

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911



STATE OF WASHINGTON
PERSONNEL APPEALS BOARD
HOME PAGE www.wa.gov/pab

CC: MICE
Karen H.
VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

RECEIVED

JUN - 2 1999

Department of Corrections
CAS Human Resources

June 1, 1999

Roger Barrett
[REDACTED]

RE: Bruce Barrett v. Department of Corrections, Suspension Appeal,
Case No. SUSP-97-0031

Dear Mr. Barrett:

Enclosed is a copy of the order of the Personnel Appeals Board in the above-referenced matter. The order was entered by the Board on June 1, 1999.

Sincerely,

A handwritten signature in cursive script that reads "Don Bennett".

Don Bennett
Executive Secretary

DB:mt
Enclosure

cc: Elizabeth Van Moppes, AAG
Jennie Adkins, DOC

0740



BEFORE THE PERSONNEL APPEALS BOARD
STATE OF WASHINGTON

RECEIVED
MAY 27 1999
PERSONNEL APPEALS BOARD

BRUCE BARRETT,

Appellant,

vs.

DEPARTMENT OF CORRECTIONS,

Respondent.

Case No. SUSP-97-0031

MOTION AND ORDER OF DISMISSAL

The Appellant, by and through the undersigned Personal Representative of the Estate of Bruce Barrett, hereby notifies the Personnel Appeals Board that he wishes to withdraw the above-entitled appeal.

DATED

5/17/99

Logan P. Barrett
Personal Representative

This matter came on regularly before the Personnel Appeals Board on the consideration of the request of the Appellant's Personal Representative to withdraw the above-entitled appeal. The Board having reviewed the files and records herein, being fully advised in the premises, and it appearing to the Board that the Personal Representative of the Estate of Bruce Barrett has requested to withdraw the appeal, now enters the following:

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the request to withdraw the appeal is granted and the appeal is dismissed.

DATED this 1st day of June, 1999.

WASHINGTON STATE PERSONNEL APPEALS BOARD

Walter T. Hubbard

WALTER T. HUBBARD

Nathan S. Ford, Jr.

NATHAN S. FORD, JR.

Gerald L. Morgan

GERALD L. MORGAN

0741

RECEIVED

SEP 18 1998

CC: MICE
Hopper

Department of Corrections
Division of Human Resources

BEFORE THE PERSONNEL APPEALS BOARD

STATE OF WASHINGTON

BRUCE BARRETT,

Appellant,

vs.

DEPARTMENT OF CORRECTIONS,

Respondent.

Case No. SUSP-97-0031

NOTICE OF SCHEDULING

Notice is hereby given that pursuant to WAC 358-30-010(3), a hearing on the appeal before the Personnel Appeals Board has been set for Wednesday, April 28, 1999, beginning at 9 a.m. The hearing will be held in the Personnel Appeals Board Hearing Room, 2828 Capitol Boulevard, Olympia, Washington.

The parties shall arrive at the hearing location thirty (30) minutes before the hearing time for the purpose of exchanging copies of, and when possible, stipulating to exhibits. The parties shall bring six (6) copies of the premarked exhibits which they intend to offer into evidence. Whenever possible, the parties should exchange witness lists prior to the day set for the hearing.

If the services of an interpreter are needed, notify Personnel Appeals Board staff at least two weeks prior to the hearing. The hearing site is barrier free and accessible to the disabled.

DATED this 16th day of September, 1998.

WASHINGTON STATE PERSONNEL APPEALS BOARD

Teresa Parsons

Teresa Parsons, Hearings Coordinator
(360) 664-0479

cc: Bruce Barrett, Appellant
Louis Baker, WPEA
Elizabeth Van Moppes, AAG
Jennie Adkins, DOC

0742

Personnel Appeals Board
2828 Capitol Boulevard
Olympia, Washington 98504

RECEIVED

SEP 18 1998

Hopper

Department of Corrections
Division of Human Resources

BEFORE THE PERSONNEL APPEALS BOARD

STATE OF WASHINGTON

| | | |
|----------------------------|---|-----------------------|
| BRUCE BARRETT, |) | Case No. SUSP-97-0031 |
| |) | |
| Appellant, |) | NOTICE OF SCHEDULING |
| |) | |
| vs. |) | |
| DEPARTMENT OF CORRECTIONS, |) | |
| |) | |
| Respondent. |) | |

Notice is hereby given that pursuant to WAC 358-30-010(3), a hearing on the appeal before the Personnel Appeals Board has been set for Wednesday, April 28, 1999, beginning at 9 a.m. The hearing will be held in the Personnel Appeals Board Hearing Room, 2828 Capitol Boulevard, Olympia, Washington.

The parties shall arrive at the hearing location thirty (30) minutes before the hearing time for the purpose of exchanging copies of, and when possible, stipulating to exhibits. The parties shall bring six (6) copies of the premarked exhibits which they intend to offer into evidence. Whenever possible, the parties should exchange witness lists prior to the day set for the hearing.

If the services of an interpreter are needed, notify Personnel Appeals Board staff at least two weeks prior to the hearing. The hearing site is barrier free and accessible to the disabled.

DATED this 16th day of September, 1998.

WASHINGTON STATE PERSONNEL APPEALS BOARD

Teresa Parsons

Teresa Parsons, Hearings Coordinator
(360) 664-0479

cc: Bruce Barrett, Appellant
Louis Baker, WPEA
Elizabeth Van Moppes, AAG
Jennie Adkins, DOC

Personnel Appeals Board
2828 Capitol Boulevard
Olympia, Washington 98504

0743

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911



STATE OF WASHINGTON
PERSONNEL APPEALS BOARD
HOME PAGE www.wa.gov/pab

cc: MICO
Karen
VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

April 27, 1999

Bruce Barrett
[REDACTED]

RE: Bruce Barrett v. Department of Corrections, Suspension Appeal,
Case No. SUSP-97-0037

Dear Mr. Barrett:

Enclosed is a copy of the Order Granting Continuance in the above-referenced matter.
The order was entered by the Board on April 27, 1999.

Sincerely,

Don Bennett
Executive Secretary

DB:mt
Enclosure

cc: Elizabeth Van Moppes, AAG
Jennie Adkins, DOC

0744
♻️

BEFORE THE PERSONNEL APPEALS BOARD

STATE OF WASHINGTON

1
2
3 BRUCE BARRETT,)
4 Appellant,) Case No. SUSP-97-0031
5 v.) ORDER OF CONTINUANCE
6 DEPARTMENT OF CORRECTIONS,)
7 Respondent.)
8

9 This matter came before the Personnel Appeals Board, WALTER T. HUBBARD, Chair, and
10 NATHAN S. FORD JR., Vice Chair, on consideration of the Board's motion to continue the
11 hearing. Due to the Board's inability to contact Appellant's heirs and after consultation with
12 Respondent, the Board determined that the hearing scheduled for April 28, 1999, should be
13 continued. The Board having reviewed the files and documentation and being fully advised in the
14 premises, now enters the following:

ORDER

15 NOW, THEREFORE, IT IS HEREBY ORDERED that the hearing scheduled for April 28, 1999, is
16 continued to a date to be determined.

17 DATED this 27th day of April, 1999.

WASHINGTON STATE PERSONNEL APPEALS BOARD

Walter T. Hubbard

Walter T. Hubbard, Chair

Nathan S. Ford Jr.

Nathan S. Ford Jr., Vice Chair

23
24
25
26
Personnel Appeals Board
2828 Capitol Boulevard
Olympia, Washington 98504

0745

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911



CC: MICO ✓
Karen ✓
VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

STATE OF WASHINGTON
PERSONNEL APPEALS BOARD
HOME PAGE www.wa.gov/pab

April 27, 1999

Bruce Barrett
[REDACTED]

RE: Bruce Barrett v. Department of Corrections, Suspension Appeal,
Case No. SUSP-97-0037

Dear Mr. Barrett:

Enclosed is a copy of the Order Granting Continuance in the above-referenced matter.
The order was entered by the Board on April 27, 1999.

Sincerely,

A handwritten signature in cursive script that reads "Don Bennett".

Don Bennett
Executive Secretary

DB:mt
Enclosure

cc: Elizabeth Van Moppes, AAG
Jennie Adkins, DOC

0746



BEFORE THE PERSONNEL APPEALS BOARD

STATE OF WASHINGTON

BRUCE BARRETT,

Appellant,

v.

DEPARTMENT OF CORRECTIONS,

Respondent.

)
)
)
)
)
)
)
)
)
)

Case No. SUSP-97-0031

ORDER OF CONTINUANCE

This matter came before the Personnel Appeals Board, WALTER T. HUBBARD, Chair, and NATHAN S. FORD JR., Vice Chair, on consideration of the Board's motion to continue the hearing. Due to the Board's inability to contact Appellant's heirs and after consultation with Respondent, the Board determined that the hearing scheduled for April 28, 1999, should be continued. The Board having reviewed the files and documentation and being fully advised in the premises, now enters the following:

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the hearing scheduled for April 28, 1999, is continued to a date to be determined.

DATED this 27th day of April, 1999.

WASHINGTON STATE PERSONNEL APPEALS BOARD

Walter T. Hubbard

Walter T. Hubbard, Chair

Nathan S. Ford Jr.

Nathan S. Ford Jr., Vice Chair

Personnel Appeals Board
2828 Capitol Boulevard
Olympia, Washington 98504

0747

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911



STATE OF WASHINGTON
PERSONNEL APPEALS BOARD
HOME PAGE www.wa.gov/pab

CC: MICE
Karen H.
VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

RECEIVED

JUN - 2 1999

Department of Corrections
OAS Human Resources

June 1, 1999

Roger Barrett
[REDACTED]

RE: Bruce Barrett v. Department of Corrections, Suspension Appeal,
Case No. SUSP-97-0031

Dear Mr. Barrett:

Enclosed is a copy of the order of the Personnel Appeals Board in the above-referenced matter. The order was entered by the Board on June 1, 1999.

Sincerely,

A handwritten signature in cursive script that reads "Don Bennett".

Don Bennett
Executive Secretary

DB:mt
Enclosure

cc: Elizabeth Van Moppes, AAG
Jennie Adkins, DOC

0748



BEFORE THE PERSONNEL APPEALS BOARD
STATE OF WASHINGTON

RECEIVED
MAY 27 1999
PERSONNEL APPEALS BOARD

BRUCE BARRETT,

Appellant,

vs.

DEPARTMENT OF CORRECTIONS,

Respondent.

Case No. SUSP-97-0031

MOTION AND ORDER OF DISMISSAL

The Appellant, by and through the undersigned Personal Representative of the Estate of Bruce Barrett, hereby notifies the Personnel Appeals Board that he wishes to withdraw the above-entitled appeal.

DATED

5/17/99

Loqui P. Barrett
Personal Representative

This matter came on regularly before the Personnel Appeals Board on the consideration of the request of the Appellant's Personal Representative to withdraw the above-entitled appeal. The Board having reviewed the files and records herein, being fully advised in the premises, and it appearing to the Board that the Personal Representative of the Estate of Bruce Barrett has requested to withdraw the appeal, now enters the following:

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the request to withdraw the appeal is granted and the appeal is dismissed.

DATED this 1st day of June, 1999.

WASHINGTON STATE PERSONNEL APPEALS BOARD

Walter T. Hubbard

WALTER T. HUBBARD

Nathan S. Ford, Jr.

NATHAN S. FORD, JR.

Gerald L. Morgen

GERALD L. MORGEN

0748

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

RECEIVED

SEP 24 1998



STATE OF WASHINGTON
Department of Corrections
Division of Human Resources
PERSONNEL APPEALS BOARD
HOME PAGE www.wa.gov/pab

CC: MICCV
Karen ✓
VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

September 23, 1998

PROPOSED LIST OF CUT-OFF DATES

Bruce Barrett v. Department of Corrections
Case No.: SUSP-97-0031 (Suspension appeal)

This statement is issued to record dates controlling the subsequent course of the proceedings in the above-referenced appeal. In lieu of a pre-hearing conference, the following dates for completing discovery, exchange of lists of witnesses and exhibits and other prehearing matters are proposed.

1. Discovery is to be completed by March 29, 1999. Requests for discovery must be served with sufficient time for responses to be completed by March 29, 1999.
2. Witness lists and exhibit lists are to be exchanged on or before April 21, 1999. The parties reserve the right to supplement the lists.
3. Pre-hearing briefs, if prepared at the discretion of the parties, will be filed on or before April 23, 1999 in accordance with WAC 358-30-045.
4. The hearing in this matter will be held on April 28, 1999 beginning at 9:00 AM in Olympia, Washington.

The pre-hearing conference is scheduled for 9:00 AM on April 21, 1999. At that time, the Executive Secretary or designee will initiate a conference call with the parties' representatives to discuss possible stipulations on witnesses, exhibits, and the issue to be presented for determination by the Personnel Appeals Board.

The parties shall arrive at the hearing location thirty (30) minutes before the hearing time for the purpose of exchanging copies of exhibits and, if possible, stipulating to admission of exhibits. The parties shall bring six (6) copies of the pre-marked exhibits which they intend to offer into evidence.


0750

Statement of Results of Pre-hearing
September 23, 1998
Page 2

Any objections or corrections must be filed with the Executive Secretary within 20 days of the date of this statement and shall, at the same time, be served upon each of the participants named above. This statement becomes part of the official record of the proceedings, and the stipulations will be binding on the parties, unless this statement is modified for good cause.

Dated: Sept 23, 1998

PERSONNEL APPEALS BOARD

By: 
Don Bennett
Executive Secretary

0751

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

RECEIVED



SEP 24 1999

STATE OF WASHINGTON
Department of Corrections
Division of Human Resources
PERSONNEL APPEALS BOARD

HOME PAGE www.wa.gov/pab

September 23, 1998

CC: MICC ✓
Karen ✓
VOICE (360) 586-1481
FAX (360) 753-0139
E-MAIL info-pab@pab.state.wa.us

PROPOSED LIST OF CUT-OFF DATES

Bruce Barrett v. Department of Corrections
Case No.: SUSP-97-0031 (Suspension appeal)

This statement is issued to record dates controlling the subsequent course of the proceedings in the above-referenced appeal. In lieu of a pre-hearing conference, the following dates for completing discovery, exchange of lists of witnesses and exhibits and other prehearing matters are proposed.

1. Discovery is to be completed by March 29, 1999. Requests for discovery must be served with sufficient time for responses to be completed by March 29, 1999.
2. Witness lists and exhibit lists are to be exchanged on or before April 21, 1999. The parties reserve the right to supplement the lists.
3. Pre-hearing briefs, if prepared at the discretion of the parties, will be filed on or before April 23, 1999 in accordance with WAC 358-30-045.
4. The hearing in this matter will be held on April 28, 1999 beginning at 9:00 AM in Olympia, Washington.

The pre-hearing conference is scheduled for 9:00 AM on April 21, 1999. At that time, the Executive Secretary or designee will initiate a conference call with the parties' representatives to discuss possible stipulations on witnesses, exhibits, and the issue to be presented for determination by the Personnel Appeals Board.

