

Date: 4/15/2020 @ 0900

Conference Call Minutes, COVID-19 (Jail Administrators)

Review:

Testing and PCM confirmed cases

Total: 237 tests performed

49 correctional staff/medical staff tested

- 10 positives (5 correctional staff and 5 medical staff)

Cases by state:

- PA: 51 positives (188 tests performed)
- MD: 1 positive
- NY: 1 positive
- WV: 0
- NH: 0

Currently 25-35 tests pending results

Takes approximately 24-48 hours for COVID-19 results to return.

Quarantine times / Movement in Jails

- Intake quarantine should be 7-14 days, PCM recommends 14 days. Facilities should not mix healthy inmates or new intakes with suspected cases of COVID-19 (unless intake is positive/suspected).
- Secondary quarantine (if able for the facility): Cohort for an additional 7 days in an alternate housing location, appears to be successful in one of our jails.
- Trace Mapping: Staff positive for COVID, look back 72 hours from positive COVID results or onset of fever.
 - Who was on the unit with the staff?
 - Cleaning cycles
 - Other individuals they have contacted
- Suicide Watch – Masks should not be left with patients on suicide precautions. Masks should be secured outside the cell (preferably in a brown paper bag) and only issued when they exit.

PPE:

Access / Supply

- Limited amount of supplies available. Asking for PPEs to be shared with PCM staff if available. Cannot afford for medical staff to become sick. Governmental entities have access to sources not available to PrimeCare. PrimeCare can provide the data to support any request you would make.
- Issuing masks: Staff should be expected to keep mask.
- ER Bag - Response Teams: Stock N-95 masks in the emergency bags. CPR requires that N-95 masks be worn. Gowns should be utilized as well
- Gloves – Should not be worn for long periods of times: Continuous gloving can actually assist with virus transmission. They should only be used for contact with body fluids, blood, etc.
 - Gloves are 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.

Testing:

Swab testing vs Rapid testing

- Rapid tests: Current rapid testing is not reliable. Antigen tests are more accurate. However, what is available currently to PCM (and you) is the antibody test, which is much less accurate. Multiple rapid tests that have been completed showed negative results, but lab follow-up testing showed a high percentage were actually positive. We even had one instance where the rapid produced a false positive.

Mental Health / High Risk Patients:

Quarantine, Lock Down, Extended Intake/Classification: Mental Health effects are not as obvious, at times, as medical issues. Isolation and quarantine along with having limited/no recreation can cause mental health issues. Seriously mentally ill patients can show increased issues in these conditions. PCM is looking to send out a general mental health brochure that provides tips with dealing with COVID and how to access mental health services.

- Masks for new commitments and suicidal patients should not be allowed within the cell, but available when they leave the cell. Masks should be secured outside the cell (preferably stored in a brown paper bag). Recent suicide attempt with a cloth mask.

Transports:

Hospital / ER:

- PCM should be tracking high risk categories.
- PCM is requesting that security make medical staff aware if pending releases are not going to be released.
- Specialty Appointments / Telemedicine:
 - We should contact the receiving entity to confirm what is required by them to accept inmates for treatment.
 - They should be masked when they leave and receive a new mask when they come back, required to wash their hands (and if possible shower) and receive a new jumpsuit.
 - PCM recommends that patients seen for outside consults are monitored BID X 7 days (temperatures) when they return.
 - PA DOC shut down for 2 weeks. They are not currently accepting new inmates.

General:

- PCM recommends that Motrin / Tylenol not be available on commissary for the time being. Inmates can take it without medical knowing and mask temperatures. Some facilities already following this recommendation
- Cannot let our guard down.
 - Needs to be stopped at the “front door” with evaluating staff. Staff is a major source of spreading the virus.
 - Needs to be stopped at the “back door” with evaluating new commitments and quarantine protocols.
- Continue to use masks.
 - Masks need to be worn appropriately, and worn properly.

Questions:

- Comments related to COVID rapid testing: Not a dependable indicator to determine if the patient is negative. Is accurate for positives, but see above re: false positive.

- Should returning transports be showered?
 - Yes, if possible. PCM recommends they are issued a new mask and new clothing as well. PCM will monitor twice daily X 7 days (temperatures).
- Chance of large-scale testing?
 - PCM continues to attempt to source additional testing materials. 30% inaccuracy rate even with traditional testing methods.
- Is PCM seeing symptoms that are more common than fevers?
 - We are still seeing a large amount of cases that present with fever but do see other cases presenting with other symptoms with fever presenting later.
- Can food service inmates use cloth masks?
 - Yes, if they can be changed / laundered frequently.
- Clarification: Are all new commitments receiving masks to keep them outside their cell or just the ones on suicide watch?
 - The unknown is the problem. We are treating all new intakes as a potential COVID positive individual. We should also treat them a potential suicide risk even if they did not score as such on intake. As a result, we recommend you secure them outside of the cell and provide them when they exit the cell. The concern is greater with masks that have ties. The ear loop masks pose less of a threat.