



Partner Webinar on the Coronavirus

April 16, 2020

Agenda

- **Executive Update**
- **Welcome Remarks**
 - **Clarence F. Birkhead**
Sheriff, Durham County, NC
- **Clinical Update**
- **Guest Speakers from PADO**
 - **John Wetzel**
Secretary of Corrections
 - **Chris Oppman**
Deputy Secretary of Administration
- **Q&A**
- **Instant Poll**



Executive Update

Jorge Dominicis // CEO

RICHARDS & RICHARDS
DESTRUCTION DIVISION

Clinical Update: Intake, Cohorting & Testing



Dr. Tom Pangburn // Chief Clinical Officer
Dr. Bill Ruby // Associate Chief Clinical Officer
Karina Purcell // Director of Nursing Initiatives // Local Government

Intake, Cohorting & Testing: Assumptions

- The situation is fluid, no one size fits all
- Our current recommendations assume:
 - Onsite healthcare capability
 - Adequate space to implement effective quarantine
- Facilities without onsite healthcare capability or without sufficient space should coordinate with local Dept. of Health to ensure close contacts of COVID-19 will be medically monitored and quarantined effectively.

Dr. Tom Pangburn // Chief Clinical Officer
Dr. Bill Ruby // Associate Chief Clinical Officer

Intake, Cohorting & Testing: Common Scenario

- Patients screened at intake
- If symptomatic or have had close contacts of COVID-19 cases, they are tested
- Facilities making every effort to quarantine close contacts of COVID-19 cases individually.
- If they test positive, patient is placed in medical isolation. When possible avoid placing positives in different buildings or housing units, even if they are in single cells.

Dr. Tom Pangburn // Chief Clinical Officer
Dr. Bill Ruby // Associate Chief Clinical Officer

Intake, Cohorting & Testing: Ideal Scenario

- Quarantine cohort each day's intakes into one area and keep them together for 14 days.
- New individuals should not be added to an existing cohort.
- Patients will be monitored (Temp & Symptoms).
 - Movement outside quarantine space is minimal
 - Medical care inside quarantine space when possible
 - Meals inside quarantine space
 - No group activities
 - If possible, have a dedicated bathroom
- For each cohort, after 14 days, if patients are asymptomatic, release to general population, discontinue quarantine, No restrictions.
- If a patient becomes symptomatic prior to 14 days, begin testing protocol for all patients in that cohort.*
- Facilities should make every effort to quarantine close contacts of COVID-19 cases individually.

Dr. Tom Pangburn // Chief Clinical Officer
Dr. Bill Ruby // Associate Chief Clinical Officer

Intake, Cohorting & Testing: Ideal Scenario

- If a patient in a cohort develops symptoms, that patient should be removed from the group and placed in medical isolation.
 - If that patient is tested and is positive for COVID-19- Quarantine clock (New 14 Day) is reset to 0
 - If that patient is tested and is Negative for COVID-19 – Quarantine (Same 14 Day) clock does not reset
 - If that patient is not tested for COVID-19 – Quarantine clock (New 14 Day) resets to 0
- If someone in a housing unit becomes suspected or confirmed for COVID-19 the entire housing unit can be treated as a cohort and quarantine in place.
- Testing Logic