The parties shall arrive at the hearing location thirty (30) minutes before the hearing time for the purpose of exchanging copies of exhibits and, if possible, stipulating to admission of exhibits. The parties shall bring six (6) copies of the pre-marked exhibits which they intend to offer into evidence.


0752

Statement of Results of Pre-hearing
September 23, 1998
Page 2

Any objections or corrections must be filed with the Executive Secretary within 20 days of the date of this statement and shall, at the same time, be served upon each of the participants named above. This statement becomes part of the official record of the proceedings, and the stipulations will be binding on the parties, unless this statement is modified for good cause.

Dated: Sept 23, 1998

PERSONNEL APPEALS BOARD

By: 
Don Bennett
Executive Secretary

0753



cc: Rose Mattison ✓
D. Grizzini ✓

RECEIVED
RECEIVED

AUG 28 1997
AUG 26 1997

Department of Corrections
Department of Social Services
Division of Human Resources

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

STATE OF WASHINGTON
PERSONNEL APPEALS BOARD

August 21, 1997

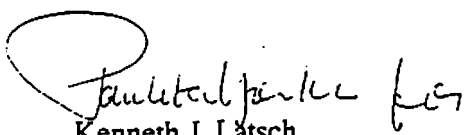
Kenneth F. Brett,
Washington Public Employees Association
124 - 10th Avenue SW
Olympia, WA 98501

RE: Bruce Barrett v. Department of Corrections, Suspension Appeal,
Case No. SUSP-97-0031

Dear Mr. Brett:

This letter is to acknowledge receipt of the above entitled appeal by the Personnel Appeals Board on August 21, 1997.

Sincerely,


Kenneth J. Latsch
Executive Secretary

KJL:lh

cc: Bruce Barrett
Linda A. Dalton, AAG
Jennie Adkins, DOC

0754



SUSP-97-0031

APPEAL FORM

WASHINGTON STATE PERSONNEL APPEALS BOARD
2828 Capitol Blvd.
P.O. Box 40911
Olympia, WA 98504-0911

PH: SCAN 321-1481
(360) 586-1481
FAX: (360) 753-0139

This form will help you provide necessary information to the Personnel Appeals Board when you file an appeal. You are not required to use this form; however, appeals must be filed in accordance with the requirements set forth in Chapter 358-20 WAC. If the space on the form is insufficient or if you wish to provide additional information, you may attach additional pages.

PRINT OR TYPE - SIGN ON PAGE 2

PART I. APPELLANT IDENTIFICATION

NAME: BARRETT, BRUCE
(Last name, first name, middle initial)

HOME ADDRESS: [Redacted]
(Home and street)
[Redacted]
(City, state and zip code)

PHONE NUMBERS: WORK (253) 588-5281
(Include area code)
HOME:

EMPLOYING AGENCY OR INSTITUTION: DOC/MICC

AGENCY OR INSTITUTION THAT TOOK ACTION YOU ARE APPEALING: DOC/MICC

PART II. REPRESENTATIVE'S NAME, ADDRESS AND TELEPHONE NUMBER

KENNETH A. BRETT - WPEA EMPLOYEE RELATIONS SPECIALIST
124 10TH AVE SW
OLYMPIA, WA 98541

An appellant may authorize a representative to act on his/her behalf. The Board must be notified of any change in representation.

PART III. TYPE OF APPEAL

CHECK ONE OF THE FOLLOWING TO INDICATE THE TYPE OF APPEAL YOU ARE FILING:

- a. Disciplinary: (check applicable action(s).
Dismissal, Suspension, Demotion, Reduction in Salary;
b. Disability Separation;
c. Rule or Law Violation (complete Part IV. of this form);
d. Reduction in Force/Layoff (complete Part IV. of this form);
e. Allocation (position classification) (complete Part V. of this form);
f. Declaratory Ruling (see WAC 358-20-050);
g. Exemption of Position.

0755

PART IV. RULE VIOLATION OR REDUCTION-IN-FORCE APPEALS ONLY

What Rule(s) or Law(s) do you believe were violated?

Explain the particular circumstances of the alleged violation:

How were you adversely affected by the alleged violation?

What remedy are you requesting in this case?

PART V. ALLOCATION APPEALS ONLY

What is your present classification? _____

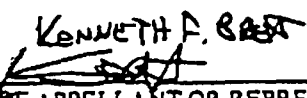
To which class do you think your position should be allocated? _____

Has there been a determination made by the Director of the Department of Personnel or designee? Yes___ No___

If so, when and by whom? _____

Please identify the specific exceptions you are taking to the Director's determination and the portions of the determination to which you disagree: _____

Please attach a copy of the Director's determination to this form pursuant to WAC 358-20-040(5).

KENNETH F. BAST


SIGNATURE OF APPELLANT OR REPRESENTATIVE

0756
8-21-97
DATE SIGNED

HASE RIVELAND
Secretary



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
McNEIL ISLAND CORRECTIONS CENTER
P.O. Box 900 • Steilacoom, Washington 98388-0900

RECEIVED
AUG 15 1997
WPEA

July 28, 1997

Bruce Barrett



PERSONAL SERVICE --
CONFIDENTIAL

Mr. Barrett:

This is official notification of your suspension in your position as a Correctional Health Care Specialist 2 with the Department of Corrections (DOC), McNeil Island Corrections Center (MICC) Range 59 Step K at \$4,315 per month effective August 17, 1997 through August 24, 1997.

This disciplinary action is taken pursuant to the authority of the Civil Service Laws of Washington State, Chapter 41.06, RCW, and the Merit System Rules, Title 356 WAC (MSR), Section 356-34-010 (1) (a) Neglect of duty, (h) Gross misconduct and (i) Willful violation of published employing agency or Department of Personnel rules or regulations, and 356-34-030--Suspension--Duration--Procedure.

Specifically, you neglected your duty, committed gross misconduct and willfully violated departmental policy when on March 14, 1997, by your own admission, you were improperly masked when you accompanied Inmate [REDACTED] DOC No. [REDACTED] who was possibly infected with an active case of Tuberculosis (TB), to the Washington Corrections Center (WCC). You have a full beard, which does not allow the HEPA mask to form a proper seal. This incident is described in detail in the Employee Conduct Report (ECR) completed on June 10, 1997 (Attachment 1).

As an employee of this department, you have a duty to follow all departmental and institutional procedures and to perform your duties safely. Also, as a Correctional Health Care Specialist, you act as a role model for other staff to follow. When they see you blatantly disregarding established procedures, you reflect the poorest of examples.

You admitted being aware that you were violating policy. You knew that because you wear a full beard, the HEPA mask cannot be fit tested on you. Despite this knowledge, you dismissed the precautions as being a "farce." Even when a nurse told you that you were not properly masked, you disregarded her warning and chose to accompany the inmate. You knew what you did was wrong, but felt you were above following the appropriate protocols.

0757

Bruce Barrett
July 28, 1997
Page 2 of 4

On September 10, 1993, you signed an "Acknowledgment of Receipt of DOC Employee Handbook" stating that you agreed to become familiar with and have a thorough knowledge and understanding of its contents (Attachment 2). By your actions, you failed to follow the Department Expectations outlined on Page 3 of that handbook (Attachment 3), which states in pertinent part:

"DEPARTMENT EXPECTATIONS

As a representative of the Department of Corrections, you will be expected to:

- * Conduct yourself and perform your duties safely;"

By your signature on a memorandum entitled, "Responsibility for Operation Instructions/Policies and Procedures" (Attachment 4), on March 1, 1993, you acknowledged your responsibility to become familiar with and follow MICC Operational Instructions, Policies and/or Procedures.

You failed to comply with MICC Field Instruction 890.610 - Employee Tuberculosis & HEPA Respirator Program (Attachment 1, pages 12 - 23), which states in pertinent part:

- "4. Respiratory Protection - HEPA Respirator Program
 - g. Facial Hair - Individuals assigned to wear HEPA respirators shall follow manufacturer's recommendations regarding facial hair that interferes with the seal of the HEPA respirator."

The manufacturer's recommendations (Attachment 5) state in pertinent part:

"Q: Is there a different protocol to be followed when Fit Testing an Employee who has facial hair?

A: No; however, OSHA will not allow a person with facial hair to be fit tested for a respirator if the facial hair interferes with obtaining a facial fit."

On March 14, 1997, you took it upon yourself to diagnose Inmate [REDACTED] DOC No. [REDACTED] whom you were accompanying with the transport Correctional Officers to WCC, as not having active TB and wore the HEPA mask over your full beard during the trip. In fact, you fit tested the correctional officers who made up the rest of the transport team. It is inconceivable to me that you took the time to ensure other staff were properly fit tested and then modeled opposite behavior. Additionally, RN Nancy Armstrong confronted you, telling you that you could not be properly masked

Bruce Barrett
July 28, 1997
Page 3 of 4

with your full beard and should not accompany the inmate. You continued your poor judgment and disregarded her warning as being an overreaction.

You are not a physician. It is not your responsibility to independently diagnose a patient and arbitrarily decide that the precautions that were put in place could be disregarded based on your opinion. Yet, that is exactly what you did. Only a physician can make the determination that a patient does not have TB. That confirmation did not occur until March 17, 1997. By flagrantly disregarding the above cited procedures, you not only potentially put your own health at risk, but that of your fellow staff members and the inmates you are charged to medically treat. Your failure to perform your duties safely and per established policy also contributed to a \$2,000 fine being levied against MICC by the Department of Labor and Industries.

By your actions, you neglected your duty as a health care professional and DOC employee. By your own admission, you were familiar with the above cited policy but willfully choose to violate it and accompany the inmate to WCC. As a Health Care Specialist you have contact with inmates and staff throughout the institution, and your unrepentant disregard for policy carries a higher degree of potential to adversely impact MICC's ability to safely treat inmates and protect staff members and inmates from unnecessary infections. Your actions are so egregious that they rise to the level of gross misconduct.

As a health care professional with over 19 years of experience, I am disappointed in your lack of judgment and egotistical attitude. You are not above policy. I expect you to follow established policies and practice your profession safely. The policies you arbitrarily ignored are established for your and others' protection. Had your "diagnosis" been wrong, not only would you have possibly infected yourself with TB, but you would have needlessly secondarily effected countless staff members and inmates. You put yourself above medical protocol that is designed to not only protect you, but others as well. Your actions are inexcusable and this institution paid for your arrogance with a \$2,000 fine. The role you modeled was contradictory to the actions you took ensuring accompanying staff were properly fit tested and protected during the transport of the inmate. Sending a 'Do as I say, not as I do' message is completely unacceptable and below the standard of professional performance required of any DOC employee. Based on your actions and your inability to see the ramifications of your actions, I conclude that the sanction described in the first paragraph of this letter is appropriate.


Attachment(s) one through five are attached hereto and by this reference, made a part hereof as though fully set forth herein.

0759.

Bruce Barrett
July 28, 1997
Page 4 of 4

Under the provisions of WAC 358-20-010 and 358-20-040, you have the right to appeal this action OR to file a grievance per Article 10 of the Collective Bargaining Agreement between the Department of Corrections and the Washington Public Employees Association. If you file an appeal, it must be filed in writing at the Office of the Personnel Appeals Board, 2828 Capitol Boulevard, Olympia, Washington 98501, within thirty (30) days after the effective date stated in the first paragraph of this letter.

The Merit System Rules, WAC's, Department of Corrections policies and the Collective Bargaining Agreement are available for your review upon request.



Belinda D. Stewart, Superintendent
McNeil Island Corrections Center

Attachment(s):

cc: Tom Rolfs, Director, Division of Prisons
Jennie Adkins, Director, Division of Human Resources
Donna Grazzini, WWC Area Personnel Manager
Rose Mattison, MICC Personnel Officer
Linda Dalton, Sr. Assistant Attorney General
Employee Personnel File



CC: Rose Mattison ✓
D. Grizzini ✓ RECEIVED

AUG 28 1997
AUG 26 1997
Department of Corrections
Division of Human Resources

2828 Capitol Blvd.
PO Box 40911
Olympia, WA 98504-0911

STATE OF WASHINGTON
PERSONNEL APPEALS BOARD

August 21, 1997

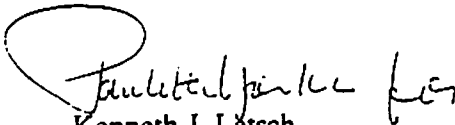
Kenneth F. Brett
Washington Public Employees Association
124 - 10th Avenue SW
Olympia, WA 98501

RE: Bruce Barrett v. Department of Corrections, Suspension Appeal,
Case No. SUSP-97-0031

Dear Mr. Brett:

This letter is to acknowledge receipt of the above entitled appeal by the Personnel Appeals Board on August 21, 1997.

Sincerely,


Kenneth J. Lätsch
Executive Secretary

KJL:lh

cc: Bruce Barrett
Linda A. Dalton, AAG
Jennie Adkins, DOC

0761



SUSP-97-0031

APPEAL FORM

WASHINGTON STATE PERSONNEL APPEALS BOARD
2828 Capital Blvd.
P.O. Box 40911
Olympia, WA 98504-0911

PH: SCAN 321-1481
(360) 386-1481
FAX: (360) 753-0139

This form will help you provide necessary information to the Personnel Appeals Board when you file an appeal. You are not required to use this form; however, appeals must be filed in accordance with the requirements set forth in Chapter 358-20 WAC.

If the space on the form is insufficient or if you wish to provide additional information, you may attach additional pages.

PRINT OR TYPE - SIGN ON PAGE 2

PART I. APPELLANT IDENTIFICATION

NAME: BARRETT, BRUCE
(Last name, first name, middle initial)

HOME ADDRESS: [Redacted]
(City, state and ZIP code)

PHONE NUMBERS: WORK (253) 588-5281
(Include area code) HOME:

EMPLOYING AGENCY OR INSTITUTION: DOC/MICC

AGENCY OR INSTITUTION THAT TOOK ACTION YOU ARE APPEALING: DOC/MICC

PART II. REPRESENTATIVE'S NAME, ADDRESS AND TELEPHONE NUMBER

KENNETH F. BRETT - WPEA EMPLOYEE RELATIONS SPECIALIST
124 10TH AVE SW
OLYMPIA, WA 98541

An appellant may authorize a representative to act on his/her behalf. The Board must be notified of any change in representation.

PART III. TYPE OF APPEAL

CHECK ONE OF THE FOLLOWING TO INDICATE THE TYPE OF APPEAL YOU ARE FILING:

- a. Disciplinary: (check applicable action(s).
Dismissal, Suspension, Demotion, Reduction in Salary;
b. Disability Separation;
c. Rule or Law Violation (complete Part IV. of this form);
d. Reduction in Force-Layoff (complete Part IV. of this form);
e. Allocation (position classification) (complete Part V. of this form);
f. Declaratory Ruling (see WAC 358-20-050);
g. Exemption of Position.

0762

PART IV. RULE VIOLATION OR REDUCTION-IN-FORCE APPEALS ONLY

What Rule(s) or Law(s) do you believe were violated?

