

FILED
Court of Appeals
Division II
State of Washington
11/6/2020 1:37 PM

IN THE WASHINGTON STATE COURT OF APPEALS
DIVISION TWO

STATE OF WASHINGTON,	)	No. [REDACTED]
)	
Respondent,	)	MOTION TO MODIFY
	)	DENIAL OF RENEWED
v.	)	MOTION FOR
	)	CONDITIONAL RELEASE
[REDACTED]	)	PENDING APPEAL AND
	)	ORDER AFFIRMING
Appellant.	)	TRIAL COURT'S RULING
	)	DENYING CONDITIONAL
	)	RELEASE

I. IDENTITY OF PARTY AND RELIEF SOUGHT

[REDACTED] asks this Court to modify the commissioner's ruling issued on November 3, 2020. The ruling denied [REDACTED] renewed request that this Court order his sentence stayed pending resolution of his appeal and set conditions of release or bond. The ruling also denied [REDACTED] request for remand for a new hearing in the trial court.

II. FACTUAL BACKGROUND

- a. *After the trial court denied [REDACTED] request for conditional release pending resolution of his appeal, this Court remanded for a new hearing.*

The facts of [REDACTED] appeal are outlined in detail in his opening brief, filed on September 16, 2020. Br. of App. at 8-16. In short, [REDACTED] was convicted of three counts of "theft" based on funds that

Melvin Mesick freely paid, loaned, or gave ██████ Based on aggravating factors, the court imposed an exceptional sentence upward of 10 years' confinement.

In April 2020, appellate counsel filed a motion in the trial court seeking a stay and conditional release pending resolution of the appeal. ██████ argued this was appropriate primarily for three reasons. First, ██████ was not a danger to the community. He is appealing convictions for theft, a non-violent offense, and his criminal history consists of non-violent offenses. Second, ██████ who is incarcerated at the Monroe Correctional Complex, is at an increased risk of death or serious illness from COVID-19 due to his health, age, and status as an African-American male. Inmates and staff at the facility have tested positive for COVID-19. Third, ██████ has a home to reside at and a supportive wife, where he could stay safe.

The prosecution opposed ██████ request.

On May 1, the trial court denied ██████ request. App. at 1-2. The Court found that a stay was inappropriate, concluding that (1) ██████ posed a serious risk to the safety of members of the community if he were released; and (2) a stay of the sentence would create significant delay and this delay will unduly diminish the deterrent effect of the punishment. App. at 1-2. As for ██████ argument that a stay was

appropriate given the unique circumstances created by the pandemic to [REDACTED] health, the trial court concluded this did not matter. App. at 3. Recharacterizing [REDACTED] argument as being that his confinement violated the state and federal constitutions, the court concluded that [REDACTED] [REDACTED] had not proved that Washington State was failing in its constitutional duty to provide for [REDACTED] safety and welfare. App. at 3

[REDACTED] filed an emergency motion in this Court seeking to stay the judgment and for review of the trial court's decision pursuant to RAP 8.2(b). The State opposed [REDACTED] request. On June 8, 2020, Commissioner Schmidt denied [REDACTED] motion. App. at 4. [REDACTED] filed a motion to modify.

On August 13, 2020, this Court issued an order granting [REDACTED] [REDACTED] motion to modify the commissioner's ruling and remanding to the Superior Court:

This matter having come on regularly before this court upon the appellant's motion to modify the commissioner's ruling denying bail. After consideration, it is hereby

ORDERED that the motion to modify is granted. In addition, we remand to the Pierce County Superior Court to hold a hearing to determine whether bail and conditional release should be set pursuant to RCW 9.94A.585(3), RCW 9.95.02, RCW 10.73.040, and other applicable rules and statutes pending the resolution of the appeal.

The hearing shall occur within 14 days of this order, unless, upon motion of a party, the Superior Court finds good cause to continue the hearing. The bases for continuing the hearing shall be articulated on the record. In no event shall the hearing be continued longer than 28 days unless excused by order of this court or the Washington State Supreme Court.

App. at 5.

b. The Superior Court refused to comply with this Court's order, ruling it had "no legal authority" to "overrule" its previous order.

Appellate counsel quickly arranged for a hearing in the superior court. Judge Jerry Costello, who had presided over [REDACTED] trial and heard the previous motion, was out on recess and would not return within the two-week period. For this reason, the matter was set for a hearing before Judge Gerald Johnson on August 26, 2020.

Judge Johnson immediately expressed confusion on why this matter was being remanded, sending an email to this Court. App. at 8 (FF 7), 13. Appellate counsel emailed Judge Johnson a copy of [REDACTED] motion to modify, which this Court had granted, to provide clarification. App. at 111.

On August 18, 2020, [REDACTED] filed a memorandum in support of his request. Supp. CP __. The memo recounted the history of case, provided argument on why the trial court should grant conditional release,

and proposed conditions of release. [REDACTED] submitted evidence in support. This included a signed declaration from [REDACTED], [REDACTED] wife, who agreed that [REDACTED] could stay with her at home. App. at 18-20. It also included a copy of a report from the Office of the Corrections Ombuds regarding COVID-19 in the prisons. App. at 100-110.

On August 24, 2020, the State filed a supplemental memorandum opposing [REDACTED] request. Supp. CP __ (8/24/20). The State contended that this Court had remanded the case because the trial court had not held a live “hearing” on [REDACTED] initial motion. Id. at p. 2. [REDACTED] however, had not argued remand was appropriate for this reason in his motions to this Court. The State invited the trial court to defer to Judge Costello’s order denying [REDACTED] request, arguing that the purpose of the hearing was to review Judge Costello’s order, rather than hold a new hearing. See id. at p. 8-12 (arguing the appellate “abuse of discretion” standard; that the “trial court applied the correct standard”; that the “trial court’s ruling was well within its discretion”; that “the trial court

already determined by a preponderance of the evidence that [Mr.] ██████ poses a serious risk to the community if he is released”).¹

Counsel for both sides, along with ██████ himself, appeared remotely by Zoom on August 26, 2020. RP 4.²

Counsel for ██████ began by stating that Judge Johnson was presiding over “a new hearing.” RP 4. He recounted “that the Court of Appeals overturned” the trial court’s “previous ruling denying ██████ motion for release, and that there should be no deference owed towards” the trial court’s “ruling issued by Judge Costello.” RP 4.

Judge Johnson disagreed. RP 5-9. Counsel explained the procedural history of the case, but Judge Johnson remained unconvinced. RP 6-9. Although standards of appellate review are ordinarily not applied by trial courts,³ Judge Johnson reasoned that if the Court of Appeals had wanted a de novo hearing, “[i]t would say that, if that’s what they mean.

¹ In other words, if Judge Costello had been available, the State’s apparent position would have been that the purpose of the hearing was for him to review his own order.

² The transcript from the August 26, 2020 hearing will be cited as “RP.”

³ See State v. Sinrud, 200 Wn. App. 643, 651, 403 P.3d 96 (2017) (“fashioning a jury instruction based on an appellate court’s sufficiency holding effectively replaces the jury standard with the lesser appellate standard”).

The words ‘de novo’ are not mysteries to the Court of Appeals.” RP 9. Judge Johnson stated it did not have “authority to overrule another Superior Court judge.” RP 9. The Court asked, “What is it I’m supposed to do here.” 9.

Counsel explained that Judge Johnson would not be overruling another trial court judge, rather he would simply be complying “with a Court of Appeals order.” RP 10. He reiterated [REDACTED] position that this was a new hearing and that the court was obliged to comply with the Court of Appeals order. RP 10.

After hearing from the State, Judge Johnson expressed more confusion. RP 14. He noted that that it was especially confusing because “the Court of Appeals has full authority to [grant conditional release] themselves. They don’t need a Superior Court to do this.” RP 14.

Judge Johnson then stated it was precluded from considering additional evidence, reasoning the case had already been decided:

The case has been decided. There’s no motion for reconsideration, and now you’re supplying additional evidence. What authority do you have to supply additional evidence now -- go back to defense counsel -- after the case has been decided, the order has not been reversed, there’s no motion for reconsideration before me. Point me to a law, a rule anywhere that allows you to provide additional evidence at this stage.

RP 15. Counsel reiterated [REDACTED] position that the remand was for a new hearing and that all evidence should be considered, not merely the evidence from months earlier:

MR. LECHICH: Your Honor, the Court of Appeals does not remand for a fruitless endeavor. We are not here for no reason.

I would submit that this is an order overturning Judge Costello's order. And I believe -- I don't know how else we can read this order or what the Court of Appeals is doing by remanding this case, if not for a de novo hearing based on the evidence here.

COVID [presents] changing circumstances. The circumstances change from day to day. The Court of Appeals is generally a court of review, not a [court of] first view, so they reasonably could have wanted this Court to weigh in.

RP 15.

The prosecutor disagreed: "I don't agree that this is a new hearing and that we're starting over again," and contended that "Judge Costello's order stands." RP 18.

Notwithstanding its position that it lacked authority to grant [REDACTED] request, Judge Johnson ultimately heard substantive argument from [REDACTED] on why conditional release was appropriate. RP 18-24, 33-63. The trial court also heard from the State. RP 24-32.

Judge Johnson denied [REDACTED] request, ruling that it lacked authority grant the request:

[T]his Court does not have authority to overrule Judge Costello. He was not reversed. There was no motion to reconsider. There's a substantial amount of new evidence now that has been presented that was never presented to him. There's been no motion to include additional evidence. There's no Rule 60 motion being made at all here. So the procedural issue of this case is a bit of a quagmire, to say the least.

RP 38. The court further ruled the "additional evidence should not be allowed and should be stricken. That is the ruling of this Court as well."

RP 39.

Still, the court went on to rule in the alternative that [REDACTED] motion should be denied on the substance. RP 39-42. Notwithstanding that [REDACTED] offense was nonviolent and that his criminal history consists of nonviolent offenses, Judge Johnson concluded that [REDACTED] presented an intolerable "safety risk." RP 39-40. Judge Johnson reasoned there was a "real serious concern" of "vigilantism" by the people and they might "take care of the resolution in this cases [sic] by violence" against [REDACTED]

I do find that this defendant does pose a safety risk to the public.

Let me give you some context about that. You do the kinds of things that this person has been convicted of repeatedly over and over again with vulnerable people,

sooner or later a family is going to get doggone angry and something very serious is going to happen.

Now, he may not be the one that causes necessarily directly the violent reaction, but somewhere, some way along the line there is a safety risk because, indeed, people have had enough and they will not tolerate any further.

It also poses a safety risk in the sense that if this Court is not going to be a court that stands up and says that's enough, then vigilantism is going to be a real serious concern, particularly in times of a pandemic. If there's no court that's going to take responsibility, then who is, is kind of the point. And that's going to be the public. And people will take care of the violence -- take care of the resolution in this cases by violence. So he does pose a danger to the safety of the person and the community if the judgement is stayed. I'd certainly agree with that analysis.

RP 39-40 (emphasis added).

On August 28, 2020, the trial court entered written findings of fact and conclusions of law that conformed to its oral rulings. App. at 6-16.

Following completion of the transcription of the hearing on September 24,

██████ filed a renewed motion in this Court on October 2, seeking conditional release pending resolution of his appeal. Alternatively, he requested a new hearing in the trial court on the issue because the trial court failed to abide by this Court's remand order and did not give fair consideration of the matter.

On November 2, 2020, the State filed an answer opposing ██████ motion. The next day, Commissioner Schmidt issued a brief order denying ██████ motion. App. at 17.

III. ARGUMENT

██████ renews his request that this Court exercise its authority under RCW 9.94A.585(3) and order a stay of his sentence pending appeal. Alternatively, reversal and the granting of ██████ request is appropriate under RAP 8.2(b).

If not, because the trial court failed to abide by this Court's ruling and fairly consider ██████ request on the merits, this Court should remand for a new hearing.

- 1. As a 54-year-old African-American male with high blood pressure and other health conditions, ██████ is at a high risk of death or serious illness from COVID-19. ██████ incarceration at the Monroe Correctional Complex creates a significant risk to his wellbeing that can be substantially mitigated by his release.*

Washington remains in the throes of a pandemic from COVID-19. As of November 6, 2020, in the United States there have been over 9.6 million reported cases and over 235,000 reported deaths caused by the disease.⁴ In Washington, there have been over 118,000 reported cases and over 2,500 deaths.⁵ On November 3, Washington set a daily record for COVID-19 cases with 1,469 infections.⁶ The Department of Health

⁴ <https://www.nytimes.com/interactive/2020/us/coronavirus-us-cases.html#states> (last accessed November 6, 2020).

⁵ Id.

recently issued a statement, stating that it continues “to be extremely concerned about the increasing spread of COVID-19 in our state and are actively discussing additional measures we may need to take to better control the pandemic in Washington.”⁷

Should ██████ contract COVID-19, he may become seriously ill or even die. ██████ is 54. App. at 18. According to the Department of Corrections’ guide, those who are “[a]ged 50 years or older” “should be considered at high risk.”⁸ App. at 79. The guide notes that the “National Institute of Corrections recognizes that incarcerated population ages 50 and above are considered elderly.” App. at 79 n.**. As our Supreme Court has recognized, “The current widely reported medical evidence suggests that the COVID-19 risks of serious complications or death are highest for offenders over age 50 and those with certain preexisting medical conditions, but it can also be serious for younger people and those in good health.” Colvin v. Inslee, 195 Wn.2d 879, 885, 467 P.3d 953 (2020) (emphasis added).

⁶ <https://www.seattletimes.com/seattle-news/health/washington-sets-record-for-daily-coronavirus-cases/> (last accessed November 6, 2020)

⁷ Id.

⁸ Available at: <https://www.doc.wa.gov/corrections/covid-19/docs/screening-testing-infection-control-guideline.pdf> (last accessed November 6, 2020).

Consistent with this understanding, healthcare staff from the Department have identified [REDACTED] as being at an increased risk from COVID-19. App. at 18, 22-23. In addition to his age, he suffers from high blood pressure and takes medications to address this condition. App. at 18. Having high blood pressure increases the odds of having worse symptoms or dying from COVID-19.⁹ [REDACTED] has medical complications from past injuries and suffers from joint pain and severe foot problems. App. at 18. He has extensive dental care and eye-care needs. App. at 18. Among other medications, he takes pain medications. App. at 18. [REDACTED] is also an African-American male. App. at 18. African-Americans have suffered disproportionately from COVID-19.¹⁰

In sum, [REDACTED] health, age, and status as an African-American male place him at a high risk from COVID-19.

“As of November 5, 2020, the Washington Department of Corrections has 208 confirmed cases of staff and 8 contract staff with

⁹ <https://www.webmd.com/lung/coronavirus-high-blood-pressure#1> (last accessed November 6, 2020)

¹⁰ <https://www.npr.org/sections/health-shots/2020/04/18/835563340/whos-hit-hardest-by-covid-19-why-obesity-stress-and-race-all-matter> (last accessed November 6, 2020)

COVID-19 and 531 incarcerated individuals with COVID-19.” App. at 33.¹¹

██████████ is incarcerated at the Monroe Correction Complex-WA State Reformatory. Due to his incarceration, ██████████ risk of contracting COVID-19 is substantially increased. Since the pandemic began, 64 incarcerated individuals and 25 staff members at the Monroe Correctional Complex have tested positive for COVID-19. App. at 26-28.¹² Tragically, a corrections officer at the Monroe Correctional Complex died from COVID-19.¹³ App. 28.

The outbreaks of COVID-19 at Coyote Ridge Corrections Center and Washington State Penitentiary are a stark reminders that the danger from COVID-19 has not passed. Due to an outbreak, there have been 234 confirmed cases for inmates along with two tragic deaths at Coyote Ridge.

¹¹ Department of Corrections, Coronavirus/COVID-19 PLAN, Significant Events Timeline, available at <https://www.doc.wa.gov/news/2020/docs/daily-situation-report.pdf> (last accessed November 6, 2020)

¹² For updated data, see <https://www.doc.wa.gov/corrections/covid-19/data.htm#confirmed> (last accessed November 6, 2020)

¹³ <https://www.kiro7.com/news/local/departments-corrections-officer-dies-covid-19/S62PL3YXURERRL4XUIVZU3473Q/> (last accessed November 6, 2020).

App. 26. There have also been 93 confirmed cases among the staff at Coyote Ridge. App. at 28. Due to that outbreak, conditions at the facility deteriorated, resulting in “a petri dish of inhumane conditions” according to a nurse who worked at the facility.¹⁴ As for Washington State Penitentiary, there have been 157 cases for inmates and 23 cases for staff. App. at 26-28.

Most recently, there have been outbreaks at work-release facilities. 32 residents at the Bishop Lewis Work Release facility in Seattle tested positive, which is over half its residents.¹⁵ App. at 26. 16 residents in the Progress House Work Release in Tacoma have tested positive.¹⁶ App. at 27.

Recognizing the dire situation at Coyote Ridge, the Court of Appeals, Division Three, issued an order granting release pending appeal and setting conditions in State v. Almaguer, No. 36995-1-III. App. at 115-119. Julian Almaguer was serving a sentence of 26 months for forgery.

¹⁴ Maggie Quinlan, “Nurse at Coyote Ridge prison describes ‘petri dish’ of ‘inhumane conditions,’” Spokesman Review (Aug. 15, 2020), available at: <https://www.spokesman.com/stories/2020/aug/14/nurse-at-coyote-ridge-prison-describes-petri-dish/> (last accessed November 5, 2020).

¹⁵ <https://www.spokesman.com/stories/2020/nov/03/49-seattle-work-release-facility-residents-have-co/> (last accessed November 5, 2020).

¹⁶ Id.

App. at 116. In granting Mr. Almaguer's request for release over the State's opposition, this Court recognized the danger posed by COVID-19 to Mr. Almaguer while in prison:

In March 2020, the Governor Jay Inslee began issuing emergency proclamations designed to limit the spread of COVID-19. Mr. Almaguer is 45-years-old and a diabetic. As such, he is at increased risk of harm from COVID-19. The realities of the prison environment make preventing the transmission of COVID-19 difficult. The facility at which Mr. Almaguer has been housed has had an outbreak of COVID-19 among its inmates and staff members. It does not appear Mr. Almaguer has been exposed to COVID-19, but an individual adjacent to his cell has been quarantined due to possible exposure.

App. at 117.

Here, the evidence likewise establishes that [REDACTED] conditions of confinement increase the risk of him contracting COVID-19. App. at 18. It is overcrowded and there is virtually no social distancing. App. at 18. Consistent with [REDACTED] declaration, the Washington Supreme Court has recognized that concerns about conditions in prison and COVID-19 "are legitimate and well founded." Colvin, 195 Wn.2d at 885. "Prisons are not designed to easily accommodate social distancing." Id. at 886. Likewise, a report from the Corrections Ombuds recounts, "COVID-19 poses a particular risk to people incarcerated within correctional facilities due to confined living spaces, overcrowded populations, and group movements." App. at 101.

Similar to Mr. Almaguer, [REDACTED] is at an increased risk of seriousness illness or death from COVID-19 due his age, health, and status as an African-American male.

[REDACTED] is married and has a supportive wife. [REDACTED] can live with his wife during the pendency of the appeal. App. at 18, 20. In Almaguer, the Court of Appeals found the fact of having a spouse and a place to stay weighed in favor of granting release pending appeal. App. at 117.

2. This Court should exercise its authority under RCW 9.94A.585(3) and order that a stay be granted while [REDACTED] appeal is pending.

“Pending review of the sentence, the sentencing court or the court of appeals may order the defendant confined or placed on conditional release, including bond.” RCW 9.94A.585(3) (emphasis added). By its plain language, this provision grants this Court authority to order [REDACTED] [REDACTED] release pending review. State v. Portomene, No. 81264-5-I, 2020 WL 2114633, at *3 (Wash. Ct. App. Apr. 29, 2020) (unpublished)¹⁷; see RAP 8.2(a) (“The conditions under which a defendant in a criminal case or a juvenile in a juvenile offense proceeding may be released pending review, or may obtain a stay of execution of sentence, are set forth in the

¹⁷ Cited for persuasive authority. GR 14.1.

criminal rules, juvenile court rules, and in statutes.") (emphasis added). In fact, this Court in Almaguer granted conditional release "[p]ursuant to RCW 9.94A.585(3)." App. at 118.

As the Court of Appeals did in Almaguer, it is appropriate take into account the risk to [REDACTED] from COVID-19 in consideration of a stay. App. at 117. Similarly, as the Massachusetts Supreme Court has reasoned, "[i]n these extraordinary times, a judge deciding whether to grant a stay should consider not only the risk to others if the defendant were to be released and reoffend, but also the health risk to the defendant if the defendant were to remain in custody." Christie v. Commonwealth, 484 Mass. 397, 401, 142 N.E.3d 55 (2020). "In evaluating this risk, a judge should consider both the general risk associated with preventing COVID-19 transmission and minimizing its spread in correctional institutions to inmates and prison staff and the specific risk to the defendant, in view of his or her age and existing medical conditions, that would heighten the chance of death or serious illness if the defendant were to contract the virus." Id. at 401-02.

Here, [REDACTED] is at high risk of serious illness or death from COVID-19. COVID-19 has infected staff members and inmates at the Monroe Correctional Complex. A serious outbreak is possible, like the one that occurred at Coyote Ridge, Washington State Penitentiary, or the work

release facilities. Contrary to the trial court's ruling, [REDACTED] is not a danger to anyone's safety. As Mr. Mesick, the purported victim of the "thefts" testified at trial, [REDACTED] "obviously is not a dangerous person." He's never been threatening, physically or anything to me." 11/6/19 RP 488-89 (emphasis added). Consistent with Mr. Mesick's opinion, [REDACTED] criminal history concerns non-violent offenses. CP 265-278. And [REDACTED] has a place to stay with his wife in Pierce County. If he disobeys a condition of release, he would again be confined. Granting [REDACTED] release will significantly reduce the risk from COVID-19 to his health.

