

Third Report of the Agreement Monitoring Panel
(Chatman, et al. v. Otani, USDC Hawaii Civil No. 21-00268 JAO-KJM)

December 24, 2021

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Table of Contents

Overview of activities since second AMP report	3
Current status of COVID-19 in PSD facilities	3
Response to recommendations	3
Mortality reviews	9
Areas of concern	11
Recommendations	11
Next steps	11
Appendices	11

Overview of activities since second AMP report

The AMP received and reviewed staff and inmate COVID-19 testing results, inmate vaccination numbers, facility responses to the second AMP report recommendations, PSD health care division reports on testing and surveillance procedures, Department of Health PSD facility COVID-19 cluster investigation reports, the August 3, 2021, update of the PSD Pandemic Response Plan, and cases of PSD COVID-19 mortality. The full panel met by Zoom on December 20, 2021. This report will discuss the PSD and facility responses to the AMP recommendations in the second report and the COVID-19 mortality reviews. Facility responses to the findings in the second report are appended.

Current status of COVID-19 in PSD facilities

At the submission of the third AMP report, COVID-19 activity within the Corrections Division was beginning to evidence the increasing community incidence. Twelve staff had active infections, most from Oahu facilities. On December 22, 2021, one inmate at OCCC was detected positive on routine intake testing and was in medical isolation as an active case at the facility. As of December 15, 2021, 3,916 inmates were fully vaccinated, an increase of more than one third since the vaccine incentive program started in October. "Fully vaccinated" means a single Johnson and Johnson shot or two mRNA (Pfizer or Moderna) vaccines. The department is ramping up boosters for inmates. (See below.)

Response to recommendations

1. Conduct daily temperature and symptom checks for inmate workers who move both outside and inside of facilities. Purchase required equipment and conduct staff training

PSD health care division says that once daily temperature monitoring as inmates leave the modules or report to the worksite is the most feasible practice.

WCF has thermometers the kitchen and inmates receive temperature checks at breakfast before they depart on worklines.

KCF has nine thermometers on hand and will purchase more as needed.

HCF reports they installed more no-touch thermometers to facilitate workline testing. Section supervisors are directed to take temperatures daily and document in unit logbook. Compliance will be monitored.

WCCC does daily temperature checks in the modules before breakfast.

OCCC reports they will purchase more thermometers.

HCCC has adequate equipment at Punahale and Hale Nani and checks inmates, staff, and visitors. Staff training is ongoing.

MCCC reports that all worklines exiting housing units receive temperature checks.

KCCC installed thermometers in modules A and B and dorms 6/7 and will document daily temperature checks in log.

2. Suspend sick call charges at least as long as COVID-19 is underway, without qualification as to the nature of the medical problem.

PSD reports the purpose of the April 7, 2020, suspension of co-pay for COVID-19 symptoms was to assist in removing any potential barriers to identification and intervention of COVID-19 among the inmate population during the pandemic. PSD administration will continue the suspension of co-pay charges for COVID-19 symptoms. Departmental policy ensures that inmates are not denied access to health care or necessary medical treatment because of an inability to pay the co-payment fee. Inmates who are indigent are not charged. Departmental policy identifies several healthcare services that are exempt from co-pay (e.g., required healthcare screenings and evaluations, diagnostic testing for specified infectious diseases, industrial injuries, mental health services).

PSD asserts that the greatest barriers to seeking care for COVID-19 are inmates' unwillingness to disclose symptoms and lack of cooperation with SARS CoV2 testing due to required medical isolation or quarantine should someone test positive. The deputy director and health care administrator will attempt to assess any impediment caused by sick call co-pays, including speaking to inmates.

3. Identify offices near/on housing areas wherever possible for clinical encounters with computers that have electronic medical record access.

PSD administration notes that compliance with this recommendation will be worked out differently according to facility capabilities. PSD administration will work with facilities to identify compliant approaches. For example, unused offices in HCF housing modules may be available for health care use that could be supplied with personal computers. Hard wiring is lacking in most facilities' housing units and the health care division will coordinate with institutional administration to investigate the use of tablets wherever possible.

