73766-0

IN THE COURT OF 73766-0 APPEALS OF THE STATE OF WASHINGTON

DIVISION 1

CASE # 73766-0

KIRK WILLIAMS, Appellant

VS

CALUDIA BALDUCCI, et al., et ano
Respondents

KING COUNTY SUPERCOURT NO
13-2-29012-0 SEA

Appellant's
BREIF

2016 OCT -5 AM 11:43

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U.S. CONST AMEND
8, 14,

STATUTES

JHS POLICY OPERATING PROCEDURE
1. INMATE TB SCREENING INFECTION CONTROL POLICY (CDI)

2. INMATES are Identified FOR SCREENING by Following Criteria

3. Inmate Infectious DISEASE SURVEILLANCE Beyond Intake

4. JHS ASSIGNMENT OF INMATE PRECAUTIONS and isolation FOR Infection Control

OTHER DEC/SWORN STATEMENT
1. ALBERTO ANTONI SOLIZ-355541
2. DAVID JAMES - 927414
3. JASON BOOTHBY-350335

A. ASSIGNMENT OF ERROR

KING County Medical Staff violated the JHS Policy OPERATING PROCEDURE at KING County Jail. See EXHIBIT B

1. Inadequate Tuberculosis Screening that would create an excessive risk of harm to all inmates

2. Inadequate Policies and Practice for Identifying and treating newly booked inmates for drugs and alcohol and Suicide behavior and Communicable diseases

B. ISSUES PERTAINING TO ASSIGNMENT OF ERROR

1 DO KING County violates the Eight and the Fourteeth Amendment Knewing about Conditions posing a Substantial risk of Serious harm to inmates health and Safety?

2 DID KING County Medical Staff acted with deliberate indifference unsafe Conditions that pose unreasonable risk of Serious damage to inmate furture health

3. Do Inmates have the right to adequate Care for Serious medical and mental health needs

C. STATEMENT OF THE CASE

While I was in the King County Jail

as a newly processed inmate who was not screened for any type of communicable diseases neither during nor after the booking process. I found myself with serious medical issues. Factually, prior to my being at the KING County Jail. I was in typical condition and health for a male in the age range of twenty-five to thirty-five. As a physical person and a semi-pro football player I have never exhibited any health issues before my incarceration.

First on June 6 2010 Plaintiff KIRK WILLIAMS was incarcerated at KING County Jail. approximately. Many foreign inmates was all over the jail on every floor. I was house on the 9th floor with illegal imigrants and some of them was very sick and not treated by the medical staff at all. I was place with people who have HIV and other bad dieases house together. Since King County medical staff was not conducting screening for TB and other airbourne disease. This put my health and my future health at a substantial risk. I've contracted this disease and became infected at KING County Jail. The medical staff at Shelton told me and the medical staff at AHCC told me I have to take medication weekly for one year or more called ISONIAZID 13 hundred millgrams. This medication was very bad affects like upset stomach, tiredness, swelling of the feet and very very bad headaches. I was always feeling

discomfort from this bad tasting medication I had to deal with. Furture infectes was bad if you was a diabetic like myself this would put you at a very high risk of liver problems and nerve problems and poor eight sight. Sometimes I feel like I'm going to have a heart attack as my blood pressure would be very high when taking this medication. There are to many possible side effects that would shorten my life from this medication but it caused me emotional damage at the thought of being infected and all the time I would test positive be cause I was infected and I still think something wrong with me because they staff said this medication don't cure it. It just slows it down. That means this infection still lives in my body see exhibit

EXHIBIT C PROBLEMS

D ARGUMENT

A. KING County medical staff violates the JHS Policy of Operating Procedure at King County Jail and violates the eight and the fourteenth Amendment of the united States of the Constitution.

The united States affords pretrial detainees before conviction greater protection from dangerous conditions of confinement than those sentenced. After conviction evaluating the claims of pretrial detainees under the fourteenth Amendment may nevertheless rely on the same analytical framework for those sentenced under the

the Eight Amendment. KING County Medical Staff and Jail Violates both Amendments when incarcerating Plaintiff KIRK WILLIAMS and other inmates under these Conditions posing a Substantial risk to Serious harm to Plaintiff Kirk Williams and other inmates health and Safety. Plaintiff KIRK WILLIAMS and other inmates have a Constitution right that guarantee medical Care. Plaintiff KIRK WILLIAMS and other inmates rely on p Jail Staff and medical personal to treat medical needs, so the medical staff fail needs will not be met Estelle vs Gamble 429 US 97, 103 (1976) under the Eight Amendment KIRK WILLIAMS the plaintiff and other inmates entitle to adequate Screening test for Serious medical needs tuberculosis, drug and alcohol and inmates at unacceptable risk of Suicide and Self harm and inmates with disabilities. TB policy inmates who Screen posttely for TB Symptoms Should be placed in isolation until TB is ruled out or if diagnosed until it Can be treated see Hutto v FINNEY, 437 U.S 678 (1978) Skin test are administered 14 days after admission and Skin test Should be perform on all inmates in Jail. The CDC guide lines recommond Tuberculin Skin test of all inmates with Seven days of admission Given the high rate of overcrowding Jails in KING County. There is no evidence of infection Control Surveillance for TB in KING County Jails including tracking TB prevalence rates, postively numbers. Employes Should also be aware wheather there might be a TB problem