In rejecting [REDACTED] request to this Court for conditional release, Commissioner Schmidt reasoned that Mr. "[REDACTED] case is unlike that in Almaguer, in that [Mr.] [REDACTED] does not present evidence that his medical condition places him at particular risk of contracting Covid while in DOC custody." App. at 17 (emphasis added). But COVID-19 is highly contagious for everyone. It is especially contagious for those imprisoned, like [REDACTED]

As for the risk to [REDACTED] health and life should he contract COVID-19, [REDACTED] submitted evidence that he is at a high risk of serious illness or death should he contract COVID-19. That evidence was outlined earlier. It includes [REDACTED] declaration and documentation

from the Department identifying [REDACTED] at an increased risk. App. 18, 21-25.

Moreover, contrary to the Commissioner's suggestions, Mr. Almaguer did not have a medical condition that placed him at a particular risk of contracting COVID-19. Mr. Almaguer, who is younger than [REDACTED] [REDACTED] had diabetes, which placed him at an increased risk of harm from COVID-19. App. at 117.

Also in support of its ruling rejecting [REDACTED] motion, Commissioner Schmidt reasoned that, "as the trial court found, the financial well-being of the public would be placed in danger if [REDACTED] is released pending appeal." App. at 17. The trial court did not so find. The findings entered by the trial court do not state this. App. 9-10. Rather, as explained in greater detail below in the section explaining why the trial court erred in denying [REDACTED] request, the trial court reasoned that *the public* was a danger to [REDACTED] and therefore release was not warranted. RP 39-40. Further, if released, any risk that [REDACTED] will commit a crime that impacts the financial well-being of the public is minimal and does not outweigh the danger to his life posed from COVID-19 while imprisoned.

Release of [REDACTED] is also in the public interest because the more people that are incarcerated in a facility, the greater the risk of

spreading COVID-19, which results in more cases and deaths. The more people in a facility, the more likely an inmate or staff member is likely to contract or transfer COVID-19. This increases the risk that a staff member may become infected and transfer the virus to the public. This is part of the reason why the governor and the Department took action to reduce the inmate population in Washington prisons by ordering early release for several groups of inmates. See In re Pers. Restraint of Pauley, 13 Wn. App. 2d 292, 304-05, 466 P.3d 245 (2020).

Further, [REDACTED] arguments on appeal weigh heavily in favor of granting him conditional release. In support of reversal of the convictions, [REDACTED] contends in his opening brief that (1) the evidence was insufficient to convict [REDACTED] of either a theft by “taking” or a theft by “deception”; (2) insufficient evidence on just one of these alternative means requires reversal of all of three convictions because it results in a violation of [REDACTED] right to jury unanimity; (3) insufficient evidence supports the valuation element on the first degree theft conviction (count one); (4) the information was constitutionally deficient for failure to include the essential element of common plan or scheme; and (5) the to-convict instructions omitted the essential element of common scheme or plan, also constitutional error. [REDACTED] further

argues (6) the three convictions violate the prohibition against double jeopardy and that one only one conviction is permissible.

As argued in the brief, [REDACTED] argument on the second point is especially strong. The money that [REDACTED] purportedly “wrongfully obtained” was freely paid, loaned, or given to [REDACTED]. The State’s theory that a theft by taking occurs if a person violates some ancillary law, such as a community custody condition forbidding [REDACTED] from engaging in landscaping work, has no basis in law. Br. of App. at 19-21. The State’s theory means that a person who does labor in violation of some ancillary law, like a child who sells lemonade, is guilty of theft. Br. of App. at 20. Even assuming there is sufficient evidence to support a theft by deception theory, insufficient evidence on the theft by taking theory will require reversal because it results in a violation of [REDACTED] right to jury unanimity. Br. of App. at 26-27; State v. Woodlyn, 188 Wn.2d 157, 162, 392 P.3d 1062 (2017).

In the alternative to reversal of his convictions, [REDACTED] presents several strong arguments on why the exceptional sentence cannot stand. This includes (1) the trial court failed to enter written findings of fact and conclusions of law; (2) the evidence was insufficient to support the particular vulnerability aggravator; (3) the major economic offense aggravator finding must be overturned because of a unanimity violation;

(4) the major economic aggravator cannot be used to support the exceptional sentence because it is redundant with a conviction for an aggregated theft, as here; (5) one of grounds found by the court requires a jury finding that is absent; and (6) one the grounds found by the court is inapplicable because it requires multiple current convictions and under double jeopardy principles there is only properly one conviction.

Neither Commissioner Schmidt nor the prosecutor addressed whether [REDACTED] contention that his arguments on appeal are meritorious.¹⁸

In sum, [REDACTED] arguments on appeal weigh in favor of granting a stay and conditional release because there is good chance of success on appeal. Like this Court did in Almaguer, this Court should exercise its authority under RCW 9.94A.585(3) and order [REDACTED] conditional release.

3. Bail and proposed conditions.

Given the circumstances regarding the pandemic and the specific facts of this case, no bail or bond should be required to secure release. If the court believes some amount is appropriate, it should be not exceed \$150,000, which was the bail amount ordered prior to trial.

¹⁸ The State's Respondent's Brief is currently due on November 16, 2020.

Appropriate conditions of release would include: that [REDACTED] (1) telephonically check in with Pierce County Office of Pre-Trial Services on a weekly basis unless otherwise directed by that office or the court; (2) have no new criminal law violations; (3) maintain residence at [REDACTED]; (4) appear at all court hearings requiring the appearance of [REDACTED] If a ruling or decision by the appellate court affirms the conviction and sentence or dismisses the appeal, and no further court dates are issued, [REDACTED] shall report to serve the remainder of his term of incarceration within 30 days of issuance of the appellate mandate, as directed by the State, the court or the Department of Corrections; (5) no contact with Mr. Mesick; and (6) comply with all COVID-19 directives issued by the state or local authorities applicable to the county of residence. See App. at 118-19 (setting out these conditions in releasing Mr. Almaguer).

4. Alternatively, this Court should reverse the trial court's order refusing to stay the sentence, and remand for a new hearing.

A trial court has authority to stay a sentence, including granting an appeal bond. RAP 7.2(f); CrR 3.2(h). Whether to grant a stay is discretionary. State v. Johnson, 105 Wn.2d 92, 96, 711 P.2d 1017 (1986).

In this case, this Court remanded to the Superior Court to hold a hearing to determine whether bail and conditional release should be set

pursuant to the various statutes and court rules. Inexplicably, both the State and the trial court took the position that this was not a remand for a “new” hearing. The trial court further concluded that it lacked authority to “overrule” its previous decision entered by Judge Costello. And notwithstanding the passage of time, the court reasoned it could not consider additional evidence and struck ██████████ submitted evidence.

The trial court’s reading of this Court’s order was fundamentally unsound and contrary to precedent. When an appellate court remands for further proceedings, the trial court must follow the court’s specific holdings and directions. Bank of Am., N.A. v. Owens, 177 Wn. App. 181, 189, 311 P.3d 594 (2013). This is the law of the case doctrine. Under this doctrine, “once there is an appellate holding enunciating a principle of law, that holding will be followed in later stages of the same litigation.”

Id.

That this Court did not expressly remand for a “new” hearing does not mean one was not ordered. For example, when an appellate court does not expressly state that a new trial is required on remand, that does not mean one is not required. Elliott v. Peterson, 92 Wn.2d 586, 588, 599 P.2d 1282 (1979) (“While the opinion of this court . . . did not expressly order a new trial, this was its intent and import.”). Indeed, when an appellate court “reverses a judgment and makes no final disposition of the case, the usual

procedure contemplated is a new trial.” State v. Jones, 148 Wn.2d 719, 722, 62 P.3d 887 (2003) (quoting Elliott, 92 Wn.2d at 588). “This is true when it is fairly apparent from the court’s discussion of the case that the cause is remanded with that object in view.” Id.

Likewise, the only reasonable interpretation of this Court’s remand order is that the trial court would give fresh consideration to [REDACTED] request of conditional release. The procedural history makes that eminently clear. The trial court denied [REDACTED] initial request for conditional release. [REDACTED] sought this Court’s review and reversal. After Commissioner Schmidt denied [REDACTED] motion, a panel of judges modified that ruling and ordered remand. The idea that this Court’s order was completely ineffectual is unreasonable. This Court remanded for a reason. Otherwise, this Court would not have modified Commissioner Schmidt’s original ruling denying [REDACTED] motion seeking conditional release. The reasonable reading of this Court’s order is that it remanded for a new hearing on the issue of conditional release. Consequently, the trial court’s failure to hold a new hearing on the issue of conditional release pending appeal was error. Owens, 177 Wn. App. at 189-90. Remand for a new hearing is required. Lest there be any further confusion, the Court should explicitly instruct that the hearing is a new hearing and that the evidentiary record is open to new evidence.

In denying ██████ motion, Commissioner Schmidt reasoned the court “conducted a hearing as ordered by this court.” App. at 17. But this was not the type of hearing contemplated by this Court in its order remanding. The trial court ruled it did not have authority to grant ██████ request. Much of the “hearing” consisted of a discussion of this Court’s remand order. RP 5-18. The court struck ██████ “additional” evidence from the record. RP 38-39.

In its answer to ██████ motion, the State takes the position that “this Court remanded for the trial court ‘to hold a hearing’ because a hearing had never taken place.” Answer at 7 n.5. This Court’s order does not state this. And while ██████ previously pointed out that the trial court originally had not held a live hearing or heard oral argument on ██████ request for conditional release, this was not the argument in support of remand. In any event, the State’s view supports ██████ contention that the hearing on remand was a new hearing, open to consideration of new evidence.

But rather than take that position, the State took the position that the trial court lacked authority to grant ██████ request. In other words, the State’s position appears to be that this Court remanded for a moot “hearing” to address academic arguments. This Court plainly did not intend to waste the time of the trial judge, court staff, defense counsel, the

prosecutor, [REDACTED] and others. The State's position should not be well-taken.

Notwithstanding its ruling that it lacked authority to grant [REDACTED] request or to consider his evidence, the trial court reasoned that it would have rejected [REDACTED] request on the merits. The court's ruling misapplied the law and is not supported by the evidence.

The court ruled that RCW 9.95.062(1) precluded release. This statute reads:

Notwithstanding CrR 3.2 or RAP 7.2, an appeal by a defendant in a criminal action shall not stay the execution of the judgment of conviction, if the court determines by a preponderance of the evidence that:

- (a) The defendant is likely to flee or to pose a danger to the safety of any other person or the community if the judgment is stayed; or
- (b) The delay resulting from the stay will unduly diminish the deterrent effect of the punishment; or
- (c) A stay of the judgment will cause unreasonable trauma to the victims of the crime or their families; or
- (d) The defendant has not undertaken to the extent of the defendant's financial ability to pay the financial obligations under the judgment or has not posted an adequate performance bond to assure payment.

RCW 9.95.062(1). The court ruled that prongs (a), (b), and (c) were established by a preponderance of the evidence.

On prong (a), the trial court did not state that the evidence showed that [REDACTED] would likely flee. To the contrary, [REDACTED] life is grounded in Pierce County. He has a home and wife who live there. He is not a danger to anyone. As Mr. Mesick testified at trial, [REDACTED] “obviously is not a dangerous person.” 11/6/19 RP 488-89.

Rather, the court reasoned [REDACTED] posed a danger to the safety of the community if he was released because there was a risk of that *the public* would perpetrate violence against [REDACTED] in the form of vigilante justice. RP 39-40. The idea that the people of Washington are going to lynch [REDACTED] an African-American, for the crime of theft (let alone any crime!) is patently offensive and beneath the dignity of the Superior Court. Setting aside the shocking nature of the theory, it is unsupported by the evidence. And, in any event, prong (a) is concerned with the risk that *the defendant* poses to the community, not the risk that *the public* poses to the defendant. Were it otherwise, mob rule would be the law. The law does not tolerate this notion. See Brown v. Louisiana, 383 U.S. 131, 133 n.1, 86 S. Ct. 719, 15 L. Ed. 2d 637 (1966) (“Participants in an orderly demonstration in a public place are not chargeable with the danger, unprovoked except by the fact of the constitutionally protected demonstration itself, that their critics might react with disorder or violence.”).

In its answer, the State contends this Court should ignore the trial court's expressed reasoning in support of its ruling. Answer at 20. The State recounts that an oral ruling has no binding or final effect unless incorporated into a final order. But "a reviewing court may look to the trial court's oral ruling to interpret written findings and conclusions." State v. Hescok, 98 Wn. App. 600, 606, 989 P.2d 1251 (1999).

In any event, the rule recounted by the State does not mean that the appellate court must ignore whatever a trial judge utters in an oral ruling or in open court. See State v. Solis-Diaz, 187 Wn.2d 535, 539-41, 387 P.3d 703 (2017) (judge's comments at a resentencing hearing entitled the defendant to resentencing before a different judge); State v. Lemke, 7 Wn. App. 2d 23, 27-28, 434 P.3d 551 (2018) (reversing trial court's ruling rejecting a drug offender sentencing alternative because the trial judge manifested personal animosity against the defendant, calling him a "fucking addict" and "just a criminal"); State v. Black, noted at 84 Wn. App. 1055 (2014)¹⁹ (sentencing judge's discussion of race and gender comparisons as part of the reason for imposing sentence was "impermissible, presenting an appearance of bias").

¹⁹ Cited for persuasive authority. GR 14.1(a).

Concerning prong (b), the court reasoned a stay was unwarranted not merely because it would unduly diminish the deterrent effect of the punishment on [REDACTED] but that it would unduly diminish the deterrent effect that the punishment has *on others*:

And it's not just to diminish the effect of deterrent on this particular defendant. It's on the public as a whole, on people generally. If we constantly say well, you know, he's been convicted. But goodness sake, you know, we'll give him a break here for a while until we figure this thing out a little bit more. That does undermine the deterrent effect of the punishment. And not only to him, personally, but to the public as a whole. The purpose of punishment is not just for the defendant, but it's for the public to understand that we take crime very, very seriously as a court system, a judicial system. Justice takes it very, very seriously.

RP 40-41. The trial court's reasoning finds no basis in the language of RCW 9.95.062(1)(b), which address the deterrent effect to the defendant, not the public. This misinterpretation of the law is an abuse of discretion. State v. Quismundo, 164 Wn.2d 499, 504, 192 P.3d 342, 344 (2008) ("the trial court based its ruling on an erroneous view of the law and therefore abused its discretion").

Setting aside the trial court misreading of the law, the evidence did not support a finding that the deterrent effect would be "unduly" diminished by granting release.

This standard requires that the deterrent effect be "unduly" (i.e. excessively) diminished by a stay. RCW 9.95.062(1)(b). Indeed, a

conditional release would have a deterrent effect against unlawful behavior because if [REDACTED] violates the conditions of release, the stay may be revoked. Moreover, [REDACTED] is not a young man for whom punishment might ordinarily need to be immediately imposed for it to have a deterrent effect. [REDACTED] has already served part of his sentence. This punishment has a deterrent effect even if the appeal delays him from serving the full sentence (assuming he is unsuccessful in his appeal).

As for prong (c), the evidence did not prove that a stay would cause “unreasonable trauma to the victims of the crime or their families.” The prosecution did not even argue this prong. And for good reason, there was no evidence about trauma to Mr. Mesick or his family if the judgment were stayed, let alone unreasonable trauma. The trial court’s ruling was speculative and is not supported by the evidence.

For all of these reasons, the commissioner’s ruling should be modified and the trial court’s order should be reversed. If this Court declines to exercise its own authority and to order conditional release pending appeal, then this Court remand for a new and fair hearing in the trial court.

IV. CONCLUSION

[REDACTED] asks this Court to modify the commissioner’s ruling and order conditional release pending resolution of the appeal.

Alternatively, he requests remand for a new hearing in the trial court on the issue.

Respectfully submitted this 6th day of November, 2020.

A handwritten signature in blue ink, appearing to read "Richard W. Lechich".

Richard W. Lechich – WSBA #43296
Washington Appellate Project – #91052
Attorney for Appellant

Appendix

1
2
3
4
5 **IN THE SUPERIOR COURT OF WASHINGTON, COUNTY OF PIERCE**

6 STATE OF WASHINGTON,

7 Plaintiff,

8 vs.

9 [REDACTED]
10 Defendant.

Cause No: [REDACTED]

**ORDER DENYING MOTION FOR A STAY OF
SENTENCE AND FOR RELEASE**

11 The Court has considered Defendant's motion, the State's response and Defendant's reply and
12 all attachments to these documents. The Court has considered all authorities submitted, including
13 Defendant's additional authority, State v. Portomene. The Court has also considered the evidence
14 presented at trial and at Defendant's sentencing hearing.

15 The undersigned Judge has been ordered by the Presiding Judge of Pierce County Superior
16 Court to remain away from the Courthouse and to only work remotely, in an effort to ensure availability of
17 judicial officers who are free of infection from COVID 19 in the event that any judicial officers working at
18 the courthouse become infected. For this reason, and because the Court considers itself fully advised by
19 the thorough briefing of the parties, the Court now waives oral argument on Defendant's motion under
20 PCLR 7(a)(10).

21 The Court has focused on RCW 9.95.062(1), as urged by both parties. After considering the
22 evidence described above, the Court now FINDS by a preponderance of the evidence:

23 1. Defendant poses a serious risk to the safety of members of the community within the meaning
24 of RCW 9.95.062(1)(a) if he were to be released on bond or on his own recognizance.
25

1 Defendant committed felonies that caused demonstrable and substantial financial and emotional
2 harm in the present case, despite specific and direct orders from his supervising Community Corrections
3 Officer that he stay away from any landscaping "work." Defendant made concerted efforts to hide his
4 activities from his Community Corrections Officer.

5 For many years Defendant has repeatedly ignored court orders and directives of Department of
6 Corrections authorities when he is not physically incarcerated.

7 The Court has no confidence whatsoever that Defendant would follow and obey conditions of a
8 sentencing stay and conditions of release. The Court has ample grounds to believe and does believe that
9 Defendant would, at his earliest opportunity, again prey upon an elderly and vulnerable member of the
10 community. Defendant has repeatedly shown that if he is not physically incapacitated, he is pursuing
11 criminal schemes and designs.

12 2. A Stay of sentence will create significant delay and this delay will unduly diminish the deterrent
13 effect of the punishment, within the meaning of RCW 9.95.062(1)(b).

14 The evidence before the Court demonstrates that the only way to deter Defendant from
15 committing crimes is physical incarceration. Staying Defendant's sentence would deliver a message to
16 Defendant exactly opposite of what this Court intended by its judgment and sentence. An order releasing
17 Defendant would be perceived by Defendant as an acknowledgement that his convictions at trial were
18 probably without due process of law and/or his crimes were less serious than this Court tried to express
19 by its judgment and sentence.

20 Incarceration specifically deters this Defendant from continuing his criminal career. Restoring
21 Defendant's freedom, for whatever reason, will only serve to embolden Defendant to believe that he is
22 free to resume the criminal lifestyle he has continuously pursued except when he is incarcerated. Simply
23 put, Defendant has no respect for the law and for the rights of others.

1 The Court further FINDS:

2 3. Defendant has failed to prove by a preponderance of the evidence that the State of
3 Washington has failed in its constitutional duty to appropriately provide for Defendant's safety and
4 welfare. This Court is satisfied that the Department of Corrections is continuing to use all appropriate and
5 reasonable means to protect all persons committed to its custody and care. The Defendant has not
6 proved otherwise and is not entitled to any remedy.

7 Accordingly, because Defendant has failed in his proof and because of the findings made under
8 RCW 9.95.062(1), the Court now DENIES Defendant's motion. IT IS SO ORDERED.

9
10 Dated this 1st day of May, 2020.

11 
12 _____
13 Judge Jerry Costello
14
15
16
17
18
19
20
21
22
23
24
25



Washington State Court of Appeals

Division Two

950 Broadway, Suite 300, Tacoma, Washington 98402-4454

Derek Byrne, Clerk/Administrator (253) 593-2970 (253) 593-2806 (Fax)

General Orders, Calendar Dates, and General Information at <http://www.courts.wa.gov/courts> **OFFICE HOURS:** 9-12, 1-4.

November 3, 2020

Kristie Barham
Pierce County Prosecuting Attorney's Off
930 Tacoma Ave S Rm 946
Tacoma, WA 98402-2171
kristie.barham@piercecountywa.gov

Anne Elizabeth Egeler
Pierce County Prosecutor's Office
930 Tacoma Ave S Rm 946
Tacoma, WA 98402-2171
anne.egeler@piercecountywa.gov

Richard Wayne Lechich
Washington Appellate Project
1511 3rd Ave Ste 610
Seattle, WA 98101-1683
richard@washapp.org

CASE #: [REDACTED]
State of Washington, Respondent v. [REDACTED] Appellant

Counsel:

On the above date, this court entered the following notation ruling:

A RULING BY COMMISSIONER SCHMIDT:

The renewed motion for stay of sentence pending appeal is denied. The trial court did not abuse its discretion in denying a stay pending appeal under RCW 9.94A.585(3), 9.95.062 or 10.73.140. It conducted a hearing as ordered by this court. And, exercising its own authority, this court denies the motion to stay sentence under RCW 9.94A.585(3). [REDACTED] case is unlike that in *Almaguer*, in that [REDACTED] does not present evidence that his medical condition places him at particular risk of contracting Covid while in DOC custody. And as the trial court found, the financial well-being of the public would be placed in danger if [REDACTED] is released pending appeal.

Very truly yours,

Derek M. Byrne
Court Clerk

August 13, 2020

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON

DIVISION II

STATE OF WASHINGTON,

Respondent,

v.

[REDACTED]

Appellant.