WCF reports that there is no internet access in housing units but security is addressing issues with WiFi tablets.

KCF notes that the health care unit is among the housing units.

HCF says there is no electronic medical record access in housing units.

WCCC notes there are no ethernet connections in the housing units and is looking at WiFi as a temporary solution. Health Care Unit will consider capital improvement request.

OCCC will look into WiFi tablet access after reviewing security issues.

HCCC notes that inadequate space and overcrowding at Punahale preclude adequate space for health care encounters. Will look into portable offices with capital improvement request.

MCCC notes that there is clinical space with the possibility of electronic hook up in modules and dorm 6/7 if health care staff obtain laptops.

KCCC has no secure space in housing but will look into a security lock on cubicle A in module A for securing electronic devices for health records access. The facility encourages mobile devices for ease of use and improved security.

4. Institute monthly town halls in housing areas to discuss vaccination and consider structured vaccine education encounters for all high-risk patients who remain unvaccinated.

PSD believes conducting monthly town halls could contradict CDC guidance on social distancing where group gatherings should be avoided. The health care division will recommend the KCF model of providing COVID-19 vaccine education information regularly on video during scheduled times prior to a desired activity or during meals be adopted across PSD facilities.

KCF provides video COVID-19 education in the cafeteria.

WCF provides video COVID-19 education at the facility entrance.

HCF security, residency, and health care units will discuss vaccine education.

OCCC reports that it will develop a multidisciplinary staff team to discuss vaccine education. Currently, inmates view a COVID-19 information video in intake.

MCCC provides a COVID-19 information video at intake. The facility is seeking low-literacy written information to provide and has posters about the vaccine incentive throughout the facility.

PSD is currently ramping up booster vaccines and recently approved a \$25 incentive payment for inmates who receive a booster shot while incarcerated. This \$25 incentive payment is in addition to the \$50 incentive payment to inmates who opt to receive full vaccination against COVID-19 while incarcerated.

Panel members emphasized the importance of in-person vaccine education and outreach, especially when hesitancy might be the reason that remaining inmates are unvaccinated. The health care division administrator will work with staff to regularly encourage vaccination of eligible unvaccinated high-risk patients during non-urgent/emergent provider encounters. He will also ensure that there are no sick call co-pays for appointments related to COVID-19 symptoms, post-COVID-19 conditions, COVID-19 testing, COVID-19 vaccination, and requests for in-person information about COVID-19 vaccination.

5. Adopt a uniform policy regarding screening, quarantine and testing of people who have outside court and medical appointments that follows CDC guidelines and limits possible and/or perceived disincentives to receiving care.

The PSD PRP, revised August 3, 2021, provides guidance on screening, quarantine, and testing of vaccinated inmates who are transported outside of the facility for court and medical appointments. According to the PRP, asymptomatic fully vaccinated inmates do

not require quarantine following transport. The PRP still requires inmates transported from facilities to outside appointments who are not fully vaccinated to be held in quarantine for 14 days, if feasible. Since some facilities, particularly the jails, lack capacity for post-transport quarantine, there continues to be variance in post-transport management. Also, exposure risk for medical and court appointments may vary, depending on community prevalence rates and the ability of courts to hold already-detained inmates separate from arrestees and others coming in from the community while awaiting hearings. The deputy director for corrections and the health care division administrator will work together with the facilities to develop the most feasible post-transport exposure mitigation strategy possible for each individual facility.

HCF notes that such inmates are held in routine intake quarantine for 10 days following transport. The facility says that it will develop a protocol.
OCCC notes that the facility will develop a protocol.

6. Take a broad approach to both testing and contact tracing, so that individual quads or subparts of housing areas are considered part of the same potential exposure and include roving staff, inmate workers, and supervisors as well as individuals identified by inmate movement records in contact tracing and testing after new cases are identified.

On November 24, 2021, PSD HCD adopted a new nursing protocol on SARS CoV2 surveillance testing in accordance with a contract with Project Vision Hawai'i. Ten to 25 percent of the inmate population from different housing areas will be randomly tested weekly. The proportion will depend on background community COVID-19 activity and the panel learned that the department is currently working with Project Vision Hawai'i to ramp up surveillance testing as community activity is increasing.

