

Monthly report of McPherson Panel (December)

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Members:

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Activities:

Site visit completed: Cheshire Correctional Institution (December 10, 2020)

Met with Wardens and Executive team at the facility.

Toured unit housing people with COVID who were symptomatic, unit housing people with COVID who were asymptomatic, unit housing people who were exposed and in quarantine, medical units. Spoke with incarcerated individuals and staff – custody and medical – in each unit.

Reviewed updated testing data, de-identified commentary from people currently incarcerated and family members of those current incarcerated.

Remote meeting December 14, 2020 to discuss findings and prepare this report.

Observations & Recommendations:

Testing

Agreement requirements: DOC agrees to continue to conduct mass testing of all prisoners incarcerated in correctional facilities, to the extent such tests remain available. DOC will make best efforts to encourage all staff members to get regular COVID-19 viral testing.

Observations: In addition to regular broad-based testing, in early December DOC began testing inmates every 2 weeks using PCR-based testing. Nasal swabs are self-collected and facilitated by Quest. PCR-based results are generally available in 2-3 days, though there have been some delays. In addition, Binax NOW rapid Ag testing is being used for contact tracing (at days 1, 4, and 7) for everyone residing in housing units in which people have tested COVID+ and prior to transfer out of the facility. Rapid test results are available within as little as 15 minutes, but results were generally provided to patients within the day. Weekly staff testing with PCR tests will begin later this month and will be available to staff at Cheshire CI in the lobby and at any DOC facility.

Recommendations: The DOC has undertaken a herculean effort to test everyone who resides and work within the facility, far and above that which was expected as part of this agreement and far more than any other state prison system to our knowledge. No recommendations in terms of conducting testing but there have been challenges in responding to test results, especially as the new testing protocol was rolled out, as described further below. The high volume of testing has required frequent movement of people within the facility based on test results, which has been logistically challenging.

Quarantine of people who have been exposed, contact tracing

Agreement requirements: DOC will quarantine people newly admitted to a correctional facility for 14 days. Facility has identified an area to quarantine new commits to DOC custody for 14 days to monitor for signs and symptoms. Facility has a process to medically evaluate and clear inmates from quarantine prior to placement in general population.

Observations: Cheshire CI is not an intake facility, so inmates had already completed intake quarantine and testing prior to arrival. The facility quarantines entire housing units in which people have tested positive for COVID-19, and one-quarter of each quarantined housing unit are tested at a time using Binax NOW rapid testing at days 1, 4, and 7 post-exposure. It is unclear how many days are required to test the entire housing unit on this rotational basis. The facility's rationale for testing one-quarter of each housing unit is to prevent "endless quarantine." Some inmates described mixing of quarters before testing was complete. At the time of our tour, 4 entire housing units were completing a 14-day quarantine after exposure. There was no signage to designate the unit as a quarantine unit. There is a clear desire for information on the part of the general population, informing them of their status and their environment and what to expect.

We were verbally screened on entry into the facility by a medical assistant and had our temperatures taken. The 3 medical screening questions were: 1) Do you have symptoms of COVID-19? 2) Have you been recently exposed to someone diagnosed with or suspected of having COVID-19? 3) Have you traveled out of the country?

Recommendations: Signage about types of PPE required to enter a quarantine unit is needed. If quarters of each housing unit are a designated cohort, cohorts should not be allowed to mix cells or common areas until all testing is complete.

Medical screening travel questions should be updated to include out of state travel to places designated as having high levels of community transmission or in which there is a statewide travel restriction (as of this writing, all but New York, New Jersey, and Rhode Island).

Medical isolation and care of people who have COVID-19 infection

Agreement requirements: Those who test positive for COVID-19 infection will be isolated as medically appropriate. Those who test positive for COVID-19 infection and are symptomatic will be isolated as medically appropriate and shall be checked twice per day for temperature, respiratory rate, heart rate, and blood oxygen saturation levels; and have blood pressure taken once per day. Placement in medical monitoring, medical isolation and medical quarantine units shall not be considered punitive isolation. Facility has identified an area to medically isolate inmates with Covid-19 symptoms Staff assigned to supervise inmates in medical isolation for Covid-19 symptoms wear appropriate PPE. Inmates in medical isolation for Covid-19 symptoms wear appropriate PPE whenever leaving their cell or interacting with staff. Facility has a process to medically evaluate and clear inmates from medical isolation prior to placement in general population.

Observations: The Commissary Housing unit was designated for people infected with COVID-19 and symptomatic who were in medical isolation. There was no signage on the door to indicate that this was a COVID unit or that appropriate PPE was needed. Staff did not make an effort to require N95 masks on entry to the COVID unit. All 9 individuals on our tour were allowed to enter the unit and walk through, some with cloth masks- there was no restriction on who could enter. In the front antechamber, a single officer was wearing an N95 with the bottom strap off. There was no evidence that face shields or hand sanitizer were available to staff. At the time of our tour, 34 individuals were being housed in this unit and nearly all cells were doubly occupied. Handwritten signs were on the door of each cell with the inmate

name and number. It would be physically impossible for medical staff to adequately observe patients in this unit or to physically examine them without entering the cell. Some patients were out of cell using the phone, all were seen wearing cloth masks. The officer responsible for the unit rotated patients out of cell several at a time and maintained a schedule to ensure adequate time out of cell for each, including for daily showers. All patients in this unit were awaiting transfer to MacDougall-Walker but no beds were available at the time. Their property was piled in large plastic trash bags in the back area of the unit.

