FILED
Court of Appeals
Division II
State of Washington
6/19/2020 4:41 PM

NO. 54629-9-II

COURT OF APPEALS, DIVISION II
OF THE STATE OF WASHINGTON

In re the Personal Restraint Petition of: ROBERT R. WILLIAMS, Petitioner.	DEPARTMENT OF CORRECTIONS' RESPONSE

Respondent, the Washington Department of Corrections, by and through its attorneys of record, ROBERT W. FERGUSON, Attorney General, and HALEY BEACH, Assistant Attorney General, hereby submits its Response to the Personal Restraint Petition of Robert W. Williams and respectfully requests that the Court dismiss the Petition.

I. INTRODUCTION

Petitioner Robert Williams is serving a twenty-two year sentence for attempted murder, robbery, and burglary. He seeks release from confinement on grounds that the Department of Corrections' allegedly inadequate response to the Covid-19 pandemic renders the conditions of his confinement unconstitutional. His arguments are unfounded factually and legally. Since the notification of the pandemic, the Department has taken aggressive and effective action to mitigate the risk to the incarcerated population. This has included drastic steps to reduce the prison population, minimize transmission of the virus into and within prisons, and provide prompt medical care to those like Williams who contract the virus. Under

these circumstances, Williams cannot show that his conditions of confinement violate the Eighth Amendment to the United States Constitution or article I, section 14 of the Washington Constitution. And even if he were to show that his conditions of confinement were somehow unconstitutional, his remedy would not be release, but rather an order that the conditions be made constitutional. Accordingly, Williams cannot receive the relief he seeks and the Court should dismiss his Petition.

II. BASIS OF INCARCERATION

Petitioner Robert W. Williams, DOC #722679, is incarcerated at the Airway Heights Corrections Center, a Washington Department of Corrections (Department or DOC) prison. He is incarcerated pursuant to a Judgment and Sentence entered in Pierce County Superior Court for one count of Second Degree Attempted Murder, one count of First Degree Robbery, and one count of First Degree Burglary, each with a deadly weapon enhancement. Exhibit 1, Declaration of Cherrie Melby, Attachment A, Offender Management Network Information (OMNI) Legal Face Sheet at 4; *see* Petition at 2-3. On February 3, 2009, Williams began serving a total prison sentence of 270 months and 21 days for these convictions. Exhibit 1, Attachment A at 4. Williams is currently serving time only on the Second Degree Attempted Murder sentence, with an earned release date of April 30, 2028. Exhibit 1, Attachment A at 4. Williams is not challenging his underlying convictions. *See* Petition at 4.

III. STATEMENT OF THE CASE

Williams has argued for relief only on the basis that the risk of Covid-19 in prison has created unconstitutional conditions of confinement such that his criminal sentence and lawful confinement have become an unlawful restraint. Williams' arguments fail as a matter of fact and law. The Department mounted an early, expansive, and effective response to Covid-19 and continues to devote vast resources to combat the pandemic. The Department has responded reasonably to the risks of harm from Covid-19 and has provided Williams quality medical care. The Department has not been deliberately indifferent to a substantial risk of serious harm to Williams—quite the opposite, in fact. The Department continues to take extraordinary measures to protect the incarcerated population, Department staff, and the wider community from COVID-19. And it has provided Williams a high level of medical care.

A. The Department's Robust and Effective Response to Covid-19

For the past four months, the Department has prioritized agency staff duties and resources in response to the COVID-19 pandemic. To date, the Department has devoted in excess of 364,016 staff hours and $18,534,471.00 to mitigating the risk of COVID-19. The scope of this response makes it impossible to describe every step the Department has taken, but the key measures most relevant to Williams' Petition are summarized below. Exhibit 2, Declaration of Julie Martin at 2.

1. DOC Health Services and Infectious Disease Prevention

Each DOC major prison has in-house medical facilities, led by a Facility Medical Director who is a physician, and staffed with various healthcare providers. DOC's prison medical facilities are similar to a primary care clinic in the community. DOC has a Communicable Disease and Infection Prevention Program.[1] A Board-Certified Infectious Disease Doctor oversees the program, and each major prison facility has an Infection Prevention Nurse position among its staff. DOC trains all employees on communicable diseases and infection prevention when hired, and they receive annual in-service trainings thereafter. A cornerstone is medically assessing and screening individuals for infectious diseases as they enter prison. This occurs at the two reception centers: the Washington Corrections Center and the Washington Corrections Center for Women. As explained more fully below, DOC enhanced this process in response to the COVID-19 outbreak. Exhibit 2 at 3-4.

2. Early Covid-19 Response Planning and Incident Command Activation

Because of DOC's existing, robust infectious disease prevention infrastructure, and with our staff well trained in Incident Command System emergency management, the Department was able to respond quickly to the COVID-19 outbreak in Washington State and we have been able to adapt

[1] https://www.doc.wa.gov/information/policies/showFile.aspx?name=670000.

and update its approach as needed. Exhibit 2 at 4. On January 24, 2020, DOC Health Services staff issued a notification to all staff entitled "Novel Coronavirus" advising that on January 20, 2020, the Centers for Disease Control (CDC) confirmed one case of novel coronavirus in Washington State. The notification advised staff to contact a health care provider if they developed a fever, cough, or difficulty breathing, and to take normal precautions to avoid spreading illness, such as handwashing and covering coughs and sneezes. Exhibit 2 at 4-5.

On February 9, 2020, DOC opened its Emergency Operations Center (EOC) at its Headquarters in Tumwater, to support statewide COVID-19 response efforts. DOC deployed approximately 15 staff in support of this effort, and allowed the Department of Health (DOH) to use DOC's Maple Lane property for the State's response efforts. Exhibit 2 at 5. On February 14, 2020, DOC Health Services issued an updated notification to all staff regarding the novel coronavirus and CDC-recommended guidance and precautions. On February 20, 2020, Secretary Sinclair sent a message to all staff regarding the Department's steps to assist DOH, and included notice that the CDC's then-updated COVID-19 precautions indicated that the virus could only be passed through close contact with someone who had symptoms, similar to influenza. Exhibit 2 at 5.

3. The Department's EOC Expansion and Initial COVID-19 Response Efforts

On March 2, 2020, Secretary Sinclair officially expanded the Department's previously activated EOC to oversee the Department's response to COVID-19. This set in motion a process for coordinated planning, implementation, and response to COVID-19 across all DOC divisions. The EOC operates within the framework of the Incident Command System, a standardized approach to command, control, and coordination of emergency response efforts. Initial planning work involved updating DOC's Public Health Pandemic Plan, establishing points of contact at each facility for COVID-19 matters, and developing a tracking form for staff who called in sick with flu-like symptoms. Exhibit 2 at 6.

The Department also promptly advised stakeholders about COVID-19 and the agency's response to it. This included posting information on the Department's public website[2] and on each prison facility's homepage asking visitors not to visit if they felt sick with a fever, cough, or difficulty breathing, and it announced a new screening process for visitation. A similar message went out via email to the Statewide Family Council, a group comprised of incarcerated individuals' family members, and the Office of the Corrections Ombuds (OCO) regarding the Department's response to COVID-19. Exhibit 2 at 6-7.

[2] https://www.doc.wa.gov

Similarly, on March 5 and 6, 2020, the Department also sent messages to the incarcerated population about the agency's COVID-19 response efforts and precautions they should take. The messages instructed incarcerated individuals to report to facility Health Services if they were not feeling well. DOC waived the standard $4.00 copay for patient-initiated visits otherwise required by statute. Exhibit 2 at 7.

On March 12, 2020, the Department activated ICPs at each of its prison facilities. These ICPs have been operating continually since that day, five to seven days a week. The ICP designation gives the responsibility for facility incident management to a single person with the authority to make decisions 24/7. To ensure a common operating picture and consistency in operations, both facility management and Health Services management are co-located in the ICPs. Exhibit 2 at 7.

On March 15, 2020, the Department implemented an enhanced screening process for all staff, contract staff, contractors, and volunteers. All facilities and offices have been conducting enhanced screening, including taking temperatures, since March 16, 2020. The Department has encouraged staff to telework if able. DOC has posted DOH fliers in public areas to provide additional information and guidance regarding common preventative measures everyone can take to stop the spread of COVID-19. Exhibit 2 at 7-8.

4. DOC's COVID-19 Screening, Testing, and Infection Control Guideline

In early March, the Department's Chief Medical Officer, Infectious Disease Doctor, and other Health Services staff developed guidelines specific to COVID-19 screening, testing, and infection control, entitled "WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline." Health Services staff has updated the guideline as needed to reflect the rapidly evolving nature of the COVID-19 pandemic. Exhibit 2 at 8-9, Attachment A. This document outlines DOC's requirements for screening of staff and inmates; guides clinical evaluation of patients referred through the COVID-19 screening process; details testing procedures; includes precautions for high risk individuals; governs the clinical care of patients with suspected or confirmed COVID-19; defines infection control and prevention through isolation and quarantine protocols; and establishes personal protective equipment (PPE) requirements for clinical and custody staff. Exhibit 2 at 9.

Testing for COVID-19 has been limited in the United States. In anticipation of this, DOC ordered hundreds of test kits early on. As DOC has used test kits, it has requested and obtained additional kits to maintain an adequate supply. COVID-19 testing is available in all DOC prisons and DOC has 10,333 test kits on hand, with an additional 20,000 test kits requested from the State EOC. Exhibit 2 at 9-10.

The Department has had sufficient test kits to administer tests in accordance with DOH guidelines. DOC has worked with the Washington State DOH public health laboratory, the University of Washington Virology Laboratory, and InterPath Laboratory to process DOC tests. When the tests are administered, the providers are required to notify the DOC facility Infection Prevention Nurse, Facility Medical Director, and Health Services Manager, for tracking purposes. This testing information is updated every weekday and available on the Department's website.[3] Exhibit 2 at 10.

The Screening, Testing, and Infection Control Guideline also outlines the plan for care of individuals with suspected and confirmed COVID-19. The practitioner will determine the level of care that is appropriate based on the patient's condition. Patients with confirmed COVID-19 will receive nursing assessments and vital sign examinations at least every eight-hour shift, and those in higher risk categories will be closely monitored regardless of their care setting. Patients will be transferred to outside hospitals and emergency departments when appropriate. Triage to the appropriate care setting and subsequent monitoring are important aspects of clinical care for patients with COVID-19 and are a key component of DOC's clinical care of patients with suspected or confirmed COVID-19. There is also a DOC COVID medical

[3] https://www.doc.wa.gov/corrections/covid-19/default.htm

duty officer who is available by phone for questions and consultation. Exhibit 2 at 10-11.

5. The Department's Commitment to Transparency

The Department has been committed to maintaining transparency with the public and community partners since the beginning of its response. This includes updating its public website with current COVID-19 information at least every weekday with a daily status report (Significant Events Timeline) and the most updated numbers on testing, isolation, and quarantines of incarcerated individuals. The Department's website also has updated information on the number of staff who have self-reported testing positive. Exhibit 2 at 11, Attachment B.[4]

During the COVID-19 crisis, the Department has regularly communicated with the OCO, Statewide Family Council, and the incarcerated population (in written messages in English and Spanish). Each facility has weekly or biweekly calls with its local Family Council. The OCO previously hosted phone calls every weekday, during which members of the public and DOC staff participated. Currently the OCO hosts calls each Thursday from 4:30 p.m. to 5:00 p.m. with the same stakeholders participating. Exhibit 2 at 11-12.

[4] *See* https://www.doc.wa.gov/news/2020/docs/daily-situation-report.pdf

6. Reduction and Screening of Individuals Entering DOC Facilities

On March 13, 2020, DOC suspended all visitation indefinitely. DOC communicated this decision broadly to stakeholders, including incarcerated individuals, the Statewide Family Council, the OCO, legislators, and the media. On March 20, 2020, DOC suspended all volunteer programs and stopped allowing volunteers into its facilities. Exhibit 2 at 12-13.

With the onset of the crisis, the Department began screening all new intakes for COVID-19 using screening questions and a temperature check. Similarly, all individuals transferred from one Department facility to another have their temperature taken prior to boarding to a transport vehicle and upon arrival at the receiving facility. Incarcerated individuals who fail the screening process are required immediately to don a surgical mask and are placed in an isolated area. Exhibit 2 at 13.

Incarcerated individuals who have tested positive for COVID-19 or are suspected of having COVID-19 can only be transported with the approval of the Department's Chief Medical Officer. Staff transporting such individuals are required to wear gloves, eye protection, a gown or disposable coveralls, and an approved respirator. If staff cannot wear a gown due to security concerns, they are required to disinfect their gear after transport. DOC protocols require staff to disinfect transport vehicles and restraints before and after each transport, as well as at the end of the day.

Exhibit 2 at 13. And new system intakes are subject to a 14-day quarantine. Exhibit 2 at 14.

7. Mandatory Screening of all Staff Entering Facilities

On March 15, 2020, DOC began screening all staff entering its facilities. This includes screening questions and a temperature check. If staff fail the screening process, they are refused entry to the facility and must leave. Employees who fail screening are able to return to the facility only after being cleared through a secondary screening process that involves screening by a medical professional. Department staff who screen staff entering correctional facilities wear PPE, including gloves, a surgical mask, a disposable gown, and eye protection. Physical screening barriers are also used in many locations. Exhibit 2 at 14.

In addition to screening staff entering facilities, the Department has limited the number of access points at its facilities and encouraged staff who are able to telecommute to do so. In a memo to all staff, DOC Secretary Sinclair also encouraged staff, when not working, to abide by the Governor's Stay Home, Stay Healthy proclamation, to minimize any potential exposure that staff may have in the community and help prevent COVID-19 from being brought into facilities. And DOC has formalized a process for contact mapping when a staff member is suspected of having, or tests positive for, COVID-19. This process identifies incarcerated individuals who have had close contact with a staff member who has tested

positive for COVID-19, and who therefore require quarantine. Exhibit 2 at 14-15.

8. DOC Has Reduced Intrasystem and Intersystem Transfers

The decreased operations of the courts has resulted in a reduction in intakes from county jails. This has allowed the Department to reduce the frequency of transports from certain jails, such as the King County Jail, the Pierce County Jail and the Kitsap County Jail to once every other week. As discussed further below, DOC has also significantly reduced the incoming population by implementing a new protocol for arrests for violations of community custody. Exhibit 2 at 15.

Also, as part of the Department's social distancing protocols within correctional facilities, staff received direction to minimize classification overrides for promotions or demotions. The intent and effect of this direction is to reduce movements. Any override or demotion that would result in the relocation of an inmate from one facility to another must first be cleared by DOC Health Services. Exhibit 2 at 16.

On April 6, 2020, the Department suspended transfers from the MCC and the Stafford Creek Corrections Center through May 11, 2020. No transfers to or from those facilities could occur unless individuals needed a higher level of care that could not be met at their current facility. The Department currently is not allowing transfers into Coyote Ridge

Corrections Center, and transfers out of Coyote Ridge are permitted only for COVID-19 or other medical reasons. Exhibit 2 at 16.

Scheduled releases are occurring consistent with normal practice. Medical staff created a checklist to ensure appropriate steps are taken before releasing an individual from isolation into the community. Exhibit 2 at 16.

9. DOC Implemented Guidelines for Use of PPE

DOC issued guidance on the use of PPE for staff. The use of specific PPE depends on the situation and role of the staff member. The Department has updated its guidance and continues to evaluate and refine its guidance. All staff members are required to view the online PPE training. Exhibit 2 at 17. On April 14, 2020, the Department also implemented a specific process for ordering new PPE that allows the Department to more efficiently manage the purchase of PPE and effectively source PPE in light of the increased nationwide demand. Exhibit 2 at 17.

DOC Correctional Industries also has been manufacturing PPE, including gowns, face shields, masks, and hand sanitizer. Correctional Industries developed a prototype hand sanitizer dispenser and manufactured sufficient dispensers for distribution to all facilities for supervised use by incarcerated individuals. Correctional Industries also produced and has shipped screen barriers to all facilities to provide enhanced screening stations at individual work sites. Exhibit 2 at 17-18.

10. Strict Cleaning and Disinfection Procedures in all Facilities

In early to mid-March, all DOC locations instituted an intensive cleaning protocol focusing on sanitizing high touch surfaces such as telephones, kiosks, counters, and doors, as well as medical, vulnerable population, and high traffic areas. Cleaning products used include EPA-registered disinfectants. The Department also has increased the number of trained incarcerated individuals to support the additional cleaning and sanitizing protocol. Exhibit 2 at 18. On March 27, 2020, the Department gave further direction to Department staff, through a memo, about the use of cleaning and sanitizing products. This memo identified the cleaning products available to Department staff that are approved for use against COVID-19, including instructions for mixing the cleaners and bleach to comply with CDC guidelines. Exhibit 2 at 18. DOC also provides incarcerated individuals access to cleaning products, including spray disinfectant, and encourages them to clean their cells more frequently, and to help keep common areas clean. Exhibit 2 at 19.

11. Hygiene Emphasis and Free Hygiene Items

DOC has provided two no-cost bars of soap to every incarcerated individual and will continue providing no-cost soap for the duration of the pandemic. Soap also is available and continually restocked in the common

areas. All incarcerated individuals have access to running water and hand drying machines or paper towels for hand washing. Exhibit 2 at 19.

As noted, Correctional Industries is manufacturing alcohol-based hand sanitizer and wall-mounted dispensers. On April 15, 2020, Correctional Industries began distributing hand sanitizer and dispensers to every Department facility, for use by incarcerated individuals and staff. Within the first several days after alcohol-based hand sanitizer was made available to the incarcerated population, one individual required medical care after ingesting the sanitizer. As a result of that incident, alcohol-based hand sanitizer is available to incarcerated individuals only in areas such as dayrooms where there is staff supervision. Correctional Industries also distributed face shields to every Department facility so that each facility has face shields available for use. Exhibit 2 at 19.

The Department has regularly communicated with staff and the incarcerated population regarding precautionary measures such as good hygiene practices and social distancing. This has occurred through kiosk messages, memos, and posting of DOH, CDC, and other COVID-19 and hygiene-related materials in public areas and areas visible to the incarcerated population. Exhibit 2 at 20.

12. DOC Implemented Social Distancing Measures in all Facilities

On March 20, 2020, the Department implemented social distancing protocols in its prisons. The goal of these protocols is to encourage everyone to maintain a distance of six feet from each other when possible. The social distancing protocols discourage physical touching or handshakes, limit inmate work crews to no more than 10 individuals unless six-foot distancing can be maintained with a larger crew, and limit dining room occupancy to only the number that allows for six-foot social distancing. The protocols also reduce classroom and programing to facilitate six-foot social distancing; stagger pill lines to allow social distancing; stagger movements within prisons as necessary to maintain social distancing; limit the number of individuals in the outside yards to no more than 50, unless approved by Headquarters; mandate closure of weight lifting facilities; and adjusted religious services to ensure individuals are able to practice their faith while maintaining social distancing of six feet. Exhibit 2 at 20. On March 23, 2020, the Department supplemented the Social Distancing Protocols to enable facilities experiencing extended meal periods due to social distancing requirements to develop alternative meal processes, including "grab and go" and / or in-cell feeding when warranted. Exhibit 2 at 21.

13. Precautionary Measures for Units with Vulnerable Populations

There are special housing units within DOC facilities where elderly and / or infirm individuals reside. These units include infirmaries at major facilities, the Sage Unit at Coyote Ridge Corrections Center, and the K Unit at Airway Heights Corrections Center. Because these populations are potentially vulnerable to severe illness from COVID-19, on March 18, 2020, DOC issued special restrictions intended to mitigate the risk to these special populations.[5] The restrictions limit the staff who may enter the units and require that all staff entering the units first wash their hands and don appropriate PPE. The restrictions further limit the movement of incarcerated individuals in and out of the units and provide for meals on the units rather than in the dining halls (except that K Unit dines separately in the dining hall that has been sanitized before use). And these procedures encourage frequent hand washing and allow individuals to self-quarantine in their cells, if they desire. Exhibit 2 at 21-22.

14. COVID-19 Isolation and Quarantine Procedures

DOC has in place measures to immediately isolate patients suspected or confirmed to have COVID-19. These measures include requiring the patient to wear a surgical mask until the patient can be isolated, isolating and testing symptomatic patients, and quarantining patients who

[5] https://doc.wa.gov/news/2020/docs/2020-0318-special-population-unit-guidelines.pdf

may have been exposed to COVID-19. Exhibit 2 at 22. While in medical isolation, the individual is required to be assessed at least once every eight-hour shift and will receive all necessary medications at cell-front. Additionally, droplet precaution procedures are put in place, ensuring that staff wears appropriate personal protective equipment when within 6 feet of the isolation cell. Isolated patients generally are not allowed out of their cell absent a medical or security emergency, and they will remain in isolation until they are symptom-free for 14 days or have been symptom-free for 72 hours and have tested negative for COVID-19 twice, with at least 48 hours between tests. Exhibit 2 at 22-23.

The Department also has implemented measures to quarantine asymptomatic individuals who have had close contact with suspected or confirmed COVID-19 patients. Quarantined patients are required to be housed alone or cohorted with other quarantined patients from the same exposure. The Department's procedures mandate that if a quarantined patient becomes symptomatic, they immediately will be removed from quarantine and placed into medical isolation. Quarantined patients receive nursing assessments twice daily, and are generally to remain in quarantine for 14 days. Access to commissary is being provided to quarantined and isolated patients. The Department also created a checklist and system for tracking individuals with COVID-19 symptoms to assist in quarantine, isolation, and contact mapping efforts. Exhibit 2 at 23.

15. Mandatory Face Coverings for all Staff and the Incarcerated

On April 10, 2020, Secretary Sinclair mandated that all facilities implement plans to ensure that all staff and incarcerated individuals wear face coverings within correctional facilities. On April 14, 2020, the Department updated its PPE matrix and distributed the matrix to all Department staff. This matrix reflected the new mandatory requirement that all staff wear face covering, and it also provided guidance to staff about the type of face covering that is required for different situations. For staff, approved face coverings include DOC-provided expired N95 respirators (approved for use by CDC), a self-provided surgical mask, or a cloth face covering such as those that can be made following CDC online instructions. For the incarcerated population, the Department provides bandana face covering packs that include all materials necessary to make two face coverings using the included CDC instructions. DOC has shared visual depictions of the proper way to wear face coverings. Exhibit 2 at 24.

16. DOC Regional Care Facilities Created for COVID-19 Patients

To ensure the Department was prepared for a significant increase of in the number of COVID-19 cases within its facilities, DOC worked with DOH, the DOH Statewide Isolation Task Force, and the United States Army Corps of Engineers to create Regional Care Facilities. The Regional Care Facilities will safely and comfortably house incarcerated individuals who

have tested positive for COVID-19 and may require more comprehensive medical attention and isolation from healthy populations, but do not require hospitalization. If an individual's medical condition or needs become severe, the Department and medical personnel will work with hospital partners to provide the necessary care. Exhibit 2 at 25.

Operationalizing the Regional Care Facilities has required construction and procurement of necessary medical and other equipment, such as medical beds. The Regional Care Facility at Airway Heights Corrections Center is open, and the Regional Care Facilities at MCC and the Washington Corrections Center are expected to be available for use soon. As of June 18, 2020, there are 21 incarcerated individuals housed in the Airway Heights Regional Care Facility. Exhibit 2 at 26.

17. Mitigating the Risk to the Community Custody Violators

DOC has taken steps to mitigate the risk to individuals serving terms of community custody, including reducing the number of individuals returned to confinement for violations of conditions of community custody, which in turn reduces prison population and risk to incarcerated individuals. In response to the COVID-19 pandemic, DOC made the discretionary decision to amend the arrest protocol for individuals who violate conditions of community custody. DOC's amended protocol allows staff to arrest individuals only for high-level violations. DOC also made the discretionary

decision not to send staff to take custody of individuals arrested by local law enforcement. Exhibit 2 at 26.

The waiver allowed DOC to impose non-confinement sanctions, rather than sanctions of confinement, for what would otherwise be low-level violations, thereby reducing the number of individuals placed in county jails and DOC facilities. This proclamation expired and was not extended by the Legislature. Declaration of Julie Martin, at 18; *see* RCW 43.06.220(4). DOC took several other steps that helped reduce the violator daily population by over half, from 1,900+ pre-COVID-19 to less than 1,000 currently. Exhibit 2 at 26-28.

18. Compliance with CDC Correctional Facility Guidelines

On March 23, 2020, the CDC issued guidance specific to corrections facilities.[6] The CDC Guidance noted that the guidance did not require strict compliance, and "may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions." The CDC Guidance serves as recommendations for correctional facilities and advises facilities to work with state and local health departments to determine what procedures a particular prison should implement. DOC has substantially complied with all the CDC Guidance as explained in detail in the Declaration of Julie Martin. Exhibit 2 at 30-34.

---

[6] https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

19. Density Reduction at Minimum Security Camps

On April 10, 2020, DOC began work to reduce density at stand-alone and co-located MI2 facilities or "camps" that have dormitory and/or open-bay living quarters. The goal was to allow, at a minimum, six feet of physical distance between the sleeping areas of incarcerated individuals in these locations. As of April 16, 2020, all moves had been completed, with 320 total individuals having been moved within the six camps to enhance social distancing with six feet of distance between individuals in the new sleeping areas. These moves have assisted DOC in its efforts to achieve six-foot spacing in the existing sleeping areas. Exhibit 2 at 34-37.

20. Prison Population Reductions under Discretionary Authority

The Governor and the Department coordinated for weeks to determine whether and how to reduce the prison population to allow increased physical distancing in prisons without jeopardizing public safety or adversely impacting released individuals' chances for success in the community. Exhibit 2 at 37.

On April 15, 2020, Governor Inslee issued Emergency Proclamation No. 20-50 – Reducing Prison Population.[7] Using his emergency powers under RWC 43.06.220, Governor Inslee suspended in full or in part sixteen

[7] *See* https://www.governor.wa.gov/office-governor/official-actions/proclamations

different statutes to facilitate immediate prison population reductions. The Emergency Proclamation also directed the Department to continue to explore actions to identify other incarcerated individuals for potential release through Rapid Reentry, furlough, commutation, or emergency medical release. Exhibit 2 at 37-38.

Also on April 15, 2020, Governor Inslee signed an Emergency Commutation[8] in Response to COVID-19. This Emergency Commutation was made possible by the actions taken and statutes suspended in Emergency Proclamation No. 20-50. The Emergency Commutation commuted the remaining confinement portion of the sentences of incarcerated individuals who were in DOC confinement and: 1) did not have any violent, serious violent, or sex offense convictions as defined in RCW 9.94A.030 during their current period of DOC jurisdiction; and 2) had an earned release date on or before June 29, 2020. The Emergency Commutation directed DOC to effectuate these releases within seven days, or as soon as could reasonably be achieved thereafter, and directed DOC to make reasonable efforts to notify all interested parties, including any victims, at least 48 hours prior to an individual's release. In total, 422 individuals were released through this commutation. Exhibit 2 at 38.

[8] *See* https://www.governor.wa.gov/news-media/inslee-issues-new-orders-reduce-prison-populations-during-covid-19-outbreak

On April 16, 2020, DOC issued a press release outlining steps Secretary Sinclair was taking, based on Governor Inslee's Emergency Proclamation 20-50, to provide more physical distancing in prisons.[9] The Department created a Rapid Reentry program in response to the COVID-19 pandemic by way of modifications to the Graduated Reentry Program, see RCW 9.94A.733. This change was made by possible by the suspension of several statutes in the Governor's Emergency Proclamation No. 20-50. The Rapid Reentry program allowed incarcerated individuals an opportunity to serve an expanded portion of their sentence of confinement in the community on electronic monitoring, for up to six months. Individuals are subject to conditions and, if they violate those conditions, they could be returned to confinement. The Rapid Reentry program included individuals who meet the CDC guidelines of those at higher risk for health complications from COVID-19. In total, 528 individuals were released through the Rapid Reentry Program, which concluded on May 15, 2020. A rapid reentry guide was provided to those releasing into the community in response to COVID-19. Exhibit 2 at 38-39.

By the statutory furlough authority vested in DOC Secretary Sinclair, he granted emergency furloughs to 66 individuals in work release settings, as established through careful review of legal and safety

[9] *See* https://doc.wa.gov/news/2020/docs/2020-0416-all-staff-upcoming-transfer-of-individuals-back-to-the-community.pdf

considerations. A furlough is an authorized leave of absence for an eligible individual, without any requirement that the individual be accompanied by, or be in the custody of, any corrections official while on such leave. Furloughed individuals are subject to their conditions of furlough and, if they violate those conditions, could be returned to confinement. Exhibit 2 at 40-41. DOC also expedited the release of certain non-violent individuals incarcerated for low-level community custody violations. Finally, all pregnant incarcerated individuals were evaluated for early release, with the majority being deemed eligible for some sort of release. Exhibit 2 at 41.

B. The Department's Ongoing Efforts and Current Status

The Department has maintained its transparency throughout the COVID-19 pandemic, with most or all of this information available on its public website updated almost daily. The OCO has conducted monitoring visits and issued reports that are available on its website.[10] The findings from the reports include substantial compliance with mandatory face covering rules among staff and the incarcerated population, clean and orderly facilities, access to cleaning supplies and soap, mostly calm and professional interactions between staff and the incarcerated population, and visible efforts to implement, enforce, and practice social distancing in common areas. Exhibit 2 at 41-42.

[10] https://oco.wa.gov/reports-publications

To date, there have been 121 positive COVID-19 tests of incarcerated individuals in DOC facilities. Seven cases were in a Seattle work release facility, one in a Tri-Cities area work release facility, one at the Washington Corrections Center, one at the Washington State Penitentiary, 19 at the MCC, one at a community medical center, and the remaining 91 cases occurred at the Coyote Ridge Corrections Center. Currently, sixteen patients from Coyote Ridge have been transferred to the Regional Care Facility at Airway Heights, and three patients from Coyote Ridge have been transferred to the Airway Heights infirmary. The remaining Coyote Ridge patients are receiving care at the Coyote Ridge Corrections Center or in community hospitals. The facilities are following the process for isolation, quarantine, and contact mapping to limit transmissions as much as possible. Sadly, the Department learned on June 17, 2020, that one incarcerated individual from Coyote Ridge, who was receiving care at a community hospital, passed away from complications related to the virus. Exhibit 2 at 42-43.

As evident from these numbers, the largest outbreak has occurred at the Coyote Ridge Corrections Center. On June 11, 2020, the Department placed the Medium Security Complex at the Coyote Ridge Corrections Center on restricted movement to help contain the spread of COVID-19. The Department also deployed additional custody and Health Services staff to assist Coyote Ridge staff in caring for its residents. The Minimum

Security Unit has not been placed on restricted movement because of its separation from the main facility and lack of COVID-19 cases, though part of this unit is now on quarantine pending the results of one individual who reported not feeling well. Exhibit 2 at 42-43.

The Department also suspended all food and textile production at the Coyote Ridge Correctional Industries facility. The Department shifted food production to the Airway Heights Corrections Center food factory and is purchasing food from external vendors as needed. Coyote Ridge Correctional Industries laundry and food services continue to operate with essential workers screened upon starting their shifts, wearing appropriate PPE, and practicing social distancing. As an additional precaution, during the last week, the Department conducted COVID-19 testing on the entire population of the Coyote Ridge Sage Unit, which houses ambulatory individuals in an assisted living / skilled nursing setting. All of the Sage Unit residents tested negative for COVID-19. The Department has also tested all DOC staff working in the Sage Unit and are awaiting those results. The results received so far have all been negative. Exhibit 2 at 43-44.

With Washington State beginning to open in segments and phases, the Department of Corrections is also taking a step-by-step approach to resuming modified operations and progress to a "new normal." The

Department has a dedicated public website[11] for its plan, called Safe Start. As new details emerge, the Department will continue to keep information available for the public on this dedicated webpage and will communicate with stakeholders and community partners. Exhibit 2 at 44-45.

C. Williams' Status and Conditions of Confinement

As outlined in his Petition and supporting materials, Williams is a 77 year-old man who has experienced a number of medical issues over the years. He entered prison on February 3, 2009, at age 65, to begin serving a sentence slightly greater than 24 years. His multiple convictions relate to the brutal assault and attempted murder of his ex-girlfriend. *See State v. Williams*, No. 38886-3-II, 160 Wn. App. 1036, 2011 WL 1004554 (2011) (unpublished). His current earned release date is April 30, 2028, at which point Williams will be 86 years-old.

On June 8, 2020, Williams exhibited his first symptom of possible COVID-19, which in his case was diarrhea. Exhibit 3, Declaration of Dr. Frank Longano at 3, Attachment A. He did not have other symptoms at the time. Exhibit 3 attachment A. The next day, Williams was transferred from Coyote Ridge Corrections Center to a community hospital. Exhibit 3 at 3. He was tested at the hospital for COVID-19 on June 9, 2020, and tested positive. Exhibit 3 at 3. Prior to June 8, 2020, Williams' medical records do

[11] https://www.doc.wa.gov/corrections/covid-19/safe-start.htm

not reflect any COVID-19 symptoms and he had not sent any recent messages to Health Services complaining of any symptoms or discomfort. Exhibit 3 at 3. It is hard to know for sure when Williams contracted COVID-19, but according to the DOC Deputy Chief Medical Officer, based on what is known of the disease it should have been within the 14 days prior to June 8, 2020, so likely on or after May 25, 2020. *See* Exhibit 3 at 3.

According to his hospital discharge summary, at the time Williams was admitted to the hospital, he was septic with a high fever and a fast heartrate. His records do not describe that he had any other symptoms. His oxygen level was not low when he was admitted, but he seems to have developed a low oxygen level while in the hospital. His records indicate he was mostly treated with one to two liters of oxygen, which is a relatively low amount for a patient with an acute respiratory condition. He was treated fairly aggressively with antibiotics, steroids, and Plaquenil (hydroxychloroquine). He also received fluids for kidney failure, which had probably resulted from the diarrhea and becoming dehydrated. His discharge summary indicates that the kidney failure resolved prior to his discharge. Exhibit 3 at 4, Attachment B.

On June 16, 2020, Williams was successfully discharged from the community hospital and transferred to the Airway Heights Corrections Center in Airway Heights, Washington. He is being housed in the Airway Heights Corrections Center infirmary. The infirmary is similar to a medical

surgical ("med surg") floor in a hospital, though generally with patients at a lower acuity level. Patients in the infirmary need to be in an inpatient setting, but do not need continuous cardiac or pulmonary monitoring. They may receive IV fluids or antibiotics, and they may receive supplemental oxygen. The infirmary has nursing staff caring for patients 24 hours a day, seven days a week, and assessing patients' status and care needs every shift and as needed. There are physicians, physician assistants, and nurse practitioners that assess and treat patients during the week. Every facility and infirmary has an on-call medical practitioner, including a backup consulting physician, available at all other times for consultations and care as needed. Exhibit 3 at 4-5.

Williams arrived at Airway Heights with no fever and was receiving low flow supplemental oxygen. His oxygenation improved overnight and by the morning of June 17, 2020, he no longer required supplemental oxygen. He has had no respiratory distress or fever since arriving at Airway Heights. Dr. Liesl Pavlic assessed Williams on the morning of June 17, 2020. Exhibit 3 at 5, Attachment C. The same day, medical staff at Airway Heights conducted additional laboratory testing on Williams' kidney function; the results indicate that his kidney function remains normal. Exhibit 3 at 5, Attachment D.

Since arriving at Airway Heights two days ago, Williams has required three different levels of physical care. When he first arrived, he

needed two-person assistance for basic tasks such as using the bathroom or getting into bed. He then indicated that he could do these ADLs on his own, but after observing him, staff determined that he should have one person assisting him with these tasks. Based on these physical care needs, Williams will stay in the infirmary where he can receive assistance with ADLs if needed. The Regional Care Facility at Airway Heights cannot accommodate Williams' physical needs which require staff assistance with his ADLs, though he could receive appropriate medical care in that setting. Exhibit 3 at 5-6.

Currently, it is anticipated that Williams' long-term care plan will involve placement in the Sage Unit at Coyote Ridge or K Unit at Airway Heights, or another setting in which he can receive physical assistance. The Department has implemented additional precautions in Sage Unit and K Unit to protect the special populations housed in those units. The special precautions include limiting staff permitted to enter the units, mandatory hand washing and PPE usage by staff, and separate dining procedures. To date there have been no COVID-19 cases within the Sage Unit or K Unit. And as mentioned above, the Department recently tested all Sage Unit residents for COVID-19, and all tests were negative. Exhibit 2 at 44; Exhibit 3 at 6.

Based on the date of his first symptoms and testing, Williams is on roughly Day 10 of his COVID-19 infection as of the date of filing. Although

everyone is still learning a lot about this new disease, the Department's clinical experience has shown that the first 10-14 days are the critical period for determining the severity of someone's infection and expected recovery. Williams appears to be improving clinically at this point, and his providers believe that if he continues to improve over the next 5 days he will be at low risk for severe COVID-19 disease. Staff continue to closely monitor his condition and he will continue to receive medically necessary care and treatment appropriate to his medical needs. This includes transferring Williams to an outside hospital again if necessary. Williams will remain in a medical isolation setting appropriate to the level of medical care he requires for 14 days after he becomes asymptomatic, then will be transferred to a post-isolation convalescent setting for another 7 days prior to his return to a general population unit. Exhibit 3 at 6-7.