within the facility - that would enhancing the risk that can spread in KING County Jail to inmate from employees and next to people in the Community. It's important to have safe and sanitation conditions that follow with the policy of the CDC guide lines, see Revere vs. Gen Hosp 463 US 239, 244 (1983) EXHIBIT A

B. DID KING COUNTY Medical STAFF ACTED WITH DELIBERATE INDIFFERENCE

King County Medical staff knew it should do more adequate tubercolosis screening and administrate condition that would put KIRK WILLIAMS the plaintiff and other inmates at unacceptable risk of suicide and self harm. AND disabilities inmates should be accommodated with a special unit. When inmates in an overcrowed place like King County facility inmates health is at risk because not being in compliance see Exhibit D HELLING VS MCKINNEY 509 VS 25, 33 (1993) with CDC guidelines regulations This is a Constitutional standard of care the Jail of KING County pose to follow. The U.S Constitution the main protection against actions by state officials. The US Constitution the supreme law of the land provide individuals in this County with certain rights HOPTOWIT VS RAY 682 F2d 1237 1253 (9th cir) and LAREAU VS MANSON 651 F2d 96 (1981) Failure to adequately screen newly arrived inmates for communicable diseases resulting

to the well being of inmates is so serious and the policy shall be held under Bell vs Wolfish 441 US 520 99 S.Ct 1861 60 Led 2d 447 (1979) RIGGINS VS NEV. 504 US 127, 135 The Standards which govern this Court determination of the Constitutionally of Conditions of Confinement. The inadequate Medical Staff at KING County Jail Could Stop infectious disease that Could actually spread in an over crowed Jail that would Sufficiently harm to inmates and put them at risk and plantiff KirkWILLIAMS also. Because of failure to Screen inmates because wheather they Sentenced or detained the Due process violation itself MOSHER VS NELSON 589 F3d 488, 494 and MACE V CITY OF PALESTINE 333 F 3d 621 625 (5th Cir) (2003) This would be Substantial risk to Myself and other inmates of very Serious harm and Civilized measures of life necessities Farmer vs Brennan deliberate difference to inmate health and Safety and Knows that Substantial risk of Serious harm and disregards that risk by Failing to take reasonable measures to abate it and HELLING vs MCKINNEY 509 US 25, 33 and WILSON VS Seiter 501 US 294, 298 111 S Ct 2321 115 LED 2d 271

C.3 Do Inmates have the RIGHT to ADEQUATE CARE FOR SERIOUS medical and MENTAL HEALTH

Inmates are entitle to Supplemental Medical Care and have a right to outside Medical Care by the Constitutional of the United States. Outside Medical Care provide by Jail Staff within the institution. The system of Medical Care access articulated in Wash Admin Code Regulations violated the decedent right to equal protection of laws guaranteed by the Fourteeth amendment to the United States of Constitution. The system of Medical provider by the regulations violates equal protection only it bears no rational relationship to a legitimate state of Interest See Dondridge vs WILLIAMS 397 US 471, 485-86 90 S. ct BAUMANN VS ARIZONA DEPARTMENT OF CORRECTION 754 F2d 841 846 (9th Cir 1985) The Due Process Clause, however imposes affirmative obligations on the state in the Medical treatment of pretrial detainees. In City of REVERE V Massachusetts General Hospital the Supreme Court held that pre trial detainees must receive Medical Care that meets the standard to which inmates and myself entitled Many inadequate medical treatment by poorly trained officials only violates due-process If the indequate treatment is the result of deliberate indifference also results in a due process violation when officials fail to protect a detainee from harm and Safety and unsafe Conditions HELLING VS McKINNEY 509 US 25, 33 (1993) 509 US 25, 33

Eight Amendment when KING County Jail or other institution that would act with deliberate indifference to prison or jails that would exposes to unreasonable risk of serious harm and unsafe conditions HERNANDEZ vs County of Montery 110 F Supp 3d 929.

CONCLUSION

Any Citizens of the United States or other person within the Jurisdiction there of to the deprivation of any rights, or Privileges or immunities Secured by the Constitution and laws, Shall be liable to the party indured in an action at law, Suit in equity or other proper proceeding for redress, except that in any action brought against a Judicial officer. Under the United States Constitution inmate and Plaintiff My self have rights to medical Care and for Serious Medical needs and failed to do so violates the Fourteenth Amendment and The EIGHTH Amendment on what KING County Medical Staff did here here in My Brief. I would wan't relief from this Court and what I ask for in My Complaint and additional relief this Court deems and equitable.

