

<b>Topic:</b>	<b>Operations and Social Distancing</b>	
<b>Auditor:</b>	Captain C. Mongar	
<b>Date:</b>	6/23/20 AVCF	
		<b>Observations:</b>
<b>Social Distancing and Mitigation</b>		
1	How is education and information being provided to staff and offenders? Are there postings and/or titler info?	There was some signage posted in the Incentive unit regarding wearing of masks and hand washing. Titler messaging was very complete and informative. More information could be posted and provided for staff benefit.
2	How is the facility implementing and enforcing social distancing? (Staff and offenders)	Social distancing was appropriate and there was signage posted in the facility reminding staff and offenders to do so.
3	Are there signs posted in the facility to encourage staff and offender hand hygiene?	Signs were posted in Unit 3. C/C Admin was in the process of printing and laminating CDC posters for distribution throughout the facility.
4	What is the facilities plan for isolation and quarantine areas?	Facility has a plan for isolation and quarantine. Currently using RH for the quarantine of new arrivals. <b>Offenders are separated by pods in RH and on different air handling systems.</b> Overflow isolation offenders would be sent to housing unit with the capability of securing 3rd tier with locked gates.
5	What is the process for screening staff for COVID-19 symptoms?	Main entry is using the <b>written screening tool and thermometer to screen staff upon entry.</b>
6	Do staff know what to do if they develop symptoms? (on duty, at home, etc)	All staff were aware of what to do if feeling ill at work and at home (Calling supervisor).
7	What is the process for screening visitors/non-DOC employees for COVID-19?	Same as #5.
8	Is the facility practicing social distancing in roll calls and common areas of the facility?	<b>AVCF is not conducting a normal roll call at its facility or meeting in a single location.</b> Staff are met at main entry by the SC and given their post assignment and sent to post. Pass-on information is sent out via an email to all staff to read on post. <b>***This would be a best practice for eliminating the gathering of large groups of people in a confined room.***</b>
9	Has the facility implemented modified scheduling?	Non-essential staff and management are on a rotating work schedule with half on while the others work remotely from home.
10	Has the facility compartmentalized staff to lessen cross contamination with in the facility?	Yes, to the degree it is possible. Staffing has been reduced to the minimum needed for safe operations.
11	Has there been a modification to meal services to address the need for social distancing?	Meal service modifications have made a large impact on AVCF. Living units are fed one at a time with no mixing of units. Once a unit is clear of the dining hall, another is brought in. Security and housing staff spend a significant portion of their day with feeding of the offender population.
12	What is the facilities process for recreational activities?	Recreation is provided. Offenders are offered yard, gym and weight pile. As with feeding, only one unit goes at a time and units are never mixed.

13	How is the facility ensuring continuity of programming while practicing social distancing?	Mental health services and SOTMP is being offered within guidelines appropriate for social distancing.
14	Are notations being made in logs when cleaning and sanitizing of the areas are being accomplished?	AVCF has stopped making notations regarding cleaning and disinfection processes in shift logs. They have created a separate log that denotes only cleaning and disinfection to make it easier to locate and ensure that this information is separated from operational documentation.
15	Is the facility ensuring that staff and offenders are provided with soap and hand sanitizer in needed areas?	Staff are provided hand sanitizer through life safety and were resupplied while we were there. Recommend more sanitizer stations throughout the facility. Offenders are provided soap weekly. AVCF has installed liquid hand soap dispensers in their unit restrooms for offender use.
16	Does the facility have a process to identify and prioritize the housing of High Risk offenders?	Unit staff were very knowledgeable about the process of prioritizing the housing assignments of high risk offenders. Single cells are utilized to house these offenders.
<b>PPE Tracking and Usage</b>		
1	How is PPE being tracked and where is it being stored? Does the facility have a process to request PPE needs?	Each area has their own person responsible for the ordering and distribution of PPE (Medical, C/C, maintenance, etc.). AVCF has developed a facility-wide tracker that all areas input their information into for a single source of reference. Requests are made via a uniform ordering form. Storage areas for PPE have been secured with separate locks and allow only designated persons to have access.
2	How is the facility conserving PPE?	C/C Admin Crystal Montoya closely monitors PPE orders to ensure that only necessary items/amounts are issued. She makes frequent inspections of areas to locate caches and excessive ordering of PPE.
3	Are staff following proper PPE guidelines for the areas they were working, ie. wearing masks, washing hands, etc.	Staff are following proper guidelines for the use of PPE in their work areas. Due the warmer weather conditions, staff may need some reminder to be consistent with the wearing of masks while in outdoor conditions and entering the facility for work.
<p><b>Summary and Recommendations:</b> Overall, AVCF is doing very well in its day to day operations and dealing with COVID-19 changes. The facility is cleaned regularly and staff are very knowledgeable about procedures related to their areas. There are several best practices that the auditors took away from the visit to AVCF. Staff and offenders interviewed have a great deal of confidence that AVCF administration is doing all that it can to keep them healthy.</p>		