IV. STATEMENT OF THE ISSUES

1. **Whether the Court should dismiss this Petition because Williams cannot demonstrate that his restraint is unlawful under the Eighth Amendment to the United States Constitution.**

2. **Whether the Court should dismiss this Petition because Williams cannot demonstrate that his restraint is unlawful under article I, section 14 of the Washington Constitution.**

V. STANDARD OF REVIEW

Under RAP 16.4, a prisoner is under "restraint" if the petitioner is confined; the restraint is unlawful only if the conditions or manner of the restraint violate the Constitution or the laws of Washington, or if other

grounds exist to challenge the legality of the restraint. RAP 16.4(b), (c)(6)-(7). Williams bears the burden of proving by a preponderance of evidence that his restraint is unlawful. *Matter of Cook*, 114 Wn.2d 802, 813, 792 P.2d 506 (1990). Williams has the burden of stating the facts underlying the claim of unlawful restraint and presenting evidence to support the factual allegations, which must amount to "more than speculation, conjecture, or inadmissible hearsay." *In re Gronquist*, 138 Wn.2d 388, 396, 978 P.2d 1083 (1999); *see* RAP 16.7(a)(2)(i).

The Chief Judge will dismiss a frivolous personal restraint petition. RAP 16.11(b). "[A] personal restraint petition is frivolous where it fails to present an arguable basis for collateral relief either in law or in fact, given the constraints of the personal restraint petition vehicle." *Matter of Khan*, 184 Wn.2d 679, 686-87, 363 P.3d 577 (2015).

VI. ARGUMENT

Williams filed his Petition while incarcerated at Coyote Ridge and prior to his COVID-19 diagnosis and treatment. Williams has provided no evidence or argument as to his current conditions of confinement nor any argument that his current conditions violate the United States or Washington Constitutions such that he is under unlawful restraint. The Court should dismiss his Petition on this basis alone. But even if he had presented any evidence or argument to these questions, his Petition would

fail for the reasons outlined below. And the Court should also dismiss the Petition on that basis.

A. The Washington Supreme Court Has Already Held That the Department's Response to COVID-19 Does Not Support A Viable Eighth Amendment Conditions of Confinement Claim

Williams' arguments are mainly premised on the risk of contracting COVID-19 at Coyote Ridge Corrections Center and speculation that Williams would not receive adequate medical care. However, merely being at risk for contracting the virus is not enough and, as shown through the swift and effective care provided to Williams, his deliberate indifference claims fail.

"[A] prison official violates the Eighth Amendment only when two requirements are met." *Farmer v. Brennan*, 511 U.S. 825, 834, 114 S. Ct. 1970, 128 L. Ed. 2d 811 (1994). First, the inmate must show that the alleged deprivation at the hands of prison officials was, "objectively, sufficiently serious" and "result[ed] in the denial of the minimal civilized measures of life's necessities." *Id.* While judgments regarding this requirement "should be informed by objective factors to the maximum possible extent," the Court has held that "[n]o static 'test' can exist by which courts determine whether conditions of confinement are cruel and unusual" because the Eighth Amendment "must draw its meaning from the evolving standards of decency that mark the progress of a maturing society." *Rhodes v. Chapman*, 452 U.S. 337, 346, 101 S. Ct. 2392, 69 L. Ed. 2d 59 (1981). "[C]onditions

that cannot be said to be cruel and unusual under contemporary standards are not unconstitutional." *Id.* at 347.

Second, the inmate must show that the prison official acted with a sufficiently culpable state of mind. Specifically, the inmate must demonstrate that the prison official acted with "deliberate indifference to inmate health and safety." *Farmer*, 511 U.S. at 834. The *Farmer* Court explained that

> a prison official cannot be found liable under the Eighth Amendment for denying an inmate humane conditions of confinement unless the official knows of and disregards an excessive risk to inmate health or safety; the official must both be aware of facts from which the inference could be drawn that a substantial risk of serious harm exists, and he must also draw the inference.

Id. at 837. Importantly, the Court noted that this definition, due to its subjective component, is "consistent with recklessness in the criminal law" because the "Eighth Amendment does not outlaw cruel and unusual 'conditions'; it outlaws cruel and unusual 'punishments.'" *Id.*

Moreover, the Court stated that "prison officials who actually knew of a substantial risk to inmate health or safety may be found free from liability if they responded reasonably to the risk, even if the harm ultimately was not averted." *Id.* at 844. In other words, "prison officials who act reasonably cannot be found liable under the Cruel and Unusual Punishments Clause." *Farmer*, 511 U.S. at 844.

Farmer also noted that the Eighth Amendment "incorporates due regard for prison officials' unenviable task of keeping dangerous men in safe custody under humane conditions" *Id.* at 845. The specific nature of this "unenviable task" is one reason why:

> [i]t is not in the best interest of the courts to involve themselves in the "day-to-day management of prisons, often squandering judicial resources with little offsetting benefit to anyone." *Sandin* [*v. Connor*], 515 U.S. [472,] 482, 115 S. Ct. 2293[, 132 L. Ed. 2d 418 (1995)]. "[C]ourts ought to afford appropriate deference and flexibility to state officials trying to manage a volatile environment." *Sandin*, 515 U.S. at 482, 115 S. Ct. 2293.

In re Dyer, 143 Wn.2d 384, 393, 20 P.3d 907 (2001).

The Washington Supreme Court and the Court of Appeals, Division I, have recently considered the Department's response to the COVID-19 pandemic and have determined that it does not violate the Eighth Amendment. In *Colvin, et al., v. Inslee, et al.*, No. 98317-8, five incarcerated Petitioners sought relief from Washington prisons based on the risk of COVID-19. The Washington Supreme Court issued a dismissal order concluding that "on the record presented, the Petitioners have not shown the Respondents' actions constitute deliberate indifference to the COVID-19 risk at the Department of Corrections facilities, and thus cannot establish unlawful restraint." The Court of Appeals, Division I, also recently dismissed the Personal Restraint Petition of another Washington DOC inmate who argued he should be released based on the risk of COVID-19

and his alleged particular vulnerability. On a similar record to that here, the Court of Appeals recognized that:

> [Petitioner] cannot challenge the fact that DOC has implemented a number of policies, from reducing the overall prison population, to mandating social distancing, implementing aggressive cleaning of common areas, establishing protocols for screening and testing inmates, isolating those testing positive and quarantining those with contact to positive cases, limiting the number of inmates in any common area at any one time, to supplying face coverings—all to mitigate the risk of COVID-19 in its facilities.

Matter of Pauley, No. 81370-6-I, 2020 WL 3265574, at *10 (Wn. Ct. App. May 18, 2020).

The Court of Appeals acknowledged that it will be difficult to achieve 100 percent compliance with all of DOC's COVID-19 policies, but found no deliberate indifference where the Petitioner had "presented no admissible evidence that any DOC officials are ignoring violations of its policies or approving lapses in the enforcement of the policies." *Id.* at *11. It further recognized that "COVID-19 presents a serious medical issue in any prison facility but they can nevertheless curb the introduction or spread of COVID-19 and contain and treat those infected with the virus." *Id.* (citation omitted). "The record shows that DOC has taken the threat of COVID-19 seriously and taken reasonable and appropriate steps to mitigate the risk to incarcerated individuals." *Id.*

The Court of Appeals also concluded:

> DOC has taken significant steps to mitigate the risk to [Petitioner]—including screening everyone entering the facility for symptoms, mandating that staff wear a mask or face covering at all times, providing face coverings for inmates to wear whenever they are unable to social distance, providing unrestricted access to soap and water, implementing PPE requirements for staff when working with symptomatic inmates, reducing the number of inmates congregating in any one common area, isolating people who have confirmed or suspected COVID-19, quarantining those who had contact with confirmed or suspected COVID-19 cases, and increasing the frequency of cleaning common areas. Pauley has not demonstrated why all these safety precautions are inadequate steps to prevent, to the extent possible, the spread of infection in the [prison].

Id. The same reasoning applies to this case which includes additional measures taken by the Department since it filed its responses in *Colvin* and *Pauley*. The Department continues to expend and prioritize an extraordinary amount of resources, expertise, and planning to ensure that it is taking all the measures it can to reduce the risk to the incarcerated population. Williams has provided no competent evidence demonstrating otherwise.

Other courts across the country have reached similar conclusions. *See, e.g.*, *Swain v. Junior*, --- F.3d ---, 2020 WL 3167628 (11th Cir. June 15, 2020) ("the district court erred in relying on the increased rate of infection … *Farmer* couldn't be any clearer: '[P]rison officials who actually knew of a substantial risk to inmate health or safety may be found free from liability if they responded reasonably to the risk, even if the harm ultimately was not averted.'"); *Wilson v. Williams*, --- F.3d ---, 2020 WL 3056217, *8 (6th Cir. June 5, 2020) ("while the harm imposed by COVID-19 on inmates at Elkton

'ultimately [is] not averted,' the BOP has 'responded reasonably to the risk' and therefore has not been deliberately indifferent to the inmates' Eighth Amendment rights"); *Marlowe v. LeBlanc*, --- Fed.Appx. ---, 2020 WL 2043425 at *3 (5th Cir. April 27, 2020) ("Defendants have been heightening their efforts to contain the virus. Although the virus has spread within RCC, given the many prevention measures RCC has taken, an increase in infection rate alone is insufficient to prove deliberate indifference."); *see also Money, et al., v. JB Pritzker, et al.*, (USDC ND Illinois, Eastern Div.) April 10, 2020, 2020 WL 1820660 (holding that plaintiffs had "no chance of success" on an Eighth Amendment claim against prison officials who presented a long list of actions taken to protect inmates from COVID-19).

And, when individuals test positive, like Williams, the Department ensures that patients receive timely and appropriate medical care. The Department is thus not being deliberately indifferent to William's serious medical needs. *See Estelle v. Gamble*, 429 U.S. 97, 105, 97 S. Ct. 285, 50 L.Ed.2d 251 (1976). Deliberate indifference includes denial, delay, or intentional interference with a prisoner's medical treatment. *Id.* at 104-05. A person's conduct must constitute "'unnecessary and wanton infliction of pain'" before it violates the Eighth Amendment. *Id.* at 104 (quotations omitted).

Here, Williams received medical care as soon as he experienced a possible symptom of COVID-19. He was transported less than 24 hours

later to a community hospital, where he was tested and received treatment for a week. When cleared by the outside providers, he discharged from the community hospital and returned to a Washington prison that has an infirmary comparable to a low intensity hospital ward, in which he will further recover. He is receiving 24-hour nursing care and consultation from physicians and other medical providers as needed. He has markedly improved and, other than general weakness, is back to his baseline health. He has no fever or respiratory symptoms at this time. He continues to be constantly monitored and if his situation were to deteriorate, he would receive additional treatment and return to a community hospital if appropriate. He will remain in medical isolation until his symptoms have completely resolved and he is no longer at risk of passing the virus to others. This is an extremely high level of care that is likely much higher than most individuals in the community who test positive for COVID-19 receive. There has been no delay or denial of care, and no interference with his treatment in violation of the Eighth Amendment. Williams cannot meet his burden to demonstrate unlawful restraint on this basis.

B. Williams' Conditions of Confinement Do Not Violate Article I, Section 14 of the Washington Constitution

Williams points to no authority for his argument that the Washington Constitution's cruel punishment clause provides greater protection than the Eighth Amendment in the context of prison conditions.

The cases he presents relate only to sentencing determinations and not prison conditions. Cases which do "not address the unique circumstances and considerations of the prison environment … [are] inapplicable here." *In re Gronquist*, 138 Wn. 2d 388, 406, 978 P.2d 1083, 1093 (1999).

Williams argues that his incarceration violates the Washington Constitution's proscription of cruel punishment because of a "change in circumstances" that he attributes to two conditions: "The first is the steady spread of COVID-19 in an institution unable to keep Williams safe from exposure or care for him if he contracts the novel virus. The second is Williams' immutable characteristics." Pet. Opening Brief, at 30-31. Williams has unfortunately contracted COVID-19, but the Department has provided the necessary medical and physical care to keep him safe. And he provides no cogent argument or evidence as to how his immutable characteristics have caused his prison sentence to become cruel punishment.

Williams first relies on *Blomstrom v. Tripp*, 189 Wn. 2d 379, 399-403, 402 P.3d 831 (2017), a case analyzing article I, section 7 of the Washington Constitution and the Fourth Amendment in the context of a pretrial release condition, for the dubious proposition that "[w]hen article I, section 14 is invoked in a new context—such as conditions of confinement amid a COVID-19 outbreak—the material inquiry is not *whether* the provision affords broader protection than the Eighth Amendment, but *how* its broader protections apply in that new context." Pet. Opening Brief at 19

(emphasis in original). Such a statement is at odds with *State v. Gunwall*, 106 Wn.2d 54, 58, 720 P.2d 808 (1986), which of course provides six nonexclusive factors used to determine "*whether*, in a given situation, the Washington State Constitution should be considered as extending broader rights to its citizens than the United States Constitution." (emphasis added).

Williams next cites *State v. Gregory*, 192 Wn. 2d 1, 427 P.3d 621 (2018) for the blanket proposition that the Washington cruel punishment clause "affords greater protection than its federal counterpart." Pet. Opening Brief at 20.[12] *Gregory* does acknowledge "that the Washington State Constitution's cruel punishment clause *often* provides greater protection than the Eighth Amendment." 192 Wn. 2d at 15, 427 P.3d 621 (emphasis added). While it may often provide greater protection, the Washington State Supreme Court has also ruled in multiple instances that Washington's cruel punishment clause does not always provide greater protection than the Eighth Amendment. *See, e.g.*, *State v. Bassett*, 192 Wn.2d 67, 78, 428 P.3d 343, 348 (2018) (collecting cases).

Because Williams can cite to no authority holding that article I, section 14 provides greater protections than the Eighth Amendment in the prison conditions context, he conducts a *Gunwall* analysis. Under *Gunwall*, the Court considers the following factors: 1) the textual language of the state

[12] Although Williams attributes this quotation to *Gregory*, 192 Wn. 2d at 16, 427 P.3d 621, the undersigned could not locate the quoted language in the decision.

constitution, (2) differences in the texts of parallel provisions of the federal and state constitutions, (3) state constitutional and common law history, (4) preexisting state law, (5) structural differences between the federal and state constitutions, and (6) matters of particular state interest or local concern. *Gunwall*, 106 Wn.2d at 61-62, 720 P.2d 808. A proper analysis demonstrates that the Washington Constitution provides no greater protection than the Eighth Amendment in the context of prison conditions of confinement.

***Gunwall* Factors One and Two**

"The drafters of the constitution did not adopt the ordinary phrase 'cruel and unusual' because they thought the term 'cruel' was 'sufficient.'" *State v. Dodd*, 120 Wn.2d 1, 21, 838 P.2d 86 (1992) (citing *State v. Fain*, 94 Wn.2d 387, 393, 617 P.2d 720 (1980); Journal of the Washington State Constitutional Convention, 1889, at 501-02 (B. Rosenow ed. 1962)). "The constitutional history of Const. art. 1, § 14 does not establish whether the drafters intended article 1 to be interpreted more broadly than its federal counterpart." *Id.* The mere use of the word "cruel," rather than "cruel and unusual" is not sufficient in itself to show the drafters intended to provide broader protection. *Id.* The first and second *Gunwall* factors, the text of the state constitution and the difference in the texts of parallel state and federal constitutional provisions, thus do not show that Article I, Section 14 provides broader protection in the context of prison conditions.

***Gunwall* Factor Three**

State constitutional and common law history suggest the Washington Constitution's cruel punishment provision provides no greater protection in the prison context than the Eighth Amendment. First, there is no case applying this provision specifically to prison conditions. In *Woods v. Burton*, 8 Wash. App. 13, 16-17, 503 P.2d 1079 (1972), in the context of a jail habeas petition, the Washington Supreme Court considered article I, section 14 and the Eighth Amendment and concluded: "The standards to be applied in interpreting these provisions, of both constitutions, have not been precisely delineated . . . . The common thread running through their interpretations, however, relates to the deprivation of human dignity by conditions primarily related to sanitation and hygiene which are so base, inhumane and barberic [sic] they offend the dignity of any human being." This suggests equivalence between the two standards. Williams cites only sentencing cases regarding juvenile offenders and the disproportionate administration of the death penalty by criminal courts. Neither of which apply to Williams. Williams committed his crimes when he was in his 60s and entered prison in 2009 with an almost 25-year sentence. Perhaps not unexpected for an elderly person, he has had several medical setbacks as he has aged and has received appropriate medical care and remained in prison. This situation is no different. Williams points to no constitutional or

common law history that supports an independent analysis of article I, section 14 in the prisons condition context.

***Gunwall* Factor Four**

Preexisting state law also does not support Williams' argument and he cites no state law specifically applicable to prisons. Negligence standards do nothing to shed light on the contours of a constitutional provision. Williams merely argues, without citation, that the Department "must recognize the *individual* health and safety needs of each person it incarcerates." Pet. Opening Brief, at 25 (emphasis in original). It has done so. In addition to putting in measures to protect the entire inmate population, it has put in place additional precautions for the units housing vulnerable populations, it has allowed individuals such as Williams to request to self-quarantine if they choose, and it is providing face masks, soap, cleaning products, and other hygiene items free of charge. It recently tested the entire Sage Unit population for COVID-19 and all the patients tested negative. As for Williams, although he unfortunately tested positive for COVID-19, he has received individualized and adequate medical care.

Williams attempts to rely on the Washington Law Against Discrimination (WLAD) in support of his fourth factor analysis, but the Department is not discriminating in its response to COVID-19. It is the virus itself that has disproportionately affected certain populations in the community for a variety of complex factors beyond the scope of this

litigation. Moreover, it is unlikely that WLAD has any relevance or application to prison conditions of confinement cases. *See Skylstad v. Washington*, 2019 WL 919624 *6 (W.D. Wash. January 14, 2019) (correctional facilities are not places of public accommodation); *Knight v. Washington State Dep't of Corr.*, 147 F.Supp.3d 1165, 1172 (W.D. Wash. 2015) (prison was not place public accommodation as to visitors participating in DOC extended family visitation program); *cf.* RCW 49.60.040(2); *Fell v. Spokane Transit Auth.*, 128 Wn.2d 618, 638 n.24, 911 P.2d 1319 (1996). For this reason, the fourth factor weighs against independent analysis.

***Gunwall* Factors Five and Six**

Williams correctly notes that "structural differences will always support an independent analysis." *Grant Cty. Fire Prot. Dist. No. 5 v. City of Moses Lake*, 150 Wn. 2d 791, 811, 83 P.3d 419, 428 (2004). However, factor six cuts the other way because the prevention of cruel punishment is not a local concern—avoiding unconstitutionally cruel punishment is a general concern of litigants nationwide. *See State v. Smith*, 150 Wn.2d 135, 152, 75 P.3d 934 (2003); *Dodd*, 120 Wn.2d at 22. And COVID-19 is a nationwide issue, as well, with COVID-19 prison litigation occurring in every corner of the country. For these reasons, the Court should decline to read article I, section 14 of the Washington Constitution to provide broader protections than the Eighth Amendment in the prison conditions context.

And even if Article I, Section 14's prohibition against cruel punishment provides broader protection than the Eighth Amendment, the Court "must still determine the extent of that protection." *Smith*, 150 Wn.2d at 149. To determine the scope of the right guaranteed by Article I, Section 14, "it must be analyzed in light of the Washington law that existed at the time of the adoption of our constitution." *Id.* at 153. Williams has pointed to no authority demonstrating that the scope of the Washington Constitution's cruel punishment provision is broader than the Eighth Amendment. The Washington Supreme Court has noted that only in the 1970s did courts begin to establish certain constitutional standards for prisons, under the Eighth Amendment. *See State v. Valentine*, 132 Wn.2d 1, 16, 935 P.2d 1294, 1301 (1997) ("jails themselves are no longer the pestilential death traps they were in eighteenth century England. Recent Eighth Amendment litigation of prisoners' claims of cruel and unusual punishment has established certain constitutional standards for prisons) (citing *Estelle*, 429 U.S. 97, 104-05, 97 S. Ct. 285, 50 L. Ed. 2d 251; *Gregg v. Georgia*, 428 U.S. 153, 173, 183, 96 S. Ct. 2909, 2925, 49 L. Ed. 2d 859 (1976)). This suggests that the Washington Constitution is not broader in scope than the Eighth Amendment, since the Eighth Amendment was the first provision to set minimum standards for prison conditions.

Williams' argument seems to be that because he may be particularly vulnerable to severe illness from COVID-19, his sentence has become

disproportionate. But this is not the case. The terms of Williams' sentence have not changed. He entered prison at 65 years-old and began an almost 23-year sentence. He has experienced health setbacks and has recovered. And the Department's response to COVID-19 is not "administering punishment in a way that lets immutable traits … increase a punishment's severity" as Williams argues. COVID-19 presents a risk to every person in Washington, and may pose a risk of severe illness for certain groups of people—and others who may not have any risk factors at all. The Department's response and focus continues to be on mitigating the risk as much as possible systemwide, taking extra precautions for vulnerable populations, and providing necessary medical care.

The treatment Williams has received actually disproves his own argument. He continues to receive a high level of attention, treatment, and care in response to his illness and he thankfully appears to be mostly recovered. There is simply nothing in this record to support Williams' argument of cruel punishment under any standard. For these reasons, he has failed to demonstrate that the Washington Constitution is broader in scope than the Eighth Amendment and he cannot demonstrate unlawful restraint.

VII. RELEASE IS NOT AN AVAILABLE REMEDY

In the context of a personal restraint petition challenging an allegedly unconstitutional condition of confinement, the Court can only order removal of the illegal restraint. When an inmate shows that his

conditions of confinement are unlawful, the remedy is not release from confinement but an order remedying the unconstitutional conditions of confinement. *In re Det. of Turay*, 139 Wn.2d 379, 420, 986 P.2d 790 (1999) (footnotes omitted); *see Gomez v. United States*, 899 F.2d 1124, 1125-26, 1127 (11th Cir. 1990). If Williams seeks release from Department custody, he may not do so through this action and must file another action to attempt to obtain such relief. *In Re Sappenfield*, 138 Wn.2d 588, 595, 980 P.2d 1271 (1999). For this reason and those outlined above, the Court should not order Williams' release and should dismiss his Petition.

VIII. CONCLUSION

The Court should dismiss Williams' Petition because he is not entitled to release and he cannot demonstrate that he is under unlawful restraint.

RESPECTFULLY SUBMITTED this 19th day of June, 2020.

ROBERT W. FERGUSON
Attorney General

s/ Haley Beach
HALEY BEACH, WSBA #44731
Assistant Attorney General
Corrections Division
PO Box 40116
Olympia, WA 98504-0116
(360) 586-1445
Haley.Beach@atg.wa.gov

CERTIFICATE OF SERVICE

I certify that on the date below I caused to be electronically filed the foregoing DEPARTMENT OF CORRECTIONS' RESPONSE with the Clerk of the Court using the electronic filing system and I hereby certify that I have mailed by United States Postal Service the document to the following participant:

KAYLAN LEE LOVROVICH
ATTORNEY AT LAW
4293 MEMORIAL WAY NE
SEATTLE WA 98195-0001
kaylanl@uw.edu

JACQUELINE MCMURTRIE
UW LAW CLINIC – WA INNOCENE PROJECT
4293 MEMORIAL WAY NORTHEAST
SEATTLE WA 98195-0001
jackiem@uw.edc

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

EXECUTED this 19th day of June, 2020, at Olympia, WA.

s/ Cherrie Melby
CHERRIE MELBY
Legal Assistant 4
Corrections Division
PO Box 40116
Olympia WA 98504-0116
Cherrie.Melby@atg.wa.gov

EXHIBIT 1

NO. 54629-9-II

COURT OF APPEALS, DIVISION II
OF THE STATE OF WASHINGTON

In re the Personal Restraint Petition of: ROBERT R. WILLIAMS, Petitioner.	DECLARATION OF CHERRIE MELBY

I, CHERRIE MELBY, make the following declaration:

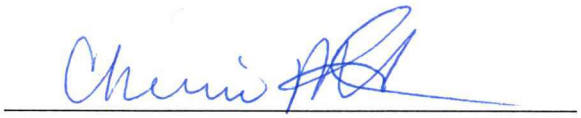
1. I am a legal Assistant with the Corrections Division of the Attorney General's Office in Olympia, Washington. I have knowledge of the facts stated herein and am competent to testify.

2. I am familiar with the Offender Management Network Information system (OMNI) used by the Department of Corrections (DOC). I am authorized by the DOC to retrieve information from OMNI. Among other things, information regarding an offender's location, custody, birth date, sentence, infractions and grievances are entered and tracked on OMNI. Attached to this declaration is a true and correct copy of a document which I obtained from OMNI.

Attachment A OMNI Legal Face Sheet

I declare under the penalty of perjury that the foregoing is true and correct to the best of my knowledge.

EXECUTED this 19th day of June, 2020, at Olympia, Washington.



CHERRIE MELBY

Exhibit 1

Attachment A

Inmate: WILLIAMS, Robert Rufus (722679)

Gender: Male	DOB:	Age: 77	Category: Regular Inmate	Body Status: Active Inmate
RLC: LOW	Wrap-Around: No	Comm. Concern: No	Custody Level: Minimum 3 - Long Term Minimum	Location: AHCC — INF / IB061
ERD: 04/30/2028				CC/CCO:

Offender Information (Combined)

Prison Max Expiration Date:	12/26/2029	Last Static Risk Assessment Date:	05/19/2020	DOSA:	
Planned Release Date:		Last Offender Need Assessment Date:	04/26/2017	ISRB?	No
Earned Release Date:	04/30/2028	RLC Override Reason:		CCB?	No
ESR Sex Offender Level:				SOSSA?	No
ESR Sex Offender Level Date:		Offender Release Plan:	Notification	WEP?	No
County Sex Offender Level:		Victim Witness Eligible?	Yes		
Registration Required?		County Of First Felony Conviction:	Pierce		
ORCS?	Unknown	P U L H E S D X T R			
IDCNF?	No				
SMICNF?	No				

Personal Characteristics

Aliases, Dates of Birth and Places of Birth

Aliases

*Last Name:	First Name:	Middle Name or Initial:	Suffix:
WILLIAMS	Robert	R	

Dates of Birth

*Dates of Birth:	Use for Age Calculation?
	Yes

Places of Birth

City:	State / Province:	Country:
Unknown	South Carolina	United States
BARBADOS		South America

Education

Last School Attended

State:	City:	School:	School District:	Other School in Washington:

Identifications

General

FBI Number:	FBI Fingerprint Code:	WA State ID Number:	ICE Registration Number:
00325710H		WA16095831	

Social Security

Social Security Number:	Validated with SSA?
	N
	Y
	N

Driver's License

Driver's License Number:	State / Province:	Country:

Attachment A

Jurisdiction

*Type of Jurisdiction:	County/State/Country:	*Other Jurisdiction Number:

Physical Description / Marital Status

*Gender:	Hair Color:	Eye Color:	Complexion:	Marital Status:
Male	Black	Brown	Medium	

Height:	Weight:	*Person Type:	*Twin or Multiple Births?	Shoe Size:
5 Ft. 9 In.	176 Lbs	DOC	N	

Race, Hispanic Origin and Citizenship

*Race:	Ethnic Affiliation:	Use for Documentation?	Hispanic Origin?	Citizenship:
Black	African Other	Y	N	United States

Languages

Language	Speaks?	Reads?	Writes?	Limited English/Needs Interpreter
English	Yes	Yes	Yes	No

Scars, Marks and Tattoos

SMT Type:	SMT Subtype:	Body Part:	Description:	Date Entered:	Staff Name:

Remarks

Diet

Diet Name:	Time of Day or Meal:	Approved By:	Effective Date:	End Date:
Ramadan		Snyder, Timothy C	07/19/2012	08/18/2012
Ramadan		Snyder, Timothy C	07/09/2013	08/08/2013
Ramadan		Snyder, Timothy C	06/28/2014	07/28/2014
Ramadan		Askren, Eric D	06/18/2015	07/17/2015
Ramadan		Fishe, Lela Y	06/06/2016	07/05/2016
Ramadan		Askren, Eric D	05/27/2017	06/25/2017
Ramadan		Boyer, Theresa J	05/16/2018	06/14/2018
Ramadan		Snyder, Timothy C	05/05/2019	06/04/2019
Ramadan		Askren, Eric D	04/23/2020	05/23/2020
Consistent Carb		Fetroe, Dale T	03/05/2019	03/04/2020
Hard Boiled Egg X 2	Breakfast & Lunch	Fetroe, Dale T	01/08/2019	01/07/2020
Mechanical Soft		Rodriguez, Benjamin	12/03/2013	12/03/2014
Clear Liquid		Ray, Athena L	04/17/2018	04/19/2018
Hard Boiled Egg X 2	Breakfast & Lunch	Landis, Sarah E	07/26/2019	07/25/2020
Consistent Carb		Landis, Sarah E	07/26/2019	07/25/2020
Ensure Or Boost Liquid Supp.	Breakfast	Garriga, Ruth G	11/14/2019	11/12/2020

Primary, Mailing and Other Addresses

Role:	Name and Address:	Current Residence?	Valid for Mailing?	Disclosable?	Effective Date:	End Date:
Offender Primary Address	SOLDIERS HOME PO BOX 500 Orting WA United States 98360	Y	Y	Y	09/04/1996	
Offender Mailing Address	SOLDIERS HOME PO BOX 500		Y	Y	09/04/1996	

Orting WA
United States
98360

Emergency Contacts

Relationship:	Emergency Contact Name and Address:	Phone Number:	Effective Date:	End Date:
Sister	Angie Williams Washington United States	(904) 335-2122	05/07/2018	
Not Related	CYNTHIA JONES Washington United States	(253) 988-0789	03/18/2009	

Email Addresses and Phone Numbers

Email Addresses

Role:	Name:	Email Address:	Effective Date:	End Date:

Phone Numbers

Role:	Name:	Phone Number:	Effective Date:	End Date:
Offender Primary Telephone		(206) 536-8872	04/29/1996	

Employers

Employer Name:	Occupation:	Contact Name:	Address:	Employer Email:	Phone Number:	Monthly Income:	Effective Date:	End Date:

Other Monthly Income

Other Monthly Income Description (Current): Other Monthly Income Amount (Current):

Monthly Income From All Sources (Current): $0.00

Military Service

Claim Number

DD214 Verified: Electronic File: Central File: Field File: Sent On: By:

Branch	Entry Date	Discharge Date	Type of Discharge	War ERA

Vehicles

Year:	Make:	Model:	Type:	Color:	License Plate Number:	State:	Country:

Sentence Structure (Field)

Cause: AB – 071030737 – Pierce

Convicted Name:	Date Of Sentence:	Cause Status:	Offense Category:
Robert Williams	01/30/2009	Active	Murder 2
Distinct Supervision Type:	**Start Date:**	**Scheduled End Date:**	**Consecutive Supervision:**
CCP	12/26/2029	12/25/2033	

Count: 1 – RCW 9A.52.020 – Burglary 1

Count Start Date:	Supervision Length:	Length In Days:	Count End Date:	Stat Max:
12/26/2029	0Y, 18M, 0D	548	06/27/2031	Life
Violent Offense?	**DW / FA Enhancement?**	**Anticipatory:**		

Yes	Y

Count: 2 – RCW 9A.56.200 – Robbery 1

Count Start Date:	Supervision Length:	Length In Days:	Count End Date:	Stat Max:
12/26/2029	0Y, 18M, 0D	548	06/27/2031	Life
Violent Offense?	DW / FA Enhancement?	Anticipatory:		
Yes	Y			

Count: 3 – RCW 9A.32.050 – Murder 2

Count Start Date:	Supervision Length:	Length In Days:	Count End Date:	Stat Max:
12/26/2029	0Y, 48M, 0D	1,460	12/25/2033	Life
Violent Offense?	DW / FA Enhancement?	Anticipatory:		
Yes	Y	Attempt		

Sentence Structure (Inmate)

Cause: AB – 071030737 – Pierce

State:	Convicted Name:	Date Of Sentence:	Consecutive Cause:
Washington	Robert Williams	01/30/2009	
Time Start Date:	Confinement Length:	Earned Release Date:	
02/03/2009	0Y, 270M, 21D	04/30/2028	

Count: 1 – RCW 9A.52.020 – Burglary 1

Anticipatory:	Modifier:	Enhancement:	Mandatory:	Confinement Length:	ERT %:	ERD:	MaxEx:	Stat Max:	Violent Offense?
		0Y, 24M, 0D		0Y, 72M, 0D	33.33%	07/10/2016	06/05/2017	Life	Yes

Supervision Type:	Supervision Length:	Consecutive Count:	Hold To Stat Max Expiration:
CCP	0Y, 18M, 0D		

Count: 2 – RCW 9A.56.200 – Robbery 1

Anticipatory:	Modifier:	Enhancement:	Mandatory:	Confinement Length:	ERT %:	ERD:	MaxEx:	Stat Max:	Violent Offense?
		0Y, 24M, 0D		0Y, 92M, 0D	33.33%	08/20/2017	02/04/2019	Life	Yes

Supervision Type:	Supervision Length:	Consecutive Count:	Hold To Stat Max Expiration:
CCP	0Y, 18M, 0D		

Count: 3 – RCW 9A.32.050 – Murder 2

Anticipatory:	Modifier:	Enhancement:	Mandatory:	Confinement Length:	ERT %:	ERD:	MaxEx:	Stat Max:	Violent Offense?
Attempt		0Y, 24M, 0D		0Y, 222M, 21D	10.00%	04/30/2028	12/26/2029	Life	Yes

Supervision Type:	Supervision Length:	Consecutive Count:	Hold To Stat Max Expiration:
CCP	0Y, 48M, 0D		

Conditions

Cause: AB – 071030737 – Pierce

Condition Name	Narrative	Imposing Authority	Effective Date	End Date
Abide By DOC Conditions	You Shall Abide By DOC Conditions Per The Direction Of The CCO.	Court Ordered	02/03/2009	

Advise CCO-Change/Address	You Shall Advise Your CCO Of Change Of Address.	Court Ordered	02/03/2009
Advise CCO-Change/Employment	Your Employment Locations And Arrangements Shall Be Subject To Prior Approval Of Your CCO And Shall Not Be Changed Without Their Prior Knowledge And Permission.	Court Ordered	02/03/2009
Advise CCO-Court Ordered Treatment	You Shall Inform The Department Of Court Ordered Treatment Upon Request By The Department.	Court Ordered	02/03/2009
Advise CCO-Prescribed Meds		Court Ordered	02/03/2009
CCO-Report		Court Ordered	02/03/2009
Comply-Affirmative Acts		Court Ordered	02/03/2009
Comply-DOC Instructions	You Shall Obey And Comply With Instruction.	Court Ordered	02/03/2009
Controlled Substance-Consume		Court Ordered	02/03/2009
Controlled Substance-Possess		Court Ordered	02/03/2009
DNA Testing		Court Ordered	02/03/2009
Identified Interventions	If Eligible You Shall Enter And Successfully Complete Identified Interventions	Court Ordered	02/03/2009
Maintain Ed/Voc		Court Ordered	02/03/2009
Maintain Employment		Court Ordered	02/03/2009
No Contact-Victim(S)	CHARLOTTE BUDLONG	Court Ordered	02/03/2009
No Firearm	You Shall Not Possess, Use, Or Own Any Firearms Or Ammunition.	Court Ordered	02/03/2009
No Firearms/Deadly Weapon		Court Ordered	02/03/2009
Non-Sex Offender/Living		Court Ordered	02/03/2009
Pay LFOs		Court Ordered	02/03/2009
Pay Supervision Fees		Court Ordered	02/03/2009

Violations Summary

Offender Violations

Violation Group Number	Level of Response	Response Date
	There is no data to display.	

Gain-Loss

Cause - 071030737 - Pierce

Cause Info

Convicted Name: Robert Williams (722679)	Date Of Sentence: 01/30/2009	Schedule End Date: 12/25/2033	Cause Status:
Offense Type: Murder 2	DOSA: No	Intake Complete: No	EM Flag: No

Distinct Supervision Info

Cause Prefix: AB Type: CCP Statutory Max Date: Life Schedule End Date: 12/25/2033 Tolling Indicator: No

Supervision Activities

Supervision Type	Activity Type	Activity Date	State	Supervising Officer	Field Office
		There is no data to display.			