Explain the particular circumstances of the alleged violation:

How were you adversely affected by the alleged violation?

What remedy are you requesting in this case?

PART V. ALLOCATION APPEALS ONLY

What is your present classification? _____

To which class do you think your position should be allocated? _____

Has there been a determination made by the Director of the Department of Personnel or designee? Yes ___ No ___

If so, when and by whom? _____

Please identify the specific exceptions you are taking to the Director's determination and the portions of the determination to which you disagree: _____

Please attach a copy of the Director's determination to this form pursuant to WAC 358-20-040(5).

KENNETH P. BART
[Signature]
SIGNATURE OF APPELLANT OR REPRESENTATIVE

8-21-97 0763
DATE SIGNED

BASE RIVELAND
Secretary



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
McNEIL ISLAND CORRECTIONS CENTER
P.O. Box 900 • Steilacoom, Washington 98388-0900

RECEIVED
AUG 15 1997
WPEA

July 28, 1997

Bruce Barrett
[REDACTED]
[REDACTED]

PERSONAL SERVICE --
CONFIDENTIAL

Mr. Barrett:

This is official notification of your suspension in your position as a Correctional Health Care Specialist 2 with the Department of Corrections (DOC), McNeil Island Corrections Center (MICC) Range 59 Step K at \$4,315 per month effective August 17, 1997 through August 24, 1997.

This disciplinary action is taken pursuant to the authority of the Civil Service Laws of Washington State, Chapter 41.06, RCW, and the Merit System Rules, Title 356 WAC (MSR), Section 356-34-010 (1) (a) Neglect of duty, (h) Gross misconduct and (i) Willful violation of published employing agency or Department of Personnel rules or regulations, and 356-34-030--Suspension--Duration--Procedure.

Specifically, you neglected your duty, committed gross misconduct and willfully violated departmental policy when on March 14, 1997, by your own admission, you were improperly masked when you accompanied Inmate [REDACTED] DOC No. [REDACTED] who was possibly infected with an active case of Tuberculosis (TB), to the Washington Corrections Center (WCC). You have a full beard, which does not allow the HEPA mask to form a proper seal. This incident is described in detail in the Employee Conduct Report (ECR) completed on June 10, 1997 (Attachment 1).

As an employee of this department, you have a duty to follow all departmental and institutional procedures and to perform your duties safely. Also, as a Correctional Health Care Specialist, you act as a role model for other staff to follow. When they see you blatantly disregarding established procedures, you reflect the poorest of examples.

You admitted being aware that you were violating policy. You knew that because you wear a full beard, the HEPA mask cannot be fit tested on you. Despite this knowledge, you dismissed the precautions as being a "farce." Even when a nurse told you that you were not properly masked, you disregarded her warning and chose to accompany the inmate. You knew what you did was wrong, but felt you were above following the appropriate protocols.

Bruce Barrett
July 28, 1997
Page 2 of 4

On September 10, 1993, you signed an "Acknowledgment of Receipt of DOC Employee Handbook" stating that you agreed to become familiar with and have a thorough knowledge and understanding of its contents (Attachment 2). By your actions, you failed to follow the Department Expectations outlined on Page 3 of that handbook (Attachment 3), which states in pertinent part:

"DEPARTMENT EXPECTATIONS

As a representative of the Department of Corrections, you will be expected to:

- * Conduct yourself and perform your duties safely;"

By your signature on a memorandum entitled, "Responsibility for Operation Instructions/Policies and Procedures" (Attachment 4), on March 1, 1993, you acknowledged your responsibility to become familiar with and follow MICC Operational Instructions, Policies and/or Procedures.

You failed to comply with MICC Field Instruction 890.610 - Employee Tuberculosis & HEPA Respirator Program (Attachment 1, pages 12 - 23), which states in pertinent part:

- "4. Respiratory Protection - HEPA Respirator Program
 - g. Facial Hair - Individuals assigned to wear HEPA respirators shall follow manufacturer's recommendations regarding facial hair that interferes with the seal of the HEPA respirator."

The manufacturer's recommendations (Attachment 5) state in pertinent part:

"Q: Is there a different protocol to be followed when Fit Testing an Employee who has facial hair?

A: No; however, OSHA will not allow a person with facial hair to be fit tested for a respirator if the facial hair interferes with obtaining a facial fit."

On March 14, 1997, you took it upon yourself to diagnose Inmate [REDACTED] DOC No. [REDACTED] whom you were accompanying with the transport Correctional Officers to WCC, as not having active TB and wore the HEPA mask over your full beard during the trip. In fact, you fit tested the correctional officers who made up the rest of the transport team. It is inconceivable to me that you took the time to ensure other staff were properly fit tested and then modeled opposite behavior. Additionally, RN Nancy Armstrong confronted you, telling you that you could not be properly masked

0765

Bruce Barrett
July 28, 1997
Page 3 of 4

with your full beard and should not accompany the inmate. You continued your poor judgment and disregarded her warning as being an overreaction.

You are not a physician. It is not your responsibility to independently diagnose a patient and arbitrarily decide that the precautions that were put in place could be disregarded based on your opinion. Yet, that is exactly what you did. Only a physician can make the determination that a patient does not have TB. That confirmation did not occur until March 17, 1997. By flagrantly disregarding the above cited procedures, you not only potentially put your own health at risk, but that of your fellow staff members and the inmates you are charged to medically treat. Your failure to perform your duties safely and per established policy also contributed to a \$2,000 fine being levied against MICC by the Department of Labor and Industries.

By your actions, you neglected your duty as a health care professional and DOC employee. By your own admission, you were familiar with the above cited policy but willfully choose to violate it and accompany the inmate to WCC. As a Health Care Specialist you have contact with inmates and staff throughout the institution, and your unrepentant disregard for policy carries a higher degree of potential to adversely impact MICC's ability to safely treat inmates and protect staff members and inmates from unnecessary infections. Your actions are so egregious that they rise to the level of gross misconduct.

As a health care professional with over 19 years of experience, I am disappointed in your lack of judgment and egotistical attitude. You are not above policy. I expect you to follow established policies and practice your profession safely. The policies you arbitrarily ignored are established for your and others' protection. Had your "diagnosis" been wrong, not only would you have possibly infected yourself with TB, but you would have needlessly secondarily effected countless staff members and inmates. You put yourself above medical protocol that is designed to not only protect you, but others as well. Your actions are inexcusable and this institution paid for your arrogance with a \$2,000 fine. The role you modeled was contradictory to the actions you took ensuring accompanying staff were properly fit tested and protected during the transport of the inmate. Sending a 'Do as I say, not as I do' message is completely unacceptable and below the standard of professional performance required of any DOC employee. Based on your actions and your inability to see the ramifications of your actions, I conclude that the sanction described in the first paragraph of this letter is appropriate.


Attachment(s) one through five are attached hereto and by this reference, made a part hereof as though fully set forth herein.

0766

Bruce Barrett
July 28, 1997
Page 4 of 4

Under the provisions of WAC 358-20-010 and 358-20-040, you have the right to appeal this action OR to file a grievance per Article 10 of the Collective Bargaining Agreement between the Department of Corrections and the Washington Public Employees Association. If you file an appeal, it must be filed in writing at the Office of the Personnel Appeals Board, 2828 Capitol Boulevard, Olympia, Washington 98501, within thirty (30) days after the effective date stated in the first paragraph of this letter.

The Merit System Rules, WAC's, Department of Corrections policies and the Collective Bargaining Agreement are available for your review upon request.



Belinda D. Stewart, Superintendent
McNeil Island Corrections Center

Attachment(s):

cc: Tom Rolfs, Director, Division of Prisons
Jennie Adkins, Director, Division of Human Resources
Donna Grazzini, WWC Area Personnel Manager
Rose Mattison, MICC Personnel Officer
Linda Dalton, Sr. Assistant Attorney General
Employee Personnel File

CHASE RIVELAND
Secretary



RECEIVED

AUG 5 1997

Department of Corrections
Division of Human Resources

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
McNEIL ISLAND CORRECTIONS CENTER
P.O. Box 900 • Steilacoom, Washington 98388-0900

July 28, 1997

Bruce Barrett
[REDACTED]

PERSONAL SERVICE --
CONFIDENTIAL

Mr. Barrett:

This is official notification of your suspension in your position as a Correctional Health Care Specialist 2 with the Department of Corrections (DOC), McNeil Island Corrections Center (MICC) Range 59 Step K at \$4,315 per month effective August 17, 1997 through August 24, 1997.

This disciplinary action is taken pursuant to the authority of the Civil Service Laws of Washington State, Chapter 41.06, RCW, and the Merit System Rules, Title 356 WAC (MSR), Section 356-34-010 (1) (a) Neglect of duty, (h) Gross misconduct and (i) Willful violation of published employing agency or Department of Personnel rules or regulations, and 356-34-030--Suspension--Duration--Procedure.

Specifically, you neglected your duty, committed gross misconduct and willfully violated departmental policy when on March 14, 1997, by your own admission, you were improperly masked when you accompanied Inmate [REDACTED] DOC No. [REDACTED] who was possibly infected with an active case of Tuberculosis (TB), to the Washington Corrections Center (WCC). You have a full beard, which does not allow the HEPA mask to form a proper seal. This incident is described in detail in the Employee Conduct Report (ECR) completed on June 10, 1997 (Attachment 1).

As an employee of this department, you have a duty to follow all departmental and institutional procedures and to perform your duties safely. Also, as a Correctional Health Care Specialist, you act as a role model for other staff to follow. When they see you blatantly disregarding established procedures, you reflect the poorest of examples.

You admitted being aware that you were violating policy. You knew that because you wear a full beard, the HEPA mask cannot be fit tested on you. Despite this knowledge, you dismissed the precautions as being a "farce." Even when a nurse told you that you were not properly masked, you disregarded her warning and chose to accompany the inmate. You knew what you did was wrong, but felt you were above following the appropriate protocols.

0768

Bruce Barrett
July 28, 1997
Page 2 of 4

On September 10, 1993, you signed an "Acknowledgment of Receipt of DOC Employee Handbook" stating that you agreed to become familiar with and have a thorough knowledge and understanding of its contents (Attachment 2). By your actions, you failed to follow the Department Expectations outlined on Page 3 of that handbook (Attachment 3), which states in pertinent part:

"DEPARTMENT EXPECTATIONS

As a representative of the Department of Corrections, you will be expected to:

- * Conduct yourself and perform your duties safely;"

By your signature on a memorandum entitled, "Responsibility for Operation Instructions/Policies and Procedures" (Attachment 4), on March 1, 1993, you acknowledged your responsibility to become familiar with and follow MICC Operational Instructions, Policies and/or Procedures.

You failed to comply with MICC Field Instruction 890.610 - Employee Tuberculosis & HEPA Respirator Program (Attachment 1, pages 12 - 23), which states in pertinent part:

- "4. Respiratory Protection - HEPA Respirator Program
 - g. Facial Hair - Individuals assigned to wear HEPA respirators shall follow manufacturer's recommendations regarding facial hair that interferes with the seal of the HEPA respirator."

The manufacturer's recommendations (Attachment 5) state in pertinent part:

"Q: Is there a different protocol to be followed when Fit Testing an Employee who has facial hair?

A: No; however, OSHA will not allow a person with facial hair to be fit tested for a respirator if the facial hair interferes with obtaining a facial fit."

On March 14, 1997, you took it upon yourself to diagnose Inmate [REDACTED] DOC No. [REDACTED] whom you were accompanying with the transport Correctional Officers to WCC, as not having active TB and wore the HEPA mask over your full beard during the trip. In fact, you fit tested the correctional officers who made up the rest of the transport team. It is inconceivable to me that you took the time to ensure other staff were properly fit tested and then modeled opposite behavior. Additionally, RN Nancy Armstrong confronted you, telling you that you could not be properly masked

0769

Bruce Barrett
July 28, 1997
Page 3 of 4

with your full beard and should not accompany the inmate. You continued your poor judgment and disregarded her warning as being an overreaction.

You are not a physician. It is not your responsibility to independently diagnose a patient and arbitrarily decide that the precautions that were put in place could be disregarded based on your opinion. Yet, that is exactly what you did. Only a physician can make the determination that a patient does not have TB. That confirmation did not occur until March 17, 1997. By flagrantly disregarding the above cited procedures, you not only potentially put your own health at risk, but that of your fellow staff members and the inmates you are charged to medically treat. Your failure to perform your duties safely and per established policy also contributed to a \$2,000 fine being levied against MICC by the Department of Labor and Industries.

By your actions, you neglected your duty as a health care professional and DOC employee. By your own admission, you were familiar with the above cited policy but willfully choose to violate it and accompany the inmate to WCC. As a Health Care Specialist you have contact with inmates and staff throughout the institution, and your unrepentant disregard for policy carries a higher degree of potential to adversely impact MICC's ability to safely treat inmates and protect staff members and inmates from unnecessary infections. Your actions are so egregious that they rise to the level of gross misconduct.

As a health care professional with over 19 years of experience, I am disappointed in your lack of judgment and egotistical attitude. You are not above policy. I expect you to follow established policies and practice your profession safely. The policies you arbitrarily ignored are established for your and others' protection. Had your "diagnosis" been wrong, not only would you have possibly infected yourself with TB, but you would have needlessly secondarily effected countless staff members and inmates. You put yourself above medical protocol that is designed to not only protect you, but others as well. Your actions are inexcusable and this institution paid for your arrogance with a \$2,000 fine. The role you modeled was contradictory to the actions you took ensuring accompanying staff were properly fit tested and protected during the transport of the inmate. Sending a 'Do as I say, not as I do' message is completely unacceptable and below the standard of professional performance required of any DOC employee. Based on your actions and your inability to see the ramifications of your actions, I conclude that the sanction described in the first paragraph of this letter is appropriate.

Attachment(s) one through five are attached hereto and by this reference, made a part hereof as though fully set forth herein.

0770

Bruce Barrett
July 28, 1997
Page 4 of 4

Under the provisions of WAC 358-20-010 and 358-20-040, you have the right to appeal this action OR to file a grievance per Article 10 of the Collective Bargaining Agreement between the Department of Corrections and the Washington Public Employees Association. If you file an appeal, it must be filed in writing at the Office of the Personnel Appeals Board, 2828 Capitol Boulevard, Olympia, Washington 98501, within thirty (30) days after the effective date stated in the first paragraph of this letter.

The Merit System Rules, WAC's, Department of Corrections policies and the Collective Bargaining Agreement are available for your review upon request.



