SEIU District 1199 WV/KY/OH - ODRC
Agency Professional Committee Meeting
June 23, 2020

SEIU-1199 Delegates:

Athena Diven, MCI
Sandy Gladding, NERC
Bob Mauro, SCI
Shelby Bowers, CCI
African Grant, TCI
James Snowden, GCI
Rachel Witten, MACI
Linda Wright, AOCI
Monica Ford, LeCI
Joanne Ward, CRC
Lisa Ragland, RCI

<u>Agenda</u>

1. Update on wages/raises – DRC's perspective
    a. *Quick check did your rate increase yet on OAKS?*
        1. *CD I don't see a pay raise on min yet. Don't see anything recent. Payroll is going to be down anyway.*

Kevin Stockdale, Director od Admin in charge of budget with give us a budget presentation.

10th day of July we'll know our revenue. August will include the 2020 income taxes. A lot of the indicators are negative.
Expectation is a $120-30 billion cut for 2021.

Jo Ward: I've got 21 years. 2009-12 contract budget crunch and state came to ask for help. We said yes, we'd give up steps etc. for next three years. And we did. Two weeks later semi-trucks pull in a unload brand new furniture and john deer gators for admin staff. They said it came from a different budget. My budget pull from other areas – can't you pull from other budgets?

Diven – I understand what you're saying but seems like we get left behind while some others are getting a windfall. Its raining right now! Tap the fund.
Kevin- it will get spent quickly. Can't speak to anything prior to. But if we're going to make sacrifices, they need to understand we're not

Ward – retention bonus at CRC?
Kelly – we're working on it, will have to work with Kevin and Kevin.

Beth – we want to work on cost savings ideas. Would like to talk about that tomorrow. Efficiencies

Bob – cost savings. I've kept requesting and they keep saying they're waiting on OSC for direction.
Beth – CSD referenced in the contract is determined if the institutions is in favor. They don't have to. No-one has asked me about doing it.
Bob – I've asked, and they keep saying they're waiting on labor. I'll look – I'm sure we'd be interested in it.

CD Brown – My concern was that the governor was asking.

2. PPE
    a. We formally request that all staff be issued N95 masks for use when needed

Cannot under these guidelines. Will be issued as needed.

b. We formally request that screens be installed in all areas possible to protect staff, e.g. mental health, case management, medical, class specs

c. We request the current PPE supply numbers for each institution for N95s, gloves, gowns, visors etc.
   Don: we made a request to Chris Lambert. Don't have anything back yet.

Kevin Runyon
Still under mandated grid. Its polished. Grid determined by state DOH, OSU etc.

What are doing to get more?

Incident Command system in control of that. Will find out what is being done. Statewide EOC stepped in.

Are KN95 part of the plan now or is that individual
KR: we couldn't figure out what they were or if true legitimate KN95. They can be a substitution. But its difficult to identify them.

KR: Screens – some are driven by institution and security procedures there. Inevitably we leave security concerns to the warden. We can always look to see

Is there any prohibition on wearing a n95 if I have it? Or KN95?
KR: don't think there is at all. Not issued, so will confirm.
BH: no prohibition if you have them. We will help get them cleaned if you have them and they're the right type (no air filter and not soiled).

Why cant DRC direct screens? We will look.

Athena – what is the difference between N95 and KN95 are. They're issuing them at Marion. They say KN95. But we're allowed to wear the cloth and surgical.
Marion H&S committee already have purchase orders.
Lisa – the difference is where they're certified at. They're coming from China.
KN95 seal fitting? So are they fitted? No. Also depends on the manufacturer.

Lisa – when we were on orange two meals a day. Now at red level its more freedom, not taking temps on those coming in. When they go red is it just no worries anymore then?
AOCI – we went red, no changes. Still inmate movement. No changes to meals. What is going on?
Lebanon – we just got 200 inmates from CRC because both are red. Okay so if we're all red and it is what it is then we all need N95s!
Ross – same thing. Spreading around level red inmates.

3. Update on mass testing of staff and testing availability

   For the schedule and the plan. Update on OSU and other hospitals giving tests.
   Chambers Smith letter? Few months ago? *Need a new push on that.*

   Hogon: they're working on contract with local facilities to provide office hours testing – Ohio Health and Mercy. GO in, get a test, that info should be coming out soon. Free at POS.