No. [REDACTED]

**ORDER GRANTING MOTION TO
MODIFY COMMISSIONER'S RULING
AND REMANDING TO THE SUPERIOR
COURT**

This matter having come on regularly before this court upon the appellant's motion to modify the commissioner's ruling denying bail. After consideration, it is hereby

ORDERED that the motion to modify is granted. In addition, we remand to the Pierce County Superior Court to hold a hearing to determine whether bail and conditional release should be set pursuant to RCW 9.94A.585(3), RCW 9.95.02, RCW 10.73.040, and other applicable rules and statutes pending the resolution of the appeal.

The hearing shall occur within 14 days of this order, unless, upon motion of a party, the Superior Court finds good cause to continue the hearing. The bases for continuing the hearing shall be articulated on the record. In no event shall the hearing be continued longer than 28 days unless excused by order of this court or the Washington State Supreme Court.

IT IS SO ORDERED.

Panel: Jj. Melnick, Sutton, Cruser

FOR THE COURT:


Melnick, J.



IN THE SUPERIOR COURT
OF THE STATE OF WASHINGTON
IN AND FOR PIERCE COUNTY

STATE OF WASHINGTON,

Plaintiff,

v.

[REDACTED]

Defendant.

CAUSE NO. [REDACTED]
(COA No. [REDACTED])

FINDINGS AND ORDER DENYING
MOTION TO STAY SENTENCE
PENDING APPEAL

THIS MATTER having come on for a hearing before the Honorable Garold E. Johnson, presiding, on August 26, 2020 based on the Court of Appeals' Order Granting the Motion to Modify the Commissioner's Ruling and Remanding to the Superior Court. On August 13, 2020, the Court of Appeals remanded this matter to the Pierce County Superior Court "to hold a hearing to determine whether bail and conditional release should be set pursuant to RCW 9.94A.585(3), RCW 9.95.02, RCW 10.73.040, and other applicable rules and statutes pending the resolution of the appeal." The remand ordered that the hearing occur within 14 days.

The State of Washington was represented by Deputy Prosecuting Attorney Kristie Barham. The defendant was represented by his attorney, Richard Lechich. All parties, including the defendant, appeared in court via Zoom video conferencing. The defendant waived his presence to appear before the court in person. The court considered the pleadings

1 filed in this matter, including all pleadings and materials submitted by the parties prior to
2 Judge Costello's May 1, 2020 order, as well as the argument from counsel at the August
3 26th hearing. Being fully advised in this matter, the court sets forth the following findings
4 and order:

5 FINDINGS

6 1. Judge Jerry Costello presided over the defendant's trial and sentencing in this
7 case.

8 2. Judge Costello previously considered all briefing filed by both parties
9 regarding the defendant's motion to stay his sentence pending appeal and considered the
10 evidence presented at trial and sentencing before issuing its May 1, 2020 order denying the
11 defendant's motion to stay his sentence pending appeal.

12 3. On June 8, 2020, Court Commissioner Schmidt with Division II of the Court
13 of Appeals denied the defendant's motion to stay the sentence or for conditional release
14 pending appeal.

15 4. On August 13, 2020, the Court of Appeals entered an order granting the
16 defendant's motion to modify the Commissioner's ruling and remanded the case "to the
17 Pierce County Superior Court to hold a hearing to determine whether bail and conditional
18 release should be set pursuant to RCW 9.94A.585(3), RCW 9.95.02,¹ RCW 10.73.040, and
19 other applicable rules and statutes pending the resolution of the appeal." The Court ordered
20 that the hearing "shall occur within 14 days of this order, unless, upon motion of a party, the
21 Superior Court finds good cause to continue the hearing." The Court further ordered that the
22 hearing shall not be continued longer than 28 days without approval from an appellate court.

23 5. Judge Costello has been on recess and is not available for a hearing that would
24 comply with the Court's order to hold a hearing within 14 days.

25

¹ The court presumes that the reference to this statutory provision is a typographical error and that the Court intended to refer to RCW 9.95.062.

1
2 6. The hearing was scheduled for August 26, 2020 in the presiding judge's
3 courtroom, Judge Johnson, in order to comply with the deadline imposed by the Court.

4 7. On August 18, 2020, this court sent an email to the case manager for the Court
5 of Appeals asking for clarification of its order. Appendix 1 (Aug. 18, 2020 email from Judge
6 Johnson). This court was confused by the remand in light of the history of the case, noting
7 that Pierce County Superior Court Judge Jerry Costello presided over Mr. [REDACTED]'s trial and
8 gave a detailed analysis of the facts and law in its May 1, 2020 order denying the motion to
9 stay the sentence, which addressed the same issues in the Court's remand. *See id.* This court
10 also noted that the time for a motion for reconsideration of Judge Costello's order has long
11 passed and that it does not appear that the order was appealed. *Id.* This court indicated that
12 it will proceed in any manner required but requested clarification of the remand. On August
13 19, 2020, the Court Clerk sent a letter to the parties inviting them to file a motion if they
14 required additional clarification of the Court's order.

15 8. On May 1, 2020, Judge Costello entered an order denying the defendant's
16 motion to stay his sentence pending appeal. This order contained a detailed analysis
17 explaining the reasons for the order.

18 9. This court finds no legal basis before it that would provide legal authority for
19 this court to overrule Judge Costello's order. And no legal authority has been presented to
20 this court indicating that it has the authority to overrule Judge Costello's order. The
21 defendant never filed a motion to reconsider the order. And the remand from the Court of
22 Appeals does not reverse the previous order entered by Judge Costello. The court finds that
23 Judge Costello's order remains in effect.
24
25

1
2 10. The court finds that new evidence has been submitted to the trial court since
3 Judge Costello's ruling. The court further finds that this new evidence should be stricken
4 and not considered by this court. A ruling has previously been issued on this matter, and the
5 defendant did not file any motion with the court that would place any new evidence or
6 materials properly before the court.

7 11. The court finds that even if the court must consider the new evidence and
8 materials submitted after Judge Costello's May 1, 2020 order, it would deny the defendant's
9 motion to stay his sentence pending appeal.

10 12. The court finds that RCW 9.95.062(1) is dispositive in this case.

11 13. The court finds that the defendant has repeatedly endangered the safety of the
12 community based on his extensive criminal history and that he has a pattern of victimizing
13 vulnerable members of the community.

14 14. Pursuant to RCW 9.95.062(1)(a), the court finds by a preponderance of the
15 evidence that the defendant is likely to pose a danger to the safety of the community if his
16 sentence is stayed. This finding requires that the court "shall not stay" the defendant's
17 sentence pending appeal. RCW 9.95.062(1).

18 15. Pursuant to RCW 9.95.062(1)(b), the court finds by a preponderance of the
19 evidence that the delay resulting from the stay will unduly diminish the deterrent effect of
20 the punishment. This finding requires that the court "shall not stay" the defendant's sentence
21 pending appeal. RCW 9.95.062(1).

22 16. Pursuant to RCW 9.95.062(1)(c), the court finds by a preponderance of the
23 evidence that a stay of the judgment will cause unreasonable harm to the victims of the crime
24 or their families. This finding requires that the court "shall not stay" the defendant's sentence
25 pending appeal. RCW 9.95.062(1).

1
2 17. The court finds that RCW 9.95.062(1)(a), (1)(b), and (1)(c) each exist
3 independently of one another, and each provision provides an independent basis for the
4 requirement that the court “shall not stay” the defendant’s sentence pending appeal. *See State*
5 *v. Cole*, 90 Wn. App. 445, 447, 949 P.2d 841 (1998) (the statute *precludes* release if any of
6 the RCW 9.95.062 factors are found by the trial court).

7 18. The court enters its findings pursuant to RCW 9.95.062(1) independent of
8 Judge Costello’s ruling. But this court also finds the reasoning in Judge Costello’s order
9 persuasive. Judge Costello presided over the defendant’s trial and sentencing and is familiar
10 with the history of the defendant’s case.

11 19. The court finds that because RCW 9.95.062(1) is dispositive in this matter
12 and requires that the court “shall not stay” the matter, a more detailed analysis of RCW
13 9.94.585(3) and RCW 10.73.040 is not necessary.

14 20. But even if the court were to consider the defendant’s motion solely under
15 RCW 9.94.585(3) and RCW 10.73.040, it would deny the defendant’s motion for release.

16 21. RCW 9.94.585(3) and RCW 10.73.040² give the trial court discretion to grant
17 or deny release pending appeal. Even if this court considers COVID-19 and its impact on
18 the defendant at Monroe Correctional Complex, the court finds that this does not present
19 sufficient grounds for release. The court finds that the Department of Corrections is taking
20 all reasonable steps to protect incarcerated individuals within its custody and care.

21
22
23
24
25

2 RCW 10.73.040 has been superseded by CrR 3.2(h), which grants the court discretion to deny bail after conviction. *See State v. Smith*, 84 Wn.2d 498, 500-03, 527 P.2d 674 (1974).

1
2 ORDER

3 Based on the above findings, it is hereby ordered that the defendant's motion for
4 release and a stay of his sentence pending appeal is DENIED.

5 DATED this 28th day of August, 2020.


6
7 
8 JUDGE GAROLD E. JOHNSON

9 Notice of Presentation Waived:
10 Presented by:

11 s/ Kristie Barham
12 KRISTIE BARHAM
13 Deputy Prosecuting Attorney
14 WSB #32764 / OID #91121
15 Pierce County Prosecutor's Office
930 Tacoma Ave. S., Rm 946
Tacoma, WA 98402-2171
(253) 798-6746
kristie.barham@piercecountywa.gov



16
17 Approved as to Form by:

18 
19 RICHARD W. LECHICH
20 Washington Appellate Project
WSB #43296 / OID #91052
Attorney for defendant/appellant

APPENDIX 1

From: Gary Johnson
To: Amanda.Piccoli@courts.wa.gov; Kristie Barham; richard@washapp.org; PCpatcecf
Cc: Michelle Prichard; Linda Schramm; Chris Gaddis
Subject: RE: D2 [REDACTED]--STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--Order
Date: Tuesday, August 18, 2020 11:40:05 AM
Attachments: [REDACTED] APPELLANT.pdf

MS. Piccoli,

I have reviewed the attached Order Granting Motion to Modify Commissioner's Ruling and Remanding to the Superior Court. This is Judge Melnick's Order. His Order requires our court to "...hold a hearing to determine whether bail and conditional release should be set pursuant to RCW 94A.585.30, RCW 9.95.02, RCW 10.73.040, and other applicable rules and statutes pending the resolution of the appeal." In the context of the history of this case the Order is confusing.

Here is the context.

On May 1, 2020 Pierce County Superior Court Judge Jerry Costello issued an Order Denying Motion for Stay of Sentence and for Release. Judge Costello presided over the jury trial that is now on appeal. A copy of that order is attached hereto. That order contains detailed analysis regarding the facts and applicable law that addresses the same issues that the Order Granting Motion to Modify Commissioner's Ruling and Remanding to the Superior Court requires our court to address. The time for a motion for reconsideration of Judge Costello's order has long passed. It does not appear that the defendant appealed his order.

Thus the confusion.

It may be that the Court of Appeals is not aware that Judge Costello had previously gone to considerable length to address bail and conditional release of the defendant pending appeal in a written order. Notably, it does not appear Judge Costello's subject order was included in the Designation of Clerk's Papers (a copy is attached hereto).

In any event given the, I think, understandable confusion for the parties and the trial court, this matter needs clarification from Judge Melnick. We will certainly proceed in any manner required.

Please note that time is of the essence here as Judge Melnick's Order requires that the commanded Superior Court hearing be held within 14 days of August 13, 2020.

Judge Costello is on recess. As the Presiding Judge of the Pierce County Superior Court I am sending this request for clarification in his place.

Garold E. Johnson
Presiding Judge
Pierce County Superior Court

From: Linda Schramm <linda.schramm@piercecountywa.gov>
Sent: Tuesday, August 18, 2020 10:10 AM
To: Gary Johnson <gjohns2@piercecountywa.gov>
Subject: FW: D2 [REDACTED]-STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order
Importance: High

From: Richard Lechich <richard@washapp.org>
Sent: Friday, August 14, 2020 10:52 AM
To: Linda Schramm <linda.schramm@piercecountywa.gov>
Cc: Kristie Barham <kristie.barham@piercecountywa.gov>
Subject: FW: D2 [REDACTED]-STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order
Importance: High

From: Richard Lechich
Sent: Friday, August 14, 2020 10:47 AM
To: 'linda.schramm@piercecounty.wa.gov' <linda.schramm@piercecounty.wa.gov>
Cc: 'Kristie Barham' <kristie.barham@piercecountywa.gov>
Subject: FW: D2 [REDACTED]-STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order
Importance: High

Good morning,

I was informed that Judge Costello is on recess, and after contacting the court administration, I was informed to contact you. Below is the information and order from the Court of Appeals instructing that a hearing occur on conditional release and bond for [REDACTED] pending appeal.

Respectfully,

Richard Lechich
Washington Appellate Project
206-587-2711

From: Richard Lechich
Sent: Friday, August 14, 2020 9:37 AM
To: supcrtdept7@piercecountywa.gov; michelle.prichard@piercecountywa.gov
Cc: kristie.barham@piercecountywa.gov; pcpatcecf@co.pierce.wa.us
Subject: Fw: D2 [REDACTED]-STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order

Importance: High

Good morning,

Please find attached the order issued by the Court of Appeals yesterday remanding this matter to this Court for a hearing on Mr. [REDACTED]'s request for conditional release and stay of the judgment pending appeal. The Court of Appeals ordered a hearing to occur within 14 days (by August 27, 2020), or upon motion of a party, within 28 days if there is good cause for a continuance.

I intend to file a supplemental memorandum in support of release. I believe the order contemplates a live hearing and I hope to be able to arrange Mr. [REDACTED]'s presence by phone.

Respectfully,

Richard Lechich

Washington Appellate Project

206-587-2711

From: Piccoli, Amanda <Amanda.Piccoli@courts.wa.gov>

Sent: Thursday, August 13, 2020 11:27 AM

To: Richard Lechich; wapofficemail; Kristie Barham; 'PCpatcecf'; pcpatcecf@co.pierce.wa.us

Subject: D2 [REDACTED]--STATE OF WASHINGTON, RESPONDENT V. [REDACTED], APPELLANT--Order

To Counsel and Interested Parties:

Attached is an Order filed today, 8/13/2020.

This will be the only notice you will receive from the court.

The court requests that motions and other correspondence be sent via the Washington State

Appellate Courts' Portal. In order to use the portal to file with the courts, you will first need to register and set up a free account at <https://ac.courts.wa.gov>. If you have difficulty accessing the new portal, please contact the Administrative Office for the Courts at 800-442-2169. When filing electronically, please do NOT follow up with a paper copy.

Please contact the court at (253) 593-2970 or coa2@courts.wa.gov if you have any questions or comments.

Thank you.

Amanda E. Piccoli
Case Manager



Washington State Court of Appeals

Division Two

950 Broadway, Suite 300, Tacoma, Washington 98402-4454

Derek Byrne, Clerk/Administrator (253) 593-2970 (253) 593-2806 (Fax)

General Orders, Calendar Dates, and General Information at <http://www.courts.wa.gov/courts> **OFFICE HOURS:** 9-12, 1-4.

November 3, 2020

Kristie Barham
Pierce County Prosecuting Attorney's Office
930 Tacoma Ave S Rm 946
Tacoma, WA 98402-2171
kristie.barham@piercecounitywa.gov

Anne Elizabeth Egeler
Pierce County Prosecutor's Office
930 Tacoma Ave S Rm 946
Tacoma, WA 98402-2171
anne.egeler@piercecounitywa.gov

Richard Wayne Lechich
Washington Appellate Project
1511 3rd Ave Ste 610
Seattle, WA 98101-1683
richard@washapp.org

CASE #: [REDACTED]
State of Washington, Respondent v. [REDACTED] Appellant

Counsel:

On the above date, this court entered the following notation ruling:

A RULING BY COMMISSIONER SCHMIDT:

The renewed motion for stay of sentence pending appeal is denied. The trial court did not abuse its discretion in denying a stay pending appeal under RCW 9.94A.585(3), 9.95.062 or 10.73.140. It conducted a hearing as ordered by this court. And, exercising its own authority, this court denies the motion to stay sentence under RCW 9.94A.585(3). [REDACTED] case is unlike that in *Almaguer*, in that [REDACTED] does not present evidence that his medical condition places him at particular risk of contracting Covid while in DOC custody. And as the trial court found, the financial well-being of the public would be placed in danger if [REDACTED] is released pending appeal.

Very truly yours,

Derek M. Byrne
Court Clerk

STATE OF WASHINGTON,)

Plaintiff/Respondent,)

v.)

██████████,)

Defendant/Appellant.)

Trial No. ██████████

CoA No. ██████████

Declaration of

██████████

██████████ declares the following and that if called as a witness he would testify that:

1. I am a 53-year-old African American male. My date of birth is ██████████
██████████
2. I am incarcerated at the Monroe Correctional Complex-WA State Reformatory. I am appealing my convictions.
3. Among my health conditions, I suffer from high blood pressure and take medication to address this condition.
4. I also have medical complications from past injuries and currently suffer joint pain and severe foot problems. I have extensive dental-care and eye-care needs. Among other medications, I take pain medications.
5. Healthcare staff from the Department of Corrections have identified me as being at an increased risk from COVID-19.
6. My conditions of confinement increase my risk. It is overcrowded and there is virtually no social distancing.
7. If granted an appeal bond, I would abide by any conditions of release during the pendency of my appeal.
8. I am married and have a supportive wife who lives in Pierce County. If released, I would reside with her.

The foregoing is true and correct to the best of my knowledge

DATED this 27 day of May, 2020

██
██
██

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR
PIERCE COUNTY

State of Washington,)	
	)	No. [REDACTED]
Respondent,)	
	)	DECLARATION FROM
v.	)	[REDACTED]
)	
[REDACTED])	
)	
Appellant.)	

In support of his request for conditional release or bond pending
appeal, [REDACTED] submits the attached signed declaration from [REDACTED]
[REDACTED]

Respectfully submitted this 24th day of August, 2020.



Richard W. Lechich – WSBA #43296
Washington Appellate Project – #91052
Attorney for Defendant

STATE OF WASHINGTON,)

Plaintiff/Respondent,)

v.)

Defendant/Appellant.)

Trial No. [REDACTED]

CoA No. [REDACTED]

Declaration of

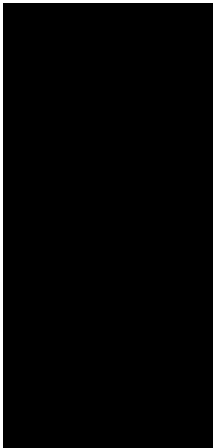
[REDACTED] declares the following and that if called as a witness she would testify that:

1. I am married to [REDACTED]
2. I am in support of my husband's request for bond or conditional release pending resolution of his appeal.
3. I live at [REDACTED]
4. If Mr. [REDACTED] is released, he can reside at the above address.

The foregoing is true and correct to the best of my knowledge

DATED this 20th day of August, 2020

[REDACTED]



TACOMA
WA 98103
13 AUG 2020
5:44 L



US POSTAGE
\$ 00.50
First-Class



Mailed From 98101
08/17/2020
032A 0061808118

APP 21

WAP | WASHINGTON
APPELLATE PROJECT
1511 Third Avenue, Suite 610
Seattle, Washington 98101

RECEIVED

AUG 24 2020

WASHINGTON APPELLATE
PROJECT

RWL

98101-168360



IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
FOR PIERCE COUNTY

STATE OF WASHINGTON,	)	No. [REDACTED]
	)	(CoA No. [REDACTED])
Plaintiff/Respondent,)	
)	
v.	)	EVIDENCE IN SUPPORT
	)	OF MOTION FOR APPEAL
[REDACTED]	)	BOND
)	
Defendant/Appellant.)	
)	

As represented in his reply in support of setting an appeal bond, attached is a copy of the document from the Department of Corrections, dated April 4, 2020, showing that [REDACTED] has “been identified as someone at increased risk for getting Covid 19.”

Respectfully submitted this 28th day of April, 2020.



Richard W. Lechich – WSBA #43296
Washington Appellate Project – #91052
Attorney for [REDACTED]

Attn: Rich Lechich

Thanks For working on my situation. You are appreciated.
Stay safe and healthy.

RECEIVED

APR 28 2020

WASHINGTON APPELLATE

HEALTH SERVICES KITE

SCANNED



This fill and print form is for healthcare staff to initiate communication with patients.
Patient offenders are to use the 3-part NCR form to communicate with staff.

LAST NAME	[REDACTED]	FIRST NAME	[REDACTED]
DOC N	[REDACTED]	FACILITY	MCC-WSR
		UNIT/CELL	[REDACTED]

HEALTH SERVICES RESPONSE/ENCOUNTER

This form must be filed if any information is entered below except for: simple prescription refills, finance, non-medical work/bunk change, religious diets, shoes, classification, non-health services issues

TYPE OF RESPONSE

- ☒ MEDICAL ☐ DENTAL ☐ MENTAL HEALTH
☐ OPTOMETRY ☐ OTHER: _____

☐ Schedule within _____ days/weeks/months ☐ Next available sick call ☐ No visit required

★ You have been identified as someone at increased risk for getting Covid 19. It is recommended that you consider the following:

- A) Encourage self-quarantine in cell
- B) Wear a surgical mask if leaving cell
- C) Perform frequent hand hygiene
- D) Perform frequent cleaning of cell throughout the day
- ☐ highly discourage the use of bleach as this can exacerbate conditions for those patients with underlying lung disease
- E) Avoid contact of high-touch surfaces
- F) Limit movement in the facility
- G) 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.

