

# COVID-19 PANDEMIC

## AFTER ACTION REVIEW (AAR)

### AGENCY INPUT

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**Agency:** Washington State Department of Corrections

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### Executive Summary

The Washington State Department of Corrections (DOC) has been responding to and planning for SARS-CoV-2 (COVID-19) since February 2020. DOC's response to the COVID-19 pandemic has been based on guidance provided from the Office of the Governor, Washington State Department of Health, Office of Financial Management, Washington State Labor and Industries, DOC executive leadership, the Center for Disease Control, and clinical direction from the DOC Health Services Division.

This report focuses on organizational impacts of the pandemic on the DOC, which includes 12 prison facilities, 12 community reentry centers, 80+ community corrections field offices, Headquarters, and numerous administrative offices located throughout the state.

The purpose of this report is to record the state's impacts from COVID-19 to help improve response to future pandemics and large-scale events. Information from this report will be used to inform the creation of a Washington State Comprehensive Statewide Pandemic After Action Review (AAR), as directed by Senate Bill 5092 (2021). It describes what worked well and what could be improved. As of the date of this review, the DOC is continuing to respond to the COVID-19 pandemic. The time-period addressed in this report is March 2020 through January 2022.

The following inputs were used to generate the information contained within this report:

- Document review, including emergency management plans, emails and memos sent by the DOC Joint Information Center and the DOC Emergency Operations Center (EOC),
- The agency's public-facing website including, but not limited to, the Data Dashboard and the Significant Events Timeline,
- A survey distributed to approximately 40 key department staff, liaisons, and external stakeholders allowing an opportunity to give feedback on their experiences within the pandemic response,
- Informal interviews with numerous other internal and external stakeholders.

The report discusses the general ability to maintain continuity of operations and core correctional services to the incarcerated and supervised populations.

Particularly during periods of staffing shortages, the DOC relied on maintaining identified Essential Functions as indicated in the agency's **Continuity of Operations Plan**:

1. Continue the safe and secure operation of all DOC prisons and community reentry centers to ensure community safety.
  - a. Electronic Security Systems (video, controls, gates, locking systems, doors), and
  - b. Facility infrastructure (heat, ventilation, water and sewage, power, lighting).
2. Maintain the capacity to perform core correctional operations of all DOC prison and community reentry centers.
  - a. Food, Sanitation, Hygiene, Clothing, (essential functions supported by incarcerated workers)
  - b. Recreation,
  - c. Medical Care (physical, dental, and mental health),
  - d. Transportation,
  - e. Mail, Telephone, Grievances, Access to courts, Religious Exercise, and
  - f. Classification and Case Management and out-of-state boarders.
3. Continue to supervise individuals in the community that are identified as Least Restrictive Alternative (LRA), Sexually Violent Predators (SVP), and those that are categorized as highest risk to reoffend.
4. Continue to supervise individuals on Interstate Compact Offender Adult Supervision (ICOAS) in the community.
5. Maintain the capacity to respond to and manage incidents/events when and where they occur.
6. Maintain the ability to manage and deploy department resources to support DOC operations, the Washington State Patrol and/or Emergency Management Division when requested.
7. Correctional Industries must have the ability to continue to provide essential services in support of operations on McNeil Island.

These priorities also inform the establishment of department-wide Emergency Staffing plans.

## **Significant Statistics**

- Prison incarcerated population COVID-19 cumulative confirmed cases = 12,322
- Prison incarcerated population COVID-19 deaths = 16
- Prison staff COVID-19 cumulative confirmed cases = 3,173
- Prison staff COVID-19 deaths = 4
- Work Release Community reentry center incarcerated population COVID-19 cumulative confirmed cases = 279
- Work Release Community reentry center staff COVID-19 cumulative confirmed cases = 140
- Community Corrections staff COVID-19 cumulative confirmed cases = 246

## Internal DOC Impacts

The Department of Corrections began supporting the Department of Health (DOH) response to COVID-19 on February 9, 2020, by deploying members of the Department's Incident Management Team (DIMT). An advanced contingency planning team launched on February 28, 2020, to support the DOC response. The DOC officially opened its Emergency Operations Center (EOC) at Headquarters in response to COVID-19, including representatives from health services, on March 2, 2020. Shortly thereafter, two Unified Area Commands were established to support correctional operations.

Appropriate subject matter experts were gathered from across the department to adapt and update existing pandemic guidance. Appropriate and timely communications were sent with the information known at the time to appropriate stakeholders. Policy and operational changes were made utilizing the available information. Staff across the department were flexible and resilient throughout the numerous impacts and changes. Staff across job classes and disciplines stepped up and came together as a team to find creative solutions to a pandemic that no one had experience with or could have predicted. COVID-19 has touched every corner of the DOC. Outbreaks have been experienced at all prison facilities and community reentry centers. Despite a robust slate of operational policies and practices being implemented, little could have been done in advance to prepare for an event of this scale. Correctional operations and prison facilities were not designed or built to mitigate the effects of, or response to pandemics.

COVID-19 has significantly impacted correctional operations in both congregate living facilities and in community corrections. Screening for COVID-19 at all facilities and offices was quickly implemented. However, it required a marked increase in resources to sustain these processes, to deal with contact mapping, and to implement the associated return to work processes. The agency responded swiftly to reduce the footprint of staff in administrative offices by expanding telework options for many. The isolation and quarantine strategies utilized in response to outbreaks in congregate living facilities significantly impacted nearly every operation and at times required suspension of all programming for incarcerated individuals. The incarcerated populations were placed on restricted movement on numerous occasions and were required to change housing assignments quickly depending on testing outcomes. The population had to be sorted and housed in separate locations: Isolation, Quarantine, and Recovered. Given social distancing guidelines, facilities quickly ran out of space to appropriately house the population and had to use classrooms, gyms, tents, and other non-traditional spaces to meet these needs. Staffing levels were also heavily impacted and at times clinical strategies were difficult to carry out due to the shortage of staffing resources. Providing essential health care treatment and resources were difficult, due to the huge scope of the incident and staffing shortages.

The DOC EOC has been operational for approximately 24 months. The EOC is working towards transitioning responsibilities to existing work groups within the department to establish new normal operations, with the goal of eventually demobilizing the EOC. Overall, agency staff have been resilient and hard-working in the face of very challenging situations.

