

<b>Topic:</b>	<b>Operations and Social Distancing</b>	
<b>Auditor:</b>	C. Mongar/E. Holden	
<b>Date:</b>	1/21/2021	<b>Current phase of operation:</b> 1 ( ) 2 ( ) 3 (X)
<b>Social Distancing and Mitigation</b>		<b>Observations:</b>
1	How is education and information being provided to staff and offenders? Are there postings and/or titler messages?	Offenders receive education and information via the facility titler system and postings in the unit. Staff do receive information in the form of weekly emails from the Warden, shift commander pass on, and over the powerpoint presentation that is given during binax testing before shift. BVCC has utilized their computer graphics teacher to make enlarged CDC signage that is posted throughout the facility.
2	Is the facility implementing and enforcing social distancing and mask wearing for staff and offenders? (Staff areas, sally ports, offender common areas)	Social distancing was appropriate in all areas observed to include the binax testing in visiting. BVCC runs at or near Minimum staffing making appropriate social distancing easier.
3	What is the facility plan for isolation and quarantine areas? Has the facility provided line staff with training in these processes?	The facility is housing all of their isolation/positive offenders in South and East units. Most staff understood the difference between isolation and quarantine and the required processes for managing them. However, staff in the isolation units were observed not wearing required PPE such as face shields/goggles, gloves and N95 masks. Staff were wearing only KN95 masks in the units housing positive offenders.
4	What is the process for screening Staff/Visitors for COVID-19 symptoms before entering the facility?	Temperature checks and binax testing were completed upon entry. No written screening was done.
5	Do staff know what to do if they develop symptoms? (on duty, at home, etc)	When questioned, staff were well aware of the reporting process if they develop symptoms on or off duty.
6	Has the facility modified roll calls to practice good social distancing? How are they passing information to staff?	Traditional role call is not being conducted at this time. When staff report for duty they are given assignments and needed information from the shift commander while doing the binax testing.
7	Has the facility implemented modified scheduling?	Custody control staff are on 12 hour shifts (6a-6p) to cover all posts due to shortages. Management and some administrative staff are on an A/B alternating schedule to reduce their numbers in the facility and working remotely when at home.
8	Has the facility compartmentalized staff to lessen cross contamination with in the facility?	The facility does try to compartmentalize staff to set areas when possible. Staffing issues make this difficult to accomplish while covering posts.
9	Through observation and discussion with staff are they following the guidance to refrain from communal eating and gathering in offices without masks?	The team did not observe any communal eating or gathering in offices throughout the audit. BVCC provides all staff members with fresh KN95 masks weekly. Compliance with mask wearing amongst all staff observed was excellent.
10	Has there been a modification to meal services to address the need for social distancing?	All meals are fed in cell on styrofoam trays.
11	Is the facility ensuring continuity of programming and recreation while practicing social distancing?	The facility is conducting no programs at this time with the exception of recreation. Recreation is done in the small outdoor yard on a set schedule with cohorts of 16 to 20 offenders at a time.
<b>PPE Tracking and Usage</b>		
1	How is PPE being tracked, stored and distributed? Does the facility have a process to request PPE if needed?	PPE is stored in three areas of the facility. Main storage is in the janitorial area. Both master control and shift commanders have a small amount if needed for issue. Lt. Bobst coordinates tracking and issuance of PPE for the facility. Requests for PPE are taken weekly and filled from these storage points.

2	Does the facility have a PPE conservation plan?	The facility conserves their PPE supplies through limited access to storage areas and careful, controlled issuance to work areas.
3	Are staff following the PPE matrix for the areas they are working in, ie. wearing masks, gloves, etc.	Staff are not following the PPE matrix in regards to working in the isolation units with positive offenders. They were observed wearing only KN95 masks and gloves. The designated isolation units (East and South) Need to be supplied with full PPE and have dedicated don/doff areas for staff assigned there. These areas should include a means to hang gowns/face shields for disinfecting as well as storage of N95 masks in paper bags.