CERTIFICATE OF FILING
AND MAILING Case# 73766-0

I hereby Certify that on September 28 2016 I Sent a Copy of Plaintiff BRIEF TO JESSICA HARDUNG KOZMA PROSECUTING ATTORNEY at 500 FOURTH AVENUE 9th FLOOR Seattle WASHINGTON 98104 AND ALSO Send a Copy to COURT OF Appeals at DIVISION 1 ONE UNION SQUARE 600 STREET Seattle, WASHINGTON 98101-4170.

I declare under Penalty of perjury under laws of the State of Washington that the Foregoing is true and Correct

Kirk Williams 879031-M-B-13
KIRK Williams - 879031 - M-B-1.
Airway Heights Correction Center
PO Box 2049 CM-B-13
Airway Heights, WA 99001
CasE# 737-66-0

COURT OF APPEALS DIV I
STATE OF WASHINGTON
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EXHIBIT B

PUBIC HEALTH INFORMATION

3 OF 8 JHS OPERATING PROCEDURE

8 OF 8

9 OF 10

2) Tuberculosis Infection Control
   a) Inmate Tuberculosis Screening
      i) Inmate TB screening is defined within the parameters of the current PH-SKC "Tuberculosis Infection Control Policy," and the current Center for Disease Control (CDC) "Core Curriculum on Tuberculosis."
   b) Inmates are identified for screening by the following criteria:
      i) Positive response to the TB questions on the Department of Adult & Juvenile Detention (DAJD) Receiving Screening Form
      ii) Foreign-born status noted on DAJD Receiving Screening Form
      iii) Inmate self-identifies as latent, active, or rule-out TB
      iv) Inmate kites with symptoms of tuberculosis
      v) Inmate is identified by the SKC TB Clinic as a patient or contact
      vi) Inmate is identified as a TB contact of a JHS-initiated TB contact investigation
      vii) TB skin testing offered to all inmates on request
      viii) HIV (+) or IDU
   c) PPD testing is not mandatory for inmates.
   d) Where inmate has positive PPD, review signs and symptoms, and refer for chest x-ray.
   e) Where signs and symptoms are positive, regardless of PPD status or result, immediately mask patient with a procedure mask, isolate, and refer to the medical provider.
      i) PPD results are broadly interpreted in the jail:

$\geq$5mm positive for: (+) HIV
Recent active TB contact
Evidence of fibrotic changes on CXR
Immuno-suppression

$\geq$10mm positive for: Recent arrival from areas where TB is endemic
Intravenous drug users
Congregate facility personnel
MTB lab personnel
High risk medical conditions such as diabetes

$\geq$15mm positive for: No known risk factors as listed above

c) Inmate Infectious Disease Surveillance beyond Intake

i) JHS screens inmates for communicable diseases during sick call, emergency care encounters, and mental health visits

ii) Provider staff are responsible to know the reportable disease list, and report all listed diseases in the appropriate timeframe to the appropriate agency

iii) JHS screens inmates for communicable diseases as a result of referrals from DAJD staff, outside agencies, or concerned parties

iv) JHS screens targeted populations in the jail for incidence of communicable disease as determined by surveillance and epidemiology indices

v) Through medical staff, DIS, and the JHS ICP, JHS coordinates with other SKC public health entities, such as the STD and HIV clinics, the Hepatitis clinic, and the TB clinic, in order to detect, isolate, manage, and prevent infectious disease in the jail facilities

vi) JHS participates and/or coordinates with research conducted by other public health entities to extent that the research protocol can proceed through the normal jail health processes or with minimal disruption to jail health operations

d) MRSA Surveillance

i) Details of MRSA Surveillance can be found in "Clinical Procedure: Skin and Soft Tissue Infection (SSTI) and MRSA Management" (effective date 11/26/07).

ii) Cluster cases are identified anecdotally. Should clusters be identified, then extra efforts are made to change out uniforms and linen, and reinforce the protocols regarding patient compliance to treatment in those housing areas

iii) MRSA case definitions can be found in "Clinical Procedure: Skin and Soft Tissue Infection (SSTI) and MRSA Management" (effective date 11/26/07).

iv) Identification of HA-MRSA or pulmonary MRSA is dependent upon communication of that finding between the provider and the ICP. HA-MRSA requires contact isolation, and pulmonary MRSA (regardless of resistance pattern) requires droplet isolation.

APPENDICES

1) JHS "Assignment of Inmate Precautions and Isolation for Infection Control," effective date 06/13/2006.
2) JHS, "Precautions Required for Selected Infections and Conditions in Adults," effective date 01/30/2006.
3) DAJD "Medical Precaution Alert," KC-DAJD form F-628, effective date 05/2006.
4) JHS "Source Person Testing for Infection Control," effective date 09/15/2005.

a) Monthly inspection is conducted of clinic areas to assure equipment is inspected and maintained, and that the unit is sanitary and safe.

