

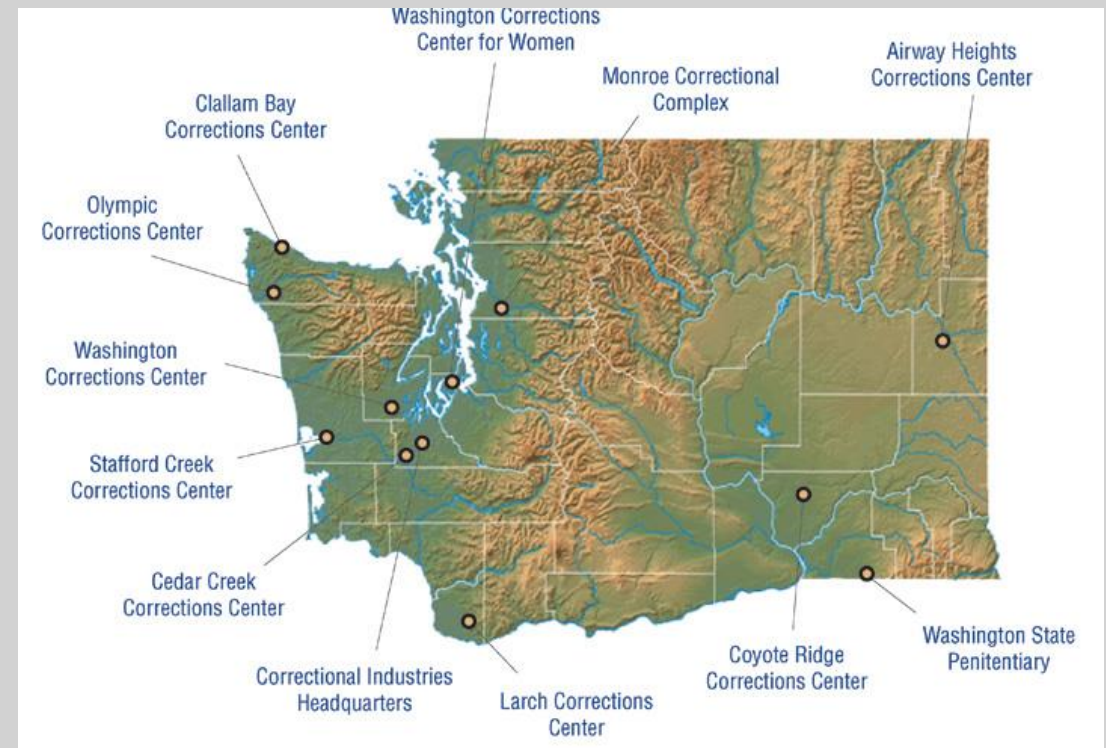
Contact Tracing  
Washington State Department of Corrections

Lessons Learned  
During the COVID-19 Pandemic

Sara Kariko, M.D.  
Chief Medical Officer  
Washington State Dept of Corrections

# Overview of WA DOC

- 12 Major Facilities
- 3 Stand alone minimum camps
- 12 Work Release Sites
- 8500 employees
- 16-17k incarcerated individuals
- 424 cases among residents
- 143 cases among staff