Medical only has enough masks to issue to EXTREMELY high risk patient at this time. You are not one of those patients. If medical gets more masks, they will be distributed with an HSR, as supply allows.

Please kite me, if you have any further questions.

RESPONDER typed name and signature

Jennifer Ross PA-C

DATE

04/09/2020

PRESCRIPTIONS MUST BE WRITTEN ON DOC 13-435 PRIMARY ENCOUNTER REPORT (PER) OR IN CIPS

Distribution: ORIGINAL – Health Record, COPY – Offender

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.

APP 23

DECLARATION OF FILING AND MAILING OR DELIVERY

The undersigned certifies under penalty of perjury under the laws of the State of Washington that on the below date, the original of the document to which this declaration is affixed/attached was filed in the **Pierce County Superior Court Clerk's Office**, and a true copy was mailed with first-class postage prepaid or otherwise caused to be delivered to the following attorney(s) or party/parties of record at their regular office or residence address as listed on ACORDS:

☒ respondent Kristie Barham, Pierce County Prosecuting Attorney
[PCpatcecf@co.pierce.wa.us]

☐ appellant

☐ other party



MARIA ANA ARRANZA RILEY, Legal Assistant

Date: April 28, 2020

Maria Riley

From: SUPERIOR COURT <PCCLKLINX@piercecountywa.gov>
Sent: Tuesday, April 28, 2020 4:16 PM
To: Maria Riley; SUPERIOR COURT
Subject: Filing Notification

Thank you. Your documents have been submitted to the Pierce County Clerks Office.

Case: [REDACTED]
STATE OF WASHINGTON vs [REDACTED]

The date and time of this submission was 04/28/2020 4:15 PM

The following Filing(s) were successfully submitted:

[REDACTED] - Motion

THIS E-MAIL IS PRIVILEGED AND/OR CONFIDENTIAL AND INTENDED ONLY FOR THE LISTED RECIPIENT. IF YOU RECEIVED THIS E-MAIL IN ERROR OR THROUGH UNAUTHORIZED INTERCEPT, PLEASE REPLY TO THIS EMAIL, AND THEN DELETE THIS E-MAIL.

COVID-19 Data

- [Comparative Jurisdictions](#)
- [Confirmed Cases](#)
- [Demographics](#)
- [Regional Care Facilities](#)
- [Testing, Isolation & Quarantine](#)

Confirmed Cases

Current as of Thursday, November 5, 2020. Numbers are updated Monday-Friday, except for [holidays](#).

Incarcerated Population COVID-19 Confirmed Cases by Location

A confirmed case is counted at the facility/location where the case was confirmed. After confirmation, an individual may be transported to another correctional facility/location to receive appropriate level of care.

Location	Number Confirmed Cases	Number of Deaths
Prisons		
Airway Heights Corrections Center	3	0
Cedar Creek Corrections Center	0	0
Clallam Bay Corrections Center	0	0
Coyote Ridge Corrections Center	234	2
Larch Corrections Center	0	0
Mission Creek Corrections Center for Women	0	0
Monroe Correctional Complex	64	0
Olympic Corrections Center	0	0
Stafford Creek Corrections Center	0	0
Washington Corrections Center	13	0
Washington Corrections Center for Women	2	0
Washington State Penitentiary	157	0
Work Release		
Ahtanum View Work Release	0	0
Bellingham Work Release	0	0
Bishop Lewis Work Release	32	0

Location	Number Confirmed Cases	Number of Deaths
Brownstone Work Release	0	0
Eleanor Chase House Work Release	0	0
Helen B. Ratcliff Work Release	1	0
Longview Work Release	0	0
Olympia Work Release	0	0
Peninsula Work Release	0	0
Progress House Work Release	16	0
Reynolds Work Release	7	0
Tri-Cities Work Release	1	0
Other		
Community Medical Center	1	0


Incarcerated Population COVID-19 Confirmed Case Totals

Confirmed Cases	Active Cases	Recovered Cases	Deaths
531	34	495	2

Staff COVID-19 Confirmed Cases

Staff includes department employees and contracted staff. All staff confirmed cases are self-reported.

Location	Number Confirmed Cases	Number of Deaths
Business & Training Offices		
Olympia Area Offices	4	0
Mill Creek Regional Performance Center (Walla Walla, WA)	8	0
Captain Jimmie Evans Regional Performance Center (Monroe, WA)	2	0

Location	Number Confirmed Cases	Number of Deaths
Southwest Region Performance Center (Lacey, WA)	1	0
Prisons		
Airway Heights Corrections Center	12	0
Cedar Creek Corrections Center	0	0
Clallam Bay Corrections Center	2	0
Coyote Ridge Corrections Center	93	0
Larch Corrections Center	1	0
Mission Creek Corrections Center for Women	0	0
Monroe Correctional Complex	25	1
Olympic Corrections Center	0	0
Stafford Creek Corrections Center	3	0
Washington Corrections Center	9	0
Washington Corrections Center for Women	5	0
Washington State Penitentiary	23	0
Work Release		
Ahtanum View Work Release	4	0
Bellingham Work Release	0	0
Bishop Lewis Work Release	0	0
Brownstone Work Release	1	0
Eleanor Chase House Work Release	2	0
Helen B. Ratcliff Work Release	0	0
Longview Work Release	0	0
Olympia Work Release	0	0
Peninsula Work Release	2	0
Progress House Work Release	1	0
Reynolds Work Release	2	0
Tri-Cities Work Release	0	0
Community Corrections		
(See Community Facilities Map  for section designations)		
Community Corrections Section 1	4	0

Location	Number Confirmed Cases	Number of Deaths
Community Corrections Section 2	5	0
Community Corrections Section 3	0	0
Community Corrections Section 4	1	0
Community Corrections Section 5	0	0
Community Corrections Section 6	6	0
Community Corrections Section 7	0	0
Other		
Community Medical Center	0	0
Totals		
All Locations	216	1

Demographics

The below tables represent the demographic information for confirmed cases of COVID-19 in the incarcerated population. See the [Agency Fact Card](#) for more information about the demographics of the total incarcerated population. Other statistical reports are available at [Data Analytics](#) page.

Current as of Friday, October 30, 2020. Numbers are updated on the last business day of the week, excluding holidays.

Age of Confirmed COVID-19 Cases in the Incarcerated Population

Age Range	Number of Individuals	Percentage of Confirmed Cases	Percentage of Total Incarcerated in Age Range
Under 22	3	0.6%	2.6%
22-25	26	4.9%	7.5%
26-30	65	12.5%	17.5%
31-35	73	14.0%	17.5%
36-40	81	15.3%	16.2%
41-45	61	11.5%	11.6%
46-50	55	10.6%	9.3%

Age Range	Number of Individuals	Percentage of Confirmed Cases	Percentage of Total Incarcerated in Age Range
51-55	59	11.2%	7.8%
56-60	48	9.1%	5.7%
61-65	32	6.0%	3.6%
66-70	10	1.9%	1.8%
Over 70	13	2.5%	1.7%

Race of Confirmed COVID-19 Cases in the Incarcerated Population

Race	Number of Individuals	Percentage of Confirmed Cases	Percentage of Total Incarcerated by Race
White	375	71.3%	69.5%
Black	77	14.6%	17.8%
American Indian/Alaska Native	38	7.2%	5.9%
Asian/Pacific Islander	20	3.8%	4.3%
Other	9	1.7%	1.6%
Unknown	7	1.3%	0.9%

Ethnicity of Confirmed COVID-19 Cases in the Incarcerated Population

Hispanic Origin	Number of Individuals	Percentage of Confirmed Cases	Percentage of Total Incarcerated by Hispanic Origin
No	447	85.0%	85.4%
Yes	79	15.0%	14.6%

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.

Suitable locations, referred to as a Regional Care Facility (RCF), were previously identified by department leaders and key stakeholders, including local facility subject matter experts. These RCF's would 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. Should an infected individual's medical conditions or needs become severe, the department and agency medical personnel will work collaboratively with hospital partners to provide the necessary medical care.

(Current as of Thursday, November 5, 2020. Numbers are updated Monday-Friday, except for holidays)


Incarcerated individuals from the Confirmed Cases chart are transported, when necessary, to one of the regional care facilities listed below.

Regional Care Facility	Incarcerated Individuals Housed
Airway Heights Corrections Center	1
Washington Corrections Center (Shelton)	0
Washington Corrections Center for Women (Gig Harbor)	0

Testing, Isolation & Quarantine

Current as of Thursday, November 5, 2020. Numbers are updated Monday-Friday, except for holidays.

Testing Among Incarcerated Housed in Prison & Work Release Facilities

Screening and testing is conducted based on the guidance of the WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline 

Individuals Tested	Tests Completed	Negative Results	Positive Results	Pending Lab Results
5,496	6,137	5,516	531	90

Isolation and Quarantine Among Incarcerated Population

Isolation: separating a symptomatic patient with a concern for a communicable disease from other patients.

Quarantine: separating from other individuals those who are not showing symptoms yet have been exposed to an individual with a contagious disease.

Federal quarantine and isolation currently apply to the following diseases: cholera; diphtheria; infectious tuberculosis; plague; smallpox; yellow fever; viral hemorrhagic fevers; influenza caused by new or re-emergent flu viruses that are causing, or have the potential to cause, a pandemic; and severe acute respiratory syndromes (which may include COVID-19).

Incarcerated Individuals in Isolation

Incarcerated Individuals in Quarantine

66

389



Coronavirus / COVID-19 Plan

Significant Events Timeline

Updated 11/05/2020

Objectives	<ul style="list-style-type: none"> • 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. • Manage and deploy resources to complete the quality assurance process to ensure protocols and guidance put in place are consistently applied across the Agency.
Key messages	<ul style="list-style-type: none"> • 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	
<p>Actions we are taking as an agency:</p> <ul style="list-style-type: none"> • The health and safety of our staff, those in our care, and the community is our top priority. As of November 5, 2020, the Washington Department of Corrections has 208 confirmed cases of staff and 8 contract staff with COVID-19 and 531 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. • 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](#).
- On Wednesday, June 17th, 2020 an incarcerated individual passed away due to COVID-19. This is the first COVID-19 related death of an incarcerated individual. You can read the press release [here](#).
- On June 23rd, 2020 the Regional Care Facilities at Monroe Correctional Complex and Washington Corrections Center became operational. The AHCC Regional Care Facility previously opened on May 27th, 2020.

- On June 24th, 2020 testing of all Coyote Ridge Corrections Center employees and incarcerated individuals at the Medium Security Complex began with the support of the Benton-Franklin Health District, Washington State Department of Health, and the Washington National Guard.
- On June 24th, 2020 the Department of Corrections announced the second COVID-19 related death of an incarcerated individual. The individual passed away on June 22nd, 2020. You can read the press release [here](#).
- On August 3rd, 2020 two incarcerated individuals who were previously reported to be positive for COVID-19 were informed that they are negative for COVID-19. The mistake was due to a clerical error by the testing laboratory. The facility and Department were notified of the error by Washington State Department of Health officials. Individuals identified to be potentially exposed to the patients were all tested and negative for COVID-19. Department website cases and testing data will be updated to reflect this change on August 5th, 2020. You can read the messages [here](#) and [here](#).
- On August 11th, 2020 the Regional Care Facilities at the Washington Corrections Center for Women became operational.
- On August 17th, 2020, the Department Incident Management Team deployed 4 team members to Chelan-Douglas Health District to assist with COVID-19 response.
- PRESS RELEASE: Corrections Announces Social Outing Pilot Project for Three Work Release Facilities. You can read the press release [here](#).
- On October 19th, 2020, serial COVID-19 testing for employees has been implemented at all prison facilities.

Deployed Resources in support of COVID-19 response

Total Deployed DOC HQ 41

AGENCY TIMELINE

Date	Location	Activity	Notes
11/04/20	Headquarters EOC	Message to All DOC Employees: Updated Definition of Close Contact	Message from Emergency Operations Center Manager Roberts to all department employees regarding the Center for Disease Control changing the definition of close contact as it relates to COVID-19 exposure.
11/04/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 22)	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.
11/04/20	Headquarters EOC	Updated Exposure Partnership with Prison Facilities	The WA DOC Covid-19 Exposure Partnership with Prison Facilities has been changed to include the updated definition of close contact.
11/04/20	Headquarters EOC	UPDATED: WA DOC Covid-19 Active Screening Questionnaire	The WA DOC Covid-19 Active Screening Questionnaire has been changed to include the updated definition of close contact.
11/04/20	Headquarters EOC	Updated PPE Matrix Version 11	This document is effective immediately, 11/03/2020, and supersedes all previous PPE guidance.
11/03/20	Headquarters EOC	Message to All Incarcerated Individuals: Update – Dental Modification to DOC Dental Services English/Spanish	Message from the Department Chief of Dentistry and Facility Dental teams to all incarcerated individuals regarding the implementation of COVID-19 precautions and details on what dental services can be provided.
11/03/20	Headquarters EOC	COVID-19 DOC Dental Services Protocol Version 6	Update to 03/16/20, 03/17/20, 03/26/20, 04/02/20, and 7/20/20 Dental Services Protocols.

10/30/20	Headquarters EOC	Message to incarcerated individuals: Resuming Routine Searches under Safe Start Corrections - Phase 2 English/ Spanish	The Department of Corrections' Prisons and Health Services Unified Command Safe Start Corrections Prison team has announced the department will start resuming routine searches outlined in Phase 2 of the Safe Start Corrections Plan starting November 9, 2020.
10/29/20	Headquarters EOC	Resuming Routine Searches under Safe Start Corrections - Phase 2	The Department of Corrections' Prisons and Health Services Unified Command Safe Start Corrections Prison team has announced the department will start resuming routine searches outlined in Phase 2 of the Safe Start Corrections Plan starting November 9, 2020.
10/28/20	Headquarters EOC	CARES Act Economic Impact Payments (EIPs)	DOC has received an update from the Internal Revenue Service notifying us the court has extended the October 30 deadline for incarcerated persons to claim an Economic Impact Payments (EIPs) to November 4, 2020. English/ Spanish
10/21/20	Headquarters EOC	Message to All incarcerated individuals and work releases residents: Corrections extends movie contract through June 30, 2021 English/Spanish	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole and Assistant Secretary Armbruster to all incarcerated individuals and work release residents regarding the extension of the contract with Swank Motion Pictures, Inc. to provide movie licensing at prison and work release facilities.
10/20/20	Headquarters EOC	10/14/20 message to All Incarcerated Individuals and All Work Release Residents: UPDATE: CARES Act Economic Impact Payments (EIPs) English/Spanish	Message from Assistant Secretaries Herzog and Armbruster to incarcerated individuals and work release residents regarding information on CARES Act stimulus benefits.
10/16/20	Headquarters EOC	Updated PPE Matrix version 9	This document is effective immediately, 10/13/2020, and supersedes all previous PPE guidance.
10/15/20	Headquarters EOC	Message to All Superintendents: Restrictive Housing Additional Cold Weather Items during COVID-19	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole and Mission Housing Administrator Thrasher to prison Superintendents regarding implementation of issuing a beanie, jacket, and pair of shoes to individuals housed in restricted housing units.
10/15/20	Headquarters EOC	Message to All Superintendents: Legal Seminars	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to prison Superintendents regarding the designation of space for legal seminars.
10/14/20	Headquarters EOC	Message to WCCW Superintendent and Health Services Manager 3: Violators entering WCCW	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to WCCW Superintendent Wofford and Health Services Manager Clark rescinding the 03/19/20 directive regarding body scanners and dry cell watches for violators.
10/13/20	Headquarters EOC	Message to All Corrections Staff: DOC COVID-19 Staff Serial Testing Frequently Asked Questions	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole

			to all employees with frequently asked questions and answers regarding employee serial testing.
10/13/20	Headquarters EOC	Message to All Corrections Staff: Staff serial testing for staff travelling to facilities	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to all employees regarding serial testing requirements for employees travelling to prison facilities.
10/08/20	Headquarters EOC	Message to All Superintendents and Work Release Supervisors: Swank contract extended to all correctional facilities through June 30, 2021	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to all Prison Superintendents and Work Release Supervisors regarding the extension of the contract with Swank Motion Pictures, Inc. to provide movie licensing at prison and work release facilities.
10/08/20	Headquarters EOC	Message to All Superintendents: Safe Start Marriages	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to all Superintendents regarding the development of a process for marriages to proceed for incarcerated individuals.
10/07/20	Headquarters EOC	Updated PPE Matrix version 8	This document is effective immediately 10/07/2020 and supersedes all previous PPE guidance.
10/06/20	Headquarters EOC	COVID-19 Special Population Units Guideline Version #4	Update to previous version of restrictions and protocols for special population units at prison facilities.
10/01/20	Headquarters EOC	Message to All Interested Parties: Safe Start Visitation	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to governmental and external stakeholders regarding the phased approach to reopening visitation at prison facilities.
10/01/20	Headquarters EOC	Message to All Incarcerated Individuals: Safe Start Visitation English/Spanish	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to all incarcerated individuals regarding the phased approach to reopening visitation at prison facilities.
10/01/20	Headquarters EOC	Message to All Prisons Staff: Safe Start Visitation	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Cole to all Prisons Division employees regarding the phased approach to reopening visitation at prison facilities.
10/01/20	Headquarters EOC	Message to All Staff and Residents at Progress House Work Release: Facility Quarantine	Status update from Senior Reentry Administrator Leavell to all Progress House Work Release staff and residents regarding the COVID-19 outbreak at the facility.
10/01/20	Headquarters EOC	Updated Exposure Partnership with Prison Facilities and Close Contacts Log Template	Update to documents included in the the 06/04/20 message to prison facility superintendents regarding efforts by the Department's Occupational Nurse Consultants to partner with prisons to identify close contacts of an incarcerated individual or violator with suspected or confirmed COVID-19.

9/30/20	Headquarters EOC	Message to All Prisons Staff: Prison/Health Services Divisions Safe Start Corrections	Message from Prisons/Health Services Unified Command Incident Commanders Miller and Henry to all Prisons employees regarding a review of the re-implementation of searches at prison facilities.
9/23/20	Headquarters EOC	Message to Interested parties: Pilot project to resume social outings at select Work/Training Release Facilities	Message from Reentry Senior Administrator Leavell to governmental and external stakeholders regarding the Agency's social outing pilot project at three Work/Training Release facilities.
9/23/20	Headquarters EOC	PRESS RELEASE: Corrections Announces Social Outing Pilot Project for Three Work Release Facilities	Press release about the Agency's social outing pilot project at three Work/Training Release facilities.
09/17/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 21)	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.
09/17/20	Headquarters EOC	DOC COVID-19 Outbreak Checklist Version 3	Update to the checklist for prison facilities to utilize when a COVID-19 outbreak, as defined by the Washington State Department of Health, occurs at a facility.
09/17/20	Headquarters EOC	Message to All Prisons Staff: COVID-19 Staff Serial Testing Status	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to all Prisons employees regarding an update to serial COVID-19 testing for employees.
09/17/20	Headquarters EOC	Message to All Staff: COVID-19 Return-to-Work Criteria and Guidance	Message from Emergency Operations Center Manager Roberts to all Department employees regarding guidance for employees returning to work after being screened out of the worksite for COVID-19 related symptoms or for testing positive.
09/11/20	Headquarters EOC	Message to All Incarcerated Individuals: Updated Recreation Protocols English/Spanish	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to all incarcerated individuals regarding prohibited and allowed recreational activities and equipment.
09/11/20	Headquarters EOC	Message to All Prisons Staff: Updated Recreation Protocols	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to all Prisons employees regarding prohibited and allowed recreational activities and equipment.
09/10/20	Headquarters EOC	Message to DOC Employees: HIGH RISK ACCOMODATION REQUESTS	Message to all DOC employees from Human Resources Director Dowler regarding Agency information for the extended protections for individuals at increased high risk due to COVID-19 by Governor Inslee.
09/04/20	Headquarters EOC	Department of Corrections Response to the OCO Report on the DOC COVID-19 Response, September 1, 2020	Response to the Office of the Corrections Ombuds Report on the DOC COVID-19 Response by Secretary Sinclair.

09/04/20	Headquarters EOC	<p>New Job Aids and Employee Resources added to www.doc.wa.gov:</p> <ul style="list-style-type: none"> • Return to Work - Employee Guidance • Return to Work - Supervisor Guidance • Sample Letter to Employee Denied Entry to Work due to COVID-19 Secondary Screening between March-August 2020 • COVID-19 Leave Guidance 	Information for employees and supervisors for instances when employees were denied access to or screened out from an Agency worksite.
09/04/20	Headquarters EOC	UPDATED: WA DOC Covid-19 Active Screening Questionnaire	The WA DOC Covid-19 Active Screening Questionnaire has been updated with streamlined questions and will continue to be updated as the CDC and Washington State Department of Health's information on COVID-19 changes.
09/04/20	Headquarters EOC	Message to All Incarcerated Individuals at Male Facilities: UPDATE – Incoming Incarcerated Individuals from CRCC	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to all incarcerated individuals at male facilities regarding transfers of incarcerated individuals from CRCC.
09/04/20	Headquarters EOC	Message to All Prisons Staff at Male Facilities: UPDATE – Incoming Incarcerated Individuals from CRCC English/Spanish	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to all prison employees at male facilities regarding transfers of incarcerated individuals from CRCC.
09/03/20	Headquarters EOC	PRESS RELEASE: Corrections Secretary Outlines COVID-19 Response at Six Months	Press release about the Agency's COVID-19 response.
08/28/20	Headquarters EOC	Message to All Incarcerated Individuals and Work Release Residents: Updated COVID-19 Frequently Asked Questions English/Spanish	Message from Chief Medical Officer Kariko to incarcerated individuals and Work Release residents providing answers to frequent COVID-19 questions.
08/25/20	Headquarters EOC	Message to All Facility Superintendents and Health Services Managers: Restructuring of Headquarters and Facility Unified Commands	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to Prisons facility Superintendents and Health Service Managers regarding the restructuring of the Headquarters and Facility Prisons/Health Services Unified Commands and direction regarding when facility Incident Command Posts will be open.
08/20/20	Headquarters EOC	DOC COVID-19 Outbreak Checklist	The Department has created a checklist for prison facilities to utilize when a COVID-19 outbreak, as defined by the Washington State Department of Health, occurs at a facility.
08/14/20	Headquarters EOC	Message to All Interested Parties: Staff COVID-19 Testing at Washington State Penitentiary	Message from Secretary Sinclair to governmental and external stakeholders regarding serial COVID-19 testing of employees at the Washington State Penitentiary.
08/13/20	Headquarters EOC	Updated PPE Matrix version 7	This document is effective immediately 08/13/2020 and supersedes all previous PPE guidance.