INFECTIOUS DISEASE SURVEILLANCE

1) Inmate Infectious Disease Surveillance at Booking
   a) DAJD booking officer questions inmate about "skin sores," "TB – cough > 3 wks," and "infections" on the "DAJD Deferral Form." The purpose of this initial process is to identify any infectious process which would prevent the inmate immediate entry into the jail.
   b) JHS ITR RN screens the patient in detail for signs and symptoms of any infectious disease process, with particular attention to skin and soft tissue infections, signs of hepatitis, and clinical evidence of TB. The RN documents these findings on the "Receiving Screening Form."
2) Inmate Infectious Disease Surveillance Beyond Booking
   a) PH-SKC Communicable Disease section tracks jail reportable communicable diseases. This division collaborates with JHS where there is a potential non-TB communicable disease outbreak.
   b) The ICP and the OHN conduct non-TB infectious disease contact investigations as appropriate.
3) Skin & Soft Tissue Infection Surveillance
   a) A monthly report of skin and soft-tissue infections in the jail is produced based upon data provided by the contracted laboratory. This report examines:
      i) Methicillin-resistant Staphylococcus aureus (MRSA) and methicillin-sensitive (MSSA) cases
      ii) Monthly period prevalence
      iii) Trendline data for the prior 11 months

APPENDICES/REFERENCES:

<u>PH-SKC Documents</u>

1) PH-SKC "Exposure Control Plan," effective date 07/1992; revised 08/2014.
2) PH-SKC "Post-Exposure to Blood and/or Other Potentially Infectious Materials," effective date 08/23/2013.
3) PH-SKC "Workforce Immunization and Tuberculosis Surveillance Program," effective date 11/15/2010.
4) PH-SKC "Management of the Workforce with Communicable Disease/Exposure to Communicable Disease" effective date 02/15/2010.
5) PH-SKC "Infection Control for Clinic and Home Environments," effective date 12/09/1996.
6) PH-SKC "Approved Disinfectants and Cleaners," effective 10/2013.

EXHIBIT C

① INSONIAZID PROBLEMS ② LTBI TREATMENT MONITORIN TB

③ Knowledge

④ Knowledge

Isoniazid Oral tablet

What is this medicine?
ISONIAZID (eye soe NYE a zid) is used to prevent or to treat tuberculosis (TB).

This medicine may be used for other purposes; ask your health care provider or pharmacist if you have questions.

What should I tell my health care provider before I take this medicine?
They need to know if you have any of these conditions:
- diabetes
- HIV positive
- if you frequently drink alcohol-containing beverages
- kidney disease
- liver disease
- malnutrition
- tingling of the fingers or toes, or other nerve disorder
- an unusual or allergic reaction to isoniazid, other medicines, foods, dyes or preservatives
- pregnant or trying to get pregnant
- breast-feeding

How should I use this medicine?
Take this medicine by mouth with a glass of water. Follow the directions on the prescription label. Take this medicine on an empty stomach, at least 30 minutes before or 2 hours after food. Do not take with food. Take your medicine at regular intervals. Do not take your medicine more often than directed. For your therapy to work as well as possible, take each dose exactly as prescribed. Do not skip doses or stop your medicine even if you feel better. Skipping doses may make the TB resistant to this medicine and other medicines. Do not stop taking except on your doctor's advice.

Talk to your pediatrician regarding the use of this medicine in children. Special care may be needed.

Overdosage: If you think you have taken too much of this medicine contact a poison control center or emergency room at once.
NOTE: This medicine is only for you. Do not share this medicine with others.

What if I miss a dose?
If you miss a dose, take it as soon as you can. If it is almost time for your next dose, take only that dose. Do not take double or extra doses.

- breast enlargement or tenderness
- diarrhea
- headache
- upset stomach
- trouble sleeping

This list may not describe all possible side effects. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

What should I watch for while using this medicine?
Visit your doctor or health care professional for regular check ups. You will need blood work done regularly.

You may need to take vitamin supplements while on this medicine. Talk to your doctor about the foods you eat and the vitamins you take. Avoid antacids for 2 hours before and after taking a dose of this medicine.

Alcohol may interfere with the effect of this medicine. Avoid alcoholic drinks.

If you are diabetic check your blood sugar as directed. Also, you may get a false-positive result for sugar in your urine. Talk with your doctor.

Where should I keep my medicine?
Keep out of the reach of children.

Store at room temperature between 15 and 30 degrees C (59 and 86 degrees F). Protect from light. Keep container tightly closed. Throw away any unused medicine after the expiration date.

NOTE:This sheet is a summary. It may not cover all possible information. If you have questions about this medicine, talk to your doctor, pharmacist, or health care provider.

