PREMIER

Welcome
Advisor Live® Webinar: March 18, 2020

COVID-19: Implications for Clinicians
Will Begin Shortly

Listen to Today's Audio: 833.879.5964

PREMIER

Advisor Live® Webinar
COVID-19: Implications for Clinicians

March 18, 2020

Listen to Today's Audio: 833.879.5964

Logistics

AUDIO
Dial in to our operator-assisted call, 833.879.5964

NOTES
Today's slides will be posted later at premierinc.com/events.

QUESTIONS
Use the "Questions and Answers" chat on the left side of your screen to submit a question.

RECORDING
This webinar is being recorded.
View it later on-demand at premierinc.com/events.

Today's Speakers

Maureen Spencer, M.Ed., BSN, CIC, FAPIC

Infection Prevention Consultant

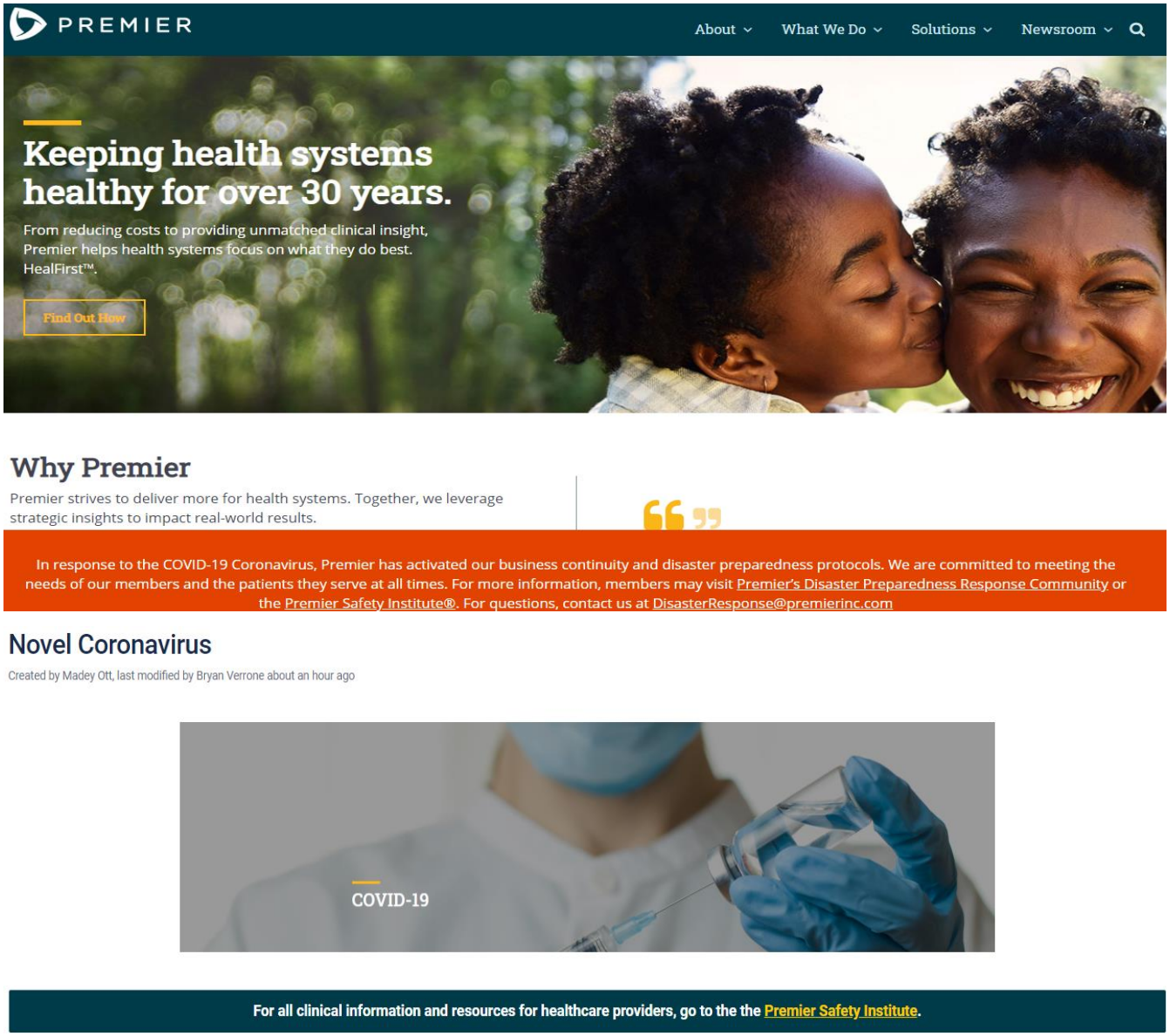
Leslie Schultz, PhD, RN, NEA-BC, CPHQ

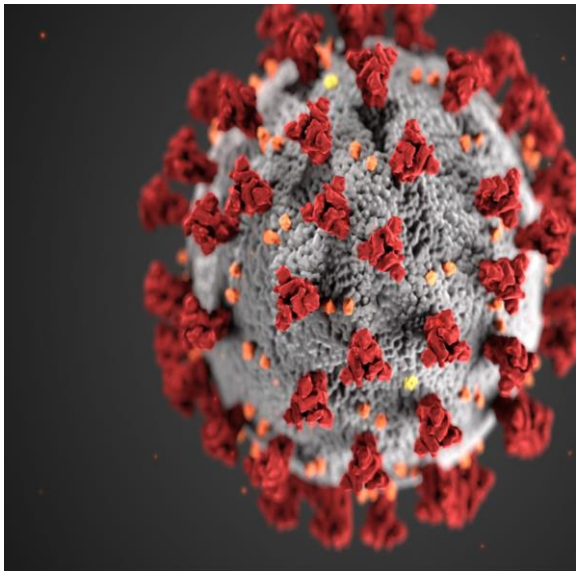
Director, Premier Safety Institute®

Laurie Crozier, RN, BS, CRNI, OCN, VA-BC

Senior Director- Surgical, Premier

Premier Response and Resources

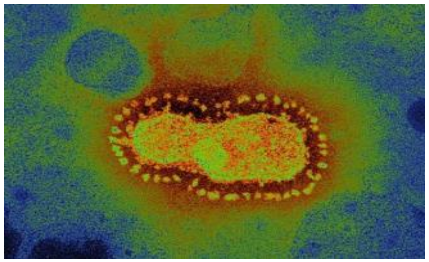




COVID-19: Implications for Clinicians

Maureen Spencer, M.Ed, RN
Infection Preventionist Consultant
Boston, MA
www.infectionpreventionistconsultant.com

Before I begin…

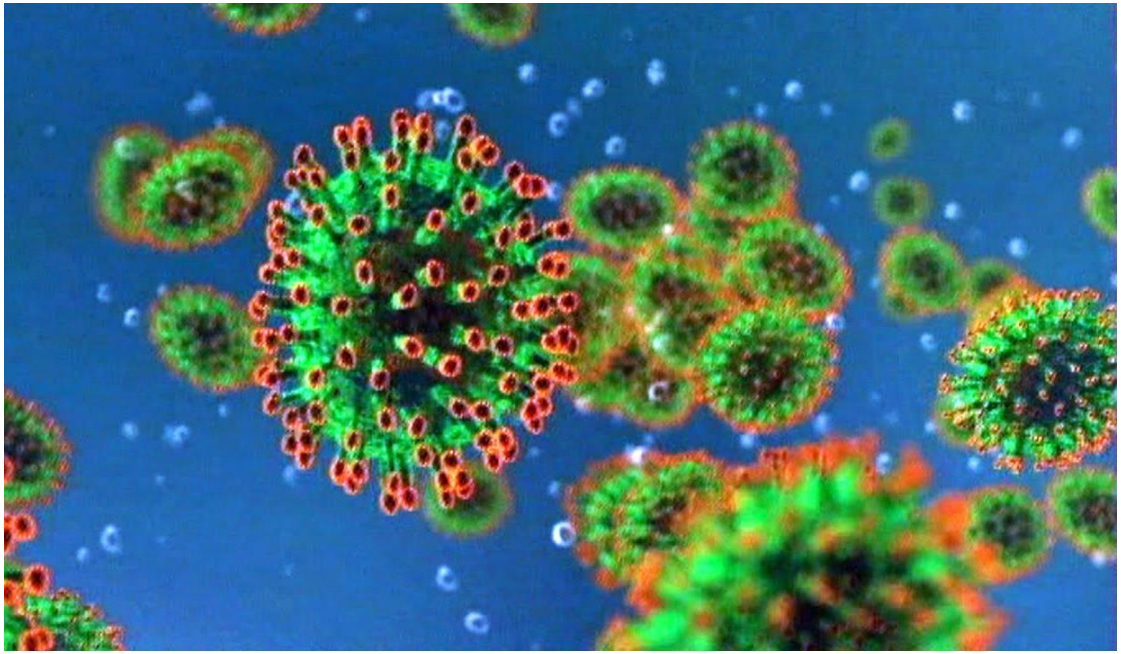


There is much we still do not know – in the midst of an ongoing outbreak so very important to stay informed daily