08/13/20	Headquarters EOC	Message to All Superintendents, All Regional Administrators, All Transportation Staff: Transportation PPE - UPDATE	Message from Prisons/Health Services Unified Command Incident Commanders Cole and Svoboda to all DOC Superintendents, Regional Administrators and Transportation staff regarding PPE updates for all transportation employees and incarcerated and supervised individuals during transports.
08/07/20	Headquarters EOC	Message to All Interested Parties: False Positive COVID-19 positive tests at Stafford Creek Corrections Center	Message from Deputy Director Fithian to governmental and external stakeholders regarding two incarcerated individuals at Stafford Creek Corrections Center who received false positive COVID-19 test results.
08/06/20	Headquarters EOC	Message to All Correctional Facility Staff and All Incarcerated Individuals: Free Calls and JPay offerings extended English/Spanish	Message from Assistant Secretary Herzog to all prison employees and incarcerated individuals regarding the details of the extension of Free Reply Wednesdays, two free video visits each week, and two free stamps each week from JPay until at least 12/31/20. Two free five minute phone calls will be provided until the Department can resume visitation.
08/06/20	WCCW ICP	Message to All Staff (WCCW): Staff COVID-19 Testing	Message from WCCW Superintendent Wofford to WCCW employees regarding mandatory testing of employees starting on 08/10/20.
08/05/20	Headquarters EOC	Message to All interested parties: Staff serial COVID-19 testing at Corrections	Message from Secretary Sinclair to governmental and external stakeholders regarding the identification of the next facilities to begin serial COVID testing of employees and the factors considered in prioritization of facilities.
08/03/20	SCCC ICP	Message to All Staff: COVID 19 Testing Update	Message from SCCC Superintendent Haynes to all SCCC employees regarding a clerical error made by the testing lab that incorrectly reported two SCCC incarcerated individuals as positive for COVID-19.
08/03/20	SCCC ICP	Message to Local Family Council SCCC and Incarcerated Population: COVID 19 Update SCCC English/Spanish	Message from SCCC Superintendent Haynes to the SCCC Local Family Council and incarcerated population regarding a clerical error made by the testing lab that incorrectly reported two SCCC incarcerated individuals as positive for COVID-19.
08/03/20	MCC ICP	Message to MCC Incarcerated Population: MSU Situation Update English/Spanish	Message from MCC Superintendent Jackson to the MCC incarcerated population providing an update on COVID-19 cases at the Minimum Security Unit, quarantines, movie channel issues, work release transfers, and face coverings.
08/03/20	Headquarters EOC	Message to All Prisons Staff: Use of hand dryers in prison facilities	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to all DOC Prisons employees regarding allowing the use of electric hand dryers.
07/31/20	Headquarters EOC	Message to All Prisons Staff: Staff Serial COVID-19 Testing	Message from Prisons/Health Services Unified Command Incident Commanders Svoboda and Cole to all DOC Prisons employees regarding the identification of the next facilities to begin serial

			COVID testing of employees and the factors considered in prioritization of facilities.
07/27/20	Headquarters EOC	The revised Active Screening Questionnaire has been updated to reflect new COVID-19 symptoms as recognized by the CDC.	The Centers for Disease Control (CDC) continue to update their COVID-19 guidelines, to include the addition of new symptoms.
07/24/20	Headquarters EOC	COVID-19 Special Population Units Guideline Version #3	Update to previous version of restrictions and protocols for special population units at prison facilities.
07/23/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 20)	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.
07/23/20	MCC ICP	Message to all MCC Employees: Staff COVID-19 Testing Update	Message from MCC Superintendent Obenland to all MCC employees regarding the testing of over 900 employees as of 07/22/20, when to expect test results, notification of positive test results, how to confirm negative test results, and the process for serial testing in future weeks.
07/22/20	Headquarters EOC	Message to All reentry, prisons and community corrections staff: Staff pre-deployment medical clearance/respirator clearance	Message from Deputy Secretary Martin and Assistant Secretaries Herzog and Armbruster regarding N95 fit testing for employees deploying to other facilities to assist with pandemic response.
07/21/20	Headquarters EOC	Message to All interested parties: Staff and Incarcerated Individual COVID-19 Testing at MCC	Message from Secretary Sinclair to governmental and external stakeholders regarding the testing of incarcerated individuals at MCC MSU and all MCC employees.
07/20/20	Headquarters EOC	Message to All DOC Staff: Employees Who Cannot Wear Face Masks Due to Health Conditions	Message from Human Resources Director Dowler to all DOC employees regarding direction on Reasonable Accommodations for employees who cannot wear face coverings due to health conditions.
07/20/20	Headquarters EOC	Message to All Incarcerated Individuals: Fee-Based Indoor and Outdoor Weightlifting Program Fees Suspended English/Spanish	Message from Deputy Secretary Martin and Assistant Secretary Herzog regarding Fee-Based Indoor and Outdoor Weightlifting Programs.
07/20/20	Headquarters EOC	COVID-19 DOC Dental Services Protocol Version 5	Update to 03/16/20, 03/17/20, 03/26/20, and 04/02/20 Dental Services Protocols
07/20/20	MCC ICP	Message to MCC Employees: Staff COVID-19 Testing	Message from MCC Superintendent Obenland to MCC employees regarding mandatory testing of employees starting on 07/21/20.
07/16/20	Headquarters EOC	Message to Incarcerated Individuals at Monroe Correctional Complex: Isolation/Quarantine information. English/Spanish	Message from Eric Jackson MCC Incident Commander to Incarcerated Individuals at MCC regarding questions from the population around Isolation/Quarantine protocols.
07/15/20	Headquarters EOC	Message to all Superintendents: Aerosolized filtering in dental areas in prisons.	Message from Arminda Svoboda Incident Commander Prisons Health Services Unified Command and Dr. Joy McDaniel Chief of Dentistry regarding the need to have a HEPA

			Filtration Unit in each dental clinic across the state.
07/13/20	Headquarters EOC	Message to All DOC staff: COVID-19 precautions for employees who carpool/vanpool.	Message from Secretary Sinclair to all DOC employees regarding protocols for employees who carpool or vanpool.
07/10/20	Headquarters EOC	Message to All Prisons and Work Release Staff: Updated Guidance: Face Covering Use by Incarcerated Individuals and Work Release Residents.	Message from Deputy Secretary Martin and Assistant Secretaries Herzog and Armbruster regarding face coverings depicting violence, gang affiliation, alcohol, drugs, or which could be construed as sexual in nature not being authorized.
07/10/20	Headquarters EOC	Message to All Incarcerated Individuals and Work Release Residents: Updated Guidance: Face Covering Use by Incarcerated Individuals and Work Release Residents. English/Spanish	Message from Deputy Secretary Martin and Assistant Secretaries Herzog and Armbruster regarding face coverings depicting violence, gang affiliation, alcohol, drugs, or which could be construed as sexual in nature not being authorized.
07/09/20	MCC ICP	Message to MCC Incarcerated Population : COVID-19 Testing. English/Spanish	The Monroe Correctional Complex (MCC) will begin COVID-19 testing of the incarcerated population housed at the Minimum Security Unit (MSU) on Friday, July 10, 2020 and continuing over the next several days.
07/09/20	MCC ICP	Message to MCC Staff: MSU Incarcerated Individual COVID-19 Testing	The Monroe Correctional Complex (MCC) will begin COVID-19 testing of the incarcerated population housed at the Minimum Security Unit (MSU) on Friday, July 10, 2020 and continuing over the next several days.
07/09/20	Headquarters EOC	Message to All Incarcerated Individuals and Work Release Residents: Important warning about hand sanitizers or rubs containing methanol English/Spanish	Update to previous message from Secretary Sinclair to include Work Release Residents and Spanish translation.
07/09/20	Headquarters EOC	Message to All DOC Staff , and Interested Parties : Important warning about hand sanitizers or rubs containing methanol	Messages from Secretary Sinclair to incarcerated individuals, employees, and governmental and external stakeholders regarding health risks associated with methanol based hand sanitizers. The Department has confirmed that none of the hand sanitizing products produced and distributed by Correctional Industries, received by the state Emergency Operations Center, or distributed by the department's Emergency Operations Center contain methanol.
07/09/20	Headquarters EOC	Message to Interested parties: Announcing Corrections' Rapid Deployment Care Facility	Message from Secretary Sinclair to governmental and external stakeholders regarding the plan to establish a Rapid Deployment Care Facility and deconstruction of the Monroe Correctional Complex Regional Care Facility.
07/09/20	Headquarters EOC	Message to All DOC Staff: Announcing Corrections' Rapid Deployment Care Facility	Message from Secretary Sinclair to all Department employees regarding the plan to establish a Rapid Deployment Care Facility and deconstruction of the Monroe Correctional Complex Regional Care Facility.

07/08/20	Headquarters EOC	Message to All Incarcerated Individuals: Extension of Incarcerated Individual Gratuity Cap Increase English/Spanish	This memo serves as an update to the three previous messages regarding incarcerated individual gratuity dated March 27, 2020, April 27, 2020, and June 4, 2020. The Department has made the decision due to the budget shortfall that the gratuity cap for Class III positions will remain at \$70.00 through July 31, 2020 and revert back to \$55.00.
07/08/20	CRCC ICP	Message to CRCC – MSC Incarcerated Individuals: MI3 Additional Testing, Importance of Social Distancing & Alternative Housing Locations	Message from the CRCC Incident Command Post to all incarcerated individuals at the CRCC Medium Security Complex regarding additional testing, dayroom activity, and alternative housing updates.
07/08/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 19)	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.
07/07/20	CRCC ICP	Message to Alternative Housing Incarcerated Individuals: JPay Player Syncing for CRCC’s Alternative Housing English/Spanish	Message from the CRCC Incident Command Post to all incarcerated individuals at the CRCC Medium Security Complex Alternative Housing unit regarding the adjustment of the normal 20 day syncing of JPay players.
07/06/20	CRCC ICP	Message to CRCC – MSC Incarcerated Individuals: Medium Unit Dayrooms Social Distancing Expectations & MI3 Additional Testing	Message from the CRCC Incident Command Post to all incarcerated individuals at the CRCC Medium Security Complex regarding dayroom and out-of-cell activities in the medium housing units and additional testing in the long-term minimum housing units.
07/06/20	Headquarters EOC	Message to All Incarcerated Individuals: Free Calls and JPay offerings extended English/Spanish	Message from Assistant Secretary Herzog to all incarcerated individuals regarding the details of the extension of two free weekly calls through July 31, 2020 and specific JPay services from July 12 to August 12, 2020.
07/06/20	Headquarters EOC	Message to All Incarcerated Individuals: Extension of Incarcerated Individuals Gratuity Expiring English/Spanish	Update to March 27, April 27, and June 4, 2020 messages from Deputy Secretary Martin and Assistant Secretaries Herzog and Armbruster to incarcerated individuals regarding the July 31, 2020 expiration of the policy exception that provided gratuity to incarcerated individuals unable to perform their duties due to no fault of their own related to COVID-19.
07/02/20	CRCC ICP	Message to CRCC Employees: Information Update/Direction	Update to the 6/29/20 message from CRCC Superintendent Uttecht to CRCC employees regarding the available call number to receive COVID-19 results for employees to utilize if they have not been contacted within five days of their testing date. Update includes direction from Ben Franklin Transit regarding face covering requirements.
07/02/20	Headquarters EOC	Message to All interested parties: Incoming Incarcerated Individuals from	Update to the 06/26/20 message from Assistant Secretary Herzog to governmental and external

		Coyote Ridge Corrections Center UPDATE	stakeholders providing information regarding the transfer of incarcerated individuals from CRCC.
06/30/20	Headquarters EOC	PRESS RELEASE: Coyote Ridge Correctional Center releases preliminary test results lower than state weekly average	Press release regarding the preliminary test results from Coyote Ridge Corrections Center.
06/30/20	Headquarters EOC	Message to All interested parties: Staff and Incarcerated Individual COVID-19 Testing at CRCC	Message from Secretary Sinclair to governmental and external stakeholders regarding the preliminary test results from Coyote Ridge Corrections Center.
06/30/20	CRCC ICP	Message to CRCC Incarcerated Population: COVID-19 Testing Operation Update English/Spanish	Message from CRCC Superintendent Uttecht to CRCC incarcerated individuals providing an update and data regarding the COVID-19 test results for CRCC employees and incarcerated individuals.
06/30/20	CRCC ICP	Message to CRCC Employees: Staff COVID-19 Testing Operation Update	Message from CRCC Superintendent Uttecht to CRCC employees providing an update and data regarding the COVID-19 test results for CRCC employees and incarcerated individuals.
06/29/20	CRCC ICP	Message to CRCC Employees: Employee COVID-19 Testing Update	Message from CRCC Superintendent Uttecht to CRCC employees regarding the available call number to receive COVID-19 results for employees to utilize if they have not been contacted within five days of their testing date.
06/27/20	CRCC ICP	Message to CRCC Incarcerated Population: CRCC COVID-19 Alternate Housing English/Spanish	Message from CRCC Superintendent Uttecht to CRCC incarcerated individuals regarding temporary alternate housing locations as part of the facility COVID-19 testing plan.
06/26/20	CRCC ICP	Message to CRCC Employees: Staff COVID-19 Testing	Message from CRCC Superintendent Uttecht to CRCC employees regarding COVID-19 test results and serial testing.
06/26/20	Headquarters EOC	Message to All Staff and Incarcerated Individuals: Incoming Incarcerated Individuals from Coyote Ridge Corrections Center English/Spanish	Message from Assistant Secretary Herzog to all Prisons Division employees and incarcerated individuals providing information regarding the transfer of incarcerated individuals from CRCC to other facilities to create capacity and manage the COVID-19 emergency at CRCC. Only individuals who receive two negative COVID-19 tests and remain asymptomatic for fourteen days will be eligible to transfer.
06/26/20	Headquarters EOC	Message to All interested parties: Incoming Incarcerated Individuals from Coyote Ridge Corrections Center	Message from Assistant Secretary Herzog to governmental and external stakeholders providing information regarding the transfer of incarcerated individuals from CRCC to other facilities to create capacity and manage the COVID-19 emergency at CRCC. Only individuals who receive two negative COVID-19 tests and remain asymptomatic for fourteen days will be eligible to transfer.
06/24/20	Headquarters EOC	Message to All interested parties: Second Incarcerated Individual in Washington Dies of COVID-19	Message from Secretary Sinclair to governmental and external stakeholders regarding the passing of

			incarcerated individual William Bryant due to COVID-19 on 6/22/20.
06/24/20	CRCC ICP	Message to CRCC Incarcerated Individuals: Second Incarcerated Individual Death Due to COVID-19 English/Spanish	Message from CRCC Superintendent Uttecht to CRCC incarcerated individuals regarding the passing of incarcerated individual William Bryant due to COVID-19 on 6/22/20.
06/24/20	Headquarters EOC	PRESS RELEASE: Second Incarcerated Individual in Washington Dies of COVID-19	Press release detailing the passing of incarcerated individual William Bryant due to COVID-19 on 6/22/20.
06/24/20	Headquarters EOC	Message to All interested parties: Staff and Incarcerated Individual COVID-19 Testing at CRCC	Message from Secretary Sinclair to governmental and external stakeholders regarding the 6/24/20 start of testing of employees and incarcerated individuals at CRCC.
06/23/20	CRCC ICP	Message to CRCC Incarcerated Population: Staff and Incarcerated Individual COVID-19 Testing. English/Spanish	Message from CRCC Superintendent Uttecht to CRCC incarcerated individuals regarding the beginning of testing of CRCC employees and the incarcerated population on 6/24/20.
06/23/20	CRCC ICP	Message to CRCC Employees: Staff and Incarcerated Individual COVID-19 Testing.	Message from CRCC Superintendent Uttecht to CRCC employees regarding the beginning of testing of CRCC employees on 6/24/20.
06/23/20	Headquarters EOC	Message to All Staff and Incarcerated Individuals: Phased approach to programming and education. English/Spanish	Message from Deputy Secretary Julie Martin and Assistant Secretary Rob Herzog to department employees and incarcerated individuals clarifying the Programs and Volunteers section of the Department's Safe Start Corrections plan.
06/22/20	WCCW ICP	Message to All Incarcerated Individuals, Staff and Stakeholders Washington Corrections Center for Women: Establishing a Regional Care Facility (RCF) at WCCW English/Spanish	Message from WCCW Superintendent Deborah J. Wofford regarding the establishment of a Regional Care Facility at WCCW.
06/22/20	CRCC ICP	Message to CRCC Employees: N95 fit testing at Coyote Ridge	Message from CRCC Superintendent Uttecht to CRCC employees requiring expanded N95 fit testing of all staff for further protection.
06/18/20	CRCC ICP	Message to CRCC's Incarcerated Individuals: First Incarcerated Individual Death Due to COVID-19 English/Spanish	Message from CRCC Superintendent Uttecht to CRCC Incarcerated Individuals regarding the passing of incarcerated individual Victor Bueno due to COVID-19 on 6/17/20.
06/18/20	Headquarters EOC	Message to All Interested Parties: First Incarcerated Individual in Washington Dies of COVID-19	Message from Secretary Sinclair to governmental and external stakeholders regarding the passing of incarcerated individual Victor Bueno due to COVID-19 on 6/17/20.
06/18/20	Headquarters EOC	Message to All Staff: First incarcerated patient dies of COVID-19	Message from Secretary Sinclair to all Department employees regarding the passing of incarcerated individual Victor Bueno due to COVID-19 on 6/17/20.
06/18/20	CRCC ICP	Message to CRCC Employees: First Incarcerated Individual Death Due to COVID-19	Message to CRCC Employees regarding the passing of incarcerated individual Victor Bueno due to COVID-19 on 6/17/20.

