

Wellpath Partner Webinar Q/A

For the: 03/27/20 Webinar

CLINICAL

Q - Have we peaked or what is the anticipated peak range for the outbreak?

A – There is no confirmed logic to determine when the peak will occur and the number of total infected patients and deaths. There are many articles online that can be sourced for modeling and predictions.

Q - What are the current COVID-19 hotspots in California?

A – For the most accurate information on California visit <https://www.covid19.ca.gov/>

Q - Are Wellpath staff participating in facility staff temperature checks in institutions? If so, where?

A – Yes, many of our institutions have implemented temperature and symptom checks before entering the facilities. For specific site examples reach out to craig.diamond@wellpath.us.

Q - Is there a plan in the works or should we be particularly concerned with our Medical staff and custody partners that have comorbidities? The news keeps putting out there that the people who are dying from this disease have had diabetes or other underlying conditions.

A – As we make plans to care for all our staff, consideration for staff at risk is part of the planning. Part of the Pandemic Planning Assessment tool includes identification of high-risk individuals and to try to address or mitigate their risk in addition to protecting all staff. Considerations may include assignments in low risk areas and not in areas that will likely have interaction with infected persons like intake or a quarantine unit. See the “Human Resources” section below for guidance about when staff should not come to work and when they can return.

Q - Is there any evidence to show that once you get the virus you are immune to get again? If not, do we know what the time frame is between recovery from the virus and being tested positive again?

A - Evidence from prior coronaviruses (SARS, MERS) suggests that once someone has been infected and recovered, they will be protected for at least a few months after recovering. The exact duration of protection is unknown at this time.

Q - How long after you recover are you no longer contagious?

A – Once fully recovered and afebrile, there is no evidence that you may infect others.

Q - We have identified an isolation area in our facility, which has 168 beds and is linear/pod/direct supervision in design. The area is near our intake. If this area becomes overwhelmed with COVID-19 risk inmates, what harm is there in using a segregation area at the opposite end of our facility for COVID-19 isolation/quarantine? I have a concern with having COVID-19 spread further into our facility. Walking COVID-19 risk detainees through hallways to the segregation area seem like not a good idea. Thoughts as this might be my plan B.

A - You are correct in that we should limit the movement of anyone we suspect as having COVID-19. However, if your designated area reaches capacity then housing them in a separate area would be the way to go. You should immediately mask the patient and escort them to the new area. One suggestion from the hospitals is to cover them with a clean sheet (wrap a sheet around their shoulders and trunk) as they are moved through the halls. Consider stopping other movement in the halls during the transport so other inmates and staff do not pass the inmate being moved.

Q - Will Wellpath test client staff if requested?

A - This will be determined on a site by site basis. Talk to your HSA or operations leader to explore further.

Q - Would Wellpath be willing to screen all person's coming into the facility, ex...officer from an outside agency and his prisoner?

A – Most of our facilities are already screening all patients as they arrive. Most are also screening all staff as they arrive. Dependent on staffing and resources Wellpath could help to also screen the transporting officer as they bring in the patient.

Q - If agencies were to receive the tests, would Wellpath be willing to administer the test and the agency get it back to the local health department?

A – This will be determined on a site by site basis based on clinical resources available at the time.

Q - Should we be selecting inmates who are at high risk for complications (i.e. CHF, COPD) and move them to a special area before they become infected by incoming inmates?

A - Quarantining or medically housing vulnerable patients (those over 65, cardiovascular disease, pulmonary disease, immunosuppressed patients) is not recommended because if one person becomes infected then the other vulnerable patients in this vulnerable patient cohort would be more likely to be susceptible to the infection. However, having a registry of these vulnerable patients is a smart idea. A possible solution is to house them in the same units in single/double cells behind solid doors and then making it a policy that no new intakes are moved into that unit. This group would then be monitored by a consistent staff. Disinfecting the day room/common area would be very important.

Q - Will you be sharing any of the data that you collecting?

A - Any data specific to your/our patients will be shared with you in accordance with HIPAA. Wellpath would also be happy to share with you the data collected regarding national trends and guidance from CDC, WHO, and other authorities upon request. If there is additional information shared during the Webinar that you believe would be beneficial to your site, please contact your HSA or site leader and we will do our best to provide you with the data you need.

Q – Is Wellpath inquiring about the use of telehealth services for clinicians to deliver mental health and substance use disorder services remotely?

A – From a social distancing standpoint, Wellpath is looking to use tele-health services whenever and wherever appropriate and possible, including mental healthcare. The use of tele-health is being accessed on a site by site basis and is dependent on a multitude of factors such as staff resources, space, and custody escorts.

SUPPLIES & PPE

Q - What do we do when we run out of PPE?

A - Please see PPE Document already published and reflects the CDC's recommendations.

Q - What will we do if we're not able to obtain supplies?

A – Wellpath leverages its size and scale to move supplies between locations for critical needs. We encourage locations to follow the CDC guidelines.

Q - What are we doing now to obtain supplies quickly and to make sure our staff does not run out of supplies?

A – The procurement team has a stringent process to review all Cancelled, Backordered and special requests for supplies. As inventory becomes available we fulfill requests in accordance to need.

Q - Are corrections that submit a test for diagnosis to the commercial labs being done as priority due to our situation of being in corrections? I ask because the turn around here is common as 10 business days or more for submissions to the labs.