Outbreak testing is now managed in the Project Vision Hawai'i contract. PSD health care staff continue to provide outbreak testing services when Project Vision Hawai'i is not available at the facilities. PSD health care staff also continue to provide intake (including serial tests when community prevalence is high), symptomatic, close contact, 14th day routine intake quarantine pre-release, inter-facility pre- and post-transfer, pre-release, and pre-medical appointment testing. The Project Vision Hawai'i contract also includes weekly staff testing at the facilities.

The public information officer receives daily facility tallies of number of inmates and staff tested and number reported positive. These results are posted weekly on the department website. The health care division administrator is notified about positive results, according to the type of test (e.g., routine intake, contact, etc.). The receipt and review of test results appears reliable, but a surveillance system of testing trends with stratification by type of test and other pertinent information (e.g., date of test, location of person tested, etc.) does not appear to exist, requiring ad hoc analysis.

Area of disagreement

Panel member Dr. Takenaka believes detection of SARS-CoV2 in PSD facilities has shown that the maintenance of a surveillance system of testing trends with stratification by test type would have limited utility during non-outbreak periods. As clusters are identified and outbreaks managed within PSD facilities, DOH epidemiologists provide consultation, ad hoc analysis, and recommendations. Insights gained from outbreak experiences have been communicated across PSD facilities.

7. Follow CDC guidance to identify and treat post-COVID symptoms and disability, including among those who initially had mild or no symptoms.

PSD reports that the June 14, 2021, CDC Interim Guidance on Post-COVID Conditions has not been revised. According to the CDC, "Understanding of post-COVID conditions remains incomplete and guidance for healthcare professionals will likely change over time as the evidence evolves." However, in October 2021, CDC implemented ICD-910 code U09.9 for post-COVID-19 condition, unspecified, and PSD reports they are working to diagnose and provide treatment for people who meet these criteria.

PSD reports that existing protocols addressing the timing of follow-up for post-COVID conditions involving the presence of co-morbid conditions and the highest-level of acute COVID-19 severity meet CDC guidance. The department's current post-COVID-19 follow-up practices vary according to patient conditions and protocols and are consistent with the current UpToDate review on "COVID-19: Evaluation and management of adults following acute viral illness." High-risk individuals with co-morbid conditions, who experienced mild to moderate symptoms during the acute phase of illness, are provided follow-up services during chronic care clinic. Patients returning from hospital treatment of COVID-19 are seen the day after return. Patients age <65 years with no co-morbid conditions and who experienced mild to moderate symptoms during the acute phase of illness would sign up for sick call if they experience new, worsening, or persistent symptoms. Patients age ≥65 years with no co-morbid conditions and who experienced mild to moderate symptoms during the acute phase of illness would receive healthcare follow-up services to assess for new, worsening, or persistent symptoms. As more information on post-COVID-19 conditions are provided by national sources and guidance is revised, PSD should continue to update protocols on the assessment and treatment of post-COVID-19 conditions, including the use of the appropriate ICD-10 code.

8. DPS needs to continue to vigorously engage at central level and support its individual facility administrators to engage with the Hawaii Paroling Authority, courts, and other local officials, agencies, and partners to attempt to reduce the influx of new detained people as a means to ensure adequate COVID-19 response, particularly during periods of ongoing transmission.

This effort by PSD is continuing and has not abated. The department continues work closely with the facilities, the Judiciary, DOH, HPA, HIEMA, and community and county partners.

HCCC has transferred both male and female inmates to Hale Nani. The number of inmates in routine intake quarantine has also decreased at the facility since the inspection. Overcrowding at Punahele continues to challenge safe housing when inmate infections are identified.

MCCC and KCCC note that crowding relief will require completion of a scheduled capital improvement projects.

KCCC says the facility continues to collaborate with outside agencies:

Judiciary assists KCCC by prioritizing cases according to severity to determine if custody is able to release back into the public.

Intake Service Center coordinates by submitting monthly periodic review list for bail study, supervised release, bailbond considerations for release.