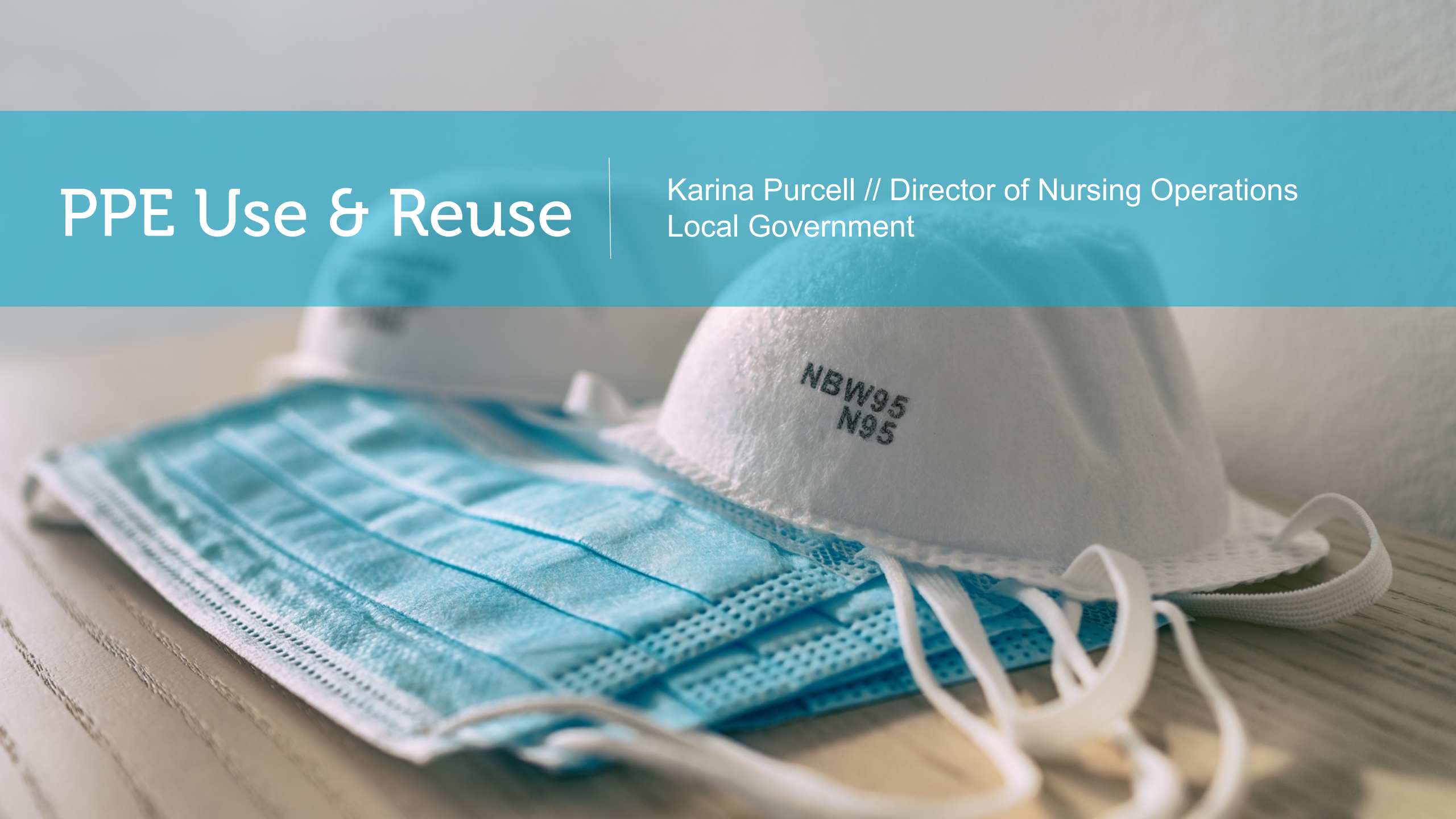
Intake, Cohorting & Testing: Key Takeaways

1. Upon intake, quarantine cohort patients by day for 14 days
2. Minimize all patient movement for first 14 days
3. Avoid housing positive patients in different buildings

Dr. Tom Pangburn // Chief Clinical Officer
Dr. Bill Ruby // Associate Chief Clinical Officer

PPE Use & Reuse

Karina Purcell // Director of Nursing Operations
Local Government



- **Protect PPE (limited supply)**
 - Put name on each item
 - Store in breathable container
 - Face shield over N-95 helps extend the life
 - Ear loop or surgical mask or fabric covering over N-95 may help extend the life
 - Limit patient facing employees to preserve available supplies
- **Don't discard PPE unless absolutely necessary**
 - Replacement supplies cannot be guaranteed

- **Employee**

- All working in facility wear mask while in facility
 - 1 ear loop/surgical mask
 - Store in breathable container
 - Twice-weekly replacement if supplies available
- Patient-facing
 - 1 Face Shield
 - 1 N-95 Mask
 - Stored in breathable container
 - N-95 may be replaced weekly, after 36-40 hours of wear (if supplies available)

- **Patient** (quarantined due to exposure, suspected to have, confirmed to have)

- 1 ear loop/surgical mask or fabric covering in collaboration with custody
 - Out of cell or others enter the cell
- Replaced twice a week if supplies available



pennsylvania
DEPARTMENT OF CORRECTIONS

John Wetzel
Secretary of Corrections

Chris Oppman
Deputy Secretary of Administration

Select Key Dates

COVID-19 Interim Guidance for Healthcare Professionals sent to Wellpath providers & staff.

2/28

All inmates entering the facility, new receptions, PVs, and hospital returns are put on 14-day quarantine

3/13

3/18

All offenders wear a cloth mask. Staff wear cloth/surgical mask. HCP wear N95 mask.

