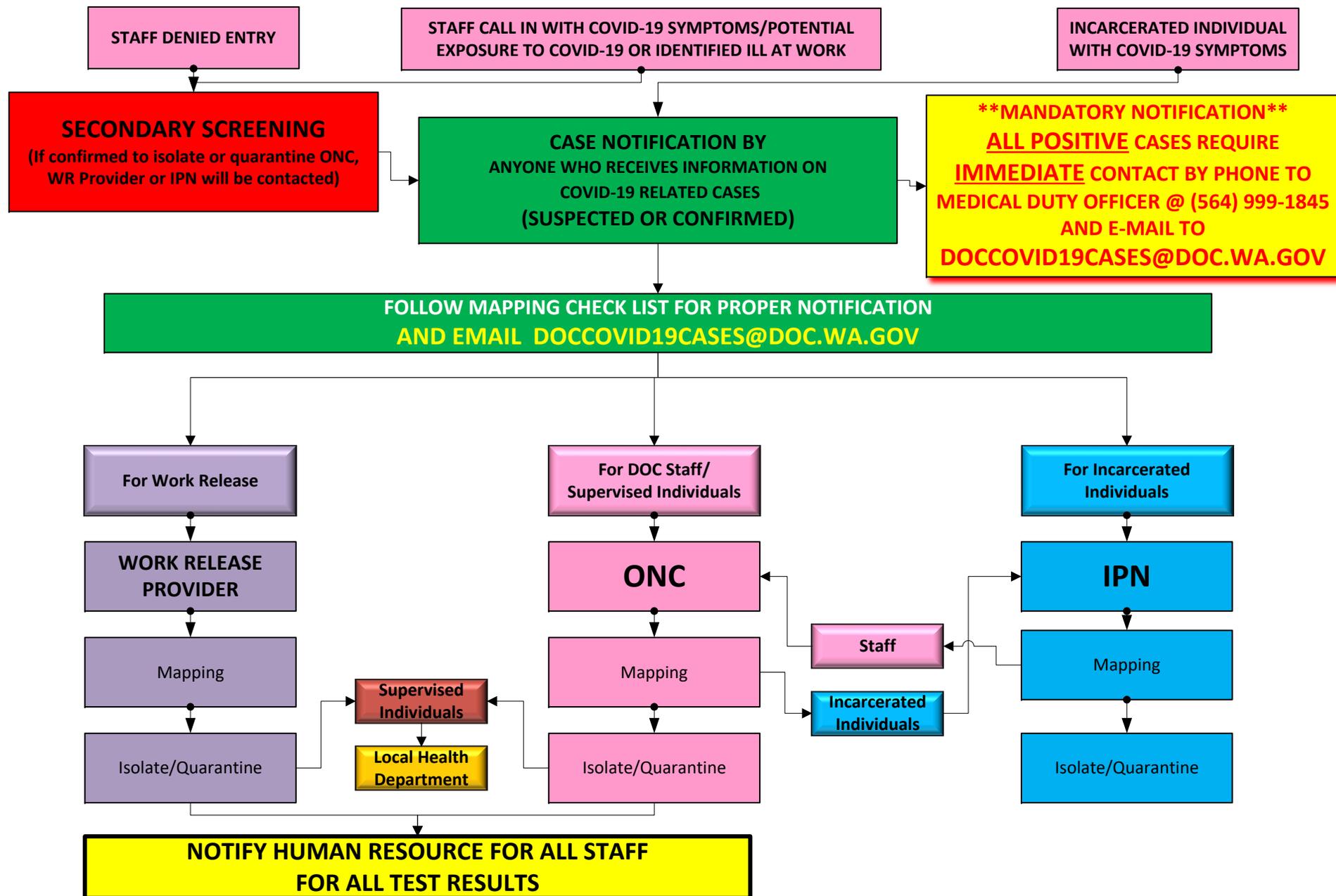


COVID-19 MAPPING FOR STAFF AND INCARCERATED INDIVIDUALS **VERSION 2**



COVID-19 Exposures

The health and safety of our employees, those in our care, and in the community is our top priority. DOC's Emergency Operations Center (EOC) has identified a need to map the statewide extent of potential employee and incarcerated/supervised individual exposure to COVID-19. These Mapping Guidelines standardize how we process the notification of staff with suspected or confirmed COVID-19, by identifying the close contacts, interviewing those contacts, communicating outcomes to local Human Resources (HR) office for staffing updates, and report roll-up data into a centralized database.