## External Guidance

Throughout the pandemic, the DOC had to continually process new information and advice from the Centers for Disease Control (CDC), Washington Department of Health (DOH), and the Office of the Governor. The Office of Financial Management (OFM) guidance process implemented for 24/7 facilities were at times challenging to implement. The guidance was intended to be implemented across facilities that are primary medical facilities, state hospitals, and juvenile facilities. The nature of the mission of those types of facilities do not always fit with the unique environment of correctional settings. The agency requested legal exceptions to some mandates to continue performing mission essential functions. Due to the various operational settings within the DOC, it was necessary to follow general guidelines, as well as guidelines for congregate living settings.

Sometimes guidance was released without any notification which was disruptive to our response. When significant process changes were made to guidance, there was substantial pressure to implement the new guidance quickly. That was problematic without significant change management systems already being in place.

## DOC Operational Modifications

Extensive operational modifications were made across the department. Every aspect of DOC operations had to be adjusted, including the way the agency managed and interacted with incarcerated individuals, staff, visitors, and outside stakeholders. Strategies were designed to improve the safety for staff and the incarcerated. At times, it was difficult to implement new processes and protocols to a way that labor unions and family councils could support. The EOC stood up a policy group early in the response to ensure policy gaps could be addressed in a timely manner. DOC saw substantial impacts to agency budget and business services especially in regard to accounting, tracking, payroll, procurement, and other infrastructure areas.

Consistent with Washington's ***Healthy Washington – Roadmap to Recovery***, a Safe Start Plan was initiated by DOC on August 15, 2021 and has been updated monthly thereafter to capture the ongoing operational phased reopening of the agency. Throughout the pandemic the DOC employed a collaborative effort with partner stakeholders to mitigate issues as they occurred to the best of the agency's ability.

## **Transportation**

Transport modifications were essential due to the close and enclosed nature of vehicles as well as concerns about spreading infection between transport locations. These standards were updated frequently to keep pace with COVID-19 protocols. Particularly challenging for the agency was managing incoming incarcerants from local jails, as well as booking considerations for community violators. During the spring of 2020, nearly all county jails ceased accepting new bookings for supervised individuals returning to incarceration due to sentence violations. This created challenges and concern for facilities around infection control and proper sanitation of vehicles

between transports. Additional vehicles containing partitions were purchased to safely move incarcerated individuals to areas throughout the state.

Movement of individuals into the DOC system and amongst facilities was severely restricted and occasionally stopped, due to concerns about spreading infection due to transfers and transports. During the early stages of the pandemic, county courts were largely shut down, which resulted in reduced numbers of sentenced individuals entering DOC custody. This was helpful in reducing transport needs as well as lessening facility densities.

### **Communications**

A Joint Information Center (JIC) structure was set up to manage the growing information needs for internal and external stakeholders. The JIC was tasked with maintaining regular communication with staff, the incarcerated, and stakeholders including the Office of Corrections Ombuds, the Statewide and Local Family Councils, the Attorney General's Office, the Office of the Governor, and the media.

Early in the pandemic response, the DOC proactively established outgoing web-based communications through a public facing DOC COVID-19 web page. Throughout the response, the demands for information made it difficult to keep up with all that was simultaneously occurring.

Overall, DOC was not prepared for the high demand for communication that was needed at each facility, and at each reentry center. The caliber and quantity of staffing needed to maintain the high volume and high demand of communication did not exist at the facility level. As the pandemic continued, demands for information among staff, the incarcerated and stakeholders drove more innovative ways to communicate. Regular updates were made on the external website, social media, bulletins, the ombuds, and weekly calls with the family councils. In hindsight communicating more broadly would have been more helpful.

### **Training**

Academy classes were reduced in attendance, socially distanced, and the use of personal protective equipment was implemented. Non-custody academies were halted for a time, then resumed in a shortened format. Non-facility based new employees were moved to online instruction or Virtual Instructor-Led Training for New Employee Orientation. Annual in-person classroom-based annual refresher classes were stopped; Classroom in-service training classes were converted to online eLearning. The training unit shifted gears very quickly and implemented testing requirements along with necessary precautionary measures and extra PPE, particularly during close contact defensive tactics classes.

### **Human Resources (HR)**

Many policy decisions involved human resources. A HR strike team was developed to ensure rules and guidance were legally defensible and did not violate policy or collective bargaining agreements. Additional nurses and screeners were hired for the Occupational Health and Wellness Unit to implement of secondary screening processes. This drove the need to develop ways track and send notifications as these staff were generally working remotely. These

employees also interviewed staff about close contact exposures and monitored symptoms of staff who were on isolation status. These processes were necessary to ensure employees who tested positive were consulted with and returned to work when it was safe.

The HR Team was understaffed to support several key response functions within the agency. When masking was required, HR had to verify staff vaccination status to comply with guidelines that came out from OFM. For an agency the size of DOC there was a significant impact to HR on managing that volume of work. Vaccination mandates and fit testing requirements, as well as the large workload of secondary screenings during the pandemic outbreaks were especially challenging. The efforts made to initiate mapping/contact tracing with internal resources was a huge undertaking as local health jurisdictions couldn't consistently respond to the agency's immediate needs. There were also notification requirements that required letters be sent to staff members. This was a challenge when facilities experienced up to 50 impacted staff simultaneously. HR developed protocols, checklists, and processes to support this new work across divisions.

HR was also under-resourced to support the recruitment needs of the Health Services Division during a pandemic, as the resource needs were limited and in high demand.

### **Telework/Remote work**

One of the early responses was to expand the use of teleworking, or remote work, to reduce worker density in applicable offices and workspaces. Prisons and community reentry centers custody staff were not generally able to work remotely, nor were most Health Services or CI staff. Employees who didn't have direct incarcerated/supervised individual contact were generally directed to work from home.

Routine and regular use of conference calls, Skype, and eventually Microsoft Teams were employed since in-person meetings were not permitted. Pre-pandemic, the culture of remote work in the DOC had been only minimally accepted or utilized. Throughout the last two years, a major cultural shift has taken place in the DOC, including normalization of remote work and the dependance and acceptance of virtual meetings. While many employees embrace the flexibility of remote work, some employees no longer view it as a blessing and are anxious to return to in-person work.

When employees were sent home or offsite to work, demand for laptops and peripheral equipment such as monitors, cellular phones, VPN access, and information technology (IT) support were initially in high demand. Requests for these resources has continued to strain IT resources to some degree. Throughout this event, not enough IT equipment has been available to meet worker needs. Due to a combination of increased demand and supply chain issues, the DOC modified existing telework policies. The list of equipment staff were permitted to take off-site included desktop computers, monitors, desks, chairs, and nearly anything else that was portable enough to transport. Due to increased demand, IT staff were not always readily available to respond to requests for assistance, especially considering the nature of the agency's 24/7 operations. Staff in remote areas have had difficulty connecting to the network or purchased additional home network equipment to make their home systems work.