External / Internal Movements

Movement Date/Time	From Location	To Location		Movement Type		Movement Reason		Created By
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By

AHCC	06/16/2020	IB061	Unassigned					Aldendorf, Adam V
06/16/2020 02:52:19	CRCC-IMU	AHCC		Accepted At Facility		Medical Needs		Leathers, Alyssa P
06/16/2020 12:12:28	CRCC-IMU	AHCC		Transfer From A Facility		Medical Needs		Markland, Kayla H
06/16/2020 12:11:43	Benton	CRCC-IMU		Return From Escorted Leave		Hospital Watch		Markland, Kayla H
06/09/2020 01:05:59	CRCC-IMU	Benton		Escorted Leave		Hospital Watch		Gonzales, Lisa R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-IMU	06/08/2020	AG101L	Unassigned					Schneider, Lester W
06/08/2020 03:24:25	CRCC	CRCC-IMU		Transfer In Within Complex - No Transfer Order		Medical Needs		Markland, Kayla H
06/08/2020 03:19:50	CRCC	CRCC-IMU		Transfer Out Within Complex - No Transfer Order		Medical Needs		Markland, Kayla H
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC	04/02/2020	IA021L	Unassigned					Markland, Kayla H
04/02/2020 11:15:48	Benton	CRCC		Return From Escorted Leave		Medical Completed		Pettitt, Andy L
04/02/2020 09:17:19	CRCC	Benton		Escorted Leave		Medical Needs		Pettitt, Andy L
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC	03/29/2020	IA021L	Unassigned					Pettitt, Andy L
03/29/2020 05:43:00	Benton	CRCC		Return From Escorted Leave		Medical Completed		Corona, Perla J
03/29/2020 01:29:27	CRCC	Benton		Escorted Leave		Medical Needs		Pettitt, Andy L
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC	11/06/2019	IA021L	Unassigned					Pettitt, Andy L
11/06/2019 09:45:00	Benton	CRCC		Return From Escorted Leave		Return From Escorted Leave		Leal, Steve G
11/06/2019 04:12:30	CRCC	Benton		Escorted Leave		Medical Needs		Thorson, Kevin R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC	11/06/2019	IA021L	Unassigned					Thorson, Kevin R
CRCC	10/23/2019	IA031L	Unassigned					Thorson, Kevin R

10/23/2019 04:45:50	Benton	CRCC		Return From Escorted Leave		Medical Completed		Thorson, Kevin R
10/23/2019 02:00:27	CRCC	Benton		Escorted Leave		Medical Needs		Thorson, Kevin R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC	08/29/2019	IA031L	Kirwin, Holly L	71016238	08/30/2019			Markland, Kayla H
CRCC	08/29/2019	IA031L	Unassigned					Thorson, Kevin R
08/29/2019 01:45:04	WSP-Main	CRCC		Accepted At Facility		Medical Completed		Markland, Kayla H
08/29/2019 11:47:34	WSP-Main	CRCC		Transfer From A Facility		Medical Completed		Bly, Darlene M
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	08/23/2019	HC013L	Matson, Travis J	71011632	08/22/2019			Bly, Darlene M
WSP-Main	08/22/2019	HC081L	Matson, Travis J	71011632	08/22/2019			Bly, Darlene M
WSP-Main	08/22/2019	HC081L	Unassigned					Hamann, Angelique N
08/21/2019 04:00:11	CRCC	WSP-Main		Accepted At Facility		Medical Needs		Bly, Darlene M
08/21/2019 02:18:20	CRCC	WSP-Main		Transfer From A Facility		Medical Needs		Markland, Kayla H
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC	06/10/2019	IA031L	Kirwin, Holly L	71016238	06/10/2019			Markland, Kayla H
CRCC	06/10/2019	IA031L	Unassigned					Markland, Kayla H
06/07/2019 05:50:32	CRCC-MSU	CRCC		Accepted At Facility		Medical Needs		Eden, Karen C
06/07/2019 05:40:00	CRCC-MSU	CRCC		Transfer From A Facility		Medical Needs		Eden, Karen C
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	12/03/2018	SC081L	Schneider, Stephanie A	70048751	05/23/2019			Eden, Karen C
CRCC-MSU	12/03/2018	SC081L	Tinsley, Bronnie P	70048751	03/05/2019			Eden, Karen C
CRCC-MSU	12/03/2018	SC081L	Tinsley, Bronnie P	70048743	12/04/2018			Tinsley, Bronnie P
CRCC-MSU	12/03/2018	SC081L	Unassigned					Eden, Karen C
12/02/2018 08:32:00	CRCC	CRCC-MSU		Transfer In Within Complex - No Transfer Order		Medical Completed		Eden, Karen C

12/02/2018 08:20:33	CRCC	CRCC-MSU		Transfer Out Within Complex - No Transfer Order		Medical Completed		Eden, Karen C
11/30/2018 08:59:00	CRCC-MSU	CRCC		Accepted At Facility		Medical Needs		Eden, Karen C
11/30/2018 08:49:00	CRCC-MSU	CRCC		Transfer From A Facility		Medical Needs		Eden, Karen C
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	12/18/2013	SC081L	Tinsley, Bronnie P	70048743	05/17/2018			Eden, Karen C
CRCC-MSU	12/18/2013	SC081L	Cook, Phillip E	70048743	03/10/2015			Eden, Karen C
CRCC-MSU	12/18/2013	SC081L	Wilson, Laura S	70048751	02/12/2014			Warfield, Melissa J
CRCC-MSU	12/18/2013	SC081L	Harmon, Thomas J	70048741	02/12/2014			Warfield, Melissa J
CRCC-MSU	12/18/2013	SC081L	Wilson, Laura S	70048751	12/16/2013			Eden, Karen C
12/17/2013 05:34:46	Benton	CRCC-MSU		Return From Escorted Leave		Hospital Watch		Bacon, Tami L
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	12/17/2013	SC081L	Wilson, Laura S	70048751	12/16/2013			Bacon, Tami L
			Wilson, Laura S	70048751	12/16/2013			Bacon, Tami L
12/15/2013 08:45:20	CRCC-MSU	Benton		Escorted Leave		Hospital Watch		Bacon, Tami L
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	12/13/2013	SC081L	Unassigned					Pederson, Amelie S
12/13/2013 02:00:14	CRCC	CRCC-MSU		Accepted At Facility		Medical Completed		Ferguson, Justin A
12/13/2013 01:50:59	CRCC	CRCC-MSU		Transfer From A Facility		Medical Completed		Ferguson, Justin A
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC	12/11/2013	AE031L	Sawyer, Ann M	71016236	12/11/2013	Poses A Threat To Other Offenders		Ferguson, Justin A
CRCC	12/11/2013	AE031L	Unassigned			Poses A Threat To Other Offenders		Ferguson, Justin A
12/10/2013 09:54:06	CRCC-MSU	CRCC		Accepted At Facility		Medical Needs		Leigh, Lori A
12/10/2013 09:53:48	CRCC-MSU	CRCC		Transfer From A Facility		Medical Needs		Leigh, Lori A

Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	08/19/2013	SC081L	Unassigned					Leigh, Lori A
08/19/2013 11:42:44	Benton	CRCC-MSU		Return From Escorted Leave		Return From Escorted Leave		Bowerly, Tyler J
08/19/2013 09:26:12	CRCC-MSU	Benton		Escorted Leave		Medical Needs		Bowerly, Tyler J
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	07/23/2013	SC081L	Unassigned					Bowerly, Tyler J
07/23/2013 05:09:54	Benton	CRCC-MSU		Return From Escorted Leave		Medical Completed		Ferguson, Justin A
07/22/2013 07:40:50	CRCC-MSU	Benton		Escorted Leave		Medical Needs		Leigh, Lori A
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	05/13/2013	SC081L	Unassigned					Leigh, Lori A
05/13/2013 10:38:06	Benton	CRCC-MSU		Return From Escorted Leave		Medical Completed		Shuster, Carianne
05/13/2013 08:11:59	CRCC-MSU	Benton		Escorted Leave		Medical Needs		Shuster, Carianne
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	08/08/2012	SC081L	Wilson, Laura S	70048751	08/08/2012			Leigh, Lori A
CRCC-MSU	08/08/2012	SC081L	Unassigned					Shuster, Carianne
08/07/2012 06:16:30	CRCC	CRCC-MSU		Accepted At Facility		Medical Completed		Bacon, Tami L
08/07/2012 06:15:09	CRCC	CRCC-MSU		Transfer From A Facility		Medical Completed		Bacon, Tami L
08/01/2012 12:50:21	CRCC-MSU	CRCC		Accepted At Facility		Medical Needs		Leigh, Lori A
08/01/2012 12:49:06	CRCC-MSU	CRCC		Transfer From A Facility		Medical Needs		Leigh, Lori A
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	07/31/2012	SB053L	Unassigned					Leigh, Lori A
CRCC-MSU	07/23/2012	SB073L	Unassigned					Pederson, Amelie S
07/23/2012 12:35:50	Benton	CRCC-MSU		Return From Escorted Leave		Medical Completed		Ferguson, Justin A
07/23/2012 09:20:30	CRCC-MSU	Benton		Escorted Leave		Medical Needs		Ferguson, Justin A
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By

CRCC-MSU	02/15/2012	SB073L	Unassigned					Ferguson, Justin A
CRCC-MSU	11/22/2011	SC081L	Unassigned					Leigh, Lori A
11/22/2011 05:12:46	Benton	CRCC-MSU		Return From Escorted Leave		Hospital Watch		Leigh, Lori A
11/22/2011 05:52:44	CRCC-MSU	Benton		Escorted Leave		Hospital Watch		Leigh, Lori A
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
CRCC-MSU	09/02/2011	SC081L	Wilson, Laura S	70048751	09/07/2011			Leigh, Lori A
CRCC-MSU	09/02/2011	SC081L	Unassigned					Leigh, Lori A
CRCC-MSU	08/30/2011	SC101L	Unassigned					Leisinger, Sandra L
08/30/2011 08:36:02	WSP-Main	CRCC-MSU		Accepted At Facility		Custody Change		Bonnell, Julia M
08/30/2011 05:00:20	WSP-Main	CRCC-MSU		Transfer From A Facility		Custody Change		Wagoner, Michelle R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	08/04/2011	GW132	Shumate, Rodney S	71011632	08/04/2011			Wagoner, Michelle R
WSP-Main	08/04/2011	GW132	Unassigned					Wagoner, Michelle R
08/03/2011 01:31:47	WCC-Hospital	WSP-Main		Accepted At Facility		Return From Court		Wagoner, Michelle R
08/03/2011 06:31:48	WCC-Hospital	WSP-Main		Transfer From A Facility		Return From Court		Ricker, Eugene K
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WCC-Hospital	07/28/2011	HD03L	Unassigned					Ricker, Eugene K
07/28/2011 10:18:29	Pierce	WCC-Hospital		Returned From Court		Return From Court		Brunetti, Melanie S
07/21/2011 06:11:54	WCC-Hospital	Pierce		Out To Court		Court Order		Stucke, Heather D
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WCC-Hospital	07/20/2011	HA02L	Unassigned					Stucke, Heather D
07/20/2011 03:19:03	WCC-RC	WCC-Hospital		Transfer In Within Complex - No Transfer Order		Medical Needs		Waldecker, Robert R
07/20/2011 03:18:40	WCC-RC	WCC-Hospital		Transfer Out Within Complex - No Transfer Order		Medical Needs		Waldecker, Robert R
07/20/2011 01:48:31	WSP-Main	WCC-RC		Accepted At Facility		Court Order		Brunetti, Melanie S

07/20/2011 05:05:03	WSP-Main	WCC-RC		Transfer From A Facility		Court Order		Wagoner, Michelle R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	06/06/2011	GW132	Unassigned					Wagoner, Michelle R
06/06/2011 09:30:31	Walla Walla	WSP-Main		Return From Escorted Leave		Medical Completed		Arieta, Adora A
06/06/2011 06:30:06	WSP-Main	Walla Walla		Escorted Leave		Medical Needs		Arieta, Adora A
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	05/12/2011	GW132	Unassigned					Arieta, Adora A
05/12/2011 09:40:51	Walla Walla	WSP-Main		Return From Escorted Leave		Medical Completed		Arieta, Adora A
05/12/2011 07:10:27	WSP-Main	Walla Walla		Escorted Leave		Medical Needs		Arieta, Adora A
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	04/13/2011	GW132	Unassigned					Arieta, Adora A
04/13/2011 12:13:00	Walla Walla	WSP-Main		Return From Escorted Leave		Medical Completed		Watko, Freta R
04/13/2011 09:00:00	WSP-Main	Walla Walla		Escorted Leave		Medical Needs		Watko, Freta R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	02/25/2011	GW132	Unassigned					Watko, Freta R
02/25/2011 09:10:23	Walla Walla	WSP-Main		Return From Escorted Leave		Medical Completed		Wagoner, Michelle R
02/22/2011 06:30:43	WSP-Main	Walla Walla		Escorted Leave		Medical Needs		Wagoner, Michelle R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	02/15/2011	GW132	Shumate, Rodney S	71011632	02/15/2011			Wagoner, Michelle R
WSP-Main	02/15/2011	GW132	Unassigned					Wagoner, Michelle R
WSP-Main	02/07/2011	HC061L	Unassigned					Wagoner, Michelle R
02/07/2011 02:07:37	Walla Walla	WSP-Main		Return From Escorted Leave		Medical Completed		Wagoner, Michelle R
02/07/2011 10:42:18	WSP-Main	Walla Walla		Escorted Leave		Medical Needs		Wagoner, Michelle R
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	12/22/2009	GW132	Shumate, Rodney S	71011632	01/18/2011			Wagoner, Michelle R

WSP-Main	12/22/2009	GW132	McCoy, JoAnn	71011632	02/08/2010			Wagoner, Michelle R
WSP-Main	12/22/2009	GW132	Denny, Joseph L	71013203	12/14/2009			Lepiane, Darrel E
WSP-Main	12/14/2009	23181	Denny, Joseph L	71013203	12/14/2009			Alexander, Michelle R
WSP-Main	10/29/2009	GW132	Denny, Joseph L	71013203	12/14/2009			Alexander, Michelle R
WSP-Main	10/29/2009	GW132	McCoy, JoAnn	71011632	10/29/2009			Abel-Johnson, Cheri L
WSP-Main	10/29/2009	GW132	Lepiane, Darrel E	71010698	10/01/2009			Alexander, Michelle R
WSP-Main	06/25/2009	GW133	Lepiane, Darrel E	71010698	10/01/2009			Abel-Johnson, Cheri L
WSP-Main	06/25/2009	GW133	McCoy, JoAnn	71011632	10/01/2009			Mings, Jacqueline K
WSP-Main	06/25/2009	GW133	McCoy, JoAnn	71011632	10/01/2009			McCoy, JoAnn
WSP-Main	06/25/2009	GW133	Unassigned					Abel-Johnson, Cheri L
WSP-Main	06/25/2009	22091	Unassigned					Alexander, Michelle R
WSP-Main	06/24/2009	22022	Unassigned					Mings, Jacqueline K
WSP-Main	05/20/2009	GW133	Unassigned					Mings, Jacqueline K
			Burt, Eric D	71016902	05/11/2009			Mings, Jacqueline K
WSP-Main	05/11/2009	GW1141	Unassigned					Alexander, Michelle R
WSP-Main	04/13/2009	22111	Unassigned					Alexander, Michelle R
WSP-Main	04/13/2009	GE133	Unassigned					Mings, Jacqueline K
04/13/2009 10:55:53	Walla Walla	WSP-Main		Return From Escorted Leave		Medical Completed		Lyons, Susan M
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WSP-Main	04/13/2009	22112	Unassigned					Lyons, Susan M
04/11/2009 02:00:04	WSP-Main	Walla Walla		Escorted Leave		Medical Needs		Lyons, Susan M
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By

WSP-Main	03/19/2009	GE133	Lepiane, Darrel E	71010698	03/31/2009			Lyons, Susan M
WSP-Main	03/19/2009	GE133	McCoy, JoAnn	71011632	03/19/2009			McCoy, JoAnn
WSP-Main	03/19/2009	GE133	Unassigned					Mings, Jacqueline K
03/19/2009 12:30:23	WCC-RC	WSP-Main		Accepted At Facility		Initial Classification		Lyons, Susan M
03/19/2009 09:07:57	WCC-RC	WSP-Main		Transfer From A Facility		Initial Classification		Ricker, Eugene K
Facility Name	Bed Assignment	Bed ID	Assigned Counselor	Position ID	Counselor Assignment	Segregation Placement	Segregation Narrative	Created By
WCC-RC	03/05/2009	4D02L	Unassigned					Ricker, Eugene K
			Bjornrud, Christophe G	70045070	02/25/2009			Ricker, Eugene K
WCC-RC	02/04/2009	1C01L	Gamuzzo, Ignazio A	70045089	02/17/2009			Reese, Karen L
WCC-RC	02/04/2009	1C01L	Unassigned					Ricker, Eugene K
WCC-RC	02/03/2009	1D04L	Unassigned					Ricker, Eugene K
02/03/2009 10:45:40	Pierce	WCC-RC		First Admission To Prison		Initial Classification		Brunetti, Melanie S

Earned Time

Start Date	End Date	Action Date	Type	Reason	Days
02/03/2009	06/07/2009	08/01/2012	Earned		0.00
06/07/2009	06/07/2011	08/01/2012	Earned		0.00
06/07/2011	06/06/2013	07/23/2013	Earned		0.00
06/06/2013	12/01/2013	07/23/2013	Earned		0.00
12/01/2013	01/15/2015	01/15/2015	Earned		0.00
01/15/2015	03/01/2015	03/31/2015	Earned		4.50
03/01/2015	05/01/2016	05/31/2016	Earned		71.16
05/01/2016	04/01/2017	04/26/2017	Earned		55.82
04/01/2017	05/01/2017	05/03/2017	Earned		5.00
05/01/2017	06/01/2017	06/14/2017	Earned		5.17
06/01/2017	05/01/2018	05/02/2018	Earned		13.33
05/01/2018	05/01/2019	05/08/2019	Earned		13.52
05/01/2019	07/01/2019	07/08/2019	Earned		2.26
07/01/2019	05/01/2020	05/28/2020	Earned		11.30

Infraction Summary

Offender Infraction

Infraction Group	Overall Infraction Report	Hearing	Infraction Data	Incident	Violation

Number	Status	Type	Indicator	Date	Codes
3	Hearing Complete	Full Hearing	General	On 04/03/2019	105
4	Hearing Complete	Full Hearing	General	On 04/10/2019	202
5	Hearing Complete	Full Hearing	General	On 07/25/2019	214

Offender Holds

Start Date/Time	Hold Reason	Hold Location	Notes Exist	Authorizing Staff	Hold Until Date	Closed Date	Closed By
05/28/2020 09:46:37	Facility Plan Review	CRCC		Kirwin, Holly L	06/28/2020	05/30/2020	Leigh, Mark D
03/31/2020 08:35:58	Medical Hold	CRCC		Fields, Heather P	06/30/2020		
12/30/2019 15:07:15	Medical Hold	CRCC		Carlson, Tabitha D	03/31/2020	04/01/2020	SYSTEM, OMNI
10/07/2019 13:46:36	Medical Hold	CRCC		Carlson, Tabitha D	12/31/2019	01/01/2020	SYSTEM, OMNI
09/09/2019 09:38:41	Facility Plan Review	CRCC		Kirwin, Holly L	10/09/2019	09/17/2019	Leigh, Mark D
07/08/2019 11:21:29	Facility Plan Review	CRCC		Kirwin, Holly L	08/07/2019	07/17/2019	Turner, Jeremy J
05/09/2019 14:40:21	Facility Plan Review	CRCC-MSU		Tinsley, Bronnie P	06/08/2019	05/21/2019	Turner, Jeremy J
05/01/2018 16:06:47	Facility Plan Review	CRCC-MSU		Cook, Phillip E	06/01/2018	05/24/2018	Alverson, Tyler J
06/14/2017 10:52:49	Facility Plan Review	CRCC-MSU		Cook, Phillip E	07/14/2017	06/19/2017	Turner, Jeremy J
04/26/2017 15:43:26	Facility Plan Review	CRCC-MSU		Cook, Phillip E	06/01/2017	05/04/2017	Leisinger, Reed P
05/24/2016 15:52:49	Facility Plan Review	CRCC-MSU		Cook, Phillip E	06/25/2016	06/02/2016	Turner, Jeremy J
01/19/2016 13:29:37	Facility Plan Review	CRCC-MSU		Wilson, Laura S	03/06/2016	02/05/2016	Turner, Jeremy J
04/03/2015 16:08:50	Facility Plan Review	CRCC-MSU		Cook, Phillip E	05/06/2015	04/16/2015	Duncan, Michelle I
01/23/2014 11:27:54	Facility Plan Review	CRCC-MSU		Wilson, Laura S	02/22/2014	02/12/2014	Phillips, James W
01/04/2013 13:16:03	Facility Plan Review	CRCC-MSU		Wilson, Laura S	02/03/2013	02/11/2013	Miller, Lori T
03/09/2012 14:03:01	Facility Plan Review	CRCC-MSU		Wilson, Laura S	04/22/2012	03/26/2012	Karten, Rick A
09/30/2011 11:36:46	Facility Plan Review	CRCC-MSU		Wilson, Laura S	10/30/2011	10/10/2011	Duncan, Michelle I
07/15/2011 11:23:06	Facility Plan Review	WSP-Main		Shumate, Rodney S	08/14/2011	08/18/2011	Vaillancourt, Suzanne M
06/28/2011 13:17:41	Out To Court	WSP-Main	Yes	Wagoner, Michelle R	07/20/2011	07/20/2011	Wagoner, Michelle R
06/01/2011 11:05:41	Out To Court	WSP-Main	Yes	Wagoner, Michelle R	06/22/2011	06/17/2011	Wagoner, Michelle R
04/04/2011 08:00:00	Medical Hold	WSP-Main		SYSTEM, OBTS	07/31/2011	05/29/2011	
03/04/2011 10:37:19	Facility Plan Review	WSP-Main		Shumate, Rodney S	04/03/2011	03/15/2011	Kucza, Mark A
02/07/2011 08:00:00	Medical Hold	WSP-Main		SYSTEM, OBTS	05/30/2011	04/14/2011	
04/14/2010 08:11:23	Facility Plan Review	WSP-Main		McCoy, JoAnn	05/14/2010	04/15/2010	Flynn, Lisa J
04/06/2010 10:57:53	Infraction Hold	WSP-Main		Jurgensen, Kenneth J	05/06/2010	04/06/2010	Jurgensen, Kenneth J
04/29/2009 12:54:00	Medical Hold			SYSTEM, OBTS	06/30/2009	06/29/2009	Hallsted, Janice F
04/09/2009 14:18:42	Facility Plan Review	WSP-Main		Lepiane, Darrel E	05/09/2009	04/13/2009	Flynn, Lisa J
03/19/2009 08:45:55	Infraction Hold	WCC-RC		Warren, Kimberly A	04/18/2009	04/19/2009	SYSTEM, OMNI

02/25/2009 11:14:05	Facility Plan Review	WCC-RC	Gamuzzo, Ignazio A	03/27/2009	03/09/2009	Bowen, Kevin G

Custody Facility Plan History

Next Review Date

04/30/2021

Current Incarceration

Review Type/Purpose	Assigned Custody	Override Reason	Location	In-Effect Date	Status
Plan Change	Minimum 3 - Long Term Minimum		CRCC	05/30/2020	In-Effect
Intake	Minimum 3 - Long Term Minimum		CRCC	09/17/2019	Archive
Plan Change / Disciplinary/Suitability	Minimum 3 - Long Term Minimum		CRCC	07/17/2019	Archive
Plan Change	Minimum 2 - Camp	Prior Headquarters Decision	CRCC-MSU	05/21/2019	Archive
Plan Change / HQ Classification Override	Minimum 2 - Camp	Long Term Minimum	CRCC-MSU	05/24/2018	Archive
Plan Change / Other	Minimum 2 - Camp	Life Without Parole	CRCC-MSU	06/19/2017	Archive
Regular Review / Other	Minimum 3 - Long Term Minimum		CRCC-MSU	05/04/2017	Archive
Regular Review / Other	Minimum 2 - Camp	Life Without Parole	CRCC-MSU	06/02/2016	Archive
Plan Change	Minimum 2 - Camp	Life Without Parole	CRCC-MSU	02/05/2016	Archive
Plan Change / Other	Minimum 2 - Camp	Life Without Parole	CRCC-MSU	04/16/2015	Archive
Regular Review	Minimum 2 - Camp	Life Without Parole	CRCC-MSU	02/12/2014	Archive
Plan Change	Minimum 2 - Camp	Life Without Parole	CRCC-MSU	02/11/2013	Archive
Regular Review	Minimum 2 - Camp	Time to Serve	CRCC-MSU	03/26/2012	Archive
Intake	Minimum 2 - Camp		CRCC-MSU	10/10/2011	Archive
Plan Change	Minimum 2 - Camp	Long Term Minimum	WSP-Main	08/18/2011	Archive
Plan Change	Close	Life Without Parole	WSP-Main	03/15/2011	Archive
Regular Review	Minimum 3 - Long Term Minimum		WSP-Main	04/15/2010	Archive
Intake	Close		WSP-Main	04/13/2009	Archive
Initial	Close		WCC-RC	03/09/2009	Archive

EXHIBIT 2

NO. 54629-9-II

COURT OF APPEALS, DIVISION II
OF THE STATE OF WASHINGTON

In re the Personal Restraint Petition of: ROBERT R. WILLIAMS, Petitioner.	DECLARATION OF JULIE MARTIN

I, JULIE MARTIN, make the following declaration:

1. I have knowledge of the facts herein, am over eighteen years of age, and am competent to testify to such facts. I am not a party to this matter.

2. I am currently employed as the Deputy Secretary of the Washington Department of Corrections (Department or DOC). I have held this position since March 2018. I have worked for the Department since August 2014 and have held the positions of Lean Manager and Assistant Secretary of Administrative Operations. As the Deputy Secretary, my role has been to ensure that key strategic divisions are meeting the business needs of the Department. I have oversight of Information Technology, and Health Services. I have led Inmate Records, Administrative Hearings, Results DOC and Process Improvement, Business Services, Human Resources and Budget. I work collaboratively with the Department Secretary to achieve our goals and mission by demonstrating our core values, coaching our staff on our core values, and leading with respect, and

Exhibit 2

inclusion, while seeking diverse points of view. I have been involved with direct supervision of DOC Health Services since March of this year, but have worked in supporting key initiatives and process improvements over the last year.

3. From the very beginning of the COVID-19 pandemic, I have worked closely with our Infectious Disease Doctor, Chief Medical Officer, Deputy Chief Medical Officer, Chief of Dentistry, Chief of Nursing, and Health Services Administrative staff. I have moved back to my position of Deputy Secretary and Interim Assistant Secretary of Health Services. I served as the co-Incident Commander for the Unified Prisons/Health Services Incident Command for the first 100 days; we continue to have three calls a week with our facility Incident Command Post (ICP) staff to discuss new protocols and ensure directions are implemented. Working with our doctors on a regular basis, I help to implement their medical guidelines. I work with the Health Services team to also meet the critical health needs of our incarcerated patients that are not COVID-19 related. I am also a member of the Emergency Operation Policy team.

4. The Department's response to the COVID-19 pandemic has consumed agency staff and resources for the last four months. To date, the Department has devoted in excess of 364,016 staff hours and $18,534,471.00 to mitigating the risk the virus presents to the incarcerated population. Given the scope of the response, it is not possible to describe

every step we have taken. This declaration summarizes the major components of the Department's response.

I. DOC HEALTH SERVICES AND INFECTIOUS DISEASE PREVENTION

5. Each major prison has in-house medical facilities, led by a Facility Medical Director who is a physician, and staffed with licensed medical doctors, physician assistants, nurse practitioners, nurses, and/or other health care providers. The Department's prison medical facilities are similar to a primary care clinic in the community. They provide a range of health services in-house, including: managing medical conditions, prescribing medications, conducting physical examinations, providing diagnostic procedures, and performing minor surgical procedures. Incarcerated individuals who require care beyond that available in prison receive those services at hospitals and other outside providers, with appropriate security measures in place.

6. DOC has a Communicable Disease and Infection Prevention Program. The program is designed to ensure a safe and healthy environment for employees and incarcerated individuals, and is defined in DOC Policy 670.000: Communicable Disease, Infection Prevention, and Immunization Program.[1] This policy guides the Department's extensive preparation for and response to the yearly influenza season.

---

[1] *See* https://www.doc.wa.gov/information/policies/default.aspx?show=600.

7. The Infection Prevention Program focuses on infectious disease prevention, education, identification, and treatment. A Board-Certified Infectious Disease Doctor oversees the program, and each major prison facility has an Infection Prevention Nurse position among its medical staff. DOC trains all employees on communicable diseases and infection prevention when hired, and employees receive annual in-service trainings thereafter.

8. A cornerstone of the Communicable Disease and Infection Prevention Program is medically assessing and screening all incarcerated individuals for infectious diseases as they enter the Washington prison system. This occurs at the two reception centers: the Washington Corrections Center and the Washington Corrections Center for Women. As explained more fully below, the Department enhanced this routine screening process in response to the COVID-19 outbreak.

II. EARLY COVID-19 RESPONSE PLANNING AND INCIDENT COMMAND ACTIVATION

9. Because of DOC's existing, robust infectious disease prevention infrastructure, and with our staff well trained in Incident Command System emergency management, the Department was able to respond quickly to the COVID-19 outbreak in Washington State and we have been able to adapt and update our approach as needed.

A. DOC Began Tracking COVID-19 Early and Began Supporting Statewide COVID-19 Response Efforts in February 2020

10. On January 24, 2020, DOC Health Services staff issued a notification to all staff entitled "Novel Coronavirus" advising that on January 20, 2020, the Centers for Disease Control (CDC) confirmed one case of novel coronavirus in Washington State. At that time, the CDC advised that anyone arriving to the United States from mainland China should stay home and monitor their health for 14 days after leaving China. The Health Services notification advised staff to contact a health care provider if they developed a fever, cough, or difficulty breathing, and to take normal precautions to avoid spreading illness, such as handwashing and covering coughs and sneezes.

11. On February 9, 2020, DOC opened its Emergency Operations Center (EOC) at its Headquarters in Tumwater, to support statewide COVID-19 response efforts. DOC deployed approximately 15 staff in support of this effort, and allowed the Department of Health (DOH) to use DOC's Maple Lane property for the State's response efforts as a potential quarantine site.

12. On February 14, 2020, DOC Health Services issued an updated notification to all staff regarding the novel coronavirus and CDC-recommended guidance and precautions. On February 20, 2020, Secretary Sinclair sent a message to all staff regarding the Department's steps to assist

DOH in the State response to COVID-19. This included notice that the CDC's then-updated COVID-19 precautions indicated that the virus could only be passed through close contact with someone who had symptoms, similar to influenza.

B. The Department's EOC Expansion and Initial COVID-19 Response Efforts

13. On March 2, 2020, Secretary Sinclair officially expanded the Department's previously activated EOC to oversee the Department's own response to COVID-19. By taking this action, the Secretary set in motion a process for coordinated planning, implementation, and response to COVID-19 across all divisions of the agency. The EOC operates within the framework of the Incident Command System, a standardized approach to command, control, and coordination of emergency response efforts.

14. Initial planning work involved updating the Department's Public Health Pandemic Plan, establishing points of contact at each facility for COVID-19 matters, and developing a tracking form for staff who called in sick reporting flu-like symptoms.

15. The Department also promptly advised stakeholders about COVID-19 and the agency's response to it. This included posting information on the Department's public website[2] and on each prison facility's homepage asking visitors not to visit if they felt sick with a fever,

[2] https://www.doc.wa.gov

cough, or difficulty breathing, and it announced a new screening process for visitation. A similar message went out via email to the Statewide Family Council, a group comprised of incarcerated individuals' family members, and the Office of the Corrections Ombuds (OCO) regarding the Department's response to COVID-19.

16. On March 5 and 6, 2020, the Department also sent messages to the incarcerated population about the agency's COVID-19 response efforts and precautions they should take to protect against the virus. In both forms, these messages instructed incarcerated individuals to report to facility Health Services if they were not feeling well. In addition, to encourage incarcerated individuals to seek care, DOC waived the standard $4.00 copay for patient-initiated visits otherwise required by statute.

17. On March 12, 2020, the Department activated ICPs at each of its prison facilities. These ICPs have been operating continually since that day, five to seven days a week. The ICP designation gives the responsibility for facility incident management to a single person with the authority to make decisions 24/7. To ensure a common operating picture and consistency in operations, both facility management and Health Services management are co-located in the ICPs.

18. On March 15, 2020, the Department implemented an enhanced screening process for all staff, contract staff, contractors, and volunteers. All facilities and offices have been conducting enhanced

screening to include taking temperatures since March 16, 2020. The Department also encouraged all staff who were eligible and able to telework to do so. Information about the enhanced screening protocol was shared with all staff on March 15, 2020, and additional clarification was provided by Secretary Sinclair on a memo the same day. On March 16, 2020, Assistant Secretary for Prisons Rob Herzog and I issued a memo to all Superintendents providing additional detail about the enhanced screening protocol that was announced on March 15, 2020.

19. The Department also sent DOH fliers to all DOC divisions for posting in public areas to provide additional information and guidance regarding common preventative measures everyone could take to stop the spread of COVID-19.

C. DOC's COVID-19 Screening, Testing, and Infection Control Guideline

20. In early March, the Department's Chief Medical Officer, Infectious Disease Doctor, and other Health Services staff developed guidelines specific to COVID-19 screening, testing, and infection control. The document is entitled "WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline." The guideline details the screening, testing, and infection control procedures the Department has put into place with respect to COVID-19. Health Services staff has updated the guideline as needed to reflect the rapidly evolving nature of the COVID-19 pandemic.

The guideline currently is in its 18th edition. A true and correct copy of the current guideline is included as Attachment A.[3]

21. The WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline is a critical document in that it outlines the agency's requirements for screening of staff and inmates; guides clinical evaluation of patients referred through the COVID-19 screening process; details testing procedures; includes precautions for high risk individuals; governs the clinical care of patients with suspected or confirmed COVID-19; defines infection control and prevention through isolation and quarantine protocols; and establishes personal protective equipment (PPE) requirements for clinical and custody staff.

22. As has been widely reported in the news, access to COVID-19 testing has been limited in the United States. In anticipation of having a limited supply of tests, DOC initially ordered 50 additional test kits for every facility and 100 additional test kits each for Monroe Correctional Complex (MCC), Washington Correctional Center for Women, Airway Heights Corrections Center, and Washington Corrections Center. As the Department has used test kits, it has requested and obtained additional kits to maintain an adequate supply. COVID-19 testing is available at all DOC prison facilities. As of June 18, 2020, the Department has 1,383 test kits in

[3] *See* https://www.doc.wa.gov/news/2020/docs/wa-state-doc-covid-19-screening-testing-infection-control-guideline.pdf.

the prisons and an additional 8,950 test kits at Headquarters. We recently requested an additional 20,000 test kits from the State EOC.

23. The Department has had sufficient test kits to administer tests in accordance with DOH guidelines. DOC has worked with the Washington State DOH public health laboratory, the University of Washington Virology Laboratory, and InterPath Laboratory to process DOC tests. When the tests are administered, the providers are required to notify the DOC facility Infection Prevention Nurse, Facility Medical Director, and Health Services Manager, for tracking purposes. This testing information is updated every weekday and available on the Department's COVID-19 website.[4]

24. The Screening, Testing, and Infection Control Guideline also outlines the plan for care of individuals with suspected and confirmed COVID-19. The practitioner will determine the level of care that is appropriate based on the patient's condition. Patients with confirmed COVID-19 will receive nursing assessments and vital sign examinations at least every eight-hour shift, and those in higher risk categories will be closely monitored regardless of their care setting. Patients will be transferred to outside hospitals and emergency departments when appropriate. Triage to the appropriate care setting and subsequent

[4] https://www.doc.wa.gov/corrections/covid-19/default.htm

monitoring are important aspects of clinical care for patients with COVID-19 and are a key component of DOC's clinical care of patients with suspected or confirmed COVID-19. There is also a DOC COVID medical duty officer who is available by phone for questions and consultation.

D. The Department's Commitment to Transparency throughout Its Response to COVID-19

25. The Department has been committed to maintaining transparency with the public and community partners since the beginning of its response. This includes updating its public website with current COVID-19 information at least every weekday with a daily status report (Significant Events Timeline) and the most updated numbers on testing, isolation, and quarantines of incarcerated individuals. The Department's website also has updated information on the number of staff who have self-reported testing positive. A true and correct copy of the most recent Significant Events Timeline is included as Attachment B.[5] The Timeline includes hyperlinks to key operational documents related to the Department's COVID-19 response.

26. During the COVID-19 crisis, the Department has regularly communicated with the OCO, Statewide Family Council, and the incarcerated population (in written messages in English and Spanish). Each facility has weekly or biweekly calls with its local Family Council. The

[5] *See* https://www.doc.wa.gov/news/2020/docs/daily-situation-report.pdf.

OCO previously hosted phone calls every weekday, during which members of the public and DOC staff participated. Currently the OCO hosts calls each Thursday from 4:30 p.m. to 5:00 p.m. with the same stakeholders participating.