4	What PPE is being utilized by those staff that are transporting offenders/providing hospital coverage?	Full PPE is required when transporting or providing hospital coverage.
5	Are offenders provided 3 cloth masks? Does the facility have a plan for laundering them on a regular basis? Is there a replacement process for damaged masked?	Offenders have been issued both cloth and KN95 masks. Currently, while on phase 3, BVCC does weekly issue of KN95 masks in a hygiene kit with replacements available to offenders as needed.
6	If the facility is providing the offenders KN95 masks do they have replacement process in place.	All offenders receive a new KN95 weekly from unit staff. Offenders interviewed stated, and it was observed that they have numerous KN95 masks in their cells. Offenders are trading/sharing their extra KN95 masks amongst themselves for the more comfortable styles. This could possibly cause issues if offenders are trading contaminated masks. A 1 for 1 swap during weekly issuance of masks/care packages would help. This is an item reported from the previous audit that still needs to be addressed.
<b>Additional Area of Review</b>		
1	Does the facility have a process to identify and prioritize the housing of High Risk/Medically Vulnerable offenders?	Identification and prioritizing the high risk /medical offenders is a collaboration between Headquarters, facility HSA, and Ron Armstrong. These offenders are currently in single cells.
2	How often does the facility review the list of High Risk/Medically Vulnerable offenders?	Review of the high risk offenders is completed weekly or as needed by the HSA and management team.
3	Is the facility ensuring that offenders in isolation or quarantine because of contracting or exposure to COVID have access to personal items and property whenever possible.	<b>Offenders that are on isolation and quarantine status do have access to all their property and personal belongings.</b>
4	If the facility is on Phase III operations, do they (after completing testing, contact tracing, and cohorting), provide inmates reasonable access to outdoor recreation, phones, showers and legal materials to the extent possible? If the facility has been on Phase III for more than 5 weeks what measures have they taken to offer further access to the above mentioned areas.	All areas are offering recreation, phone, and showers on a regular basis. There is a recreation schedule that staff are following in each area. Legal access is done by submitting kites or written communication to the law librarian. Offenders are allowed to have their legal materials in their cells with them.

5	<p>Does the facility have a point of contact to address all COVID related problems and shall be empowered to address complaints related to:</p> <ul style="list-style-type: none"> <li>• Access to mask</li> <li>• Access to soap</li> <li>• Access to cleaning materials</li> <li>• Access to recreation or facilities during Phase III operations</li> </ul>	<p>BVCC point of contact for COVID related issues is the EMC/Security Specialist, Lt. Brad Bobst. Each staff member is responsible to retrieve a new mask sweekly. Access to masks, soap, cleaning materials, and recreation for the offenders is done through the living unit staff.</p>
6	<p>Ensure that offenders are aware and have access to the 800 number to the ACLU for COVID only issues.</p>	<p>The 800 number is available on the posted notice of consent decree and also on the facility titler. The offenders stated they could dial 08 on their phones to reach them as well.</p>
7	<p>Has a notice to offenders regarding the consent decree been posted in both English and Spanish</p>	<p>The notice of consent decree was posted in most offenders areas but not always in both Spanish and English. Recommend that supervisors check their areas and ensure that both versions are posted in the common areas.</p>