Belinda D. Stewart, Superintendent
McNeil Island Corrections Center

Attachment(s):

cc: Tom Rolfs, Director, Division of Prisons
✓ Jennie Adkins, Director, Division of Human Resources
Donna Grazzini, WWC Area Personnel Manager
Rose Mattison, MICC Personnel Officer
Linda Dalton, Sr. Assistant Attorney General
Employee Personnel File

0771

RECEIVED

*** CONFIDENTIAL ***

JUL 10 1997

DEPARTMENT OF CORRECTIONS
DISCIPLINARY ACTION AUTHORIZATION OFFICE OF THE ATTORNEY GENERAL
LABOR & PERSONNEL DIVISION

Bruce Barrett
Employee's Name

6/20/97
Date Received at Headquarters

Corr. Health Care Specialist 2
Employee's Job Classification

MICC
Employee's Job Location

Rose Mattison
Assigned Personnel Officer/Phone #

RECOMMENDED ACTION:

Reduction in Pay: _____ / \$ _____
(Percentage/Length) (Total \$ Amount)

Demotion to: _____
(Job Classification)

Suspension: 1 Week Suspension / \$ _____
(Length) (Total \$ Loss)

Dismissal: _____
(Effective)

7-11-97
Date completed form faxed to PO

The attached disciplinary action has been reviewed as noted below. "This information is provided under the attorney/client relationship and invokes that privilege. It should be considered CONFIDENTIAL in nature."

| Initials/Title | Date | Approve | Disapprove | Comments |
|--|---------|---------|------------|---|
| DHR Director <i>je</i> | 7/9/97 | ✓ | | <i>This was delayed while getting some additional info. On page 4, suggest clarifying that physician's diagnosis did or</i> |
| AAG <i>MSH</i> | 7/10/97 | ✓ | | [REDACTED] |
| Appropriate Division Director <i>Rolf</i> | 7/14/97 | ✓ | | |
| DOD Secretary <i>J. [unclear]</i> | 7/14/97 | ✓ | | |

Please hand deliver to all reviewers and return to Leslie Carrigg, DHR, 8th Floor, upon completion.

6772

JUN 20 1997

| | | | | | |
|-------------------------------|-----------------------------------|--|-----------------------------------|---|--|
| Name Barrett, Bruce | | Department of Corrections Division of Human Resources | | Classification Corr. Health Care Specialist 2 | |
| Status Perm | Current Range/Step 59/K | Amount \$4,315 | PID Date (Affects?) N/A | | |

PROPOSED ACTION: **1 Week Suspension**

| | | |
|--|--|--|
| DATES From 7/20/97 To 7/26/97 | | WKS No. of Months <input type="checkbox"/> 1 |
| RANGE/STEP From _____ To _____ (\$) | | |

TOTAL LOSS

(\$) **1,080**

A. PERSONNEL/PAY ACTIONS (Information obtained from P-2 Documents): Original date of hire, date(s) of agency/institution transfer(s), date(s) of promotion(s), date(s) of pay change(s) due to disciplinary action(s), etc. List only information which is relevant to the action being proposed.

| EFFECTIVE DATE | TYPE OF ACTION | DISCIPLINARY? |
|-----------------|--------------------------|---------------|
| 1 3-1-93 | DATE OF HIRE PA-C | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |

Above section continued on Page Two

B. EMPLOYEE PERFORMANCE EVALUATIONS

| DATES (Mo/Yr) From To | Ratings * Far Exceeds | Ratings * Exceeds | Ratings * Normal | Ratings * Minimum | Ratings * Fails Min. | Type ** | Comments (Note if EPE is part of Disciplinary Letter) |
|--------------------------|--------------------------|----------------------|---------------------|----------------------|-------------------------|------------|---|
| 3-93 to 3-94 | B | A,C | D,E | | | A | |
| 3-95 to 3-96 | | C | A,B,D | E | | A | |
| to | | | | | | | |
| to | | | | | | | |
| to | | | | | | | |
| to | | | | | | | |
| to | | | | | | | |
| to | | | | | | | |

Above section continued on Page Two

* List Performance Dimensions:

* Indicate Type of Evaluation:

- A - Accomplishment of Job Requirements
- B - Job Knowledge and Competence
- C - Job Reliability
- D - Personal Relations
- E - Communications Skills
- F - Performance as Supervisor

- P - Probationary
- A - Annual
- T - Trial
- S - Special

C. OTHER DOCUMENTATION (Chronological Order)

| | DATE | CODE* | DESCRIPTION (Note here if included as part of previous disciplinary letter) |
|---|---------|-------|---|
| 1 | 3-13-97 | + | Response to emergency |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |



Above section continued below.

- * CODES: (+) = POSITIVE (Letters of commendation, etc.)
- (-) = NEGATIVE (Letters of reprimand, etc.)
- (=) = NEUTRAL DOCUMENTS (Training certificates, etc. -- only if relevant)

COMMENTS AND/OR SECTIONS CONTINUED FROM PAGE ONE AND/OR PAGE TWO (If needed)

THIS PROFILE PREPARED BY: Lucy Mather

Signature

0774

60 DAYS = 8/10/97
WPD = E
1 WEEK SUSPENSION

June 17, 1997

Bruce Barrett
[REDACTED]
[REDACTED]

PERSONAL SERVICE --
CONFIDENTIAL

Mr. Barrett:

This is official notification of your suspension in your position as a Correctional Health Care Specialist 2 with the Department of Corrections (DOC), McNeil Island Corrections Center (MICC) Range 59 Step K at \$4,315 per month effective July 20, 1997 through July 26, 1997.

This disciplinary action is taken pursuant to the authority of the Civil Service Laws of Washington State, Chapter 41.06, RCW, and the Merit System Rules, Title 356 WAC (MSR), Section 356-34-010 (1) (a) Neglect of duty, (h) Gross misconduct and (i) Willful violation of published employing agency or Department of Personnel rules or regulations, and 356-34-030--Suspension--Duration--Procedure.

Specifically, you neglected your duty, committed gross misconduct and willfully violated departmental policy when on March 14, 1997, by your own admission, you were improperly masked when you accompanied Inmate [REDACTED] DOC No. [REDACTED] who was possibly infected with an active case of Tuberculosis (TB), to the Washington Corrections Center (WCC). You have a full beard, which does not allow the HEPA mask to form a proper seal. This incident is described in detail in the Employee Conduct Report (ECR) completed on June 10, 1997 (Attachment 1).

As an employee of this department, you have a duty to follow all departmental and institutional procedures and to perform your duties safely. Also, as a Correctional

0775

Bruce Barrett
June 17, 1997
Page 2 of 6

Health Care Specialist, you act as a role model for other staff to follow. When they see you blatantly disregarding established procedures, you reflect the poorest of examples.

You admitted being aware that you were violating policy. You knew that because you wear a full beard, the HEPA mask cannot be fit tested on you. Despite this knowledge, you dismissed the precautions as being a "farce." Even when a nurse told you that you were not properly masked, you disregarded her warning and chose to accompany the inmate. You knew what you did was wrong, but felt you were above following the appropriate protocols.

On September 10, 1993, you signed an "Acknowledgment of Receipt of DOC Employee Handbook" stating that you agreed to become familiar with and have a thorough knowledge and understanding of its contents (Attachment 2). By your actions, you failed to follow the Department Expectations outlined on Page 3 of that handbook (Attachment 3), which states in pertinent part:

"DEPARTMENT EXPECTATIONS

As a representative of the Department of Corrections, you will be expected to:

0776

Bruce Barrett
June 17, 1997
Page 3 of 6

- * Conduct yourself and perform your duties safely;"

By your signature on a memorandum entitled, "Responsibility for Operation Instructions/Policies and Procedures" (Attachment 4), on March 1, 1993, you acknowledged your responsibility to become familiar with and follow MICC Operational Instructions, Policies and/or Procedures.

You failed to comply with MICC Field Instruction 890.610 - Employee Tuberculosis & HEPA Respirator Program (Attachment 1, pages 12 - 23), which states in pertinent part:

- "4. Respiratory Protection - HEPA Respirator Program
 - g. Facial Hair - Individuals assigned to wear HEPA respirators shall follow manufacturer's recommendations regarding facial hair that interferes with the seal of the HEPA respirator."

The manufacturer's recommendations (Attachment 5) state in pertinent part:

- "Q: Is there a different protocol to be followed when Fit Testing an Employee who has facial hair?"

0777

Bruce Barrett
June 17, 1997
Page 4 of 6

A: No; however, OSHA will not allow a person with facial hair to be fit tested for a respirator if the facial hair interferes with obtaining a facial fit."

On March 14, 1997, you took it upon yourself to diagnose Inmate [REDACTED] DOC No. [REDACTED] whom you were accompanying with the transport Correctional Officers to WCC, as not having active TB and wore the HEPA mask over your full beard during the trip. In fact, you fit tested the correctional officers who made up the rest of the transport team. It is inconceivable to me that you took the time to ensure other staff were properly fit tested and then modeled opposite behavior. Additionally, RN [REDACTED] Nancy Armstrong confronted you, telling you that you could not be properly masked with your full beard and should not accompany the inmate. You continued your poor judgment and disregarded her warning as being an overreaction.

You are not a physician. It is not your responsibility to independently diagnose a patient and arbitrarily decide that the precautions that were put in place could be disregarded based on your opinion. Yet, that is exactly what you did. By flagrantly disregarding the above cited procedures, you not only potentially put your own health at risk, but that of your fellow staff members and the inmates you are charged to medically treat. Your failure to perform your duties safely and per established policy

0778

Bruce Barrett
June 17, 1997
Page 5 of 6

also contributed to a \$2,000 fine being levied against MICC by the Department of Labor and Industries.

By your actions, you neglected your duty as a health care professional and DOC employee. By your own admission, you were familiar with the above cited policy but willfully choose to violate it and accompany the inmate to WCC. As a Health Care Specialist you have contact with inmates and staff throughout the institution, and your unrepentant disregard for policy carries a higher degree of potential to adversely impact MICC's ability to safely treat inmates and protect staff members and inmates from unnecessary infections. Your actions are so egregious that they rise to the level of gross misconduct.

As a health care professional with over 19 years of experience, I am disappointed in your lack of judgment and egotistical attitude. You are not above policy. I expect you to follow established policies and practice your profession safely. The policies you arbitrarily ignored are established for your and others' protection. Had your "diagnosis" been wrong, not only would you have possibly infected yourself with TB, but you would have needlessly secondarily effected countless staff members and inmates. You put yourself above medical protocol that is designed to not only protect you, but others as well. Your actions are inexcusable and this institution paid for your arrogance with a \$2,000 fine. The role you modeled was contradictory to the

0779

Bruce Barrett
June 17, 1997
Page 6 of 6

actions you took ensuring accompanying staff were properly fit tested and protected during the transport of the inmate. Sending a 'Do as I say, not as I do' message is completely unacceptable and below the standard of professional performance required of any DOC employee. Based on your actions and your inability to see the ramifications of your actions, I conclude that the sanction described in the first paragraph of this letter is appropriate.

Attachment(s) one through five are attached hereto and by this reference, made a part hereof as though fully set forth herein.

Under the provisions of WAC 358-20-010 and 358-20-040, you have the right to appeal this action OR to file a grievance per Article 10 of the Collective Bargaining Agreement between the Department of Corrections and the Washington Public Employees Association. If you file an appeal, it must be filed in writing at the Office of the Personnel Appeals Board, 2828 Capitol Boulevard, Olympia, Washington 98501, within thirty (30) days after the effective date stated in the first paragraph of this letter.

The Merit System Rules, WAC's, Department of Corrections policies and the Collective Bargaining Agreement are available for your review upon request.

Belinda D. Stewart, Superintendent
McNeil Island Corrections Center

Attachment(s):

cc: Tom Rolfs, Director, Division of Prisons
Jennie Adkins, Director, Division of Human Resources
Donna Grazzini, WWC Area Personnel Manager
Rose Mattison, MICC Personnel Officer
Linda Dalton, Sr. Assistant Attorney General
Employee Personnel File

0780

EMPLOYEE CONDUCT REPORT

THIS FORM TO BE USED IN COMPLIANCE WITH POLICY DIRECTIVE NO. 857.005

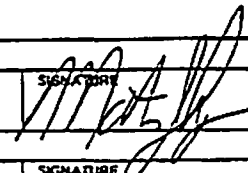
INSTRUCTIONS AND TIME LIMITS:

1. The person making the report shall provide a clear description of the incident under "Description of Incident" and, with any witness(es) or person(s) having knowledge, shall sign in the space provided and submit to the supervisor of the involved employee within fourteen (14) calendar days after the date of discovery of an employee's alleged misconduct.
2. The form shall be submitted to the employee involved who shall complete the "Employee's Statement" and return the report to his/her supervisor within seven (7) calendar days following the date of receipt.
3. The appropriate supervisor shall review the facts of the incident, complete the "Supervisor's Report" and submit the report to the Office Head within seven (7) calendar days following the date of receipt.
4. The Office Head or designated representative shall review and within thirty (30) calendar days following the date of receipt determine whether misconduct has occurred. This shall be reported under "Administrative Comments" and shared with the employee. When the supervisor and Office Head are the same person, the supervisor's supervisor shall complete the Administrative Comments.

| | |
|--|--|
| EMPLOYEE INVOLVED Bruce Barrett | ORGANIZATIONAL UNIT Health Services |
| POSITION TITLE Physicians Assistant | DATE OF INCIDENT 3-14-97 |
| | TIME OF INCIDENT 11:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM |

DESCRIPTION OF INCIDENT:

On April 2, 1997, I became aware that you placed yourself at risk for possible exposure to TB in the transport of inmate [REDACTED]. Your facial hair did not allow the Hepa mask to provide a protective seal for you. You willfully disregarded MICC Field Instruction 890.610 Employee Tuberculosis and Hepa Respirator Program.

| | | | |
|-------------------------------------|-------------------------------|---|-----------------|
| INITIATED BY: | | | |
| NAME (PLEASE PRINT) Martin Lyons | POSITION TITLE Acting, HCA | SIGNATURE  | DATE 4-15-97 |
| WITNESS(ES): | | | |
| NAME Jancy Armstrong | POSITION TITLE RN3 | SIGNATURE | DATE |
| NAME | POSITION TITLE | SIGNATURE | DATE |

RECEIVED

23 APR 97

DATE DELIVERED TO EMPLOYEE 4/18/97

BY mail

McNeil Island C.C. Hospital

EMPLOYEE'S STATEMENT:

see attached

[Large handwritten scribble]

Signature of Employee:

[Handwritten signature]

Date: 4/27/97

SUPERVISOR'S REPORT:

DATE RECEIVED BY SUPERVISOR

Nancy Rich for HC BY: 23 April 1997

Signature & Title of Supervisor:

M. Buh

Date: 4/23/97

ADMINISTRATIVE COMMENTS: DATE RECEIVED BY OFFICE HEAD

3-12-97

BY: Marilyn Williams

~~We met on May 19, 1997 to discuss this ECR. Also present was~~

~~Personnel Officer Rose Mattison. Based on the information~~

~~available to me. I have determined that misconduct did occur.~~

~~Appropriate Corrective/Disciplinary action will follow under~~

~~separate cover.~~

ATTACHMENT 1 PG 2 OF 34

Signature of Office Head:

Belinda D. Stewart

Date: 6-10-97

0782

TO: SAHR MARJORIE : DOC-DP-11-MB6 7-MAY-97 15:06:19
MCNEIL ISLAND CORR. CTR.
1403 COMMERCIAL ST WT-01
STEILACOOM WA 96386-

FROM: STEWART BELINDA DOC-DP-11-BSD 7-MAY-97 15:48:04
MCNEIL ISLAND C.C.
35 SETTLER STREET
STEILACOOM WA 96386-

SUBJECT: RE: EXTENSION DOC-DP-11-MB6/MA#6229426

TO: STEWART BELINDA DOC-DP-11-BSD
FROM: SAHR MARJORIE DOC-DP-11-MB6
DATE: WEDNESDAY 7-MAY-97 AT 2:56PM
SUBJECT: EXTENSION

ON 4/25 I ASKED FOR AN EXTENSION ON NANCY ARMSTRONG'S ECR INVESTIGATION. MARILYN SAID SHE WOULD GET IT TO YOU. I HAVE NOT RECEIVED THE WRITTEN WORD. I ASKED FOR THE EXTENSION BECAUSE I COULD NOT INTERVIEW THE STAFF INVOLVED BEFORE GOING ON VACATION. I WILL HAVE THE INVESTIGATION COMPLETE BY 5/12.

