State of Ohio Chapter

ODRC Agency Professional Committee Meeting

December 8, 2020

Union Attending:	**Management:**
Geoff Davies, AO 1199 Athena Diven, MCI, Executive Board Member James Snowden, GCI, Executive Board Member Sandra Gladding, NERC, Executive Board Member Craig Wachauf, MaCI, Delegate Heather Carnuche, MaCI, Member Guest	Beth Hogon, Labor Chief Don Overstreet, Bureau of Labor Relations Kevin Runyon, Medical Operations Director Kelly Storm, Behavioral Health Director Allison Vaughn, Labor Relations Administrator 1 Tracy Almanson-Murphy Lanaya McDonald Roberta Banks

Job Title	Oct-19	Dec-20	Diff
Psychiatric/DD Nurse	116	115	**-1**
Corr Adv Prac Nurse Psy-MH	14	17	**3**
Psychologist	32	28	**-4**
Psychology Assistant 2	28	27	**-1**
Behavioral Hlthcr Provider 1	18	24	**6**
Behavioral Hlthcr Provider 2	32	37	**5**
Social Worker 1	46	43	**-3**
Social Worker 2	28	25	**-3**
Chaplain	30	27	**-3**
Correctional Nurse Practitione	39	45	**6**
Correctional Physician Asst	1	0	**-1**
Correctional Program Spec	198	190	**-8**
Corrections Classification Spe	31	29	**-2**
Nurse 1	379	373	**-6**
Physician	3	2	**-1**
	995	**982**	**-13**

1. **Use of RTU for medical purposes across the state, and MH nurses as cover in RTU – Madison, SOCF, CRC, others?**

Union raised the issue of MH and RTU staff increasingly being used for medical purposes, and in some institutions RTU being used as a medical overflow. There have been grievances filed on this which are in

process. Normally active grievances are not discussed in APC so we did not discuss whether management had the right to do this, but instead discussed why and the effects of it (negative effects from the Union's point of view). Discussions with Kevin Runyon and Kelly Storm below.

Management: Facilities do have ability to schedule. RTU is very self-contained. Kelly Storm has worked with supervisors who have reached out, we've increased at Madison the contractor tier to help and also contractor LPN. We also have to think about covering pt. needs. We have a responsibility to staffing – ability to staff and keep facilities operational. If however medical cases are being dumped then we need to know and will take care of that
Union: What is the difference between dumping and using for overflow?
KR: if you've got the staff to keep them, they should stay at medical. Or in the dorm for daily checks if asymptomatic. Or if they are symptomatic then infirmary first or RTU overflow if institution has chosen that. I would not accept empty beds in medical with this happening.
Union: What is the morale fix? We have nurses at Madison actively looking for other jobs
Storm: we've approved LPNs, additional tier contractor. Other disciplines taking some duties. Also national guard. We've put out that its not a medical problem it should be everyone, even using other classifications to lighten the burden. We want those clinicians at the bed side to help.
Union: Why can't this go out of the institution? Cohort the positive pts out of the facilities, for example in field hospitals or other facilities.
Runyon: We've looked at it, but how do you staff it?
Ward: policy variances to extend deadlines for this and that, this done in two days, this done in seven days. Or instead of sending pts all over have telemed in every unit to see everyone the way they'd need to – ALPs, med, etc.
Storm: we actually did meet with the team at CRC on how to do that. We gave you a position clinician there to do that.
Deadlines MH mental health screen in seven days is to see how they're responding to incarceration, which s critical to triage them.
Runyon: With the surge of cases our staffing is another situation that it was before. We're trying to clear out reception. We're so full with bodies we haven't been able to control the infection. There's a big clear out coming in the next week to move pts from CRC as quickly as possible.
Storm: Pts in RTU who have medical needs – we want them where the treatment team is, they're not always stable enough to go to medical.
Ward: We're talking about non MH pts, sending from med bay to CSU unit because they need 2 hour watches. They're non-MH. Pt from medical hunger strike, they didn't want to deal with him, hunger strike which is an infirmary, nu MH diagnosis. Put him in CSU unit. A nurse discovered no-one tested him. Tested him, was positive. And we still don't have the PPE, we have to fill out a DRC 1000 to get a mask and we still have non-medical gloves.
Kevin – why aren't these CRC issues being resolved like PPE at FPC meetings?
Davies: they have been raised repeatedly at FPC and directly by the delegates and nothing is done or something will be done but then isn't.