Kauai Paroling Authority meets potential candidates prior to inmates' parole hearing to ensure compliance is met according to terms and conditions of sentence. Held every two months at Facility via Zoom video.

Kauai Police Department coordinates with KCCC in providing hold overs of non-arraigned detainees in emergency situations when COVID-19 outbreak prevents new admissions.

Prosecutors Office collaborates with Public Defenders by assessing cases to determine if client is eligible for reduction of bail or supervised release. Also, if inmate is identified or determined to be mentally ill, they can be immediately transferred from court to Hawaii State Hospital.

Public Defender - same as prosecutors' office

KCCC assesses sentenced felons on a monthly basis to identify if they are eligible for extended furlough, facility transfer, or treatment programs.

9. Continue to remove departmental administrative barriers to inmate placements and intra-facility transfers. House inmates based on health and custodial safety.

PSD changed administrative procedures to permit housing pretrial felony detainees with a prior felony conviction and sentenced felony probationers in felony housing at the jails.

On December 13, 2021, a departmental transfer memorandum directed transfer of all eligible minimum-security inmates to minimum security facilities to fill beds at WCF and KCF. It also rescinded guidance to hold inmates eligible for community custody for six months in minimum facilities and directed release community-custody eligible inmates transferred to community custody as soon as placement is available.

PSD's transfer policy already addresses inmate health issues prior to transfer to ensure inmates are medically cleared prior to transfer. The screening process also includes

separatee, gang affiliation, and other salient safety factors to be reviewed and considered prior to transfer.

10. Prioritize completion of installation of the isolation containers that have been purchased for all facilities.

WCF says that isolation container is scheduled for delivery at the end of the month. Currently, the facility has an empty housing unit that is retrofitted for medical isolation. KCF did not receive isolation containers.

HCF is awaiting assurance that protocols comply with ADA, fire and security standards. WCCC says that isolation container is scheduled for delivery in February 2022. Now that the department has experience with installation of the isolation containers, they will work with the facility to have supplies and services in place to ensure expedient installation.

OCCC notes work continues.

HCCC says the units are in use since November 10, 2021. The shower is scheduled for completion in January 2022.

MCCC says work is completed and the security order is being completed.

KCCC has locking mechanism on order and still must procure plumbing; electrical; exterior fencing, gates, and razor wire; ADA hardware; shower; foodtrap doors; and observation windows.

The department is beginning the process to purchase four-person negative-pressure medical isolation modules for each facility.

11. Consider requiring that inmates who transfer to Waiawa and Kulani Correctional Facilities be vaccinated.

This matter is currently under discussion with Institutions Division Administrator Michael Hoffman and the deputy director and should be decided shortly. WCF and KCF wardens are supportive.

Mortality reviews

1. Purpose

To assess the medical records and internal mortality reports for strengths, potential concerns, and areas for improvement in how people who died with COVID-19 in DPS custody were diagnosed, treated, and otherwise cared for.

2. Methods

Medical records of the seven people who died in DPS custody were reviewed with focus on the records beginning two weeks before diagnosis through the time of death. A total of 950 pp of medical records from these seven patients were made available as well as the internal mortality reviews for each death.

Each case also included an internal mortality review conducted by DPS staff and leadership. Each internal review was two pages and included a brief summary of the case, questions as to whether the care provided was appropriate, and eight categories for potential problems and eight questions regarding potential improvements, i.e., 16 variables in all.

3. Observations

Patient records. All seven patients who died met CDC criteria of high risk for serious illness or death from COVID-19 infection. All seven people were incarcerated at HCF and became initially ill during that facility's outbreak in early 2021. All patients were men ages 57 to 79 years at the time of death. Each had one or more underlying medical problems before contracting COVID-19.

Internal mortality reviews. In all seven cases, the question asking whether the clinical care was appropriate was marked "yes." reviews indicated that all aspects of care were as expected and there was not a single area for potential improvement or corrective action noted among the 16 categories of potential problems or potential improvements.

4. Strengths

There were relatively quick transfers of patients to hospital level care once their clinical acuity was recognized. When clinical staff detected the need for hospital transfer, EMS was notified in a timely manner and the patient was transferred to a higher level of care.