   Mass testing again at Allen oakwood next Monday. Didn't have many participate last time. Wont be doing parking lot testing at institutions anymore after that.

   Will 40 hour covid leave be reset? Don't know, will get back. It was director order and would end December 31st this year. If any extension or new tranche it would be after that point.

   TCI came first week of June. Out of 240 tests got two staff positive. Week later five staff out. If you have to wait a week for results, what's the point?
   Annette chambers has sent us a letter to take to health dept to expedite test. Any hospital or health dept or hospital. We need that letter.

4. Security and quarantining
   a. will the policy of quarantining asymptomatic Covid inmates on housing units be reviewed? How long, what are criteria?

      Kevin – symptomatic positive put in isolation
      Asymptomatic MAY be left in dormitories. Not changed. Institution med director can make the decision also.
      Monica – we have a whole 260 guys unit quarantined. Pull out positive and test the cellie and leave him there?
      Kevin -

Monica – our quarantine has gone on two months. How long does it take? We're testing guys constantly.
Kevin – there is flexibility to modify. Will be down to the medical director. Also if within 14 days no symptoms you're considered to be recovered and that point look at the case and how long its been then that unit could be considered recovered.
Dr Eddy helps them make those decisions.
Monica – somewhat but we have other units that still have movement. Pretty soon we'll all be quarantined
Kevin moving by unit or intermingling within unit or cohort?
Monica – moving together but have other units that are getting quarantined. We haven't had a case that we know of for… we weren't even told we're quarantined until we were.

Monica – no positive on our unit. Just because tested and removed. Still Q'd though because so many. Q'd for a month. Commissary not coming around at all.
Bob – we came off Q last week Didn't put positive guy back, put him in infirmary.

Inmates go out but come back after 14 days.
Lisa Ragland CM – we're taking temps. So, I'm using N95. We don't know who's positive and not.
Did Ross go Red so we could take inmates? We don't have positive staff now. More than 14 days without but still Red. AOCI too? Orange for so long, then went Red.

QUESTION: IF MEMBER HAS OWN N95 CAN THEY USE IT? Yes.
Not going by 204 – inmate temp checked on bus and if fail they all go back to the institution they came from. Dr Eddy violated that at Ross and let the whole bus in. Now they're waiting until they get inside. Not running any buses away.

5. What is the state's step down plan, and what is it tied to? What is everyone's status now?
    a. Do we go up or down?
    b. Education etc. coming back. Rec Services – nothing has changed maybe even worse. Why are they coming back?

KR: Each institution does things different but the cohorts in dorms should be the same. AOCI went red Saturday. Nothing should have changed that much. We can research, but no institution is the same so we give the flexibility.
Coming from CRC are being screened coming in.
24 changed on buses – they can come in and they're quarantined. Screened and they stay there.
Bob – whether you screen before why bother if just going to send them anyway.?
Because if positive they don't leave. But if they're positive when they arrive they're put in isolation.
RCI – we have no positive staff tests. We should be orange but we're getting red inmates.
KR: there's a step down process, you're follow that. Even though you're no cases, you would still be red.
Don: have this convo with your DW Ops.
Red is both staff and inmates –

GD: so then, herd?
KR: we're not sending positive pts.
Don: this isn't DRC, its coming from the medical experts. We're following their protocol.
It took less than 24 hours to make us red, but more than 30 days to get down even though no cases. Even though within 24 hours of that the staff was negative. Then brought other inmates in and subjected us more so. Why was there any movement in in that time?

Don: we're following CDC, ODH, trying to manage best we can. We're working on steps to move from red to orange but it takes time
BH: the reason we go red so quickly is to protect people due t procedures that happen. If leave in orange there's more movement. Faster get red the more we're protecting people.

Sandy Gladding
We're red, and they're combining cohorts. What's the difference if you allow ,more movement in red status?
BH: only if no positive in those cohorts. Trying to move back to normal operations. Bringing more people together at a time slowly. If someone does go positive then we separate the cohorts.