3/23

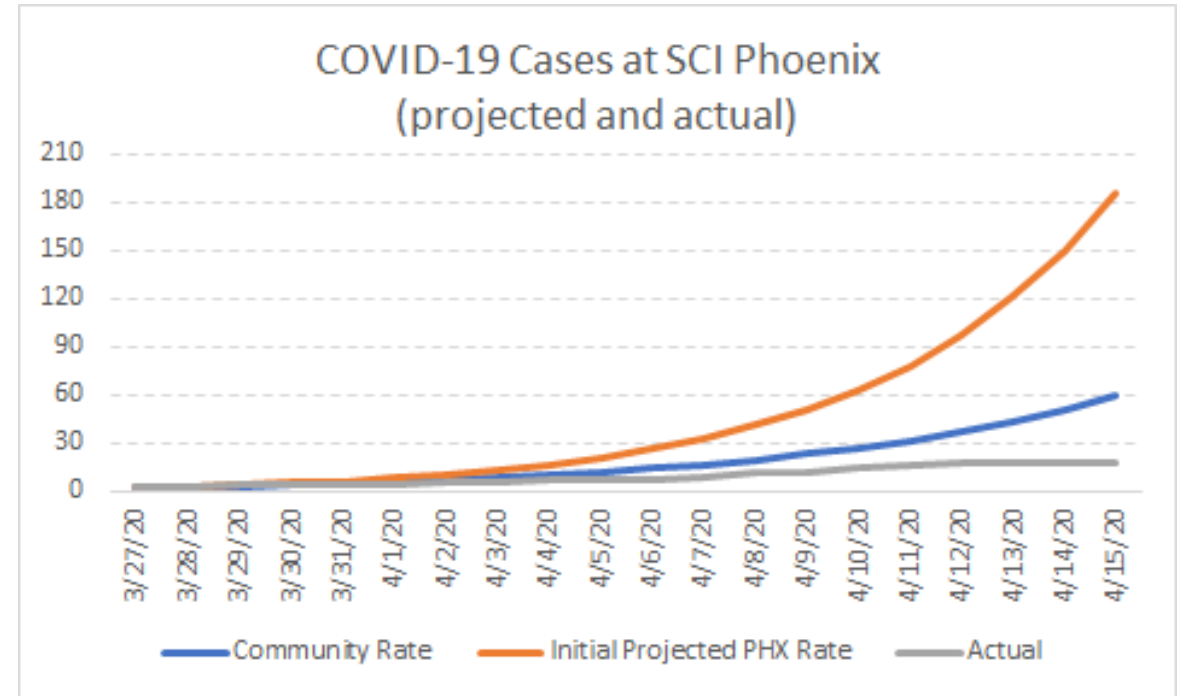
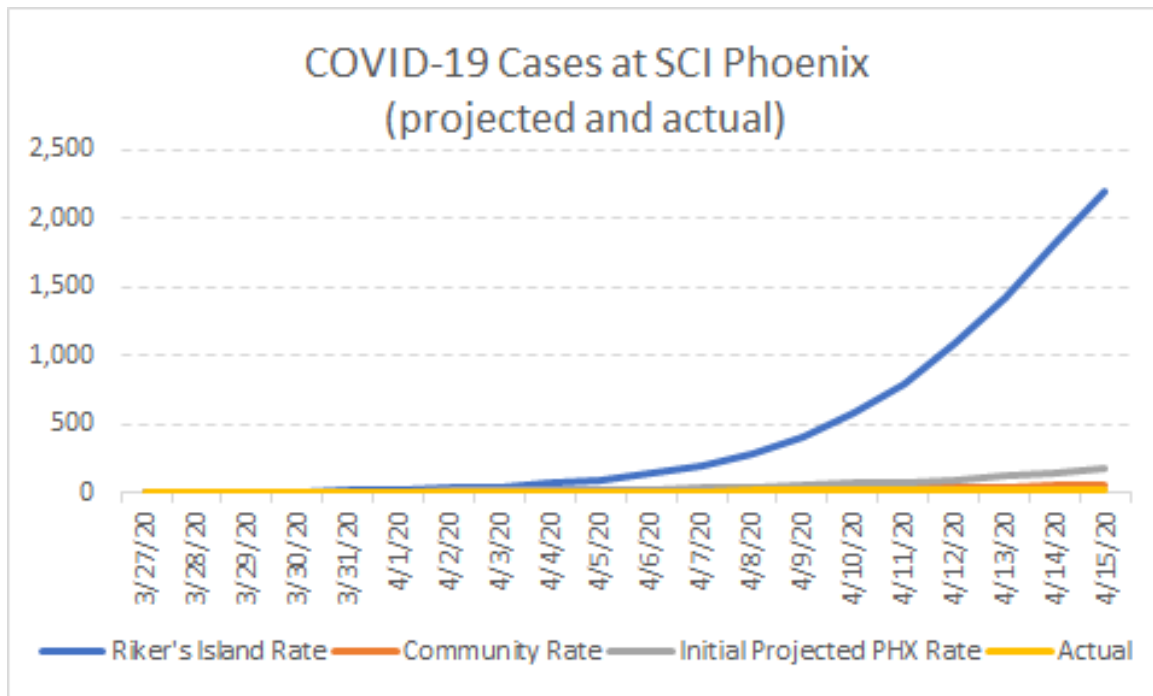
All Sites Quarantined and opening of single intake facility for PA-DOC - SCI Retreat