The individual mortality reviews provided a thorough review of the illnesses.

5. Areas of concern

There was no evidence of increased surveillance of high-risk patients when COVID-19 outbreaks were occurring, including a lack of daily monitoring for symptoms of COVID-19 during quarantine. Missed or incomplete quarantine monitoring can result in patients becoming seriously ill before they receive care.

In addition, the mortality reviews failed to identify any areas for improvement, such as inadequate monitoring of a high-risk individual during heightened potential COVID-19 exposure.

6. Recommendations

Because of increased risk for death, ensure high-risk patients are identified at the outset of any outbreak or large-scale health event and receive a higher level of attention during

population symptom monitoring with the goal of intervening when early warning symptoms present.

Create a more robust mortality review process that focuses on potential system improvements by noting deficiencies in care as well as areas for improvement after each death, with an additional pooled or joint review for deaths from outbreaks and other large-scale health events.

Areas of concern

The panel discussed the increasing COVID-19 infections in the community along with the reports of the high transmissibility of the new SAR CoV2 variant and noted that several staff infections have been recently identified. Increasing community incidence has been the prelude to past facility outbreaks and anticipatory preparations have been undertaken, including plans for increased inmate surveillance testing and stockpiling increased PPE and other supplies.

Recommendations

Broad testing with a focus on engaging inmate cooperation will continue to be important as community infections surge.

Next steps

The panel will continue to monitor all recommendations and prepare its fourth report by January 21, 2022. Its next meeting is scheduled for the same date. At that time, the panel will decide whether continued monitoring will be needed.

Appendices

Facility responses to concerns identified in the second AMP report
MCCC photos

Signed on behalf of the AMP members

A handwritten signature in black ink, appearing to read "Kim Marie Thorburn".

Kim Marie Thorburn, MD, MPH
December 24, 2021

FACILITY STAFF FEEDBACK AND REACTION TO AMP INSPECTIONS

1. KCF:

We did discuss the inspection. Dr. Thorburn wanted to see everything and did ask a lot of questions. At first, we were concerned as Gavin did not show up until the last 10 minutes of the tour and we were hoping for a familiar face.

We did all the upgrades you recommended during your walk around and my staff were on point. We gave her space to speak to inmates and several of their complaints went out the door when she saw all the signs, my 2 70" televisions up and our PPEs.

As I told you when you were here, we just need to keep it up, which we are, especially with the new strain out of Africa.

It's not if, it's when.

I thanked staff and explained it is them that make the facility.

ALL GOOD! Staff are proud of our work here.

2. HCF:

Reference to testing. I agree with Dr. Takenaka. HCF test as recommended by DOH. However, we are now implementing surveillance testing. This is according to PRP. 10% of your assigned population.

Outside doctor visits. Prior to the updated PRP. YES, inmates that were scheduled would be quarantined 14 days. However, there were no reports of offenders refusing treatment due to quarantine requirements. The updated PRP now allows vaccinated inmates to forgo quarantine. All others would only quarantine for 10 days. 4 days less.

Regarding inmate workers. HCF has installed more no touch thermometers to facilitate temperature checks.

HCF medical does not have electronic medical recording capabilities in the housing units. However, they do record manual and electronically to maintain an efficient medical recording for offenders at HCF. There were no reports by medical staff about not being able to electronically record while in the MSF and SNF housing units.

3. HCCC:

Areas need improvement:

1. Hale Nani grossly inadequate physical environment for overall custody.

Response: The population of Hala Nani Mauka (males) building is based on custody level. The Furlough program was put on hold, but hopefully will be moving back to normal operations in the upcoming months. Hale Nani Makai (females) housing unit. Based on medical and mental health assessments, will determine which inmates are allowed to transfer from Punahale housing unit to Makai. Population consists of pretrials and sentence individuals. During the AMP inspection Mauka 19, Makai 12. As of November 30, 2021, Mauka 21, Makai 16. Both housing units do have CIP plans currently in progress. Mauka-Kitchen wall repair. Makai-replace current shower units. Both Mauka and Makai-showers replacement and fire extinguisher system.