27. After an incident at the MCC, Corrections Ombuds Joanna Carns and State Representative Roger Goodman toured all living units in the MCC-MSU and MCC Intensive Management Unit on April 10, 2020. The Department's Chief Medical Officer, Dr. Sara Kariko, and the Department's Infectious Disease Control physician, Dr. Lara Strick, participated in this tour. During the tour, they spoke with incarcerated individuals and tier representatives, and discussed concerns related to COVID-19 and the Department's response. The OCO's report is available on its website.[6]

III. MITIGATING THE RISK OF COVID-19 ENTERING FACILITIES

A. DOC Promptly Took Steps to Significantly Reduce the Number of Individuals Entering DOC Facilities

28. Following implementation of visitor screening at all facilities beginning March 6, 2020, on March 13, 2020, DOC took the significant step of suspending all visitation indefinitely, including Extended Family Visiting. The Department communicated this decision broadly to

[6] https://oco.wa.gov/reports-publications

stakeholders, including incarcerated individuals, the Statewide Family Council, the OCO, legislators, and the media.

29. On March 20, 2020, the Department suspended all volunteer programs and discontinued allowing volunteers into its facilities.

B. The Department Implemented COVID-19 Screening of All Incoming Incarcerated Individuals

30. With the onset of the crisis, the Department began screening all new intakes for COVID-19 using screening questions and a temperature check. Similarly, all individuals transferred from one Department facility to another have their temperature taken prior to boarding to a transport vehicle and upon arrival at the receiving facility. Incarcerated individuals who fail the screening process are required immediately to don a surgical mask and are placed in an isolated area.

31. Incarcerated individuals who have tested positive for COVID-19 or are suspected of having COVID-19 can only be transported with the approval of the Department's Chief Medical Officer. Staff transporting such individuals are required to wear gloves, eye protection, a gown or disposable coveralls, and an approved respirator. If staff cannot wear a gown due to security concerns, they are required to disinfect their gear after transport. DOC protocols require staff to disinfect transport vehicles and restraints before and after each transport, as well as at the end of the day.

32. DOC implemented a plan for a 14-day quarantine of all incoming individuals to the male reception center (Washington Corrections Center in Shelton) and female reception center (Washington Corrections Center for Women), as recommended by the CDC. In addition, a Health Services strike team began working at the male reception center to perform intake physicals to avoid a backlog of individuals at intake awaiting transfer to their assigned facilities.

C. The Department Implemented Mandatory Screening of all Staff Entering Facilities

33. On March 15, 2020, DOC began screening all staff entering its facilities. This includes screening questions and a temperature check. If staff fail the screening process, they are refused entry to the facility and must leave. Employees who fail screening are able to return to the facility only after being cleared through a secondary screening process that involves screening by a medical professional.

34. Department staff who screen staff entering correctional facilities wear PPE, including gloves, a surgical mask, a disposable gown, and eye protection. Physical screening barriers are also used in many locations.

35. In addition to screening staff entering facilities, the Department has limited the number of access points at its facilities and encouraged staff who are able to telecommute to do so. In a memo to all

staff, DOC Secretary Sinclair also encouraged staff, when not working, to abide by the Governor's Stay Home, Stay Healthy proclamation, to minimize any potential exposure that staff may have in the community and then bring into facilities.

36. In addition, the Department has formalized a process for contact mapping when a staff member is suspected of having, or tests positive for, COVID-19. This process identifies incarcerated individuals who have had close contact with a staff member who has tested positive for COVID-19, and who therefore require quarantine.

37. In an effort to return healthy DOC staff back to work, the DOC implemented a system to conduct secondary screening of employees by medical staff. The secondary screener is responsible for contacting the employee and making the determination if the employee is able to return back to work.

D. DOC Has Reduced Intrasystem and Intersystem Transfers

38. The decreased operations of the courts has resulted in a reduction in intakes from county jails. This has allowed the Department to reduce the frequency of transports from certain jails, such as the King County Jail, the Pierce County Jail and the Kitsap County Jail to once every other week. As discussed further below, DOC has also significantly reduced the incoming population by implementing a new protocol for arrests for violations of community custody.

39. Also, as part of the Department's social distancing protocols within correctional facilities, staff received direction to minimize classification overrides for promotions or demotions. The intent and effect of this direction is to reduce movements. Any override or demotion that would result in the relocation of an inmate from one facility to another must first be cleared by DOC Health Services.

40. On April 6, 2020, the Department suspended transfers from the MCC and the Stafford Creek Corrections Center through May 11, 2020. No transfers to or from those facilities could occur unless individuals needed a higher level of care that could not be met at their current facility. We are currently not allowing transfers into Coyote Ridge Corrections Center, and transfers out of Coyote Ridge are permitted only for COVID-19 or other medical reasons.

41. Scheduled releases are occurring consistent with normal practice. A checklist has been created for medical staff to ensure appropriate steps are taken before releasing an individual from isolation into the community.

E. The Department Implemented Measures to Reduce Movement In and Out of Work Release Facilities

42. Effective March 16, 2020, DOC prohibited community movement of individuals serving partial confinement sentences on electronic home monitoring through the Graduated Reentry or Community

Parenting programs. The Department also reduced contact standards for staff working with these individuals, to reduce exposure and mitigate the potential spread of the illness to staff and to individuals in partial confinement.

43. The following day, DOC suspended all resident visits and social outings within work release facilities. In addition, to minimize potential virus exposure, the Department restricted residents from leaving their work release facilities except for approved education and programming, or for essential business such as verified medical appointments.

F. DOC Implemented Guidelines for Use of PPE

44. DOC issued guidance on the use of PPE for staff. The use of specific PPE depends on the situation and role of the staff member. The Department has updated its guidance and continues to evaluate and refine its guidance. All staff members are required to view the online PPE training.

45. On April 14, 2020, the Department also implemented a specific process for ordering new PPE. This new process allows the Department to more efficiently manage the purchase of PPE and effectively source PPE in light of the increased nationwide demand. This new process requires approval from the facility's ICP to purchase PPE.

46. DOC Correctional Industries also has been manufacturing PPE, including gowns, face shields, masks, and hand sanitizer. Correctional

Industries developed a prototype hand sanitizer dispenser and manufactured sufficient dispensers for distribution to all facilities for supervised use by incarcerated individuals. Correctional Industries also produced and has shipped screen barriers to all facilities to provide enhanced screening stations at individual work sites.

IV. MITIGATING THE RISK OF COVID-19 TRANSMISSION WITHIN FACILITIES

A. The Department Has Implemented Strict Cleaning and Disinfection Procedures in all Facilities

47. In early to mid-March, all DOC locations instituted an intensive cleaning protocol focusing on sanitizing high touch surfaces such as telephones, kiosks, counters, and doors, as well as medical, vulnerable population, and high traffic areas. Cleaning products used include EPA-registered disinfectants. The Department also has increased the number of trained incarcerated individuals to support the additional cleaning and sanitizing protocol.

48. On March 27, 2020, the Department gave further direction to Department staff, through a memo, about the use of cleaning and sanitizing products. This memo identified the cleaning products available to Department staff that are approved for use against COVID-19, including instructions for mixing the cleaners and bleach to comply with CDC guidelines.

49. DOC also provides incarcerated individuals access to cleaning products, including spray disinfectant, and encourages them to clean their cells more frequently, and to help keep common areas clean.

B. DOC Provides Hygiene Supplies to all Incarcerated Individuals and Stresses the Importance of Good Hygiene Habits

50. DOC has provided two no-cost bars of soap to every incarcerated individual and will continue providing no-cost soap for the duration of the pandemic. Soap also is available and continually restocked in the common areas. All incarcerated individuals have access to running water and hand drying machines or paper towels for hand washing.

51. As noted, Correctional Industries is now manufacturing alcohol-based hand sanitizer and wall-mounted dispensers. On April 15, 2020, Correctional Industries began distributing hand sanitizer and dispensers to every Department facility, for use by incarcerated individuals and staff. Within the first several days after alcohol-based hand sanitizer was made available to the incarcerated population, one individual required medical care after ingesting the sanitizer. As a result of that incident, alcohol-based hand sanitizer is available to incarcerated individuals only in areas such as dayrooms where there is staff supervision. Correctional Industries also distributed face shields to every Department facility so that each facility has face shields available for use.

52. The Department has regularly communicated with staff and the incarcerated population regarding precautionary measures such as good hygiene practices and social distancing. This has occurred through kiosk messages, memos, and posting of DOH, CDC, and other COVID-19 and hygiene-related materials in public areas and areas visible to the incarcerated population.

C. DOC Implemented Social Distancing Measures in all Facilities

53. On March 20, 2020, the Department implemented social distancing protocols in its prisons. The goal of these protocols is to encourage everyone to maintain a distance of six feet from each other when possible. The social distancing protocols discourage physical touching or handshakes, limit inmate work crews to no more than 10 individuals unless six-foot distancing can be maintained with a larger crew, and limit dining room occupancy to only the number that allows for six-foot social distancing. The protocols also reduce classroom and programing to facilitate six-foot social distancing; stagger pill lines to allow social distancing; stagger movements within prisons as necessary to maintain social distancing; limit the number of individuals in the outside yards to no more than 50, unless approved by Headquarters; mandate closure of weight lifting facilities; and adjusted religious services to ensure individuals are able to practice their faith while maintaining social distancing of six feet.

54. On March 17, 2020, the Department suspended all community work crews with the exception of Department of Natural Resources crews from Larch Corrections Center, Airway Heights Corrections Center, Cedar Creek Corrections Center, and Olympic Corrections Center; an offsite crew that supports Department of Social and Health Services operations on McNeil Island; and an Olympic Corrections Center crew that assists with maintenance of outer perimeter facilities at Clallam Bay Corrections Center. Work crews have no contact with the public and follow strict social distancing guidelines. All other work crews remain suspended.

55. On March 23, 2020, the Department supplemented the Social Distancing Protocols to enable facilities experiencing extended meal periods due to social distancing requirements to develop alternative meal processes, including "grab and go" and / or in-cell feeding when warranted.

D. The Department Implemented Precautionary Measures for Units Housing Vulnerable Populations

56. There are special housing units within DOC facilities where elderly and / or infirm individuals reside. These units include infirmaries at major facilities, the Sage Unit at Coyote Ridge Corrections Center, and the K Unit at Airway Heights Corrections Center. Because these populations are potentially vulnerable to COVID-19, on March 18, 2020, DOC issued

special restrictions intended to mitigate the risk to these special populations.[7]

57. The restrictions applicable to the special housing units limit staff who may enter the units and require that all staff entering the units first wash their hands and don appropriate PPE. The restrictions further limit the movement of incarcerated individuals in and out of the units and provide for meals on the units rather than in the dining halls (except that K Unit dines separately in the dining hall that has been sanitized before use). In addition, the procedures applicable to special units encourage frequent hand washing and allow individuals to self-quarantine in their cells, if they desire.

E. DOC Has Isolation and Quarantine Procedures for COVID-19

58. Guided by the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline, DOC has put in place measures to immediately isolate patients suspected or confirmed to have COVID-19. These measures include requiring the patient to wear a surgical mask until the patient can be isolated, isolating and testing symptomatic patients, and quarantining patients who may have been exposed to COVID-19.

59. While in medical isolation, the individual is required to be assessed at least once every eight-hour shift and will receive all necessary medications at cell-front. Additionally, droplet precaution procedures are

[7] https://doc.wa.gov/news/2020/docs/2020-0318-special-population-unit-guidelines.pdf

put in place, ensuring that staff wears appropriate personal protective equipment when within 6 feet of the isolation cell. Isolated patients generally are not allowed out of their cell absent a medical or security emergency, and they will remain in isolation until they are symptom-free for 14 days or have been symptom-free for 72 hours and have tested negative for COVID-19 twice, with at least 48 hours between tests.

60. The Department also has implemented measures to quarantine asymptomatic individuals who have had close contact with suspected or confirmed COVID-19 patients. Quarantined patients are required to be housed alone or cohorted with other quarantined patients from the same exposure. The Department's procedures mandate that if a quarantined patient becomes symptomatic, they immediately will be removed from quarantine and placed into medical isolation. Quarantined patients receive nursing assessments twice daily, and are generally to remain in quarantine for 14 days. Access to commissary is being provided to quarantined and isolated patients.

61. The Department also created a checklist and system for tracking individuals with COVID-19 symptoms to assist in quarantine, isolation, and contact mapping efforts.

/ / /

/ / /

/ / /

F. Mandatory Face Coverings for All Staff and Incarcerated Individuals

62. Additionally, to further minimize the risk of transmission into and within correctional facilities, on April 10, 2020, Secretary Sinclair mandated that all facilities implement plans to ensure that all staff and incarcerated individuals wear face coverings within correctional facilities.

63. On April 14, 2020, the Department updated its PPE matrix and distributed the matrix to all Department staff. This matrix reflected the new mandatory requirement that all staff wear face covering, and it also provided guidance to staff about the type of face covering that is required for different situations.

64. For staff, approved face coverings include DOC-provided expired N95 respirators (approved for use by CDC), a self-provided surgical mask, or a cloth face covering such as those that can be made following CDC online instructions. For the incarcerated population, the Department provides bandana face covering packs that include all materials necessary to make two face coverings using the included CDC instructions. On the east side of the state, we also have provided surgical masks to incarcerated individuals and staff, due to the warm temperatures, and will be doing so on the west side of the state.

65. Compliance generally has been good, with facility leadership frequently messaging the importance of face coverings for both

staff and incarcerated individuals. The written communications to staff and the incarcerated population have included visual depictions of the proper way to wear face coverings.

V. ESTABLISHMENT OF REGIONAL CARE FACILITIES

66. To ensure the Department was prepared for a significant increase of in the number of COVID-19 cases within its facilities, DOC requested an external agency assessment of its operational ability to support an overflow of incarcerated individuals diagnosed with COVID-19. The agencies developing these assessments included 10 representatives from DOH, the DOH Statewide Isolation Task Force, and the United States Army Corps of Engineers.

67. Suitable locations, called Regional Care Facilities,[8] were identified at Airway Heights Corrections Center, Washington Corrections Center, Washington Corrections Center for Women, and the MCC. These locations had the ability to use preexisting spaces to provide overcapacity support to agency operations on both the east and west sides of Washington State. The Regional Care Facilities will safely and comfortably house incarcerated individuals who have tested positive for COVID-19 and may require more comprehensive medical attention and physical isolation from healthy populations, but do not require hospitalization. In the event an

[8] https://www.doc.wa.gov/news/covid-19.htm#regional-care

individual's medical condition or needs become severe, the Department and medical personnel will work collaboratively with hospital partners to provide the necessary care.

68. Operationalizing the Regional Care Facilities has required construction and procurement of necessary medical and other equipment, such as medical beds. The Regional Care Facility at Airway Heights Corrections Center is open, and the Regional Care Facilities at MCC and the Washington Corrections Center are expected to be available for use soon. As of June 18, 2020, there are 21 incarcerated individuals housed in the Regional Care Facility at the Airway Heights Corrections Center.

VI. MITIGATING THE RISK TO THE COMMUNITY CUSTODY VIOLATOR POPULATION

69. DOC has taken steps to mitigate the risk to individuals serving terms of community custody, including reducing the number of individuals returned to confinement for violations of conditions of community custody, which in turn reduces prison population and risk to incarcerated individuals.

70. In response to the COVID-19 pandemic, DOC made the discretionary decision to amend the arrest protocol for individuals who violate conditions of community custody. DOC's amended protocol allows staff to arrest individuals only for high-level violations. DOC also made the

discretionary decision not to send staff to take custody of individuals arrested by local law enforcement.

71. On March 30, 2020, Governor Inslee issued Proclamation 20-35, concerning low-level violations of conditions of community custody. The proclamation waived the requirement in RCW 9.94A.737(2)(b) to treat all sixth and subsequent low level violations of community custody as high-level violations, and the requirement to arrest and detain individuals committing such low-level violations. The waiver essentially expedited the effective date of HB 2417 (Wash. Laws 2020, c. 82). The waiver allowed DOC to impose alternative non-confinement sanctions, rather than sanctions of confinement, for what would otherwise be low-level violations, thereby reducing the number of individuals placed in county jails and state correctional facilities. The statutory suspension was not extended by the Legislature and therefore expired after 30 days.

72. DOC also decided to have our hearings unit retroactively reduce, where appropriate, previously imposed confinement sanctions for high-level violations of community custody. The hearings unit reduces the sanction of total confinement to time served, allowing the early release of the individual from confinement back to the community.

73. As part of the above decision, the hearings unit also has conditionally released from jail confinement at least four individuals who had symptoms as verified by a medical professional. The hearings unit

additionally expedited a large number of hearings to reduce confinement time pending a hearing on a high-level violation.

74. DOC's various discretionary decisions have resulted in the reduction of the Average Daily Population for individuals confined for violations. Prior to the COVID-19 situation, the population for violators was over 1,900 individuals. On April 10, 2020, the population for violators was just 678 individuals, a reduction of over 1,200 individuals confined for community custody violations. Since then, the violator population has fluctuated day-to-day, but remains low compared with pre-COVID-19 numbers. As of June 17, 2020, the violator population was at 925, still slightly less than half of the pre-COVID population of 1,900+.

75. In addition, DOC made the discretionary decision to implement special guidelines for when DOC arrests or transports an individual for a community custody violation. At the time of arrest and/or transport, the officer will ask the individual the required COVID-19 active screening questions. If the person answers "yes" to any active screening question, the officer will consider whether mitigating factors weigh against arrest. If mitigating factors are not present, the officer will contact the DOC Nurse Desk to determine the appropriate facility for placement and to notify the facility's medical staff, will utilize appropriate PPE including gloves and mask, and will place a mask on the individual. DOC directed that staff

require any transported individual to wear a mask during transport if staff observes or believes the individual to be symptomatic.

76. Community corrections staff also disinfect transport vehicles before placing an individual in the vehicle, between transports of individuals, and at the end of each day.

VII. COMPLIANCE WITH CDC CORRECTIONAL FACILITY GUIDELINES

77. On March 23, 2020, the CDC issued guidance specific to corrections facilities.[9] The CDC Guidance noted that the guidance does not require strict compliance, and "may need to be adapted based on individual facilities' physical space, staffing, population, operations, and other resources and conditions." The CDC Guidance serves as recommendations for correctional facilities and is not deemed to be all inclusive. Therefore, the CDC also advises facilities to work with their state and local health departments to implement and fine-tune the CDC Guidance. The guidance recommends that prison facilities work with state and local health departments to determine what procedures a particular prison should implement. As noted above, DOC had proactively implemented many of the recommendations before the CDC released its correctional facility guidelines. After their issuance, we worked with our Chief Medical Officer

[9] *See* https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html.

and Infectious Disease Physician, as well as other state and local partners, to implement procedures to substantially comply with all the CDC's recommendations. We continue to review and update our protocols as the CDC updates their guidance. The Department has implemented, fully or partially, the CDC guidelines as follows:

• **Review sick leave policies** – DOC gave Superintendents authority to send staff home if symptomatic, and DOC encouraged staff to remain home if they felt sick.

• **Identify staff who could work from home** – DOC encouraged, and in some cases mandated, telecommuting of all eligible staff.

• **Plan for staff absences** – DOC updated emergency staffing plans and developed plans for shortages, revised the Continuity of Operations Plan to ensure mission-essential functions remain operational, implemented a process for rapid hiring and expedited training, worked with contracting services for the provision of medical and clinical staff.

• **Offer alternative positions to staff at higher risk to COVID-19** – DOC offers telecommuting and reassignment for those at high risk, as well as leave options.

• **Offer seasonal flu vaccines** – DOC offers vaccines to all staff and incarcerated individuals.

• **Ensure sufficient PPE, medical supplies, and cleaning supplies** – DOC complies with CDC recommendations for PPE supplies, is working on a protocol to sterilize and reuse N95 masks, and Correctional Industries now manufactures some PPE.

• C**onsider relaxing prohibition on alcohol-based hand sanitizer, and provide free soap** – Staff and visitors may carry alcohol-based hand sanitizer, incarcerated individuals working in medical and other supervised areas and of prisons may use alcohol-based hand sanitizer (60% alcohol), and DOC has provided free soap and handwashing facilities to all incarcerated individuals.

• **Employers within prisons should establish a respiratory protection program** – Prison and health staff who require it are fit-tested for N95 respirators. DOC is currently working to fit-test respirators for community corrections staff in the field, with 40 community corrections staff medically cleared and fit-tested for N95 masks currently. Given the nationwide shortage, DOC tries to conserve existing supplies of N95 masks and has protocol for an individual's reuse of their N95 mask.
• **Ensure staff and individuals are trained on proper use of PPE** – DOC has provided training materials to staff and incarcerated individuals and has also offered online training.

• **Communicate with state and local partners, and the public** – DOC has worked closely with state and local partners, and updates a public website regarding COVID-19 response nearly every day.

• **Transfers of individuals into and within the prison system** – DOC established protocol for screening of individuals including temperature readings, use of masks and other PPE, disinfecting of transport vehicles and restraints, and changes/reductions of transfers to DOC facilities from courts and jails.

• **Alternatives to in-person hearings** – most courts no longer require in person hearings and have been replaced with telephonic hearings.

• **Suspend medical copays** – DOC has suspended copays for COVID-19 testing and treatment.

• **Limit operations entrances/exits** – DOC has limited entrances and exits, and has implemented enhanced screening at all entrances.

• **Cleaning and disinfecting** – DOC cleans housing units several times a day with special attention to "high touch" areas. Staff use EPA registered cleaning/disinfecting products, and have received instructions on mixing cleaning solutions.

• **Increase number of staff trained to clean/disinfect, and provide sufficient supplies** – DOC has increased the number of trained porters, and has provided special training to individuals on blood and bodily fluids cleanup, and provided PPE to those individuals. DOC provides cleaning supplies for individuals to clean their cells, including spray bottle disinfectant, and DOC encourages frequent cleaning of cells.

• **Reinforce health hygiene practices** – DOC put up instructions on proper hygiene (in English and Spanish), has provided free soap to individuals, and ensures the soap supply is restocked in common areas.

• **Implement social distancing** – DOC has put up signs throughout correctional facilities to instruct and remind individuals of social distancing.

• **Provide alternatives to social gathering** – DOC has provided movies to incarcerated individuals, has worked with mental health staff to develop a plan for individual wellbeing and stress management, and has provided radios, video games, tablets, and phone access to individuals in medical isolation.

• **Provide up to date information to individuals** – DOC provides updated information, including messages to incarcerated individuals via kiosk, posting information in common areas, and providing printed copies to populations that have limited access to common areas (in both English and Spanish).

• **Suspend visitations** – DOC has suspended visitations, and has provided free or reduced cost communication.

• **Provide masks to individuals suspected of being symptomat**ic – DOC provides masks to any symptomatic individual, and follows isolation and quarantine procedures; face coverings have been made available to all staff and incarcerated individuals and use is mandatory within prison facilities.

• **Maintain individuals in isolation until cleared** – DOC keeps an individual in isolation until 14 days after the resolution of all symptoms or until the individual is asymptomatic for at least 72 hours and has tested negative for COVID-19 twice with at least 48 hours between tests. DOC provides medical treatment and meals in the isolation area, and anyone entering the isolation area must wear PPE.

• **Food service items** – DOC requires use of disposable food service containers for those in isolation, and disposes of the items after use. Any non-disposable items are handled using gloves, and washed in hot water or in a dishwasher.

• **Laundry** – DOC requires individuals performing laundry services to use gloves, discard the gloves after use, and wash their hands.

• **Encourage reporting of symptoms** – DOC encourages individuals to report symptoms and to seek medical attention.

• **Dedicated rooms** – DOC has, where possible, designated a room near the housing unit for medical staff to evaluate a symptomatic individual, rather than having the individual walk through the entire facility.

• **Perform pre-intake screening and temperature checks for all new entrants** – All new intakes receive a screening by medical staff which include temperature checks.

• **14-Day Quarantine for New Intak**es – New intakes are placed in a 14-day quarantine upon entry into the DOC prison system.

• **Healthcare Staff to Perform Regular Rounds** – Medical and mental health staff have been available in some housing units to answer questions.

• **Prevention Practices for Staff** – Staff have been briefed to stay home if sick. Staff are required to go through screening protocol each time they enter a facility. If staff fails the screening or refuses to participate, the employee will be denied entrance. Staff are provided with up to date information through memorandums and e-mails. All staff who are suspected or have tested with a confirmed COVID-19 infection are required to stay home and need a signed "return to work" before they may re-enter the facility. Staff have been briefed on social distancing protocols and engaging with individuals displaying symptoms. Contact mapping protocols are also in place.

• **Suspend all transfers of incarcerated persons to and from other jurisdictions and facilities** – Transportation of inmates has been reduced. All inmates are screened before and after transport with a verbal screening and temperature check and inmates who fail screening are not placed on transport vehicle. Inmates with confirmed COVID-19 will only be transported with permission of the Chief Medical Officer. Transport vehicles are cleaned after each transport. Staff doing screening are required to use a gown, gloves, surgical mask, and eye protection. DOC is required by statute to accept new admissions.

• **Release Planning** – For any patient with suspected or confirmed COVID-19 disease in medical isolation who is releasing from a DOC facility, the Health Services Manager, Infection Prevention Nurse and Facility Medical Director will have a conference call with the COVID-19 medical duty officer prior to release for discussion of release planning. Upon release from

DOC custody while on quarantine status, patients will be provided a surgical mask and will be directed to self-quarantine in their place of residence until the remainder of their 14 day quarantine period. Inmates releasing with suspected or confirmed COVID-19, DOC will contact local heath jurisdiction for appropriate placement guidance prior to release. For an isolated patient releasing from custody, the facility Infection Prevention Nurse and Psychiatric Social Worker will contact their local health jurisdiction for appropriate placement guidance prior to the patient's release.

• **Medical Isolation of Confirmed or Suspected COVID-19 Cases** – Any symptomatic patient is to immediately don a face mask and be placed in isolation. All medical care is provided in the isolation area. Meals are provided in the isolation area. If a situation arises in which single isolation cells are not available, it is considered acceptable to house confirmed COVID-19 patients together if they both/all have lab confirmed disease and are not thought to have other communicable diseases currently.

• **Quarantining Close Contacts of COVID-19 Cases** – Individuals are placed in quarantine for 14 days if they are determined to have close contact with suspected or confirmed COVID-19 case. DOC cohorts quarantined patients together if they are quarantined based on the same exposure and new intakes arriving on the same day may be cohorted together. Facemasks are provided to patients and staff with instructions for use. Using disposable items and following a cleaning protocol for non-disposable items.

• **Clinical Care of COVID-19 Cases** – Inmates are encouraged to report symptoms so they can be provided with immediate medical attention. Rooms near housing units have been identified to perform examinations to avoid having individuals walk through the facility. Will transport to local hospitals if necessary, with proper precautions.

VIII. DENSITY REDUCTION AT MINIMUM SECURITY CAMPS

78. On April 10, 2020, the DOC Prisons and Health Services Unified Command, in coordination with the DOC Emergency Operations Advanced Planning Team, began work to immediately reduce density at stand-alone and co-located MI2 facilities (commonly referred to as "camps") that have dormitory and/or open-bay living quarters. These stand-

alone minimum security facilities include Cedar Creek Corrections Center, Larch Corrections Center, Mission Creek Corrections Center for Women, and Olympic Corrections Center. The co-located units are at the Airway Heights Corrections Center, and the Coyote Ridge Corrections Center.

79. The goal of this work was to allow, at a minimum, six feet of physical distance between the sleeping areas of incarcerated individuals in these locations. Between Friday, April 10, and Monday, April 13, all six camps and minimum security units identified locations within their facilities to repurpose into living spaces, such as programming areas, visitation rooms, Extended Family Visitation trailers, and other areas currently not being used because of the restricted entry into facilities. Minimum security facilities were asked to avoid, if at all possible, impacting their gym or recreation yards in any way.

80. The camps were able to identify additional sleeping areas to considerably reduce density, with Cedar Creek, Olympic, Airway Heights, and Coyote Ridge creating an additional 60 sleeping areas at each facility, and Larch and Mission Creek creating an additional 20 sleeping areas at each facility. Additionally, Mission Creek had 40 vacant beds, which combined with the 20 above, allowed for the ability to reduce density throughout the facility.

81. These new sleeping areas are fashioned with cots that allow individuals to bring their mattresses with them for comfort, and all beds

were provided with linens. All individuals relocated to these areas are allowed to bring their personal property with them, to include commissary orders. Any excess personal property is being properly stored. Camps are able to provide access to television in the majority of these areas, as much as possible, and provide alternative leisure activities such as hand-held video games and books. Camps ensured access to microwaves and bottled water in each of these new sleeping areas. Each camp has enacted schedules for the rotating use of the recreation yards and gyms, showers, phones, CePrisons kiosks, and the ability to update JPay information via the JPay kiosk. Additionally, when able, facilities are working to add additional phones and JPay kiosks. Facility Superintendents have been tasked with continually assessing these areas and making them as comfortable as possible. Individuals with prison jobs are able to maintain their employment. If an individual is unable to maintain employment because of COVID and no fault of their own, they continue to receive the work gratuity. And we increased the gratuity cap for Class III positions so individuals can receive up to $70 in gratuity instead of $55, through the end of June.

82. On Monday, April 13, 2020, DOC distributed memos about this work to all DOC Prisons staff and hand-delivered them to all incarcerated individuals housed at the six camp facilities. The facility Superintendents met with incarcerated Tier Representatives from their respective facilities, and asked for volunteers to move into these new areas.

Moves were staggered, with Emergency Response Teams staged offsite to assist if any disturbances arose out of the discussions. As of April 16, 2020, all moves had been completed, with 320 total individuals having been moved within these six camps to enhance social distancing. As of May 6, 2020 all women in the Washington Corrections Center for Women camp sleeping areas are six feet apart. The result of these moves has been to allow for six feet of distance between individuals in the new sleeping areas. These moves will also assist the Department in its efforts to achieve six-foot spacing in the existing sleeping areas.

IX. DISCRETIONARY PRISON POPULATION REDUCTIONS

83. The Governor and the Department coordinated for weeks to determine whether and how to reduce the prison population to allow increased physical distancing in prisons without jeopardizing public safety or adversely impacting released individuals' chances for success in the community. This coordination resulted in the following measures.

84. On April 15, 2020, Governor Inslee issued Emergency Proclamation No. 20-50 – Reducing Prison Population.[10] Using his emergency powers under RWC 43.06.220, Governor Inslee suspended in full or in part sixteen different statutes to facilitate immediate prison population reductions. The Emergency Proclamation also directed the

[10] *See* https://www.governor.wa.gov/office-governor/official-actions/proclamations

Department to continue to explore actions to identify other incarcerated individuals for potential release through Rapid Reentry, furlough, commutation, or emergency medical release.

85. The same day, April 15, 2020, Governor Inslee signed an Emergency Commutation[11] in Response to COVID-19. This Emergency Commutation was made possible by the actions taken and statutes suspended in Emergency Proclamation No. 20-50. The Emergency Commutation commuted the remaining confinement portion of the sentences of incarcerated individuals who were in DOC confinement and: 1) did not have any violent, serious violent, or sex offense convictions as defined in RCW 9.94A.030 during their current period of DOC jurisdiction; and 2) had an earned release date from prison on or before June 29, 2020. The Emergency Commutation directed DOC to effectuate these individuals' releases within seven days, or as soon as could reasonably be achieved thereafter, and directed DOC to make reasonable efforts to notify all interested parties, including any victims, at least 48 hours prior to an individual's release. In total, 422 individuals were released through this commutation.

86. On April 16, 2020, DOC issued a press release outlining steps Secretary Sinclair was taking, based on Governor Inslee's Emergency

[11] *See* https://www.governor.wa.gov/news-media/inslee-issues-new-orders-reduce-prison-populations-during-covid-19-outbreak.

Proclamation 20-50, to provide more physical distancing in prisons.[12] Secretary Sinclair also sent a message to incarcerated individuals about these steps.

87. The Department created a Rapid Reentry program in response to the COVID-19 pandemic by way of modifications to the Graduated Reentry Program, see RCW 9.94A.733. This change was made by possible by the suspension of several statutes in the Governor's Emergency Proclamation No. 20-50. The Rapid Reentry program allowed incarcerated individuals an opportunity to serve an expanded portion of their sentence of confinement in the community on electronic monitoring, for up to six months. Individuals are subject to conditions and, if they violate those conditions, they could be returned to confinement. The Rapid Reentry program included individuals who meet the CDC guidelines of those at higher risk for health complications from COVID-19. In total, 528 individuals were released through the Rapid Reentry Program, which concluded on May 15, 2020. A rapid reentry guide was provided to those releasing into the community in response to COVID-19.

88. The Department provided individuals released through the Rapid Reentry program with additional material assistance. This included a pre-paid cell phone with 300 minutes that will automatically shut off after

[12] *See* https://doc.wa.gov/news/2020/docs/2020-0416-all-staff-upcoming-transfer-of-individuals-back-to-the-community.pdf.

30 days, at a cost of approximately $23, and a pre-loaded Visa card worth $100. The assistance provided may also have included housing assistance, by way of a 30-day hotel voucher, and a 30-day supply of medications. This was in addition to the regular "gate money" provided to releasing inmates by statute, and was intended to assist these individuals with their accelerated transition into the community.

89. Additionally, DOC worked with the Department of Social and Health Services (DSHS) to create an expedited process for those releasing from prison on an accelerated schedule to connect to benefits in the community. The expedited process enabled individuals releasing from prison to complete and submit their application for benefits prior to release. Upon release, individuals were to contact DSHS to complete their interview in order to determine their eligibility for assistance and gain access to benefits, allowing an EBT food card to arrive to the individual's address within two days or be picked up at an identified DSHS Community Service Office. Timely access to vital reentry resources plays a key role in an individual's transition, and furthers the missions of both agencies: to transform lives by reducing poverty in a way that eliminates disparity, and keeping communities safe.

90. By the statutory furlough authority vested in DOC Secretary Sinclair, he granted emergency furloughs to 66 individuals in work release settings, as established through careful review of legal and safety

considerations. A furlough is an authorized leave of absence for an eligible individual, without any requirement that the individual be accompanied by, or be in the custody of, any corrections official while on such leave. Furloughed individuals are subject to their conditions of furlough and, if they violate those conditions, could be returned to confinement.

91. Additionally, I understand from Department staff who have been coordinating releases pursuant to the Governor's emergency orders, that the Governor has expedited review of commutation petitions that previously received favorable recommendations from the Clemency and Pardons Board.

92. Additionally, the Department's Community Corrections Division expedited release of non-violent individuals incarcerated for low-level community custody violations and reduced sanction confinement times where appropriate.

93. DOC also evaluated for rapid release to the Department's Community Parenting Program or CPA (*see* RCW 9.94A.6551) all pregnant individuals and mothers participating in the Residential Parenting Program at the Washington Corrections Center for Women. Of the 26 individuals in this group, roughly two-thirds were released from DOC total confinement.

X. CURRENT STATUS AND ONGOING EFFORTS

94. Between May 7 and May 26, 2020, the OCO conducted monitoring visits of the Airway Heights Corrections Center, Cedar Creek

Corrections Center, Mission Creek Corrections Center for Women, Stafford Creek Corrections Center, Coyote Ridge Corrections Center, and the Washington Corrections Center for Women. The OCO issued reports of these visits that are also available on the OCO website.[13] The findings from the reports include substantial compliance with mandatory face covering rules among staff and the incarcerated population, clean and orderly facilities, access to cleaning supplies and soap, mostly calm and professional interactions between staff and the incarcerated population, and visible efforts to implement, enforce, and practice social distancing in common areas.

95. In total, there have been 121 positive COVID-19 tests to date of incarcerated individuals in DOC facilities. Seven cases were in a Seattle work release facility, one in a Tri-Cities area work release facility, one at the Washington Corrections Center, one at the Washington State Penitentiary, 19 at the MCC, one at a community medical center, and the remaining 91 cases occurred at the Coyote Ridge Corrections Center. Currently, sixteen patients from Coyote Ridge have been transferred to the Regional Care Facility at Airway Heights, and three patients from Coyote Ridge have been transferred to the Airway Heights infirmary. The remaining Coyote Ridge patients are receiving care at the Coyote Ridge

[13] https://oco.wa.gov/reports-publications

Corrections Center or in community hospitals. The facilities are following the process for isolation, quarantine, and contact mapping to limit transmissions as much as possible. Sadly, we learned last night that one incarcerated individual from CRCC who was receiving care at a community hospital passed away from complications relating to the virus on June 17, 2020.

96. As evident from these numbers, the largest outbreak has occurred at the Coyote Ridge Corrections Center. On June 11, 2020, the Department placed the Medium Security Complex at the Coyote Ridge Corrections Center on restricted movement to help contain the spread of COVID-19. The Department also deployed additional custody and Health Services staff to assist Coyote Ridge staff in caring for those incarcerated at the facility. The Minimum Security Unit has not been placed on restricted movement because of its separation from the main facility and lack of COVID-19 cases, though part of this unit is now on quarantine pending the results of one individual who reported not feeling well. The Department also suspended all food and textile production at the Coyote Ridge Correctional Industries facility. The Department shifted food production to the Airway Heights Corrections Center food factory and is purchasing food from external vendors as needed. Coyote Ridge Correctional Industries laundry and food services continue to operate with essential workers screened upon starting their shifts, wearing appropriate PPE, and practicing social

distancing. As an additional precaution, during the last week, we conducted COVID-19 testing on the entire population of the Coyote Ridge Sage Unit, which houses ambulatory individuals in an assisted living / skilled nursing setting. All of the Sage Unit residents tested negative for COVID-19. We have also tested all DOC staff working in the Sage Unit and are awaiting those results. The results we have received so far have all been negative.