Mapping Tools – used by Occupational Nurse Consultant (ONC)/Infection Prevention Nurse (IPN)/ Work Release Provider (WRP) or designee

1. COVID-19 Mapping Workflow (ONC)
2. COVID-19 Mapping Flow Chart
3. COVID-19 Mapping Form
4. COVID-19 Mapping Roll-up Database

Definitions

1. Staff/Patient – the employee, incarcerated individual (patient), or supervised individual with confirmed or suspected COVID-19.
2. Close Contact – the staff, incarcerated individual, or supervised individual identified as having contact with the Staff/Patient.
3. ONC – Occupational Nurse Consultant, regional nurses supporting employee health and well-being and delegated as the examiner for staff mapping.
4. IPN/HSM – Infection Prevention Nurse/Health Services Manager or medical staff within the facility delegated as the examiner for incarcerated individuals.
5. WRP-Work Release Provider- DOC medical provider designated as the examiner for work release staff and residents.

Roles

1. ONC/IPN/WRP – will conduct mapping process and necessary follow-up.
2. Incident Command Post (ICP) – will make sure the active screening station is aware of employees who have been quarantined. Incident Commander will gather information as outlined on the Mapping Checklist.
3. Supervisor – may gather administrative information (e.g. date last worked, demographic information, location, who may have been at work within close proximity). Will gather information on the Mapping Checklist.
4. HR – local HR Manager/Consultant will follow up with required notifications.

Contact Analysis Mapping Guidance

Information about mapping may come from Headquarters ICPs, staff denials/secondary screenings, employee call-ins, and/or staff identified as being ill and sent home with symptoms related to COVID-19.

1. Secondary screener representative will share the list of staff members not cleared to return to work due to isolation or quarantine for at least 14-day to the ONCs via email at DOCOccupationalHealthandWellness@doc.wa.gov to conduct follow up for potential mapping.
2. The ICP designee (Community Corrections Supervisor for CCD or WR) completes the Mapping Checklist and makes notification to ONC/IPN/WRP/ICP and, immediate notification to Medical Duty Officer for all confirmed cases by calling (564) 999-1845. ONC will be notified via email at

DOCCOccupationalHealthandWellness@doc.wa.gov. For Work Release facilities, notifications are made by phone to a designated Work Release Provider (425) 754-6111.

3. For all confirmed (**positive**) cases, the Appointing Authority or designee will notify the Medical Duty Officer **by phone (564-999-1845), and send an email DOCCCOVID19cases@doc.wa.gov**. Notification will include location/worksites, employee or incarcerated individual, point of contact for follow up questions, and type of report (e.g. confirmed COVID-19, or suspected COVID-19 by a licensed Health Care Provider). The subject line should include: Location/worksites, date, and COVID-19 (e.g. MCC/IMU, 5-2-2020 COVID-19).
4. The ONC/IPN/WRP will use the COVID-19 Mapping Form and the COVID-19 Mapping Workflow to conduct an interview with the Staff/Patient documenting answers and actions. ONC/IPN/WRP will inform the Staff/Patient of actions and next steps.

NOTE: The ONC/WRP is responsible for mapping of Staff cases and the IPN is responsible for mapping incarcerated Patient cases.

5. Using the COVID-19 Mapping Form, the ONC/IPN/WRP will interview and verify each Close Contact identified, seeking permission from the Staff/Patient to use their name with Close Contacts. If no permission is received, the examiner will *keep the Staff/Patient confidential* from the Close Contacts. The ONC/IPN/WRP will identify isolation or quarantine steps for the Close Contacts.

NOTE: If the ONC/WRP find Close Contacts who are incarcerated individuals, they will notify the appropriate IPN or HSM within ICP (including Patient Name, Close Contact Name(s), date and specific location of contact) for the IPN or designee to conduct the mapping. If the IPNs find Close Contacts who are staff, they will notify DOCCOccupationalHealthandWellness@doc.wa.gov (including Staff Name, Close Contact Name(s), phone number, date and specific location of contact) for the ONC to conduct the mapping.

