

COVID-19 Exposures The health and safety of our employees, those in our care, and in the community is our top priority. DOC's Emergency Operations Center (EOC) has identified a need to map the statewide extent of potential employee and incarcerated/supervised individual exposure to COVID-19. These Mapping Guidelines standardize how we make notification of staff and incarcerated/supervised individuals with suspected or confirmed COVID-19 and identify close contacts, interview those contacts, communicate outcomes to the appropriate parties for staffing updates, and report roll-up data into a centralized database. Take the following steps to ensure proper notification and mapping is initiated. *Find the table below that correlates to your specific worksite: Prison Facilities, Work Training Release, Satellite Offices, or Community Corrections Division (CCD) and Mapping procedure details.*

◇ Suspected = Notify for all incarcerated individuals and residents. Staff with COVID-19 symptoms use the Active Screening process and get referred for Mapping by their Secondary Screening nurse. Supervised individuals with COVID-19 symptoms should fail Active Screening.

✕ Confirmed = Notify for all staff with positive tests in the community (not serial testing).

Prison Facilities: Required Actions			
For a <i>staff person</i> confirmed with COVID-19 (outside of serial testing)	Detect: Collect this info <input type="checkbox"/> Staff Name <input type="checkbox"/> Facility/Region <input type="checkbox"/> Specific worksite/office <input type="checkbox"/> Phone number and shift <input type="checkbox"/> Symptom onset date <input type="checkbox"/> Test date (if asymptomatic) <input type="checkbox"/> <u>Confirmed</u> <input type="checkbox"/> Last date in worksite/office	Notify: <input type="checkbox"/> For all CONFIRMED cases, email DOCCOVID19Cases@doc1.wa.gov with Facility/Region and date. <input type="checkbox"/> For all CONFIRMED cases, email Occupational Health and Wellness Unit*, including all information under Detect, at: DOCOccupationalHealthandWellness@doc.wa.gov	
Mapping Teams: follow the notification protocols per training.			
For an <i>incarcerated individual</i> suspected or confirmed with COVID-19, inform IPN (see list below)	IPN Team ensures <input type="checkbox"/> For all CONFIRMED cases, the 24/7 Medical Duty Officer at (564) 999-1845 is called <input type="checkbox"/> Quarantine/isolation actions are ordered	Initial Notification: IPN Team notifies Mapping Team this info for all Suspected or Confirmed cases <input type="checkbox"/> Incarcerated Individual Name <input type="checkbox"/> DOC # <input type="checkbox"/> Facility and Unit <input type="checkbox"/> Symptom onset date <input type="checkbox"/> Test date (if asymptomatic) <input type="checkbox"/> <u>Suspected or Confirmed</u> <input type="checkbox"/> Actions taken (if applicable)	Secondary Notification: Mapping Team gathers a bit more info on geography of case and notifies DOCOccupationalHealthandWellness@doc.wa.gov and DOCCOVID19Cases@doc1.wa.gov with initial notification info plus: <input type="checkbox"/> Work location <input type="checkbox"/> Education <input type="checkbox"/> Programming <input type="checkbox"/> Staff close contact identification notice
✦ Infection Prevention Nurses will notify Mapping Team of suspected incarcerated individual test results.			
Infection Prevention Nurses: If no response, contact Incident Command Health Services Manager.			
AHCC	509-244-6829	Zina Blancher RN3 Eileen Herbst LPN4	CBCC 360-203-1353 306-203-1356 Julie Windle, RN3
CCCC	306-359-4071	Donald Mann RN2	CRCC 509-544-3651 Irene Gomez RN
LCC	360-260-6300	Karin La Brie RN2	MCC 360-794-2727 Elizabeth Anderson RN
MCCCW	360-277-2445	Amber MacDiarmid RN2	OCC 360-374-7132 Amy Hall RN2
SCCC	360-527-2085	Jody Wayman RN3	WCC 360-427-4596 Holly Shenefiel RN 3
WCCW	253-858-4200	Christine Schlatter RN3	WSP 509-540-9445 Edith Darensbourg RN3