<p><b>Summary and Recommendations:</b> BVCC management has done an excellent job with communication to its offenders and staff regarding the facility response to COVID. Staff interviewed were open to answering questions and were knowledgeable about operations in their areas of responsibility. Staff in all areas were observed wearing masks and practicing appropriate social distancing. BVCC management has been innovative by creating and posting some enlarged CDC signage that is very easy to see and read. They have also adopted a 12 hour schedule for C/C staff to help alleviate the staffing shortages that are ever-present in many outlying facilities. <b>The following are recommendations for BVCC Management to consider:</b> 1) The written COVID screening should be done at main entry on all individuals/staff that are not assigned to BVCC 2) When conducting weekly issuance of KN95 masks to the offenders, a one for one exchange is recommended. This will to stop the sharing/trading of these masks between offenders. 3) Setup of donning and doffing areas in the isolation units with positive offenders. Provide staff with required PPE along with training on its proper use, disinfection and storage. 4) Living units with positive offenders should have signage on the outer unit entrance to notify staff of the unit status and the required PPE to enter and work in the unit. 5) Ensure that the notice of consent decree is posted in all offender common areas in both Spanish and English versions.</p>		

<b>Topic:</b>		<b>Cleaning and Sanitation</b>
<b>Auditor:</b>		B. Braden
<b>Date:</b>		1/21/21
		<b>Current phase of operation:</b> 1 ( ) 2 ( ) 3 (X)
		<b>Observations:</b>
1	Are staff following the cleaning procedures for all units, recreation, other common used areas of the facility?	Staff I spoke with understand what the sanitation procedure is for phase 3 operations. I was told the living units are being sanitized 2 times per shift or more, however this was not documented. Recreation is outdoors only at this time, so no sanitizing procedures are being done. All other areas are sanitized daily when the area is occupied.
2	Do offenders have reasonable access to the needed and appropriate cleaning agents and materials to clean their cells and sleeping areas, in addition to the scheduling cleaning times, by checking out a cleaning caddy during open pod time	Offenders are allowed to check out a cleaning caddy to clean their cells when they are out for free time. Isolated offenders may request cleaning supplies from staff to clean their cells. The cleaning caddies contain Virex (disinfectant), Stride (general cleaner), and Glance (glass cleaner) to clean their cells with.
3	Are the dining halls being cleaned and disinfected after each unit is fed at Breakfast, Lunch, and Dinner? If the facility is providing food service in the cell house what is their process for sanitizing food carts before they return or are moved to another unit?	All feeding is being conducted in the cellhouses on styrofoam trays. Staff receive the food carts from food service and distribute the food to the offenders. After the food is distributed, the food cart is sanitized in the living unit before it is returned to the food service department.
4	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 of water and distributes it to all areas 1 or more times per day.
5	Is the inventory of bleach accurate and up to date?	Yes.
6	Is the stock of bleach adequate to provide sufficient product for an extended period of time?	BVCF currently has a 1 month supply of bleach on hand.
7	Are staff practicing proper hand washing and are signs posted in restrooms to encourage staff and offender hand hygiene?	Staff wash their hands at every opportunity. Signs encouraging proper hand hygiene are on display in the restrooms.
8	Are 2 bars of soap being provided to the offenders weekly? Are offenders practicing proper hand washing?	Offenders are issued 2 bars of soap weekly in a care package that contains other items such as stamps, envelopes, toilet paper, and a new KN 95 mask.
9	Are the inventories of other cleaning and disinfecting chemicals accurate and up to date?	All chemical inventories are current and up to date.
10	Are staff and offenders wearing proper PPE when using cleaning and disinfecting chemicals?	Offenders wear glove and masks when sanitizing. Eye protection is recommended.
11	Are UV disinfection units being used to disinfect N95 masks, if available?	UV units are in place in all areas where security equipment is exchanged. They can be used to disinfect N95 masks if needed. Logs are in place to document disinfecting activities.
12	Are staff following current recommendations to disinfect isolation and quarantine cells, bathrooms, and showers after use?	Bathrooms and showers are cleaned by the porters on the regular cleaning schedule. They are sanitized when the common areas are sanitized, as well as after each use.