06/18/20	Headquarters EOC	PRESS RELEASE: First Incarcerated Individual in Washington Dies of COVID-19	Press release detailing the passing of incarcerated individual Victor Bueno due to COVID-19 on 6/17/20.
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 external 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 Residents 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 restricted movement.
06/11/20	Headquarters EOC	Message to All Appointing Authorities: Quality Assurance Site Visits	Quality 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 reopening 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 reopening 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 reopening 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 Department 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 period, 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 placed 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

05/19/20	Headquarters EOC	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.
		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	<p>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 can resume.</p> <p>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.</p>
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	<p>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.</p> <p>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:</p> <ul style="list-style-type: none"> • 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 Department's 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 personally 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

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.	be used when a Rapid Reentry transfer from prison to the community is in violation or requires termination and return to a facility.
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

05/01/20	Headquarters EOC	Isolation or Quarantine Memo to all DOC staff: Extension of Governor Inslee's Stay Home, Stay Healthy Order	<p>distributed to All DOC Staff on April 1, 2020, incarcerated individuals on either isolation or quarantine status have the opportunity to place Commissary orders.</p> <p>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.</p>
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 Gratuities 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:

04/24/20	Headquarters EOC	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.	<ol style="list-style-type: none"> 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	<p>Memo to all incarcerated individuals and all work release residents: Extension of Temporary Changes to the Public Records Act. English / Spanish</p> <p>Memo to All DOC Staff: Mandatory LMS Training – Personal Protective Equipment</p>	<p>Pursuant to the Governor’s Proclamation 20-28: COVID-19: Open Public Meetings Act and Public Records Act issued March 24, 2020.</p> <p>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.</p>
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

04/14/20	Headquarters EOC	Memo to incarcerated individuals: New & Extended JPay Offerings English/ Spanish	environments 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

04/10/20	Headquarters EOC	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. Memo to Classification Counselors and Work Release Supervisors: PREA Risk Assessments	population and tier reps, discussion included concerns related to DOC COVID-19 response.
04/10/20	Headquarters EOC	Memo to all staff: Mandatory Use of Face Coverings – ALL DOC Locations	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. GTL assessing and repairing technical issues.
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	
04/09/20	Headquarters EOC	GTL phone company notified some prison facilities are experiencing technical issues with incarcerated phone lines.	
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	Headquarters EOC	Updated Employee PPE Protocols for Patients on Isolation or Quarantine	
03/31/20	Headquarters EOC	Active Screening – Administrative Leave Approval	
03/31/20	Headquarters EOC	Memo to all staff: Screening Follow Up	
03/30/20	Headquarters EOC	Memo to incarcerated individuals at work release: Money Orders English/ Spanish	<p>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.</p> <p>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.</p>
03/30/20	Headquarters EOC	Memo to Appointing Authorities: Exception To Policy-Annual Leave Accruals Over 240 Hours	
03/30/20	Headquarters EOC	Memo to All Staff: Rapid Staff Hiring	
03/30/20	Headquarters EOC	WA State DOC COVID-19 Mental Health/Psychiatry Response Guideline Version 2 (March 26, 2020)	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	Memo to incarcerated individuals: Money Orders - English/ Spanish	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.
03/30/20	Headquarters EOC	WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 11)	
03/28/20	Headquarters EOC	Incarcerated Patient at Snohomish County Medical Center Tests Positive for COVID-19 – English/ Spanish	
03/27/20	Headquarters EOC	Temporary Changes to the Public Records Act – English/ Spanish	
03/27/20	Headquarter EOC	Employee PPE Protocols for Patients on Isolation or Quarantine	
03/27/20	Headquarters EOC	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	Memo to incarcerated individuals
03/23/20	Headquarters EOC	Robert Herzog, Julie Martin, Updated COVID-19 Information	
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.	
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	Updates on COVID-19, Health Services, Phones, and JPay information. Health Care co-pay for COVID-19 testing and treatment will be waived.
3/19/20	Headquarters EOC	Rob Herzog memo to all incarcerated individuals, COVID-19 updates including GTL and JPay free and	

3/19/20	Headquarters EOC	reduced opportunities – English/ Spanish 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	COVID-19 Special Population Units Guideline, all facility infirmaries, CRCC Sage Unit and AHCC K Unit (55+ older)
3/18/20	Headquarters EOC	Julie Martin, Robert Herzog memo to all Superintendents and Health Manager Staff.	
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	Headquarters EOC	Secretary Sinclair memo to All Staff	Active Screening Protocol and the use of administrative leave.
3/18/20	Headquarters EOC	Received new Health Services COVID-19 health screening, testing and infection control guidelines criteria (V7).	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	Headquarters EOC	Operational Briefing	
3/17/20	Headquarters EOC	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	Headquarters EOC	Secretary Sinclair all staff memo	All COVID-19 resources now located at DOC.WA.GOV
3/17/20	Headquarters EOC	Planning Group Meeting	
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	Headquarters EOC	SEOC advises via situation report has filled 11% of resource requests from state agencies.	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
3/17/20	Headquarters EOC	Received new Health Services COVID-19 screening criteria (V5).	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 through 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	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 Jeff Ford Safety John Watts
3/14/20	Headquarters EOC	Organizational structure meeting	
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	Headquarters EOC	Notification of HQ 3 rd floor employee positive test result for COVID-19.	
3/13/20	Headquarters EOC	Message to all staff suspending some in-service classes	
3/13/20	Headquarters EOC	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

3/13/20	Headquarters EOC	Message to prisons Appointing Authorities from Rob Herzog.	<p>while still trying to assist in reducing idleness and boredom in our population.”</p> <p>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</p>
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	Headquarters EOC	Notification to ICP, WCCW Close Custody Unit (CCU) placed on quarantine, one incarcerated individual presenting symptoms, isolated from CCU.	Jim Ronnse Health Services reviews and approves sourced thermometer.
3/12/20	Headquarters EOC	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.	
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	WCCW	ICP open at WCCW, Close Custody Unit (CCU) on isolation, and one incarcerated person symptomatic, awaiting test results.	Lt. Simons Incident Commander
3/12/20	Headquarters EOC	CCD strategy meeting	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	Headquarters EOC	Agency briefing	Command and General Staff
3/11/20	Secretary's office Communications Meeting	Set expectation for regular staff messaging to occur by 10am Tuesdays and Thursdays	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	Correctional Industries	Submitted food service, manufacturing and commissary plan to planning team.	
3/6/20	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 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	Headquarters EOC	Provided updated agency pandemic health plan and checklists to all Divisions	
3/6/20	Headquarters EOC	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.	DOCCOVID19@doc.wa.gov
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.	
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	Headquarters	Updated Public Health Pandemic Plan checklists to attach to the Plan.	
3/3/20	Headquarters	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	All Staff	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.	
2/28/20	Headquarters	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	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).	
2/14/20	All Staff	Updated internal message from Health Services regarding Novel Coronavirus	
2/09/20	DOC HQ EOC	Established Headquarters EOC to support SEMD and DOH COVID-19 response.	Responded to request to deploy DOC resources
1/24/20	All staff	Internal message from Health Services explaining Novel Coronavirus	

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

Version 21

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](#)

Contents

Screening.....	2
Health Services Evaluation	2
Testing Procedure	3
Patients at High Risk for Severe COVID-19	5
Infection Control and Prevention.....	6
Infection control and prevention principles:	6
Infection Prevention and Control Categories:	8
Medical isolation:	8
Quarantine:	10
Routine Pre-procedure COVID-19 Testing:	12
Intersystem Transfer Separation:	12
Protective Separation	13
PPE Requirements for Prisons and Work Release Staff:	13
Environmental Cleaning.....	15
Outbreak Testing and Management:	15
Reuse of N95 Respirators:	17
Reuse of N95 respirators:	17
Do NOT reuse and DISCARD N95 respirators if:.....	17
Donning and Doffing of N95 respirator:	18
Donning a NEW N95 respirator:.....	18
Donning a USED N95 respirator:.....	18
Doffing an N95 respirator:	18
Release of Patients into the Community	18
Transportation of Patients with Suspected or Confirmed COVID-19 Disease	19
Contact Tracing and Case Reporting.....	19
Guideline Update Log.....	21

Screening

- 1) **Patients presenting with symptoms prior to Health Services contact:** Direct the patient to immediately don a surgical mask, 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 placed in an isolated area.
- 3) 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.
- 4) **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.
- 5) **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.
- 6) **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.
- 7) **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 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.
 - iv. For further guidance on clinical care of patients with COVID-19 see [National Institutes of Health COVID-19 Treatment Guidelines](#).

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

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 four 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 three 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 does not require specialized supplies for packaging and shipping as samples are picked up through the established Interpath lab courier.
 - (2) Collect COVID-19 specimen per Interpath Laboratories [test collection guidance](#).
 - 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.
 - iv) **Northwest Pathology:**

- (1) Enter the Northwest Pathology online portal, [TestDirectly](#), to enter a testing order.
 - (a) Health Services staff must have pre-authorization to access this site. Contact [Greg Miller](#) to request site access.
 - (b) Fill out the online requisition form for patient testing.
- (2) Collect COVID-19 specimen per Northwest Pathology [test collection guidance](#).
- (3) Ship test sample via FedEx. Pre-paid label, shipping containers and ice packs can be ordered in advance from the [Washington Department of Health](#) or by placing an order for shipping materials through the facility Logistics Section Chief. COVID-19 viral test kits should be ordered through the facility Logistics Section Chief.
- (4) Test results are available through the [Northwest Pathology online portal](#).

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 discourage 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 (staying 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

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 principles:

- 1) Definitions:
 - a) **Medical isolation:** Separating a symptomatic patient with a concern for a communicable disease from other patients. Medical isolation status also applies to asymptomatic patients testing positive for COVID-19.
 - b) **Quarantine:** Separating asymptomatic patients who have been exposed to a communicable disease from other patients through close contact.
 - c) **Cohort:** Grouping patients infected with or exposed to the same agent together. Isolated and quarantined patients should NOT cohort 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 new outer gloves between patients.
 - iii) All PPE should be changed if visibly soiled.
- 4) **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 possible, medical isolation areas should not be located in units housing quarantined patients or general population individuals unless it has been confirmed by environmental analysis that isolation cells are under negative pressure and air is ventilated into the outdoors.
 - c) 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
 - iii) 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 and Quarantine:

(1) Phone Use in Medical Isolation and Quarantine for Areas WITH In-Cell Phone Use:

(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 and Quarantine 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 and Quarantine:

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

(1) Patients should be offered showers starting after day 7 in medical isolation. For patients in quarantine, showers should be offered per custody unit schedule.

- (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:
 - (i) 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) Showers should not be vigorously scrubbed, deep cleaned, or power washed due to concern that these methods could cause virus to be aerosolized.
- (7) PPE for staff or incarcerated individuals cleaning showers used by patients in Medical Isolation:
 - (a) surgical mask, disposable gown, gloves and eye protection**

Infection Prevention and Control Categories:

Medical isolation:

- 1) Medical isolation status is indicated for patients in the following clinical situations:
 - a) Patients identified as having an influenza-like illness or other symptoms potentially caused by COVID-19.
 - b) Asymptomatic patients testing positive for COVID-19.
- 2) All patients placed into medical isolation for influenza-like illness will be tested for COVID-19
- 3) 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.
 - a) Each housing unit and Shift Commander's office will maintain a supply of surgical masks
 - b) Surgical masks will be made available in clinic waiting rooms
 - c) Staff will work to isolate the patient and notify medical if they are identified outside the clinic
- 4) 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
 - a) 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
 - b) If the patient is already in the living unit, isolate the patient in their cell and notify medical
- 5) Droplet precautions will be initiated:
 - a) Droplet Precaution Medical isolation signs will be hung outside the room at cell front
 - b) Proper PPE will be available outside the medical isolation cell or somewhere easily accessible
- 6) All staff must wash hands with soap and water or with alcohol sanitizer prior to entering a patient's cell and removing gloves.
- 7) All patients requiring medical isolation under this protocol who require ongoing use of aerosol generating medical treatments such as continuous positive airway pressure or nebulized bronchodilator treatment should be housed in negative pressure isolation rooms, if available, until release criteria have been met as described in Clinical Management of Medical Isolation Patients #3b below. If a negative pressure isolation room is not available, consult the COVID medical duty officer to discuss placement.

PPE for medical isolation:

- 1) In the following situations, PPE will be comprised of an **N95 mask, eye protection, gown, and gloves**:
 - a) Patients with suspected or lab confirmed COVID-19 while symptomatic with cough or sneezing.
 - b) While performing diagnostic nasopharyngeal swab sample collection or any other potentially aerosol generating procedures.
- 2) In the following situations, PPE will be comprised of a **surgical mask, eye protection, gown, and gloves**:
 - a) 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.
 - b) Any patient who has tested negative for COVID-19 but remains in medical isolation and continues to be symptomatic
 - c) Patients with suspected or lab confirmed COVID-19 without cough or sneezing.
 - d) Asymptomatic patients who have tested positive for COVID-19.
- 3) All staff must wash hands with soap and water or with alcohol sanitizer after leaving a patient's cell and removing gloves.
- 4) 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.

Nursing and Unit Management of Patients on Medical Isolation Status:

- 1) Custody will work with medical staff to determine the best location to house patients on medical isolation status.
- 2) If single cell is 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).
- 3) Symptomatic isolated patients and asymptomatic COVID positive patients must be housed separately from asymptomatic exposed patients (quarantined).
- 4) If possible, avoid isolating patients with suspected or confirmed COVID-19 in cells with open bars.
- 5) As a general rule, isolated patients will not be allowed out of the cell unless security or medical needs require it
- 6) If an isolated patient needs to be out of their cell, they will don a surgical mask during the necessary movement
- 7) Staff will ensure that the patient goes where directed by communication between the sending and receiving area staff
- 8) Any pill line medications will be delivered by medical staff unless medical staff determines the need for a different protocol

Clinical management of medical isolation patients:

- 1) 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.
- 2) 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.
- 3) Patients with laboratory confirmed COVID-19 will remain in medical isolation until they have been asymptomatic for 14 days with the following exceptions:
 - a) Patients with confirmed COVID-19 who are significantly immunocompromised may continue to shed contagious virus after the isolation period is complete. To prevent potential spread of COVID-19 disease from these patients additional time in medical isolation may be required.

- i) Any patient with significant immunocompromise by diagnosis or medication as determined by a medical practitioner will be discussed with the COVID medical group by calling the COVID medical duty officer phone prior to release from isolation in order to determine a strategy to ensure safe release from medical isolation.
- b) Patient with confirmed COVID-19 who require ongoing use of medical treatments that may aerosolize virus, such as nebulized bronchodilators and continuous positive airway pressure (CPAP) will require negative COVID testing prior to release from the negative pressure isolation room.
 - i) Perform the first test on day 15 of medical isolation
 - ii) The patient will remain in a negative pressure isolation room until they have tested negative for COVID-19 on two consecutive tests 48 hours apart. If the patient tests positive for COVID-19 retain in negative pressure isolation and repeat the test in 7 days.
- 4) Patients who tested negative for COVID-19 will remain in medical isolation until:
 - a) 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:
 - i) Mild respiratory illness with a positive influenza test
 - ii) Fever explained by infection at another site, such as UTI or cellulitis
 - b) **OR**
 - c) they have been asymptomatic for at least 72 hours and have tested negative for COVID-19 twice with at least 48 hours between tests
- 5) Patients with symptoms isolated for suspected or confirmed COVID-19 disease who become asymptomatic:
 - a) 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.
 - b) Recommended PPE for these asymptomatic medical isolation nursing checks will include **surgical mask, eye protection, gown, and gloves**.
 - c) 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) Asymptomatic patients testing positive for COVID-19:
 - a) Place in medical isolation for 14 days from the date of the positive test if the patient remains asymptomatic
 - b) If the patient subsequently becomes symptomatic, follow the isolation criteria in Medical Isolation section below

Quarantine:

Patients who are asymptomatic but have been in close contact with confirmed or suspected COVID-19 patients should be placed on quarantine status.

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.**

Nursing and Unit Management of Patients on Quarantine Status:

- 1) Quarantined patients can be housed alone or cohorted with other quarantined patients from the same exposure.
- 2) 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.
- 3) Patients in quarantine should don a **surgical mask** anytime they leave their cell.
- 4) Any pill line medications will be delivered to the quarantined patient by medical staff unless medical staff determines the need for different protocol.
- 5) 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.
- 6) 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.
- 7) Signage indicating that the quarantine cells are under droplet precautions will be hung at the unit or tier level.

Clinical Management of Patients on Quarantine Status:

- 1) Asymptomatic patients are placed on quarantine status after being identified as a close contact of a symptomatic suspected or confirmed COVID-19 case, or an asymptomatic confirmed COVID-19 case.
- 2) Patients placed into quarantine status who are close contacts of confirmed (by a positive COVID test) cases will be tested for COVID-19 with a viral PCR test within 24 hours of confirmation of the positive test result.
 - a) Quarantine patients testing positive for COVID-19 or who become symptomatic will be transferred to medical isolation. Further management of these patients is described in the [Asymptomatic Patients Testing Positive for COVID-19](#) section.
 - b) Patients testing negative for COVID-19 will remain on quarantine status. They will be retested for COVID-19 on quarantine day #7.
 - i) Patients testing negative for COVID-19 will remain on quarantine status until 14 days from the time of last contact with the index case has elapsed.
 - ii) Patients who test positive for COVID-19 or become symptomatic will be transferred to medical isolation. Further management of these patients is described in the [Asymptomatic Patients Testing Positive for COVID-19](#) section.
- 3) 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:
 - a) 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.
- 4) At a minimum patients in quarantine will be assessed twice daily by nursing staff. The assessment will include a temperature check, oxygen saturation, and monitoring for development of any symptoms at a minimum. If the patient develops symptoms, fever, or oxygen desaturation while in quarantine, they will be assessed by a medical practitioner per Health Services Evaluation section step #3.
 - a) For stand-alone camps, Health Services staff will determine scheduling to accommodate assessment of quarantined patients 7 days per week.

- b) 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.
- c) 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.
- d) 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.
 - i) Disposable thermometers should be used by patients if available. If multi-use thermometers must be used, they should be disinfected in between patients.
- 5) Close contacts of patients who test positive for COVID-19 will remain in quarantine 14 days after the last exposure to the patient.

Routine Pre-procedure COVID-19 Testing:

- 1) Community health care providers may require routine COVID-19 testing of asymptomatic patients prior to surgical or other procedures.
 - a) Patients may be housed in their usual housing units without special quarantine or isolation procedures while awaiting test results.
 - b) Staff interacting with these patients may do so without additional PPE other than a **routine face covering**.
 - c) Patients testing positive should follow [guidance](#) above regarding asymptomatic COVID positive patients.

Intersystem Transfer Separation:

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

Intake separation:

- 1) This section applies to all intersystem intakes into DOC facilities, including:
 - a) Community custody violators
 - b) Patients arriving from county jails or other detention facilities
 - c) Work release, GRE, or rapid reentry returns
- 2) Patients will be cohorted together based on day of arrival:
 - a) After testing is initiated no new patients should be added to the cohort. The cohort should have no contact with other incarcerated individuals or other cohorts until the testing process is complete.
 - b) If patients are added to arrival cohorts after the day of arrival the intake separation period resets to day 1 after the last addition to the cohort
- 3) Patients in these categories will be housed separate from the general population as a cohort after intake to the receiving facility
 - a) Within 24 hours of arrival patients in intake separation will be tested for COVID-19
 - i) If the COVID-19 test is negative and the patient is asymptomatic, the patient remains in intake separation and is re-tested on day 7 after intake. If the second test is negative, the patient can be released to the general population on day 10 post intake.
 - ii) Patients becoming symptomatic or testing positive at either point will be transferred to medical isolation and managed according to protocol.
 - iii) If a patient in an intake separation cohort tests positive for COVID-19, all patients testing negative from that cohort will be placed on quarantine status.

- 4) Additional PPE, other than a **routine face covering**, is not needed when interacting with asymptomatic patients in intake separation status.
- 5) If a patient in routine intake separation becomes symptomatic, they should enter medical isolation status and the remaining intake cohort should be placed in quarantine for 14 days.

Protective Separation

- 1) 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.
 - a) At the current time, the following units are on protective separation status:
 - i) CRCC-Sage
 - ii) AHCC K unit
 - iii) All DOC facility inpatient units
 - iv) Other facilities or units if designated by Prisons Health Services Unified Command
- 2) Special direction to staff working on protective separation units:
 - a) Only necessary and assigned staff should have access to this unit
 - b) Staff must wash hands before entering and exiting the unit
 - c) Staff will remove and store their routine face covering and don a new surgical mask prior to entering the unit.
 - d) No staff interacting with quarantined and isolated individuals should be entering these units during their assigned shift
 - e) Staff will wear a face shield over their surgical mask when in protective separation units
- 3) Special direction to incarcerated individuals living on special units:
 - a) Individuals are restricted to their living unit
 - b) Patients are provided a routine face covering for use at all times
 - c) Patients are restricted from eating in main chow halls and meals are delivered to the living unit
 - d) Individuals shall be given pill line at their cells
 - e) Individuals should be allowed to self-quarantine if they choose
- 4) All incarcerated individuals transferring into protective separation units, *excluding facility inpatient units*, will have 2 negative COVID-19 test results. The second test should be collected 7 days after the first. The transfer should occur as soon as possible after the second test result is received. Incarcerated individuals should be screened the day of transfer utilizing the screening questions and temperature checks per protocol for intrasystem transfers.
 - a) Patients transferring into *facility inpatient units* do not require testing prior to transfer:
 - i) At arrival place transferring inpatients into single rooms if possible
 - ii) After arrival patients should not have access to inpatient unit day rooms until they have had two negative COVID test results one week apart

PPE Requirements for Prisons and Work Release Staff:

- **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.
- Contact with asymptomatic individuals who are not on medical isolation or quarantine:
 - a) **Gloves**
 - i) Follow standard universal precautions

- b) **Routine face covering**
- Contact with individuals on medical isolation status:
 - a) In the following situations **N95 mask, eye protection, gown, and gloves** should be worn:
 - i) Contact with incarcerated individuals with suspected or lab confirmed COVID-19 while symptomatic with cough or sneezing
 - b) In the following situations **surgical mask, eye protection, gown, and gloves** should be worn:
 - i) When speaking with a symptomatic patient from outside of an medical isolation cell
 - ii) Any contact with a patient who has tested negative for COVID-19 but remains on medical isolation
 - iii) Any contact with incarcerated individuals with suspected or lab confirmed COVID-19 without cough or sneezing.
 - iv) Any contact with incarcerated individuals who are asymptomatic but have tested positive for COVID-19.
 - c) In the following situations PPE will be comprised of **gloves**:
 - i) Passing items through a closed door cuff port and NO face to face contact
 - ii) If possible, avoid medical isolation in cells with open bars
- Contact with individuals on quarantine status:
 - a) Open bay units:
 - i) Close contact (ex. Temp check): **surgical mask, gown, gloves, eye protection**
 - ii) No close contact (example walking through unit): **gloves**
 - b) Dayroom/or other close quarters:
 - i) Close contact (within 6 feet): **surgical mask, gown, gloves, eye protection**
 - ii) No close contact (example walking through unit): **gloves**
 - c) Pat searches:
 - i) **Surgical mask, gown, gloves** (for every person pat searched), **eye protection**
 - d) Closed door cells with *cuff port*:
 - i) Passing items through cuff port and NO face to face contact: **gloves** only
 - ii) No contact at all (talking through the door): **No PPE required**
 - iii) Close contact: **surgical mask, gloves, eye protection**
 - e) Bar cells:
 - i) Close contact (ex. temp check): **surgical mask, gown, gloves, and eye protection**
- Staff active screening of patients or staff at entry into facilities, health services, or other :
 - a) **Active screening without use of a protective barrier:**
 - i) **Surgical mask, gown, gloves and eye protection**
 - ii) **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 resuming screening.
 - b) **Active screening while using protective barrier:**
 - i) PPE should consist of **gloves and routine face covering**
 - ii) 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.
- All staff working in DOC locations must wear an approved face covering while on duty.

- Staff in protective separation units will wear a face shield over their surgical mask.
- Recommended personal protective equipment for both Health Services and Prisons/Work Release staff is summarized in the linked [PPE matrix](#).

Environmental Cleaning

- 1) 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.
- 2) Disinfectant must be:
 - a) EPA-approved as a hospital/healthcare or broad spectrum disinfectant
 - b) Contain quaternary ammonium
- 3) Management of laundry:
 - a) Laundry from medical isolation or quarantine patients and cells will be placed in rice bags and transported in yellow bags. Contents should be washed/treated as infectious laundry.
- 4) Food service management:
 - a) 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.
- 5) Medical waste from medical isolation and quarantined cells can be discarded using the regular waste disposal process.
- 6) 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**.
- 7) 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:
 - a) **Gown and gloves**
- 8) 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**.
- 9) Areas with potential COVID-19 exposure should not be scrubbed, deep cleaned, or power washed due to concern that these methods could cause virus to be aerosolized.
- 10) Areas with potential COVID-19 exposure should not be vacuumed due to the potential for vacuuming to aerosolize virus.