A – We work with Wellpath's national lab partner to monitor results. Typically results for labs for COVID-19 are turned in 4-5 days. If you are experiencing results longer than 5 days please have your Wellpath team escalate to the Procurement team at Home Office and we will review with the Lab Team.

Q - Can you tell us more about the COVID testing process. We had an inmate go out yesterday morning and we received an initial test of being negative for COVID, but have to confirm with additional testing. We've had other inmates get tested and it's taking 7 days or more to get any results. How is it that some tests results are coming back so much faster than others?

A - Lab turnaround has only to do with both proximity to the lab and lab volume.

Q - Are there antitussives available on formulary, and if so, are there adequate supplies?

A - Non-Controlled Substances (May be considered for Keep on Person use)
Guaifenesin DM Syrup (ROBITUSSIN DM)- *KOP if available in unit of use cups*
Guaifenesin/ Dextromethorphan 1200mg/60mg (MUCINEX DM-12 HR)-
KOP but provide a limited supply (1 to 7-day supply based on acuity)

Controlled Substances- (Not appropriate for KOP use)

Acetaminophen /Cod 300mg/30mg Tablet (TYLENOL/CODEINE #3)
Hydrocodone/ APAP 10/325MG Tablet (NORCO)
Hydrocodone /APAP 5/325mg Tablet (NORCO)
Hydrocodone / APAP 7.5/325 Tablet (NORCO)

Because of the risk of acetaminophen-induced hepatotoxicity, attempt to limit acetaminophen doses to less than 3grams/ day (#10 tabs)—Maximum dose is 4 grams/day

The pharmacies have verified that current supplies are adequate.

Q - I understand and have been told orders are being placed with McKesson and then cancelled so how do you respond and when will we know if order is placed? Do the local providers know the order will be fulfilled?

A – Like all medical supplies distributors, McKesson has very little inventory of all PPE and most items are on allocation. Like what you see at the grocery store with limits on how many loaves of bread you can purchase, Medical Supplies are being treated the same way.

- Fulfilled means your items are going to ship to your locations
- Backordered means you are going to get your items in the future but McKesson is currently out of stock
 - All backorder items go in a queue with McKesson and are fulfilled when inventory is available
- Cancelled means the items you are requesting are not going to ship. Why would this happen?
 - Perhaps the item you are ordering is on “allocation”. That means if you have always ordered 5 cases of gloves and now try to order 10 cases of gloves 5 cases are going to be cancelled.
 - You will be shipped 5 cases only because that is what your site is “Allocated”

- Supply Tracking
 - Your HSA/Site leader can track supply orders on our intranet:
<https://www.wellpath.us/projects/coronavirus/Lists/Orders/AllItems.aspx>
 - Tracking is provided only for items that have shipped
 - If they don't see your site listed than nothing has shipped to your site.
 - If they you want to track a McKesson order you need to log into the McKesson portal and click on orders and you can see the status of every SKU on every order.

STIMULOUS BILL

Q - Can you provide a brief overview of the bill and any good website to learn more?

A - The bill contains \$150 billion allocated to states, territories, local and tribal governments to use for expenditures incurred due to the public health emergency with respect to COVID-19. Distribution is based on population. Local governments with populations that exceed 500,000 may apply directly.

Funds can be used for costs that:

- Are necessary expenditures incurred due to COVID-19.
- Were not accounted for in the budget most recently approved as of the date of enactment of this section.
- Were incurred during the period that begins March 1, 2020 and ends Dec. 30, 2020.

There is \$100 million added to the Assistance to Firefighters Grants for the purchase of personal protective equipment and other supplies, including reimbursements.

The CARES bill has \$850 million allocated to the Edward Byrne JAG Program. The funding formula will be the same as usual for these grants. It is designed for states/localities to prevent, prepare for and respond to Coronavirus.

Once the bill becomes law, applications and instructions should be available here: <https://bja.ojp.gov/program/jag/overview>

You can read the bill here: <https://www.congress.gov/bill/116th-congress/house-bill/748/text>

HUMAN RESOURCES

Q - When should a staff person (medical or security) not be allowed to work, and when should they be allowed to return?

A – This response applies to Wellpath staff.

Stay home if you...	Return if you...
1. Have a Temperature of 100.4 (99.9 if by forehead) or 38C or higher	1. Have no fever for 24 hours without taking fever reducer.
2. Feel sick or have had a fever, cough or shortness of breath in the last 24 hours	2. Are feeling better, but it is strongly recommended that you contact your physician. If you return to work and have not been cleared by your physician you will be asked to wear a surgical mask according to recommended guidelines
3. Have tested positive for the coronavirus	3. Have been cleared by your physician
4. Have been in contact with a person that tested positive	4. Have no symptoms appear. You will be asked to wear a mask for 14 days unless cleared by your physician
5. If you have serious underlying health conditions and it would be dangerous for you to work	5. Possibly help with Telemedicine at home but do not return until crisis is over.
6. Have traveled to a level 3 country (according to CDC guidelines) in the last 14 days	6. Have been home for 14 days or with clearance from your physician

GENERAL

Q - My client was unable to be present on this webinar. Will this be available for later viewing?

A - Yes. It was recorded and we are happy to get you a copy to share with your team. Please send a note to craig.diamond@wellpath.us.

