

**MEMORANDUM**

TO: ALL PRIMECARE MEDICAL, INC. FACILITIES

FROM: BRENT BAVINGTON, PRESIDENT, TODD HASKINS, CHIEF OPERATING OFFICER AND THOMAS WEBER, CHIEF EXECUTIVE OFFICER

DATE: JUNE 25, 2021

RE: COVID RESTRICTIONS

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As all aspects of our society eagerly look forward to making COVID restrictions a thing of the past, we wanted to share our thoughts and recommendations on how we do this in a congregate setting with our patient population. Although we have been successful in avoiding any large outbreaks for the past several months, many of our facilities still have COVID present. In addition, unfortunately, despite numerous efforts, vaccine rates of our patient population remain below 5%. This low vaccination rate in our environment with the amount of movement we have in and out of the facilities still presents a significant risk of COVID outbreaks. Below is a list of recommendations we make as we move forward.

1. All staff should be reminded that if they are not feeling well, they should not report to work. With the lower community incident rates of COVID someone experiencing symptoms may believe it is from some other source. Until confirmation of this can be obtained, they should not return to work.
2. All individuals entering the facility should be screened for symptoms prior to admission.
3. Masks should continue to be worn at this time. We believe this to be consistent with the CDC current recommendations We appreciate the distain many have to wearing masks. However, next to vaccination, mask wearing is the best defense to contracting the virus. Our staff will continue to wear masks until further notice. If your facility elects to eliminate the requirement to wear masks, we will ask that our patients continue to wear masks when being seen by medical staff and would ask that you and your staff support and enforce this request.
4. Quarantine and testing. We continue to recommend that all intakes should undergo a period of quarantine. Ideally, this is to remain 14 days. However, depending upon the availability of rapid COVID tests, the period can be reduced. If your facility is going to eliminate quarantining entirely, we strongly recommend that an initial test be conducted upon arrival and a second completed 72 hours thereafter.

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5. Visitation/Groups. We are comfortable with opening up visitation and volunteer groups in the facility as long as appropriate precautions are taken. These precautions should include screening all individuals for signs or symptoms of COVID. In addition, the inmate and visitors should don masks. If allowing contact visits handwashing/sanitation should be done by all individuals before and after the visit. Visitation areas should be thoroughly cleaned before the first visit and after each visit.

6. Patients should return to going to the medical department to be seen by staff. During the peak of the pandemic, it was prudent to have medical staff go to the patients to assist in the reduction of movement throughout the facility. Although it was necessary, it did not come without some impediments to the health care delivery system. Now that normal operations are being resumed, they should include returning to the medical department. This will increase the efficiency of seeing the patients. It will reduce/eliminate HIPAA/privacy concerns that have been raised at numerous facilities. The medical department also presents a better treatment/assessment area than cell-side. In addition, it will ensure that our staff have access to the patient's complete chart when visiting with them.

The CDC updated its Interim Guidance on Management of Coronavirus Disease 19 (COVID-19) in Correctional and Detention Facilities on June 9<sup>th</sup>. (<https://www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html#Preparedness>) It can also be accessed in the COVID-19 tab on our website (<http://www.primecaremedical.com/covid-19/>). Unfortunately, it contains some internal inconsistencies. However, near the end it provides factors to consider when contemplating modifying prevention measures in correctional facilities. These factors, which must be viewed collectively, include:

- Vaccination coverage: *Have people living and working in the facility had access to and uptake of COVID\_19 vaccination?*
- Transmission levels: *What is the current and historical level of COVID-19 transmission within the facility? **Facility prevention procedures should not be lifted when any transmission is occurring within the facility.*** (Bold in the original)
- Facility demographic and health-related characteristics: *What proportion of the facility's residents are both not fully vaccinated and at increased risk for severe COVID-19 illness?*
- Facility physical characteristics and movement: *How easily does SARS-CoV-2 spread within the facility?*

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In closing we would like to quote the last substantive portion of the Guidance in a section titled “Considerations for modifying individual-level prevention measures for people who are fully vaccinated” the CDC states: “Because of the high risk of SARS-CoV-2 transmission in correctional and detention facilities, and the possibility for vaccine breakthrough cases, the following recommendations for fully vaccinated people differ in correctional settings compared to the general population:

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- **Fully vaccinated staff and incarcerated/detained people should continue to wear masks when indoors (emphasis added)”**

This recommendation should remove any doubt as to whether the CDC continues to recommend the use of masks by everyone inside a correctional facility.

We are very pleased with the reduction of the virus in all of our facilities. We are also encouraged to return to normal operations. We are merely recommending using caution in doing so.

As always, if any of you should have any questions, please do not hesitate to contact any of us.

Brent W. Bavington  
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/lmk