Due to the increased demand for IT staffing nationwide, vacant IT positions have become extremely difficult to fill due to pay scale constraints.

### **Emergency Staffing**

Throughout the pandemic, staff from multiple DOC operational areas across the state were deployed to facilities to help mitigate staffing issues experienced during active facility outbreaks. This cross-divisional work has helped to create a better understanding system-wide of the work occurring throughout the DOC. In terms of agency resiliency, this practice makes a clear justification for cross training of staff on work that occurs throughout the agency. Cross trained staff adds to the number of staff available to have in reserve to carry out essential functions. Many staff had to be redeployed to work on strike teams, thereby creating absences requiring continual temporary assignments. Some staff whose “regular” duties were categorically “non-critical” from a continuity standpoint, were diverted to critical work, such as specialty teams, incident management, food service, symptom screening, contact mapping, COVID-19 testing, etc.

When additional living spaces were opened to assist with separating incarcerated populations, staffing for these additional areas did not exist, resulting in overtime amongst already fatigued staff. On average, correctional officers working 30+ hours of mandatory overtime a month was not uncommon, excluding any additional voluntary overtime that may have been mutually agreed upon. Pre-pandemic, the agency was already facing a staffing shortage. Decreased staffing levels coupled with an increased need for staff has continued to have a negative effect on staff. Staff fatigue is extremely high. Increased recruitment efforts to hire staff have not yet garnered a sustainable workforce and continues to be of significant concern.

### **Return to Work**

Guidance for operational areas experiencing significant staffing needs was developed to ensure critical staffing levels were in place to maintain mission critical functions. A phased approach to staffing was created with different levels of staffing required for each of the phases identified. These new emergency staffing phases were somewhat correlated to the DOC’s pre-existing emergency staffing plans.

## **COVID-19 Risk Mitigation Impacts**

Almost immediately, the DOC started employing social distancing protocols to maintain distance between people within DOC spaces. Entry screening questions and temperature checks were implemented for entering DOC buildings.

The DOC implemented a PPE Matrix for staff and the incarcerated population, which was updated as clinical guidance warranted. Initially, there was at least a concern that PPE supply chains would experience shortfalls. Many staff were fitted for N95 respirators, and staff were initially issued expired N95s until more became available. Later in the response, staff were authorized to voluntarily use N95 respirators.

The DOC testing protocols contained parameters for the testing of staff, vendors, incarcerated individuals, visitors, and contractors. Supply acquisition was coordinated with DOH and the State Emergency Operations Centre (SEOC) as well as the Emergency Management Division (EMD) to acquire testing supplies and all PPE needs.

By late 2020, Rapid Antigen Tests were widely used within the agency. Weekly COVID-19 serial PCR testing of staff and work release residents was implemented as a protective measure. Staff weekly testing required additional staff which further resulted in additional work loads, overtime, and staff fatigue.

Testing of the incarcerated population was conducted per the DOC COVID-19 Screening, Testing, and Infection Control Guideline. This guideline was updated frequently and have expanded considerably since March 2020. They dictate screening and testing practices used within the incarcerated population, as well as cleaning and sanitation practices that have agency-wide application. Incarcerated individuals were tested if they were identified as being symptomatic. Pre-release COVID-19 testing has been conducted for incarcerated individuals releasing to the community.

## **Divisional Impacts - Prisons**

Prisons are not designed for the unique ramifications of pandemic response and mitigation. A unified command approach was initially developed between the prison and health services divisions to collaboratively make decisions regarding outbreak prevention and response. The DOC rented and purchased temporary housing, i.e., tents, to be deployed as needed during outbreaks.

Movement and programming within prisons has been drastically adjusted. Individuals are now moved about the facility in smaller cohorts. This has translated to less time in programs and recreation, which limits operational ability.

Security practices have been adjusted as necessary. For example, pat searches were all but discontinued and general searches were reduced. Hand sanitizing stations were placed in



common areas of the prisons. The sanitizer was locked and limited in the amount that could be dispensed, due to actual incidents/concerns with incarcerated individuals ingesting it.

### **Divisional Impacts - Health Services**

When DOC started planning to mitigate COVID-19, initially there were some delays looping health services/clinical into prison based operational discussions. It became clear that everything DOC did had a clinical implication. The uniqueness of correctional security often clashed with emergency medical standards. Since guidance released from state and federal authorities were often not written with correctional settings in mind, adaptation and modification of these guidelines was frequent and necessary. Clinical protocols were updated frequently as federal and state guidelines warranted.

Housing space to medically isolate or medically quarantine incarcerated individuals has been one of the most challenging aspects of the pandemic. Previously closed units that had been warm-closed in response to declining incarcerated populations were reopened to accommodate socially distanced pandemic housing. It often also became necessary to temporarily convert common area such as gyms or chapels into alternate housing areas for these separated populations. Additional suitable locations, referred to as Regional Care Facilities (RCF), were identified by key stakeholders, including local facility subject matter experts, and were used to house COVID-19 positive incarcerated individuals. These patients required more comprehensive medical attention and physical isolation from healthy populations but did not require hospitalization.

During the pandemic DOC needed to hire an additional physician to partner with the medical team who focused on incarcerated individuals.

### **Divisional Impacts – Reentry/Work Release**

The impacts of COVID-19 have been felt across the entire Reentry Division. Community reentry centers saw more positive cases as staff and residents increased interaction with surrounding communities. Staff continue to contact map out due to exposures in the community. Outbreaks at reentry centers have impacted and temporarily suspended transfers from prisons to lower custody levels.

The Graduated Reentry (GRE) program and Electronic Home Monitoring have been heavily impacted due to COVID-19 operations. Impacts include movement restrictions and changes in home status for incarcerated individuals with COVID-19 positive family members. For example, if community-based reentry staff are mapped out, they cannot conduct home investigations which are required for partial confinement GRE releases.

The Department of Health has been an excellent partner for reentry center facilities by agreeing to host residents in need of isolation and quarantine at Camp Solomon, and at other DOH contracted housing around the state.

