

Date: 5/13/2020 @ 0900

Conference Call Minutes, COVID-19 (Jail Administrators)

PCM Testing Update

- COVID cases in USA: 1,370,016
- Deaths nationwide: 82,389
- Cases worldwide: 4,281,838
- Deaths worldwide: 292,376
- PCM COVID test performed: 3250 – 435 (positive)
- PA Positives: 361
- NY Positives: 0
- MD Positives: 7
- WV Positives: 0
- NH Positives: 0
- Staff tested: 850
- Staff positive: 67
- PCM facilities with COVID cases: 14 (17%)
- Montgomery mass testing: 185 + (18%) most were asymptomatic
- Dauphin mass testing: 1.6%

Admission Procedures

- It is our belief most facilities have or had asymptomatic COVID
- Mass mitigation is one of the key reasons for lower cases of COVID
 - Positives in the facilities are representative of surrounding community. The more positives in the community, the more positives tend to be in the facility
- County facilities do not have the luxury of refusing commitments
- Nasal swab tests continue to be available
- Serum antibody testing is available as well (Blood draw required)
 - This can be part of the initial intake process at the facility's request
 - 24 – 48 hours turn around for results
 - If antibody + they can be moved to GP
 - If antibody neg, follow 14-day quarantine and can also do nasal swab
 - County needs to decide if this will be part of the intake process r/t cost

Cost of Testing

- \$ 55 secured per test. Cost savings of over \$300,000 passed on to our clients

Facility Transfer

- Many receiving institutions are requiring negative COVID before accepting (Mental health placements, DOCs, Housing placements, etc.)
- Community health systems are requiring COVID testing before invasive procedures
- [Memo dated 5/13 gives more details on PCM recommendations for transfers.](#)

- **UPDATE (PA DOC ONLY) : As follow up to the letter from Secretary Wetzel yesterday, please email the results of the COVID-19 test for your scheduled transfers to the Department's Office of Population Management, Population Program Manager Kiley Palson at: kpalsen@pa.gov.**
 - **In addition, please let Ms. Palson know if you have any inmates being scheduled for transfer who refuse to be tested.**

Notice to PCM when returning to 'normal' operations

- PCM will continue to offer letters of support at the facility's request detailing the threats of returning to normal procedures (pre COVID)
 - New commitments remain a concern for introducing COVID into the facility
 - Seeing a high rate of asymptomatic patients based on positive COVID results.
 - Correctional facilities have seen a decrease in commitments and overall population. This assisted greatly with reducing the spread of COVID
 - How does quarantine continue when population starts to increase?
 - Review intermediate sentencing
 - Review work release sentencing
 - Review sentencing if the individual is compromised
 - Possibly delayed sentencing
 - House arrest
 - Scheduling of intakes (if possible)
 - How many intakes can your facility hold still allowing for adequate room and intake quarantine/classification measures?
 - Try to set a par level per week/day that will allow the facility to maintain mitigation efforts. Have conversations with the "courts" to continue to assist in these efforts.
 - **As soon as you learn your Facility is moving towards "normal" operations, notify PCM so we can collaboratively plan.**

Weekly Reminders

- Continue to wash hands frequently
- Continue social distancing
- Masks
- Available for all our facilities (Up to date COVID information)
<http://www.primecaremedical.com/covid-19/>

Questions

- What would be the procedure for transfer testing? PCM to push out guidelines. Communication between facility and PCM is key
- Antibody testing: rapid vs. serum. The rapid can show a delay in positives. The rapid test is not CLIA waived and cannot be performed on site.