Work Training Release: Required Actions		
For a <i>staff person</i> confirmed with COVID-19 (outside of serial testing)	Detect: Collect this info <input type="checkbox"/> Staff Name <input type="checkbox"/> Phone number and shift <input type="checkbox"/> Last date in worksite/office <input type="checkbox"/> Region/Work Training Release Name <input type="checkbox"/> Symptom onset date <input type="checkbox"/> Test date (if asymptomatic) <input type="checkbox"/> <u>Confirmed</u> <input type="checkbox"/> Contact name and phone for more info <input type="checkbox"/> Supervisor name and phone number <input type="checkbox"/> Actions taken (if applicable)	Notify: <input type="checkbox"/> For all CONFIRMED cases, email DOCCOVID19Cases@doc1.wa.gov with Work Training Release Name and date. <input type="checkbox"/> For all CONFIRMED cases, email Occupational Health and Wellness Unit*, including all information under Detect, at: DOCOccupationalHealthandWellness@doc.wa.gov
For a <i>Resident</i> suspected or confirmed with COVID-19	Detect: Collect this info <input type="checkbox"/> Staff or Resident Name <input type="checkbox"/> DOC # <input type="checkbox"/> Region/Work Training Release Name <input type="checkbox"/> Symptom onset date <input type="checkbox"/> Test date (if asymptomatic) <input type="checkbox"/> <u>Suspected or Confirmed</u> <input type="checkbox"/> Actions taken (if applicable)	Notify: <input type="checkbox"/> For all CONFIRMED cases, email DOCCOVID19Cases@doc1.wa.gov with Work Training Release Name and date. <input type="checkbox"/> For all SUSPECTED and CONFIRMED cases, email DOC DL Work Release Medical Consultants, including all information under Detect, at: DOCDLWorkrelmedcons@doc1.wa.gov

Satellite Offices (HQ, CI, TDU, SWRBO, ISRB, Maple Lane, McNeil Island): Required Actions		
For a staff person confirmed with COVID-19 (outside of serial testing)	Detect: Collect this info <input type="checkbox"/> Staff Name <input type="checkbox"/> Specific worksite/office <input type="checkbox"/> Phone number <input type="checkbox"/> Symptom onset date <input type="checkbox"/> Test date (if asymptomatic) <input type="checkbox"/> <u>Confirmed</u> <input type="checkbox"/> Last date in worksite/office <input type="checkbox"/> Contact name and phone for more info <input type="checkbox"/> Supervisor name and phone number	Notify: <input type="checkbox"/> For all CONFIRMED cases, email DOCCOVID19Cases@doc1.wa.gov with Facility/Region and date. <input type="checkbox"/> For all CONFIRMED cases, email Occupational Health and Wellness Unit,* including all information under Detect, at: DOCOccupationalHealthandWellness@doc.wa.gov

Community Corrections Division: Required Actions		
<p>For a <i>staff person</i> confirmed with COVID-19 (outside of serial testing) or a <i>supervised individual</i> confirmed with COVID-19</p>	<p>Detect: Collect this info</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff or Supervised Individual Name <input type="checkbox"/> DOC # <input type="checkbox"/> CCD Region/Worksite or office <input type="checkbox"/> Symptom onset date <input type="checkbox"/> Test date (if asymptomatic) <input type="checkbox"/> <u>Confirmed</u> <input type="checkbox"/> If supervised individual, were staff in close contact? ◆ <input type="checkbox"/> Actions taken (if applicable) <p>For Staff, include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Phone number and shift <input type="checkbox"/> Last date at worksite/office <input type="checkbox"/> Contact name and phone for more info <input type="checkbox"/> Supervisor name and phone number 	<p>Notify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> For all CONFIRMED cases, email DOCCOVID19Cases@doc1.wa.gov with Region and date. <input type="checkbox"/> For all CONFIRMED cases, email Occupational Health and Wellness Unit, including all information under Detect, at: DOCOccupationalHealthandWellness@doc.wa.gov <p>NOTE: <i>Add info below if there are potential close contacts of a supervised individual</i></p>
<p>For any <i>potential staff close contacts</i> of a supervised individual</p>	<p>◆ If yes, include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Staff Name(s) <input type="checkbox"/> Staff Phone number <input type="checkbox"/> Date of contact <input type="checkbox"/> Basic scenario related to potential exposure (for example: staff met for 20 minutes in interview room within 6 feet, work cloth mask; staff transported) 	<p>Notify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> For all CONFIRMED <i>supervised individual cases with potential staff close contacts</i>, add the information to left to the email to Occupational Health and Wellness Unit at: DOCOccupationalHealthandWellness@doc.wa.gov
<p><i>If a supervised individual is confirmed COVID-19, the Local Health Department is responsible for initiating contact mapping/tracing and should notify any potential close contacts. If a supervised individual has been exposed to a confirmed staff member, the ONC will notify the Local Health Department.</i></p>		