[Last revised: 05/05/2009]

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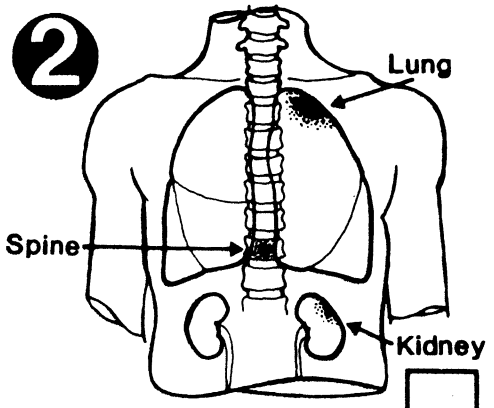
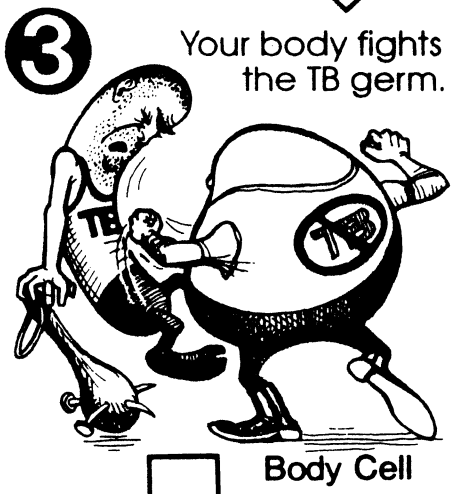
STOP TB

TB is spread when a person with active TB coughs, sings,or speaks and you breathe the air contaminated with TB germs.

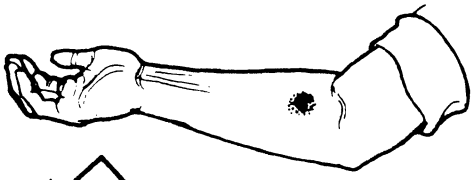
The germs reach your lungs. From there they can go to other parts of your body.



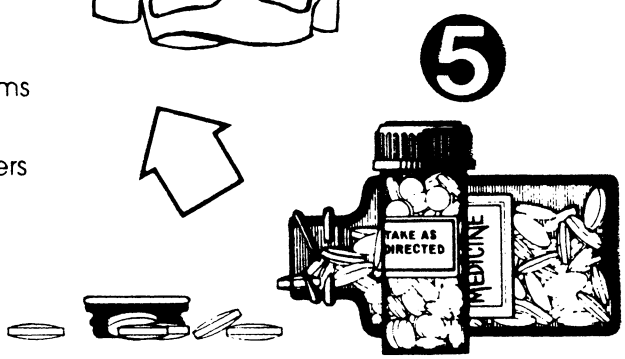


Usually the germs go to sleep in your body. This is called TB INFECTION.

- You have a positive skin test.
- You don't feel sick.
- You can't give TB to others.



You can take medicine to keep you from getting active TB.



If you don't take medicine, the TB germs may wake up and attack your lungs and other parts of your body. This is called TB DISEASE.

- You feel sick with fever, weight loss or cough.
- You have active TB germs in your body.
- You may give TB to others

You need to take your medicine to help you get better and to prevent you from spreading the TB germs to others.

CDC

WILLIAMS, KIRK

879031 12-03-78

LTBI TREATMENT MONITORING

OFFENDER I.D. DATA:

N = No Y = Yes**	Baseline	Week 4	Week 8	Week 12	Week 16	Week 20	Week 24	Week 28	Week 32	Week 36
DATE		10/7/11	11-7-11	12/14/11	1/11/12	2/8/12	3/14/12	4-11-12	5/23	062012
NON SPECIFIC										
Fatigue/weakness		N	N	tired	N	N	N	N	occ	N
Loss of appetite		N	N	N	N	N	N	N	N	N
Headache		N	N	occ	N	N	occ	N	rarely	sometimes
NEUROTOXICITY (INH, EMB)										
Numbness/tingling in extremities		N	N	Numbn Bilat toes chronic	Toes Numb	N	N	N	toes	toes
Visual changes		N	N	N	*	N	N	occ.	occ	sometimes blurry
MISCELLANEOUS										
Other		10-11	11-11	N 12-11	1-12	Nausea to meals 2-12	3-14 3-12	31 dose 4-12	40 5-12	49
ADHERENCE										
Number of doses taken since last visit		4	4/6	6/9	9	16	8		9	9
Provider initials:		SS					KD	KD	KD	

1/54

** If Yes, please circle and make entry as a comment below.

Total doses taken: _____

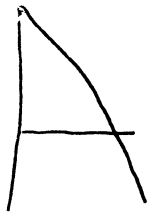
DATE	COMMENTS	FACILITY	INITIALS
12/14/11	No S/S of toxicity	AHCC	[illegible]
1-11-12	occ blurry vision momentary	AHCC	[illegible]
2-8-12	Doing well	AHCC	[illegible]
3-14-12 1015	No complaints; no S/S of toxicity. BP133/79 P62 R16 ¶96.8	AHCC	KD
5-23-12	No significant changes Labs DONE	AHCC	KD
062012	No signs of INH toxicity or active TB	[illegible]	[illegible]