..... MESSAGE AMENDED BY: DOC-DP-11-MB6 SAHR MARJORIE
ON: WED 7-MAY-97 AT: 3:07PM

..... MESSAGE AMENDED BY: DOC-DP-11-MB6 SAHR MARJORIE
ON: WED 7-MAY-97 AT: 3:07PM

I'M SORRY, THE EXTENSION WAS ON BRUCE BARRETT.

..... ROUTED ON: WED 7-MAY-97 AT 3:08PM
FROM: DOC-DP-11-MB6 SAHR MARJORIE
TO: DOC-DP-11-BSD STEWART BELINDA

..... MESSAGE AMENDED BY: DOC-DP-11-BSD STEWART BELINDA
ON: WED 7-MAY-97 AT: 3:48PM

WARG, YOUR EXTENTION IS APPROVED.

..... ROUTED ON: WED 7-MAY-97 AT: 3:48PM
FROM: DOC-DP-11-BSD STEWART BELINDA
TO: DOC-DP-11-MB6 SAHR MARJORIE

* * END OF MESSAGE * * PRINTED ON 7-MAY-97 AT 16:06:25 MA# 6229426



ASE RIVELAND
Secretary

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
McNEIL ISLAND CORRECTIONS CENTER
P. O. Box 900 • Steilacoom, Washington 98388-0900

May 12, 1997

TO: Belinda D. Stewart, Superintendent

FROM: Marg Bahr, CPM

SUBJECT: ECR ON BRUCE BARRETT - INITIATED ON APRIL 15, 1997

I have investigated the ECR issued to Bruce Barrett on April 15, 1997. The ECR alleges that Mr. Barrett placed himself at risk for possible exposure to TB in the transport of inmate [REDACTED]

The following staff were interviewed: Bruce Barrett, PAC; Marty Lyons, acting HCM; and Nancy Armstrong, RN.

During my investigation, I reviewed and considered the following attachments:

- MICC Field Instruction 890.610, Employee Tuberculosis and Hepa Respirator Program.
- Medical Records Report by Dr. Baker, Cpt. Surgeon at Madigan Army Medical Center, Tacoma, Washington.
- Written statement by Dr. Ardan Huff, acting Medical Director at MICC.
- Written statement by Dr. Kenneth Ritter.
- E-mail from Bruce Barrett written on March 18, 1997 to Marty Lyons, acting HCM.
- Addendum submitted by Bruce Barrett on May 9, 1997.
- Order written by Bruce Barrett dated March 14, 1997.

Mr. Barrett was interviewed on April 28, 1997. Also present was Dale Reed, Chief Shop Steward. Mr. Barrett had the following statement to add to his response submitted on April 22, 1997. Mr. Barrett maintains that there was no risk to himself when he accompanied inmate [REDACTED] to WCC on March 14, 1997. Mr. Barrett states it was his clinical judgment (which is supported by three physicians) that inmate [REDACTED] did not have active TB. Mr. Barrett continues to maintain that the only reason inmate [REDACTED] was placed in isolation was to alleviate the fears of the nursing staff and not based on the diagnosis of inmate [REDACTED] having active TB. Mr. Barrett states when he received a telephone call from Mr. Lyons, acting HCM, on March 14,

0784

Belinda D. Stewart, Superintendent

Page 2

May 12, 1997

1997, directing him to get inmate [REDACTED] to WCC, it was decided that a nurse would not accompany the inmate. Mr. Barrett felt at this time it was up to him to get this done the best way he could. When Mr. Barrett decided he would accompany inmate [REDACTED] to WCC, he did take the following precautions: he wore a Hepa mask, inmate [REDACTED] wore a mask, the van had a solid shield, and the windows of the van were kept open.

Mr. Lyons was interviewed on May 7, 1997. Mr. Lyons stated the decision to place inmate [REDACTED] in isolation was made to alleviate nursing fears and to avoid the complications of the problems incurred with inmate Cruz. Mr. Lyons also stated that he called Mr. Barrett and told him to get inmate [REDACTED] transferred to WCC and that a nurse would not accompany him. Mr. Lyons states he did not specify who should accompany inmate [REDACTED], he left that up to Mr. Barrett.

Nancy Armstrong, RN, was interviewed on May 7, 1997. Also present was Bob Hall, Union Rep. Ms. Armstrong stated when she found out Mr. Barrett was going to accompany inmate [REDACTED] to WCC, she told him it was inappropriate because he had a beard and could not be fit-tested with an N95 TB mask.

Finding of Fact

Bruce Barrett, PAC, wrote the order to transfer inmate [REDACTED] to WCC on March 14, 1997. Item #3 states full respiratory precautions en route. Mr. Barrett was aware that with a full beard the Hepa mask would not seal properly. Nancy Armstrong reminded him that it was inappropriate for him to accompany inmate [REDACTED] to WCC because he had a full beard and could not be fitted properly for a Hepa mask.

Mr. Barrett made the decision to accompany inmate [REDACTED] to WCC based on clinical judgment that was supported by three physicians and that inmate [REDACTED] was in isolation to alleviate the fears of nursing staff, not that he had active TB.

MB:ksf

cc: Bruce Barrett, PAC
Personnel Officer

Attachments

0785

RECEIVED

23 APR 97

McNeil Island C.C.
Hospital

TO: MARTIN LYONS, ACTING HCA

FROM: BRUCE H. BARRETT, PAC

RE: ECR DATE SIGNED BY YOU 04/15/97

As you are already aware, Inmate [REDACTED] # [REDACTED] (not 973123) sustained a stab wound to the upper abdomen on or about 02/25/97. The stab wound penetrated the abdomen, the mediastinum and the pericardium necessitating evacuation to Madigan Army Medical Center. There he underwent emergency surgery because of hemorrhage in the mid chest. Following surgery, he developed severe life threatening complications including intractable atrial fibrillation that required electrical defibrillation and adult respiratory distress syndrome that required specialized pulmonary interventions. A common complication of surgery this extensive and sequelae this severe is postoperative pneumonia due to the patients inability to effectively breathe deeply and clear secretions from the lungs. Inmate [REDACTED] developed such a pneumonia as documented on an xray taken following his return to MICC. Though Dr. Arkless commented on TB in that report it in no way means that this patient had TB. In fact the films were classic for postoperative pneumonia and that was the conclusion of myself, and Drs. Huff and Ritter. Films taken in the trauma unit at Madigan showed no evidence of any TB or preexisting pneumonia. TB does not develop in that short a time frame. There is an old axiom in medicine that states "When you hear hoof beats, think of horses, not zebras". That kind of thinking leads to correct diagnosis and cost effective treatment. This information was shared with you on several occasions including the pre-transfer teleconference with staff at WCC. A chest xray taken immediately prior to the transfer to WCC was read as almost complete clearing of the pneumonia as expected. It was understood by all medical staff including Drs. Huff and Ritter, that the first xray had been "overread" and that Inmate [REDACTED] had postop pneumonia and not TB. This was understood even before the second xray was taken.

Given the recent history of outside investigations and the attitudes pervasive in certain nursing staff, a decision was made to isolate inmate [REDACTED]. This was strictly as administrative admission meant, not to determine if the inmate had TB, but rather to keep certain nurses from creating further problems. You were fully aware of this as the admission was discussed with you at length.

Regarding to the transfer, it was done with your full knowledge, support and encouragement. If you recall, LPN O'Connor had volunteered to attend the inmate on the transfer. This was discussed with you telephonically with Nancy Armstrong, RN, Infectious Disease, Tracy Rich and myself. We all agreed that sending LPN O'Connor was not in the best interests of the institution and was simply asking for trouble.

0786

RECEIVED

23 APR 97

Wendell Island C.C.
Hospital

You stated that you were sitting with Steve Ramsey, CPM and Belinda Stewart, Supt. and that they wanted this transfer facilitated immediately. This was in response to a missing logbook that was used to record entries into the inmate's negative pressure room. It was felt that there was mischief afoot and that it was prudent to transfer this inmate. This transfer was done for purely administrative purposes, not for any compelling medical reason. It was decided that I would accompany the inmate on this transfer to mitigate any further problems with the supposed level of care he had been receiving. I did so with your full support, knowledge, encouragement and thanks.

The diagnosis of TB is not made radiographically. Xrays are but one small part of a total assessment of a patient. The diagnosis is made by carefully assessing the patient's history, physical findings, laboratory and xray. Inmate [REDACTED] had none of the historical facts to support a diagnosis nor any physical findings to support a diagnosis of TB. He had no persistent cough, nighttime sweats, low grade fever or weight loss. He had all the classic signs and symptoms of postoperative pneumonia.

My assessment, along with Drs. Huff and Ritter, were confirmed by James Billingsley, M.D., pulmonologist, who reviewed the films. Dr. Billingsley's 30 years of experience as Pierce County's TB medical officer speaks for itself. We have relied on his expertise several times in the past as you may recall. My 20 plus years as a double board certified physician assistant should count for something.

Those of us who have practiced along time know that we treat patients and not lab slips or xray reports. Not all abnormalities found on xray or lab slips are factual or important. They are scrutinized and acted upon according to other data. To do otherwise would put malpractice and extraordinarily expensive. That is what you pay us for...correct, conscientious and cost effective diagnosis and care.

In short, it was clear to all intimately involved, that this inmate did not have TB and never did. He had uncomplicated postoperative pneumonia. His admission and subsequent transfer were purely administrative. The admission was a charade to prevent certain nurses from creating more trouble and to mitigate any second guessing that they might attempt. Nonetheless, they seem to have done it anyway.

Personally, I am stunned and hurt by any accusation that I would put myself, (and ultimately my children), or anyone else for that matter at risk for any disease process. I am also hurt by the sudden and unexpected reversal of support by you for the care I have dutifully delivered here at MICC for the past 4 years. I dare say, I go beyond what is expected of me in my current position. While we lack a medical director in the formal sense, I have done what I can to hold the medical staff together and allow us to continue to deliver that high quality of medical care that you have every right to expect.

0787

RECEIVED

23 APR 97

Medical Island C.C.
Hospital

I suspect that this ECR action was generated at a higher administrative level and most likely did not originate in your office. It would be interesting to know who is handling the L&I investigation that this all has come out of. I am also aware that I am not the only one who has been ECR'd over this transfer. I also suspect that this action was taken to appease the investigator of the Dept. of Labor and Industries. It is a sad statement indeed that line staff are made scapegoats to cover for administration's inability to effectively deal with a nursing department that is in chaos and rebellion; a department that lacks leadership, solidarity of purpose or direction. It is increasingly clear that a few nurses feel that they have authority over the medical staff from whom they should rightly be taking orders. That may not be entirely their fault as there has been no effective leadership in the department of nursing for several years. There are far too many personal agendas at work there. It is time the whole truth of the department of nursing at MiCC be known. It is beyond the scope on this ECR response but there is ample evidence of willful disregard for patient care, ethics, authority, statutory and regulatory law as well as outright coercion. I pray that someone has the courage and fortitude to act and act soon before we have another Purdy fiasco.

All this has taken its toll on the confidence that medical staff has in this administration. It appears that MiCC Health Services has become an increasingly hostile work environment where staff lie in wait for each other to stab them in the back, usurp authority, confuse and contradict, malign and slander, steal and lie.

I will be represented at the hearing by Dale Stewart, Chief Stewart, WPEA.

cc: file

WPEA

Dale Stewart, Chief Stewart

Exhibits: Various xray reports

Letter from Arden Huff, MD

Letter from Kenneth Ritter, MD

Letter from James Billingsley, MD

Memo to Marty Lyons, Acting HCA

~~Various chart notes from the file of [REDACTED]~~

Personnel file copies

0738

TO: BARRETT BRUCE
MCNEIL ISLAND CORR. CNTR.
P.O. BOX 900 MS: WT-01
STEILACOOM WA 98388-

DOC-DP-I1-BBR 18-Mar-97 09:30:15
RECEIVED
23 APR 97

FROM: BARRETT BRUCE *AB*
MCNEIL ISLAND CORR. CNTR.
P.O. BOX 900 MS: WT-01
STEILACOOM WA 98388-

DOC-DP-I1-BBR 18-Mar-97 09:30:15

SUBJECT: [REDACTED]

DOC-DP-I1-BBR/MA#7843813

To: LYONS MARTIN
From: BARRETT BRUCE *AB*
Date: Tuesday 18-Mar-97 at 9:24am
Subject: [REDACTED]

DOC-DP-I1-ML1
DOC-DP-I1-BBR

I just spoke with James Billingsley, MD, St. Clare Hospital. He reviewed the films taken here and stated that inmate [REDACTED] had have a pneumonia on the first film that has completely resolved on the second taken eight days later. He sees no evidence of tuberculosis. He does not feel that the inmate needs to be isolated. He does believe that given his recent conversion of his PPD he should be placed on a supervised INH program for six months per the DOC and DOH protocols. He will dictate or handwrite a consultation note and mail it to me today.

Please notify those involved. thank you.

hard copy to follow.

* * End of Message * * Printed on 18-Mar-97 at 09:30:25 MA# 7843813

0739

ATTACHMENT 1 PG 9 OF 34

TO: BARRETT BRUCE
MCNEIL ISLAND CORR. CNTR.
P.O. BOX 900 MS: WT-01
STEILACOOM WA 98388-

DOC-DP-I1-BBR 14-Mar-97 12:24:50

RECEIVED

23 APR 97

FROM: BARRETT BRUCE
MCNEIL ISLAND CORR. CNTR.
P.O. BOX 900 MS: WT-01
STEILACOOM WA 98388-

DOC-DP-I1-BBR 14-Mar-97 12:04:03
McNeil Island C.C.
Hospital

SUBJECT: [REDACTED]

DOC-DP-I1-BBR/MA#

/TO LYONS MARTIN
/FROM BARRETT BRUCE
/DATE Friday 14-Mar-97 at 12:04pm
/SUBJECT [REDACTED]

DOC-DP-I1-ML1 OK
DOC-DP-I1-BBR OK
OK
OK

I was informed by Tracy Rich, Health Services Secretary, that Judy Lobdell, RN and Barbara O'Conner, LPN were making inquiries regarding the proposed transport of inmate [REDACTED]. Specifically, Barbara O'Conner had concerns regarding the inmate's psychiatric status in view of his past history of suicide attempts. Ms. Rich told me she told her that if she had problems or questions regarding the transfer to address them to me. This occurred at approximately 10:45A. I proceeded to go to the Inpatient unit where I was immediately confronted by Nurse O'Conner who stated she had concerns about this transfer. I informed her that these decisions were made by administration and medical staff and that they were none of her concern. I also informed her that she was not to meddle in this transfer any further. Later I ran into James McQuire, MD who had been called by Judy Lobdell. I explained the situation to him and he said that he would just say 'good bye' to the inmate. Later, during a conference call involving you, myself and Tracy Rich, Nurse O'Conner entered Ms. Rich's office and tried to start a conversation. I informed her that this was not a good time and she was interrupting. She continued to stand in the door for several seconds as if she wasn't going to leave. I again told "not now, this is not a good time". She then left.