97. This week, given the prevalence of COVID-19 in the communities surrounding Coyote Ridge and the number of positive cases identified within the facility, the Department decided to test all employees who work at Coyote Ridge and all incarcerated individuals housed within the Medium Security Complex. In conjunction with the Department of Health, planning for this significant undertaking is ongoing, and testing is expected to begin within days.

98. As the situation continues to develop, the Department will continue to respond in accordance with our understanding of current best practices and in consultation with our Infectious Disease Doctor, Chief Medical Officer, state and federal authorities, and our local community partners. With Washington State beginning to open in segments and phases, the Department of Corrections is also taking a step-by-step approach to resuming modified operations and progress to our "new normal." We have

a dedicated public website[14] for our plan, which we have called Safe Start. As new details emerge, we will continue to keep information available for the public via our dedicated webpage and will communicate with stakeholders and our community partners. Our mission, as always, will be to work towards keeping staff, incarcerated individuals, and the community as safe as possible.

I declare under the penalty of perjury of the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge.

EXECUTED this 19th day of June 2020, at Tumwater, Washington.

JULIE MARTIN
DOC Deputy Secretary

[14] https://www.doc.wa.gov/corrections/covid-19/safe-start.htm

Attachment A

WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Version 18

The purpose of this guidance document is to allow the Washington State Department of Corrections (DOC) to better respond to the emerging COVID-19 outbreak. This document covers screening, assessment, testing and infection control of patients housed in Washington DOC facilities.

VIEW GUIDELINE UPDATES

Table of Contents:

1) Screening
2) Health Services Evaluation
3) Testing Procedure
4) Patients at High Risk for Severe COVID-19
5) Clinical Care of Patients with Suspected or Confirmed COVID-19
6) Infection Control and Prevention:
   a) Asymptomatic Patients Testing Positive for COVID-19
   b) Medical isolation
      i) PPE for Medical Isolation
      ii) Clinical Management of Medical Isolation Patients
   c) Quarantine
      i) PPE for Quarantine
   d) Facility Management of Isolated and Quarantined Patients
      i) Phone use
      ii) Showers
   e) Post-isolation Convalescent Housing
      i) PPE for Post-isolation Convalescent Housing
   f) Routine Pre-procedure COVID-19 Testing
   g) Intersystem Transfer Separation
      i) Intake Separation
      ii) Separation Prior to Work Release Transfer
   h) Protective Separation
   i) PPE for Prisons and Work Release Staff
   j) Environmental Cleaning
7) Re-use of N95 Respirators
8) Release of Patients into the Community
9) Transportation of Patients with Suspected or Confirmed COVID-19 Disease

Attachment A

10) Contact Tracing and Case Reporting
11) Guideline Update Log

Screening

1) **Patients presenting with symptoms prior to Health Services contact**: Direct the patient to immediately don a surgical mask and place them in an isolated area and contact Health Services.
2) **Intersystem intakes (Patient arriving from other than a DOC facility)**: All intersystem intakes coming into DOC facilities will have a temperature taken and will be asked the two screening questions listed below as a. and b. If any of the three screening items are positive the patient should immediately don a surgical mask and be place in an isolated area.
    a) Intersystem intakes originating from the community, such as patients from community custody field offices, work release, or community custody violators in jails will be screened prior to transport. If the patient screens positive they should be transported by staff in PPE including an N95 mask per the **Transportation of patients with suspected or confirmed COVID-19 disease** section below.
3) **Patients presenting with symptoms in Health Services:** Patients with symptoms concerning for COVID-19 should immediately don a surgical mask and be placed in an isolated area.
4) **Intrasystem intakes (Patients transferring to another DOC facility):** All intrasystem intakes should have a temperature taken prior to boarding and upon exiting the transport bus. If the patient has temperature greater than 100.4F immediately direct the patient to don a surgical mask, place them in an isolated area, and contact health services.
5) **Active screening of staff:** All staff entering DOC facilities will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Staff screening positive will not be allowed entry to the facility and will have follow up through the secondary staff screening process.
6) **Active screening of patients prior to entering Health Services**: All patients entering Health Services areas for scheduled or unscheduled care will be screened for signs and symptoms of COVID-19 with questions and a temperature check. Patients screening positive will immediately don a surgical mask and be placed in an isolated area for evaluation according to the Health Services Evaluation section below.

Health Services Evaluation

1) Any health care provider making contact with patients referred from the screening section above should don personal protective equipment listed below *before* the evaluation:
    a) Fit-tested N95 mask
    b) Gloves
    c) Eye protection defined as goggles or face shield
    d) Gown
    e) If not fit tested use PAPR instead of N95
2) For instructions on proper donning and doffing of PPE see the following video and/or document. The purpose of this video is to demonstrate proper donning and doffing of PPE. For detailed guidance regarding

appropriate PPE for each clinical situation see the PPE matrix or the Infection Control and Prevention section of this document.

3) Nurse performs a clinical assessment, including temperature check, and asks the following 2 screening questions:
   a) Do you have a fever **OR** any new cough, shortness of breath, sore throat, diarrhea, or loss of taste/smell?
   b) Did you have contact with someone with possible COVID-19 in the previous 14 days?
4) If the answer to either screening questions is yes, or temperature is greater than 100.4F, notify a healthcare practitioner for further assessment:
   a) If a practitioner is available onsite they will assess the patient clinically and decide whether symptoms are compatible with COVID-19 disease. If yes proceed to step C.
   b) If no practitioner is onsite the nurse will discuss the patient's case with the practitioner.
   c) All patients screening positive for symptoms or fever who are placed in isolation should be tested for COVID-19 disease as described in the Testing Procedure section below.
   d) The practitioner will determine the following:
      i) Level of care based on acuity
         (1) To emergency department for severely ill patients
         (2) To a negative pressure room for any non-severely ill patient if one is available and the patient requires IPU level care, under airborne medical isolation precautions. Facilities may establish alternative isolation units with 24 hour nursing coverage which are an acceptable alternatives for patients requiring this level of medical care.
         (3) Living unit medical isolation with contact and droplet precautions for patients with mild illness.
            (a) Patients isolated in a living unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every shift
      ii) Patients remaining in the facility will have the following diagnostic workup:
         (1) During influenza season (September through the end of March) perform rapid influenza testing
         (2) Perform COVID-19 testing according to the Testing Procedure section below
            (a) If the initial COVID-19 test is negative AND it is influenza season (September through the end of March) send a viral respiratory panel (Interpath # 2910) along with the second COVID-19 test
         (3) Consider other diagnostic testing as clinically appropriate, i.e. chest x ray for community acquired pneumonia
      iii) In the event that the patient is unable to be tested but for whom clinical suspicion remains, the patient should be isolated for presumptive COVID-19 disease.

Testing Procedure

1) Sample collection and testing:

   a) Upper respiratory samples appropriate for COVID-19 testing can include any of the following. Patient collected nasal anterior and mid-turbinate samples should be preferred in settings where N95 masks are in short supply. All sampling techniques require synthetic tipped swabs, such as dacron, nylon, or polyester, without wooden handles:

      i) Nasopharyngeal (NP) swab:

         (1) NP swab sample collection is considered an aerosol generating procedure that requires the clinician to wear full PPE including an N95 mask.

         (2) Perform NP swab on both sides of the nasopharynx, with either one swab or two depending on composition of testing kit and swab availability

         (3) Please review the following nasopharyngeal swab sample collection guidance:

            (a) NP swab is clinician collected only
            (b) NP swab guidance document
            (c) NP swab demonstration video

      ii) Nasal mid-turbinate swab:

         (1) Nasal mid-turbinate swab can be clinician or patient collected.

         (2) Use a flocked tapered swab. Tilt patient's head back 70 degrees. While gently rotating the swab, insert swab less than one inch (about 2 cm) into nostril (until resistance is met at turbinates). Rotate the swab several times against nasal wall and repeat in other nostril using the same swab.

      iii) Anterior nares specimen swab:

         (1) Anterior nares specimen swab can be clinician or patient collected.

         (2) Using a flocked or spun polyester swab, insert the swab at least 1 cm (0.5 inch) inside the nares and firmly sample the nasal membrane by rotating the swab and leaving in place for 10 to 15 seconds. Sample both nares with same swab.

   b) There are currently three options for COVID-19 testing:

      i) Washington State DOH/public health laboratory:

         (1) Refer to Washington DOH COVID-19 Specimen Collection and Submission Instructions for guidance on collecting, submitting, and shipping of test samples.

         (2) When the decision is made to test patients for COVID-19 use the following lab testing equipment:

            (a) Nasal swab (any of the 3 described above) in viral transport media testing tube is the preferred testing sample in all patients. Use only synthetic sterile swabs.

(b) Test sputum **if easily available** using a sterile specimen cup. Do not induce sputum in patients who are not producing sputum.

(3) Use the Washington State DOH Sample Submission Form to submit test samples to the state DOH lab.

(4) Write the provided PUI# on the submitter section of the submission form.

(5) Send samples via Federal Express pickup using supplied packaging that complies with the IATA/DOT regulations for shipping category B biological substances. Laboratory personnel can review the following guidance for more shipping information about shipping samples through Federal Express. Shipping labels will be provided for both testing laboratories.

ii) Interpath Laboratory:

(1) Testing through Interpath can be accomplished according to the instructions below. Testing through Interpath does not require specialized supplies for packaging and shipping as samples are picked up through the established Interpath lab courier.

(a) Order COVID-19 PCR testing as an unlisted test

(b) Preferred specimen: Nasal Swab (any of the 3 described above) in Viral Transport Media

(c) Alternate specimen: Nasal Swab (any of the 3 described above) in Sterile Tube w/Saline

(d) Preferred submission: Nasal Swab (any of the 3 described above) in Viral Transport Media

(i) Submitted frozen

(e) Alternate submission: 1 mL Nasal Swab(any of the 3 described above) in Sterile Tube w/Saline

(f) Submitted frozen

(g) Handling: State Patient Address

(h) Rejection criteria: Calcium alginate swabs or swabs with wooden shafts

(i) Stability:

(i) Ambient: Unacceptable
(ii) Refrigerated: 3 Day(s)
(iii) Frozen: 2 Month(s)
(iv) Incubated: Unacceptable

iii) University of Washington Virology Lab:

(1) Use the following testing instructions and the linked UW Virology COVID-19 test requisition.

(2) Send samples via Federal Express pickup using supplied packaging that complies with the IATA/DOT regulations for shipping category B biological substances. Laboratory personnel can review the following guidance for more shipping information about shipping samples through Federal Express. Shipping labels will be provided for both testing laboratories.

2) Notify facility Infection Prevent Nurse, Facility Medical Director, and Health Services Manager

Patients at High Risk for Severe COVID-19

1) Patients with underlying conditions and those with advanced age are at higher risk for severe disease and complications if they acquire COVID-19. Patients with the following conditions should be considered at high risk:
   a) Aged 50 years or older**
   b) COPD or moderate to severe asthma
   c) Cardiovascular disease including hypertension
   d) Patients who are immunosuppressed based on diagnosis or due to medication
   e) Cancer
   f) Morbid obesity (BMI >40)
   g) Diabetes, particularly if poorly controlled
   h) Chronic kidney disease including those with ESRD on dialysis
   i) Hepatic cirrhosis
   j) Pregnancy or the immediate post-partum period
2) The following recommendations should be made for patients identified as high risk :
   a) Wear issued face covering when out of cell or when within 6 feet of others
   b) Perform frequent hand hygiene
   c) Perform frequent cleaning of cell throughout the day
      i) Highly <u>discourage</u> the use of bleach as this can exacerbate conditions for those patients with underlying lung disease
   d) Avoid contact of high-touch surfaces
   e) Limit movement in the facility
   f) Social distancing (stay at least 6 feet from others) should be maintained during Day Room, Yard, Gym, Dining Halls, Religious Services, Pill Line, and other areas where the incarcerated population congregates.

** National Institute of Corrections recognizes that incarcerated population ages 50 and above are considered elderly

Clinical Care of Patients with Suspected or Confirmed COVID-19

1) **Triage for appropriate care setting of suspected or confirmed COVID-19 patients**:
   a) COVID-19 can display a very wide range of disease severity, from asymptomatic and mild upper respiratory symptoms to severe lower respiratory tract disease with ARDS and multiple organ failure. Therefore triage to the appropriate care setting and subsequent monitoring are important aspects of clinical care for patients with COVID-19.
   b) Risk factors for severe disease and mortality include the following:
      i) Lung disease including COPD and asthma
      ii) Cardiovascular disease including hypertension and cardiomyopathy

iii) Diabetes

iv) Immunosuppression due to diagnosis or medication

(1) History of Transplant

(2) HIV with CD4 <200 or detectable viral load

(3) Immune modulators or immunosuppressive medications including corticosteroid treatment at the equivalent of 20 mg of oral prednisone or more daily

v) Cancer

vi) Chronic kidney disease

vii) Cirrhosis

viii) Age 50 years old or greater

c) Patients with one or more of the risk factors above should be considered at high risk for clinical deterioration and should be monitored closely regardless of initial care setting.

d) Patients with confirmed or suspected COVID-19 disease can be triaged into the following groups based on the clinical evaluation:

i) Mild disease: Patients with mild disease may have fever, cough, upper respiratory tract symptoms, myalgias, and fatigue without significant dyspnea or hypoxia (oxygen saturation 96% or greater).

ii) Moderate to severe disease: Patients with significant dyspnea, hypoxia (oxygen saturation less than 96%) or other clinical evidence for severe disease should be triaged to a higher level of care.

(1) If hypoxia is mild (92-95% on room air) and the patient is otherwise clinically stable admission to an inpatient unit or other unit with 24 hour nursing coverage, with on- site diagnostic evaluation may be considered:

(a) In addition to the diagnostic testing described in the Health Services Evaluation section above, at a minimum perform a chest x ray and the following lab studies:

(i) CBC with differential
(ii) CMP
(iii) CRP
(iv) LDH (Interpath #1018)
(v) INR
(vi) D-dimer (Interpath #2657)
(vii) Creatine kinase (CK) (Interpath #1015) and troponin (Interpath #2688)
(viii) lactic acid (Interpath #2092)

(b) Patients in this group with risk factors for severe disease are at high risk for rapid clinical deterioration. Consider emergency department evaluation as indicated based on clinical judgement.

(2) If hypoxia is severe (inability to maintain oxygen saturation above 95% on 4L supplemental O2 or greater) or there is other clinical evidence of severe disease, including sepsis, cardiac

complications, or coagulopathy, the patient should be transferred to the emergency department for further diagnostic evaluation and treatment.

2) **Treatment and monitoring of outpatients with suspected or confirmed COVID-19 and mild disease as defined above:**

   a) Treatment for patients with mild disease is supportive:

      i) Patients with mild disease will be isolated in a living unit and will have nursing assessments every shift. Signs of clinical deterioration that should provoke transfer to a higher level of care or further diagnostic assessment include:

         (1) Hypoxia with oxygen saturation less than 96% on room air
         (2) Development of significant dyspnea
         (3) Inability to tolerate oral intake
         (4) Clinical evidence for sepsis, cardiac complications, or coagulopathy.

      ii) Supportive care can include oral hydration, anti-emetics if indicated, and analgesics/antipyretics:

         (1) Prefer acetaminophen for fever and myalgias

         (2) Anecdotal reports initially suggested NSAIDs may have been associated with worsening COVID-19 disease in some patients. Currently there is no evidence to support either harm or safety for use of NSAIDs in patients with confirmed or suspected COVID-19. In the face of this uncertainty acetaminophen should be used preferentially for pain and fever in this patient group, however NSAIDs can be used intermittently based on clinical judgement on a case by case basis if no contraindications are present.

         (3) Nebulized treatments should not be used as they may aerosolize virus. If bronchodilator treatment is needed metered dose inhalers can be used.

      iii) For patients in the mild disease category be aware that early experience with COVID-19 cases suggests the potential for clinical deterioration **five to ten days after illness onset**, including the onset of respiratory failure, sepsis, and cardiac complications.

      iv) There are no data to suggest a link between ACE inhibitors and ARBs with worse COVID-19 outcomes. These medications should be continued unless the clinical picture warrants holding them (ex. hypotension).

3) **Treatment and monitoring of the COVID-19 patient admitted to an inpatient unit or similar setting:**

   a) Patients initially triaged to an inpatient unit care setting or another unit with 24 hour nursing coverage, or admitted to one after return from an emergency department evaluation or hospitalization for COVID-19:

      i) Admit to negative pressure room with airborne medical isolation precautions if available

      ii) Until further evidence for benefit and safety is available anti-viral agents are not recommended.

      iii) Supportive care ordered as described above for patients with mild illness

      iv) Supplemental oxygen by nasal cannula if patient is dyspneic or O2 saturation is less than 96% on room air.

v) Close monitoring for clinical deterioration including worsening hypoxia, with awareness of the potential for severe disease to develop 5-10 days after illness onset.

vi) Clinical factors that should provoke consideration for transfer to a higher level of care:

(1) Need for greater than 2L supplemental oxygen to maintain saturation above 92%

(2) Bilateral infiltrates on chest x ray suggesting moderate to severe pneumonia

(3) Elevated D Dimer > 1000 ng/ml

(4) Elevated CRP > 100

(5) LDH >245

(6) CPK > 2x ULN

(7) Abnormal/elevated troponin

(8) Elevated AST and ALT

(9) Significant lymphopenia or neutrophilia:

(a) Calculate absolute neutrophil to absolute lymphocyte ratio: if 3.0 or greater the patient should be considered at high risk for clinical deterioration **OR**

(b) Absolute lymphocyte count <0.8

(10) Lactate > 4

(11) New creatinine elevation

(12) Other clinical findings based on clinical judgement of medical team

vii) Consider monitoring diagnostic studies recommended above through the course of illness until clear clinical improvement is seen.

viii) Patient may transfer back to living unit medical isolation for the remainder of the medical isolation period after clinical improvement is seen and the risk for deterioration has passed.

4) For questions or consultation regarding management of patients with suspected or confirmed COVID-19 call the DOC COVID medical duty officer phone: 564-999-1845

Infection Control and Prevention

1) Definitions:

a) Medical isolation: Separating a symptomatic patient with a concern for a communicable disease from other patients.

b) Quarantine: Separating asymptomatic patients who have been exposed to a communicable disease from other patients.

c) Cohort: Grouping patients infected with or exposed to the same agent together. Isolated and quarantined patients should NOT be cohorted together.

2) All incarcerated individuals in facilities, including work releases, will wear DOC provided mandatory routine face coverings.

3) PPE must be changed between EVERY patient in isolation or quarantine any time there is close contact except in the following situations:

   a) Regional Care Facilities and tiers, units or pods of isolation units where ALL patients have a confirmed positive result for COVID-19:
      i) It is not necessary to change eye protection, mask/respirator, and gown between each patient.
      ii) Hand hygiene and new gloves are still needed between each patient. This can be achieved by double gloving, removing the outer gloves, disinfecting the inner gloves, and putting on a new outer gloves between patients.
      iii) All PPE should be changed if visibly soiled.

4) **Asymptomatic patients testing positive for COVID-19:**

   a) follow the following infection control procedure:

      (1) Place in medical isolation for 14 days from the date of the positive test if the patient remains asymptomatic

      (2) If the patient subsequently becomes symptomatic, follow the isolation criteria in Medical Isolation section below

      (3) After the isolation period is complete the patient should enter post-isolation convalescent housing for 7 days.

5) **Medical isolation:**

   a) Medical isolation is applied to those patient newly identified as having an influenza-like illness or other symptoms potentially caused by COVID-19.

   b) As soon as staff become aware that a symptomatic patient is suspected or confirmed as a COVID-19 case, staff should direct the patient to put on a surgical mask until the patient can be isolated.

      i) Each housing unit and Shift Commander's office will maintain a supply of surgical masks
      ii) Surgical masks will be made available in clinic waiting rooms
      iii) Staff will work to isolate the patient and notify medical if they are identified outside the clinic

   c) If the patient is off the living unit at the time COVID-19 symptoms are noted, staff working with the patient will notify the applicable housing unit that they are sending the patient back for single cell confinement until the patient can be assessed by medical

      i) If a single room is not immediately available, confine the patient at least 6 feet away from others until they have been evaluated by medical

   d) If the patient is already in the living unit, isolate the patient in their cell and notify medical

   e) Droplet Precautions will be initiated

i) Droplet Precaution Medical isolation signs will be hung outside the room at cell front

ii) Proper PPE will be available outside the medical isolation cell or somewhere easily accessible

iii) All staff must wash hands with soap and water or with alcohol sanitizer prior to entering a patient's cell and removing gloves.

f) **PPE for medical isolation**:

i) In the following situations PPE will be comprised of an **N95 mask, eye protection, gown, and gloves:**

(1) Patients with suspected or lab confirmed COVID-19 while symptomatic with cough or sneezing.

(2) While performing diagnostic nasopharyngeal swab sample collection or any other potentially aerosol generating procedures.

ii) In the following situations PPE will be comprised of a **surgical mask, eye protection, gown, and gloves:**

(1) When speaking with a symptomatic patient from outside of a medical isolation cell with an open door. Speaking to a patient from outside a medical isolation cell with the door closed does not require PPE other than general use face covering.

(2) Any patient who has tested negative for COVID-19 but remains in medical isolation and continues to be symptomatic

(3) Patients with suspected or lab confirmed COVID-19 without cough or sneezing.

iii) All staff must wash hands with soap and water or with alcohol sanitizer after leaving a patient's cell and removing gloves.

iv) A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.

g) Medical isolation of patients with suspected or confirmed COVID-19

i) Custody will work with medical staff to determine the best location to house patients on medical isolation status.

ii) If single cell not available, it is acceptable to cohort patients with COVID-19 together if they both/all have lab confirmed disease and are not thought to have other communicable diseases concurrently (i.e. influenza or another viral respiratory disease).

iii) Symptomatic isolated patients must be housed separately from asymptomatic exposed patients (quarantined).

iv) If possible avoid isolating patients with suspected or confirmed COVID-19 in cells with open bars.

h) As a general rule, isolated patients will not be allowed out of the cell unless security or medical needs require it

i) If an isolated patient needs to be out of their cell, they will don a surgical mask during the necessary movement

ii) Staff will ensure that the patient goes where directed by communication between the sending and receiving area staff

iii) Any pill line medications will be delivered by medical staff unless medical staff determines the need for a different protocol

i) **Clinical management of medical isolation patients**:

i) Patients isolated in a living unit with suspected or confirmed COVID-19 will have nursing assessments and vital signs at least every shift, with referral to a practitioner as clinically indicated.

ii) Medical practitioners should document an assessment on patients in medical isolation for confirmed or suspected COVID-19 each business day until they are asymptomatic for 24 hours.

iii) Patients with laboratory confirmed COVID-19, or who were not tested but are suspicious for COVID-19, will remain in medical isolation until they have been asymptomatic for 14 days.

iv) Patients who tested negative for COVID-19 will remain in medical isolation until:

(1) they have been asymptomatic for 14 days, unless they have a documented or confirmed alternative diagnosis that explains their symptoms, such as in the following examples:

(a) Mild respiratory illness with a positive influenza test
(b) Fever explained by infection at another site, such as UTI or cellulitis

OR

(2) they have been asymptomatic for at least 72 hours and have tested negative for COVID-19 twice with at least 48 hours between tests

v) Patients isolated for suspected or confirmed COVID-19 disease who become asymptomatic:

(1) After an isolated patient is asymptomatic for 24 hours the intensity of monitoring can be decreased to once daily temperature and symptom checks at cell front. Patients with recurrence of symptoms should be evaluated by a medical practitioner.

(2) Recommended PPE for these asymptomatic medical isolation nursing checks will include **surgical mask, gown, and gloves**.

vi) Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's medical isolation cell.

6) **<u>Quarantine:</u>**

a) Patients who are asymptomatic but have been in close contact with confirmed or suspected COVID-19 patients should be quarantined.

b) Close contacts of patients who test negative for COVID-19 may only be released from quarantine if the associated symptomatic patient tests negative for COVID-19 on two tests at least 48 hours apart:

i) If repeat testing is not available close contacts of patients testing negative once for COVID-19 may be released from quarantine 14 days after their last contact with the symptomatic patient per the Medical Isolation section above.

c) Close contacts of patients who test positive for COVID-19 will remain in quarantine 14 days after the last exposure to the patient.

d) Quarantined patients can be housed alone or cohorted with other quarantined patients from the same exposure.

i) If a quarantined patient develops symptoms of COVID-19, they will be immediately removed from quarantine if they were housed with other asymptomatic patients, and placed into medical isolation. If cohorted with other asymptomatic patients the quarantine period for those patients will be reset to day 0 of 14.

ii) If the symptomatic patient lived in dormitory-style housing, consider quarantining an entire dorm or wing of a housing unit, especially if multiple cases occur.

e) **PPE for staff interacting with quarantined patients**:

(1) Staff performing tier checks in open dorm style housing units should remain 6 feet away and have patients sit on their beds. PPE worn during these tier checks includes **gloves.**

(2) Staff performing nursing or medical assessments on quarantined patients requiring close contact including in open dorm style housing units, should don the following PPE: **surgical mask, gown, eye protection and gloves.**

(3) Staff interacting with quarantined patients in units with barred cells WITHOUT contact and staying at least 6 feet away do not require PPE other than a **routine face covering**.

(4) Staff performing a temperature check through a closed cell door with an open cuff port should don the following PPE: **surgical mask, eye protection, and gloves**.

f) Staff performing nursing assessments of patients in quarantine should do so by discussing development of symptoms and perform temperature check at the cell front after donning PPE outlined above.

g) Disposable thermometers should be used by patients if available. If multi-use thermometers must be used they should be disinfected in between patients.

h) If the patient develops symptoms or fever a full assessment should be done by entering the cell in PPE appropriate for symptomatic patients including full PPE with N95 mask.

i) Patients in quarantine should don a **surgical mask** anytime they leave their cell.

j) Patients in quarantine will be assessed twice daily by nursing staff. The assessment will include a temperature check and monitoring for development of any symptoms. If the patient develops symptoms while in quarantine they will be assessed by a medical practitioner per Health Services Evaluation section step #3.

i) For stand-alone camps Health Services staff will determine scheduling to accommodate assessment of quarantined patients 7 days per week.

k) Any pill line medications will be delivered to the quarantined patient by medical staff unless medical staff determines the need for different protocol.

l) A trash bin and bag, hand sanitizer, and gloves should be available immediately outside the cell or unit to assist staff in proper doffing of PPE.

m) Unless transfer to a setting for a higher level of medical care is required, all medical care should be delivered in the patient's quarantine cell.

n) Signage indicating that the quarantine cells are under droplet precautions will be hung at the unit or tier level.

7) **Facility management of isolated/quarantined patients:**

a) If possible, cluster cases in medical isolation within in a single location/wing within the facility to help streamline ongoing assessments and delivery of services to the affected population

b) If patients need to be isolated/quarantined in a living unit, allowances will be made to accommodate patients in this location

i) Television, playing cards and/or other recreational activities will be provided
ii) There will be no cost to the patient for the duration of their stay

c) All patients placed in medical isolation/quarantine will be issued hygiene kits and new clothing as needed

d) Provision of health care

i) Routine health care will be provided at cell front.

ii) Medications will be given at cell front

iii) Insulin and other diabetic services will be given at cell front

iv) Routine mental health services will be provided at cell front

v) Emergency medical needs will be assessed immediately by medical personnel, as required. Patient will be transported as deemed necessary if a higher level of medical care than can be delivered in the unit is required. There is not a medical indication for restraints during transport. Patient will don a surgical mask if it is not contraindicated.

e) Meals will be provided by Food Services and delivered to the cell.

i) The Unit staff will notify Food Services at the beginning of each shift the number of meals that are needed

ii) **Gloves** will be worn when picking up used trays

f) Education Programs will be suspended

g) **Phone Use in Medical Isolation:**

i) **Phone Use in Medical Isolation for Areas WITH In-Cell Phone Use:**

(1) Allow one 10-minute phone call every 7 days while on isolation, unless otherwise authorized

(2) Staff shall don appropriate PPE:

(a) Symptomatic patients with presumed or confirmed COVID-19: **N95 respirator, eye protection, gown, and gloves**

(b) Asymptomatic patients with presumed or confirmed COVID-19: **surgical mask, eye protection, gown and gloves**

(3) Staff shall cover the phone handset with a plastic sleeve and use tape/bands to cinch both ends to enclose the entire handset

(4) Patient will wear a surgical mask, if they are medically able to do so

(5) Staff shall pass the handset of the phone to the patient via the cuff port or an opening of the door if necessary

(6) Staff shall have the patient wash his/her hands immediately after using the phone

(7) Staff shall carefully remove the plastic sleeve from the phone and dispose of it in the garbage container

(8) Staff shall remove PPE appropriately and then sanitize or wash hands as per protocol

(9) Staff shall spray disinfectant over the entire phone, let it sit for 10 min., and put on new gloves before wiping it off

ii) **Phone Use in Medical Isolation for Areas WITHOUT In-Cell Phone Use:**

(1) Facility will designate staff member to make weekly status update phone calls to person identified by patient

(2) When a patient is placed into medical isolation, he/she shall be asked to provide the name and telephone number of a person for a weekly phone call, which will be provided to the designated staff person making the call

(3) Designated staff will verify no current restrictions on contact exist prior to making call

(4) Designated staff will make call to identified person to notify of placement into medical isolation, as well as a weekly call to update on status

(5) Designated staff will note the call by placing a chrono in OMNI

h) **Showers in Medical Isolation**:

i) Patients in Medical Isolation will be allowed to maintain personal hygiene including showers according to the following:

(1) Patients should be offered 1 shower per week starting after day 7 in isolation.
(2) These patients can be rotated, and must remain at least 6 feet apart.
(3) The patients must wear a **surgical mask** at all times while out of their cell.
(4) PPE for unit staff having close contact with patients:
    (a) **N95 mask, disposable gown, gloves, and eye protection**
(5) The showers will need to be disinfected according to the manufacture's guidelines after each shower.
(6) PPE for staff or incarcerated individuals cleaning showers used by patients in Medical Isolation:
    (a) **surgical mask, disposable gown, gloves and eye protection**

8) **Post-isolation convalescent housing:**
    a) Patients testing positive for COVID-19 may continue to shed virus after the isolation period is complete. To prevent potential spread of COVID-19 disease from patients in this phase they will be cohorted to together in less restrictive living arrangements than isolation or quarantine housing.
    b) The period of post-isolation convalescent housing will be 7 days, after which the patient can return to their usual housing unit.
    c) Post-isolation housing patients do not require routine medical monitoring but should have access to acute care through a sick call process.
    d) If routine medical care is required by post-isolation patients it should be delivered in the housing unit if possible.
    e) **PPE for staff in interacting with post-isolation patients**:
        (1) For staff in close contact including medical assessments don a **surgical mask, gown, and gloves**
        (2) Staff not in close contact do not require PPE other than a **routine face covering**.
9) **Routine Pre-procedure COVID-19 Testing:**
    a) Community health care providers may require routine COVID-19 testing of asymptomatic patients prior to surgical or other procedures.
        i) Patients may be housed in their usual housing units without special quarantine or isolation procedures while awaiting test results.
        ii) Staff interacting with these patients may do so without additional PPE other than a **routine face covering.**
        iii) Patients testing positive should follow guidance above regarding asymptomatic COVID positive patients.
10) **Intersystem Transfer Separation:**
    a) Intersystem transfer separation can include individuals entering or exiting DOC custody that require separation from the general population to reduce the potential risk of COVID spread
    b) **Intake separation**:

i) This section applies to all intersystem intakes into DOC facilities, including:

(1) Community custody violators

(2) Patients arriving from county jails or other detention facilities

(3) Work release and GRE returns

ii) Patients in these categories should be separated from the general population at the receiving facility for 14 days after arrival

iii) Patients arriving together at the facility on the same day can be cohorted together

iv) Additional PPE, other than a **routine face covering**, is not needed when interacting with asymptomatic patients in intake separation status.

v) If a patient in routine intake separation becomes symptomatic they should enter Medical Isolation, and the remaining intake cohort should be placed in quarantine for 14 days.

c) **Separation Prior to Work Release Transfer**:

i) For facilities with active COVID-19 cases:

(1) For patients eligible for transfer to work release, prior to finalizing their transfer orders, notify the COVID medical duty officer to discuss the need for separation prior to transfer.

(2) Depending on the extent of potential transmission within the facility, a decision may be made to initiate transfer separation prior to work release transfer.

(a) The purpose of transfer separation is to separate individuals awaiting work release transfer from the rest of the population for a period of 14 days

(b) Patients in transfer separation can be housed together

(c) Additional PPE, other than a **routine face covering**, is not necessary for staff interacting with patients on transfer separation.

11) **Protective Separation**

a) Housing units with a high concentration of individuals at high risk for severe COVID-19 may be placed on protective separation status in order to reduce the risk of introduction and transmission of virus.

i) At the current time the following units are on protective separation status:

(1) CRCC-Sage

(2) AHCC K unit

ii) Special direction to staff working on protective separation units:

(1) Only necessary and assigned staff should have access to this unit

(2) Staff must wash hands before entering and exiting the unit

(3) Staff will remove and store their routine face covering and don a new surgical mask prior to entering the unit.

(4) No staff interacting with quarantined and isolated individuals should be entering these units during their assigned shift

iii) Special direction to incarcerated individuals living on special units:

(1) Individuals are restricted to their living unit

(2) Patients are provided a routine face covering for use at all times

(3) Patients are restricted from eating in main chow halls and meals are delivered to the living unit

(4) Individuals shall be given pill line at their cells

(5) Individuals should be allowed to self-quarantine if they choose

12) **PPE Requirements for Prisons and Work Release Staff:**

a) **Tyvek suites** are not considered appropriate PPE for the purpose of this guideline and should not be used when contacting patients with suspected or confirmed COVID-19 or those on quarantine.

b) Contact with asymptomatic individuals who are not on medical isolation or quarantine:

i) **Gloves** (follow normal practice)

c) Contact with individuals on medical isolation (symptomatic):

i) In the following situations **N95 mask, eye protection, gown, and gloves** should be worn:

(1) Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic (cough or sneezing).

ii) In the following situations **surgical mask, eye protection, gown, and gloves** should be worn:

(1) When speaking with a symptomatic patient from outside of an medical isolation cell

(2) Any contact with a patient who has tested negative for COVID-19 but remains on medical isolation

(3) Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.

iii) In the following situations PPE will be comprised of **gloves**:

(1) Passing items through a closed door cuff port and NO face to face contact

(2) If possible, avoid medical isolation in cells with open bars

d) Contact with quarantined (asymptomatic) individuals:

i) Open bay units:

(1) Close contact (ex. Temp check): **surgical mask, gown, gloves, eye protection**
(2) No close contact (example walking through unit): **gloves**

ii) Dayroom/or other close quarters:

(1) Close contact (within 6 feet): **surgical mask, gown, gloves, eye protection**
(2) No close contact (example walking through unit): **gloves**

iii) Pat searches:

(1) **Surgical mask, gown, gloves** (for every person pat searched), **eye protection**

iv) Closed door cells with *cuff port*:

(1) Passing items through cuff port and NO face to face contact: **gloves** only
(2) No contact at all (talking through the door): **No PPE required**
(3) Close contact: **surgical mask, gloves, eye protection**

v) Bar cells:

(1) Close contact (ex. temp check): **surgical mask, gown, gloves, and eye protection**

e) Staff active screening of patients or staff at entry into facilities, health services, or other :

i) **Active screening without use of a protective barrier:**

(1) **Surgical mask, gown, gloves and eye protection**

(2) **When an active screener should change PPE:** If a facility active screener comes within 6 feet of a staff member or patient that screens positive PPE should be removed and discarded, hand hygiene should be performed, and new PPE should be donned prior to resumption of screening.

ii) **Active screening while using protective barrier:**

(1) PPE should consist of **gloves and routine facemask/covering**

(2) The screener should stand behind the protective barrier. Temperature should be taken by reaching around the barrier. The screener should ensure they are positioned so that the barrier blocks any potential respiratory droplets from the screened individual. If no contact was made between the screener and the screened individual gloves do not need to be changed between screenings, unless they are visibly soiled or torn.

13) **Environmental Cleaning**

a) Enhanced frequency of cleaning and disinfection procedures of high touch surfaces is recommended for COVID-19 in healthcare settings, including those patient-care areas in which aerosol-generating procedures are performed.

b) Disinfectant must be:

i) EPA-approved as a hospital/healthcare or broad spectrum disinfectant
ii) Contain quaternary ammonium

c) Management of laundry:

i) Laundry from medical isolation or quarantine patients and cells will be placed in yellow bags and transported in rice bags. Contents should be washed/treated as infectious laundry.

d) Food service management:

i) Meals for isolated and quarantined patients should be served in disposable clamshells. If trays are used staff should wear gloves and wash hands before and after handling.

e) Medical waste from medical isolation and quarantined cells can be discarded using the regular waste disposal process.

f) Any individuals involved in cleaning rooms occupied by isolated suspected or confirmed COVID-19 cases, including DOC staff and employed incarcerated individuals, should wear the following PPE: **surgical mask, gown, eye protection and gloves**.

g) Any individuals involved in handling laundry and food services items of patients in medical isolation or quarantine, without entering the cell, should wear the following PPE:

i) **Gown and gloves**

h) Rooms occupied by quarantined patients who are moved prior to the complete 14 day period, should be similarly cleaned only by individuals wearing the following PPE: **surgical mask, gown, eye protection and gloves**.