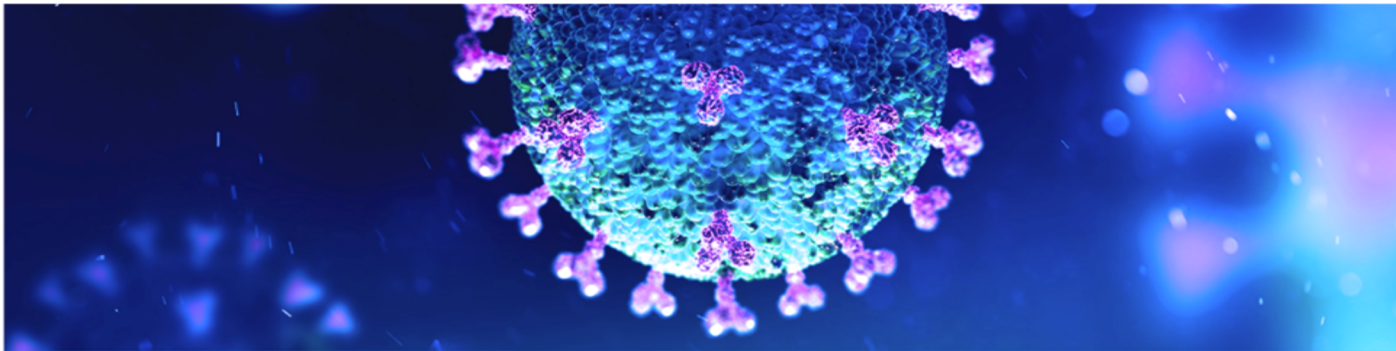
3/30

Suspends Visitation and discusses with security the difference between isolation and quarantine.

When a patient is identified with symptoms suggestive of COVID-19 they are isolated. The cellmate and housing unit is quarantined. Daily cell side sick call triage with temp checks for all offenders in for all quarantined housing units.

Effective Mitigation Strategies





Wellpath COVID-19/Coronavirus Resource Page

Jump to: [NEW ADDITIONS](#) [CEO's MESSAGE](#) [PREPAREDNESS & ACTION PLANNING](#) [IMPORTANT TOPICS](#) [COVID-19 BASICS](#)

NEW ADDITIONS

Partner Webinar Presentation Notes and Q&A – Friday, March 27, 2020

April 1, 2020



Thank you for joining Wellpath on the COVID-19/Coronavirus Partner Webinar on Friday, March 27, 2020. Click here to access the presentation slides. Click here to access the Q&A.

Keeping it Clean

March 30, 2020



Avoid infection with cleaning, disinfection, and hygiene One of the best ways to avoid infection with COVID-19 is keeping a safe distance – at least six feet – from an infected person. That may be difficult in most correctional or detention facilities. While the likelihood of contracting COVID-19 from hard surfaces or paper products is lower than airborne, the Centers...

IMPORTANT LINKS/SITES

- [Interim Guidance on Management of Coronavirus Disease 2019 \(COVID-19\) in Correctional and Detention Facilities >>](#)
- [World Health Organization COVID-19 Q&A >>](#)
- [Strategies for eye protection, isolation gowns, facemasks, and N95 respirators >>](#)
- [American Jail Association list of COVID-19 Resources >>](#)
- [NCCHC COVID-19: What You Need to Know in Corrections >>](#)
- [The President's Coronavirus Guidelines for America – 15 Days to Slow the Spread >>](#)
- [OSHA COVID-19 Website >>](#)

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Q/A

If you have a site-specific question or concern please email

craig.diamond@Wellpath.us

We will follow up promptly.

Thank you!