Date: 4/8/2020 @ 0900

Conference Call Minutes, COVID-19 (Jail Administrators)

Review:

- 4th all client meeting related to COVID-19
- Testing:
  Employees-38
  - 5 pending
  - 8 Positive (5 custody, 3 PCM)

  PA-64
  - 21 pending
  - 18 Positive

  NY-1
  1 Negative

  MD-7
  - 3 Pending
  - 4 negatives

  WV-13
  - 3 Pending
  - 10 negatives
  - 1+ from hospital prior arrest

  TOTAL-85 tested, 18+ all in PA
  2 Deaths

Glove Usage / Mask Usage: Continuous gloving can actually assist with virus transmission, should only be used for contact with body fluids, blood, etc.

- Gloves present a good surface for the virus to cling to
- Staff tend to wear them all day (Not recommended). This results in less hand washing.
- Hands must be washed when gloves are removed
- Inmates, Officers, Medical**:** All individuals **should wear masks. Proven that a masked population can decrease the spread of the virus.**
  - Cloth masks do provide protection but recommended use of surgical masks if available.
  - Mask usage guidelines are continually being updated by CDC, very dynamic.
  - Shortage remains with masks, especially N95

Officer Post Assignments: Recommended that Officers have long term post assignments (not just for a shift but a number of days in a row) rather than officers working multiple locations throughout the building. Provides less chance of spreading the virus and allows for easier tracking when a positive employee is noted.

Inmate Workers: 2 of the 3-high rate facilities for COVID-19 started after staff exposure to food workers.

- Responsible for the spread of the virus.
- Do not use dining halls.
- Eat in small groups or in cell.

Providers going to multiple sites: Many PCM providers work in multiple sites. They are masked and their temperature checked. No risk determined at this time. PCM must continue to provide care to patient related illnesses and chronic conditions.

Releasing Quarantine Units or Positive Cases/Employees:

- Inmates can be removed from isolation:
  - 14 days from positive result or first documented fever.
  - Recommend a stepdown rather than placing directly into GP after 14-day quarantine.
  - If space allows: 2 in a cell scenario, take infected patient to the isolation unit and if space permits, place exposed inmate is the quarantine unit.
  - PCM released protocol for employees to return to work
  - No need to retest for COVID after initial positive. Many false positives.
  - Inmates being released from custody that are suspected or positive for COVID should be provided guidance related to follow-up care and self-quarantine.

Lawsuits / Right to Know Requests:

- Seeing an increase in legal activity.
- ACLU currently circulating a right to know request. Please direct to PCM. PCM will produce a statement that addresses all health care related requests.

Lessons Learned:

- Need a long-term quarantine - 14 days temp checks x 2 daily
- COVID symptoms do not show for 3-5 days but persons are infected and shedding virus.
- For surgical mask to be effective all must wear them.
- N95 to be used in high risk areas i.e. neb treatments, CPR, close contact with positive COVID etc. Can be worn up to 2 weeks
- **Everyone should be wearing a mask.** No issue with inmates wearing cloth mask.

Questions:

- Why did the PCM pandemic DOJ change?
  - We can modify the DOJ for the facility. We do recommend that inmates be allowed to clean, shower, access to phone. The DOJ can be modified by the provider.
- Cloth mask or surgical mask for inmates?
  - Many facilities are doing different thing. If cloth they are to be laundered within the facility. Surgical mask is better than cloth. Utilize what is available.
- Can step down be clarified.
  - Currently testing – continue to quarantine for 14 days but should consider a short additional "quarantine" after the 14 days. Cautious approach with introducing into GP. Todd can give an update at next call on effectiveness
- Statement: Would like to see investigation of employee positive cases to be completed quicker related to exposures.
  - Need to determine employee to employee contact and work assignment within the last 72 hours. Following the recommendation to limit post assignments will assist with investigation

Note: If you wish to show employee appreciation reach out to PCM to coordinate.

Date: 4/1/2020 @ 0900

Conference Call Minutes, COVID-19 (Jail Administrators)

Review:
- 3rd client meeting related to COVID-19
- Seeing COVID-19 in the facilities now
- Testing for COVID-19 has increased
    - 64 COVID test performed by PCM
    - 26 employee/custody staff
        - 4 positives (3 custody / 1 PCM employee)
    - COVID Testing by state (performed by PCM)
        - PA- 13 pending / 2 +COVID
        - MD- 3 negative
        - WV- 6 negative
        - NY- 1 negative
- New rapid COVID-19 test now available. PCM performed 3. All 3 returned back negative. Lab follow-up testing was all positive.

Food Handlers: Inmates that are assisting with food preparation and meal delivery have either direct/indirect contact with the entire population. PrimeCare recommends the following for this unique portion of the population, as they can spread illness rapidly over a large contingent of individuals in custody as well as correctional staff.
- Food Handlers should be divided by shift and housed in separate housing units within the facility. This will aid in the case of a food worker exposure and quarantine.
- Food Handlers should be assigned to specific shifts and not be permitted to work with food handlers from other shifts.
- Facilities with know/suspected cases of COVID-19 - Food Handlers should be permitted to utilize surgical masks during their shift.
- Food Handlers per PCM policy, should be evaluated before entering the kitchen area for fever/illness.
- Food handlers should have ample access to handwashing supplies. They should also be prompted routinely during their shift to wash their hands.

Masking of Medical Staff: Due to the limited amount of medical staff available at most facilities and the close proximity that medical staff maintains with the inmate population. PrimeCare Medical recommends that medical staff be masked during the following encounters.
- Medical staff should be masked while in close proximity of a patient during the intake process.
- Quarantined Units: Medical staff should be masked when entering the unit and when providing any care that requires physical contact with a patient (i.e. B/P, temperatures, glucose monitoring, etc.)
- General Population (non-quarantined) Units: Masks are not required when on General Population units.
- Staff can utilize a surgical mask up to a week or discarded when noted to be physically soiled or damaged.