/CC RICH TRACY
/CC ARMSTRONG NANCY

DOC-DP-I1-TRJ OK
DOC-DP-I1-NAE OK

* * End of Message * * Printed on 14-Mar-97 at 12:24:56 MA#

0790

ATTACHMENT 1 PG 10 OF 34

TO: BARRETT BRUCE
MCNEIL ISLAND CORR. CNTR.
P.O. BOX 900 MS: WI-01
STEILACOOM WA 98388-

DOC-DP-I1-BBR 4-Apr-97 11:54:41
RECEIVED
23 APR 97

FROM: LYONS MARTIN
MCNEIL IS CORR CTR
P.O. BOX 900
STEILACOOM WA 98388-0000

DOC-DP-I1-ML1 3-Apr-97 16:15:32

SUBJECT: (EMS) Return receipt DOC-DP-I1-BBR/MA#7976999

MAIL DELIVERY NOTIFICATION

Your message MA# 7976711 entitled [REDACTED]

Created on 3-Apr-97 at 11:02:18; sent on 3-Apr-97 at 15:58:00

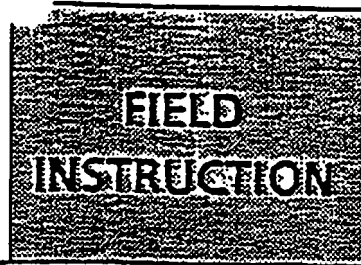
Destination: DOC-DP-I1-ML1 LYONS MARTIN

The message was READ on 3-Apr-97 at 16:15:32

..... Routed on: Thu 3-Apr-97 at: 4:15pm
From: DOC-DP-I1-ML1 LYONS MARTIN
To: DOC-DP-I1-BBR BARRETT BRUCE

* * End of Message * * Printed on 4-Apr-97 at 11:54:47 MA# 7976999

0791



| | |
|-------------------------------|-----------------------------------|
| NUMBER MICC 890.610 | |
| ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| PAGE 1 of 12 | |

Attachment A

Employee Tuberculosis & HEPA Respirator Program

AUTHORITY:

DOP 890-DHR.610

PURPOSE:

To establish guidelines to assist employees in the prevention, control, and treatment of tuberculosis (TB), consistent with Washington Industrial Safety and Health Act (WISHA), Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) regulations and recommendations of the Washington State Department of Health (DOH).

APPLICABILITY:

All McNeil Island Corrections Center (MICC) employees, volunteers and individuals providing services under contract to McNeil Island Corrections Center as specifically defined herein.

DEFINITIONS:

Active TB Disease: The infectious stage of pulmonary TB based upon clinical diagnosis in which small droplets containing bacterium are produced in the lungs or larynx and can be broadcast into the air when infected people cough, sneeze, sing or talk.

Assessment: Activities conducted by DOH TB Control to ensure that surveillance and containment measures are carried out effectively.

BCG: A type of tuberculosis vaccine used in some parts of the world, but only rarely in the United States.

Containment: Actions taken to diminish the transmission of tuberculosis infection.

Health Care Unit: Any physical space designated by the superintendent where medical treatment/services or health care is provided.

Health Care Unit Employee: Any DOC employee who is a health care provider and any other DOC employee who is assigned full-time, part-time, or on a regular and recurring basis to a DOC health care unit.

0792



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 2 of 12 | |

Health Care Provider: Those DOC employees who, consistent with state law, provide health care or related services to offenders. This includes, but is not limited to physicians, dentists, dental hygienists, dental assistants, nurses, psychologists, social workers, x-ray technicians, physician assistants, medical technicians, mental health counselors, and nurse practitioners.

High Efficiency Particulate Air (HEPA) Respirators: Respirators used in medical applications to assist in the prevention of infection airborne pathogens such as tuberculosis.

High-Risk Occupation: Health care providers and employees who transport offender(s) with active or suspected TB disease.

Induration: A raised, palpable area of hardened tissue.

Intracutaneous: Within the substance of the skin.

Isoniazid (INH): The drug most commonly used in the United States for preventive therapy of tuberculosis.

Mantoux Test: An intracutaneous (skin) tuberculin test used to identify individuals infected with the tubercle bacillus.

Mid-Level Provider: A physician assistant or nurse practitioner.

Occupational Exposure: An exposure incident requiring an investigation and follow-up activities.

Positive Skin Test: A reaction within 48 to 72 hours due to an intracutaneous injection of PPD in which the area becomes indurated.

Purified Protein Derivative (PPD): The non-infectious test material used in tuberculin skin testing.

Surveillance: The identification and reporting of all tuberculosis cases.

Suspected TB Disease: Individuals with at least three of the following signs/symptoms a productive cough of two weeks or more, coughing up blood, night sweats, loss of appetite, lethargy, weakness, anorexia, fever and/or an otherwise unexplained weight loss.

0793



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 3 | of 12 |

Tubercle Bacillus: A microscopic organism that causes tuberculosis lesions in humans.

Tuberculin: A soluble cell substance prepared from the tubercle bacillus which is used to determine the presence of a tuberculosis infection. This substance is not infectious.

Tuberculin Test: A test to determine the presence of a tuberculosis infection based on positive reaction of subject to tuberculin. The local indurated reaction is observed in individuals after 48 to 72 hours. Tests do not distinguish if status is TB infection or disease.

Tuberculosis (TB): A bacterial infection which generally involves the lungs, usually transmitted by the inhalation of droplets in the air which contain tubercle bacillus.

FIELD INSTRUCTION:

The Health Care Manager shall manage the Employee TB Control Program, and develop a process of documentation/information control with the DOH TB Control Office. The Division of Human Resources, Safety and Occupational Health Section shall monitor the implementation of this field instruction.

PROCEDURE:

A. General

1. The possibility of airborne transmission of infection by the tubercle bacillus is high in an institutional setting therefore, the prevention and control of tuberculosis must be regarded as a priority health issue.
2. The control of tuberculosis in a correctional setting is based on identification, assessment, surveillance, and containment.
3. A previous history of BCG vaccination, whether or not documented, shall not constitute a basis for deviating from the policies pertaining to prevention, control, and treatment as outlined elsewhere in this field instruction.

0794



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 4 of 12 | |

B. Prevention of TB Transmission

1. Education and training is a key factor in promoting occupational health.
 - a. Training shall be conducted for all MICC employees, volunteers and individuals providing services under contract to MICC.
 - b. Annual refresher training shall be conducted for those outlined in item a, above to provide updated information about occupational exposure issues.

2. The transmission of tuberculosis can be minimized by early identification of individuals with TB by use of a Mantoux Test.
 - a. All employees, volunteers and individuals providing services under contract to MICC who work in high-risk occupations and new individuals hired and assigned to a high-risk occupation shall submit to a baseline Mantoux test.

The Superintendent shall ensure that an adequate number of tested employees are available in the event of an emergency.

- b. Tuberculin testing shall be completed within two weeks of employment or transfer to the work site and shall be provided at no cost to the individual. Employment is not contingent upon test results, however new employees with a positive result may be required to undergo further testing and/or treatment prior to continuing work.

The only exceptions to this testing practice include the following:

- 1) Individuals granted a written waiver by the DOH TB Control Office.
 - a) To request a waiver from DOH, the employee must:
 - 1) Complete the MICC Request for Waiver of Tuberculin Testing (attached). Requests should include supportive medical information.
 - 2) Submit the original request to the DOH TB Program Coordinator and a copy of the request to the MICC TB Program Coordinator.



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 5 of 12 | |

- b) The employee must provide a copy of the response from the DOH to the MICC TB Program Coordinator. This information will be maintained in the Employee's Occupational Health Record.
- 2) Individuals documenting a positive Mantoux test result in the past and who are not exhibiting signs/symptoms of TB.
- c. Employees, volunteers and individuals providing services under contract to MICC are not required to be tested in accordance with the provisions of this field instruction, but shall be offered skin testing annually at no cost to them.
- d. All new employees, volunteers and contract service providers shall be offered baseline TB screening within two weeks of employment and at no cost to them.
- e. DOC-form 3-220, Tuberculosis Screening Acknowledgement and Appointment Record must be completed whenever an employee is offered or scheduled for a TB skin test. Employees shall complete testing at the date, time, and location noted on the form and return a completed Tuberculin Screening form (DOC 3-216) as directed.
- f. Those who have a positive TB skin test, or who submit documentation of a previous positive skin test, shall submit a physicians statement as to their TB status within seven working days.
- g. If an employee, volunteer or contract service provider is suspected of or has a confirmed case of active TB disease, monitoring shall be provided by the DOH TB Control Office. The individual shall be required to submit to and complete the prescribed treatment regimen. The individual shall submit a physicians statement indicating they are not infectious before being allowed to return to the work place. Treatment shall not be conducted at MICC.

0796



| | | |
|------------------------------|------------------------|----------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 6 of 12 | |

- h. Employees, volunteers or contract service providers who fail to complete diagnostic procedures or comply with the prescribed treatment regimen shall not be allowed access to the worksite until a physician clears them to return to work. Such individuals shall be subject to disciplinary action, up to and including dismissal.
- i. All tuberculin tests shall be recorded on DOC Form 3-216, Tuberculin Screening. When completed, forms shall be filed in the employees Occupational Health Record.

3. Respiratory Protection - HEPA Respirator Use *G.*

Employees, volunteers and individuals providing services under contract to MICC who work in high risk occupations shall be responsible for knowing, understanding and complying with all policies, requirements and guidelines for the use of HEPA respirators.

- a. Prior to entering medical/respiratory isolation in which an offender with active TB disease is under treatment, CDC guidelines with regards to wearing HEPA respirators shall be followed.
- b. When Health Care Unit Employees perform high hazard procedures, e.g. bronchoscopy, sputum induction, endotracheal intubation, and suctioning procedures, on individuals who have suspected or confirmed TB disease, HEPA respirators shall be worn.
- c. When emergency medical response personnel or other staff must move or transport individuals with suspected or confirmed TB disease, HEPA respirators shall be worn. When feasible, the rear windows of the vehicle shall be kept open and the heating and air conditioning system set on a non-recirculating cycle.
- d. To prevent contamination, HEPA respirators shall be used, handled and disposed of according to CDC standard medical practice, including the use of Universal Precautions when applicable.

0797



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 7 of 12 | |

4. Respiratory Protection - HEPA Respirator Program

- a. Program Administration - The Health Care Manager is responsible for the respirator program implementation, administration and evaluation.
- b. Physiological and Psychological Limitations - The Health Care Manager shall ensure the appropriateness of HEPA respirators for each wearer is evaluated, using DOC Form 3-219, HEPA Respirator Medical Evaluation. When the appropriateness of respirator use is in question, a physician's release shall be obtained at no cost to the employee before respirator issuance, testing or use will be authorized. The medical status of all wearers shall be reviewed annually.
- c. Approved Respirators - Only HEPA respirators approved by the National Institute for Occupational Safety and Health (NIOSH) and the Mine Safety and Health Administration (MSHA) shall be used. Modification(s) of an approved respirator that is not authorized by the approving agencies is prohibited.
- d. Respirator Selection - HEPA respirators have been selected for preventing the spread of TB based on CDC guidelines and WISHA requirements.
- e. Training - Individuals required to wear respirators shall receive training such that they become knowledgeable and proficient with respect to the respirator to be worn. Training shall include the following elements:
 - 1) The reason for the need for respiratory protection;
 - 2) The nature, extent and effects of respiratory hazards to which the person may be exposed;
 - 3) An explanation of why engineering controls are not adequate;
 - 4) An explanation of why the HEPA type of respirator has been selected;

0798



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 8 of 12 | |

- 5) An explanation of the operation and capabilities and limitations of the HEPA respirator;
- 6) Instruction in inspecting, donning, checking the fit and wearing the HEPA respirator;
- 7) An opportunity for each respirator wearer to handle the respirator, learn how to don and wear it properly, check its seal, wear it in a safe atmosphere and wear it in a test atmosphere;
- 8) An explanation of how to properly store the respirator;
- 9) Instructions in how to recognize and cope with emergency situations; and
- 10) Regulations concerning respirator use.

Refresher training shall be given annually. All training shall be acknowledged and recorded on DOC Form 3-217, Medical HEPA Respirator Fitting and Training Record. In addition, all respirator training shall be documented using HRDIS code 01-07-SL4B.

- f. Respirator Fit - Each respirator wearer shall be fitted in accordance with WAC 296-62-07113 (3). Each wearer shall check the seal of the respirator by procedures recommended by the manufacturer. Fit testing and checking shall be recorded on DOC Form 3-217.
- * g. Facial Hair - Individuals assigned to wear HEPA respirators shall follow manufacturer's recommendations regarding facial hair that interferes with the seal of the HEPA respirator.
- h. Issue of Respirators - Only the following two HEPA respirators are authorized for the prevention of TB:
 - 1) UVEX HEPA-Tech 3010 - Approval No.: TC-21C-604; and
 - 2) 3M Model 9970 - Approval No.: TC-21C-437.

0799



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 9 of 12 | |

- i. Respirator Inspection - Respirators shall be inspected by the wearer prior to each use to ensure that it is in proper working condition. If found to be damaged, soiled or grossly contaminated, the respirator shall be discarded in accordance with Universal Precautions.
- j. Monitoring Respirator Use - Supervisory personnel shall periodically monitor the use of respirators to ensure they are used, worn properly and are in good working condition.
- k. Evaluating Respiratory Hazard - Surveillance of work area conditions (i.e. negative pressure room, etc.) requiring use of a HEPA respirator shall be conducted by supervisory personnel to ensure safe work practices.
- l. Medical and Bioassay Surveillance - Health Care Unit Employee screening data shall be used to assist in determining if respirator wearers are receiving adequate respiratory protection.
- m. Respirator Maintenance - Respirators shall be inspected as outlined in item i, above. When not in use, respirators shall be placed in a clean paper bag to promote drying and stored in an appropriate locker or storage area. Storage bags shall be labelled to identify the wearer.
- n. Respirator Program Evaluation - An appraisal of the effectiveness of the respirator program shall be carried out annually by the MICC Health Care Manager. Appropriate action shall be taken to correct defects found in the program.