Overstreet and Runyon commit to attend next FPC at CRC.

Davies: Crossing of cohorts and CIM contract violation. Seems CIM is convenient when its convenient. Crossing cohorts at CRC, AOCI, others. Staff going from one side compound to another.
Ward: At CRC 8 of 11 MH staff out.

Overstreet: sometimes we have to cross cohorts, to maintain staffing. We have to break it sometimes but as soon as we can back to normal cohorting we can do that. The best we can, but sometimes we can.
Runyon: Medical - Relaxing documentation medical – no problems doing that, propose it where helpful
Ward: MH – relaxing groups QA etc. any give and take there? Treatment plans are not done every 90, staff leaving and we're taking on caseloads etc.
Storm: This past round of audits MH we didn't do Ohio standards. Focusing on ACA.
Gladding: we still have a lot, its like extra administrative stuff.
Storm: yes, I'll check into that, should be an easy convo for best utilization of time.
Davies: Can this be expanded in other institutions? Additional administrative tasks being asked of them
Storm: yes, if extraneous just reach out and ask.

2. Level of staff absences due to Covid testing or exposure - long term plan.
Today, the total of staff who have contracted Covid-19 increased to 2,827 workers – an increase of 1,127 since November 9th. Multiple institutions have many staff out either with Covid or quarantine. What is the States long term plan here? National guard help, but what about when they go down?

We're trying to cut down exposure, with central leadership. But it is important to see leaders in the field. At the facilities is what I expect to be going on. We do the testing plan to see if we have positive staff that may not know it. Asymptomatic.
When we find positive, we have folks not following procedures – distancing and masks. Going across barriers. If wearing appropriate gear and distance we don't put them out. We have to be smart to exposure.

We have looked at critical infrastructure staffing, looking at if we can have positive staff working with positive pts. Or can we work staff who have been exposed but not symptomatic? and screened prior to and after shift, and full PPE. Also looking at rapid testing for exposed folks so they can came in if pass rapid test. Not calling people off straight away looking at waivers for that. National guard in for support for custody and screenings.

Snowden: We have ALP out right now through contract trace. She tested negative but then negative after again and asymptomatic. Why not bring her back instead of using two weeks.
Runyon: 14 days is from CDC, if institution is willing to risk that sooner that's when we'd review the totality.
Snowden: And people going out multiple times are burning through Covid time and then their own time. Contact traced three or four times
Runyon: it's about appropriate PPE and distancing. They're going out because they've not followed that or not been able to.
Second, that needs to be worked out between labor and HR.
Davies: Haven't the return dates guidelines been shortened?
Runyon: We are looking for guidance from ODH on returning sooner with the new guidelines, they don't apply in congregant settings. We would have to get ODH sign off first.

Note from Beth Hogon: The statewide leave bank Is not empty. The DRC bank is empty. Both banaks though require you to be exhausted leave, members can apply to the bank if they have exhausted their leave.

3. **Testing of inmates, and testing of staff effectiveness** Who doing the screening, at front – medical staff or machine?

Nurse should be helping to bring them in thought the screen. During changeover shifts. If nursing staff isn't available then institutions can pull them off the post as opposed to an officer doing the screening and mistakenly sending someone home.
JS: I do the screening at front and then go and do the inmate screening on the block. Doesn't it seem self-defeating to be crossing all over the place?
KR: national guard should be doing the screenings, Friday. RNs should not be going with them.

Allen Correctional Institution, Lima, Ohio- 4 soldiers
Grafton Correctional Institution, Grafton, Ohio-4 soldiers
Lorain Correctional Institution, Grafton, Ohio- 4 soldiers
Marion Correctional Institution, Marion, Ohio- 4 soldiers
Northeast Reintegration Center, Cleveland, Ohio- 2 soldiers
Pickaway Correctional Institution Orient, Ohio- 4 soldiers
Southern Ohio Correctional Facility, Lucasville, Ohio- 4 soldiers
Trumbull Correctional Institution, Leavittsburg, Ohio- 4 soldiers
Toledo Correctional Institution, Toledo, Ohio- 4 solders
Total of 34 soldiers

If not these then inmates are tested if symptoms or from screenings. We do not do routine testing regardless, it's based on the daily screening. Risk vs logistical ability and no recommendation fright now from ODH/CDC for routine testing for asymptomatic inmates.