PCM will wait to field concerns from the facilities before implementing any specific masking procedure (24-48 hours)

Decentralizing Medical-Continue to look at ways to bring services to the patient rather than transporting them to the medical department.

Questions / Comment:

Masking of medical staff will not be received well by correctional staff – Scenarios explained (see masking of medical staff above). Medical has close proximity to possible contagious individuals. Medical Department staffing is small in numbers. Nurses going off sick can cause staffing issues.

PCM food worker recommendations are different than the CDC – PCM making recommendations based on what we are seeing in our facilities and in conjunction with CDC recommendations. (see food handlers above).

Should medical staff in high risk areas wear PPD? – Yes, medical should don mask when around symptomatic patients. Medical staff does not need to wear it on GP units.

Are K95 masks from China acceptable? – PCM response was, anything is better than nothing. If we can source them, we will use them.

Are we considering cloth mask like the PA DOC? If we cannot source traditional surgical masks, PCM will definitely consider.

Should staff returning back to work from being off r/t +COVID or suspected COVID wear a surgical mask at work? – Yes

Inmates vs. facility kitchen staff wearing masks – If suspected COVID is in the facility – Yes, staff should wear masks.

Face shield in leu of surgical mask – Face shields are to be used in conjunction with surgical mask, not to be used as primary protection.

3-25-2020 @ 0900

Conference Call Minutes, COVID-19 (Jail Administrators)

Latest Information: CDC Guidelines: CDC has released new guidelines for COVID-19 for Correctional Facilities. These were forwarded to the facilities. If not received, let PCM know.
www.cdc.gov/coronavirus/2019-ncov/community/correction-detention/guidance-correctional-detention.html

What we have done: Material / discussion provided for

- Education
- Prevention
- Physical Distancing
- Identification of High-Risk Patients
- Cleaning
- Surveillance
- Visitation/Lobby Control
- Screening (officers/visitors/inmates)
- Most importantly initiated our pandemic plans

Review:
Testing Guidelines: We continue to test for COVID-19. Testing kits remain in short supply. We continue to role out COVID-19 by testing for influenzas A/B. We have seen multiple positives for both A and B. As of this meeting there has been no positive COVID-19 results.

Quarantine vs. Lock In:
Scenario: Patient [A] gets sick on unit, Patient [A] then gets locked in his cell – if patient [A] has a cellmate (patient [B]) gets locked in the same cell ON THE SAME UNIT unless there is an open cell ON THE SAME UNIT. The whole Unit is considered under quarantine, the unit gets locked down and thoroughly cleaned, unit can operate under quarantine. No one is allowed on or off the unit while under quarantine. Consider allowing only x number of inmates out at a time (top tier vs. bottom tier). Decide if patient [A] and [B] are allowed out for 1 hour per day to shower, phone, etc. Cleaning after each group would be needed. Temperature checks will be done twice daily on this unit any new cases will be locked in if found. No one should leave the unit. The Officer working this unit should be issued N-95 mask.

Consider allowing medical staff to provide as many services on the unit as possible. (i.e. finger sticks, sick call, etc.)

Notes:
Suicide prevention still trumps COVID-19: We must continue to house suicide concerns appropriately.

What we are seeing: Reduction of intakes, detoxing patients. Relatively clean and “sterile” jails (No COVID-19 as of today). This decrease is freeing up medical staff to perform additional tasks related to COVID-19.

Next steps: Facilities have done a great job the last two weeks keeping COVID-19 out of the building – things will open back up here shortly. Intake will increase / we will see an increase in community spread of COVID-19. As the pandemic continues some individuals will likely commit crimes out of desperation. Use this time to work with your counties, courts, law enforcement entities to develop a plan to handle this increased influx of new inmates. If separate Work Release facility empty due to suspending Work Release discuss opening this for new commits.

Further Recommendations (if not done so already):

- Inmate workers – 2 blocks if possible. Divide the work force in case of transmission
- Limit work release (into the building)
- Stop Officer Training (non-essential training) – classroom with social distancing only. Contact training is not recommended.
- Continue to source supplies (masks, gloves, cleaning supplies): Check with local agencies for supplies. Government agencies typically deal better with other Government agencies rather than private organizations. Work amongst your colleagues to determine if there is the ability to obtain supplies if your stock is low.
- Intake/Classification – consider two step (housing unit) classification especially is extended. Increase rounds (mental health will be increasing cell side rounds) and temp checks on these units
- Officer Gym (local gyms are closed): increase cleaning or consider closing
- Food Handlers – Talk with Vendors about emergency food prep to include bagged meals

We need to think about Managing Staff:

- Reach out to Parole/probation officers, Sheriff's dept (road), to see if there is available assistance should you find yourself extremely short staffed.

Media / Right to Know Requests:

- Feel free to seek our assistance in responding

Questions from the call:

- Testing – on site or at local hospital. PCM does have a stock of test kits and is receiving more. If clinically warranted, we can test on site. May want to call local hospital to see if they will give test kit versus transporting inmate.

- Medical Transport – before transporting anyone to the hospital for suspected COVID 19 call the hospital to determine if they are likely to accept/see/treat them.

- Groups – Consider cancelling non-essential group programs. For any groups conducted practice physical distancing,

Update since this morning:

This morning we reported that we are aware of COs testing positive in some of our facilities and that some of our staff was quarantined due to either being symptomatic or in close contact with someone symptomatic or COVID 19 positive. This afternoon we received confirmation that one of our employees has tested positive. They have not been in a facility for a couple of days and are home under self-quarantine. The facility has been notified and CDC suggested protocols are being followed.

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 were 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.