C. Protocol for Determining Frequency of Testing

The frequency of TB testing for health care unit employees shall be determined based on the following assessment:

- 1. If MICC has had an active TB disease within the previous one year period, TB skin testing shall be provided to health care unit employees every six months.
- 2. If there have been no active TB disease cases within the previous one year, TB skin testing shall be provided to health care unit employees annually.

0800



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 10 | of 12 |

3. In the case of an exposure incident, follow-up skin testing shall be conducted 10 to 12 weeks after the incident. Semi-annual skin testing shall commence six months after follow-up skin testing.
4. If, after the second round of semi-annual testing, MICC has not had a case of active TB disease during the previous year, annual skin testing shall be scheduled. If MICC has had a case of active TB disease during that year, semi-annual skin testing of health care unit employees shall continue until no cases of active TB disease have been experienced during the previous one year period.

D. Employee Exposure to TB - TB Investigations

1. When a case of active TB disease is diagnosed and an employee, volunteer or contract service provider has had unprotected exposure to the source-person, the DOH TB Control Office shall be immediately notified.
2. DOH TB Control will conduct an investigation to ascertain the nature and extent of the exposure and recommend a proper course of action, treatment and follow-up.
3. Every employee, volunteer or contract service provider who has been exposed to active TB disease shall comply with diagnostic procedures (x-ray and sputum examinations).
4. Testing immediately after exposure and re-testing shall be conducted as required by the DOH TB Control Office as part of the investigation.
5. Only those who meet the criteria set forth above (See Section B.2.b) shall be excluded from testing.

E. Documentation and Record Keeping

1. Employee Screening and Evaluation

- a. Tuberculin test results shall be recorded in millimeters of induration (diameter of the test area).

- b. Records of the screening results, medical evaluations and treatment recommendations shall be maintained in accordance with the Employee Occupational Health Records.



| | | |
|------------------------------|-------------------------------|-----------------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 11 of 12 | |

2. OSHA 200 Log

- a. When an employee, volunteer or contract service provider has a positive Mantoux Test, the incident shall be recorded on the OSHA 200 Log unless it is documented that this occurred prior to employment or that it occurred from a non-work-related exposure.
- b. If an individual's TB infection, which was entered on the OSHA 200 Log, progresses to TB disease within the five year maintenance period, the original entry for the infection shall be updated to reflect the status change.

F. Relationship with the DOH Control Office

The DOH TB Control Office provides the following services to the Department of Corrections:

1. Provide medical and nursing consultation in assisting in the development of TB treatment protocols.
2. Review and respond to written requests for waiver of Mantoux test requirements submitted by DOC employees.
3. Conduct on-site TB investigations when an exposure incident has occurred.

REVIEW:

This field instruction shall be reviewed biennially by the Superintendent/designee. Any changes or modifications shall be approved by the Command Manager.

REFERENCES:

DOC Infection Control Handbook; DOC Policy 670.001; RCW 70.28; WAC 246-318-040, 296-62-07113(3).


0802



| | | |
|------------------------------|------------------------|----------------------------|
| FIELD INSTRUCTION | NUMBER MICC 890.610 | |
| | ISSUE DATE 10-21-94 | EFFECTIVE DATE 11-21-94 |
| | PAGE 12 of 12 | |

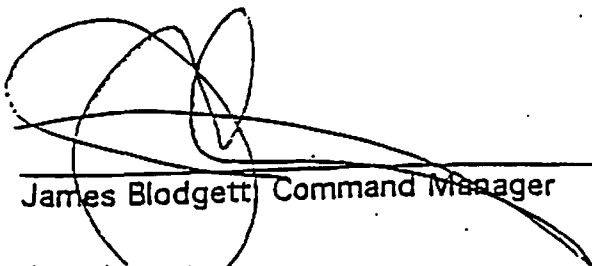
SUPERSESSION:

None.



Eldon Vail, Superintendent

10/18/94
Date



James Blodgett, Command Manager

10-26-94
Date

Attachment

a:\wordwin\800SER\18 October 1994

0803



STATE OF WASHINGTON
 DEPARTMENT OF CORRECTIONS
 McNEIL ISLAND CORRECTIONS CENTER
 P.O. Box 88900 • Steilacoom, Washington 98388-0900

McNEIL ISLAND CORRECTIONS CENTER

Request for Waiver of Tuberculin Testing

To: Kay Anderson
 TB Control Program Coordinator, DOH
 1511 3rd Ave Suite 201
 MS: K1717
 Seattle, WA 98101

| | | | |
|-------|----------------------|-------|-------|
| Name: | Social Security No.: | Post: | Date: |
|-------|----------------------|-------|-------|

I am requesting a waiver for tuberculin testing for the following reason(s):

NOTE: Supportive medical information must be attached to this request.

 Employee Signature

 Date

Distribution: Original - DOH TB Control Program Coordinator
 Copy - MICC TB Control Coordinator

0804

Attachment B

ADMITTED: 19 February 1997

DISCHARGED:

BRIEF HISTORY/REASON FOR ADMISSION: The patient is a 57-year-old white male civilian who was flown from his correctional facility holding area at McNeil Island where he was found down in a rest room having sustained a stab wound to the subxiphoid area. He was noted to be surrounded by a large amount of blood but was conscious at the scene. He was emergently flown to Madigan Army Medical Center Emergency Room for treatment of his injury.

BRIEF SUMMARY OF HOSPITAL COURSE, TREATMENT AND SIGNIFICANT FINDINGS: In the emergency room the patient was noted to have a single stab wound in the subxiphoid and epigastric area with ongoing bleeding which was not controllable. He was hemodynamically stable, however, and was semi-urgently consented and prepped for an operative exploration.

The patient underwent an upper midline abdominal incision in the operating room and a bleeding left internal mammary artery was noted, controlled and ligated. The pericardium was opened and a significant amount of blood was noted. Therefore he underwent a median sternotomy to further explore his mediastinum for ongoing bleeding. The exploration was essentially negative and he was closed and taken to the Intensive Care Unit where he recovered initially without event.

On postoperative day 2 his chest x-ray was essentially normal and his single mediastinal chest tube was removed. On postoperative day 3, he developed an increasing oxygen requirement without any evidence of carbon dioxide retaining pathology and his chest x-ray rather acutely changed to reveal pulmonary edema almost of the adult respiratory distress syndrome (ARDS) picture type. His oxygen supplementation required high flows and maximal support with CPAP to maintain a saturation in the low 90s.

On postoperative day 4 he also went into atrial fibrillation with a rapid ventricular response and although his hemodynamic parameters remained stable he became more difficult to adequately oxygenate. He was started on Diltiazem bolus and drips without control, was Digoxin "loaded" and tried on high dose esmolol without control of his rate. Due to the unstable respiratory nature associated with the atrial

ORIGINAL IN THE HPT RECORD

| | | | |
|--|--|--------------|-----------------|
| <input type="checkbox"/> HISTORY & PHYSICAL EXAMINATION (SF 504, 505, & 506) | <input type="checkbox"/> OPERATION REPORT (SF 516) | NAME | [REDACTED] |
| <input type="checkbox"/> CONSULTATION SHEET (SF 513) | <input checked="" type="checkbox"/> NARRATIVE SUMMARY (SF 502) | REGISTER NO. | 6328514 |
| <input type="checkbox"/> CHRON RECORD OF MEDICAL CARE-(SF 600) | <input type="checkbox"/> AUTOPSY PROTOCOL (SF 503) | UNIT | GENERAL SURGERY |
| <input type="checkbox"/> PROGRESS NOTE (SF 509) | <input type="checkbox"/> | DATE DICT | 24-Feb-1997 |
| | | DATE TYPED | 25-Feb-1997 |

ATTACHMENT 7 PG 25 OF 34

080

fibrillation, he was cardioverted X 1 with 50 Joules. This was successful and the patient has remained in sinus rhythm ever since the cardioversion. His oxygen requirement, thereafter, gradually declined and the following morning he was on 5 liters nasal cannula with oxygen saturations of approximately 92% and he was transferred to the Ward. The patient remained on Ward 7-North surgical recovery unit for another 1-1/2 days and remained stable. He was tolerating a regular diet and his wounds were healing without evidence of infection. His sternum was stable on examination and chest x-ray were gradually improving.

FINAL DIAGNOSES:

1. Stab wound to the subxiphoid region with transection of the left internal mammary artery and pericardial injury.
2. Atrial fibrillation.
3. Sick sinus syndrome for which he has a pacemaker.

OPERATIONS AND SPECIAL PROCEDURES:

1. Emergent exploratory laparotomy and median sternotomy for exploration of injuries sustained from the stab wound, 19 February 1997.
2. Echocardiogram, 22 February 1997.
3. Cardioversion procedure, 23 February 1997.

CONDITION ON DISCHARGE: Stable, however, requiring some supplemental oxygen to maintain his saturations in the low 90 percentile.

INSTRUCTIONS: The patient is being released back to his prison site at McNeil Island where he will be watched by medical personnel in the Infirmary there to maintain him on supplemental oxygen as long as required. He is to followup either with General Surgery at Madigan Army Medical Center or with his care provider at the prison to have his staples removed within one week. Discharge medications - Tylox 1-2 tabs q 4 h as needed for pain; Vasotec 5 mg once a day; Paxil 80 mg once a day; iron sulfate 325 mg twice a day; Colace twice a day; Digoxin 0.25 mg once a day.

MATTHEW T. BAKER, CPT, MC
MADIGAN ARMY MEDICAL CTR, TACOMA, WA
MTB:sgm/STAT

ATTACHMENT 1 PG 26 OF 34

| | | | |
|--|--|--------------|-----------------|
| <input type="checkbox"/> HISTORY & PHYSICAL EXAMINATION (SF 504, 505, & 506) | <input type="checkbox"/> OPERATION REPORT (SF 516) | NAME | [REDACTED] |
| <input type="checkbox"/> CONSULTATION SHEET (SF 513) | <input checked="" type="checkbox"/> NARRATIVE SUMMARY (SF 502) | REGISTER NO. | 6328514 |
| <input type="checkbox"/> CHRON RECORD OF MEDICAL CARE-(SF 600) | <input type="checkbox"/> AUTOPSY PROTOCOL (SF 503) | SSN | [REDACTED] |
| <input type="checkbox"/> PROGRESS NOTE (SF 509) | <input type="checkbox"/> | UNIT | GENERAL SURGERY |
| | | DATE DICT | 24-Feb-1997 |
| | | DATE TYPED | 25-Feb-1997 |
| | | | 0806 |

Brace

Final re +

4/21/97.

As requested this is my recollection of
the injury and subsequent treatment of [redacted]
[redacted], a 57 year old inmate at McNeil Island.
Some of this is from memory and some from
records -

Inmate [redacted] was found in a pool of blood
on the afternoon of Feb 19, having suffered a stab
wound just below the Xiphoid. Because of the
apparent significant blood loss the pt after [redacted]
his vital signs were found to be fairly stable was air
evacuated to Madigan Army Hospital.

On the way from his bleeding continued
and the pt underwent urgent surgical exploration
initially and exploratory laparotomy was done, followed
by a sternotomy, when he was found to have
a pericardium full of blood.

His post operative course was unremarkable
until he developed a Respiratory distress and
a chest X-ray picture of pulmonary edema - It
should be noted the chest X-ray, at that time
some following surgery were normal -

On the following day he developed atrial fibrillation
which did not respond to chemical conversion -
He was therefore cardioverted on 2/23/97 and
the rest of his post operative course was

0807.

quite satisfactory including a Clean
Chest X-ray - He was transferred
back to McNeil Island on 2/24/97,
and admitted as an in patient - On
the day after his admission another Chest
X-ray was done, which was read by the
Radiologist on 2/27/97. I am sure
he had very little if any history of the
patient previous 9-10 days, since his injury
one of his post-operative problems is his
difficult would have not included Possible
Tuberculosis -

I was surprised to anyone when
I found the pt in the isolation room
when I returned to work on 3/3/97. His
chances of being active tuberculosis approx
0% in my opinion
Ardan Huff I do not
The X-rays taken acting Medical clearly
until he was Director in

Surgeon

0808



CHASE RIVELAND
SECRETARY

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
MEMORANDUM

TO:

DATE:

4/20/57

FROM:

K. Ritter

SUBJECT:

Mr [redacted] was recovering from a
surgery for a abd - chest - pericardial
wound. Post op he had ARDS,
from which he recovered. He died here
a R+ middle lobe patchy infiltrate
that resolved quickly.

James P. Ritter MD

Kenneth Ritter MD

Surgeon

0839

Attachment F

TO: BARRETT BRUCE
MCNEIL ISLAND CORR. CNTR.
P.O. BOX 900 MS: WT-01
STEILACOOM WA 98388-

DOC-DP-I1-BBR 18-Mar-97 09:30:15

FROM: BARRETT BRUCE *BB*
MCNEIL ISLAND CORR. CNTR.
P.O. BOX 900 MS: WT-01
STEILACOOM WA 98388-

DOC-DP-I1-BBR 18-Mar-97 09:24:08

SUBJECT: [REDACTED]

DOC-DP-I1-BBR/MA#7843813

To: LYONS MARTIN
From: BARRETT BRUCE *BB*
Date: Tuesday 18-Mar-97 at 9:24am
Subject: [REDACTED]

DOC-DP-I1-ML1
DOC-DP-I1-BBR


I just spoke with James Billingsley, MD, St. Clare Hospital. He reviewed the films taken here and stated that inmate [REDACTED] did have a pneumonia on the first film that has completely resolved on the second taken eight days later. He sees no evidence of tuberculosis. He does not feel that the inmate needs to be isolated. He does believe that given his recent conversion of his PPD he should be placed on a supervised INH program for six months per the DOC and DOH protocols. He will dictate or handwrite a consultation note and mail it to me today.

Please notify those involved. thank you.

hard copy to follow.

* * End of Message * * Printed on 18-Mar-97 at 09:30:25 MA# 7843813

May 9, 1997

TO: MARG BAHR, CPM
FROM: BRUCE H. BARRETT, PAC 
SUBJECT: ECR DATED 4/15/97

Addendum to my response of the above ECR:

Please consider the following facts and documents:

- 1) Letter from Kenneth Ritter, MD stating that the inmate in question had a patchy right middle lobe infiltrate that rapidly resolved after developing postoperative ARDS. This is not characteristic of TB.
- 2) Letter from Arden Huff, MD stating that the inmate in question developed pulmonary edema postoperatively that cleared before his return to the institution. Also that he felt the radiologist overread the x-ray because of lack of full history and comparative x-rays. He also states that the chances of this inmate having any active TB is 0%.
- 3) Discharge summary from Madigan Army Medical Center dictated by Mathew T. Baker, CPT, MC in which he states that on the second postoperative day the x-ray was "essentially normal" and that on postop day 3 he rapidly developed pulmonary edema and the clinical picture of ARDS. He also states that on day 4, his chest x-ray was gradually improving. Again this is uncharacteristic of active TB.
- 4) My email to Marty Lyons, Acting HCA dated 18 March 97 in which I relay to him that I had spoken with James Billingsley, MD and that he felt there was no evidence of TB either. I contacted Dr. Billingsley but he was unable to retrieve the letter he wrote from his computer for some reason. I was also unable to locate the original letter and after a search of the inmate's medical record at WCC-Shelton they were also unable to find the original.