State law (RCW 70.02; RCW 70.24.105; RCW 71.05.390) and/or federal regulations (42 CFR Part 2; 45 CFR Part 164) prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

EXHIBIT

1 of 8

Known About
TUBERCULOSIS



- Joint pain

However, most persons with chronic hepatitis do NOT have any symptoms. Even though a person may not have symptoms or feel sick from chronic hepatitis, damage to the liver can still occur. Symptoms can develop after many years as a sign of advanced liver disease.

Should I Get Tested for Viral Hepatitis?
Your doctor can diagnose both acute and chronic infection using one or more blood tests. You should get tested if you have any of the risk factors listed above. Typically, a person first gets a screening test that looks for antibodies to the Hepatitis B and C viruses. Antibodies are made by your body after you are infected. If the screening test is positive, different blood tests are needed to determine whether the infection has been cleared or has become chronic.

Is There Treatment for Hepatitis B and Hepatitis C?
There is treatment available for both Hepatitis B and Hepatitis C. Not everyone with viral hepatitis requires treatment. Treatment for Hepatitis B and C may include pills, shots, or both. Talk with your provider about the different treatment options available.

Educational trainings about Hepatitis are offered twice a month at WCC for a two-hour time block for those who are interested. A memo will be posted in each unit prior to each class to inform those interested of the date, time and location of the training. You will need to contact your unit Sergeant to be placed on the callout for this training if you choose to attend. These training are also held at the other DOC facilities Watch for memos or kite the Infection Control Nurse for additional information.

TUBERCULOSIS

What is Tuberculosis?
"TB" is short for tuberculosis. TB is caused by a bacterium called *Mycobacterium tuberculosis.* TB usually affects the lungs, but can attack any part of the body such as the kidney, spine and brain.

How is TB Spread?
TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with active TB disease of the lungs coughs, sneezes, speaks, laughs, or sings. People nearby may breathe in these bacteria and become infected.

What are the symptoms of TB?
Not everyone infected with TB bacteria become sick. TB can live in your body without making you sick. This is called **latent TB infection**. People with latent TB infection do not feel sick and do not have any symptoms. The only sign of TB infection is a positive reaction to the tuberculin skin test (also called the PPD) or special TB blood test. People with latent TB infection are not infectious and cannot spread TB bacteria to others. However, if TB bacteria become active in the body and multiply, the person will get sick with TB disease. Many people with latent TB infection never get TB disease.

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active, this is called **TB disease**. TB disease will make you sick. Symptoms of TB disease may include a bad cough lasting 3 weeks or longer, coughing up blood or sputum, chest pain, feeling weak and tired, weight loss, loss of appetite, fever, and sweating at night.

Should I Get Tested for TB?
Everyone in jail and prison should get tested for TB. Everyone is asked if they have any of the most common symptoms of TB disease at intake. You will also have testing for latent TB infection, either by a skin test or a special TB blood test. A positive TB skin test or TB blood test only tells that a person has been infected with TB bacteria. It does NOT tell whether or not the person has TB disease. Other tests, such as a chest x-ray and sample of sputum, are needed to see if a person has TB disease.

Is There Treatment for TB infection and TB disease?
People with latent TB infection do not feel sick and cannot spread the bacteria, but they may develop TB disease in the future. They are often prescribed treatment to prevent them from developing TB disease. Because there are fewer bacteria in a person with latent TB infection, treatment is much easier and usually only one drug is needed.

A person with active TB disease has a large amount of TB bacteria in the body. TB disease can be treated by taking several drugs, sometimes for a year or more. It is very important that people who have TB disease take the drugs exactly as prescribed for the entire course of treatment.

--If you have any other questions or concerns about this information, ask your provider or kite the Infection Control Nurse

Infection Control Program	JHS OPERATING PROCEDURE		
	Section:	Managing a Safe and Healthy Environment	
	Operating Procedure Number:	J-B-01	**Effective Date:** 06/03/2009
	Review Date:	12/31/2008, 06/03/2009, mm/dd/2010	

POLICY:

There is an effective infection control program.