13	Are notations being made in logs when cleaning and sanitizing of common areas are being accomplished?	Sanitation logs are in place throughout the facility. However, most logs were very incomplete. It appears that the 6 a.m. to 6 p.m. shift is very diligent about logging sanitation activities, but the 6 p.m - 6 a.m. shift has very few or no entries on the logs. <b>See Recommendation.</b>
14	Is hand sanitizer provided in staff areas?	Hand sanitizer was found in all areas.
15	Are staff and offenders following current guidelines for isolation and quarantine laundry services?	Laundry has not altered any processes or schedules.
<p><b>Summary and Recommendations:</b> Recommendation from the sanitation/cleaning auditor: 1). The facility needs to provide eye protection to the offender porters when they are sanitizing with bleach to prevent eye injury from possible chemical splash back. 2). Filling out the sanitation log continues to be an issue. There need to be additional training of staff by area supervisors on proper log entries and the importance of completing the log every time sanitation activities occur.</p>		

<b>Topic:</b>	<b>Medical Procedures</b>	
<b>Auditor:</b>	Carley Garcia Hyman	
<b>Date:</b>	1/21/2021	<b>Current phase of operation:</b> 1 ( ) 2 ( ) 3 ( x )
		<b>Observations:</b>
1	What is the process for screening new offender intakes for COVID-19?	All offenders are screened for COVID in the receiving area. This includes the COVID screening form and temperature check. Offenders do not enter the main facility until they have been screened by the clinical staff.
2	What is the process for screening discharges/releases to the community?	Offenders releasing to the community are placed into quarantine and the offender will have symptom checks at least once per day. The offender is COVID tested 96 hours prior to the release or as part of prevalence testing if the facility is on outbreak status.
3	How long are offenders quarantined prior to release or movement?	Offenders releasing to the community are placed into quarantine and the offender will have symptom checks at least once per day. The offender is COVID tested 96 hours prior to the release or as part of prevalence testing if the facility is on outbreak status.
4	Are offenders randomly screened for COVID-19?	Offenders are not randomly screened for COVID. Offenders that have been exposed to COVID are screened daily for COVID like symptoms during symptom checks.
5	What is the process for offenders that have scheduled outside appointments and unscheduled transports (ED/Hospital)?	Offenders that have unscheduled transports such as to the ED or hospital are screened upon return by the clinical staff and based on risk of exposure, the offender may be placed into quarantine for 14 days. If quarantine is needed, the offender will quarantine in place in the previously assigned cell house.
6	Are there signs posted in the clinic to encourage staff and offender hand hygiene?	There is signage in the clinic to promote hand hygiene.
7	What circumstances would prompt placing an offender into isolation? What is the process for monitoring and assessing an offender in isolation? What PPE is required for direct and indirect contact and how is this communicated to all staff?	Offenders that test positive for COVID are placed in isolation on the East Unit 1st tier or South Unit 2nd tier. These offenders have symptom checks once per day if asymptomatic and twice per day if symptomatic. Clinical staff are required to wear N95, gown, gloves and face shield when in direct contact with offenders in isolation. This expectation is communicated via signage however this signage was not consistent or observed in areas with known COVID + offenders. PPE requirements and usage is also communicated with the clinic staff during staff meeting and via email
8	What circumstances would prompt placing an offender in quarantine? What is the process for monitoring and assessing an offender in quarantine? What PPE is required for direct and indirect contact and how is this communicated to all staff?	Circumstances that would prompt quarantine include movement in/out of the facility or offenders that have known exposure to COVID. Offenders in quarantine have symptom checks once per day. Clinical staff are required to wear KN95, gown, glove for direct contact with offenders. This is communicated with staff via signage however the signage was not observed in known quarantine areas. PPE requirements and usage is also communicated with the clinic staff during staff meeting and via email

9	Is there a detailed co-horting plan in place to ensure that positive offenders are not housed with those that have been not detected, etc?	The facility has detailed co-horting plans in place. Currently all COVID + offenders are housed on the East Unit 1st Tier and South Unit 2nd Tier.