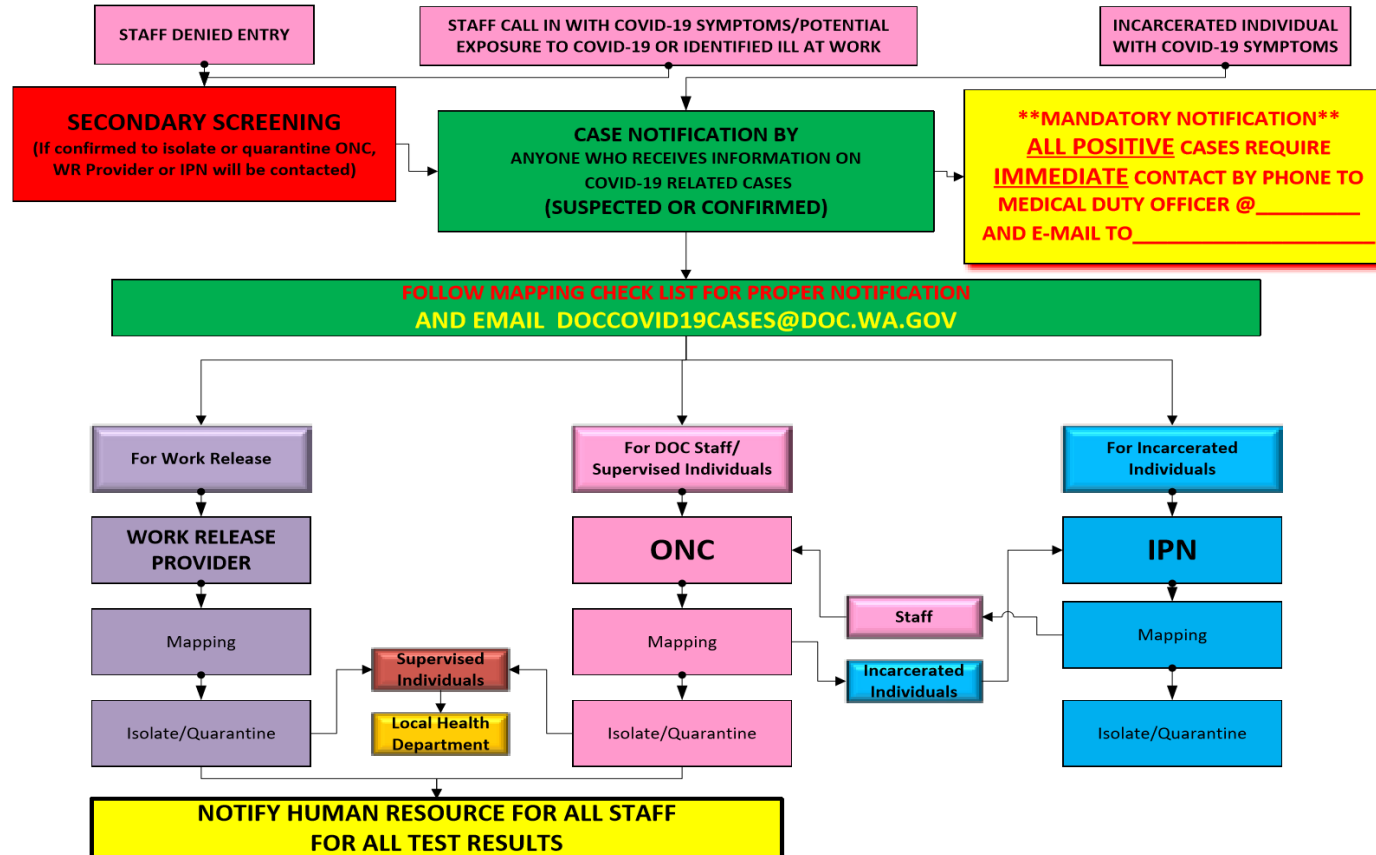
# Contact Tracing in WA DOC

- DOC starts the process at 48 hours prior to becoming symptomatic or a positive test result
- Shortcoming
  - Potential shedding 4-5 days prior to symptoms
- Feasibility
  - 2 days more feasible
  - 2 days easier to remember for the individual

# Roles within the Department of Corrections

- IPN-Infection Prevention Nurse within the facility delegated as the examiner for incarcerated individuals
- ONC-Occupational Nurse Consultant, regional nurses supporting employee health and well-being and delegated as the examiner for staff mapping.
- WRP-Work Release Provider delegated as the examiner for work release staff and residents. \*\* new position

## COVID-19 MAPPING FOR STAFF AND INCARCERATED INDIVIDUALS



# Lessons Learned-Team Coordination

- Occupational health teams need to coordinate with infection prevention teams
  - Staff infection → both staff and residents need mapping
  - Same applies to resident infection
- Health Services and our role in Work Releases
  - Work Release residents see non-DOC providers for care

# Lessons Learned-Movement In Facility

- Resident movement
  - Beyond the cellmate
  - Essential workers
  - Court ordered programming
- Staff movement
  - Staff are not isolated to one area of the facility
    - Facility structure
    - Staff shortages
- Staff –Staff interaction
  - Carpools
  - Family members as co-workers
  - Volunteering at multiple sites (special teams, medical staff)

# Lessons Learned-Speed Matters

- When considering how many to quarantine
  - Speed at which units stop mixing has prevented spread
  - Two facility examples
    - Cohorting critical-smallest possible



# Lessons Learned-Communication

- Can utilize video cameras for determining close contacts
- Mapping needs to occur for suspected cases (not only confirmed)-staff and resident
- Visiting facilities to observe process and provide feedback
- Sharing successes and struggles between facilities

# Road Blocks

- Staffing shortages
  - Particularly nursing (ONCs, IPNs)
  - Testers and Quarantine checks
- When to consider a close contact
  - Face coverings versus masks
- Moving to CDC guidelines
  - 10-day post onset vs 20-day post onset for severe/immunocompromised
  - Lack of resources-requires occupational health dept with more ONCs

Thank you

# Questions?

Complete mapping guidelines and checklists:

- <https://www.doc.wa.gov/news/2020/docs/covid-19-mapping-guidelines.pdf>