## **Divisional Impacts – Reentry (Correctional Industries)**

Much of the work performed by CI supports correctional facilities statewide, as well as the work of other state agencies. CI work is predominantly performed by incarcerated individuals. When the incarcerated workforce was held in quarantine or isolation, the continuity of CI work became a challenge. Most notable was the assistance needed to keep up with the volume of food preparation, as well as filling larger than usual commissary orders. Gaps created by a lack of available workers were filled by agency staff who volunteered to be deployed for this work.

### **Food Service**

Food service operations were markedly impacted by supply chain delivery limitations. During isolation and quarantine protocols, the food service operations lacked incarcerated workers. Coupled with staffing shortages, external staff were required to be deployed to assist with food service preparation. Additional support was needed to ensure these operations remained fluid, since those sites support multiple other facility food service operations.

Food service delivery for large volumes of the incarcerated population within facilities has been adjusted to provide meals for inmates in their assigned living units as opposed to in a centralized food service area. This action has made it easier for the incarcerated to keep fresh fruit from their meals, a practice that is not allowed. Because of this DOC has noticed a significant rise in cell-brewed alcohol, commonly known as “pruno”.

### **Laundry**

During isolation and quarantine protocols, laundry operations at times lacked incarcerated workers and experienced staffing shortages. In response, additional agency staff were deployed to those areas to augment laundry operations. Additional support was also sometimes needed to ensure these essential sanitation operations remained fluid. At times it was necessary to contract laundry services out due to a shortage of incarcerated workers to perform that function.

### **Marine Operations**

The Marine Department is responsible for the operations of ferries to and from McNeil Island to support the operations of the Department of Social and Health Services Special Commitment Center. These ferries are essential to shuttle personnel and essential supplies to and from the island, in support of island operations. During pandemic outbreaks, maintaining these operations has been a challenge due to impacted ferry staff. Additionally, incarcerated work crews from Cedar Creek Corrections Center support maintenance operations on the island. COVID-19 outbreaks at the Cedar Creek facility in turn have impacted operational support for the island.

### **Manufacturing**

The manufacturing arm of CI was able to pivot operations to produce signs and materials to mark social distancing guides for staff and the incarcerated population. Operations were also shifted to manufacture face shields, gowns, and plexiglass barriers for workstations and visiting. These products supported not only the DOC but other state agencies as well.

## **Divisional Impacts - Community Corrections**

During the pandemic, Community Corrections Division (CCD) field offices were closed to the public, which included supervised individuals and community members. Program delivery within CCD was sharply reduced. During required in-home investigations for some releasing incarcerated individuals to the community, officers mostly stopped going in person to proposed residences. Instead, they conducted address approvals during virtual meetings and via file reviews, as necessary.

CCD restricted most external operations, such as warrant sweeps and law enforcement assistance. As COVID-19 impacts expanded, jails stopped accepting community violators for booking. This has diverted the bulk of those incarcerated individuals into DOC custody for short term sentences. Housing this temporary population has been challenging for most facilities due to incoming infection control concerns.

With the operational restrictions placed on the work of the CCD, the division graciously lent staff to other divisions to assist with the increase of staff needed for DOC's COVID response. This was especially true for work they assisted with in Prisons, Work Release, Correctional Industries, Health Services and testing support. Literally hundreds of CCD staff were deployed to these locations during the two-year response period, which provided much needed staff relief. It also resulted in the side benefit of greater operational understanding across divisions.

In November 2021, CCD had planned to resume somewhat normal operations, however, due to an increase in COVID-19 cases, the resumption of normal operations has been suspended. DOC leadership is mindful of the next steps and continues to plan for future operational capacity as the pandemic allows. CCD intends to resume some modified operations in March 2022.

## External Impacts

The principal 'customers' of the DOC are the incarcerated and supervised individuals in the agency's care and custody. The impacts to this population have been significant. Programming and activities such as visiting, education, and recreation, have been heavily impacted. At times, religious and mental health outreach have been limited to cell-front opportunities. The population has had to endure multiple periods of isolation and quarantine as COVID-19 activity increased and decreased throughout the pandemic. Mealtime movements have been intermittently modified, or eliminated, and cell-front feeding was imposed to reduce congregating in dining halls. During times of outbreaks, the incarcerated were sometimes housed in alternative living areas such as recreation areas, chapels, education buildings, or large field tents. For most of two years now, the incarcerated population has been on some form of restricted or reduced movement.

The DOC has tried to increase morale and improve the quality of life amongst the population by purchasing additional televisions, adding telephones, distributing activity/comfort bags, as well as increasing commissary purchasing limits.

Visits have been suspended for a collective 17 months since March of 2020. These visitation restrictions, put in place to limit COVID-19 transmission in facilities, lead to unintended consequences in the quality of life and mental health of incarcerated individuals and their loved ones. To help mitigate these impacts, free phone calls and increased video visits were arranged with support of the vendor to improve family connection and engagement between incarcerated individuals and their community supports. DOC is planning for some visiting to resume beginning March 2022.

The DOC communicated regularly with the incarcerated population, releasing frequent messages when program modifications occurred. However, with frequent restrictions or movement due to quarantine or isolation, many of the incarcerated became weary of frequent departures from normal operations. Visitation and Extended Family Visit cancellations, as well as lack of regular access to family and friends for two years, has created tension within the population.

## Interagency Impacts

Like everywhere, the past two years have been challenging for the DOC. An unintended consequence of the pandemic were the limitations with our partnerships with stakeholders in the community – specifically with jails and law enforcement. The agency has built strong relationships with outside agencies. Community law enforcement and partner jails are examples of this collaboration. As the pandemic unfolded, a major issue became the availability of booking locations for community corrections violators. Early on, most contract jails stopped taking agency violators.

On two occasions the Department had to suspend the intake of newly committed individuals from county jails. This caused a hardship on county partners; however, was unavoidable due to the impacts COVID-19 was having on statewide operations and capacity. DOC is currently planning to supply test kits to partner jails to use for their DOC contracted and transferring incarcerated individuals.

Because of COVID-19, the agency has built a more robust partnership between the DOC and the DOH to collaborate on outbreak prevention, response, and reporting. The DOH reported excellent communication with DOC leadership as well as with research and data teams. Coordination was necessary with the DOH and the EMD/SEOC, to obtain testing supplies and PPE supplies. The DOC leaned heavily on the DOH to support the isolation and quarantining needs for our reentry center populations, which resulted in outstanding partnership and collaborative work. Our partnerships with the DOH, the Attorney General's Office, and many others have been positive overall. This will benefit the DOC in the future, not only during emergencies, but during times of normal operations. Early on, staff from external agencies assisted with, or augmented the DOC response. There was also a huge partnership with local health jurisdictions to cope with the staff outbreaks/exposures.

