

3-18-2020

Conference Call Minutes, COVID-19 (Jail Administrators)

We have no +COVID-19 results as of now company-wide, however, we do have +FLU in several facilities and we do have some pending COVID-19 testing. Use your clinical judgement and know your facilities limitations. Some cases may require conversations with custody administration and/or staff.

Intake:

Review with facility procedures for intakes:

Initial Temps at Sally Port

Additional Officer Questions

Acceptance vs. Rejection to local hospital. Some facilities are mandating that the patient is sent to the hospital prior to acceptance. If this is the case, follow instructions sent back with patient from hospital. Make sure the hospital is notified of this transfer.

Suspected cases must be masked and isolated immediately.

Housing of New Commitments:

Review with facility procedures regarding housing:

Classification Unit (i.e., 14 day holds for quarantine) pro's and con's

*If this approach is utilized you need to complete daily segregation rounds with temps, frequent, but no less than weekly mental health segregation rounds. Facilities should be mindful that patients may be housed on these units that are also on psychiatric levels of observation, these patients should be seen according to PCM facility policy.

Possibly Infected Patients:

Temperature – 100 or greater – mask the patient-Surgical masks are for the patients, N-95 are for protection. **Use masks judiciously!!!!** N-95 masks never go on a patient, they are to be used only when in close contact with symptomatic, coughing patients that you are performing anything within the 7 feet radius.

Rule out other reasons for fever.

Isolation Procedures (Identified Patient and others housed on unit)

If a patient becomes febrile, house them in their cell in quarantine with cellmate(s) and perform temp checks bid on all patients in cell. Remove quarantine when all fever free for 72 hours without Tylenol or Motrin. **DO NOT MOVE PATIENTS FROM ONE UNIT TO ANOTHER FOR ISOLATION!!** It is ok if there are bars on door vs. plexi glass. It is not airborne-it is droplet transmitted.

Quarantining entire units if high suspicion or multiple patients from same unit. **MOVEMENT OUT OF UNIT SHOULD NOT OCCUR UNLESS ABSOLUTELY NECESSARY.**

Additional Signs / Symptoms – shortness of breath, coughing, etc.

Influenza A/B testing – if other causes are ruled out

If positive for either they do NOT have COVID 19 but require isolation until fever free for 72 hours without Tylenol or Motrin.

If testing is negative- COVID 19 testing is recommended if supplies are available.

Temperature Checks BID if possible, minimum 1 time per day

Must be temperature free for 72 hours without Tylenol or Motrin

Proper Usage of Supplies / Equipment – there are extremely limited supplies of masks, thermometers, test kits. Use only as necessary. This supply is likely to run out if we misuse them now.

Work Release:

Each facility has unique circumstances r/t work release units. PCM's preference is for facilities who are continuing with their work release programs is that those individuals are not housed or transported into the main areas of the institutions. Need to review with facility if work release programs will be temporarily discontinued, if those participants will be released on home detention, or what safeguards can be put in place to reduce the possible spread of illness.

High risk patients:

High risk and immunocompromised groups need to be identified. It is preferable that these groups be housed together if possible. These patients include diabetics, hypertensives and coronary artery disease, patients on immunosuppressants, COPD, kidney disease, cancer patients, and elderly.

Modification of Services / Locations:

Quarantined Units – Medications – pre-pour (if needed), Sick Call – bring services to patient as appropriate, Diabetics – complete on unit if permitted.

Mini nebulizers should be avoided, if possible. If necessary, they should be given in negative air flow cells if available. If not, they should be given in a cell alone 7 feet away from others. This is a droplet infection, not airborne. The aerosol air could have infectious droplets, that is why the 7 feet distance is necessary. This applies to all patients who are sick and/or quarantined. Make sure you are wiping down machine with disinfectant wipes after each use. Consider ordering Albuterol inhalers for high risk patients and patients that frequently require nebs. You do not need a non-formulary for Albuterol inhalers during the pandemic. Do not discontinue mininebs, add inhaler and advise patients to request minineb if inhaler not effective.

Review with facility:

- General Population – Centralized vs. Decentralized Services – pro's and con's
- Hand Washing Procedures (Staff & Patients)
- Staff should be following education regarding handwashing that was sent out by PCM
- Patients that are isolated should be required to wash their hands prior to leaving unit.
- All patients should be required to wash hands/hand sanitizer prior to and after being assessed.
- This limits contamination of equipment.
- Disinfect equipment in between patients.
- Housing locations for food handlers / kitchen workers – can they be isolated to a single designated housing unit?

Releases / Transfers:

Transfers: Temperature checks to be complete prior to any transfer. Recommend that transfer not take place if patient has an elevated temperature. If transfer must occur notify receiving facility.

Discharges: If patient is quarantined/isolated the DOH is to be notified and patient is to be educated to reach out to their primary care physician.

Staffing:

Need to plan for staffing shortages / call-offs. Employees dealing with childcare issues need to find adequate coverage for their children and report to work as scheduled. Clerical / Administrative staff are considered essential by PCM and are expected to report to work (can assist with additional tasks such as temperature checks on staff).

Asymptomatic spreading is rare. If you don't have symptoms-cough, fever, shortness of breath, flu-like symptoms it is ok to come to work. Monitor for fever.

If employees come in with a temp, they are to be sent home. They are to be advised to contact their primary care physician for guidance. They do not need a note to return. They do need to be fever free for 72 hours without Tylenol and Motrin.

PA DOH guidelines for healthcare workers who have been diagnosed with COVID-19:

Must be fever free for 72 hours without Tylenol or Motrin AND improvement of respiratory symptoms, plus it must be 7 days since the symptoms first appeared. Upon return, you must wear a surgical mask at all times until all symptoms are completely resolved or until 14 days after onset of symptoms, whichever is longer. You may not have any contact with severely immunocompromised patients until 14 days after onset of symptoms. Must adhere to strict hand hygiene and cough etiquette. Self-monitor for symptoms and re-evaluation if respiratory symptoms recur or worsen.

Pharmacy:

Our pharmacies have assured us that they have prepared by obtaining a 2-3-month supply of critical medications.

Viral swabs:

We have a small supply at the office and will be dispensing to regionals. A larger supply is expected, but not guaranteed.

Labs/X-rays:

Make sure all labs and x-rays are absolutely necessary. Routine testing should be rescheduled.

Questions:

If you have questions, please utilize your chain of command. If you are not sure what to do, please utilize your chain of command.

Department of Health contact numbers for COVID consults:

PA DOH-877-PA-HEALTH

MD DOH-877-463-3464

NY DOH-888-364-3065

WV DOH-800-887-4304

NH DOH-866-634-3388

This information is changing by the minute, so continue to do the best you can with the information and resources available. I will continue to update daily. Please reach out to me if you are unsure in anyway.