2. Extreme overcrowding and lack of basic intake housing areas seemed to result in large numbers of people crowded into a multipurpose room sleeping on the floor. (Punahale housing unit)

Response: The challenge with conforming to the PRP (Pandemic Response Plan) has been to maintaining Cohort of new admissions. Quarantine of individuals who pose a risk and Isolation of those who tested positive. During the AMP walk thru, there was approximately 30 custodies assigned to Punahale MP2 floor. As of November 30, the count is 19 custodies. Thanks to inter island transports and use of the new housing container HCU (Health Care Unit) located in Punahale. The PRP made it a little easier to execute.

3. Two or four individuals housed in cells originally designed for one or two people.

Response: This practice unfortunately is still a struggle that HCCC faces daily as the guidelines of the PRP dictates how individuals need to be addressed based on their status RIQ-Required Intake Quarantine, MQ-Medical Quarantine, MI-Medical Isolation, PP-Post Positive.

4. Lack of space to provide clinical care and lack of computers with electronic medical records access was observed at the main facility.

Response: HCCC/Punahale housing unit was built in 1975 and has since been thru a few modifications to assist with the changes throughout the years. With the need of space at a premium. This remains HCCC biggest challenge.

5. Intake/receiving area appeared to have clear protocols in places to maintain separation between newly arrived and other detained people, but the protocols appeared challenging during periods of high intake and facility overcrowding.

Response: Reconstruction of a new Intake unit will be starting in the February 2022. This will help HCCC tremendously upon completion.

4. MCCC

There is no area observed to be available for clinical examination near the current medical isolation area; staff reported that examination would need to occur outside in the recreation yard. Health care unit was observed to be contained inside a women's housing area.

Response: This statement is correct, however, with regard to inmates in quarantine, the current workflow inmates were seen at the cell. Incorrect was the statement of the examination occurring in the recreation yard. A CIP is in process to renovate the HCU in the female housing but won't occur until the medium security housing is constructed.

Much of the COVID-19 related care was reported to be delivered in housing areas where there is no clinical exam space and no access to the electronic medical records for health staff.

Response: This statement is incorrect, in the housing units in the modules clinical exams can be offered as well as access to cable for medical hookup to medical records. A laptop would need to be brought in by medical staff. With regard to the outlining dormitories and female housing, this would continue in the current medical unit.

It was reported that detainees who work inside the facility, including the kitchen and laundry, are not consistently screened for elevated temperature daily.

Response: This statement is incorrect there is a temperature monitor in the dormitory that all work lines exit and enter, security staff observe detainees log temps coming in and going out, however there is no HCU staff monitoring this.

Some people with questions or concerns about vaccine safety reported not having the opportunity to ask questions or raise their concerns with health staff.

Response: Question and answers were addressed when the National Guard was at the site. This is offered upon admission via video and again reviewed during HC intake process. We are currently looking for pamphlets K-12, easy reading for admissions.

People who have been identified as recovered from COVID-19 infection reported no follow up assessment for ongoing symptoms and staff reported there is no dedicated effort underway to check people post medical isolation for “long COVID-19”

Response: This is being addressed by Health Care on Oahu to the best path to take dealing with these concerns. At this time this should be captured by the sick call system.

Several high-risk people reported that despite being unvaccinated, no health care staff member had spoken with them about the vaccination since their initial offer.

Response: This is reported to be untrue, detainees can and have requested the vaccine. To date we have 154 inmate who have vaccinated. Posters are throughout the facility with the monetary incentive also.

Overall, most areas have been covered those that we cannot change (physical plant) won't until completion of the CIP. With the CSA departing on the 15th of Dec and no supervisor on site the management of the nursing staff working in the modules will need attention until they become accustom to this change. This in my opinion could solve the perception of not receiving guidance etc.

It was reported that the recent outbreak involved women with COVID-19 being held in cells and housing areas with women who were COVID-19 negative due to lack of medical isolation capacity. It was further reported that infections spread to most women in the housing area.