Inmates told some of us about an individual who had tested positive but had delayed transfer to medical isolation. The nursing director was going to investigate this.

Medical staff had not been fit-tested for N95s, though they reported they had been wearing N95s to enter the medical isolation unit and examine patients. No eye protection was noted. We observed nursing staff and medical assistants wearing short paper gowns, N95s and face shields to conduct rapid COVID testing on each housing unit. Medical staff had been following the DOC treatment algorithm that includes regular laboratory monitoring of people who are ill, but did not have the medications available on site to manage them (for example, blood thinners for potential blood clots that are common with COVID-19 infection). Oxygen tanks were available but could only be used for one patient at a time in the medical unit while awaiting ambulance. Dexamethasone was available in the pharmacy on site.

South Block 3 was being used to house people infected with COVID-19 who were asymptomatic and in medical isolation. There was no signage on the door to indicate that this was a COVID unit and appropriate PPE was required. All 9 individuals on our tour were allowed to enter, some with cloth masks- there was no restriction on who could enter. All staff were observed wearing masks (though none seemed to be N95s).

Recommendations: Signage is needed to designate medical isolation units, requiring appropriate PPE. Entry into medical isolation units should be limited to those absolutely required to enter and all staff entering should receive special training on infection prevention. All custody and medical staff entering these units and requiring N95 masks should receive fit testing and training in how to appropriately don and doff PPE.

The Commissary housing unit is not an appropriate place to house people who are ill because of the layout of the space that makes medical observation and management impossible. Alternative housing arrangements should be made. Cheshire CI is a Level 4 medical facility but does not have an onsite infirmary- it should be prioritized for bed space at MacDougall Walker for people who are symptomatic with COVID infection. Consider initiating daily medical provider call to discuss people who are ill and coordinate care, rather than relying on emails.

Post visit and discussion Update: As per the roll call notice dated December 21, 2020 from Deputy Warden Jennifer Peterson, “the Commissary Housing Unit will no longer be utilized to house positive COVID inmates.”

Cleaning supplies

Agreement requirements: The facility documents distribution of cleaning supplies from the warehouse to each area include quantities distributed. The facility documents dilution of cleaning supplies in accordance with manufacturers recommendation.

Observations: No specific observations at this site.

Recommendations: No specific recommendations at this time.

Cleaning

Agreement requirements: The facility documents when cleaning is conducted in individual housing units/ common areas. The facility has documented an increase in the frequency of cleaning of housing units/common areas in response to health emergency. Staff are documenting what cleaning supplies have been issued to inmate workers. Staff are documenting when cell cleanup/dorm kickout is conducted, what supplies are issued to inmates. Hand soap is available for inmates in common areas. Soap is provided to indigent inmates once per week. All people shall be allowed to shower in running water no less than once every other day regardless of COVID-19 symptoms test results, or housing. Additional cleaning measures enacted due to pandemic have been documented. Facility sanitizes areas where staff or inmates were located upon learning they were symptomatic for Covid-19.

Observations: No specific observations at this site.

Recommendations: Recommendation was made to increase training of inmates who are dedicated cleaners, including appropriate use of chemicals.

PPE

Agreement requirements: Staff have been trained on proper use of protective masks, gloves, gowns. The facility has documented the receipt and distribution of PPE. The facility has documented the distribution of masks to the inmate population. Proper usage of masks has been communicated to the inmate population. Staff have been educated on mitigating the spread of Covid-19. Staff are using appropriate PPE. The inmate population has been educated on reducing the risk of spreading Covid-19. Inmates wearing appropriate PPE. Safety measures are taken to ensure staff, visitors, professional partners etc. are not symptomatic when entering the facility and how is that documented.

Observations: As above

Recommendations: Recommendation was made to increase the scope of N95 fit testing among staff and include contingency for staff with facial hair (purchase of PAPRs). Recommendation was made to train staff and supervisors to maximize social distancing in housing areas. Residents who serve as dedicated cleaners require further training in use of PPE, including N95s for individuals who clean spaces where patients with COVID spent time.

Other points of discussion and recommendations:

1. Working with local ambulance companies to ensure timely transport of people needing high levels of medical care.
2. Training of transport workers
3. Surveying staff about willingness to accept COVID-19 vaccine and designing strategies to increase potential uptake.
4. Discussing with patients about COVID-19 vaccine at each medical visit.
5. Public/video vaccination of DOC clinical staff and/or leadership.
6. Make EHR available remotely to on-call medical providers so can provide more accurate consultative advice and recommendations.

Next steps:

1. Site visit planned for York CI on December 29, 2020 which we will describe in a January report.

2. Ongoing negotiations between ACLU and DOC Defense Counsel to extend the Monitoring Panel through March 2021, which we highly support.
3. Review of medical records of people in custody who have died of COVID-19 during the period of our observation to address the following key questions:

Was the patient high risk and if they had a chronic health problem(s), was it/were they well-controlled?

Was there any delay in their ability to report symptoms or be connected to initial care that can be improved upon?

Was their identification as being symptomatic or needing/receiving a higher level of care delayed in any way that can be improved upon?