The DOC regularly collaborates with stakeholders, other state agencies, and regulatory entities. Throughout the pandemic response, increased communication amongst agencies, especially the 24/7 agencies, occurred regularly to exchange tactical strategies. The OFM guidance process for 24/7 facilities has created challenges, as OFM guidance does not always fit with the unique environment of correctional settings.

As a willing mutual aid partner, DOC trained staff have provided expertise and training for outside agencies as coordinated through the EMD/SEOC. The DOC Incident Management Team helped to support many other agencies during the pandemic response beginning in February 2020. Other than not deploying as often as usual to assist other agencies during the pandemic, the collaborative relationship between most of our agencies was enhanced.

## Areas for Improvement

- For medical related incidents and events, ensure medical staff are included in tactical decision-making prior to operationally jumping into action mode.
- Communications was, and continues to be, a challenge. The Joint Information Center is often short staffed, and messages have been sometimes delayed. Changes to practices occurred frequently. E-mails, memos, and virtual calls don't often work for our line staff. This event has highlighted the need to change the ways we provided and received information.
- When DOC communication was absent or not timely, staff made up their own story, usually based on rumors. Staff communication needs to be a high priority in an emergency.
- Most procedures were guided by the Health Services Division. Consideration should be given to how these directives impact staff outside of the Prisons Division. If staff do not feel the directives apply to them, they will have difficulty implementing those practices.
- More resources could have been dedicated to facility training with the roll out of COVID-19 serial testing. The HQ COVID-19 testing group should have been established sooner. Additionally, more support could have been given to clinical decision-makers to ensure protocols could be addressed more quickly during outbreaks.
- Data analytics challenges did not allow easy access to information or data. These barriers were eventually resolved by having the Planning Section work closely with Human Resources, Health Services, and the research/data analytics teams. In doing so, they were able to access data that supported decision making within the EOC and Executive Strategy Team.
- At times facilities reached out to the HQ EOC Situation Unit asking questions about facility specific data. This information should have been available at the local level. When information was included on the outbreak checklist, facilities were able to see how that information benefited them. Several facilities have kept information in a non-electronic format which will be difficult to produce during public disclosure requests and legal issues in the future. While HQ prioritized data management, some facilities struggled to keep their data accurate.
- The response organization was strong for quite a while with a unified command structure. When that was discontinued and surges continued, the work became less manageable. Communication through an inclusive group helped shape the response among divisions, but it became more siloed once that approach was no longer in place.

## Strengths

- The DOC immediately organized the ICS-trained Department Incident Management Team and continued to add resources as needed. Establishing an Emergency Operations Center and appointing an agency EOC Manager, who had the authority to make decisions, was a smart decision at the onset of COVID-19. Leadership changes in the middle of the pandemic were a bit of a struggle but are a regular part of DOC business.
- The DOC has a large cadre of staff across the agency trained in Incident Command System procedures. The working knowledge of ICS among DOC staff has increased dramatically in the last two years. There is a better understanding at the facility/unit level of ICS principles that will help during incidents in the future.
- Although COVID-19 creates a reactionary environment, the agency stood up the Emergency Operations Center well ahead of the first outbreaks. Incident Command Posts throughout the agency were opened at the first sign of crisis.
- Identified staff from each division to liaison with the EOC and authorized those representatives to make necessary health and safety decisions for their operational area. Consultation with SMEs occurred to organize/answer questions on divisional impacts.
- The Emergency Operations Unit was able to establish three new permanent Emergency Specialists to enhance present and future planning and resiliency efforts.
- DOC already had a Continuity of Operations Plan (COOP) which identified Critical Functions. Many staff in noncritical positions were reassigned to perform critical task related to COVID-19. CCD had succession plans, emergency phone trees and COOP plans for each office. These were updated due to COVID-19.
- Past real-life experiences strengthened our ability to respond. The DOC routinely deals with emergencies which make staff very resilient to changing conditions. Department-wide logistics procedures were already established and led to a more efficient, coordinated resource management and response system.
- Implemented a DOC Policy Group to adjust policies to ensure policy gaps could be addressed in a timely manner.
- The EOC immediately assigned a data management team and allowed them to be creative in their work.
- A unified command approach was developed between prisons and health services to collaboratively make efforts to prevent and respond to outbreaks. This multi discipline approach made timely, well-rounded decisions, it also united the agency, which will benefit the future.
- According to research done by the University of Texas, the Washington State DOC ranked within the best state corrections departments nationwide when measuring a variety of data points related to pandemic response.
- Regular communications occurred amongst 24/7 agencies to discuss and implement the latest COVID-19 guidelines applicable to these agencies. The agency was often leading in

strategy for the state and other agencies. Being a 24/7 operation, the DOC faced similar issues as within the healthcare industry. This efficient strategy protected and saved lives.

- Hired additional contract health services staff when needed and available.
- Upon order of the Office of the Governor, implemented Rapid Reentry to decrease the prison population to increase social distancing space within facilities.
- Stopped or minimized high risk activities, such as recreation, visitation, and most classroom-based instruction
- The DOC took a quick stance on protocols and established serial testing for all prison staff. The statewide testing group and roll out of serial testing was an impactful process to mitigate infection rates within the facilities, especially considering the size of the incarcerated population.
- Correctional Industries was able to shift operations to manufacture face shields, gowns, and plexiglass barriers for workstations/visiting.
- DOC is piloting a wastewater COVID-19 detection system which could assist in mitigating spread through detection of infection within exiting facility sewer water.
- The resilience of staff to adapt frequently to guidance and modified operations on a continual basis. When adjustments were warranted, they were made. Staff continually adapted to rapidly changing conditions to respond and perform more efficiently.
- The DOC made great strides adapting to remote operations. Allowing for telework and flexibility increased staff health and safety, while maintaining family ties at home, especially while schools were closed. Routine and regular use of Skype and Teams allowed workgroups to stay in contact and promoted team resilience.
- Offered vaccinations and boosters to all staff and incarcerated individuals who wanted them.
- Very early in the response the public-facing webpage was set up with an operational timeline and significant event timeline. Regular data reporting was available on the COVID-19 Dashboard.
- Staffed a DOC Joint Information Center at the beginning of the response. The JIC released regular and consistent information to staff, stakeholders, visitors, and the incarcerated, in the interest of a safer environment for all.
- The EOC Planning Section partnered with the health services data team and with Research Data Analytics who were able to inform the EOC regarding data management, query methods, writing scripts, and record keeping. The ATLAS SQL database provided valuable infection data regarding our staff. This has the potential to benefit the department outside of the COVID-19 response.