Response: Lack of space continue to plague our ability to separate and make more than adequate concessions involving women as most of our housing units are populated by men. We are currently starting on the new CIP project involving shower upgrades in Module A so our ability is even more hampered as we will lose 2 more dayrooms. We will continue to seek out ways to meet the need to improve in this area.

5. KCCC

It was observed that there is insufficient intake pen or isolation cell area to accommodate intakes, regular flow of people in and out of the facility, and accommodate suicide watch, if needed.

Response: Previous to our updated sally port project we did have a pen area to address the insufficient intake pen. With funding we could reconstruct another pen to address this

issue. Our other issue is still the lack of space. The suicide watch cell is used sometimes to ease the overcrowding in the main module which also serves as a disciplinary unit as well.

Showers were observed to be extremely limited, with up to 16 people relying on one shower

Response: Pertaining to Module A, correct. Our CIP project will assist with this bullet point.

Bullet points 4 & 5 should be addressed by our Medical Unit Supervisor. Unfortunately, he is out on vacation and is not expected back until next week.

The facility reaction regarding the AMP inspection was met with a lot of angst, but when it was completed, we were relieved. At least now we know where else we need to address.

6. WCF

There was only one for Waiawa that needs improvement that is beyond the current infrastructure (computer abilities at the housing units). I believe Gavin is trying to help get internet to the housing units via CIP request.

One thing to note, all inmates get daily temp/system checks at breakfast already. If they don't pass, they go to medical. The ones in quarantine/ISO already get checked by the nurses twice daily at a minimum. That was 1st item in the PSD wide 11 recommendations.

7. OCCC

This is OCCC's general feedback regarding the Agreement Monitoring Panel's (AMP) comments to their audit of OCCC. Health Care to respond to medical portion. This is a work in progress feedback of which may change with input by others and situation adjustments.

Response: See Attached OCCC spreadsheet.

8. WCCC

All stated that the tour seemed like a normal site visit as they were provided with advanced notification once the inspection schedule was provided.

Some of the words and phrases used by the members of the AMP the staff didn't initially get because the prison terms for things they weren't what was normally heard inside the facility.

However, the staff figured out what was being asked and stated that they believe they have done good work as there have been zero outbreaks of COVID-19 at WCCC.

Staff were not proud of the broken sinks, showers, and toilets, but they did tell the members of the AMP that appropriate work orders for repairs had already been submitted.