<b>Topic:</b>		<b>Cleaning and Sanitation</b>
<b>Auditor:</b>		Life Safety Administrator Brian Braden
<b>Date:</b>		6/23/20
		<b>Observations:</b>
1	Are staff following the bleach cleaning procedures for all common areas of the facility?	Staff are following the bleach cleaning procedures by cleaning all common areas 3 or more times each day. It is done by the office porter in each cellhouse during count when staff are in each pod counting.
2	Are the dining halls being cleaned and disinfected after each unit is fed at Breakfast, Lunch, and Dinner?	Security staff are cleaning the dining halls between each unit being called to chow, and allowing 10 minutes in between units to allow for air drying. This happens at every meal. Staff are spraying office areas 3 times per day.
3	Is bleach being diluted at the proper ratio of 1/4 cup per gallon of water?	Housekeeping dilutes the bleach at 1/4 cup per gallon, then sends the bleach solution to the cellhouses, food service, laundry, and clinical.
4	Is the inventory of bleach accurate and up to date?	Yes.
5	Is the stock of bleach adequate to provide sufficient product for an extended period of time?	The facility has 1 year plus supply of bleach at this point. (81 gallons)
6	Are staff practicing proper hand washing?	Staff wash their hands after every interaction to include staff and offender, shake downs, pat searches.
7	Is soap provided to offenders and are they practicing proper hand washing?	AVCF cellhouses have common restrooms, so soap dispensers have been provided in the restrooms.
8	Are the inventories of other cleaning and disinfecting chemicals accurate and up to date?	All chemical inventories are current and up to date.
9	Are staff and offenders wearing proper PPE when using cleaning and disinfecting chemicals?	Porters are provided gloves and safety glasses and are expected to wear their masks when using bleach or other cleaning chemicals.
10	Are UV disinfection units being used to disinfect N95 masks, if available?	Not available yet.
11	Are staff following current recommendations to disinfect isolation and quarantine cells, bathrooms, and showers after use?	Restrooms and showers are cleaned daily and sprayed with bleach during count when common areas are sprayed.
12	Are staff and offenders following current guidelines for isolation and quarantine laundry services?	Laundry procedures in the facility have not changed. Laundry staff said they do not know when laundry from and isolated or quarantined offender arrives for them to wash. Water temperatures and dryer temperatures are adequate to kill bacteria and viruses.

**Summary and Recommendations:** I did notice that even though all staff I saw had masks, some were not wearing them all of the time. I believe that supervisors need to be more diligent in reinforcing how important wearing masks is. **Best Practice:** The facility has developed a sanitation tracking form that is used in all areas of the facility to track the number of times areas are sanitized with bleach. The time of day and staff signature are required on this form every time the bleach is used in the area, thus ensuring that blech cleaning procedures re being followed.