Beth – need to raise these at FCP meetings, we'll assist

6. Staff and inmate temps
    a. What are the directives for testing of inmates by staff – is it only medical personnel performing? *Some institutions got emails in May that security staff are doing it say ORW and TCI. Overtime to do it? Can do that at AOCI.*

        1. *TCI is MH doing as well and offering OT for anyone (e.g. Sunday 11-1)*
        2. *Lebanon just nurses and SRT (Special Reponses Team on OT) – they are having Unit staff escorting. Why?*
        3. *FMC – just medical nurses. Case managers for everything else but medical doing*
        4. *Offer as overtime for everyone but offer OT?*
        5. *Lebanon we're okay right now. Not sure people will take it anyway.*
        6. *FMC has agency nurses who help out.*
        7. *NERC – they offered OT here CMs and MH staff would do it. But right now its medical only with one nurse helping out.*
        8. *TCI – as more test positive they'll have a hard time getting them. I've decided I'm not picking up until I get an N95. Its only once a day here though.*
        9. *AOCI – some nurses getting mandated to do it, staff screening. Inmate screening is part of regular workday. But the staff temps at the front is overtime and if none then they mandate.*

Kevin – no specific guidance that it has to be medical. Doesn't require a nurse. Its what best fits the mission. Make those decisions if they are sick then obvi medical but just the screening then.

    b. Is there any end date to screening of staff? Who doing it? If not ending soon what is the long term solution.

1. AOCI – some nurses getting mandated to do it, staff screening. Inmate screening is part of regular workday. But the staff temps at the front is overtime and if none then they mandate. Leading to burnout because some nurses are doing it over and over. It was COs doing it at first but when the first sick staff got through that's when they ended it, so now its medical. So shift change – 5:15a-8a and then at 1p ish next shift change until end of that shift change.

204 says should be a nurse, unless extreme situation. During peak times.

2. If going on for how long, six months, a year? Why not hire someone for it?

Kevin – everything we're doing we're looking at better ways to skin the cat. I don't want a medical nurse up there. The biggest threat to the population is us. As we see cases rise in the community, we had corrections officers doing it first and they said they had a cough and they'd just send them home (!!!!) but not everything is black and white if you're a medical personal. So we really wanted a nurse up there to be more precise. Constantly looking at ways to make that better. Complacency is also a problem. Hire or carve out a specific position for that. Kevin – not right now with budget.

7. Is it permissible for staff to know the Covid status of inmates? If not why not?
    a. We don't know who is positive Lebombo, NERC diff unit we have diff cohorts so one psychologist in charge of quarantine and isolation – she has all the PPE to do the assessments, but I for example I can't go into their unit they can't come to me so I'm in charge of just my unit.
    b. same at Lebanon.

Anyone is isolation where need N95 etc. they should know. Other than that PPE stays the same as such as mask situation etc. That being said the folks knowing the status isn't a big deal but the asymptomatic I dint see the problem but don't know how we can mark them, becomes a challenge. Talk to Incident Command about how that would look.

8. What is the state's step down plan, and what is it tied to? What is everyone's status now?
    a. Do we go up or down?
    b. Education etc. coming back. Rec Services – nothing has changed maybe even worse. Why are they coming back?

Beth – I have forwarded the 204 step down process. Feel free to forward to delegates. Also any of the step down documents as they are being approved. That's what we have.

Step down describes the process but not the criteria for
What are the benchmarks being used?
Life cycle is person test positive we have guidance on. Say they're doing the daily screenings. We track how many active cases do we have in an institution. My staff look and say 16 people still active virus. Once we have no active cases we present to director, say 10 days plus no active and we can start stepping down some of our processes. Then institution develops their own plan for step down. Say number of screenings. That gets approved by regional director and others.

First hurdle is no active cases – defined as recovered and no positives.
Length of time – usually fourteen days of last case onset. Could also be flexible. Circumstances. Basically constantly monitoring.
Lisa – transporting non active inmate. So at Ross? Kevin – its big on my list.

All institutions are red.
Also see DRC internet for quarantine numbers.

<u>Recovery Services</u>

<u>Delegates:</u>
Chad Lee, ToCI
Ryan Cheesebrew, CCI
Clifford Brown, WCI
Curtis Shaw, WCI

We will be concentrating on the top issues. Anything remaining will be followed up in writing from DRC.