14) All staff working in DOC locations must wear an approved face covering while on duty.

15) Recommended personal protective equipment for both Health Services and Prisons/Work Release staff is summarized in the linked PPE matrix.

Reuse of N95 Respirators:

Supplies of N95 respirators are in increased demand creating critical shortages during infectious diseases outbreaks. Existing CDC guidelines recommend a combination of approaches to conserve supplies while safeguarding health care workers in such circumstances. In these situations, existing guidelines recommend:

- Minimizing the number of individuals who need to use respiratory protection
- Using alternatives to N95 respirators where feasible
- Implementing practices allowing reuse of N95 respirators when acceptable during encounters with multiple patients

1) **Reuse of N95 respirators**:
   a) Re-use can occur under the following conditions:
      i) N95 respirators must only be used by a single individual and should never be shared
      ii) Use a full face shield that covers entire extent of N95 respirator and/or surgical mask over an N95 to reduce surface contamination of the respirator. For aerosol generating procedures, both a face shield and surgical mask are necessary for re-use.
      iii) Keep used respirator in a clean dry paper bag between uses
      iv) Write your name on the bag and elastic straps of the N95 so that the owner is clearly identified (Do not write on the actual mask)
      v) Use a new paper bag each time the respirator is removed
   b) Always use clean gloves when donning a used N95 respirator and performing a user seal check.
   c) Perform hand hygiene over gloves before touching or adjusting the respirator as necessary

d) Discard gloved after the N95 is donned and any adjustments are made to ensure the respirator is sitting comfortably on your face with a good seal.
e) Perform hand hygiene. Anytime one touches the N95, perform hand hygiene again.

2) Do NOT reuse and DISCARD N95 respirators if:
   a) The N95 respirator becomes visibly soiled with blood, respiratory or nasal secretions, or other bodily fluids
   b) The N95 respirator becomes visibly damaged or difficult to breathe through
   c) The straps are stretched out so they no longer provide enough tension for the respirator to seal to the face
   d) The nosepiece or other fit enhancements are broken
   e) If the inside of the respirator is touched inadvertently
   f) The respirator was used during an aerosol generating procedure, except when the respirator is protected by a surgical mask as described below.

3) **Donning and Doffing of N95 respirator**:
   a) Donning a **NEW** N95 respirator:
      i) Perform hand hygiene
      ii) Remove routine face covering
      iii) Perform hand hygiene
      iv) Don gown
      v) Don gloves
      vi) Don a new, fit-tested N95 respirator and adjust as necessary
      vii) Don a full face shield ensuring it fully covers both eyes and respirator
      viii) Perform patient care activities

   b) Donning a **USED** N95 respirator:
      i) Perform hand hygiene
      ii) Remove routine face covering
      iii) Perform hand hygiene
      iv) Don gloves
      v) Remove the used N95 respirator from the paper bag by the straps
      vi) Don the respirator without touching the front of the mask
      vii) Sanitize gloves and adjust the mask for comfort and to ensure a good face seal
      viii) Remove gloves and perform hand hygiene
      ix) Don gown, new gloves, and full face shield

   c) Doffing an N95 respirator:
      i) When finished with patient care prior to leaving isolation area, remove gown and gloves and discard
      ii) Perform hand hygiene
      iii) Don new gloves
      iv) Leave isolation area
      v) Immediately outside isolation area, remove gloves
      vi) Perform hand hygiene
      vii) Put on new gloves
      viii) Remove face mask by touching only the ear pieces
      ix) Remove respirator touching only the straps

x) Place respirator in a new, clean paper bag labeled with the user's name
xi) Remove gloves
xii) Perform hand hygiene
xiii) Put back on routine use mask

Release of Patients into the Community

1) Patients in medical isolation: For any patient with suspected or confirmed COVID-19 disease in medical isolation who is releasing from a DOC facility, the Health Services Manager, Infection Prevention Nurse and Facility Medical Director will have a conference call with the COVID-19 medical duty officer (**564-999-1845)** prior to release for discussion of release planning.
2) Patients in quarantine: Upon release from DOC custody while on quarantine status, patients will be provided a surgical mask and will be directed to self-quarantine in their place of residence until the remainder of their 14 day quarantine period. Direction should be given that they should immediately report to their CCO via phone to arrange future reporting requirements.

Transportation of Patients with Suspected or Confirmed COVID-19 Disease

1) This section refers to transportation of patients under Washington DOC jurisdiction to or between DOC facilities who are confirmed or suspected (by a licensed medical provider) to have COVID-19 disease. This includes community custody violators, work release/GRE returns, and patients currently housed in DOC facilities.
2) No patient with confirmed COVID-19 disease will be transported into or between DOC facilities without approval of the CMO in consultation with the COVID-19 EOC.
3) For any patients with confirmed or suspected (by a licensed medical provider) COVID-19 disease being transported into or between DOC facilities custody officers, community custody officers, or other DOC staff in close contact with the patient, will don the following personal protective equipment:
   a) A pair of disposable examination gloves
   b) Disposable medical isolation gown
   c) Any NIOSH-approved particulate respirator (i.e., N-95 or higher-level respirator)
   d) Eye protection
   e) If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.
4) The transport vehicle will be cleaned and disinfected after use.
5) For any patients on quarantine for contact with a suspected or confirmed COVID-19 case DOC staff will don the following PPE:
   a) A pair of disposable examination gloves
   b) Disposable medical isolation gown
   c) Surgical mask

Contact Tracing and Case Reporting

1) Cases of suspected and confirmed COVID-19 will be thoroughly investigated by the Infection Prevention Nurse (IPN):
   a) Review the patient's cell and living unit location, job, classes, etc. to determine who could have been exposed and needs to be quarantined.
   b) If in the course of the contact tracing it is apparent that DOC staff may have had close contact with the confirmed or suspected COVID-19 case the IPN will send an email with case details to the following Occupational Health email address: DOCoccupationalhealthandwellness@DOC1.WA.GOV
   c) The decision to classify a contact as close or high risk and requiring quarantine will be a clinical decision by the IPN taking into consideration the guidance described here. IPNs should strongly consider consultation with a DOC Infectious Disease physician or local/state public health departments if any uncertainty exists regarding how to classify a contact with a suspected or confirmed COVID-19 case.
   d) A close, or high risk, contact with potential COVID-19 cases will be defined as follows for the purpose of this guideline:
      i) Being within approximately 6 feet of a person with confirmed or suspected COVID-19 for a prolonged period of time, defined as at least several minutes. Examples include caring for or visiting the patient or sitting within 6 feet of the patient in a healthcare waiting room.
      ii) Having unprotected direct contact with infectious secretions or excretions of the patient (e.g., being coughed on, touching used tissues with a bare hand).
   e) Contact not considered close or high risk include briefly entering the patient room without having direct contact with the patient or their secretions/excretions, brief conversation with a patient who was not wearing a facemask.
   f) Mitigating and exacerbating factors should be considered in determination of contact risk. For example a suspected or confirmed COVID-19 case will be more likely to transmit disease if they are actively coughing during the contact, and less likely if they are wearing a facemask.
   g) Report the need to isolate a patient and the need to quarantine other patient/s as indicated to the Health Care Manager or designee who will then notify the Superintendent at the facility, Facility Medical Director, and Headquarters EOC.
   h) Enter the information about the case of suspected/confirmed COVID-19 and the information about the exposed patients on the Influenza like illness log.
   i) The results of contact investigations will be communicated to the Facility Medical Director, HSM, and facility Human Resources who will help ensure that people who have been exposed are identified, notified, and all appropriate infection control measures are put in place to reduce transmission (masking, quarantine, cohorting etc.)

2) All COVID-19 test results for DOC patients should be reported via phone to the COVID medical duty officer (phone **564-999-1845**), FMD, IPN, and facility COVID incident command post immediately upon receipt from the testing lab.
   a) Notification of positive COVID tests should also be sent to the following email address: doccovid19cases@doc1.wa.gov.
   b) The IPN will update the contact investigation and review medical isolation/quarantine status of the tested and exposed patients after receipt of test results.
   c) Occupational Nurse Consultants will, in communication with the IPN, review the case for potential close contacts among DOC staff.

Guideline Update Log

03/06/2020: Under Heath Services Evaluation, section 3.iii, added subsection 3 to include criteria for isolating patients who are suspected COVID-19 who cannot be tested.

Under Infection control and Prevention section C.5, d. "COVID-19 patients will not be isolated in an IPU, unless they require IPU level of medical care." was deleted.

Under Infection control and Prevention section C.9 added.

Section Transportation of patients with suspected or confirmed COVID-19 disease added.

03/09/2020: Section Contact Tracking and Case Reporting added

Section Health Services Evaluation 3.3.2 changed to reflect updated DOH and CDC testing guidance

03/11/2020: Section Health Services Evaluation part 2 added instruction for donning and doffing PPE.

Section Contact Tracking and Case Reporting added guidance and definitions for determining risk of contact with suspected or confirmed COVID 19 cases.

Section Contact Tracking and Case Reporting changed COVID-19 log to Influenza-like illness log.

03/12/2020: Section Health Services Evaluation part 5 Testing Procedure updated

03/13/2020: Section Testing Procedure information regarding testing through Interpath labs

03/17/2020: Section Screening Intrasystem Intakes changed to require temperature screening at both boarding and exiting the transport bus.

Section Health Services Evaluation 3A (screening question #1) changed from AND to OR

Section Infection Control and Prevention changed to reflect updated PPE requirements for staff evaluating quarantined patients

03/18/2020: Section Infection Control and Prevention changed the duration of medical isolation recommended

Section Testing Procedure, deleted #3 regarding Interpath Labs, as they are no longer performing COVID testing

Section Health Services Evaluation added information regarding when to order COVID testing in the context of influenza test results

03/19/2020: Section Infection Control and Prevention, changed criteria for use of N95 mask when in contact with isolated patients.

03/20/2020: Section Infection Control and Prevention, changed monitoring of isolated patients after they become asymptomatic to once daily at cell front

03/25/2020: Section Patients at High Risk for Severe COVID-19 added

Section Infection Control and Prevention added statement regarding release from quarantine requirements

Section Health Services Evaluation added pharyngitis to screening questions

Section Infection Control and Prevention, added PPE Requirements for Prisons and Work Release Staff

03/27/2020: Section Testing Procedure- deleted reference to need for PUI number and approval prior to sending COVID tests to the Washington DOH public health lab

Section Release of Patients into the Community added direction for patients on quarantine status at the time of release

04/03/2020: Section Testing Procedure added NP swab demonstration video

Section Infection Control and Prevention added eye protection to PPE needed for evaluation of quarantined patients

Section Infection Control and Prevention, PPE for Work Release and Prisons Staff, added criteria for changing PPE for screeners

04/07/2020: Section Clinical Care of Patients with Suspected or Confirmed COVID-19 added

Section Screening added statements about active screening of staff and patients

Section Infection Control and Prevention changed waste disposal from biohazard red bag/bin to regular trash bins.

04/15/2020: All sections changed 'isolation' to 'medical isolation'

Section Clinical Care of Patients with Suspected or Confirmed COVID-19 added recommendation to use metered dose inhalers instead of nebulizers for administration of bronchodilators.

Section Infection Control and Prevention added link to recommended PPE matrix.

Section Release of Patients in the Community changed notification for patients releasing who are on medical isolation

Section Clinical Care of Patients with Suspected or Confirmed COVID-19 changed criteria for starting supplemental oxygen to less than 96% on room air

Section Testing Procedure added back Interpath Laboratory as they have resumed COVID-19 testing

Section Testing Procedure added statement to perform NP swabs of both sides of the nasopharynx

04/21/2020: Section Infection Control and Prevention added statement that Tyvek suites are not appropriate PPE for this purpose and should not be used.

Section Infection Control and Prevention added statement that quarantined patients must don a surgical mask anytime they leave their cells.

Section Infection Control and Prevention added statement regarding all staff wearing approved face coverings while on duty.

Section Patients at High Risk for Severe Covid-19 changed interventions for high risk and very high risk patients

Section Contact Tracing and Case Reporting changed positive COVID test result reporting to include COVID medical duty officer and COVID cases email box.

	Section Health Services Evaluation added diarrhea and loss of taste/smell to screening questions.
	Section Infection Control and Prevention added statement regarding droplet precaution signs in quarantine units
	Section Infection Control and Prevention added subsections h. and i. regarding phone use in medical isolation
4/24/20	Section Infection Control and Prevention subsection PPE requirements for Prisons and Work Release Staff added use instructions and PPE for staff using barriers during active screening
	Section Health Services Evaluation linked PPE video
	Section Testing Procedure added information regarding anterior nasal and nasal mid-turbinate swab sample collection
	Section Health Services Evaluation eliminated influenza testing and added statement regarding testing for influenza during influenza season
5/6/20	Section Testing Procedure added statement that patient collected nasal swabs should be preferred if N95 masks are in short supply and removed preference for NP swabs in all testing situations
	Section Infection Prevention and Control added statement regarding mandatory use of routine face coverings by incarcerated individuals.
	Section Health Services Evaluation added statement that all patients entering isolation will be tested for COVID-19.
	Section Infection Control and Prevention added subsection Post-isolation Convalescent Housing
	Section Infection Control and Prevention added two negative tests at least 48 hours apart as new criteria for release from isolation and associated quarantine
	Section Infection Control and Prevention added subsection Routine Pre-procedure COVID-19 Testing
	Section Patients at High Risk for COVID-19 Disease deleted 'very high risk' section
	Section Infection Control and Prevention added subsection Asymptomatic Patients Testing Positive for COVID-19
	Section Infection Control and Prevention added subsection Showers in Medical Isolation
	Section Infection Control and Prevention added subsection Routine Intake Separation
	Section Infection Control and Prevention added subsection Protective Isolation Prior to Work Release Transfer
5/15/20	Section Infection Control and Prevention added information for each care situation regarding when to change PPE
	Section Infection Control and Prevention added subsection Protective Separation
	Section Reuse of N95 Respirators added
	Section Health Services Evaluation changed testing criteria for viral respiratory panel

Section Infection Control and Prevention subsections Routine Intake Separation and Separation Prior to Work Release Transfer were combined into Intersystem Transfer Separation and the period of pre-work release separation was changed to 14 days

Attachment B

Coronavirus / COVID-19 Plan

Significant Events Timeline

Updated 06/18/2020

Objectives	• Provide for the safety of staff, incarcerated individuals, and the public. • Collect daily information to create a common operating picture of the Agency. • Continue to provide policy direction and support to all divisions concerning the implementation of Department of Health and Centers for Disease Control guidance for prevention, mitigation, and response to COVID-19 and implement as needed. • Communicate timely and accurate information to staff, incarcerated individuals and stakeholders. • Support agency efforts to maintain critical staffing levels by improving the employee secondary screening process. • Forecast, acquire, manage and distribute critical PPE at the agency level. • Utilize Washington State's phased reopening plan to develop management decision points to returning the agency to a new normal. • Provide an enterprise wide quality assurance process to ensure protocols that have been put in place to manage the impacts of COVID-19 are consistently applied in all DOC work place locations.
Key messages	• Remain calm, ensure residents, clients, and families feel safe. • If you are ill, stay home. Work with your supervisor if telework is an option. • Use social distancing and enhanced hygiene protocols to prevent illness and spread of virus. • Visit Department of Corrections website for update to date COVID-19 agency information. • Visit the DOH and CDC websites for up to date information. • Notify the Emergency Operations Center of rumors or misinformation that needs to be corrected.

Agency Actions

Actions we are taking as an agency:

- The health and safety of our staff, those in our care, and the community is our top priority. As of June 18, 2020, the Washington Department of Corrections has 77 confirmed cases of staff and two contract staff with COVID-19 and 121 incarcerated individuals with COVID-19.
- DOC has a communicable disease, infection prevention and immunization program to prevent the spread of communicable and infectious disease by providing prevention, education, identification through examination of staff and incarcerated individuals suspected of having a communicable disease, surveillance, immunization, treatment, follow-up, isolation and reporting. Staff were expected to follow this program as we updated our public health pandemic plan.
- Corrections established an Emergency Operations Center at headquarters supporting the state DOH response to COVID-19 on Feb. 9.
- An advanced contingency planning team launched on February 28.
- Corrections officially opened its Emergency Operations Center (EOC) at HQ in response to COVID-19, including representatives from health services staff, on March 2.
- Health services staff have been receiving regular updates from our Chief Medical Officer providing WA DOC COVID-19 screening, testing and infection control guidelines to all medical staff since March 5.
- We completed the first draft and distributed the public health pandemic plan to facilities, work release and community corrections offices, including specific checklists, on Friday, March 6.

Attachment B

- All individuals received at a Washington Department of Corrections facility, including community supervision violators, always receive an initial health screening—which we've enhanced in response to COVID-19.
- Our interstate transport unit works with out-of-state holding facilities to ensure any person we pick up to transport back to our department has not been exposed.
- Since March 4, we have been messaging to visitors not to visit or take part in programming if they feel sick with a fever, cough, or difficulty breathing—and we're encouraging friends and family that may be sick and not able to visit to keep in contact during this time utilizing JPay, video visiting, telephone calls and mail correspondence.
- On March 6, we instituted and distributed a COVID-19 passive screening process for individuals wishing to visit our facilities—as well as participating in scheduled facility events where outside visitors have been approved to attend. Individuals who fail to pass the screening will be turned away to protect the health and safety of the staff and incarcerated individuals at our locations. We are in the planning phase for escalating to active screening.
- On March 15, we implemented enhanced screening (temperature check and screening questions) of all individuals prior to entering a work location.
- On March 23, DOC implemented a secondary screening process for identifying employees who were screened and prevented from reporting to work for reasons other than COVID-19.
- On March 30, with response to COVID-19 expected to affect the Department of Corrections' staffing levels over the coming months, the department is implementing an expedited hiring and training process for 'Limited Scope Correctional Officer 1 (CO1) positions.
- On April 1, DOC approved a contract with Swank Motion Pictures to provide facilities access to movies for the incarcerated population.
- On April 3, DOC issued expired N95 respirators to staff who work closely with those incarcerated in state correctional facilities. The wearing of N95 respirators is for general use and is voluntary to staff at this time.
- On April 8, Emergency Response Team members were dispatched to the Monroe Correctional Complex. The press release is available here.
- On April 13, DOC established the DOCCovid-19RapidReentry@doc1.wa.gov email box to answer questions regarding rapid reentry from external stakeholders.
- On April 15, 2020, Governor Inslee issued an emergency commutation to allow for the release of incarcerated individuals. The commutation is specific to those in custody whose judgment and sentences include only non-violent offenses or drug or alcohol offenses and whose projected release date (PRD) is prior to or on June 29, 2020. It authorizes their transfer from confinement within seven days of the order, or as soon as can be reasonably achieved thereafter.
- DOC has collected all of the COVID-19 test kits under the recent recall ordered by the Department of Health Saturday April 18.
- On April 18, DOC issued a memo to incarcerated individuals regarding the appropriate use of hand sanitizer. This memo also warned the incarcerated of the dangers of purposefully ingesting hand sanitizer.
- As of April 21, Correctional Industries has completed construction on the screen barriers for all enhanced screening stations in the Department.
- On April 21, DOC published a guide for individuals transferring from incarceration to the community in response to COVID-19.
- As of April 24, Correctional Industries shipped screen barriers for enhanced screening stations to individual worksites.
- On May 4, a Health Service strike team began working to focus efforts on completing intake medical exams at the Washington Corrections Center.
- DOC has released 422 incarcerated individuals through commutation process and 528 incarcerated individuals through the Rapid Reentry process.
- DOC has granted furlough to 66 individuals from Work Release to the community.
- The Washington State Department of Corrections was notified that Correctional Officer Berisford Anthony Morse, 65 years of age, passed away on Sunday, May 17, 2020 from complications of COVID-19. Read Secretary Sinclair's message here.
- On June 10, the DOC Safe Start Corrections webpage launched on www.doc.wa.gov.
- On June 11th, The Coyote Ridge Medium Security Complex was placed on restricted movement to contain the spread of COVID-19 at the facility. You can read the press release here.

Deployed Resources in support of COVID-19 response

Total Deployed to date: DCYF 1, DOC HQ 41, DOH Shoreline 2

AGENCY TIMELINE

Date	Location	Activity	Notes
06/18/20	CRCC ICP	Message to Incarcerated Individuals: Communication Plan (COVID-19 Testing Plan) English/Spanish	Message to CRCC Incarcerated Individuals announcing a plan to test all CRCC employees and incarcerated individuals at the Medium Security Complex.
06/18/20	Headquarters EOC	Message to Interested Parties: Testing of all CRCC staff and incarcerated individuals in the Medium Security Unit	Message to governmental and exterhal stakeholders announcing the exploration of additional testing strategies to mitigate the spread of COVID-19 at the CRCC Medium Security Complex by the Department in collaboration with the Washington State Emergency Operations Center and Department of Health.
06/15/20	Headquarters EOC	Message to All Work Release Restidents and Staff: Corrections Health Protocols to prevent the spread of COVID-19 English/Spanish	Message from Susie Leavell, Senior Administrator, Reentry Division to Work Release residents and employees regarding COVID-19 protocols, quarantine, testing, removal from isolation/quarantine, "close contact" with symptomatic individuals, PPE, and face coverings.
06/11/20	Headquarters EOC	PRESS RELEASE: Coyote Ridge Corrections Center Medium Security Complex on Restricted Movement to Contain COVID-19	Press release detailing the restricted movement status at the Medium Security Complex at Coyote Ridge Corrections Center. The Minimum Security Unit has not been placed on restriced movement.
06/11/20	Headquarters EOC	Message to All Appointing Authorities: Quality Assurance Site Visits	Qualtity assurance visits will begin immediately at all agency locations.
06/11/20	Headquarters EOC	Message to All DOC Staff: Individual Hand Sanitizer Bottlers	Each employee will be receiving an individual hand sanitizer bottle that can be refilled at the work location as a token of appreciation.
06/10/20	Headquarters EOC	Message to Incarcerated Individuals and Residents: Safe Start Corrections English/Spanish	Message outlining the Department's step-by-step approach to begin safely repopening operations during COVID-19 to Prisons incarcerated individuals and Work/Training Release residents. Message and posters are to be posted for the population to view. Printed documents will be delivered to those currently housed in quarantine and isolation status.
06/10/20	Headquarters EOC	Message to All Interested Parties: Safe Start Corrections	Message outlining the Department's step-by-step approach to begin safely repopening operations during COVID-19 to governmental and external stakeholders.
06/10/20	Headquarters EOC	Message to All DOC Staff: Safe Start Corrections	Message outlining the Department's step-by-step approach to begin safely repopening operations during COVID-19 to Department employees.
06/09/20	Headquarters EOC	Message to Appointing Authorities: Updated Initial Screening Log for worksite screening stations	The Initial Screening Log has been modified to allow screeners to gather all required information for uploading to the Screening SharePoint site.
06/08/20	Headquarters EOC	Updated PPE Matrix version 6	This document is effective immediately 6/8/2020 and supersedes all previous PPE guidance.

06/05/20	Headquarters EOC	Memo to all Appointing Authorities: Screening SharePoint Version 2	The Screening SharePoint site launched on April 27, 2020 has been modified to better meet the needs of our screening contributor groups.
06/04/20	Headquarters EOC	Message to Superintendents: Exposure Partnership with Facilities Close Contact Log	This message outlines efforts to partner with prisons to identify close contacts of an incarcerated individual or violator with suspected or confirmed COVID-19. The purpose of this document is to identify facility representative(s) who can assist Occupational Nurse Consultants (ONCs) in identifying those who were in close contacts in a timely manner without sending unnecessary staff out on quarantine.
06/04/20	Headquarters EOC	Memo to all incarcerated individuals: Extension of Incarcerated Individual Gratuity English/ Spanish	This memo serves as an update to the two previous messages regarding incarcerated individual gratuity dated March 27, 2020 and April 27, 2020. The Department has made the decision to extend the policy exceptions and continue providing gratuity to incarcerated individuals unable to perform their duties due to no fault of their own related to COVID-19. Additionally, the gratuity cap for Class III positions will remain at $70.00.
06/03/20	Headquarters EOC	Message to Superintendents :COVID-19 Healthcare and Custody Workers in Designated Shortage Areas	Certain facilities have been identified as "designated shortage areas" in regards to healthcare and custody staff. Forms have been developed to assist facilities who have reached a critical shortage.
06/01/20	Headquarters EOC	Memo to all DOC staff: COVID-19 HR Updates and Reminders	Thank you for your continued dedication and professionalism during these challenging times. I am grateful to be serving you all in a leadership role during this pandemic. The attached memo contains updates to topics we have communicated in the past, as well as to provide you with some tools to protect yourself from unemployment fraud.
06/01/20	Headquarters EOC	Revised Rapid Reentry, Warrants, Hearing and Termination Process	The Rapid Reentry Hearing and Termination Process has been updated. The Rapid Reentry, Warrants, Hearing and Termination Process shall be used when a Rapid Reentry transfer from prison to the community is in violation or requires termination and return to a facility.
06/01/20	Headquarters EOC	Memo to all incarcerated individuals: Free Calls Extended English/ Spanish	Due to our continued response to COVID-19, the Depmtment of Corrections will extend free access to phone calls. All incarcerated individuals will continue to receive two (2) free five (5) minute calls per week through June 30, 2020. As a reminder, if your free calls are not used by the end of the peiiod, ending June 30, 2020, no credit will be given.
5/29/20	Headquarters EOC	Memo to all work release residents: Room and Board Waiver Update English/ Spanish	This is an update to messages sent previously regarding room and board waivers. As previously announced on May 1, 2020, room and board

			waivers will be reviewed on an individual basis, unless the entire facility has been place on quarantine status. Due to the continued impact of COVID-19, the Department is extending the room and board waiver process through June 30, 2020, at which time it will be reviewed.
5/28/20	Headquarters EOC	Checklist for COVID-19 Symptomatic Patients - Work/Training Release	Checklist for PPE, clinical assessments, and notifications for Work/Training Release facility employees for when a resident presents COVID-19-like symptoms.
5/27/20	Headquarters EOC	Memo to all DOC staff: Assistance Medical Assistant-Certified and Nursing Assistant-Certified	Due to COVID-19, we are experiencing a need to staff additional Medical Assistant-Certified and Nursing Assistant-Certified positions. We are seeking immediate assistance from employees, regardless of job classification, who possess a current Medical Assistant or Nursing Assistant certification. The need is to assist at the Regional Care Facility (RCF) at Airway Heights Corrections Center where you would be caring for positive COVID-19 patients.
5/26/20	Headquarters EOC	Checklist for COVID-19 Symptomatic Patients - Prisons	Checklist for PPE, clinical assessments, and notifications for Prison Facility Health Services for when an incarcerated individual presents COVID-19-like symptoms.
05/22/20	Headquarters EOC	Message to Correctional Industries Headquarters employees: Teleworking	As Governor Inslee's Safe Start Washington continues a phased approach to reopen businesses and modify social distancing measures in Washington communities, CI Headquarters will continue to operate on a limited basis with only critical staffing reporting to the office for daily work. Telework is supported by Executive Order 16-07. Employees should continue telework assignments and limit in person work related interactions to continue to reduce the risk of transmission of COVID-19 in the work place
05/22/20	Headquarters EOC	Memo to all DOC employees: Updated Proper Use of Face Coverings and Masks	Clarification is being provided in response to the original message sent on May 18, 2020. The do's and don'ts of face covering and routine-use masks is important in the prevention of transmission. Please review the updated tips to remember when wearing your face covering or mask.
05/21/20	Headquarters EOC	Memo to all work release residents: Phased Approach to Resume Visitation/Social Outings in Work Release English/ Spanish	The department understands the importance of family relationships and the challenges presented with staying connected to your loved ones through this difficult time that the visitation program is suspended. Understandably many of you have inquired when visitation and social outings can resume.
05/21/20	Headquarters EOC	Memo to Appointing Authorities: Leave Guidance Document	The purpose of this communication is to share the approved Leave Guidance document that is used by the Secondary Screening Task Force (SSTF) to

		Leave Guidance Job Aid	reconcile leave for employees who were denied access to a facility or office as a result of answering yes to one or more of the active screening questions.
05/19/20	Headquarters EOC	Message to Headquarters staff: LMS Training - Mobile Work for Supervisors	Telework is a new concept for many of us. Supervisors are encouraged to maintain contact with teleworking employees on a regular basis and provide support as needed to ensure employees feel engaged and remain connected to their work . To provide guidance, all supervisors are requested to complete LMS training WA-State Mobile Work for Supervisors.
05/19/20	Headquarters EOC	Memo to all incarcerated individuals: Phased Approach to Resume Statewide Visitation English/ Spanish	The deparment understands the importance of family relationships and the challenges presented with staying connected to your loved ones through this difficult time that the visitation program is suspended. Understandably many of you have inquired when visitation can resume. DOC is aligned with Governor Inslee's Stay Home, Stay Healthy Order and is managing DOC locations according to the guidance provided by the Washington State Department of Health and Centers for Disease Control. This approach reduces the risk for incarcerated people who are at high risk for transmission of COVID-19 linked to congregate living conditions presented in correctional facilities.
05/19/20	Headquarters EOC	Memo to Headquarters staff: Continued Commitment to Telework	As Governor Inslee's Safe Start Washington continues a phased approach to reopen businesses and modify social distancing measures in Washington communities, DOC Headquarters will continue to operate on a limited basis with only critical staffing reporting to the office for daily work.
05/19/20	Headquarters EOC	Message to all incarcerated individuals: Line of Duty Death from COVID-19 English/ Spanish	The Washington State Department of Corrections was notified that Correctional Officer Berisford Anthony Morse, 65 years of age, passed away on Sunday, May 17, 2020 from complications of COVID-19.
05/18/20	Headquarters EOC	First Line of Duty Death from COVID-19	Our agency was notified today that Correctional Officer Berisford Anthony Morse of the Monroe Correctional Complex passed away on Sunday, May 17, 2020 from complications of COVID-19.
05/18/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 18)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.

05/18/20	Headquarters EOC	Memo to all staff: Proper Use of Face Coverings	It has been just over one month since all employees began wearing mandatory face coverings or routine-use masks while at work. We want to take a moment to highlight some of the do's and don'ts around this practice. For face coverings and routine-use masks to be effective in preventing transmission, they must be used correctly. Here are a few tips to remember when wearing your face covering or routine-use mask: • Face coverings and routine-use face masks should only be taken off during meal times and when 6 feet from the closest person. • They should not be removed or pulled down for talking, snacking, singing, whistling, coughing or any other similar activity. • Proper hand hygiene is necessary anytime you touch your face-covering or routine-use mask.
05/15/20	Headquarters EOC	The DOCCOVID-19RapidReentry@DOC1.WA.GOV Email box will no longer be monitored.	May 15, 2020 marks the end of this authorization and the Department achieved the established goal to transition 950 incarcerated individuals to the community. Over the past month, teams across the state have been working tirelessly to complete the task of transitioning individuals into the community. All individuals that were transitioned to the community had an approved investigated address and sponsor. By the end of today, 528 individuals will have transitioned to the community through the Rapid Reentry and an additional 422 individuals were released under the commutation.
05/15/20	Headquarters EOC	Memo to all incarcerated individuals: Prison Population Reduction Efforts English/ Spanish	Today marks the end of the authority provided under a Governor's proclamation to transfer individuals into partial confinement under Rapid Reentry. The Departments direction was to reduce prison population up to 950. All individuals that were transitioned to the community had an approved investigated address and sponsor. There were 422 people who received commutation orders and 528 who were placed in the community through rapid reentry.
05/15/20	Headquarters EOC	Memo to all incarcerated individuals: Prison Population Reduction Efforts English / Spanish	As previously announced in the April 16 Upcoming Transfer of Individuals Back to the Community message, the Washington Department of Corrections was granted authority, through proclamation 20-50 from Governor Inslee, to reduce the number of incarcerated individuals in our state prisons. Using that authority, a list was developed of incarcerated individuals with non-violent and non-sex offenses

			during their current period of DOC jurisdiction. Those on the list within 75 days of their release date had their sentences commuted and those who were within seven (7) months of their release date became eligible for rapid reentry.
05/15/20	Headquarters EOC	Memo to all interested parties: Prison Population Reduction Efforts	As previously announced in the April 16 Upcoming Transfer of Individuals Back to the Community message, the Washington Department of Corrections was granted authority, through proclamation 20-50 from Governor Inslee, to reduce the number of incarcerated individuals in our state prisons. Using that authority, a list was developed of incarcerated individuals with non-violent and non-sex offenses during their current period of DOC jurisdiction. Those on the list within 75 days of their release date had their sentences commuted and those who were within seven (7) months of their release date became eligible for rapid reentry.
05/15/20	Headquarters EOC	Memo to all staff: Prison Population Reduction Efforts	As previously announced in the April 16 Upcoming Transfer of Individuals Back to the Community message, the Washington Department of Corrections was granted authority, through proclamation 20-50 from Governor Inslee, to reduce the number of incarcerated individuals in our state prisons. Using that authority, a list was developed of incarcerated individuals with non-violent and non-sex offenses during their current period of DOC jurisdiction. Those on the list within 75 days of their release date had their sentences commuted and those who were within seven (7) months of their release date became eligible for rapid reentry.
05/14/20	Headquarters EOC	Memo to incarcerated individuals: GTL and JPay Updates English/Spanish	Incarcerated individuals will continue to receive 2 free 5 minute calls per week through 05/31/20. JPay will continue to add 2 free video calls, provide 2 free JPay stamps, and has extended Free Reply Wednesdays through 06/03/20.
05/14/20	Headquarters EOC	Memo to incarcerated individuals and work release residents: IRS Stimulus Checks and Unemployment Claims English/Spanish	Details the Internal Revenue Service (IRS) clarification that incarcerated individuals are not eligible for economic stimulus payments issued in response to COVID-19 and details how the Department will return deposits to the IRS. Clarifies that incarcerated individuals in prison facilities are not eligible to receive unemployment claims.
05/14/20	Headquarters EOC	DOC Form 09-242: General Authorization For Release Of Information	Link provided due to increase of requests for the release of personably identifiable health information for incarcerated individuals due to COVID-19.
05/13/20	Headquarters EOC	Revised Rapid Reentry, Warrants, Hearing and Termination Process	The Rapid Reentry Hearing and Termination Process has been updated. The Rapid Reentry, Warrants, Hearing and Termination Process shall

			be used when a Rapid Reentry transfer from prison to the community is in violation or requires termination and return to a facility.
05/12/20	Headquarters EOC	The Centers for Disease Control (CDC) continue to update their COVID-19 guidelines, to include the addition of new symptoms. The revised Active Screening Questionnaire has been updated to reflect new COVID-19 symptoms as recognized by the CDC.	
05/11/20	Headquarters EOC	Message to all staff: Fraudulent Unemployment Claims	The agency has recently become aware that on a nationwide level, including in Washington State, there have been many reports that scammers have been fraudulently claiming COVID-19 unemployment compensation. We know some fraudulent claims have been filed using personally identifiable information (PII) of some staff at DOC. The source of how and when the scammers acquired the information of tens-of-thousands of individuals is not yet known, though state and federal law enforcement are looking into it.
05/07/20	Headquarters EOC	Memo to all employees: Expanded Families First COVID-19 Leave & Leave Review Following Secondary Screening	The purpose of this message is to provide you with answers to some of the common questions we've received about the new leave, explain the process to request leave, as well as provide you with information related to leave review following secondary screening.
05/07/20	Headquarters EOC	Employee job aid: Secondary Screening Vs. Staff Mapping	
05/06/20	Headquarters EOC	Updated - Negotiated Sanction Reviews and Telephonic Hearings Policy Changes Response to COVID-19	Effective immediately, the Department is granting a policy exception to DOC 460.140 Hearings and Appeals, allowing Negotiated Sanction (NS) reviews and hearings to be conducted telephonically or via video conferencing technology (e.g. Skype) rather than in-person, should the need exist. When a NS review or a full hearing is conducted telephonically or via video conferencing, the hearings process and procedures at the time of the actual proceeding will continue to follow DOC 460.140 Hearings and Appeals.
05/06/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 17)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.