Wauchauf – inmates here mask their symptoms or purposely lie about it and we know when we have to bring in squad. When you're screening, they'll avoid it if they can. When it comes to staff testing. We test staff weekly at Madison, we get the results couple days later but we don't get notified unless we're positive. Member assumed she was negative in the couple days she was waiting and was on the way to thanksgiving when she got the call. Is there any way to get a result, at least log in and see themselves?

Hogon: Jen Bowerman in charge of process, to see if possible. A limited number of people can access to see results. I can find out if that's possible. *Note: it is not possible but members can cal their HR department after 48 hours to find out their result.*

Others are requiring positive staff to work – will ORDC?
If you're a positive asymptomatic RN you can take care of positive people. Will you be isolated or mingling?
Maybe, see crisis infrastructure staffing point above. 14 day quarantine one, two positive staff. Its contingency right now from CDC. We have not approved it yet, it is going to have to be a very very bad situation to approve that.

Union: Use of Wastewater to require mandatory staff testing, why not inmates? What does staff achieve but not inmates?
We've done over 50k inmates tests, symptomatic. Logistics and positive of getting that out. Wastewater allows us to identify if positive staff are coming in, as a source of infection. We test on intake, day 15 and transfer. On release and pts going out to court, to OSU, FMC, we do a lot of testing. And anyone even close to symptomatic. That's ODH approved.

4. Covid Vaccine – requesting DRC plans

The state provided an FAQ following the meeting (it is included here at the bottom of this document)..

Here are the Q&A to two top questions. They are not clear on how specifically it will be implemented for DRC employees..

Q: Will Ohio make COVID-19 vaccination mandatory?
A: *No.*

Does this "no" include employees of the state? – waiting on official response.

Q: Who can get the vaccine first in Ohio?
A: *Initially, there will be a limited number of vaccines available, and Ohio is committed to making it widely available, for those that want to receive it, as quickly as possible as shipments of vaccine arrive. In conjunction with the recommendations of medical experts at the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and the National Academies of Sciences, Engineering, and Medicine (NASEM), Ohio has identified who will be among the first to receive those very early shipments in Phase 1A, should they choose to be vaccinated, listed below.*

- *Healthcare providers and personnel who are routinely involved with the care of COVID-19 patients.*
- *Residents and staff at nursing facilities.*
- *Residents and staff at assisted living facilities.*
- *Patients and staff at psychiatric hospitals.*
- *People with intellectual disabilities and those with mental illness who in group homes or centers and staff at those locations*
- *Residents and staff of Ohio's veterans homes.*
- *EMS responders.*

Are all DRC staff included in point 1, does that extend to all staff in the institutions or just those in direct contact with Covid-19 inmates? – waiting on official response.

5. Covid leave needs (2021)

Extension of current tranche past Dec 31 and Provision of additional for 2021. We have members who have burned through their leave and never had Covid, others just out of leave.

Management: There will be announcement in next week or two about what it looks like.

6. CIM does not override contract – discussion. Example AOCI doing OT by building.

November schedule changed at GCI in November without notice. Claimed Covid – called it November Covid 19. So then how do supervisors take off and grant time off? We're in a crisis but people are taking of during the holidays. Boss took cost saving day – how do you do that during a pandemic schedule. I was told go ahead and grieve it, we'll be through it anyway. Other institutions also, it's like they're asking for forgiveness after the fact.

Hogon: There is no central desire. There are situations that come up that we have to make decisions. We have never advised anyone to do things and then just file the grievance. We will follow the contract if at all possible. It is a very different situation.

Overstreet: CIM does not override the contract, a lot of incidences are individual or isolated things. They're not always violations, just different interpretations of it. It is not our intention.

7. SW2 Position Elimination at NERC

Strom: We have staffing ratios we can share. We went through and looked as we should ever year. Applied the ratio and NE were over on independent licensed staff based on this. We froze a psychologist position there. We only want to impact empty positions. They were understaffed in non-licensed position. SW was changed to BHP1. It was done in consultation. We find more success sometimes when we post that way because it opens up the pool. And gets them staffed sooner. We only impacted vacancies.