6. The ONC/WRP will communicate next steps to the Staff and Close Contact employees, and supervised individuals, to include:
 - o Encouraging them to call their healthcare provider if they develop symptoms
 - o Conducting a daily symptom check (twice daily take temperature, check for cough, sore throat)
 - o Self-isolating if necessary for a specified time period
 - o Self-quarantining, up to 14 days from date of contact
 - o Discussing the possibility of teleworking with their supervisor
 - o The presumed date they are able to return to work, if no symptoms arise

NOTE: if healthcare workers, please see guidelines for healthcare workers on returning to work

7. On the same day that the Close Contact employee is interviewed, the ONC/WRP will email the appropriate HR contact via local HR Distribution List* with the following information:
 - o Staff Name
 - o Name(s) of all Identified Contact(s) interviewed
 - o Specific Work Location of suspected or confirmed staff member or incarcerated individual (e.g., Unit A, HR Office, Building C, etc.)
 - o Actions for Close Contact employee(s)
 - o If actions include quarantine, exposure date and presumed return to work date

8. Local HR will provide notification as follows:
 - o Inform the designated Appointing Authority (e.g., Superintendent, Administrator, Director, etc.)
 - o Provide “Notification of Exposure” letter to the Close Contact employee(s) using applicable template (available on SharePoint)
 - o Inform the local Incident Command Post of any changes to staffing with presumed return to work date
 - o Notify Field Administrator, supervisor, or roster manager to work with employee on telework possibility or enter applicable leave

9. The Appointing Authority will send an email notification to DOCCOVID19cases@doc.wa.gov to include the following about each suspected or confirmed case (or for the entire facility):
 - o Number of staff quarantined or isolated
 - o Number of staff with suspected or confirmed COVID-19

10. The ONC/IPN/WRP will keep the COVID-19 Mapping Forms confidential in a locked file and save to a confidential shared drive. OHWU staff enter the roll-up data from each Mapping Form into the COVID-19 Mapping Roll-up database site within 48-72 hours of completion.

11. If COVID-19 test results are received anytime during this process, the ONC/IPN/WRP will follow up with local HR. HR will notify Appointing Authority to ensure they send email notification for positive test results only to DOCCOVID19cases@doc.wa.gov immediately. Notification will include location/worksite, employee or incarcerated individual, point of contact for follow up questions, and type of report (e.g. confirmed COVID-19, or suspected COVID-19 by a licensed Health Care Provider). The subject line should include: location/worksite, date, and COVID-19 (e.g. MCC/IMU, 5-2-2020 COVID-19). **Reminder: the Appointing Authority or designee will immediately report positive test results to the Medical Duty Officer at (564) 999-1845.**

12. For questions about these guidelines, please direct them via email to DOCCoccupationalHealthandWellness@doc.wa.gov

*Human Resources Office Distribution List

Facility	Email Distribution List
AHCC	DOC DL AHCC HR
CBCC	DOC DL CBCC HR
CCCC	DOC DL CCCC HR
CRCC	DOC DL CRCC HR
LCC	DOC DL LCC HR
Maple Lane	DOC DL CCCC HR
MCC	DOC DL MCC HR
MCCCW	DOC DL MCCCW HR
OCC	DOC DL OCC HR
SCCC	DOC DL SCCC HR
WCC	DOC DL WCC HR
WCCW	DOC DL WCCW HR
WSP	DOC DL WSP HR

CI, HQ & Region	Email Distribution List
CI	DOC DL CI HR
HQ	DOC DL HQ HR
CCD 1 & 2	DOC DL EAST HR
CCD 3, 4 & 7	DOC DL SW HR
CCD 5 & 6	DOC DL NW HR