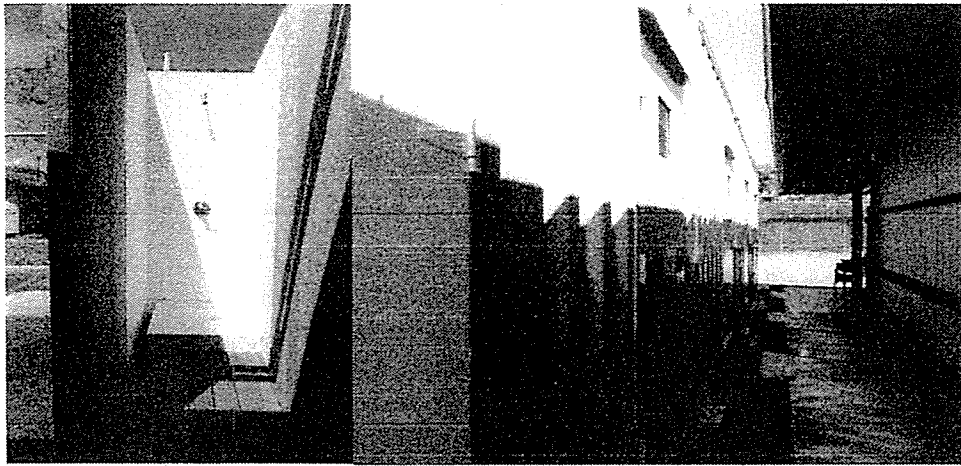
OCCC RESPONSE CONFIDENTIAL - AGREEMENT

MONITORING PANEL NOVEMBER 16, 2021

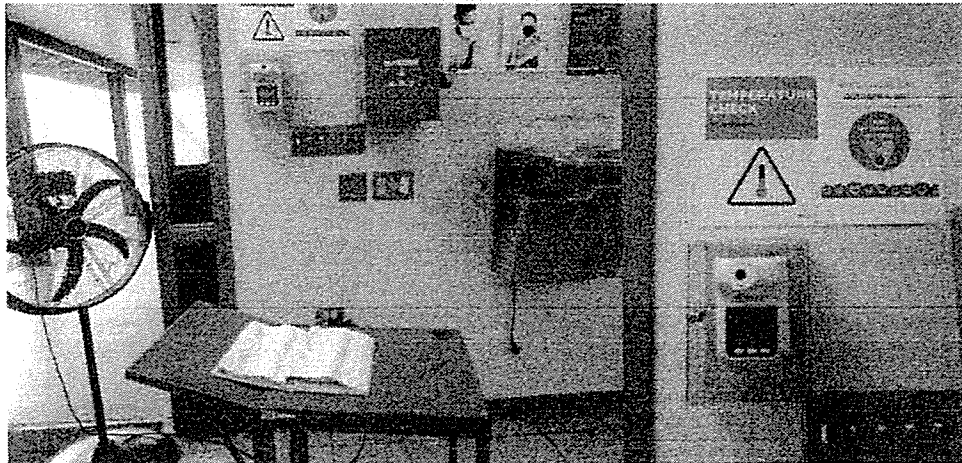
		ASSIGNED	RESPONSE	COMPLETED DATE	PICTURES/PROOF
	RECOMMENDATIONS:				
1	Conduct daily temperature and symptom checks for outside and inside of facilities. Purchase required	Security	Agree, will purchase equipment		
2	<p>Suspend sick call charges at least as long as COVID as to the nature of the medical problem.</p> <p>Gavin:</p> <p>2. Last year, PSD effectively implemented a flu-vaccine using co-pay waiver as an incentive to increase uptake. PSD hit 70% vaccinated at OCCC. This recommendation in another healthcare area of concern. Recommend charges for COVID-19 symptoms.</p>	HCU/ Business office	<p>Agree, Charges suspended</p> <p>Yes, continue suspension of sick call charges</p>		
3	Identify offices near/on housing areas wherever computers that have electronic medical records	HCU	Difficult non hard wire system, WIFI system tablets may suffice		

			upon security issues to be addressed		
4	<p>Institute monthly town halls in housing areas to structured vaccine education encounters for all unvaccinated.</p> <p>Gavin:</p> <p>4. Requiring an inmate to experience a health care encounter if an inmate's stage of change does not indicate the same resistance to vaccination. Recommend PSD adopt the education information regularly on video during scheduling during meals. The video could include a reminder to call for sick-call/vaccine clinic if someone has additional vaccination.</p>	HCU/Security/Res	Coop effort with Security, Residence, and health care to discuss vaccine education		
5	<p>Adopt a uniform policy regarding screening, quarantine, and medical appointments that follow CDC guidance and/or perceived disincentives to receiving care.</p>	HCU/Security	Agree, will develop protocol		
6	<p>Take a broad approach to both testing and contact tracing. All subparts of housing areas are considered part of the contact tracing effort. Include roving staff, inmate workers, and supervisors. Review inmate movement records in contact tracing and testing.</p>	HCU	HCU CDC Covid protocols		
7	<p>Follow CDC guidance to identify and treat positive cases including among those who initially had mild symptoms.</p> <p>Gavin:</p> <p>7. Follow CDC and other national clinical guidance to</p>	HCU	Agree		

8	DPS needs to continue to vigorously engage at c facility administrators to engage with the Hawai local officials, agencies, and partners to attempt people as a means to ensure adequate COVID-1 of ongoing transmission.	HCU	Agree		
9	Continue to remove departmental administrative intra-facility transfers. House inmates based on h	HCU/Reside ncy/Security	Inmate s house appropri ately @ appropri ate facilitie s		
10	Prioritize completion of installation of the isolation for all facilities.		Contin ue compl ete isolatio n contai ner housin g		
11	Consider requiring that inmates who transfer t Facilities be vaccinated.	HCU	Agree		



MCCC isolation container and shower unit



MCCC temperature station in dorm 6/7