*The Occupational Health and Wellness Unit has Occupational Nurse Consultants (ONCs) who respond to COVID-19 staff Contact Mapping cases statewide. For this reason, the ONC Team does not have a facility- or region-based caseload and needs to get messages by email in order to triage cases to any of the nurses on the ONC Team at DOCOccupationalHealthandWellness@doc.wa.gov

Contact Mapping Procedure Details

1. After notification via email as indicated in the tables above, the ONC/Medical Consultant will communicate next steps to the Index Case and verified Close Contact employees/residents, to include:
 - Encouraging them to call their healthcare provider if they develop symptoms.
 - Conducting a daily symptom check (twice daily take temperature, check for cough, sore throat).
 - Self-isolating if necessary, for a specified time period.
 - Self-quarantining, up to 14 days from date of contact.
 - Discussing the possibility of teleworking with their supervisor.
 - The presumed date they are eligible to return to work if no symptoms arise.

NOTE: if approved essential workers are verified as close contacts, please see guidelines for Antigen Testing for Return to Work in Designated Shortage Area Facilities.

2. On the same day that the Index Case and Close Contact employees are interviewed, the ONC will email the appropriate local HR and designated facility/site contacts (SL2S list) and the COVID Specialist email, if applicable, with the following information:
 - Staff Name
 - Name(s) of all Identified Contact(s) interviewed
 - Specific Work Location of suspected or confirmed staff member, incarcerated individual, resident or supervised individual (e.g., Unit A, HR Office, Building C, etc.)
 - Actions for Close Contact employee(s)
 - If actions, include quarantine, exposure date, and eligible return to work date
3. Each site's Mapping Team or designee (from their SL2S list) or the COVID Specialist, if applicable, will provide notification as follows:
 - Inform the designated Appointing Authority (e.g., Superintendent, Administrator, Director, etc.)
 - Inform the local Incident Command Post of any changes to staffing with presumed return to work date
 - Notify Field Administrator, supervisor, or roster manager to work with employee on telework possibility or enter applicable leave
 - Ensure SharePoint Contributor enters all identified staff placed on quarantine into the COVID-19 Screening SharePoint site (choosing 'ONC/Mapping' in the Caseload field of the Blue Section) to ensure they're placed out of work until a RTW date has been identified.
4. Note: for staff and resident suspected cases for which the ONC/Medical Consultant get COVID-19 test results during this process, the ONC/Medical Consultant will follow up via email to the SL2S list and the COVID Specialist email, if applicable. The Medical Consultant will also immediately email DOCCOVID19cases@doc.wa.gov about the positive test results and the ONC team will send a daily staff positive report to DOCCOVID19cases@doc.wa.gov. This email notification will include Facility/Region, Specific worksite, if employee or incarcerated/supervised individual, and test date. The subject line should include: COVID-19 Test Results: Date of Test Result, Facility/Region (e.g. COVID-19 Test Results: 5-2-2020 MCC/IMU).
5. Please direct questions about these guidelines via email to DOCOccupationalHealthandWellness@doc.wa.gov