- Why the rush, potential for a delay to after July 4th holiday?
    - Beth – I dint have a lot of good info. Jenny Clayton was that date of return when staff permitted and there may be different needs and should work with JS and the warden is based on supervisor's discretion.
        - JS: the decision to return base don multiple things. DRC, discussion with leadership and the need to carry out the assignments and services. Originally DRC requested for June 22, two business days notice. I told them at least one week and that would allow time to prepare. It is summertime, childcare is a normal issue about this time. We told our staff many times that we need to be prepared to go back in.
        - JS – not just cleaning, multiple activities they'll be doing. Preparing files documentation etc.
        - Why seven days? Desire to carry pout the mission and the work activities.
- We've been back two weeks at RCI with nothing to do because we're a level red. We're not providing services. It could be another two weeks we're not providing services.
        - Even at level red there are services that can be provided.
- Officers on the block wont send them because they're level red.
        - That's a problem then first we've heard.
- Amanda Unger
        - JS I have another meeting that start promptly at 3pm
- Is there any scenario we'd be removed again?
        - Step up and step down procedures described by Kevin Runyon.
        - Again we'd have not left only at DRC request.
- I find that the more that we know the scarier

- And also now its summertime and kids are out of school but that's when kids are home. We do have a letter for employees which we can provide that's gives them priority for childcare because they're essential. Teachers are out because on intercession.

- Options for members who do not want to return or cannot for various reasons: underlying conditions or cannot get daycare for example

Laurie -0 they have the covid sick leave option, FMLA, other forms of leave, they need to contact HR. We've been doing it for months with the hospitals. Frankly there may not be enough leave to cobble together. We can work with people short term and to put together a plan but honestly if its taking a year etc. In the end however there is a limited amount of options available. So they cant do there jobs from home

Why not remote working?

Need to schedule additional time.

- Physical conditions,
- PPE, including quarantine

1. RS staff returning when institutions are more dangerous now than when we were removed in April – what was the reason for the request to return, what has changed?
2. What are the different Level Red status' and what do they mean?
3. What will happen if COVID-19 gets worse inside the institutions?
4. Why were RS staff only given 1 week notice of return? Poses difficult problems for those with children and daycare hasn't opened. What should they do if they cannot get childcare?
5. Can RS staff bring in our own alcohol-based sanitizers and Lysol/Clorox disinfectant wipes?
6. Will staff be provided screens in offices and group rooms?
7. Will RS staff be required to enter quarantined units, and if so, what PPE will they have
8. Will RS staff be bound by DRC PPE guidelines or can they, for example, bring their own N95 masks?
9. How will attendance at groups be affected by cohorting and limited movement?
10. Would inmate positive, negative but exposed, recovered, etc. be attending groups? What is the criteria for attendance?

11. Will RS staff be pulled to do other things in the institutions?
12. ODMHAS two week Covid leave. Do you have to use all at once or break it up. Massive problem with daycare closed. Can it be used like intermittent FMLA for example?
13. Some institutions are using the RS space for housing or hospitals (RiCI, BeCI). If we don't have access to our offices, where will they be putting us?
14. Will members be returning to the same schedule they had when they left (hours and good days)?
15. Were members working their same schedules and hours while WFH? If not, what modifications were there. Contract requires a two-week notice of changes.
16. There are RS staff working the Covid hotline. What are their options? Also see schedule question above.

17. Some institutions have to work in groups where there is no air conditioning. Wearing a mask that long and conducting a group in temps without air conditioning will be challenging may cause health concern. Additionally, studies are showing that spending long amounts of time in rooms with others (with or without ventilation) is a great way to contract C-19.
    a. Can we shorten sessions?
    b. What can be done to address conditions?
18. Will we have soap or sanitizer or appropriate PPE? If not, what is our option? What can we bring in and what infection control measures are being used? Is there a limit of 2oz for sanitizer?
19. Members with underlying conditions – what are their options if they do not want/have been advised by their doctor to not return?
20. What Covid leave is there available and what are the criteria for using it? Does it have to be all at once or can it be broken up? What documentation is needed?
21. what are my options if I have difficulty for whatever reason wearing a mask (medical otherwise)?