Topic:		Medical Procedures
Auditor:		Carley Hyman
Date:		6/23/2020
		Observations:
1	What is the process for screening new offender intakes for COVID-19?	All new intakes are screened by medical in the intake/receiving area. If an offender does not pass the screening, he is brought to restrictive housing, isolated, and further assessments are completed. I would recommend having a plan in place to determine what to do with all of the other offenders on the transport. If an offender does not pass the COVID screening, there is the potential that everyone on the transport was exposed to COVID.
2	What is the process for screening discharges/releases to the community?	All offenders that are being released to the community are quarantined in the living unit and COVID tested prior to release.
3	What is the process for screening offenders for COVID-19 symptoms? (screening tool, questions asked, how often)	Offenders in quarantine, medical isolation and new intakes are all screened for COVID 19. Offenders in quarantine in RH are screened once a day with a temp check, symptom check, and this is documented on a temperature log form. Questions asked include: do you have a fever, cough or shortness of breath. Offenders in quarantine in the Living Unit have a temp check once a day and this is documented on a temperature log form. The temp log form is scanned into EOMIS. Offenders in intake have the screening completed using the COVID 19 screening form and this is scanned into EOMIS.
4	What is the process for offenders that have outside medical procedures? Prior to procedure and upon return?	It depends on where the offender is going and the type of procedure. If the offender is going to DH, he is tested for COVID prior to the procedure. Upon return from the procedure, the offender will be quarantined for 14 days. If an offender is sent out to the hospital, he is quarantined for 14 days upon return.
5	Are there signs posted in the facility to encourage staff and offender hand hygiene?	The facility was in the process of posting new signs around the facility to encourage hand washing.
6	What is the process for medical isolation?	If an offender reports COVID like symptoms, security immediately notifies medical and the offender is escorted to the clinic for further assessments. Depending on the clinical presentation of the offender, he is moved to RH for medical isolation or quarantine. The offender would be tested for COVID if indicated. Once a day symptoms checks will be implemented and documented. Depending on the clinical presentation of the offender, more frequent in-depth and focused assessments may be required. I would recommend that the offender be assessed cell side instead of taking the offender to the clinic for an assessment.
7	What is the process for quarantine?	All offenders moving in and out of the facility are placed under a 14 day quarantine with once a day temp checks. Offenders leaving the facility are COVID tested per the offender movement process.
8	What is the process for assessing and monitoring offenders in medical isolation and/or quarantine?	Once a day temp and symptom checks. This is documented on the temperature log sheet and scanned into EOMIS. Depending on the clinical presentation of the offender, more frequent in-depth and focused assessments may be required and this would be documented in EOMIS.
9	What is the process for prevalence testing?	AVCF has not had a confirmed COVID 19 case and has not needed to perform prevalence testing.
10	How do you communicate with staff appropriate PPE use when an offender is in isolation vs quarantine? (signs posted, verbal report, tracker, etc)	If an offender is in quarantine in the living units, it will be noted on the daily count sheet. If an offender is in quarantine in RH, it will be noted on the whiteboard in the CO office. Multiple security staff in each living unit were questioned about PPE requirements for medical isolation vs quarantine and all of them were unclear about the difference between the PPE requirements. There was also a lack of knowledge as to why an offender would be in medical isolation vs quarantine. I would recommend ongoing education regarding medical isolation vs quarantine. I would also have a process in place to clearly identify offenders that require medical isolation vs quarantine with clear PPE expectations.
11	Are staff trained on how to don/doff PPE?	Initially, all staff were shown the roll call video on how to don/doff PPE. Awaiting clarification on whether or not the new staff are shown the video.

12	Are there designated areas to don/doff PPE? (clinical and security)	PPE is don/doffed at the location the offender is tested.
13	What PPE is being utilized when performing a COVID-19 test?	N95, face shield, gown and gloves.
<p><b>Summary and Recommendations:</b> 1. Have a plan in place in the event an offender does not pass COVID screening in the intake area. There is the potential that everyone on the transport was exposed to COVID and there needs to a plan in place for what to do with the rest of the offenders who may have been exposed. 2. If an offender is complaining of COVID like symptoms, it's recommended that he be assessed cell side instead of taking the offender to the clinic for an assessment. 3. Ongoing education for front line staff regarding medical isolation vs quarantine. Have a process in place to clearly identify offenders that require medical isolation vs quarantine with clear PPE expectations. 5. Confirm with the training coordinator and ensure that new staff are shown the PPE roll call training video. 6. Utilizing the PPE sign out sheet to keep tighter control of the clinic inventory and limit who has access to the supply closet. 7. Implement a daily cleaning schedule for the offender waiting room in the clinic. <b>Best Practices Observed:</b> Officers were dispensing hand sanitizers to offenders going through the med line. Staff also verbalized a sense of urgency when an offender complains of COVID like symptoms. There is an understanding that the offenders has to be assessed by medical asap.</p>		