Outbreak Testing and Management:

This guidance describes management of COVID outbreaks in DOC facilities, including recommendations for mass testing and safe unit operation.

- 1) **Outbreak definition:** An outbreak within a DOC facility is defined as:
 - a. Two or more confirmed cases of COVID in incarcerated individuals occurring within 14 days who reside in the same living area

OR

- b. One or more confirmed cases of COVID in an incarcerated individual AND one or more confirmed cases of COVID in DOC staff working in proximity to the incarcerated individual case/cases occurring within 14 days
 - c. Incarcerated individual COVID cases occurring in intake separation areas are not included in (a) above. Management of multiple cases in intake separation areas will be discussed with Prisons/Health Services Unified Command on a case by case basis.
- 2) **Contact tracing, quarantine, and testing:** Once an outbreak has been identified the Infection Prevention Nurse (IPN), in cooperation with the Occupational Nurse Consultant (ONC), if staff cases are involved, will perform contact tracing of suspected and confirmed COVID cases in order to identify close contacts and determine a recommendation for quarantining of individuals and living areas.
- a. This will be determined on a case-by-case basis considering environmental, clinical, and operational aspects of the scenario in coordination with Prisons/Health Services Unified Command.
 - b. When contact tracing is complete the identified individuals and living areas will be placed on quarantine as indicated. This may occur at the unit level, multi-unit level or facility level, based on details of the contact tracing and potential for wider exposures throughout the facility.
 - c. Patients testing positive for COVID will be moved to isolation or a Regional Care Facility (RCF) based on level of medical care needed.
 - d. Testing of DOC staff should occur simultaneously with incarcerated individual testing in an outbreak setting to limit risk for re-introduction of COVID in populations that have tested negative.
 - e. Staff working in outbreak areas will wear surgical mask and face shield at all times, unless the situation requires other PPE as directed elsewhere in this protocol, for example an N95 respirator replacing the surgical mask during close contact with a symptomatic patient.
 - f. Patients in quarantined living areas will have symptom screening, temperature and oxygen saturation checks two times daily, and will be moved to isolation areas if they screen positive or become symptomatic.
 - g. When symptomatic or COVID positive patients are moved to isolation from a quarantined unit, the remaining cohort will have its quarantine period reset to day 1.
- 3) **Unit operation and cohorting:** Incarcerated individuals in living areas on quarantine during an outbreak situation should be placed into distinct contact cohorts at the beginning of the quarantine period:
- a. Cohorts will be comprised of the smallest number of incarcerated individuals as is operationally feasible.
 - b. Patients should not change cohorts through the duration of the quarantine period.
 - c. Unit operations should be managed so that cohorts do not have contact with other cohorts in the quarantined unit or with any incarcerated individuals outside of the quarantined unit.
 - d. If essential workers, such as porters, kitchen workers, or laundry workers from the quarantined unit/facility are needed to maintain prison operations the facility Incident Command Post (ICP) will discuss the situation with Prisons/Health Service Unified Command at the start of the quarantine to explore solutions for providing unit services while mitigating risk of transmission.
 - e. Continuation of court-ordered programming, religious services and other prison movements outside of the quarantined area should be discussed with Prisons/Health Service Unified Command.
 - f. No transfers should occur in or out of areas on quarantine during an outbreak.

- 4) Serial Testing and Outbreak resolution:** In quarantined areas where COVID positive incarcerated individuals are identified from initial testing:
- Those testing negative initially will be re-tested as soon as initial test results are available, ideally within 48 hours.
 - Subsequent serial testing will be repeated every seven days until all incarcerated individuals in the quarantined area have two consecutive negative results.
 - Once serial testing results show that all incarcerated individuals in the living area have two negative tests AND they have been on quarantine status at least 14 days from their last contact with COVID positive or symptomatic patients, the living area can be removed from quarantine.
 - Prior to moving patients back into a quarantined living area during an outbreak situation, discuss with Prisons/Health Services Unified Command

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

Reuse of N95 respirators:

- Re-use can occur under the following conditions:
 - N95 respirators must only be used by a single individual and should never be shared
 - 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.
 - Keep used respirator in a clean dry paper bag between uses
 - 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)
 - Use a new paper bag each time the respirator is removed
- Always use clean gloves when donning a used N95 respirator and performing a user seal check.
- Perform hand hygiene over gloves before touching or adjusting the respirator as necessary
- 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.
- Perform hand hygiene. Anytime one touches the N95, perform hand hygiene again.

Do NOT reuse and DISCARD N95 respirators if:

- The N95 respirator becomes visibly soiled with blood, respiratory or nasal secretions, or other bodily fluids
- The N95 respirator becomes visibly damaged or difficult to breathe through
- The straps are stretched out so they no longer provide enough tension for the respirator to seal to the face
- The nosepiece or other fit enhancements are broken
- If the inside of the respirator is touched inadvertently
- The respirator was used during an aerosol generating procedure, except when the respirator is protected by a surgical mask as described below.

Donning and Doffing of N95 respirator:

Donning a NEW N95 respirator:

- 1) Perform hand hygiene
- 2) Remove routine face covering
- 3) Perform hand hygiene
- 4) Don gown
- 5) Don gloves
- 6) Don a new, fit-tested N95 respirator and adjust as necessary
- 7) Don a full face shield ensuring it fully covers both eyes and respirator
- 8) Perform patient care activities

Donning a USED N95 respirator:

- 1) Perform hand hygiene
- 2) Remove routine face covering
- 3) Perform hand hygiene
- 4) Don gloves
- 5) Remove the used N95 respirator from the paper bag by the straps
- 6) Don the respirator without touching the front of the mask
- 7) Sanitize gloves and adjust the mask for comfort and to ensure a good face seal
- 8) Remove gloves and perform hand hygiene
- 9) Don gown, new gloves, and full face shield

Doffing an N95 respirator:

- 1) When finished with patient care prior to leaving isolation area, remove gown and gloves and discard
- 2) Perform hand hygiene
- 3) Don new gloves
- 4) Leave isolation area
- 5) Immediately outside isolation area, remove gloves
- 6) Perform hand hygiene
- 7) Put on new gloves
- 8) Remove face mask by touching only the ear pieces
- 9) Remove respirator touching only the straps
- 10) Place respirator in a new, clean paper bag labeled with the user's name
- 11) Remove gloves
- 12) Perform hand hygiene
- 13) 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) When a unit or facility experiences an outbreak, transfers in and out of that unit will be suspended and the situation discussed with Prisons/Health Services Unified Command.
- 4) 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.
- 5) Transportation staff should adhere to the following procedure when doffing PPE after transport of a patient with suspected or confirmed COVID-19:
 - a) Transfer patient to custody of facility staff
 - b) Doff PPE per protocol into nearest garbage can except for mask and sanitize hands
 - c) Return to vehicle and don clean gloves
 - d) Sanitize vehicle
 - e) Doff PPE and sanitize hands
 - f) Don routine face covering
- 6) The transport vehicle will be cleaned and disinfected after use.
- 7) 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) The IPN will report positive COVID cases to their local public health jurisdiction. If the patient was transferred to a second facility for medical isolation or care, the case should be reported to the local public health jurisdiction of the patient's original location.
 - d) 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 Health 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

04/24/2020

- 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

05/06/2020

- 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

05/15/2020

- 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

06/29/2020

- Section Infection Control and Prevention added eye protection to PPE requirement for close contact with asymptomatic confirmed COVID patients
- Section Infection Control and Prevention – Environmental Cleaning corrected placement of laundry to: placed in rice bags and transported in yellow bags.
- Section Contact Tracing and Case Reporting added requirement for reporting confirmed COVID cases to the patient's local public health jurisdiction
- Section Infection Control and Prevention subsection Facility Management of Isolation/Quarantine, added statement that medical isolation and quarantine areas should not be located in the same unit
- Section Infection Control and Prevention subsection Clinical Management of Quarantine Patients revised to require COVID-19 testing of all patients placed on quarantine status who are close contacts of confirmed COVID 19 cases
- Section Infection Control and Prevention added statement recommending against deep cleaning, scrubbing, or power washing due to concerns over aerosolized virus.
- Section Infection Control and Prevention added oxygen saturation monitoring to quarantine nursing assessments

07/20/2020

- Section Infection Control and Prevention Categories, Quarantine, Clinical Management of Patients on Quarantine Status, changed #2 to 'Patients placed into quarantine status who are close contacts of confirmed (by a positive COVID test) cases will be tested for COVID-19 with a viral PCR test within 24 hours.'
- Section Infection Control and Prevention Categories, Medical Isolation- Clinical Management of Medical Isolation Patients- added #3b: Any patient with significant immunocompromise by diagnosis or medication as determined by a medical practitioner will be discussed with the COVID medical group prior to release from isolation.
- Section Transportation of Patients with Suspected or Confirmed COVID-19 Disease #4 added describing procedure for donning and doffing PPE before and after disinfection of the transport vehicle.
- Section Infection Control and Prevention- Environmental Cleaning- added #10 'Areas with potential COVID-19 exposure should not be vacuumed due to the potential for vacuuming to aerosolize virus.'
- Section Infection Control and Prevention Categories- Medical Isolation- added #7 requiring patients on medical isolation who use CPAP or nebulizer treatments to be housed in negative pressure isolation rooms.

- Section Infection Control and Prevention Categories- Medical Isolation- Clinical Management of Medical Isolation Patients- added #3a regarding patients with confirmed COVID-19 using CPAP or nebulizers requiring 2 negative COVID-19 tests 48 hours apart prior to release from isolation.
- Section Infection Control and Prevention Categories- Intake Separation added COVID-19 testing process for intersystem intakes (added to version 19)
- Section Infection Control and Prevention Categories- Post Isolation Convalescent Housing was deleted
- Section Infection Control and Prevention Categories- Quarantine- Intake Separation- changed #3 to 'Patients in these categories should be separated from the general population at the receiving facility for 14 days after arrival if COVID-19 testing is not available or is not feasible due to the patient's length of stay'
- Section Infection Control and Prevention Categories, Separation Prior to Work Release Transfers was deleted
- Section Transportation of Patients with Suspected or Confirmed COVID-19 Disease- added #3 'When two or more cases of confirmed COVID-19 are present within a 30 day time period in a facility's housing unit transfers in and out of that unit will be suspended and the situation discussed with Prisons/Health Services Unified Command.'

09/8/20

- Section Outbreak Testing and Management added
- Section Transportation of Patients with Suspected or Confirmed COVID-19 Disease- changed #3 to 'When the outbreak definition, as defined in the Outbreak Testing and Management section, is met, transfers in and out of that unit will be suspended and the situation discussed with Prisons/Health Services Unified Command.'
- Section Infection Control and Prevention- PPE Requirements for Prisons and Work Release Staff, added #7 'Staff working in or passing through protective separation units will wear a face shield over their face covering.
- Section Infection Control and Prevention- Protective Separation- added 1.a.iii/iv, 2.e, and 4
- Section Infection Control and Prevention- Intake Separation- added #2
- Section Infection Control and Prevention- Intake Separation- deleted #3: Patients in these categories should be separated from the general population at the receiving facility for 14 days after arrival if testing is not available
- Section Clinical Care of Patients with Suspected and Confirmed COVID-19 deleted
- Section Health Services Evaluation- added 4.d.iv: For further guidance on clinical care of patients with COVID-19 see [National Institutes of Health COVID-19 Treatment Guidelines](#).
- Section Testing Procedure 1.b added iv. Northwest Pathology to the list of labs for COVID-9 testing.

IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON FOR
PIERCE COUNTY

State of Washington,)	
	)	No. [REDACTED]
Respondent,)	
	)	COVER PAGE
v.)	
)	
[REDACTED])	
)	
Appellant.)	

In support of his request for conditional release or bond pending appeal, [REDACTED] submits the attached report from the Office of the Corrections Ombuds, RE: Recommendations Related to the DOC COVID-19 Response (August 7, 2020).

Respectfully submitted this 24th day of August, 2020.



Richard W. Lechich – WSBA #43296
Washington Appellate Project – #91052
Attorney for Defendant

**OFFICE OF THE CORRECTIONS OMBUDS REPORT
RECOMMENDATIONS RELATED TO THE DOC COVID-19 RESPONSE**

PREPARED BY

JOANNA CARNS, OCO DIRECTOR

PATRICIA H. DAVID MD MSPH CCHP,

DIRECTOR OF PATIENT SAFETY AND PERFORMANCE REVIEW

August 7, 2020

Introduction

The COVID-19 pandemic is the worst public health crisis to impact the United States in decades. COVID-19 poses a particular risk to people incarcerated within correctional facilities due to confined living spaces, overcrowded populations, and group movements. As has been documented through numerous studies, incarcerated persons tend to have greater underlying health conditions and comorbidities, making them especially susceptible to complications arising from COVID-19. Last, the daily flow of DOC staff in and out of the facilities creates a constant threat of potential infection transmission to the health and safety of both the incarcerated people and the greater communities.

As of August 3, 2020, 319 incarcerated persons and 128 Washington Department of Corrections (DOC) staff have tested positive for COVID-19. At least three persons have died due to COVID-19 – one staff and two incarcerated people. DOC is presently dealing with ongoing outbreaks at several facilities and has experienced at least one mass disturbance by incarcerated persons and several protests by loved ones on the outside – and the pandemic is still far from over.

The impact of COVID-19 on persons incarcerated within DOC has been severe:

- Conditions in medical isolation are often grim, depending on the facility, with symptomatic incarcerated persons allowed a shower and a new change of clothing only once every seven days; one individual reportedly went almost three weeks without a shower. Persons placed in medical isolation are not allowed out of the cell for recreation or fresh air. Individuals at MCC reported unsanitary cell conditions, a lack of meaningful mental occupation as

they sat in a bare cell, and the heavy emotional toll of being disconnected from communication with their loved ones.

- Following an outbreak of COVID at CRCC, facility staff made the difficult decision to significantly restrict movement across multiple housing units to reduce the spread of infection; while understandable in its intention of stopping the spread of the disease, some incarcerated persons reported having to urinate and defecate in their food storage containers due to DOC staff allowing infrequent bathroom trips.
- Transfer restrictions due to COVID have halted individuals' ability to promote to lower security facilities. Community work crews have been halted. Reductions in programming due to social distancing mandates may even impact a person's release from prison; as just one example, an individual in the senior housing unit at AHCC reported that he and others could not access programming required of them by the ISRB and without the programming, he was afraid they would be "flopped" for additional time.
- Many incarcerated persons have had their medical and dental appointments cancelled or postponed due to COVID-19. OCO knows of at least two cases where a patient's chronic abdominal complaints were disregarded until symptoms became so severe that they were sent to the hospital where they were found to require emergency surgery. In another case, a patient who needed tooth extractions for dental abscesses was merely given repeated courses of antibiotics without any exam, despite his complaints of severe pain.
- COVID-19 related restrictions have resulted in the cessation of all in-person visitation, and individuals have reported the mental and emotional anguish of knowing that their loved one is in a prison experiencing an outbreak, but unable to physically see or touch their loved one to know that they are alright. Although video visitation exists, the service is extremely spotty and individuals report many problems in using it.

OCO recognizes that decisions have to be made in real time, in response to a situation that no one expected, by DOC staff who have worked long hours under tremendous stress themselves. However, out of concern for the health and safety of the incarcerated population, the Office of the Corrections Ombuds (OCO) convened a workgroup to analyze DOC's COVID-19 processes and provide insight and advice to OCO on this report. This advisory workgroup included volunteer

community members who had some healthcare background or expertise.¹ Additional valuable insight was gathered from the Stafford Creek chapter of the Black Prisoners Caucus.

The purpose of this report is to provide Governor Inslee and the Washington Legislature with immediate action steps that are necessary to protect both the medical and mental health of the incarcerated persons within DOC custody.

List of Recommendations

- **Full compliance with all of the CDC Interim Guidance on Management of Coronavirus Disease 2019 (COVID-19) in Correctional and Detention Facilities² (CDC guidelines).** The CDC guidelines represent minimum requirements to protect the health and safety of the population.

Improved Social/Physical Distancing

- **Assessment of capacity requirements at each facility to accurately determine the maximum number of incarcerated persons per facility that permits adequate social/physical distancing.**
 - DOC should provide a facility-by-facility report to the Governor, the legislature, and the OCO by September 1, 2020.
 - Once the report is received, the Governor, the legislature, and DOC should strongly consider taking actions for additional releases³ in order to meet these numbers, such as those taken by the Federal Bureau of Prisons⁴ and the California Department of Corrections and Rehabilitation.⁵

¹ OCO wishes to thank community workgroup members Noreen Light, Portia Hinton, Jacqueline Boles, Stephanie Colunga, Sierra Fabrizio, and Dr. Chuck McQuinn.

² OCO is currently in the process of comparing DOC protocols with the current CDC guidelines and plans to publish a comprehensive report by September 1, 2020.

³ Governor Inslee already authorized the release of approximately 1,000 persons who were convicted of nonviolent offenses and approaching release.

⁴ Memorandum from the US Attorney General to the Director of the Bureau of Prisons.

https://www.bop.gov/coronavirus/docs/bop_memo_home_confinement.pdf

⁵ California Department of Corrections and Rehabilitation. CDCR Announces Additional Actions to Reduce Population and Maximize Space Systemwide to Address COVID-19.

Mental Health Support

- **Sufficient alternative forms of activity to support the mental health of the entire population.** These are critical, given that visitation and group activities must be cancelled to promote social/physical distancing. Suggested activities include:
 - Increased free phone calls with family⁶
 - Ensured JPay access, including improved video visitation
 - Improved access to books from the general library
 - At least two and a half hours of physical activity per week,⁷ which includes at least one hour per week outdoors
 - Books, magazines, newspapers, printed articles of interest to the population⁸
 - Materials created/made available by the chaplain
- **Sufficient mental health support for those in medical isolation.** In addition to the items listed in the above section relative to the entire population, OCO recommends the following for those placed in medical isolation:
 - Increased visits from mental health providers
 - Ensured access to personal property, including address book
 - Visualization/mental imagery guides
 - Basic art materials (drawing, painting, clay, beading)

<https://www.cdcr.ca.gov/news/2020/07/10/cdcr-announces-additional-actions-to-reduce-population-and-maximize-space-systemwide-to-address-covid-19/>

⁶ The Stafford Creek Black Prisoners Caucus recommends for consideration that all fees and financial obligations be considered for waiver. These fees are often born by family members of the incarcerated, many of whom are struggling with the economic downturn imposed by COVID-19 in the greater community.

⁷ US Department of Health & Human Services, Physical Activity Guidelines for Americans.

<https://www.hhs.gov/fitness/be-active/physical-activity-guidelines-for-americans/index.html#:~:text=For%20substantial%20health%20benefits%2C%20adults,or%20an%20equivalent%20combination%20of>

⁸ The Stafford Creek Black Prisoners Caucus also suggests consideration of increasing access to LexisNexis through the current JPAY contract as access to the law library has been reduced.

- Working radio and television
 - Food treats (energy bars, popcorn, occasional cookies and other sweets)
 - Tennis ball for bouncing against the wall
 - Origami and other crafts
- **Reopening to visitation as soon as possible, in light of the many emotional benefits of in-person communication with families.** DOC will need to consider creative means of reopening visitation. Some suggestions include:
 - Outdoor visitation during summer months.
 - Non-contact or socially distanced visitation indoors with expanded screening and PPE requirements for visitors.

More Rigorous Screening and Testing

- **Medical surveillance via daily mass screening of the entire population.** Screening should include a combination of temperature screening and verbal symptom-screening questions. To reduce concerns regarding staff workload, DOC should consider utilizing trained and appropriately paid incarcerated workers whose job it would be to conduct screenings on a daily basis and provide daily reports.
- **Testing of staff when there are increased cases in the community surrounding a facility.** This testing – which is in addition to screening of staff prior to entry into the facility – should be performed serially to reduce the chance of introducing the virus into the facility.
- **Expanded testing once a positive test is identified.**
 - Once an incarcerated person tests positive at a facility, testing should be expanded to include all close contacts, as well as all those in the incarcerated person’s unit who fall within the CDC high-risk groups.

- If an indication exists of a larger outbreak (at least one additional positive test), strong consideration should be given to conducting mass testing of all incarcerated people in the unit, and in the larger institution.
- **Implementation of on-site rapid diagnostic (antigen) testing for COVID-19.** Although negative results may still require confirmatory molecular testing in symptomatic cases, rapid receipt of positive test results would allow for immediate isolation to reduce spread of disease.

Improved Infection Prevention

- **Showers daily or at least every other day.** As part of reinforcing the healthy hygiene practices recommended by CDC, those in isolation and quarantine should be allowed to shower daily, or at least every other day⁹ with bath basin on alternate days. Although OCO acknowledges that the plan for once weekly showers was made by the Chief Medical Officer and DOC's Infectious Disease specialist, CDC does not recommend restricting the number of times per week that an ill person can shower.¹⁰ Inadequate cleaning allows accumulation of infectious material on the person's body, which is then shed onto surfaces and potentially in the air, resulting in an increased chance of disease transmission to DOC staff as well as other patients.
- **Sufficient number of face coverings for the incarcerated population to comply with Washington Department of Health (DOH) guidance.** The population should receive:
 - Enough face coverings to allow them to comply with DOH's instructions to wash facemasks after each use (in detergent and hot water, dried at a high heat setting or air-dried in direct sunlight), at least once per day.¹¹

⁹ Harvard Health Blog. <https://www.health.harvard.edu/blog/showering-daily-is-it-necessary-2019062617193#:~:text=While%20there%20is%20no%20ideal,armpits%20and%20groin%20may%20suffice.>

¹⁰ Per discussion with CDC, 4/24/2020.