PROCEDURES:

1) Exposure Control
   a) Standard Precautions
      i) Jail Health Services (JHS) standard precautions are defined within the current Public Health Seattle-King County (PHSKC) "Exposure Control Plan."
      ii) Correctional officers' standard precautions are defined within the scope of the current "Communicable Disease Safety Measures."
      iii) Jail custodial workers' standard precautions are defined within the scope of the current Facility Management Division (FMD) "Exposure Control Plan."
   b) Biohazardous Waste
      i) JHS biohazardous waste protocol is defined within the current PHSKC "Exposure Control Plan."
      ii) All closed and taped sharps containers are brought to the "Soiled Utility Room" and placed within the lined larger 28-gallon sharps containers.
      iii) Once weekly at the King County Correctional Facility (KCCF) in Seattle and twice monthly at RJC-Kent, a JHS staff member completes the Stericycle form, adheres it to the hard sharps container, and brings it to a secure area of the loading dock where it is picked up by Stericycle.
      iv) Upon picking up the hard containers, Stericycle then leaves replacement hard containers for the next week.
   c) Equipment Cleaning and Disinfecting
      i) JHS medical-related equipment cleaning and disinfecting are defined within the current PHSKC "Exposure Control Plan."
      ii) Non-critical items including blood pressure cuffs, percussion hammers, and stethoscopes are cleaned and disinfected as needed upon visual inspection.
      iii) Semi-critical items, which may come into contact with mucus membranes, include reusable ear or nasal specula, are cleaned and disinfected after each patient use.
      iv) Re-usable critical items, which are introduced directly into the bloodstream, are cleaned and sterilized according to the "Instrument Sterilization" procedure.
   d) Instrument Sterilization
      i) Contaminated items are placed in a defined dirty area, and sorted by size.

EXHIBIT

TB Screening 6 of 8
6 of 10
Declarations
David Jamse
Jason Booth By
ALBERTO ANTONI SOLIZ

D

Business Standards and Accountability
401 5th Avenue, Suite 900
Seattle, WA 98104
206-263-8252 Fax 206-205-3945
TTY Relay: 711
www.kingcounty.gov/health

Public Health
Seattle & King County

March 28, 2012

Kirk Williams
Airway Heights Correction Center
PO Box 2049
Airway Heights, WA 99001

RE: Health Records of Kirk Williams (B.D. 12/03/78)

Dear Mr. Williams:

Enclosed are copies of the health records you requested. No TB skin tests were in the record for 6/10/10 – 8/12/11.

Sincerely,

Dot McKim

Dot McKim
Release of Information Manager

Enclosure(s)

cc: Health Records, Jail Health Services, KCCF, Seattle (0G-022652)

v) If the airborne isolation room monitor turns red, the alarm may ring and JHS staff is instructed to notify DAJD staff who will then call the FMD engineering day or after-hours contact

vi) FMD will arrange for monitor calibration and air-exchanges per hour check as per FMD engineering requirements

k) ITR Electronic Airborne Alert

i) The JHS Infection Control Practitioner receives regular updated lists of active cases or patients of concern to the TB Clinic

ii) The persons on the list are placed into the "PHAM" screen of the correctional electronic platform by the JHS ICP

iii) Those individuals who have been in the jail before and have CCN numbers associated with their name will trigger the alert when booked in ITR

iv) Those individuals who have never been in the jail before and who do not have a CCN number associated with their name, will trigger the airborne alert in booking ONLY if the name and DOB match exactly with that entered into PHAM

v) Where an individual being booked triggers the electronic alert, the DAJD booking screen freezes, and directs the booking officer to "Mask and isolate the individual, and contact JHS nurse"

vi) When the alert is triggered, the JHS ICP is automatically paged, and HIPAA-compliant email alerts are sent automatically to several key individuals, including the JHS ICP

3) Environmental Sanitation

a) Cleaning and Disinfecting Jail Areas

i) Cleaning and disinfecting in the jail are guided by the current PSKC "Infection Control for Clinic and Home Environments," the current DAJD "Communicable Disease Safety Measures" manual, and the current FMD "Exposure Control Plan"

ii) JHS nursing staff will clean and disinfect all patient contact surfaces between patients, allowing for appropriate disinfection soak times as specified on product labeling

iii) Disinfectant is available to staff for post-cleaning disinfection

iv) Nursing post orders instruct that nurses will clean and disinfect patient contact and environmental surfaces in the patient care areas at shift end

v) DAJD or approved inmate trustees will clean and disinfect inmate areas according to DAJD protocols

vi) DAJD janitorial closets have appropriate cleaner and disinfectant dispensers for inmate trustee use, and guidance posted around worker protective measures and equipment

iv) Where inmate is transferred to the other KCCF/MRJC facility or to HMC for housing reasons

v) Where inmate is transferred to HMC or other medical facility for urgent/emergency care

vi) Where essential medical care cannot be conducted in the airborne isolation room

h) Airborne isolation is discontinued by provider order, and communicated to DAJD and classifications via an appropriately completed "572" form

8) Negative Air Engineering

a) JHS medical staff role in assuring negative air pressure, and alarm function where desired pressures are not achieved, is described in the current JHS "Isolation Room Procedures."

b) FMD performs quarterly maintenance in the rooms, including changing the HEPA filters. They also perform, at minimum, annual airflow checks to assure required pressures, and overall negative air functioning.