0811

5) In the Field Instruction in question, 890.610, it does not specifically state that the wearing of a mask with facial hair is prohibited but rather directs you to follow the manufacturer's recommendations. These recommendations are not readily available and I was unable to find any such recommendations.

6) Also, in the citation served on the institution by the Dept. Of Labor and Industries dated 4/25/97, it states that the Field Instruction is incorrect and should have stated clearly that "No matter what the manufacture states, a respirator cannot be worn if facial hair comes between the sealing surface of the face piece and the face." Further." A similar statement needs to be change in the "Employee Tuberculosis and HEPA Respirator Program."

All of this makes it clear from several views that this inmate did not ha TB and we knew it before the transfer. Also that the Field Instruction does not give clear direction regarding the use of the HEPA masks.

Thank you for your time and consideration.

0812

Department of Labor and Industries
 Citation and Compliance Services
 Box 44604
 Olympia WA 98504-4604



CITATION & NOTICE OF ASSESSMENT RECEIVED

MAY 01 1997

McNeil Island Corrections Center
 Hospital

11. Inspection Site:
 McNeil Island
 Steilacoom, WA 98388

| | |
|-------------------------------------|-----------------------------------|
| 3. Issuance Date 04/25/97 | 4. Inspection Number 115262131 |
| 5. Reporting ID 1055330 | 6. CO ID J9841 |
| 7. Optional Report No. h79600219 | 8. Page No. 2 of 2 |

Penalties
 Are Due
 Within 15
 Days of
 Receipt
 of This
 Notification
 Unless
 Appealed

| Code of Violation(s) | Citation Number |
|----------------------|-----------------|
| Serious | 01 |

10. Inspection Date(s)
 04/01/97 - 04/02/97

Corrections, Dept of/McNeil Island Corrections Ctr
 PO Box 98900 Wt-01
 Steilacoom, WA 98388

A copy of this Citation & Notice of Assessment must be prominently posted immediately upon receipt at or near each location where a violation occurred or at a location where employees normally receive posted information (RCW 49.17.120). It must remain posted until all violations cited therein are corrected, or for three (3) working days, whichever period is longer.

EMPLOYER AND EMPLOYEE: SEE REVERSE SIDE OF THIS FORM FOR NOTICE OF RIGHTS AND DUTIES REGARDING THIS CITATION.

DESCRIPTION OF ALLEGED VIOLATIONS OBSERVED DURING INSPECTION - UNLESS OTHERWISE NOTED ALL CITATIONS ARE TO TITLE 296 WAC

| Violation Code | Description of Alleged Violation/Location | Date by Which Violation Must Be Abated | Penalty Assessment |
|----------------|--|--|--------------------|
| | <p>***** INFORMATION MESSAGE *****</p> <p>Page 9 of 10 of DOC policy #890.090, "Respiratory Protection Program", paragraph.vii, B "Facial Hair" it states that the respirator user can "follow manufacturer's recommendations regarding facial hair....". No matter what the manufacture states, a respirator must be worn if facial hair comes between the sealing surface of facepiece and the face. A similar statement needs to be changed to "Employee Tuberculosis and HEPA Respirator Program".</p> | | |

Assistant Director for
 Citation and Compliance
MICHAEL A. SILVERSTEIN, ASSISTANT DIRECTOR

\$2000.00

**PROOF OF CORRECTION IS REQUIRED FOR ALL VIOLATIONS
 NOT CORRECTED AT THE TIME OF INSPECTION**

ATTACHMENT 1 PG 33 OF 32

Make Check or
 Money Order
 Payable to:
 DEPARTMENT
 OF LABOR &
 INDUSTRIES

0813

Attachment C

7/11/39

| ORDERED | | | PLEASE SIGN ALL ORDERS | EXECUTED | | |
|---------|---------------------|---|--|---------------------|------------|--|
| DATE | TIME A.M. P.M. | | | TIME A.M. P.M. | BY WHOM | |
| 3/14/39 | | 1 | <i>Transfers to WCC Impirnamy Have Dr. Heftter see inwith ASAP upon arrival at WCC. Full respiratory precautions enroute</i> | | | |
| | | 2 | | | | |
| | | 3 | | | | |

Noted 3-14-39 J. J. [Signature]

B. Barlett

7/11/39

| ORDERED | | | PLEASE SIGN ALL ORDERS | EXECUTED | | |
|---------|---------------------|--|------------------------|---------------------|------------|--|
| DATE | TIME A.M. P.M. | | | TIME A.M. P.M. | BY WHOM | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

7/11/39

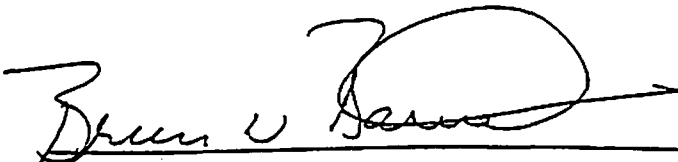
| ORDERED | | | PLEASE SIGN ALL ORDERS | EXECUTED | | |
|---------|---------------------|--|------------------------|---------------------|------------|--|
| DATE | TIME A.M. P.M. | | | TIME A.M. P.M. | BY WHOM | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

0814

Bruce Barrett
Employee Name (Please Print)

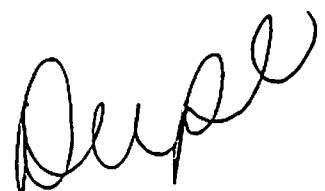
**ACKNOWLEDGEMENT OF RECEIPT OF
DOC EMPLOYEE HANDBOOK**

I acknowledge receipt of the June 1993 Washington State Department of Corrections Employee Handbook and agree to become familiar with and have a thorough knowledge and understanding of the contents.


Employee Signature

9/10/93
Date

Original - Personnel File



0815

INTRODUCTION

- Provide for restitution;
- Be accountable to the citizens of the state;
- Meet the national standards appropriate to the State of Washington.

CODE OF ETHICS

High moral and ethical standards among correctional employees are essential for the success of the department's programs. The Department of Corrections subscribes to a code of unfailing honesty, respect for dignity and individuality of human beings, and a commitment to professional and compassionate service.

DEPARTMENT EXPECTATIONS

As a new employee of the department, you will have many things to learn, not the least of which will be the expectations of your supervisor, your co-workers, and the agency as a whole. To assist you with this responsibility, following is a list of some departmental expectations for your study. Familiarize yourself with the list so that you may understand and fulfill the duties of your position.

As a representative of the Department of Corrections, you will be expected to:

- Positively represent Washington State government to everyone you meet. You are our best public relations agent;
- Dress appropriately for your job classification and duties. Clothing may not have mottos, logos, or advertisements that may be offensive or in conflict with the goals of the Department;
- Wear issued uniforms only as authorized;
- Be a good citizen, obey laws while on and off-duty. Your conduct off duty may reflect on your fitness for duty;
- Treat fellow staff with dignity and respect;
- Be impartial, understanding and respectful to offenders;
- Serve each offender with appropriate concern for their welfare and with no purpose of personal gain;

- Report all personal contact from offenders, their families, or known associates, outside your job in accordance with department procedures;
- Report through the proper chain of command any corrupt or unethical behavior which could affect an offender or the department's integrity;
- Remain constantly alert in all situations;
- Custody staff: remain at your job/post until properly relieved;
- Let your supervisor know about any personal, emergency use of equipment or phones;
- Obtain appropriate permission before removing any state property from state premises;
- Conduct yourself and perform your duties safely;
- Smoke only in designated smoking areas.

It is also important as a new employee, that you understand some of the specific prohibitions that the department must enforce. You are not allowed to:

- Discriminate against any offender, employee, prospective employee, or volunteer on the basis of race, color, religion, gender, sexual orientation, age, creed, national origin, marital status, veteran status or disability;
- Use profanity or inflammatory remarks with offenders or individuals with whom you work;
- Report to work under the influence of alcohol or drugs;
- Traffic or bring any article of contraband into an institution, facility or office;
- Barter or make personal deals with offenders, offender families or visitors;
- Engage in personal relationships with offenders, their family members, or close personal associates;

OS E. REED
Secretary



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

MEMORANDUM

ALL STAFF

DATE: SEPTEMBER 1990

DM: MR. WILLIAM L. CALLAHAN

SUBJECT: RESPONSIBILITY FOR OPERATION
INSTRUCTIONS/POLICIES AND
PROCEDURES

WLC

I understand that I am responsible for reading and following all McNeil Island Corrections Center Operational Instructions/Policies and Procedures.

I have been told, per this memorandum, where the Operational Instruction manuals are maintained and realize that I am expected, as part of my job, to be familiar with the manual and to keep current on the Operational Instructions/Policies and Procedures.

If I have any questions, I understand that I am to contact my immediate supervisor or Department Head.

Inmates are not to have access to the Operational Instruction Manual.

BRUCE H. BARRETT
EMPLOYEES NAME (PLEASE PRINT)

Bruce H. Barrett 3/1/93
EMPLOYEES SIGNATURE DATE

OPERATIONAL INSTRUCTION/POLICIES AND PROCEDURES MANUALS ARE LOCATED IN THE FOLLOWING AREAS:

- SUPERINTENDENT
- ✓ ASSOCIATE SUPERINTENDENT, CUSTODY
- ASSOCIATE SUPERINTENDENT, TREATMENT
- ASSOCIATE SUPERINTENDENT, ANNEX
- CAPTAIN
- SHIFT LT.
- BUSINESS MANAGER
- PLANT MANAGER
- CLASSIFICATION AND PAROLE SUPERVISOR
- CORRECTIONAL UNIT SUPERVISOR, CASCADE HALL
- EDUCATION
- PERSONNEL
- ✓ SERGEANT, STEILACOOM DOCK
- TRAINING

- CORRECTIONAL UNIT SUPERVISOR,
- 1 CH - OLYMPIC HALL
- 2 CH
- CORRECTIONAL UNIT SUPERVISOR - 3 CH
- CORRECTIONAL UNIT SUPERVISOR - 4 CH
- 3/4 CH DESK
- TRAINING OFFICE: LF: PER 5 COPIES
- ANNEX
- INVESTIGATIVE LT.
- FARM INDUSTRIES
- INSTITUTIONAL INDUSTRIES

TECNOL

7201 Industrial Park Blvd.
Fort Worth, Texas 76180
1-800-TECNOL-1

RECEIVED

JUN 11 1997

MCNEIL ISLAND CO
PERSONNEL

QUESTIONS AND ANSWERS

Q: What new regulation was made that required a change in respirator certification?

A: NIOSH published a new regulation 42 CFR Part 84 for particulate respirators. This new regulation replaced the Dust/Mist, Dust/Mist/Fume, and HEPA certifications with nine new classes of respirators. Each class (N, P, R) is tested against a submicron particle and filtration efficiency is measured throughout the test. Each class had three levels of efficiency 95, 99, and 100. The "N" series is tested against sodium chloride and the N95 has been named as the product with the level necessary for use in the health care market. OSHA states that the new N95 respirators meet the latest NIOSH regulation for filtration and is the minimally acceptable level of protection for TB exposure control.

Q: What type of training must I have before conducting fit tests?

A: OSHA requires that the person performing the tests be qualified to do so (OSHA 29 CFR 1910.1028). Although no formal training is required, the person administering the test should be thoroughly familiar with the test protocol and proper use of the respirators tested.

This knowledge can be obtained by studying materials and information provided in the Tecno Qualitative Fit Test Kit.

Q: Who is responsible for conducting the fit test?

A: OSHA states that it is the employer's responsibility.

ATTACHMENT 5 PG 1 OF 4

0818

Q: Who can perform a fit test?

A: Anyone the employer selects who has knowledge of the fit test protocol, and understands the proper application for the respirators being tested.

Q: Will the TECNOL PFR95™ fit everyone?

A: We offer the PFR95™ in regular and small size to fit the population. Although no respirator will fit 100% of the population with one size, Tecno's PFR95™ design accommodates a greater range of facial sizes and characteristics than traditional cup-shaped respirators. Facial fit test studies have concluded that the regular size PFR95™ fits more than 90% of the population. Our small size respirator should fit the remainder of those with a small face who cannot pass the qualitative test. OSHA requires the employer to provide an alternative respirator to those who do not pass the test with a particular respirator.

Q: Is there a different protocol to be followed when Fit Testing an employee who has facial hair?

A: No; however, OSHA will not allow a person with facial hair to be fit tested for a respirator if the facial hair interferes with obtaining a facial fit.

Q: Do I need more protection than a 95% efficiency mask for TB?

A: Although there are masks with better absolute filtration efficiency, such as HEPA respirators, any of the new NIOSH certified respirators (there is a total of nine classes) far exceed CDC performance requirements for filtration efficiency with far greater comfort and less cost.

Q: How is a respirator different from a mask?

A: A respirator is certified by NIOSH and exists primarily to provide the wearer respiratory protection from certain airborne contaminants. OSHA requires NIOSH-certified respirators.

0819

Q: Can I still use a dust/mist respirator for TB?

A: No, current OSHA policy states that the newly certified N95 respirators are the minimal acceptable protection for TB as stated in the September 6 directive.

Q: How do I fit check the PFR 95™?

A: By using the TECNOL Respirator Fit Check Device, catalog # 47119-900.

Q: Can I use irritant smoke or banana oil for Fit Testing the N95 Respirators?

A: No, currently the only method acceptable by either NIOSH or OSHA is the saccharin qualitative method as stated in the Federal Guidelines 29 CFR 1910.1028.

A: Does the TECNOL PFR95™ contain any latex?

Q: No, this respirator does not contain any latex of any kind. Additionally, all masks manufactured by TECNOL are latex-free products.

Q: Is saccharin dangerous?

A: Although OSHA acknowledges that saccharin is a suspect carcinogen, they say it is highly unlikely that an annual exposure of 10 minutes, during most of which time a respirator is worn, could constitute any measurable risk. OSHA considers such an exposure to be minimal. Therefore, for the present time, OSHA will allow the use of saccharin as a test agent for respirators in the absence of an acceptable alternative for testing disposable respirators.

Q: How long can I wear the PFR 95™ respirator?

A: As long as the respirator maintains its structural and functional integrity and the filter material is not physically damaged or soiled.

0820

Q: Do I need to fit check the respirator before fit testing?

A: No, but you must ensure that you have a proper facial seal by performing a negative pressure test (inhaling and exhaling sharply checking for blowby).

Q: How is the TECNOL PFR95™ Respirator different from other N95 respirators available?

A: TECNOL'S PFR95™ Particulate Filter Respirator was designed specifically for the Health care worker. The PFR95™ with FluidShield® protection adds a special fourth layer of loncet® breathable film. This layer reduces fluid penetration and meets OSHA standards for blood borne pathogens. The TECNOL PFR95™ also is a soft moldable mask that allows the wearer a more cool, comfortable alternative to a cone style product.

0821