10	Is the COVID-19 ICD10 code documented in EOMIS by the providers when an offender tests positive for COVID? Who notifies the offender of positive test results?	The provider documents the ICD-10 code in EOMIS. This information is tracked and audited by the quality department. The provider, Nurse 3 or HSA will give offenders a copy of COVID + test results along with educational information about COVID.
11	Is there a detailed plan in place to maintain routine, urgent, and chronic clinical care (medical, dental, BH, SOTMP, TC, etc) when the facility goes into Phase III? Has this plan been discussed with the management team? How are outside appointments handled and who notifies the schedulers?	A detailed plan was put in place at the beginning of the pandemic however this plan has evolved and is a fluid plan based on the complexity of an outbreak. COVID + offenders are assessed and evaluated cell side and the clinic is utilized and compartmentalized by cohorts.
12	In preparation for an outbreak, has the facility identified who needs to be fit tested for an N95 and have those employees been fit tested? Who manages this process?	Julie, Nurse 3, is responsible for fit testing all staff. This process is documented in an internal tracker.
13	Are staff trained on how to don/doff PPE?	All staff are required to watch the PPE training video. Additional direction is given during the donning/doffing process if needed.
14	Are there designated areas to don/doff PPE? (clinical and security)	There were no dedicated areas observed for donning/doffing PPE. The clinic staff return to the clinic, spray down gowns with disinfectant, and then the gown is hung up in the break room outside each employee locker. Disinfectant, hand sanitizer, and trash bins were not readily available or in one location.
15	What PPE is being utilized when performing a COVID-19 test?	N95, eye protection, gown, gloves.
16	How is the clinic conserving PPE? Is the Battelle system being utilized?	The clinic is conserving PPE by re-using gowns and utilizing the Batelle system to disinfect N95 masks.
17	How are previously positive, and now recovered, COVID 19 offenders tracked? How does the clinical team know not to re-test COVID positive offenders within the first 90 days?	Previous positive and now recovered offenders are tracked on an internal tracker. This tracker is utilized during testing to ensure that these offenders are not retested. This does become a challenge when offenders have been previously positive outside of the DOC system.
18	Who and how are those offenders that test positive notified?	Offenders that test positive are notified by a provider, the HSA, or Nurse 3. The offender is given a copy of the positive lab result along with written education about COVID.
19	Are offenders provided written guidance, in English and Spanish, on how to protect themselves from COVID, reduce COVID transmission, including to wash hands, wear masks, social distance when possible and to report symptoms?	Offenders receive written guidance if they test positive for COVID and this information is in English only. Written guidance in English and Spanish is not given to offenders on a routine basis. There are several large signs posted throughout the facility on how to stay protected.
20	Are co-pays for COVID related matters/concerns being waived by the clinic and have/how has this been communicated to the offender population.	Co-pays are waived for COVID related matters/concerns. This was communicated to offenders in the beginning but has not been communicated to offenders recently.

**Summary and Recommendations:** BVCF overall is doing a good job responding to the evolving and challenging environment of a COVID outbreak. At the time of the audit, the facility was on Phase 3 operations due to an ongoing COVID outbreak. The facility had large, visible CDC signs posted throughout the facility to educate staff and offenders alike. COVID positive offenders were cohorted in the East and South units and the staff were able to verbalize these general locations. Mask compliance, social distancing, hand hygiene, and cohorting all observed during the audit. Clinic staff spoke to current practices and rationales for COVID protocols. There is room for improvement with PPE usage, donning/doffing stations, and Spanish versions for offender education. Recommendations are as follows: 1. Review current practice for donning/doffing PPE and establish designated areas for staff to easily don/doff PPE with access to supplies. 2. Assess staff knowledge of current PPE recommendations for isolation and quarantine and ensure that all staff are in compliance with current recommendations in those designated areas. 3. Communicate with incoming offenders the co-pay policy and ensure they are aware that COVID related matters are waived. 4. Evaluate current written COVID education that is provided to offenders and ensure Spanish education is available.