## **Follow up Actions**

(intent to change plans, policies, or procedures)

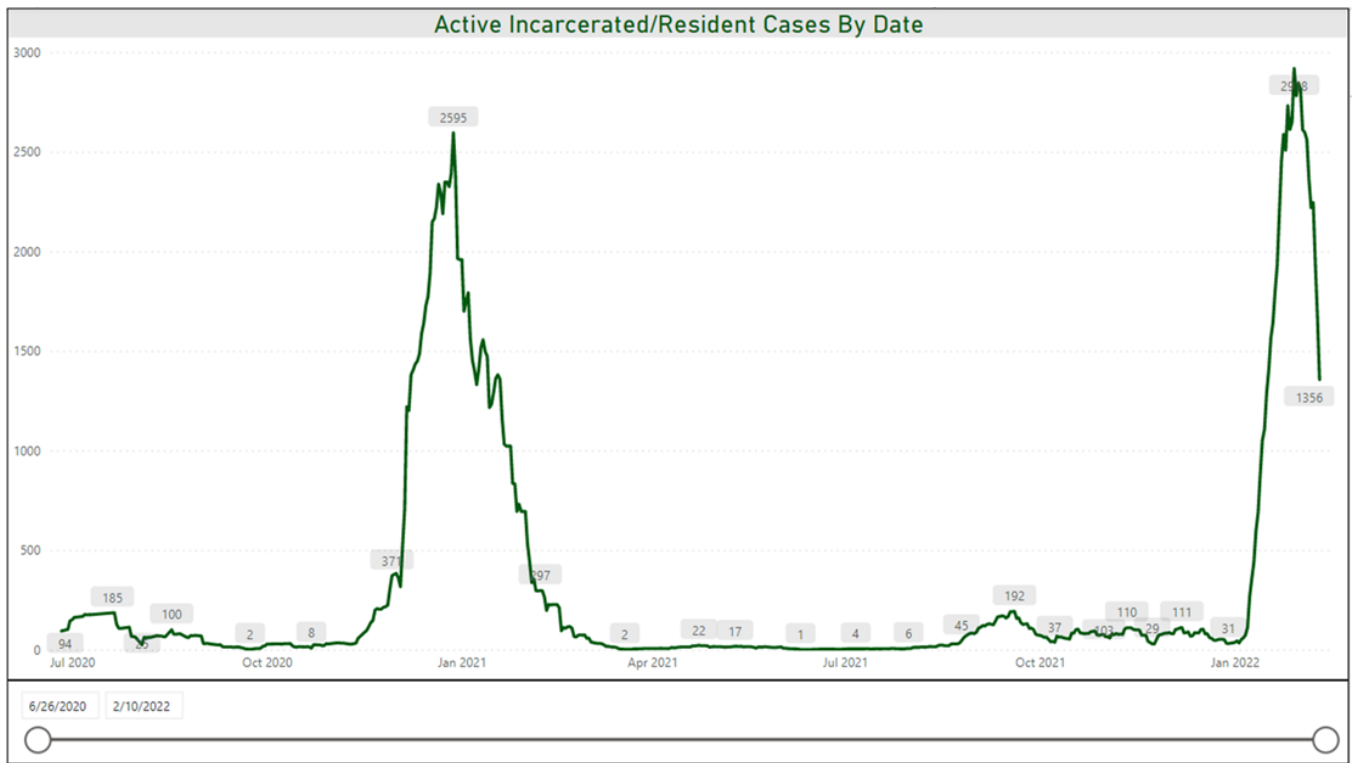
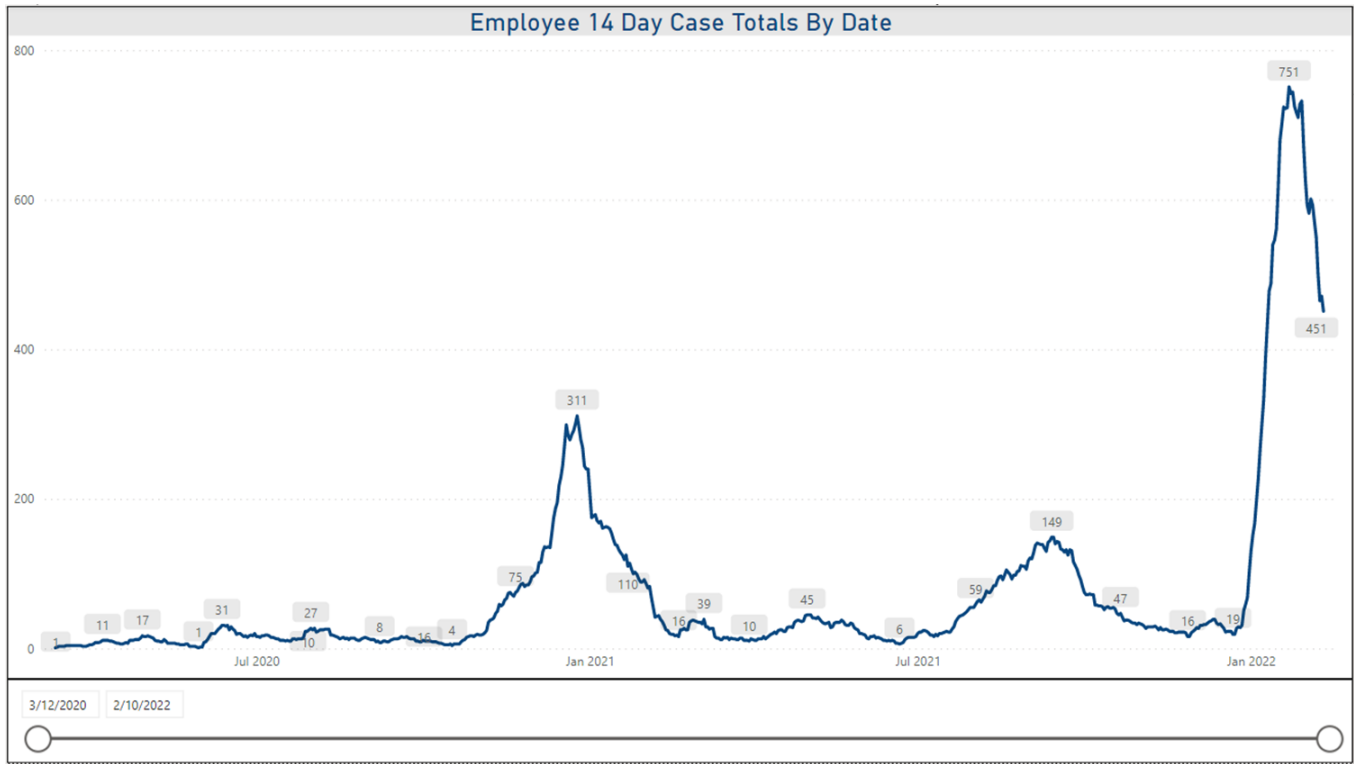
- In support of CDC congregate living setting guidelines, the DOH and OFM should consider the correctional setting when releasing guidance for state agencies.
- Free up access to data for Planning/Situation. The Planning Section does not have access to information sources the way research and health services does, causing many things to be looked up manually. Staffing and health services data is also still gathered manually.
- Establishment of a situation unit leader within every facility ICP to be responsible for data collection and management would streamline efficient communications with the EOC Planning Section. Facility data should ideally be kept in electronic formats.
- For testing protocols, the testing portal should always be kept up to date so testing can occur at a moment's notice. Consider transitioning to 100% rapid testing onsite, when appropriate.
- An electronic health record would be extremely helpful to cross-index COVID-19 related issues with existing data.
- Establish computer setups that are more mobile and easier to take to alternate sites, when necessary.
- To be more fully prepared for a future pandemic, a significant investment in prison facility infrastructure will be needed, such as the investment in long-term improvements to facilities to allow for better ventilation and less shared airspace. Facilities with dormitory style or open bar cells are not appropriate for isolation or quarantine. Older ventilation systems need to be upgraded. Garner funding for improved HVAC systems that help mitigate the spread of infection.
- The agency will need to continue to maintain adequate Personal Protective Equipment for a large-scale response.
- Purchasing mobile PCR rapid test machines for the prison facilities would result in less tests needing to be shipped to laboratories.
- Staff and individuals under our jurisdiction are fatigued and want things to return to normal. A forward moving plan needs to be identified to mitigate future impacts.
- Take what has been learned and upgrade the agency's Public Health Emergency and Continuity of Operations Plans to include the planning and maintenance of a higher state of readiness. Increase engagement with facilities and offices to increase contingency planning locally.
- Tabletop exercises should roll out agencywide, not just at prison facilities. All staff should be prepared to respond and understand the type of work that an event of this nature requires. By increasing useful training to all staff, the pool of trained employees can be widened.
- There are many noncritical positions whose staff can be used to provide support to critical tasks.