**WA STATE DOC COVID-19 RESPONSE
MAPPING CHECKLIST Version #2**

DATE and TIME RECEIVED:	LOCATION/SITE:	INCIDENT COMMANDER OR DESIGNEE: <i>Note: for CCD/Work Release, Field Office, Community Corrections Supervisor to complete and contact Appointing Authority or Duty Officer</i>	
REQUIRED ACTIONS Use this checklist to complete all necessary tasks			
When an employee, contractor, volunteer, or incarcerated individual advises the DOC they have been confirmed or suspected of COVID-19:			
ACTION		TIME	NOTES
Detect: Collect the following for notification <input type="checkbox"/> Staff or Incarcerated Individual Name <input type="checkbox"/> Phone number and shift of staff Person <input type="checkbox"/> Work location <input type="checkbox"/> Specific worksite <input type="checkbox"/> Contact Name and phone number – for further information <input type="checkbox"/> <u>Confirmed OR Suspected</u> <input type="checkbox"/> If staff, last date in office <input type="checkbox"/> If staff, supervisor name and phone number		Immediately	Symptomatic – Isolate Asymptomatic – Quarantine
Notification: Follow normal facility protocols Include the following: <input type="checkbox"/> All Confirmed cases call 24/7 Medical Duty Officer at (564) 999-1845 <input type="checkbox"/> Indicate <u>Confirmed OR Suspected</u> case <input type="checkbox"/> Indicate source of referral (e.g., Staff call-in, secondary screening, incarcerated symptoms) <input type="checkbox"/> Indicate in email subject line, Location/worksite, notification date, COVID-19 (example, MCC, 5-2-2020, COVID-19)		Date/Time Sent	
For Incarcerated: <input type="checkbox"/> Notify by phone the Infection Prevention Nurse or Incident Command Health Services Manager (see phone list below) For Work Release: <input type="checkbox"/> Notify by phone designated Work Release Provider For Staff: <input type="checkbox"/> Notify Occupational Nurse Consultant, including all information under Detect, at: DOCOccupationalHealthandWellness@doc.wa.gov For Work Release Staff: <input type="checkbox"/> Notify by phone designated Work Release Provider			See phone list below

**WA STATE DOC COVID-19 RESPONSE
MAPPING CHECKLIST Version #2**

ACTION	TIME	NOTES
Email written Notification of ALL cases to: COVID19cases@doc.wa.gov Include the following information: <input type="checkbox"/> Indicate if Staff or Incarcerated Individual <input type="checkbox"/> Work location <input type="checkbox"/> Specific worksite (if known) <input type="checkbox"/> Contact Information <input type="checkbox"/> Confirmed or Suspected COVID-19		
<input type="checkbox"/> Assist Occupational Nurse Consultant or Infection Prevention Nurse with mapping by providing details and information as requested		
Outcome <input type="checkbox"/> Number of Incarcerated placed in Isolation _____ <input type="checkbox"/> Number of Incarcerated placed in quarantine _____ <input type="checkbox"/> Number of staff placed on quarantine status _____ <input type="checkbox"/> Number of staff placed on isolation status _____		
Additional Instructions provided by ONC or IPN <input type="checkbox"/> Disinfecting/sanitation of contact areas <input type="checkbox"/> Notify Incident Command Post of staff sent home to quarantine or isolate <input type="checkbox"/> Ensure entry point screener aware of staff placed on quarantine or isolation status		

DEFINITIONS	
Significant contact	Less than 6 feet of contact with a suspected or confirmed COVID-19 person for more than 10 minutes
Quarantine	Separating people who have been exposed to someone with confirmed or suspected COVID-19
Social Distancing	Maintaining distance – approximately 6 feet or 2 meters – from others.
Medical Isolation	Separating people who may have confirmed or suspected COVID-19

INFECTION PREVENTION NURSES	
NOTE: If no response, please inform Incident Command Health Services Manager	
AHCC: Zina Blancher RN 3 Eileen Herbst LPN 4	(509) 244-6829
CBCC: Julie Windle RN 3	(360) 203-1356 or (360) 203-1353
CCCC: Donald Mann RN 2	(360) 359-4071
CRCC: Troy Linville RN 3	(509) 544-3641
LCC: Karin La Brie RN 2	(360) 260-6300
MCC: Joann Strong, RN 3	(360) 794-2727
MCCCW: Amber MacDiarmid RN 2	(360) 277-2445

**WA STATE DOC COVID-19 RESPONSE
MAPPING CHECKLIST Version #2**

INFECTION PREVENTION NURSES	
NOTE: If no response, please inform Incident Command Health Services Manager	
OCC: Amy Hall RN 2	(360) 374-7132
SCCC: Jody Wayman RN 3	(360) 537-2085
WCC: Holly Shenefiel RN3	(360) 427-4596
WCCW: Chris Schlatter RN 3	(253) 858-4200/82440
WSP: Edith Darensbourg RN 3	(509) 526-6538
OCCUPATIONAL NURSE CONSULTANTS	
NOTE: If no response, inform Incident Command or Duty Officer	
East Region: Brent Brodrick	(509) 939-1783
NW Region: Darcy Thomas	(360) 965-5388
SW Region: James Ronsse	(360) 791-9578
WORK RELEASE PROVIDER	
NOTE: If no response, inform Incident Command or Duty Officer	
All Work Releases: Dr. John 'Dave' Kenney	(425) 754-6111