¹¹ Guidance of Cloth Face Coverings from the Washington State Department of Health. <https://www.doh.wa.gov/Portals/1/Documents/1600/coronavirus/ClothFacemasks.pdf>

- Greater amounts of PPE – face coverings and gloves at a minimum – upon request, and particularly for those who work in sanitation jobs within the facility.
- Face shields or other alternatives for those whose physical or mental health conditions are exacerbated by wearing a cloth face covering.
- **Sufficient ventilation and clean air.** Poor indoor air quality represents a health risk, particularly in high risk populations, and the potential for COVID-19 inhalation exposure via respiratory microdroplets can increase that risk.^{12,13} Facilities should have improved ventilation that supplies clean outdoor air and minimizes air recirculation.
- **Staff compliance with social/physical distancing and face coverings while off-duty.** Staff should understand the importance of preventing infection by complying with social/physical distancing measures and wearing masks even while off work; this is critical in keeping the incarcerated people safe, since staff can inadvertently introduce an infectious organism into the facility. DOC can utilize existing state public awareness campaigns to assist with staff education, and should work with the union to gain compliance for the safety of the entire facility.

Improved Pandemic Response

- **Clear identification of trigger for DOC's response to an outbreak at a facility.** DOC should develop a clear definition of an *outbreak* which, once met, triggers a cascade of events including but not limited to cessation of transfers between units, cessation of transfers between facilities, discontinuation of staff rotations between units, launch of contact tracing efforts, expanded testing, etc. One potential definition is *at least one case*

¹² Morawska L, Milton DK. It is Time to Address Airborne Transmission of COVID-19. Oxford University Press for the Infectious Diseases Society of America.

<https://academic.oup.com/cid/article/doi/10.1093/cid/ciaa939/5867798>.

¹³ World Health Organization Scientific Brief. Transmission of SARS-CoV-2: implications for infection prevention precautions. <https://www.who.int/news-room/commentaries/detail/transmission-of-sars-cov-2-implications-for-infection-prevention-precautions>.

*of laboratory-confirmed COVID-19 in the setting of two or more cases of acute illness compatible with COVID-19 within a 14-day period.*¹⁴

- **Full-time, on-site clinical leadership at all times for the duration of an outbreak.** At the start of a facility outbreak:
 - Clinical leadership should move to 24/7 coverage, with a minimum of on-site presence of the leadership daily. If the Facility Medical Director cannot be physically present, alternate in-person coverage should be provided, such as by the Chief Medical Officer or designee.
 - The Facility Medical Director must be a mandatory member of the facility Incident Command Post (ICP). While the Health Services Managers (HSMs) currently participate in the ICP, many HSMs are former DOC administrative assistants/secretaries who have little to no health care training or expertise.

OCO's current investigation into the outbreak at Coyote Ridge Corrections Center has identified these factors as having contributed to the errors in outbreak management that occurred.¹⁵

- **Regional Care Facility (RCF) for each level of security.** A RCF for each level of security would allow DOC to more easily move those needing medical isolation out of the individual facilities, limiting the potential for spread.
- **Risk assessment tool for screening those who will go into high-risk housing.** This would allow for standardized identification of those who are medically vulnerable versus those who are not, so that appropriate placements can be made.
- **Facility planning by patient cohort, prior to the first positive case.** Each facility should develop and publish a working cohort model within every unit before the first symptomatic patient is identified. Once a symptomatic person is identified, the cohort model should immediately be implemented per affected unit(s). In addition, staff should be trained on

¹⁴ Per the California Department of Public Health, <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/OutbreakDefinitionandReportingGuidance.aspx>

¹⁵ Investigation under way; report to follow.

cohort modeling so that they understand the importance of strictly maintaining every cohort.

- **Contact tracing by formally trained individuals.** DOC should ensure that those involved in contact tracing activities are provided the proper training to perform this task. Examples of training include those provided by the CDC¹⁶ and WHO.¹⁷
- **COVID-19 testing of all mortalities.** The Snohomish and King County Medical Examiner's offices have implemented universal COVID-19 testing for all deaths since April.¹⁸ Similarly, DOC should perform testing on all mortalities involving the population, so that there is early identification of positive cases and appropriate contact tracing and other outbreak-related activities can begin.
- **Clear definitions of urgent versus non-urgent appointments, and a firm plan for resuming non-urgent medical visits as soon as possible.** Decisions regarding access to care can only be consistent across facilities when there are clear definitions. In addition, there must be a phased plan for resuming non-urgent on-site and off-site healthcare appointments, so that patients are not kept waiting indefinitely or until their conditions become emergencies.
- **Clear plan for providing ongoing care for chronic conditions during the pandemic.** Patients with chronic conditions still need to receive treatment despite the pandemic. Their access to care for these ongoing conditions should not be hampered.
- **Early requirement for masks and enhanced hygiene measures by staff.** For future pandemics, DOC should require staff to wear masks and initiate enhanced hygiene measures when an increase in communicable disease activity is reported in the surrounding community.

¹⁶ Centers for Disease Control and Prevention. COVID-19 Sample Training Plans for Contact Tracers, Case Investigators, and Supervisors. <https://www.cdc.gov/coronavirus/2019-ncov/php/contact-tracing/index.html>

¹⁷ World Health Organization. Contact tracing in the context of COVID-19. <https://www.who.int/publications/i/item/contact-tracing-in-the-context-of-covid-19>

¹⁸ Per phone discussion with Dr. Lacy (medical examiner) and Ms. Oie (operations manager), Snohomish County Medical Examiner's Office, 6/3/2020.

Improved Communication with the Population

- **Formal process for having an individual’s COVID-19 related complaints separately addressed, resolved, and acknowledged in writing by DOC leadership.** The concerns of the population related to COVID-19 are currently being blocked at Level 0 of the grievance process and rejected as being non-grievable (“due to the Governor’s proclamations”). Although DOC states that it is gathering these non-grievable complaints and elevating any identified “themes” to HQ leadership, the complainants themselves do not receive direct responses to their individual case complaints.
- **Weekly information updates regarding facility COVID-19 status.**
 - DOC should, on a weekly basis, distribute to incarcerated people and staff information such as number of positive cases at their facility, proper personal hygiene, and significance of social distancing. This will promote compliance with necessary precautions.
 - DOC Health Services staff should take a more active role in dispensing information regarding virus transmissibility, symptoms, risk factors, and health risks (e.g. immediate risk of serious illness or death, long term recovery risks, etc.). This will not only remind the population to report to staff at the first sign of illness, but may help build a positive relationship between the population and their providers. Information could include infographics from the World Health Organization,¹⁹ the CDC,²⁰ and DOH;²¹ these materials are designed for lower reading levels and those who are not English proficient.

¹⁹ World Health Organization. Coronavirus disease (COVID-19) advice for the public. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

²⁰ Centers for Disease Control and Prevention. Coronavirus Disease (COVID-19); print resources. <https://www.cdc.gov/coronavirus/2019-ncov/communication/print-resources.html?Sort=Date%3A%3Adesc>

²¹ Washington Department of Health. COVID-19 educational materials – 26+ languages. <https://www.doh.wa.gov/Emergencies/NovelCoronavirusOutbreak2020/HealthEducation>

From: Richard Lechich
To: ["Gary Johnson"](#); Amanda.Piccoli@courts.wa.gov; [Kristie Barham](#); [PCpatcecf](#)
Cc: [Michelle Prichard](#); [Linda Schramm](#); [Chris Gaddis](#)
Subject: RE: D2 [REDACTED]--STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--Order
Date: Tuesday, August 18, 2020 11:56:00 AM
Attachments: [REDACTED] [Motion MODIFY-BAIL.pdf](#)

Judge Johnson,

If it would help the Court understand the history of the case, I have attached my motion to modify, which is what the Court of Appeals granted and is the basis of the order. As the motion shows, the Court was aware of the history and Judge Costello's ruling. The motion attached all of the previous relevant rulings in the case. A ruling on bail or conditions of release may be reviewed directly under Rule of Appellate Procedure 8.2(b). No notice of appeal or designation of clerk's papers is required.

I am in the process of completing an updated memorandum on why the Superior Court should grant [REDACTED] request for conditional release or bond. I should have it filed shortly.

Respectfully,

Richard Lechich
Washington Appellate Project
206-587-2711

From: Gary Johnson <gjohns2@piercecountywa.gov>
Sent: Tuesday, August 18, 2020 11:40 AM
To: Amanda.Piccoli@courts.wa.gov; [Kristie Barham <kristie.barham@piercecountywa.gov>](mailto:kristie.barham@piercecountywa.gov); Richard Lechich <richard@washapp.org>; [PCpatcecf <pcpatcecf@piercecountywa.gov>](mailto:PCpatcecf@piercecountywa.gov)
Cc: [Michelle Prichard <michelle.prichard@piercecountywa.gov>](mailto:michelle.prichard@piercecountywa.gov); [Linda Schramm <linda.schramm@piercecountywa.gov>](mailto:linda.schramm@piercecountywa.gov); [Chris Gaddis <chris.gaddis@piercecountywa.gov>](mailto:chris.gaddis@piercecountywa.gov)
Subject: RE: D2 [REDACTED]--STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--Order

MS. Piccoli,

I have reviewed the attached Order Granting Motion to Modify Commissioner's Ruling and Remanding to the Superior Court. This is Judge Melnick's Order. His Order requires our court to "...hold a hearing to determine whether bail and conditional release should be set pursuant to RCW 94A.585.30, RCW 9.95.02, RCW 10.73.040, and other applicable rules and statutes pending the resolution of the appeal." In the context of the history of this case the Order is confusing.

Here is the context.

On May 1, 2020 Pierce County Superior Court Judge Jerry Costello issued an Order Denying Motion for Stay of Sentence and for Release. Judge Costello presided over the jury trial that is

now on appeal. A copy of that order is attached hereto. That order contains detailed analysis regarding the facts and applicable law that addresses the same issues that the Order Granting Motion to Modify Commissioner's Ruling and Remanding to the Superior Court requires our court to address. The time for a motion for reconsideration of Judge Costello's order has long passed. It does not appear that the defendant appealed his order.

Thus the confusion.

It may be that the Court of Appeals is not aware that Judge Costello had previously gone to considerable length to address bail and conditional release of the defendant pending appeal in a written order. Notably, it does not appear Judge Costello's subject order was included in the Designation of Clerk's Papers (a copy is attached hereto).

In any event given the, I think, understandable confusion for the parties and the trial court, this matter needs clarification from Judge Melnick. We will certainly proceed in any manner required.

Please note that time is of the essence here as Judge Melnick's Order requires that the commanded Superior Court hearing be held within 14 days of August 13, 2020.

Judge Costello is on recess. As the Presiding Judge of the Pierce County Superior Court I am sending this request for clarification in his place.

Garold E. Johnson
Presiding Judge
Pierce County Superior Court

From: Linda Schramm <linda.schramm@piercecountywa.gov>
Sent: Tuesday, August 18, 2020 10:10 AM
To: Gary Johnson <gjohns2@piercecountywa.gov>
Subject: FW: D2 [REDACTED] --STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order
Importance: High

From: Richard Lechich <richard@washapp.org>
Sent: Friday, August 14, 2020 10:52 AM
To: Linda Schramm <linda.schramm@piercecountywa.gov>
Cc: Kristie Barham <kristie.barham@piercecountywa.gov>
Subject: FW: D2 [REDACTED] --STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order
Importance: High

From: Richard Lechich
Sent: Friday, August 14, 2020 10:47 AM
To: 'linda.schramm@piercecounty.wa.gov' <linda.schramm@piercecounty.wa.gov>
Cc: 'Kristie Barham' <kristie.barham@piercecountywa.gov>
Subject: FW: D2 [REDACTED]--STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order
Importance: High

Good morning,

I was informed that Judge Costello is on recess, and after contacting the court administration, I was informed to contact you. Below is the information and order from the Court of Appeals instructing that a hearing occur on conditional release and bond for [REDACTED] pending appeal.

Respectfully,

Richard Lechich
Washington Appellate Project
206-587-2711

From: Richard Lechich
Sent: Friday, August 14, 2020 9:37 AM
To: supcrtdept7@piercecountywa.gov; michelle.prichard@piercecountywa.gov
Cc: kristie.barham@piercecountywa.gov; pcpatcecf@co.pierce.wa.us
Subject: Fw: D2 [REDACTED]--STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--
Order
Importance: High

Good morning,

Please find attached the order issued by the Court of Appeals yesterday remanding this matter to this Court for a hearing on [REDACTED] request for conditional release and stay of the judgment pending appeal. The Court of Appeals ordered a hearing to occur within 14 days (by August 27, 2020), or upon motion of a party, within 28 days if there is good cause for a continuance.

I intend to file a supplemental memorandum in support of release. I believe the order contemplates a live hearing and I hope to be able to arrange [REDACTED] presence by phone.

Respectfully,

Richard Lechich

Washington Appellate Project

206-587-2711

From: Piccoli, Amanda <Amanda.Piccoli@courts.wa.gov>

Sent: Thursday, August 13, 2020 11:27 AM

To: Richard Lechich; wapofficemail; Kristie Barham; 'PCpatcecf'; pcpatcecf@co.pierce.wa.us

Subject: D2 [REDACTED] --STATE OF WASHINGTON, RESPONDENT V. [REDACTED] APPELLANT--Order

To Counsel and Interested Parties:

Attached is an Order filed today, 8/13/2020.

This will be the only notice you will receive from the court.

The court requests that motions and other correspondence be sent via the Washington State Appellate Courts' Portal. In order to use the portal to file with the courts, you will first need to register and set up a free account at <https://ac.courts.wa.gov>. If you have difficulty accessing the new portal, please contact the Administrative Office for the Courts at 800-442-2169. When filing electronically, please do NOT follow up with a paper copy.

Please contact the court at (253) 593-2970 or coa2@courts.wa.gov if you have any questions or comments.

Thank you.

Amanda E. Piccoli
Case Manager

*Renee S. Townsley
Clerk/Administrator*

*(509) 456-3082
TDD #1-800-833-6388*

*The Court of Appeals
of the
State of Washington
Division III*



*500 N Cedar ST
Spokane, WA 99201-1905*

*Fax (509) 456-4288
<http://www.courts.wa.gov/courts>*

July 29, 2020

Stephanie Jane Richards
Larry D. Steinmetz
Spokane County Prosecuting Attorney's
Office
1100 W Mallon Ave
Spokane, WA 99260-2043
Email

Richard Wayne Lechich
Gregory Charles Link
Washington Appellate Project
1511 3rd Ave Ste 610
Seattle, WA 98101-1683
Email

Jeffrey Uttecht
Superintendent
Coyote Ridge Corrections Center
P.O. Box 769
Connell, WA 99326
jeffrey.uttecht@doc.wa.gov

CASE # 369951
State of Washington v. Julian Almaguer
SPOKANE COUNTY SUPERIOR COURT No. 161025138

Dear Counsel and Mr. Uttecht:

Enclosed is a copy of the Order Granting Release Pending Appeal and Setting Conditions, filed today.

A party may seek discretionary review by the Supreme Court of the Court of Appeals' decision. RAP 13.5(a). A party seeking discretionary review must file a motion for discretionary review in the Supreme Court and a copy in the Court of Appeals within 30 days after this Court's Order. The address for the Washington State Supreme Court is: Temple of Justice, P. O. Box 40929, Olympia, WA 98504-0929.

Sincerely,

Renee S. Townsley
Clerk/Administrator

RST: res

FILED
Jul 29, 2020
Court of Appeals
Division III
State of Washington

IN THE COURT OF APPEALS OF THE STATE OF WASHINGTON
DIVISION THREE

STATE OF WASHINGTON,)	
	)	No. 36995-1-III
Respondent,)	
	)	ORDER GRANTING RELEASE
v.	)	PENDING APPEAL AND
	)	SETTING CONDITIONS
JULIAN ALMAGUER,)	
)	
Appellant.)	

THE COURT has considered appellant Julian Almaguer's motion for stay of sentence pending appeal; the appellant's statement of additional authorities; the record and file herein; and oral argument of the parties.

The motion is based on the following facts, which are not in dispute:

Mr. Almaguer is incarcerated at the Coyote Ridge Correctional Facility in Connell, Washington. He is serving a 26-month sentence for forgery. Mr. Almaguer's offense involved an attempt to cash a \$156 fraudulent check at a Money Tree store in Spokane, Washington.

Mr. Almaguer was released from custody pending trial in Spokane County Superior Court and complied with the terms of release. At his sentencing hearing, Mr. Almaguer requested a stay of his term of incarceration pending appeal. The court denied the request. Although the court found Mr. Almaguer did not pose a danger to the

community or risk of flight, it determined that a stay of sentence would diminish the deterrent effect of punishment. Mr. Almaguer began serving his term of incarceration on July 26, 2019.

On August 5, 2019, Mr. Almaguer filed a notice of appeal. Mr. Almaguer appeals both his conviction and sentence. The briefing on appeal is not yet complete and Mr. Almaguer's case has yet to be set for hearing before a panel of this court. The State filed its response brief on July 23, 2020. In its brief, the State concedes that Mr. Almaguer is entitled to resentencing.

In March 2020, the Governor Jay Inslee began issuing emergency proclamations designed to limit the spread of COVID-19. Mr. Almaguer is 45-years-old and a diabetic. As such, he is at increased risk of harm from COVID-19. The realities of the prison environment make preventing the transmission of COVID-19 difficult. The facility at which Mr. Almaguer has been housed has had an outbreak of COVID-19 among its inmates and staff members. It does not appear Mr. Almaguer has been exposed to COVID-19, but an individual adjacent to his cell has been quarantined due to possible exposure.

Mr. Almaguer is married and has a supportive wife who lives in Yakima, Washington. Mr. Almaguer's wife has filed a declaration stating Mr. Almaguer can live with her during the pendency of his appeal.

During a July 28, 2020, telephonic hearing on this motion, counsel for the State affirmed that Mr. Almaguer does not pose a risk of flight or danger to the community. Mr. Almaguer has not engaged in any misconduct during his current term of incarceration that would undermine his claim for release pending appeal.

The State opposes Mr. Almaguer's request for release pending appeal. Nevertheless, should the court grant release, the parties agree on the appropriate conditions.

Based on the foregoing, IT IS HEREBY ORDERED that the appellant's motion for stay of sentence pending appeal is GRANTED.

Pursuant to RCW 9.94A.585(3), Mr. Almaguer is ordered released pending appeal and shall contact the Spokane County Office of Pre-Trial Services (OPTS) by telephone within 24 hours of his release from custody. The OPTS is a designee of the court and will monitor compliance of Mr. Almaguer with the following conditions of release:

1. Telephonically check in with OPTS on a weekly basis unless otherwise directed by OPTS or the court.
2. No new criminal law violations, including no possession of a firearm.
3. Maintain residence at 2502 Fruitvale Blvd., Apt #105, Yakima, Washington.

4. Appear at all court hearings requiring the appearance of Mr. Almaguer. If a ruling or decision by the appellate court affirms the conviction and sentence or dismisses the appeal, and no further court dates are issued, Mr. Almaguer shall report to serve the remainder of his term of incarceration within 30 days of issuance of the appellate mandate, as directed by the State, the court or the Department of Corrections.

5. No contact with any Money Tree branch or similar check cashing institution. This restriction does not apply to any FDIC-insured banking institution.

6. Comply with all COVID-19 directives issued by the state or local authorities applicable to the county of residence.

The OPTS is open from 8:30 a.m. to 12:00 p.m. and 1:00 p.m. to 4:30 p.m., Monday through Friday. The OPTS check-in telephone number is (509) 477-3881.

Counsel for Mr. Almaguer shall ensure Mr. Almaguer and his wife understand the terms of release. Counsel for the State shall make the OPTS aware of the terms of this court's order.

PANEL: Judges Pennell, Siddoway, and Fearing

FOR THE COURT:



REBECCA L. PENNELL
Chief Judge

DECLARATION OF FILING AND MAILING OR DELIVERY

The undersigned certifies under penalty of perjury under the laws of the State of Washington that on the below date, the original of the document to which this declaration is affixed/attached, was filed in the **Court of Appeals – Division Two** under **Case No.** [REDACTED] and a true copy was mailed with first-class postage prepaid or otherwise caused to be delivered by other court-approved means to the following attorney(s) or party/parties of record at their regular office / residence / e-mail address as listed on ACORDS / WSBA website:

☒ respondent Kristie Barham, DPA
[kristie.barham@piercecountywa.gov]
[PCpatcecf@co.pierce.wa.us]
Pierce County Prosecutor's Office

☐ Attorney for other party

☐ appellant



MARIA ANA ARRANZA RILEY, Legal Assistant
Washington Appellate Project

Date: November 6, 2020

WASHINGTON APPELLATE PROJECT

November 06, 2020 - 1:37 PM

Transmittal Information

Filed with Court: Court of Appeals Division II
Appellate Court Case Number: [REDACTED]
Appellate Court Case Title: State of Washington, Respondent v. [REDACTED] Appellant
Superior Court Case Number: [REDACTED]

The following documents have been uploaded:

- [REDACTED]_Motion_20201106133444D2616324_8086.pdf
This File Contains:
Motion 1
The Original File Name was washapp.110620-04.pdf

A copy of the uploaded files will be sent to:

- PCpatcecf@piercecountywa.gov
- anne.egeler@piercecountywa.gov
- kristie.barham@piercecountywa.gov

Comments:

Sender Name: MARIA RILEY - Email: maria@washapp.org

Filing on Behalf of: Richard Wayne Lechich - Email: richard@washapp.org (Alternate Email: wapofficemail@washapp.org)

Address:
1511 3RD AVE STE 610
SEATTLE, WA, 98101
Phone: (206) 587-2711

Note: The Filing Id is 20201106133444D2616324