- Consider adopting a regular cadence of information sharing beyond memos. Pacing communications so multiple directives aren't coming out simultaneously. For example: a weekly update summary that includes all changes.
- Although the DOC built very strong collaborative interagency relationships, this work needs to continue with state, federal and local partners.

The EOC is considering a demobilization and transition plan, to transfer COVID-19 management to permanent work groups within the DOC. This will include:

- Transitioning the EOC Operations Section responsibilities (Testing, Mapping, Screening, and the QA Process) to permanent work groups within DOC.
  - Testing transition to HR and the Occupational Health team
  - Mapping remains in HR
  - Transition quality assurance to the appropriate division to develop a process to ensure compliance with ongoing COVID-19 protocols and guidance.
- A COVID-19 Task Force comprised of representation from each division be created under the Office of the Deputy Secretary.
  - Division Liaison positions would transition to this group, continue to collaborate/coordinate the DOC response to COVID-19.
  - Develop and standardize COVID-19 policy, procedures, and checklists.
  - Continue to support field operations and the ongoing response.
- The EOC Planning Section data tracking and reporting elements will transition to a temporary position established in the Executive Policy Office.

# Department of Corrections COVID-19 case data over time



## Summary of Department of Corrections COVID-19 Timeline

*Link to entire [Significant Event Timeline](#)*

- **February 9, 2020:** The Department of Corrections began supporting Department of Health (DOH) response to COVID-19 by providing members of the agency's Department Incident Management Team
- **February 28, 2020:** An advanced contingency planning team launched to support the agency response.
- **March 2, 2020:** The department officially opened its Emergency Operations Center (EOC) at Headquarters in response to COVID-19, including representatives from health services staff.
- **March 4, 2020:** DOC established a question-and-answer email mailbox for staff to communicate with any COVID-19 related questions.
- **March 5, 2020:** DOC releases the initial WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline
- **March 5, 2020:** DOC's interstate transport unit works with out-of-state holding facilities to ensure any person picked up for transport back to department custody has not been exposed.
- **March 6, 2020:** DOC instituted and distributed a COVID-19 passive screening process for individuals wishing to visit facilities or participate in scheduled facility events where outside visitors attended.
- **March 6, 2020:** DOC completed the first draft and distributed the public health pandemic plan to facilities, work release, and community corrections offices, including specific checklists.
- **March 12, 2020:** Activated Incident Command Posts (ICP) at each prison, a statewide ICP for the agency Work Release facilities, and an ICP for the Community Corrections Division.
- **March 12, 2020:** The first known DOC employee positive test result for COVID-19 occurs at Monroe Correctional Complex
- **March 12, 2020:** DOC suspends in-person visitation at all correctional facilities in Washington, including Extended Family Visits.
- **March 16, 2020:** DOC suspends all DOC staff-facilitated offender change groups statewide, including Thinking 4 Change (T4C) and Sex Offender Treatment (SOTAP) groups
- **March 16, 2020:** DOC implemented active screening (temperature check and screening questions) of all persons prior to entering any DOC facility or location
- **March 16, 2020:** Community Corrections Division implements significant changes to monitoring and supervising individuals in the community during the COVID-19 public health crisis.
- **March 17, 2020:** The initial Washington State DOC COVID-19 Mental Health Plan shared with all facilities
- **March 19, 2020:** DOC releases Transport and Vehicle Sanitation Expectations
- **March 20, 2020:** DOC adds COVID-19 and testing numbers among the incarcerated population to the external facing website
- **March 20, 2020:** DOC implements system-wide social-distancing protocols