05/06/20	Headquarters EOC	Memo to incarcerated individuals: Final Phase of Rapid Reentry Program English/ Spanish	As outlined in my message dated April 16, 2020, Governor Inslee's Proclamation 20-50 Reducing Prison Population directed Corrections to take additional measures to provide more physical distancing. As of May 4, 2020, there have been a total of 682 individuals that have transferred back to the community as a part of the COVID-19 Incarcerated Population Reduction Effort. The steps being taken create additional physical distancing and represent the latest work in the agency's diligent efforts to preserve the health of institutions and all people- staff and incarcerated individuals. The 682 individuals were within six months of their release date and were not currently incarcerated for violent or sex offenses.
05/06/20	Headquarters EOC	Memo to all staff: Final Phase of Rapid Reentry Program	As outlined in my message dated April 16, 2020, Governor Inslee's Proclamation 20-50 Reducing Prison Population directed Corrections to take additional measures to provide more physical distancing. As of May 4, 2020, there have been a total of 682 individuals that have transferred back to the community as a part of the COVID-19 Incarcerated Population Reduction Effort. The steps being taken create additional physical distancing and represent the latest work in the agency's diligent efforts to preserve the health of institutions and all people- staff and incarcerated individuals. The 682 individuals were within six months of their release date and were not currently incarcerated for violent or sex offenses.
05/05/20	Headquarters EOC	Disciplinary sanctions related to Commissary privileges have been lifted giving all incarcerated individuals the opportunity to participate in the quarterly food package program for the duration of the COVID-19 crisis.	
05/05/20	Headquarters EOC	Memo to Appointing Authorities: COVID-19 Mapping Guidelines Revision #2	
05/01/20	Headquarters EOC	Memo to all work release residents: Work Release Room and Board English/ Spanish	The Agency understands the implications to reentry for individuals in work release whose employment has been affected by COVID-19. Moving forward, decisions to grant room and board waivers will be based on individual circumstances and full blanket waivers will only be granted when a facility is placed on quarantine status.
05/01/20	Headquarters EOC	Memo to all Superintendents: Updated Information regarding Commissary for Individuals on	As noted in the Updated PPE Protocols for Patients on Isolation or Quarantine memorandum

		Isolation or Quarantine	distributed to All DOC Staff on April 1, 2020, incarcerated individuals on either isolation or quarantine status have the opportunity to place Commissary orders.
05/01/20	Headquarters EOC	Memo to all DOC staff: Extension of Governor Inslee's Stay Home, Stay Healthy Order	As we continue down this uncharted road, the Leadership Team and I want to express our appreciation for your flexibility and commitment to the safety of our staff, incarcerated and supervised individuals, stakeholders, and the general public.
05/01/20	Headquarters EOC	Memo to all incarcerated individuals: Establishment of Regional Care Facilities English/ Spanish	The Washington Department of Corrections (DOC) is taking deliberate steps to continue to mitigate the spread of infection to the incarcerated population, staff and general public. In the event there is a significant increase in the number of COVID-19 cases within Washington's correctional facilities, DOC requested an external agency assessment of the department's operational ability to support an overflow of incarcerated individuals who are diagnosed with COVID-19.
04/30/20	Headquarters EOC	Memo to all DOC staff: Establishment of Regional Care Facilities	The Washington Department of Corrections (DOC) is taking deliberate steps to continue to mitigate the spread of infection to the incarcerated population, staff and general public. In the event there is a significant increase in the number of COVID-19 cases within Washington's correctional facilities, DOC requested an external agency assessment of the department's operational ability to support an overflow of incarcerated individuals who are diagnosed with COVID-19.
04/30/20	Headquarters EOC	Memo to external stakeholders: Establishment of Regional Care Facilities	The Washington Department of Corrections (DOC) is taking deliberate steps to continue to mitigate the spread of infection to the incarcerated population, staff and general public. In the event there is a significant increase in the number of COVID-19 cases within Washington's correctional facilities, DOC requested an external agency assessment of the department's operational ability to support an overflow of incarcerated individuals who are diagnosed with COVID-19.
04/28/20	Headquarters EOC	Memo to incarcerated individuals: Extension of Incarcerated Individual Gratuity English/ Spanish	
04/28/20	Headquarters EOC	Brochure for incarcerated individuals: COVID-19 What You Need to Do when Releasing from a Correctional Facility to the Community English/ Spanish	
04/28/20	Headquarters EOC	Protocol for Decontamination of Keys on Isolation Units	

04/28/20	Headquarters EOC	Updated PPE Guidance version 4	This document is effective immediately 4/27/2020 and supersedes all previous PPE guidance.
04/28/20	Headquarters EOC	Memo to all DOC staff: Annual-In-Service – Online Training	Our response to COVID-19 continues to impact our daily operations, including the cancelation of our instructor led Annual-In-Service (AIS) trainings. I am pleased to announce that our Training and Development Unit (TDU) has converted the following instructor led courses to online trainings.
04/24/20	Headquarters EOC	Memo to Correctional Hearing Officers: Telephonic Hearings Policy Change and Exception in Response to COVID-19	Due to the impacts of COVID-19, the Department continues to identify processes and policy changes that will allow for effectiveness and efficiencies in assisting with providing opportunities to keep staff and those under our supervision safe and healthy.
04/24/20	Headquarters EOC	Memo to All Appointing Authorities: SharePoint Tracking Implementation for Secondary Screening	DOC is migrating the secondary screening process to a SharePoint site for improved tracking of employees as they progress through the secondary screening process. Active Screening logs will be uploaded into the SharePoint site where screeners will update the status of each employee. Information will be available for appropriate supervisors/roster manager, Human Resources, and payroll representatives from every work location. Occupational Nurses will access the site to expedite contact mapping.
04/24/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 16)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
04/24/20	Headquarters EOC	Memo to all Health Service Staff, Prison Correctional Program Managers, and Superintendents: Releasing Incarcerated Individuals from Isolation to the Community	Checklist for all appropriate steps to take prior to releasing an incarcerated individual from isolation to the community. Includes proper internal classification, Health Service, and transport notifications and communication with external Health Departments. Facility Superintendent and Chief Medical Officer will approve plan prior to release. Includes reference to proper PPE requirements.
04/24/20	Headquarters EOC	Updated PPE Guidance version 3	This document is effective immediately 4/24/2020 and supersedes all previous PPE guidance.
04/24/20	Headquarters EOC	Memo to all Superintendents and Health Services Managers: PPE Spotter Guide for Posting at Isolation and Quarantine Areas	Step-by step equipment list and guide for PPE when entering and exiting isolation and quarantine areas. Includes protocol for decontamination of keys on isolation units. To be posted inside and outside of all entry points for medical isolation and quarantine areas.
4/24/20	Headquarters EOC	The Department of Corrections has developed and approved	Objectives:

		recommendations to safely provide 14 days separation of all incoming incarcerated individuals from the currently housed population. County jail pick-ups will be reduced to every other week.	1. To separate incarcerated individuals by cohort based off day of arrival. 2. To eliminate any interaction with other incarcerated individuals. 3. To minimize movement throughout the facility doing the 14 day separation.
04/24/20	Headquarters EOC	Memo to all incarcerated individuals and all work release residents: Extension of Temporary Changes to the Public Records Act. English / Spanish	Pursuant to the Governor's Proclamation 20-28: COVID-19: Open Public Meetings Act and Public Records Act issued March 24, 2020.
04/24/20	Headquarters EOC	Memo to All DOC Staff: Mandatory LMS Training – Personal Protective Equipment	DOC has established the 04/18/2020 Proper Use of PPE for COVID-19 Video as a mandatory training through the Learning Management System course catalog. The training video demonstrates the proper donning and doffing of PPE and provides critical information regarding the importance of strict adherence to PPE protocols.
04/24/20	Headquarters EOC	WA State DOC COVID-19 Mental Health/Psychiatry Response Guideline Version 3 (April 23, 2020)	Updated to reflect changes for management of those on isolation/quarantine status who are determined to need to be placed on a suicide watch. Watches will occur in Close Observation Areas. In-Patient Unit, Negative Pressure rooms, and Restrictive Housing cells may be used if a COA cell is not available.
04/23/20	Headquarters EOC	Memo to all prisons staff: Face Covering Use by Incarcerated Individuals	Since the issuance of face covering kits to the incarcerated population statewide, there have been many questions brought forth regarding the wearing and appropriate use of the face coverings. Recognizing that various individual situations occur related to the face coverings it is not possible to cover every type of situation our staff may encounter. This memo provides additional advice on how to address issues regarding the face coverings.
04/22/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 15)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
04/22/20	Headquarters EOC	Memo to all incarcerated individuals: Phone Use for those on Medical Isolation Status English/ Spanish	Incarcerated individuals being placed into medical isolation shall be able to take personal belongings with them as appropriate, to include their address book, pen and paper, and their JPay players, in order to maintain contact with loved ones. However, we also understand that phone contact is crucial, especially in situations such as this.
04/22/20	Headquarters EOC	Memo to all Superintendents: Phone Use for those on Medical Isolation Status	Incarcerated individuals being placed into medical isolation shall be able to take personal belongings with them as appropriate, to include their address book, pen and paper, and their JPay

			players, in order to maintain contact with loved ones. However, we also understand that phone contact is crucial, especially in situations such as this.
04/21/20	Headquarters EOC	Rapid Reentry Handbook: A guide for individuals transferring from incarceration to the community in response to COVID-19 English/ Spanish	
04/18/20	Headquarters EOC	Memo to all staff: Proper Use of PPE for COVID-19 Video	As the coronavirus (COVID-19) situation continues to evolve it is critical to ensure procedures are in place to provide services as appropriate to individuals, while maintaining safe and secure environments. All staff are required to watch the PPE video and understand protection requirements to ensure safe operations
04/18/20	Headquarters EOC	Memo to: all incarcerated individuals and all work release residents: Appropriate Use of Hand Sanitizer English/ Spanish	
04/18/20	Headquarters EOC	Memo to all Community Corrections Staff: Transfer of Incarcerated Individuals to the Community	
04/18/20	Headquarters EOC	Memo to all McNeil Island Stewardship staff: Confirmed Positive Case at Special Commitment Center	
04/17/20	Headquarters EOC	Updated PPE Guidance	This document is effective immediately 4/17/2020 and supersedes all previous PPE guidance
04/17/20	Headquarters EOC	Memo to incarcerated individuals: Mandatory Use of Face Coverings (English and Spanish)	Consistent with our continued efforts to protect everyone's health, this memorandum directs the mandatory use of face coverings by incarcerated individuals in our facilities. This means you must wear a face covering any time you are outside of your cell/room. If you live in an open-bay type area, you must wear a face covering anytime you leave your assigned bunk.
04/17/20	Headquarters EOC	Memo to all Superintendents: Duty Options for High Risk Employees	
04/16/20	Headquarters EOC	Memo to all staff: Upcoming Transfer of Individuals Back to the Community	The Washington Department of Corrections is planning for the transfer of incarcerated individuals back to their communities. The goal in transferring a limited number of individuals to the community is to provide more physical distancing within the state's correctional facilities.
04/16/20	Headquarters EOC	Memo to incarcerated individuals: Use of Mandatory Savings Account English/ Spanish	
04/16/20	Headquarters EOC	Memo to incarcerated individuals: Upcoming Transfer of Individuals Back to the Community	

04/16/20	Headquarters EOC	English/ Spanish Memo to incarcerated individuals: Extension of Free Phone Calls English/ Spanish	
04/15/20	Headquarters EOC	Memo to incarcerated individuals: Additional Soap Dish Approval English/ Spanish	An exception is being granted to DOC 440.000 Personal Property for Offenders, Attachments 1 and 2, Maximum Allowable Personal Property Matrix for both Men's and Women's facilities, to allow up to two (2) soap dishes (an increase of one) for those in Minimum, Medium, and Close custody facilities.
04/15/20	Headquarters EOC and DSHS	Memo to DSHS Community Services Division, DOC Prisons Division, DOC Reentry Division: Expedited Access to Public Benefits for Incarcerated Individuals	As part of our statewide response to the COVID-19 crisis, the Department of Corrections (DOC) will begin to implement rapid reentry transfers to a portion of the prison population that meet a specified criteria. Over the coming weeks, a number of incarcerated individuals will be transferred into our communities. To ease and aid in that transition, the DSHS Community Services Division has entered into a temporary agreement with the DOC to expedite the application for public benefits programs for this group of individuals.
04/15/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 14)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
04/14/20	Headquarters EOC	Memo to all prisons staff: Personal Protective Equipment Ordering Process in Prisons	
04/14/20	Headquarters EOC	Memo to all staff: Employees at Higher Risk for Severe Illness (Proclamation)	As Secretary Sinclair shared with you in a memorandum on Friday, April 10, 2020 (attached), we are committed to supporting our employees at highest risk of serious complications from COVID-19.
04/14/20	Headquarters EOC	Memo to all staff: Revised Return to Work Process Letter	Secondary screening protocols have been in place statewide since March 21, 2020. In response to questions and to provide clarity, changes have been made to the return to work process letter provided to employees denied access to their facility
04/14/20	Headquarters EOC	Memo to all staff: Revised Return to Work Process Letter	
04/14/20	Headquarters EOC	Memo to all Appointing Authorities: Asking Active Screening Questions Verbatim	
04/14/20	Headquarters EOC	Memo to all staff: Updated DOC COVID-19 PPE Matrix	The COVID-19 situation continues to evolve. It is critical to ensure procedures are in place to provide services as appropriate to individuals, while maintaining safe and secure

			environments
04/14/20	Headquarters EOC	Memo to incarcerated individuals: New & Extended JPay Offerings English/ Spanish	DOC and JPay continue to partner to provide even more e-messaging and video visitation assistance to help you stay connected during the coming weeks.
04/13/20	Headquarters EOC	Approval for allowance for incarcerated individuals to purchase TV's and accessories for those who have active sanctions in place.	Incarcerated individuals who have commissary/property related sanction will be permitted to purchase TV and related accessories and maintain in cell.
04/14/20	Headquarters EOC	Memo to incarcerated individuals: Dental Modification to DOC Dental Services English/ Spanish	Stakeholders are encouraged to check back frequently for updates to the Dental Services Protocol as the COVID-19 situation evolves.
04/13/20	Headquarters EOC	Memo to work release residents: Work Release Room and Board. English/ Spanish	
04/13/20	Headquarters EOC	Memo to all incarcerated individuals at stand-alone and co-located camps: Increasing Abilities for Social Distancing English/ Spanish	
04/13/20	Headquarters EOC	Memo to All Superintendents: WA DOC COVID -19 Emergency Transportation Schedule	In an effort to reduce the risks specifically associated with current weekly scheduled routes, the Department is implementing an Emergency COVID-19 Facility Transportation Bus Schedule.
04/13/20	Headquarters EOC	Agency decision made to continue to compensate incarcerated individuals who work class IV jobs despite COVID related interruption.	
04/13/20	Headquarters EOC	Memo to All Prisons Staff: Increasing Abilities for Social Distancing	Prisons is working to protect our employees and incarcerated persons by decreasing the density of persons in living areas.
04/10/20	Headquarters EOC	Memo to all DOC employees: Families First Coronavirus Response Act (FFCRA) Resources DOC 03-113	The FFCRA requires certain employers, which includes state agencies, to provide employees with paid sick leave or expanded family and medical leave for specified reasons related to COVID-19.
04/13/20	Headquarters EOC	JPay notified DOC of several steps they have taken to improve the ability to accommodate the increased volume of video visitation occurring in Washington prisons.	Added 2 additional servers, increased threads on each server to improve throughput and performance, added additional engineers with expertise who have expertise in real time communication and monitoring live sessions to correct platform issues when identified.
04/10/20	Headquarters EOC	Memo to all staff: Employees at Higher Risk for Severe Illness	
04/10/20	Headquarters EOC	Memo to incarcerated individuals: DOC Response to COVID-19 Message from Health Services English/ Spanish	
04/10/20	Headquarters EOC	Memo to Appointing Authorities: Supporting Our Employees at Higher Risk Due to COVID-19	
04/10/20	MCC-MSU MCC-IMU	Sonja Hallum Office of the Governor, Joanna Carns Office of the Correction	The group toured all living units at MCC-MSU and MCC-IMU to talk with the incarcerated

		Ombuds, Representative Roger Goodman, tour MCC-Minimum Security Unit and MCC Intensive Management Unit with Superintendents Mike Obenland, Jack Warner, Dr. Kariko and Dr. Strick.	population and tier reps, discussion included concerns related to DOC COVID-19 response.
04/10/20	Headquarters EOC	Memo to Classification Counselors and Work Release Supervisors: PREA Risk Assessments	
04/10/20	Headquarters EOC	Memo to all staff: Mandatory Use of Face Coverings – ALL DOC Locations	
04/10/20	Headquarters EOC	Memo to all Superintendents and all Work Release Supervisors: Mandatory Use of Face Coverings for All Persons in DOC Facilities	
04/09/20	Headquarters EOC	Cleaning and Disinfecting Guidance	During the COVID-19 response it is essential that employees and incarcerated individuals adhere to Centers for Disease Control (CDC) cleaning and disinfecting guidelines and recognize the difference between cleaning and disinfecting surfaces.
04/09/20	Headquarters EOC	GTL phone company notified some prison facilities are experiencing technical issues with incarcerated phone lines.	GTL assessing and repairing technical issues.
04/09/20	Monroe Correctional Complex-Minimum Security Unit (MCC-MSU)	Chief Medical Officer Dr. Kariko and Infectious Control Physician Dr. Strick meeting with incarcerated population at MCC-MSU.	Discussing DOC priority response of maintaining health and welfare of incarcerated population. Discussion regarding vulnerable populations and concept of protective isolation, initiating moves to ensure the safety of vulnerable incarcerated men.
04/09/20	Headquarters EOC	Memo to Appointing Authorities: Supervisor Guidance – For Employees Absent	
04/09/20	Headquarters EOC	Additional CDC posters posted in prisons. Clean Hands: English/Spanish Coronavirus Fact Sheet: English Slow the Spread of Germs: English/Spanish	
04/09/20	Headquarters EOC	Memo to incarcerated individuals: Incarcerated Individual Gratuity – Follow Up English/ Spanish	
04/08/20	Headquarters EOC	PRESS RELEASE: Disturbance at Monroe Correctional Complex Under Control	
04/08/20	Headquarters EOC	Employee Telework Guidance Frequently Asked Questions (FAQ) v.1	
04/08/20	Headquarters EOC	Memo to All Staff: COVID-19 Mapping Guidelines	

04/08/20	Headquarters EOC	Chief Medical Officer Dr. Kariko and Infectious Control Physician Dr. Strick conducted a Skype session with MCC-MSU incarcerated population.	Question and answer session regarding COVID-19, screening, testing and DOC priority response to maintain safety of the impacted population.
04/08/20	Headquarters EOC	Memo to all Appointing Authorities: COVID-19 Mapping Guidelines	
04/07/20	Headquarters EOC	PRESS RELEASE: Additional Positive COVID-19 Tests for Incarcerated Individuals within Monroe Correctional Complex	
04/07/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 13)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
04/06/20	Headquarters EOC	Memo to Community Corrections Staff: Changes to Conditional Releases in Response to COVID-19	
04/05/20	Headquarters EOC	PRESS RELEASE: First Positive COVID-19 Test for Incarcerated Individual within Washington State Correctional Facility	
04/05/20	Headquarters EOC	Memo to all staff: First Positive COVID-19 Test for Incarcerated Individual within Washington State Correctional Facility	
04/03/20	Headquarters EOC	Memo to incarcerated individuals: Voluntary N95 Respirator General Use – English/ Spanish	
04/03/20	Headquarters EOC	Memo to all staff: Voluntary N95 Respirator General Use	
04/03/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 12)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
04/03/20	Headquarters EOC	Memo to all Superintendents: Commissary for Individuals on Isolation or Quarantine	
04/03/20	Headquarters EOC	Memo to incarcerated individuals: Commissary for Individuals on Isolation or Quarantine – English/ Spanish	
04/03/20	Headquarters EOC	COVID-19 DOC Dental Services Protocol Version 4 (April 2, 2020)	Stakeholders are encouraged to check back frequently for updates to the Dental Services Protocol as the COVID-19 situation evolves.
04/02/20	Headquarters EOC	Expansion of FMLA and Sick Leave Due to the Federal Families First Coronavirus Response Act (FFCRA)	

04/02/20	Headquarters EOC	Protocols for Transport, Property Management and Safety in Response to COVID-19	Memo to Community Corrections Staff
04/02/20	Headquarters EOC	Protocols for Transport, Property Management and Safety in Response to COVID-19	Memo to CPA/GRE/Corrections Specialists
04/01/20 03/31/20	Headquarters EOC Headquarters EOC	Updated Employee PPE Protocols for Patients on Isolation or Quarantine Active Screening – Administrative Leave Approval	
03/31/20	Headquarters EOC	Memo to all staff: Screening Follow Up	
03/30/20 03/30/20	Headquarters EOC Headquarters EOC	Memo to incarcerated individuals at work release: Money Orders English/ Spanish Memo to Appointing Authorities: Exception To Policy-Annual Leave Accruals Over 240 Hours	The purpose of this message is to inform you of an exception that has been authorized to approve leave extensions in accordance with DOC Policy 830.100 Leave and the Collective Bargaining Agreements.
03/30/20	Headquarters EOC	Memo to All Staff: Rapid Staff Hiring	The impacts of COVID-19 on our staffing levels will continue over the coming months. In an effort to mitigate staffing shortages, we are implementing an expedited hiring and training process for "Limited-Scope Correctional Officer 1" positions.
03/30/20 03/30/20	Headquarters EOC Headquarters EOC	WA State DOC COVID-19 Mental Health/Psychiatry Response Guideline Version 2 (March 26, 2020) Memo to incarcerated individuals: Money Orders - English/ Spanish	In conjunction with the Guideline for a medical response, this plan will provide support for the emotional well-being of incarcerated individuals during various levels of quarantine/isolation, if Required. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
03/30/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 11)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
03/28/20 03/27/20	Headquarters EOC Headquarters EOC	Incarcerated Patient at Snohomish County Medical Center Tests Positive for COVID-19 – English/ Spanish Temporary Changes to the Public Records Act – English/ Spanish	
03/27/20 03/27/20	Headquarter EOC Headquarters EOC	Employee PPE Protocols for Patients on Isolation or Quarantine Memo to incarcerated individuals: Temporary Prison Rape Elimination Act (PREA) Reporting and Support Services - English/ Spanish	

03/27/20	Headquarters EOC	Memo to all staff: EPA Approved COVID-19 Cleaning & Sanitizing Products	
03/27/20	Headquarters EOC	Memo to incarcerated individuals: Incarcerated Individual Gratuity – English/ Spanish	
03/27/20	Headquarters EOC	Memo to Superintendents, Local Business Advisors and CI Corporate Management Team: Incarcerated Individual Gratuity	
03/27/20	Headquarters EOC	Revised Transportation Schedule for Pierce County Jail	In response to the current COVID-19 crisis, DOC will reduce the frequency of transports to/from the Pierce County Jail.
03/27/20	Headquarters EOC	Revised Transportation Schedule for Kitsap County Jail	In response to the current COVID-19 crisis, DOC will reduce the frequency of transports to/from the Kitsap County Jail.
03/27/20	Headquarters EOC	Revised Transportation Schedule for King County Jail	In response to the current COVID-19 crisis, DOC will reduce the frequency of transports to/from the King County Jail.
03/27/20	Headquarters EOC	Memo to Superintendents: Fee-Based Indoor and Outdoor Weightlifting Program Refunds	
03/26/20	Headquarters EOC	Memo to incarcerated individuals: Fee-Based Indoor and Outdoor Weightlifting Program Refunds – English/ Spanish	
03/26/20	Headquarters EOC	Expanded list of cancelled instructor-led trainings	Update to the list of instructor-led trainings.
03/25/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 10)	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
03/25/20	Headquarters EOC	Revised Daily Bus Transportation Schedule	
03/24/20	Headquarters EOC	DOC 420.380 Drug/Alcohol Testing	Memo to incarcerated individuals
03/24/20	Headquarters EOC	Reentry Division memo about Room and Board Waiver for Work Release Residents	Memo to work release residents and staff
03/24/20	Joint Information Center	Community Corrections Division reduces some supervision in response to COVID-19	Press release
03/24/20	Headquarters EOC	MCC Facility Violator Booking and Housing Protocol	
03/24/20	Headquarters EOC	WSP Facility Violator Booking and Housing Protocol	
03/24/20	Headquarters EOC	DOC Policy 420.380 Drug/Alcohol Testing	

03/23/20	Headquarters EOC	Governor Inslee's Stay Home, Stay Healthy Proclamation	
03/23/20	Headquarters EOC	Robert Herzog, Julie Martin, Updated COVID-19 Information	Memo to incarcerated individuals
03/23/20	Headquarters EOC	Robert Herzog, Julie Martin, memo Social Distancing Protocols Amendment.	
3/23/20	Headquarters EOC	Secretary Sinclair, Implementation of Secondary Screening for Employees.	
3/23/20	Headquarters EOC	Social Distancing Protocols Amendment	
3/23/20	Headquarters EOC	Mac Pevey, memo to Criminal Justice Partners.	Community Corrections Operational Changes in Response to COVID-19.
3/23/20	Headquarters EOC	Policy Group Meeting	
3/23/20	Headquarters EOC	Command and General Staff Meeting	
3/23/20	Headquarters EOC	Operational Briefing	
03/21/20	Headquarters EOC	Memo to appointing authorities: Secondary Screening Implementation	
3/20/20	Headquarters EOC	DOC.WA.GOV updated, COVID-19 Testing Among Incarcerated Population.	
3/20/20	Headquarters EOC	Robert Herzog/Julie Martin memo, Suspension of Volunteer Services in Prisons	
3/20/20	Headquarters EOC	Robert Herzog/Julie Martin memo, Dry Cell Watch Medical Assessments	Frequency of nursing checks for individuals on dry cell watch.
3/20/20	Headquarters EOC	Robert Herzog/Julie Martin memo, Activities for Individuals on Quarantine Status.	Approved activities and associated hygiene standards.
3/20/20	Headquarters EOC	Contract employee at Peninsula Work Release confirmed positive COVID-19.	DOC Covid-19 confirmed employee cases (4) : 1 MCC 1 HQ 2 Peninsula Work Release 0 Incarcerated/supervised individuals confirmed
3/20/20	Headquarters EOC	Robert Herzog memo, Social Distancing Protocols in Prisons	To provide for the safety of staff, incarcerated individuals and the general public.
3/20/20	Headquarters EOC	Policy Group Meeting	
3/20/20	Headquarters EOC	Command and General Staff Meeting	
3/20/20	Headquarters EOC	Operational Briefing	
3/19/20	Headquarters EOC	Rob Herzog memo to all incarcerated individuals, COVID-19 updates including GTL and JPay free and	Updates on COVID-19, Health Services, Phones, and JPay information. Health Care co-pay for COVID-19 testing and treatment will be waived.

		reduced opportunities – English/ Spanish	
3/19/20	Headquarters EOC	Received new Health Services COVID-19 health screening, testing and infection control guidelines criteria (V8).	DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
3/19/20	Headquarters EOC	Rob Herzog/Julie Martin, memo to all Superintendents, regarding drug testing in prisons.	Change in prison Drug/Alcohol Testing Protocols.
3/19/20	Headquarters EOC	Rob Herzog/Julie Martin, memo regarding WCCW operations.	Change in operation regarding violator management, body scanner and dry cell watch process at WCCW.
3/19/20	Headquarters EOC	EST briefing	
3/19/20	Headquarters EOC	Robert Herzog, memo to all Superintendents and Transportation Unit Staff.	Screening and Transport sanitation expectations.
3/19/20	Headquarters EOC	Mac Pevey, memo to CCD staff operational changes in response to COVID-19.	Memo supersedes memo dated March 13, 2020 with same subject line, major changes in operations, review carefully.
3/19/20	Headquarters EOC	Secretary Sinclair, memo to all staff expanded list of cancelled instructor led trainings.	In light of COVID-19 and social distancing guidelines, the list of instructor-led trainings is expanded.
3/19/20	Headquarters EOC	Mac Pevey, memo to CCD staff clarifying drug testing protocols for Community Corrections Division.	
3/19/20	Headquarters EOC	Operational Briefing	
3/18/20	Headquarters EOC	Training and Development Administrator Jason Aldana notifies the ICP, CWC facility days are suspended effective immediately.	
3/18/20	Headquarters EOC	Secretary Sinclair memo to All Staff	Third confirmed case of COVID-19 reported by Corrections Employee, Peninsula Work Release.
3/18/20	Headquarters EOC	ISRB notifies, all release hearings scheduled in April will be completed via Skype.	
3/18/20	Headquarters EOC	EST briefing	
3/18/20	Headquarters EOC	Julie Martin, Robert Herzog memo to all Superintendents and Health Manager Staff.	COVID-19 Special Population Units Guideline, all facility infirmaries, CRCC Sage Unit and AHCC K Unit (55+ older)
3/18/20	Headquarters EOC	Executive Strategy Team decision, implementation of changes to DOC policy 420.380 Drug/Alcohol Testing (effective date 3/25/20) delayed until further notice.	
3/18/20	Headquarters EOC	Policy group meeting	

3/18/20 3/18/20	Headquarters EOC Headquarters EOC	Secretary Sinclair memo to All Staff Received new Health Services COVID-19 health screening, testing and infection control guidelines criteria (V7).	Active Screening Protocol and the use of administrative leave. DOC is in continuous communication with DOH to revise the health screening, testing and infection control guidelines. Stakeholders are encouraged to check back frequently for updates to the guidelines as the COVID-19 situation evolves.
3/18/20	Headquarters EOC	Command and General Staff meeting	
3/18/20 3/17/20	Headquarters EOC Headquarters EOC	Operational Briefing ICP receives COVID-19 DOC Mental Health Plan.	 Shared with all Superintendents. Stakeholders are encouraged to check back frequently for updates to the mental health plan as the COVID-19 situation evolves.
3/17/20 3/17/20	Headquarters EOC Headquarters EOC	Secretary Sinclair all staff memo Planning Group Meeting	All COVID-19 resources now located at DOC.WA.GOV
3/17/20	Headquarters EOC	EST briefing	
3/17/20	Headquarters EOC	ICP receives COVID-19 DOC Dental Services Protocol (v2). Shared revised criteria with all healthcare staff and Appointing Authorities.	Stakeholders are encouraged to check back frequently for updates to the Dental Services Protocol as the COVID-19 situation evolves.
3/17/20	Headquarters EOC	Thermometers in place in CCD sections 1-7 to include Work Release facilities for enhanced screening implementation.	
3/17/20	Headquarters EOC	Command and General Staff meeting	
3/17/20 3/17/20	Headquarters EOC Headquarters EOC	SEOC advises via situation report has filled 11% of resource requests from state agencies. Received new Health Services COVID-19 screening criteria (V5).	As of this writing, 802 resource requests have been received—an increase of about 112 since this time yesterday. About 11% of these requests have been Filled (on scene or completed status). The cumulative status of resource requests in the Resource Tracker (WebEOC) is as follows: Unassigned = 3 Accepted = 127 Assigned = 555 Completed = 76 In Transit = 2 On Scene = 14 Cancelled =32 Shared revised criteria with all healthcare staff and Appointing Authorities.
3/17/20	Headquarters EOC	Operational Briefing	

3/17/20	Headquarters EOC	Tacoma Community College (TCC) notification to WCCW and MCCW staff and incarcerated population cancellation of classes for the remainder of winter quarter. TCC staff will work from home (3/16-3/20).	
3/16/20	Headquarters EOC	American Behavioral Health Systems (ABHS) Spokane, notification to DOC, closure of outpatient services	
3/16/20	Headquarters EOC	COVID-19 DOC Dental Services Protocol.	
3/16/20	Headquarters EOC	Planning Meeting	
3/16/20	Headquarters EOC	EST briefing	
3/16/20	Headquarters EOC	Mac Pevey, memo to CCD staff implementation of enhanced screening process.	
3/16/20	Headquarters EOC	Susan Leavell, memo to Reentry	Operational changes, active screening.
3/16/20	Headquarters EOC	Susan Leavell, memo to Work Release Staff.	Operational changes restricting/limiting movement in the community.
3/16/20	Headquarters EOC	Robert Herzog, Julie Martin memo to all prisons, enhanced screening station implementation plan.	Prior to entry into work location all individuals must process through screening stations.
3/16/20	Headquarters EOC	Command and General Staff meeting	
3/16/20	Headquarters EOC	Susan Leavell memo to all CPR/GRE staff	Operational changes
3/16/20	Headquarters EOC	Agency briefing	New IAP and objectives shared with group.
3/15/20	Headquarters EOC	Secretary Sinclair, all staff memo	Updated Enhanced Screening: DOC response to COVID-19 March 15, 2020
3/15/20	Headquarters EOC	DOC Response to COVID-19 - March 15, 2020	Message to all incarcerated individuals
3/15/20	Headquarters EOC	Secretary Sinclair, all staff memo	Encouraging Telework for Eligible Employees
3/15/20	Headquarters EOC	Secretary Sinclair, all HQ message	Staying healthy and safe
3/15/20	Headquarters EOC	All 12 prisons have implemented the active screening process.	
3/15/20	Headquarters EOC	Active screening in place in some DOC locations where resources are available. Facilities that have not yet sourced resources will use passive screening measures until active screening resources are in place.	Reduced access points, prior to entry to work location all individuals must process though active/passive screening stations.
3/15/20	Headquarters EOC	Notification from MCC, 1 employee who was thought to be positive for	Updated employee active cases: 1 MCC

		COVID-19 has informed initial results are false positive and they do not have the COVID-19 virus.	1 HQ Those under our care: There are no confirmed cases of incarcerated or supervised individuals.
3/14/20 3/14/20	Headquarters EOC Headquarters EOC	Command and General staff meeting Organizational structure meeting	Incident Commander Danielle Armbruster Deputy Incident Commander Greg Miller Operations Section Chief Jamison Roberts Planning Section Chief Charlotte Headley Logistics Section Chief Jeff Ford Safety John Watts
3/14/20	Headquarters EOC	Notification of MCC employee positive test result for COVID-19.	
3/14/20	Headquarters EOC	I/C Armbruster approves annual in-service classes which are currently delivered as instructor-led classes, to be converted to online classes.	PREA Prison Safety Sexual Harassment for Managers EMS Suicide Prevention Verbal De-escalation for CCD
3/13/20	Headquarters EOC	ICP Receives 40 no touch thermometers for implementation of active screening of employees.	Prior to any person entering a prison, administrative office, work release facility, training center etc. active screening measures will take place as resources become available in specific locations.
3/13/20 3/13/20 3/13/20	Headquarters EOC Headquarters EOC Headquarters EOC	Notification of HQ 3rd floor employee positive test result for COVID-19. Message to all staff suspending some in-service classes Appointing Authority and HR conference call.	
3/13/20	Headquarters EOC	Request to SEOC for resources	2 boxes medium Tyvek Proshield Coveralls 2 boxes large Tyvek Proshield Coveralls 2 boxes Tyvek Proshield Coveralls 2 boxes 2xl Tyvek Proshield Coveralls Order #WA-202031317305
3/13/20	Headquarters EOC	Command and General staff meeting	Incident Commander Danielle Armbruster Deputy Incident Commander Greg Miller Operations Section Chief Jamison Roberts Planning Section Chief Charlotte Headley Logistics Section Chief Chris Welch
3/13/20	Headquarters EOC	Request to SEOC for resources	Three month supply of hand sanitizer (5031 units) Clorox Wipes (4335 units), individual Purell Wipes (4119 units) Lysol Spray (273 units). Order number WA-202031217369.
3/13/20	Headquarters EOC	Washington State Library notification temporary suspension of library services in all prisons.	"In an abundance of caution, the WSL will temporarily close the libraries at the prisons to give them time to consider plans for modified services, protecting their staff from exposures

			while still trying to assist in reducing idleness and boredom in our population."
3/13/20	Headquarters EOC	Message to prisons Appointing Authorities from Rob Herzog.	Provides additional clarification referencing contractor work that is occurring within your prisons e.g. capital projects, emergency repairs, deliveries, etc. being done by private contractors/vendors. We do not intend at this time to disrupt facility infrastructure repairs and projects (capital or minor works etc.) being completed by contractors. So if you currently have projects that are occurring or have vendors that you rely upon for a variety of services (example: porta potty service at WCC for porta potty's within the perimeter) critical to maintain continued operations you are authorized to approve that continued work/service
3/13/20	Headquarters EOC	Secretary Sinclair message to all interested parties regarding first confirmed staff case of COVID-19 MCC-WSRU.	Message individually provided to labor organizations, OCO, statewide family council, local family councils, posted for incarcerated viewing, shared at local levels with red badge volunteers.
3/13/20	Headquarters EOC	Mac Pevey provides Community Corrections Division (CCD) message to all CCD staff.	Suspension of all DOC staff facilitated offender change groups statewide. This suspension includes all Thinking 4 Change (T4C) and Sex Offender Treatment (SOTAP) groups. It is the expectation that facilitators and therapists contact the participants and inform them of the suspension of programming.
3/13/20	Headquarters EOC	Message to OCO	Notification of suspending visitation at all correctional facilities in Washington, including extended family visits (EFV). Corrections has authorized reimbursement for families scheduled for EFVs; restricting access for all individuals, with the exception of employees/contract staff and legal professionals, to the Monroe Correctional Complex, Washington Corrections Center and Washington Corrections Center for Women; and suspending all tours and events involving four or more outside guests at all facilities.
3/13/20	Headquarters EOC	Operations briefing	
3/12/20	Headquarters EOC	Communication to employees, visitors, incarcerated population, Statewide Family Council, Ombuds office, Legislators, and media suspending visitation at all correctional facilities in Washington, including extended family visits (EFV). Corrections has authorized reimbursement for families scheduled for EFVs; Restricting access for all individuals, with the exception of employees/contract staff and legal	

		professionals, to the Monroe Correctional Complex, Washington Corrections Center and Washington Corrections Center for Women; and suspending all tours and events involving four or more outside guests at all facilities.	
3/12/20	Headquarters EOC	General Staff meeting	
3/12/20	Headquarters EOC	Governor Inslee press conference	All K-12 schools King, Pierce and Snohomish Counties cancelled through April 24, 2020
3/12/20	Headquarters EOC	All staff message published	
3/12//20	Headquarters EOC	Policy group meeting	
3/12//20 3/12//20	Headquarters EOC Headquarters EOC	Notification to ICP, WCCW Close Custody Unit (CCU) placed on quarantine, one incarcerated individual presenting symptoms, isolated from CCU. Notification of MCC employee positive test result for COVID-19.	
3/12/20	Headquarters EOC	Logistics Section Chief sources vendor, Tenspros.com for 96 infrared ear and forehead thermometers.	Jim Ronnse Health Services reviews and approves sourced thermometer.
3/12/20	Headquarters EOC	Request placed with SEOC for thermometer resources.	Request # 202031212446
3/12/20	Headquarters EOC	Logistics placed order with GoVetsDirect.com for 80 no touch thermometers, for active screening.	Order cancelled by vendor, out of stock.
3/12/20	Headquarters EOC	Open ICP's in prisons at noon today	
3/12/20	Headquarters EOC	Conference call facility Superintendents	Activate Incident Command Post (ICP) at each prison, one ICP for Work/Training Release, and one ICP for CCD hours of operation Monday thru Friday 0800-1700.
3/12/20 3/12/20	WCCW Headquarters EOC	ICP open at WCCW, Close Custody Unit (CCU) on isolation, and one incarcerated person symptomatic, awaiting test results. CCD strategy meeting	Lt. Simons Incident Commander Danielle Armbruster, Kristine Skipworth, Mac Pevey, Jamison Roberts, Greg Miller, Charlotte Headley, Tom Fithian.
3/12/20	Headquarters EOC	Morning briefing	Review of objectives, significant events, situation tracking, and section chiefs' report out, initiate action group.
3/11/20 3/11/20	Headquarters EOC Secretary's office Communications Meeting	Agency briefing Set expectation for regular staff messaging to occur by 10am Tuesdays and Thursdays	Command and General Staff Steve Sinclair, Danielle Armbruster, Julie Martin
3/11/20	Headquarters EOC	Logistics placed order with The Smart Shop for 80 no touch thermometers, for active screening.	Order cancelled by vendor, out of stock.
3/11/20	Secretary's office	Governor's policy group call	Steve Sinclair, Danielle Armbruster, Greg Miller

3/11/20	Headquarters EOC	Sent DOH educational flyers to all divisions for posting in public areas to provide additional communication regarding common preventative measures everyone can take.	Susan Biller
3/11/20	Headquarters EOC	Logistics placed order with Amazon.com for 80 no touch thermometers, for active screening.	Order cancelled by vendor, out of stock.
3/11/20	Headquarters EOC	Received new Health Services COVID-19 screening criteria (V4).	Shared revised criteria with all healthcare staff and Appointing Authorities
3/11/20	Headquarters EOC	Executive Strategy Team briefing	Command and General Staff
3/10/20	Headquarters EOC	Agency briefing	Command and General Staff
03/10/20	Headquarters EOC	Finalized Incident Action Plan, revised objectives.	Command and General Staff
3/10/20	Department of Health	Greg Miller meeting with DOH	Incident management, identify future resource needs.
3/10/20	Headquarters EOC	Briefing with Appointing Authorities and Human Resource Manager	Conference call
3/10/20	Secretary's Office	Interagency meeting to discuss 24 hour operation agencies and consensus moving forward. DCYF, DSHS, DVA, OFM.	Steve Sinclair, Danielle Armbruster, Charlotte Headley
03/10/20	Policy Group	Policy group decisions regarding large group events, meetings, training, active and passive screening.	All staff message to be published 3/12/20
03/10/20	Headquarters EOC	Executive Strategy Team (EST) briefing	EST, Command and General Staff, planning group.
3/9/20	Headquarters EOC	Provided response to Senate Republican Caucus "is DOC doing any testing upon entry to Shelton/Purdy and then upon transfer to other facilities? What kind of testing capacity does DOC have, is DOC implementing preventative measures?"	PIO Janelle Guthrie provided response via email approved by IC Danielle Armbruster
3/9/20	Headquarters EOC	EOC briefed on the status of all regional and county jails. DOC is currently able to manage the violators within existing systems and existing beds.	
3/9/20	Headquarters EOC	Updated WA DOC COVID-19 screening, testing and infection control guidelines provided to health services staff and superintendents. Health services provides ICP with updated medical screening criteria (V3).	
3/9/20	Headquarters EOC	Communication via email to all facilities directing all negative pressure rooms to be reserved for medical purposes only. Any patients currently housed in negative pressure rooms should be relocated.	All Superintendents, all Health Services Facility, Medical Directors.