9) Active TB Case Contact Investigations

a) JHS conducts contact investigations of active pulmonary TB cases determined to be infectious while housed in other than negative air during incarceration.

b) The ICP is responsible for identifying and testing potentially exposed inmates while in jail.

c) The OHN is responsible for potentially exposed JHS, DAJD staff, and other staff categories.

d) CDC contact investigation standards are employed, including initial, and expanded, concentric circles implementation based upon risk criteria and testing results.

e) Proximity reports detailing inmate movements and housing are generated by DAJD ITS to facilitate accurate identification of contacts.

f) The contact investigation is conducted in collaboration with the PH-SKC TB Control Program. Inmate contacts who are out-of-jail at the required testing period (baseline or follow-up), are shared with the TB Control Program for follow-up in the community, and are placed on the electronic airborne alert list in order to rapidly identify and test should they become re-incarcerated.

ENVIRONMENTAL SANITATION

1) Cleaning and Disinfection of Clinic Areas

a) Cleaning and disinfecting in the jail are guided by the current PH-SKC "Infection Control for Clinic and Home Environments," and the current FMD "Exposure Control Plan."

b) JHS nursing staff clean and disinfect all patient contact surfaces at the beginning of their shift, as well as between patients as appropriate.

c) Appropriate cleaning and disinfectant products are detailed in the current "PHSKC Approved Disinfectants and Cleaners."

①

SUPERIOR COURT OF WASHINGTON
COUNTY OF

KIRK WILLIAMS
Petitioner(s),

v.

KING County Jail Facility
Defendants

No. 13-2-29012-0 SEA

DECLARATION OF
David James
Civil Action
No.

When I was in King County Jail which was back in 1994-95, I was there for almost a year, I ended up being exposed to Tuberculosis.

I didn't find out about this, however, until I went to the Shelton Processing Center and I was checked for it.

Prior to this, there were no signs of me having it.

I was told that since the air in King County Jail was only repush through the buildings system and not fresh air pulled from the outside and having other people there that had Tuberculosis, that this is how I was exposed to it.

This is also in my medical records and can be verified.

(2)

Petitioner, David James, hereby certifies and declares under penalty of perjury under the law of the State of Washington that the following is true and correct:

Date on the 09 day of August, 2013.

David James
Signature

JAMES, DAVID L. # 927414
Printed Name and D.O.C.#

SUPERIOR COURT OF WASHINGTON
COUNTY OF

Kirk williams
Petitioner(s).

No 13-2-29012-0SEA

KING COUNTY v. FACILITY & CLAUDI BALDULI DIRECTOR MEDICAL DIRECTOR MANAGER

DECLARATION OF
JASON BOOTHBY
No. civil Action

MY NAME IS JASON BOOTHBY, I WAS ALSO THERE WHEN MR. WILLIAMS WAS AT KING CO. JAIL. MY BOOKING DATE WAS 1-27-11. MY DOC# IS 35033. MY CELL WAS NEXT DOOR TO MR. WILLIAMS. WHEN I WAS THERE I WAS NEVER SCREENED FOR THE TB TEST. I ALSO TOLD THE MEDICAL NURSE THAT I HAD T NOTHING WAS DONE AND NO MEDICATION WAS PROVIDED TO ME. I COULD OF SPRE TB TO MR. WILLIAMS AND OTHERS BECAUSE THE SAME AIR WE BREATH WAS FRO A VENTILATION SYSTEM THAT RECYCLED AIR THAT PASSES THROUGH ONE CELL TO ANOTH THERE IS NO FRESH AIR UNTIL YOU GO TO THE GYM, WHERE THE WINDOWS WHERE OPEN. THAT WAS THE ONLY PLACE FOR FRESH AIR TO ENTER THE JAIL. THAT CAUSE "THE SPREAD OF MY TB, FOR NOT SCREENING ME AND TESTING FOR TB." I SHOULD HAVE BEEN ISOLATED FROM POPULATION.

I DECLARE UNDER PENALTY PERJURY UNDER THE LAW OF THE STATE WASHINGTON THAT THE FORGOING IS TRUE AND CORRECT.

DATED 9/28/2013

Petitioner

JASON BOOTHBY

(Page 2) Print or type Name

My name is Alberto, Soliz Doc # 355541
I was at King County at 4 27/2011 I was from
a foreign place and I was never screend for
Tuberculosis. The Correctional facility violated
my due process clause and policy to Justification
the standard of a Detainess right to receive
adequate Medical care or treatment and protection
from infection. This violate the responsibility
of the health authority the negligence of
failing to adopt, or follow procedure for screening
arrested offenders for TB and isolate those that
are infected. This violate the resonsibility of
health authority the negligence of failing to
adopt, or follow procedure for Screening arrested
offenders for Tuberculosis and isolate those that
are infected is negligence even Culpable negligence
by Correctional facility

#355541

Alberto Antonio Soliz