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T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

Healthcare Operations during the COVID-19 Pandemic- Speaker Series

December 2021

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Kentucky State Penitentiary COVID-19 Strike Team Response



T R A C I E

HEALTHCARE EMERGENCY PREPAREDNESS
INFORMATION GATEWAY

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March 1, 2021: 11:29am

- The West Kentucky Healthcare Coalition was notified by a regional hospital that they had admitted 6 inmates to the critical care unit over the weekend.
- They reported 232 positive tests out of the 337 adult male inmates.
- A regional emergency surge meeting was held on March 1, 2021, at 3pm to discuss the evolving situation.
- The Coalition offered a monoclonal antibodies (mAbs) intervention.
- This offer was declined.

March 2, 2021: 9am

- A meeting was held between the Coalition members, regional CEOs, CMOs, state preparedness staff from KDPH, and Kentucky Department of Corrections (KDOC).
- Mitigation efforts occurring in the facility included categorizing and cohorting inmates in separate areas based on positives, negatives, and exposed, along with sanitization practices, facility-wide testing, and facility-wide masking.
- The remaining 105 inmates who had initially tested negative were retested. An additional 44 tested positive, bringing the total number of positive inmates to 276 out of 337.
 - 53 inmates were labeled “high-risk” based on health status and underlying health issues.
- KDOC planning committee decided there was no need for Coalition intervention.
- All hospitals and EMS in the KY Region 1 area received notification to prepare for increased transports and potential facility surges due to the situation.

March 3, 2021

- Baptist Health Paducah decompressed their number of critical care beds.
- No assistance was needed and the KDPH/KDOC team continued to manage the WKCC outbreak.

March 4, 2021: 11:43am – PHASE 1

- The Coalition received a call from the state epidemiologist about a worsening situation at a neighboring correctional facility, Kentucky State Penitentiary.
- Another regional planning call was held on March 4, 2021, at 2pm CST.
- This call was intended to alert hospitals of the potential need to transport 1-3 death row inmates into regional hospitals depending on the progression of their symptoms.
- Coalition urged consideration for the use of bamlanivamab (BAM), a monoclonal antibody therapy.
- KDOC agreed.

March 4, 2021: 4:29pm – PHASE 2

- A planning call was held with the Warden of Kentucky State Penitentiary (KSP) and a local ambulance service (Com-Care EMS).
- The health team at the penitentiary would determine which death row inmates would be eligible to receive the infusion.
- BAM therapeutics, ancillary needle kits, and supplies were provided by two regional hospitals (Baptist Health Paducah and Mercy Health Lourdes).
- Advanced Life Support must be available on-site when providing these infusions. Lyon County EMS had a crew on site and were ready to transport out if there were any adverse effects.

March 4, 2021: 8:30pm – PHASE 3

- The Com-Care EMS team was given a just-in-time (JIT) training from a local hospital through ZOOM.
- SLEEPLESS NIGHT

March 5, 2021: 9:00am

- Com-Care EMS Strike Team arrived at KSP. This 7-man team included 1 registered nurse who would administer the infusion after 4 paramedics initiated venous access and closely monitored the patient. One paramedic did post-infusion observation, 1 individual was dedicated to paperwork, and 1 team member was a floater.
- KSP Medical Director and 2 facility nurses were also on-site to monitor the progress.
- KSP Medical Director identified 14 death row inmates that met the criteria and would benefit from the infusions.
- The nursing staff at KSP received JIT training on how to administer the infusions.
- They had the ability to order BAM through the facility pharmacy. They know what criteria to look for to provide the infusions in the facility with the facility health team.

March 5, 2021: 9:00am

- The overall infusion process of all 14 individuals took roughly 5 hours.
- There were no adverse effects.
- ANOTHER SLEEPLESS NIGHT

March 6, 2021

- An update was given on all 14 individuals who received the therapy.
- Several indicated feeling better, a few were eating, and there were no negative effects to report.

March 8, 2021

- KSP healthcare staff identified 2 more individuals that could benefit from a BAM treatment and they provided it in-house with their own staff.

- SUCCESS!!

Strengths

- The Coalition is a strong collaborative effort and a good relationship had already been established between hospitals, EMS, etc.
- The Coalition worked proactively to offer therapies as soon as we realized the extent and severity of the situation. Our regional partners were ready to assist if needed and we were all working toward the common goal of reducing EMS transports out of the facility and reducing the number of hospitalizations from both correctional facilities.
- Networking between Region 1 and Region 2 Healthcare Coalitions provided resources, such as an EMS strike team, to complete this endeavor in an immediate fashion.

Areas for Improvement

- There was no flow of information from the state KDPH/DOC team to the Regional Response Coordination Center (RRCC). The initial group of inmates were tested on February 23, 2021, and the R1 RRCC had no awareness until March 1, 2021, after a hospital CMO reached out to the Coalition coordinator.
- There is not a strong relationship at the local/regional level between the DOC and DPH.
- Because planning was expedited, there was no discussion of strike team safety. They followed CDC COVID-19 guidelines and general safety guidelines, but we had no training on what to do if there was a violent incident or escape routes if something bad were to happen.
- Because of the 1-hour monitoring post infusion, we had 12 death row inmates in one room, social distanced at one time. Our initial plan was to only have 4 in the infusion room at a time for safety reasons.
- Consumable supplies such as IV flushes, locks, and filters could only be carried into the facility in one trip to minimize security checks. There was an underestimation of supply needs.
- A well-defined consent form is needed to obtain written consent from the inmate. Some inmates arrived in the infusion room not understanding what was going to happen. This caused unnecessary anxiety for the inmates.

Corrective Actions

- Continue to build relationships with KDOC at the local/regional levels. Since this event, both Wardens of WKCC and KSP have been invited to attend the Region 1 Healthcare Coalition Meetings.
- No matter how rushed the planning process is, always put staff safety first. Take special considerations for the population you are serving and for the type of facility you are working in.
- Stagger your patients in a way to decrease the number being monitored post infusion. Or secure a secondary location for them to be monitored.
- Be over prepared with supplies. Because we were splitting supply needs between 2 facilities, we have different brands/types of ancillary kits, different sizes of IV fluids, and we didn't want to overuse resources in the nature of being good partners.
- Educate your patients on the treatment they will be receiving. There was little information given to the inmates before they left their cells to receive the infusion. Since this was death row, all they knew was that four inmates went to be infused and never came back (because of the observation period). That was extremely stressful for them.

Conclusion

This was a very successful response. None of the death row inmates needed to be transferred to a hospital and Baptist Health Paducah did not have to transfer any correctional patients out to any of the other regional hospitals. This response highlighted the regional readiness and eagerness to respond in a major event and the strong collaboration between our counties and entities. It has also brought to light areas that can be improved. Information flow from the state level down to the regional planning level would have provided more awareness to the situation up to one week prior. We now know where we can demonstrate great improvement when considering our staff/team safety and our readiness to respond.

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