- **March 22, 2020:** DOC implemented a secondary screening process for identifying employees who were screened and prevented from reporting to work for reasons related to COVID-19
- **March 23, 2020:** Governor Inslee issues “Stay Home, Stay Healthy” proclamation
- **March 25, 2020:** DOC implements an updated Daily Bus Transportation Schedule to and from facilities
- **March 27, 2020:** DOC issues initial Personal Protective Equipment (PPE) Quick Reference Sheet
- **March 27, 2020:** The first DOC incarcerated individual positive test result for COVID-19
- **March 30, 2020:** DOC implemented an expedited hiring and training process for Limited Scope Correctional Officer positions.
- **April 1, 2020:** Community Corrections division releases Protocols for Transport, Property Management and Safety in Response to COVID-19
- **April 3, 2020:** DOC issued expired N95 respirators to staff who work closely with those incarcerated in state correctional facilities.
- **April 3, 2020:** DOC releases initial COVID-19 Dental Services Protocols
- **April 8, 2020:** DOC releases COVID-19 Mapping guidelines for employees and incarcerated/supervised individuals
- **April 8, 2020:** DOC releases Employee Telework Guidance
- **April 8, 2020:** Disturbance of over 100 incarcerated minimum custody men engaged in a demonstration in the recreation yard at Monroe Correctional Complex. The incident was believed to be fueled by recent positive COVID-19 test results from within the facility. The incident was brought under control following verbal directives, as well as pepper spray (OC) and sting balls being introduced into the area. Both impacted housing units were evacuated, no injuries were reported.
- **April 9, 2020:** DOC releases Cleaning and Disinfecting Guidance
- **April 10, 2020:** DOC mandates all persons in or entering any DOC location to use face coverings over nose/mouth
- **April 10, 2020:** DOC issues version 1 of the WA State DOC COVID-19 PPE Matrix
- **April 13, 2020:** DOC releases Emergency COVID-19 Facility Transportation Bus Schedule, reducing transports to/from county jails to bi-weekly.
- **April 15, 2020:** Governor Inslee issued an emergency commutation to allow for the release of incarcerated individuals within DOC. The commutation was specific to those whose sentences included only non-violent or drug/alcohol offenses and whose release date (PRD) was prior to June 29, 2020
- **April 18, 2020:** 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.
- **April 18, 2020:** DOC releases video to all staff regarding Proper Use of PPE for COVID-19
- **April 24, 2020:** Memo - PPE Spotter Guide for Posting at Isolation and Quarantine Areas
- **April 28, 2020:** Most Annual In-Service instructor led courses for staff were converted to online training

- **April 30, 2020:** DOC announces plans to establish Regional Care Facilities (RCF) at several facilities
- By **May 1, 2020:** DOC had granted furlough to 66 individuals from work release to the community
- **May 15, 2020:** By this date, DOC had released 528 incarcerated individuals through the rapid reentry process, and 422 incarcerated individuals through the commutation process
- **May 17, 2020:** Correctional Officer Berisford Morse passed away from complications of COVID-19, the first DOC employee line of duty death attributed to COVID-19
- **May 27, 2020:** Regional Care Facility at Airway Heights Corrections Center operational
- **June 11, 2020:** The first prison outbreak - Coyote Ridge Medium Security Complex was placed on restricted movement to contain the spread of COVID-19 at the facility
- **June 15, 2020:** Message to Work Release residents and Staff: Corrections Health Protocols to prevent the spread of COVID-19
- **June 17, 2020:** At Coyote Ridge Corrections Center, the first COVID-19 related death of a DOC incarcerated individual
- **June 23, 2020:** Regional Care Facilities at Monroe Correctional Complex and Washington Corrections Center operational.
- **June 24, 2020:** The first outbreak: Weekly 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.
- **August 3, 2020:** Two incarcerated individuals at Stafford Creek Corrections Center who were previously reported to be positive for COVID-19, were informed they were negative for COVID-19. The mistake was due to a clerical error by the testing laboratory.
- **August 11, 2020:** Regional Care Facility at Washington Corrections Center for Women operational
- **August 13, 2020:** Memo updating Transportation PPE standards
- **August 17, 2020,** the Washington Department of Corrections Department Incident Management Team deployed four team members to Chelan-Douglas Health District to assist with COVID-19 response.
- **September 10, 2020:** Memo to DOC staff from HR regarding high-risk accommodation requests due to COVID-19.
- **October 19, 2020:** Weekly COVID-19 testing for employees implemented at all prison facilities
- **November 10, 2020:** Memo requiring all work release residents to wear surgical masks.
- **December 31, 2020:** Reminder memo to staff/incarcerated re: Wearing Appropriate PPE
- **March 4, 2021:** Memo re: Rapid Antigen Testing Required for Staff Attending/Instructing Training
- **March 25, 2021:** Memo re: reopening of some prison programs and activities
- **May 23, 2021:** Updated PPE Spotter Guide for Posting at Isolation and Quarantine Areas
- **July 1, 2021:** DOC issues version 17 of the WA State DOC COVID-19 PPE Matrix

- **August 9, 2021:** Governor Inslee issued a proclamation announcing the requirement of all state-employees, on-site independent contractors, volunteers, and service vendors providers be fully vaccinated against COVID-19 by October 18, 2021
- **August 15, 2021:** Contact visitation resumed in prison facilities
- **August 23, 2021:** Governor expanded the statewide mask mandate, requiring indoor mask wearing regardless of vaccination status
- **September 1, 2021:** Extended Family Visits are resumed
- **September 6th, 2021:** Work release facilities suspend in-facility visitation and social outings
- **November 1st, 2021:** Work Release in-facility visitation resumes in a limited capacity
- **November 5, 2021:** Vaccination Incentive Bags arranged for population who chose to vaccinate
- **January 4, 2022:** DOC temporarily suspends Extended Family Visits at all prisons
- **January 12, 2022:** DOC suspends in-person visitation at all prisons
- **January 12, 2022:** Availability of N95 respirators expanded for voluntary staff use
- **January 14, 2022:** The use of passive screening procedures authorized within prison facilities during non-shift change timeframes
- **January 13, 2022:** DOC releases WA State DOC COVID-19 Screening, Testing, and Infection Control Guideline Update (Version 30)
- **January 14, 2022:** Superintendents directed to evaluate use of staff in order to maximize the availability of essential staff at key posts
- **January 19-26, 2022:** Monroe Correctional Complex Return to Work Rapid Antigen Testing Pilot
- **January 28, 2022:** Phased Return to Work Guidance is released to mitigate the impact of staff shortages throughout the agency