8. Next meeting
February 9th 10am to 12pm

Coivd-19 Vaccination FAQ provided by DRC to the Union.

Frequently Asked Questions
COVID-19 Vaccine

Q: Is there a COVID-19 vaccine?
A: As of December 3, 2020, in the United States, two COVID-19 vaccines have submitted applications for emergency use authorization (EUA) from the Food and Drug Administration (FDA). If granted, the vaccine could arrive in Ohio in limited supply for distribution to initial critical populations in December 2020.

Q: What is Operation Warp Speed?
A: Operation Warp Speed is a partnership between the U.S. Department of Health and Human Services and the Department of Defense to help develop, produce, and distribute millions of vaccine doses for COVID-19 as quickly as possible while ensuring that vaccines are safe and effective. The Centers for Disease Control and Prevention (CDC) is focused on vaccine planning, working closely with the Ohio Department of Health and other state partners to prepare for vaccination availability.

Q: Why is a COVID-19 vaccine needed if social distancing and wearing masks prevent COVID-19 virus from spreading?
A: Getting us through the pandemic requires using all the tools available. Vaccines boost your immune system so it will be ready to fight the virus if you are exposed. Other steps, like masks and social distancing, help reduce your chance of being exposed to or spreading the virus. Together, the coming COVID-19 vaccines and proper prevention measures will offer the best protection from COVID-19.

Q: How many COVID-19 vaccines are under development?
A: Multiple COVID-19 vaccines are under development. As of November 24, 2020, large-scale (Phase 3) clinical trials are in progress or being planned for five COVID-19 vaccines in the United States. As of December 3, 2020, two vaccines have applied for emergency use authorization (EUA) from the FDA.
Q: How many doses of COVID-19 vaccine will be needed?

A: The two vaccines that have applied for emergency use authorization each require two doses. There is a vaccine in development and Phase 3 clinical trials that uses one dose. Ohioans who receive a dose of a particular vaccine must receive a second dose of the vaccine from the same manufacturer. For example, if you receive a first dose of the Pfizer-BioNTech vaccine, your second dose must be the Pfizer-BioNTech vaccine. If you receive a first dose of the Moderna vaccine, your second dose must be the Moderna vaccine.

Q: How will I know that the COVID-19 vaccine is safe?
A: The U.S. vaccine safety system ensures that all vaccines are as safe as possible. Safety is a top priority while federal partners work to make a coronavirus disease 2019 (COVID-19) vaccine(s) available. Clinical trials study the effectiveness of the vaccine in thousands of study participants. Data from these trials will be provided to the Food and Drug Administration (FDA) to determine vaccine safety and effectiveness. The FDA uses rigorous standards during the evaluation and if it determines that a vaccine meets its safety and effectiveness requirements, it can make these available by approval or emergency use authorization. After FDA makes its determination, the Advisory Committee on Immunization Practices (ACIP) will review available data before making final vaccine recommendations to the CDC. There have been no shortcuts in the vaccine development process. The COVID-19 vaccine development process involved several steps comparable with those used to develop other vaccines, such as the flu or measles vaccine.

Q: Who is paying for the COVID-19 vaccine?
A: The federal government is committed to providing free or low-cost COVID-19 vaccines. Vaccine doses purchased with taxpayer dollars will be given to Ohioans who choose to receive them at no cost. **For more information, visit: coronavirus.ohio.gov**

Q: Will there be enough vaccine for everyone in Ohio?
A: When FDA first authorizes or approves the use of one or more COVID-19 vaccines in the United States, there may be a limited supply. This would mean that not everyone will be able to be vaccinated right away but, in time, as vaccination production ramps up, every Ohioan who chooses may receive a vaccine as soon as large quantities are available.

Q: Will Ohio make COVID-19 vaccination mandatory?
A: No.

Q: Are there special considerations on who will receive the COVID-19 first in Ohio?
A: At first, there will be a limited supply of COVID-19 vaccine. The federal government will work to get those first vaccine doses out once a vaccine is authorized, approved, and recommended, rather than waiting until there are enough vaccines for everyone. However, it is important that the initial vaccines are given to people in a fair, ethical, and transparent way. Those who are at highest risk of contracting and transmitting the virus will be among the first to be able to access vaccination.