3/6/20	Headquarters EOC	Conducted conference call with all appointing authorities and Human Resource managers	Shared operational and workplace guidance in response to Novel Coronavirus document from OFM
3/6/20	Headquarters EOC	Strategy for Grand Mound Thurston County meeting 3/7/20 finalized with Jeremy Barclay, DOH representative will attend to respond to COVID 19 related questions at community meeting.	
3/6/20	Headquarters EOC	Published memo to incarcerated population regarding agency direction to follow routine flu precautions and report if you are feeling ill – English/ Spanish	
3/6/20 3/6/20	Correctional Industries Headquarters EOC	Submitted food service, manufacturing and commissary plan to planning team. Updated WA DOC COVID-19 screening, testing and infection control guidelines provided to health services staff and superintendents. Health services provides ICP with updated medical screening criteria version 2.	
3/6/20	Headquarters EOC	EOC provides clear direction to Prisons regarding visit program operations.	Provided visit staff with 3 screening questions to ask visitors/volunteers prior to entry into prisons as well as criteria of when to deny entrance of a visitor/volunteer.
3/6/20	Headquarters EOC	Communicated CCD Violator transport directive.	
3/6/20 3/6/20	Headquarters EOC Headquarters EOC	Provided updated agency pandemic health plan and checklists to all Divisions EOC will continue to respond to questions sent to doccovid19@doc.wa.gov throughout the weekend. ICP will activate over the weekend if a confirmed case of an employee or incarcerated person occurs.	
3/6/20	Headquarters EOC	All staff message sent	
3/5/20	Located at Headquarters EOC	Established Department Of Corrections Incident Command Post to respond to all Department issues related to COVID-19.	Incident Commander Danielle Armbruster Deputy Incident Commander Greg Miller Operations Section Chief Jamison Roberts Planning Section Chief Charlotte Headley Logistics Section Chief Chris Welch
3/5/20	All Health Services Staff	Sent out memo to all Health Services Staff providing updates on communications process and guidelines for WA DOC COVID-19 screening, testing and infection control guidelines	
3/5/20	Located at Headquarters EOC	Health Services team provides ICP with medical screening criteria. Conference call with all facility medical directors.	

3/5/20	CCD all Sections	Surgical masks are being purchased in each CCD section for transporting sick to incarceration placements.	
3/5/20	Prisons	Established and published facility violator intake, housing and release plan for use in all prisons.	
3/5/20	Headquarters	Communication sent to incarcerated population via kiosk, regarding agency direction to follow routine flu precautions and report if you are feeling ill.	
3/5/20	Headquarters	Conducted conference call with all prison Superintendents	
3/4/20	Headquarters	Established a question and answer mailbox for staff to communicate with any COVID-19 related questions.	DOCCOVID19@doc.wa.gov
3/4/20	Statewide Family Council	Tom Fithian sent message to the Statewide Family Council regarding DOC's response to COVID-19 and asking their assistance in not visiting if they are feeling ill.	
3/4/20	Office of Correctional Ombuds	Tom Fithian sent a message to the Office of the Ombuds regarding DOC's response to COVID-19	
3/4/20	Public website	Posted web site notification on doc.wa.gov pages for alerts and on each facility home page asking visitors not to visit if they show symptoms and announcing screening process	
3/4/20	Facility Superintendents, Field Supervisors, and Work Release Supervisors.	Tom Fithian sent message to the Superintendents, Kristine Skipworth, Carrie Trogden-Oster regarding authorization of hand sanitizer.	
3/4/20	All Staff	Secretary message to all staff regarding the establishment of the COVID-19 outlook mailbox for staff questions, concerns, and/or information requests you or your staff have regarding correctional operations, policies, and procedures related to the COVID-19 response.	
3/3/20	Headquarters	Established a work group/task force for COVID-19.	Representatives from the Department Incident Management team, Human Resources, Works Release, Community Corrections, Prisons, and Infectious disease control.
3/3/20	Superintendent, Field Office Supervisors, Work Release Supervisors	Sent out email to all facility Superintendents, Field Supervisors, and Work Release supervisors requesting a point of contact.	POC's will be responsible for disseminating and collecting information. All have responded and POC's have been established.

3/3/20	POC's	Sent email with a template for updating their Pandemic Plans.	Plan are due by close of business 3/5/20. Plan includes staffing models, contingency planning, quarantine areas, etc.
3/3/20	Headquarters	Began working on updating the DOC Public Health Pandemic Plan.	
3/3/20 3/3/20	Headquarters Headquarters	Updated Public Health Pandemic Plan checklists to attach to the Plan. Convened work group to create enhanced medical inmate process.	
3/3/20	Headquarters	Staff began working on a tracking form for all facilities, field offices, and work releases, to track staff call ins due to flu like symptoms, as well as any staff who are on quarantine.	The form has been created and is waiting for approval to be sent out to facilities, Work Release, and Field offices.
3/2/20 2/28/20	All Staff Headquarters	Secretary message to all staff regarding the activation of the Incident Command System, reminding them of universal precautions and the policies the agency already has in place regarding communicable diseases. Tom Fithian assigned to lead team for advanced contingency planning for COVID19 response.	 Renee Swenson, Justin Schlagel, Candace Germeau, Susan Biller, Kaci Thomas deployed to HQ.
2/27/20	DOH, DOC	DOC staff joins DOH for staff briefing re: isolation site at Maple Lane	
2/20/20 2/14/20	All Staff All Staff	Secretary message to all staff regarding steps the Department of Corrections (DOC) has taken in order to assist the Department of Health (DOH) in their state response to COVID-19 (previously referred to as Novel Coronavirus). Updated internal message from Health Services regarding Novel Coronavirus	
2/09/20 1/24/20	DOC HQ EOC All staff	Established Headquarters EOC to support SEMD and DOH COVID-19 response. Internal message from Health Services explaining Novel Coronavirus	Responded to request to deploy DOC resources

EXHIBIT 3

NO. 54629-9-II

COURT OF APPEALS, DIVISION II
OF THE STATE OF WASHINGTON

In re the Personal Restraint Petition of: ROBERT R. WILLIAMS, Petitioner.	DECLARATION OF DR. FRANK LONGANO

I, FRANK LONGANO, M.D., make the following declaration:

1. I have knowledge of the facts herein, am over eighteen years of age, and am competent to testify to such facts. I am not a party to this case.

2. I am a medical doctor licensed to practice medicine in the State of Washington since 2008. I have been Board Certified in Internal Medicine. I graduated from Ohio University in 1996 with a degree in Microbiology. I attended graduate school at Northwestern University in Chicago, Illinois, earning a Master of Science in Biotechnology in 1997. I received my Medical Degree from Case Western Reserve in 2004.

3. Currently, I am the Deputy Chief Medical Officer for the Washington Department of Corrections (Department or DOC). Prior to this position, I was a Physician at the Washington Corrections Center in Shelton, Washington. I have been a DOC staff physician since August 2008. In my position, I have access to incarcerated patients' medical records kept in the

Exhibit 3

ordinary course of business and I review them as needed to carry out my duties.

4. Since the beginning of the COVID-19 outbreak in Washington State, I have worked closely with DOC Health Services staff, including the DOC Chief Medical Officer and Infectious Disease Physician, to create policies and procedures to guide DOC's clinical and operational response to this novel virus. Part of my role involves monitoring the incarcerated patients that test positive for COVID-19 and ensuring that DOC provides appropriate medical care and triage in the various care settings we have available. This can involve transferring patients between units within a facility, or transferring them to a different facility in which they can receive appropriate care. If an individual requires care beyond what is possible in our DOC facilities, the individual is transferred to a community hospital for treatment.

5. I am familiar with Robert Williams, DOC #722679, because he is an incarcerated individual who tested positive for COVID-19. I have reviewed his medical records and have spoken to his providers about his current status. He is 77 years-old. Prior to his positive COVID-19 test, Mr. Williams was housed at Coyote Ridge Corrections Center. His records indicate a number of medical issues, including Type II diabetes, a past stroke, high blood pressure, decreased visual acuity, and right sided weakness, among others. He is also dependent on a wheelchair, though

recent records prior to his COVID-19 diagnosis indicate that he was able to propel himself independently at least for short distances.

6. Mr. Williams was previously housed in the Sage Unit at Coyote Ridge, which is an assisted living unit housing elderly and/or infirm residents who need this higher level of assistance and care. In June 2019, Mr. Williams returned to general population. Prior to his COVID-19 diagnosis, it was recommended that Mr. Williams be considered for a return to the Sage Unit based on some recent difficulty with activities of daily living (ADL). Mr. Williams' records indicate a history of being non-compliant and refusing to take his medications, though recent compliance appeared to be good.

7. On June 8, 2020, Mr. Williams exhibited his first symptom of possible COVID-19, which in his case was diarrhea. A true and correct copy of the medical chart note documenting this is included as Attachment A. The next day, Mr. Williams was transferred from Coyote Ridge Corrections Center to a community hospital. He was tested at the hospital for COVID-19 on June 9, 2020, and tested positive. Prior to June 8, 2020, Mr. Williams' medical records do not reflect any COVID-19 symptoms and he had not sent a medical kite (i.e., written message) to Health Services since 2019. It is hard to know for sure when Mr. Williams contracted COVID-19, but it should have been within the 14 days prior to the onset of his symptoms and placement in isolation.

8. According to his hospital discharge summary, at the time Mr. Williams was admitted to hospital, he was septic with a high fever and a fast heartrate. His records do not describe that he was symptomatic otherwise. His oxygen level was not low when he was admitted, but he seems to have developed a low oxygen level while in the hospital. His records indicate he was treated with one to two liters of oxygen, which is a relatively low amount for a patient with an acute respiratory condition. He was treated fairly aggressively with antibiotics, steroids, and Plaquenil (hydroxychloroquine). He also received fluids for kidney failure, which had probably resulted from the diarrhea and becoming dehydrated. His discharge summary indicates that the kidney failure resolved prior to his discharge. A true and correct copy of Mr. Williams' hospital discharge summary is included as Attachment B.

9. On June 16, 2020, Mr. Williams discharged from the community hospital and transferred to the Airway Heights Corrections Center in Airway Heights, Washington. He is being housed in the Airway Heights infirmary. The infirmary is similar to a medical surgical ("med surg") floor in a hospital, though generally with patients at a lower acuity level. Patients in the infirmary need to be in an inpatient setting, but do not need continuous cardiac or pulmonary monitoring. They may receive IV fluids or antibiotics, and they may receive supplemental oxygen. The infirmary has nursing staff caring for patients 24 hours a day, seven days a

week, and assess patients' status and care needs every shift and as needed. There are physicians, physician assistants, and nurse practitioners that assess and treat patients during the week. Every facility and infirmary has an on-call medical practitioner, including a backup consulting physician, available at all other times for consultations and care as needed.

10. Mr. Williams arrived at Airway Heights with no fever and was receiving low flow supplemental oxygen. His oxygenation improved overnight and by the morning of June 17, 2020, he no longer required supplemental oxygen. He has had no respiratory distress or fever since arriving at Airway Heights. Dr. Liesl Pavlic assessed Mr. Williams on the morning of June 17, 2020. A true and correct copy of this assessment is included as Attachment C.

11. Mr. Williams's hospital discharge summary indicates that his kidney failure resolved prior to his discharge. On June 17, 2020, medical staff at Airway Heights conducted additional laboratory testing on Mr. Williams' kidney function. The results indicate that his renal function remains normal. A true and correct copy of these lab results is included as Attachment D.

12. Since arriving at Airway Heights, Mr. Williams has required three different levels of physical care. When he first arrived, he needed two-person assistance for basic tasks such as using the bathroom or getting into bed. He then indicated that he could do these ADLs on his own, but after

observing him, staff determined that he should have one person assisting him with these tasks. Based on these physical care needs, Mr. Williams will stay in the infirmary where he can receive assistance with ADLs if needed. The Regional Care Facility at Airway Heights cannot accommodate Mr. Williams' physical needs, though he could receive adequate medical care in that setting.

13. Currently, it is anticipated that his long-term care plan will involve placement in the Sage Unit or K Unit (at Airway Heights), or another setting in which he can receive physical assistance. The Department has implemented special precautions in Sage Unit and K Unit to protect the special populations housed in those units. The special precautions include limiting staff permitted to enter the units, mandatory hand washing and PPE usage by staff, and separate dining procedures. To date there have been no COVID-19 cases within the Sage Unit or K Unit. Additionally, given the recent COVID-19 outbreak at CRCC, the Department recently tested all Sage Unit residents, and all tests returned negative for COVID-19. The Department has tested staff for the Sage Unit as well, but we do not yet have the results of those tests. Sage Unit staff testing will continue on a regular basis.

14. Based on the date of his first symptoms and testing, as of the date of signature, Mr. Williams is on roughly Day 9 of his COVID-19 infection. Although we are still learning a lot about this new disease, our

experience has shown that the first 10-14 days are the critical period for determining the severity of someone's infection and expected recovery. Mr. Williams appears to be improving clinically at this point, and we believe that if he continues to improve over the next 5 days he will be at low risk for severe COVID-19 disease. He will continue to receive care and treatment appropriate to his medical needs in accordance with DOC policy. This includes transferring Mr. Williams to an outside hospital again if necessary. Mr. Williams will remain in a medical isolation setting appropriate to the level of medical care he requires for 14 days after he becomes asymptomatic, then will be transferred to a post-isolation convalescent setting for another 7 days prior to his return to a general population unit.

I declare under penalty of perjury under the laws of Washington State that the foregoing is true and correct to the best of my knowledge.

EXECUTED this 18th day of June, 2020, at Tumwater, Washington.

FRANK LONGANO, M.D.
DOC Deputy Chief Medical Officer

Attachment A

DATE (m/d/yy)	TIME (24-hr)	FACILITY
6-8-20	1330	CRCC

☐ Risks/benefits of recommended intervention explained; patient consents	PLAN / RX (Dx required for medication orders. Allergies required for new medication orders)
Ilm assessed for c/o diarrhea. Stated hx of same x 3 days and no appetite. Stated only using choc muffins + Glucerna. Denies pain. N/V chills, cough, sore throat. abd. Pleasant. rEllott LPN	V. Elliott, LPN4

WILLIAMS, ROBERT
722679

DATE (m/d/yy)	TIME (24-hr)	FACILITY

☐ Risks/benefits of recommended intervention explained; patient consents	PLAN / RX (Dx required for medication orders. Allergies required for new medication orders)

WILLIAMS, ROBERT
722679
10/20/1942

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

Attachment B

Williams, Robert R (MR # 60001705164) DOB: 10/20/1942Admission Date: 06/09/2020, Discharge Date: 06/16/2020

Williams, Robert R

722679 MRN: 60001705164

David Roy M Evangelista, MD
Physician
Hospitalist

Discharge Summary
Signed

Date of Service: 06/16/20 0839
Creation Time: 06/16/20 0839

KADLEC

Hospitalist Discharge Summary

Patient: Robert R Williams **DOB:** **MRN: 60001705164**

Date of Admission: 6/9/2020

Date of Discharge: 6/16/2020

HEALTH SERVICES UNIT
JUN 18 2020
AHCC

Discharging Provider: David Roy M Evangelista, MD

Discharge Diagnoses:

Principal Problem:
COVID-19
Active Problems:
HTN (hypertension)
Resolved Problems:
ARF (acute renal failure)
Dehydration
Sepsis

Procedures Performed:

Chief Complaint:

Fever (9 Weeks To 74 Years) and Diarrhea (Adult)

Hospital Course:

Robert R Williams is a 77 y.o. male inmate of Coyote Ridge correctional facility with past medical history significant for chronic back pain, depression, type 2 diabetes mellitus, GERD, hyperlipidemia, history of stroke, history of seizures but not on seizure medication who was admitted on 6/9/2020 with 2 days of diarrhea but no abdominal pain fever and stable vital signs, COV ID testing was positive noted to have AK I on admission labs, glyburide and metformin were held patient was hydrated, patient hospital course notable for increasing oxygen requirement peak about 4 L by nasal cannula and now down to 0 L/min at room air, patient has been on 5-day course of Plaquenil, had to be started on IV steroids for increased O2 need with the patient improving significantly, patient continued to have decreasing O2 need, continues to be afebrile continues to eat well, acute kidney injury resolved, patient is discharged back to correctional facility.

Discharge Exam and Data:

Vital Signs:
BP 137/67 | Pulse 79 | Temp 36.7 °C (98.1 °F) (Oral) | Resp 18 | Ht 1.753 m (5' 9") | Wt 75.8 kg (167 lb) | SpO2 96% | BMI 24.66 kg/m²

Attachment B

Physical Exam

General Appearance: Alert, cooperative, no distress, appears stated age
Head: Normocephalic, without obvious abnormality, atraumatic
Eyes: PERRL, conjunctiva/corneas clear, EOM's intact,
Ears: Normal external ear canals, both ears
Nose: Nares normal, septum midline, mucosa normal, no drainage or sinus tenderness
Throat: Lips, mucosa, and tongue normal; teeth and gums normal
Neck: Supple, symmetrical, trachea midline, no adenopathy; thyroid: No enlargement/tenderness/nodules; no carotid bruit or JVD
Back: Symmetric, no curvature, ROM normal, no CVA tenderness
Lungs: Clear to auscultation bilaterally, respirations unlabored
Chest wall: No tenderness or deformity
Heart: Regular rate and rhythm, S1 and S2 normal, no murmur, rub or gallop
Abdomen: Soft, non-tender, bowel sounds active all four quadrants, no masses, no organomegaly

Extremities: Extremities normal, atraumatic, no cyanosis or edema
Pulses: 2+ and symmetric all extremities
Skin: Skin color, texture, turgor normal, no rashes or lesions
Lymph nodes: Cervical, supraclavicular, and axillary nodes normal
Neurologic: CNII-XII intact. Normal strength, sensation and reflexes throughout

Recent Labs

Recent Labs

Lab	06/16/20 0617
WBC	11.23*
HGB	10.8*
HCT	33.3*
PLT	366

Recent Labs

Lab	06/16/20 0617
NA	141
K	4.1
CL	107
CO2	28
BUN	22
CALCIUM	8.7

Recent Labs

Lab	06/09/20 1515
INR	1.0

No results for input(s): BEART in the last 168 hours.

Recent Labs

Lab	06/09/20 1515
INR	1.0

PTT	34*

Recent Radiology Results

Xr Chest Ap Portable

Result Date: 6/14/2020
CHEST PORTABLE ONE VIEW CLINICAL INFORMATION: worsening hypoxia COMPARISON: XR CHEST AP PORTABLE (6/9/2020); XR CHEST PA AND LATERAL (3/29/2020); FINDINGS: The heart and mediastinal contour are unremarkable. The lungs are incompletely expanded. Patchy, hazy, multifocal bilateral opacities have increased since the prior exam. No definite pneumothorax or pleural effusion is present. No acute bony abnormalities are present.

Increasing bilateral multifocal consolidation. Signed by: Alder, M.D., C. Mark Sign Date/Time: 06/14/2020 10:24 AM

Xr Chest Ap Portable

Result Date: 6/9/2020
CHEST PORTABLE ONE VIEW CLINICAL INFORMATION: Fever and Diarrhea. COMPARISON: XR CHEST PA AND LATERAL (3/29/2020); FINDINGS: The cardiac silhouette is within normal limits. The lungs are hypoaerated. Patchy airspace opacities are seen in both lungs worse than on the prior study.

Patchy airspace opacities in both lungs concerning for multifocal pneumonia. Signed by: Kennard, M.D., Richard Sign Date/Time: 06/09/2020 3:51 PM

Outstanding Issues:

Principal Problem:
COVID-19 Sepsis-resolved, continue with high-dose prednisone to complete 10 days, continue zinc for at least 30 days. Receiving facility to continue to observe the patient for decompensation from coughing, however the patient is already past the 5 to 6 days post infection where they could get worse and his steadily improved throughout his hospitalization and patient should continue to improve.
Active Problems:
HTN (hypertension)–no need to readjust his regular blood pressure medication
For his chronic back pain the patient did well with lidocaine patch and we will continue that.
For his type 2 diabetes mellitus the patient is to continue with his previous glyburide and metformin doses he can be on a general diet.
For the rest of his chronic medical conditions he can continue with his previous medications at the same doses and frequencies.

Discharge Information:

Follow up:
Physician No
P

In 1 day
with jail doctor

Discharge Procedure Orders

Diet general

Order Specific Question	*Answer*	*Comments*
Type	Diet general	

No dressing needed

Call MD For: Temperature >100.4

Call MD For: Persistant Nausea and Vomiting

Call MD For: Difficulty Breathing, Headache Or Visual Disturbances

Call MD For: Extreme Fatigue

Call MD For: Persistant Dizziness Or Light-Headedness

Discharge Medications

New Medications

	Details
guaiFENesin-dextromethorphan 100-10 mg/5 mL syrup	Take 10 mLs by mouth every 4 hours as needed for Cough. aka: ROBITUSSIN DM
lidocaine 5% patch	Place 1 patch onto the skin Daily. Apply for 12 hours, then remove for 12 hours. aka: LIDODERM
predniSONE 10 mg tablet	10 mg tabs, 78 tabs total 78 count, 4 tabs twice daily for 3 days then 3 tabs twice daily for 4days then 2 tabs twice daily for 4 days then 1 tab twice daily for 4 days then 1/2 tabs twice daily for 4 days then 1/2 tab daily for 4 days then 1/2 tab daily every other day for 4 days then stop take with meals aka: DELTASONE
zinc sulfate 220 mg capsule	Take 1 capsule by mouth Daily.

Unchanged Medications

	Details
acetaminophen 325 mg tablet	Take 650 mg by mouth 3 times daily. aka: TYLENOL
amLODIPine 5 mg tablet	Take 5 mg by mouth Daily. aka: NORVASC
aspirin 81 MG EC tablet	Take 81 mg by mouth daily with breakfast.
atorvaSTATin 40 mg tablet	Take 40 mg by mouth nightly. aka: LIPITOR
GLUCERNA 1.0 CAL PO	Take by mouth.
glyBURIDE 1.25 MG tablet	Take 1.25 mg by mouth daily (with breakfast). aka: DIABETA
lisinopril 40 MG tablet	Take 40 mg by mouth Daily. aka: PRINIVIL,ZESTRIL
metFORMIN 500 mg tablet	Take 500 mg by mouth 2 (two) times daily with meals. aka: GLUCOPHAGE

Williams, Robert R (MR # 60001705164) DOB: 10/20/1942Admission Date: 06/09/2020, Discharge Date: 06/16/2020

	Details
omeprazole 20 mg capsule	Take 20 mg by mouth every morning before breakfast. aka: priLOSEC
tamsulosin 0.4 mg Caps	Take 0.4 mg by mouth nightly. Administer 30 minutes after the same meal each day. Capsules should be swallowed whole; do not crush, chew, or open aka: FLOMAX

Disposition: jail
Condition: Stable
Code Status: Full Code
Discharge medications reconciliation was completed by myself. I carefully reviewed all the medications with the patient. All the dosages was confirmed with the patient to the best of patient's knowledge.

I resumed most of patient's home medication after talking to the patient. I informed the patient that, If you are not taking any of those medicines or if you think that dose is not right please talk to the primary care doctor for adjustment of doses and medications. Please take all the medication to your PCP and show him what medication you are taking so that he can adjust your medications if needed.

An After Visit Summary was printed and given to the patient.
Patient verbalized understanding, agreement, and compliance with discharge plan.
Discharge took more than 35 minutes, to include final examination, discussion of admission, and preparation of prescriptions, instructions for on-going care, follow-up and documentation of discharge summary.

David Roy M Evangelista, MD
8:39 AM PDT

Electronically Signed by David Roy M Evangelista, MD on 06/16/20 1858

ED to Hosp-Admission (Discharged) Note shared with patient
on 6/9/2020 *Note shared with patient*

Williams, Robert R (MR # 60001705164) Printed by [1506909] at 6/18/20 2:53 PM

Attachment C

Department of Corrections
WASHINGTON STATE

PATIENT I.D. DATA:
(name, DOC #, birthdate)

LLIAMS, ROBERT
722679

INFIRMARY/EXTENDED OBSERVATION UNIT PROGRESS RECORD

Note: All notations must be signed by the responsible health care provider.

FACILITY: AHCC

DATE	TIME USE 24-HR CLOCK	
6-17-2020	0500	Pt still in jumpsuit. Refused nurse offer to help him Δ clothes. CS 156. Gave 2 units regular insulin. Gave pt goals 1) eat 2) Δ clothes. Pt agreed. RUE has minimal function. Pt was able to move from supine to sitting at edge of bed independently. BP 140/68 lisinopril given. Call light in reach. J. Bussell, RN
6/17/2020	930	In bed. Had mask covering eyes. Denies SOB, cough very weak p COVID pos but Report DIW said Landis PA-C. Pt was in w/c, ⊕ frequent falls, she felt good SHCF candidate and likely would need 1-person assist. The staff here will do A&P assessment. Pt is currently on RA ⊕ c/o body aches, sore throat. Seems to be slightly weaker ~~worse~~ than baseline but other than that doing well. RAWR
6/17/20	0945	Pt laying in bed. Pt c/o left side of lower back pain. Pt voiding amber clear urine. Pt able to sit at edge of bed independently. ~~Pt vitals BP 126/86 P87 R18 T98.1 °F~~ error 28. Pt vitals BP 122/62 P98 R18 T98.1°F O2 95%. Pt labs drawn without difficulties. Will continue to monitor pt status. Zoe Beedle, LPN 228
6/17/20	1608	Pt VSS - T-99.1 Pt wrapped up in Blankets BP 122/72 P-98 R-16 95% RA LSCTA c/o Little cough and 5/10 pain on Back Pt refused PRN, Pt has had no BM since Admit at 1610 on 6/16/20, Pt CS-147 Urinal emptied 375 ml Yellow/Clear, Pt requested Religious material, Kite given, WCTM S. Aranda S. Aranda, RN2

State law and/or federal regulations prohibit disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

Attachment C

Attachment D

(800) 700-6891
BEND (541) 385-1837
BOISE (208) 375-2350
PENDLETON (541) 278-4730
SEATTLE (206) 623-3814

Patient Name: **WILLIAMS, ROBERT**
DOB: 7y M
Dr: LIESL PAVLIC
Mail stop: I-WEB

Accession: 6-60540
Request: AGF5073
ID: 722679
SSN:

Client: AIRWAY HEIGHTS CORRECTIONS
Collected: Jun 17, 2020 09:30 PST
Accessioned: Jun 18, 2020 01:51 PST
Completed: Jun 18, 2020 12:05 PST
Hrs Fast: N/G

THIS IS A COMPLETED REPORT

COMPREHENSIVE METABOLIC PANEL

WILLIAMS, ROBERT 6-60540

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
SODIUM	**144 H**	**132-143**	**meq/L**	**AA**	CARBON DIOXIDE	27	19-31	meq/L	AA
POTASSIUM	**3.3 L**	**3.6-5.1**	**meq/L**	**AA**	ANION GAP	15.3	7-21		AA
CHLORIDE	105	95-112	meq/L	AA					
GLUCOSE	**204 H**	**70-100**	**mg/dL**	**AA**	GFR ESTIMATION	75		ml/min	AA
UREA NITROGEN	20	6-23	mg/dL	AA	BUN/CREAT.RATIO	20.6	6.0-28.6		AA
CREATININE, SERUM	0.97	0.70-1.18	mg/dL	AA	CALCIUM	8.5	8.5-10.3	mg/dL	AA
AST(SGOT)	**55 H**	**13-39**	**U/L**	**AA**	**PROTEIN**	**5.9 L**	**6.0-8.3**	**g/dL**	**AA**
ALT(SGPT)	**60 H**	**7-52**	**U/L**	**AA**	**ALBUMIN**	**2.9 L**	**3.5-5.0**	**g/dl**	**AA**
ALKALINE PHOS	76	31-120	U/L	AA	GLOBULIN	3.0	1.8-3.5	g/dl	AA
BILIRUBIN, TOTAL	0.4	0.0-1.2	mg/dL	AA	**A/G RATIO**	**1.0 L**	**1.1-2.4**	-	**AA**

ESTIMATED GFR Reference Range:
GFR = Less than 60: Chronic Kidney Disease, if found over a 3 month period.
GFR = Less than 15: Kidney Failure.
For African Americans, multiply the calculated GFR by 1.21.
GFR calculation is not valid for patients under age 18 years.
For patients over age 70 please interpret results with caution as results have not been validated for this calculation method

Please Note:Total Protein Reference range change as of 5/21/2018.
Please Note: Calcium reference range change as of 7/19/2018.

TSH, 3rd GEN.

WILLIAMS, ROBERT 6-60540

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
TSH, 3rd GEN.	2.84	0.270-4.20	uIU/ml	AA					

Biotin in specimens taken from patients on high-dose biotin therapy or supplements may intefere with this test and cause inaccurate test results. It is recommended that for patients receiving therapy with high biotin doses (> 5 mg/day), no laboratory test specimen should be collected until at least 8 hours after the last biotin administration.

CBC w/ANC

WILLIAMS, ROBERT 6-60540

TEST	VALUE	REF. RANGE	UNITS	LC	TEST	VALUE	REF. RANGE	UNITS	LC
WBC	8.7	4.5-11.0	K/ul	AA	MCV	89.7	81-99	fl	AA
RBC	**3.89 L**	**4.3-5.7**	**M/ul**	**AA**	RDW	14.6	10.5-15.0	%	AA
HEMOGLOBIN	**11.1 L**	**13.5-18.0**	**g/dl**	**AA**	MCH	29	27-33	pg	AA
HEMATOCRIT	**34.9 L**	**41-50**	**%**	**AA**	MCHC	32	30-36	g/dL	AA
PLATELET COUNT	440	140-440	K/ul	AA					
NEUTROPHILS	**81.9 H**	**39-80**	**%**	**AA**	EOSINOPHILS	0.2	0-6	%	AA
BANDS	0	0-7	%	AA	BASOPHILS	0.6	0-2	%	AA
LYMPHOCYTES	**9.9 L**	**24-44**	**%**	**AA**	OTHER	0	0	%	AA
MONOCYTES	7.4	0-12	%	AA					
NEUT, ABSOLUTE	**7.13 H**	**2.0-6.9**	**K/ul**	**AA**	EOS, ABSOLUTE	0.02	0.0-0.7	K/ul	AA
BAND, ABSOLUTE	0.00	0.0-0.6	K/ul	AA	BASO, ABSOLUTE	0.05	0.0-0.2	K/ul	AA
LYMPH, ABSOLUTE	0.86	0.6-3.4	K/ul	AA	OTHER, ABSOLUTE	0.00	0.0		AA
MONO, ABSOLUTE	0.64	0.0-1.1	K/ul	AA					

LABORATORY TESTING WORK CENTER CODES

AA
IP PENDLETON 1
2460 SW Perkins Ave
PO BOX 1208
PENDLETON, OR 97801
(541) 278-4730

Attachment D

6/18/2020

CORRECTIONS DIVISION ATTORNEY GENERAL'S OFFICE

June 19, 2020 - 4:41 PM

Transmittal Information

Filed with Court:	Court of Appeals Division II
Appellate Court Case Number:	54629-9
Appellate Court Case Title:	Personal Restraint Petition of Robert R. Williams
Superior Court Case Number:	07-1-03073-7

The following documents have been uploaded:

- 546299_Personal_Restraint_Petition_20200619164057D2514350_1806.pdf
  This File Contains:
  Personal Restraint Petition - Response to PRP/PSP
  The Original File Name was Response.pdf

A copy of the uploaded files will be sent to:

- jackiem@uw.edu
- kaylanl@uw.edu
- tim.lang@atg.wa.gov

Comments:

Sender Name: Cherrie Melby - Email: CherrieK@atg.wa.gov
Filing on Behalf of: Haley Christine Beach - Email: haley.beach@atg.wa.gov (Alternate Email:)

Address:
Washington State Attorney General, Corrections Division
P.O. Box 40116
Olympia, WA, 98504-0116
Phone: (360) 586-1445

Note: The Filing Id is 20200619164057D2514350