Q: Who can get the vaccine first in Ohio?
A: Initially, there will be a limited number of vaccines available, and Ohio is committed to making it widely available, for those that want to receive it, as quickly as possible as shipments of vaccine arrive. In conjunction with the recommendations of medical experts at the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and the National Academies of Sciences, Engineering, and Medicine (NASEM), Ohio has identified who will be among the first to receive those very early shipments in Phase 1A, should they choose to be vaccinated, listed below.

- Healthcare providers and personnel who are routinely involved with the care of COVID-19 patients.
- Residents and staff at nursing facilities.
- Residents and staff at assisted living facilities.
- Patients and staff at psychiatric hospitals.
- People with intellectual disabilities and those with mental illness who in group homes or centers and staff at those locations

- Residents and staff of Ohio's veterans homes.
- EMS responders.

Q: How many vaccines are available?
A: Vaccine manufacturers are working hard to manufacture and distribute vaccines safely, quickly, and effectively. Each state will be informed, on a weekly basis, of how many vaccine doses they will receive that week.

Q: If I am in an eligible audience, how will I know when I can get the vaccine during Phase 1? Who do I call?
A: We are working closely with vaccine providers and local health departments at this time to determine the best process for eligible audiences to use during the initial vaccination phase. During Phase 1A, the following providers will be responsible for distributing vaccines to the following audiences:

- Essential workers in healthcare settings – hospitals and health systems.
- Long-term care/nursing home residents and staff – CVS and Walgreens.
- Congregate care staff and residents, EMS first responders, any remaining long-term care facility staff – local health departments.

Q: I am not in one of the audiences that has been announced. When can I get the COVID-19 vaccine?
A: Initially, there will be a limited number of vaccines available, so we are committed to making it widely available, for those that want to receive it, as quickly as possible as shipments of the COVID-19 vaccines arrive in Ohio. Ohio continues to make plans for a way to distribute vaccines in a way that is fair, ethical, and transparent, in conjunction with the recommendations of medical experts at the Centers for Disease Control and Prevention's (CDC) Advisory Committee on Immunization Practices (ACIP) and the National Academies of Sciences, Engineering, and Medicine (NASEM). As more information becomes available on who can receive the vaccine when, we will communicate this information publicly including through the news media and share information at coronavirus.ohio.gov/vaccine.

Q: When will the other distribution phases begin?
A: As vaccine supply increases, Ohio will be able to continue to vaccinate Ohioans who choose to receive the vaccine. The speed at which Ohio will move through the phases is largely dependent upon the number of vaccines available. **For more information, visit: coronavirus.ohio.gov**

Q: Will my children be able to receive the COVID-19 vaccine?
A: Once a vaccine is available, there will be guidance on who should receive it from the vaccine manufacturer. The bottom line is that Ohioans should be able to obtain safe, effective vaccines for themselves and their families if they choose according to manufacturers' guidelines once it is widely available.
Q: If I already had COVID-19 and recovered, do I still need to get vaccinated with the COVID-19 vaccine when it is available?
A: Not enough is known about how long natural immunity lasts for those that have recovered from the virus. Until we have a vaccine available and know more about natural immunity to COVID-19, the CDC will not comment on whether people who had COVID-19 should get a COVID-19 vaccine. The CDC Advisory Committee on Immunization Practices (ACIP) will make recommendations to CDC on who should get a COVID-19 vaccine.

Q: Can other vaccines help prevent me from getting COVID-19?
A: Other vaccines, such as those for flu, measles, or other diseases, will not protect you from COVID-19. Only the vaccines designed specifically to protect you from COVID-19, once approved for use by the FDA, can prevent COVID-19. While a flu vaccine will not prevent you from getting COVID-19, it can prevent you from getting influenza (flu) at the same time as COVID-19. Because the flu viruses and the virus that causes COVID-19 will both be spreading during this time, getting a flu vaccine will be more crucial than ever.

Source: Centers for Disease Control and Prevention (CDC)
Updated Dec. 4, 2020
For additional information, visit coronavirus.ohio.gov.

For answers to your COVID-19 questions, call 1-833-4-ASK-ODH (1-833-427-5634).

Your mental health is just as important as your physical health. If you or a loved one are experiencing anxiety related to the coronavirus pandemic, help is available 24 hours a day, seven days a week. Call the COVID-19 CareLine at 1-800-720-9616.