Follow CDC and local health department instructions

https://www.cdc.gov/coronavirus/2019-ncov

Follow case reporting at http://coronagram.com



What is COVID-19?

Corona viruses are named for the crown-like spikes on their surface

Sometimes can infect animals and evolve to infect humans

COVID-19 is a new coronavirus which causes respiratory illness

- Other Corona viruses you might have heard about
  - Middle East Respiratory Syndrome (MERS-CoV))
  - Severe Acute Respiratory Syndrome (SARS-CoV)

COVID-19 first reported in Wuhan, China (Dec. 2019)

This is an evolving infection and situation

Mode of transmission

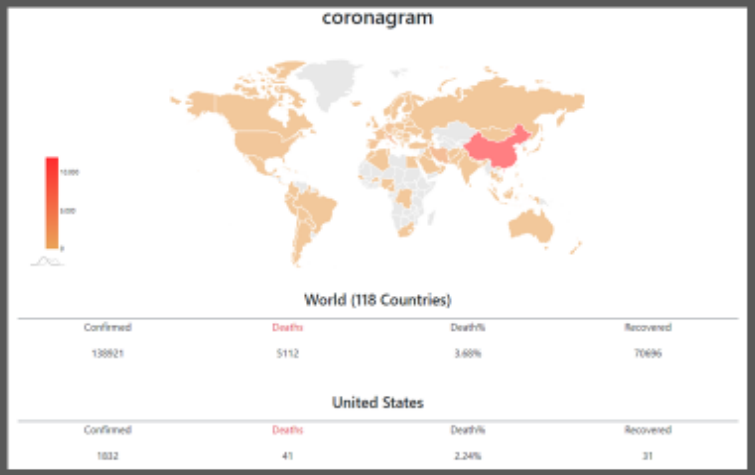
- Early reports suggest person-to-person transmission most commonly happens during close exposure to a person infected with COVID-19, primarily via respiratory droplets produced when the infected person coughs or sneezes
- Droplets can land in the mouths, noses, or eyes of people who are nearby or possibly be inhaled into the lungs of those within close proximity
- The contribution of small respirable particles, sometimes called aerosols or droplet nuclei, to close proximity transmission is currently uncertain. However, airborne transmission from person-to-person over long distances is unlikely

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations

Coronagram

Coronagram.com

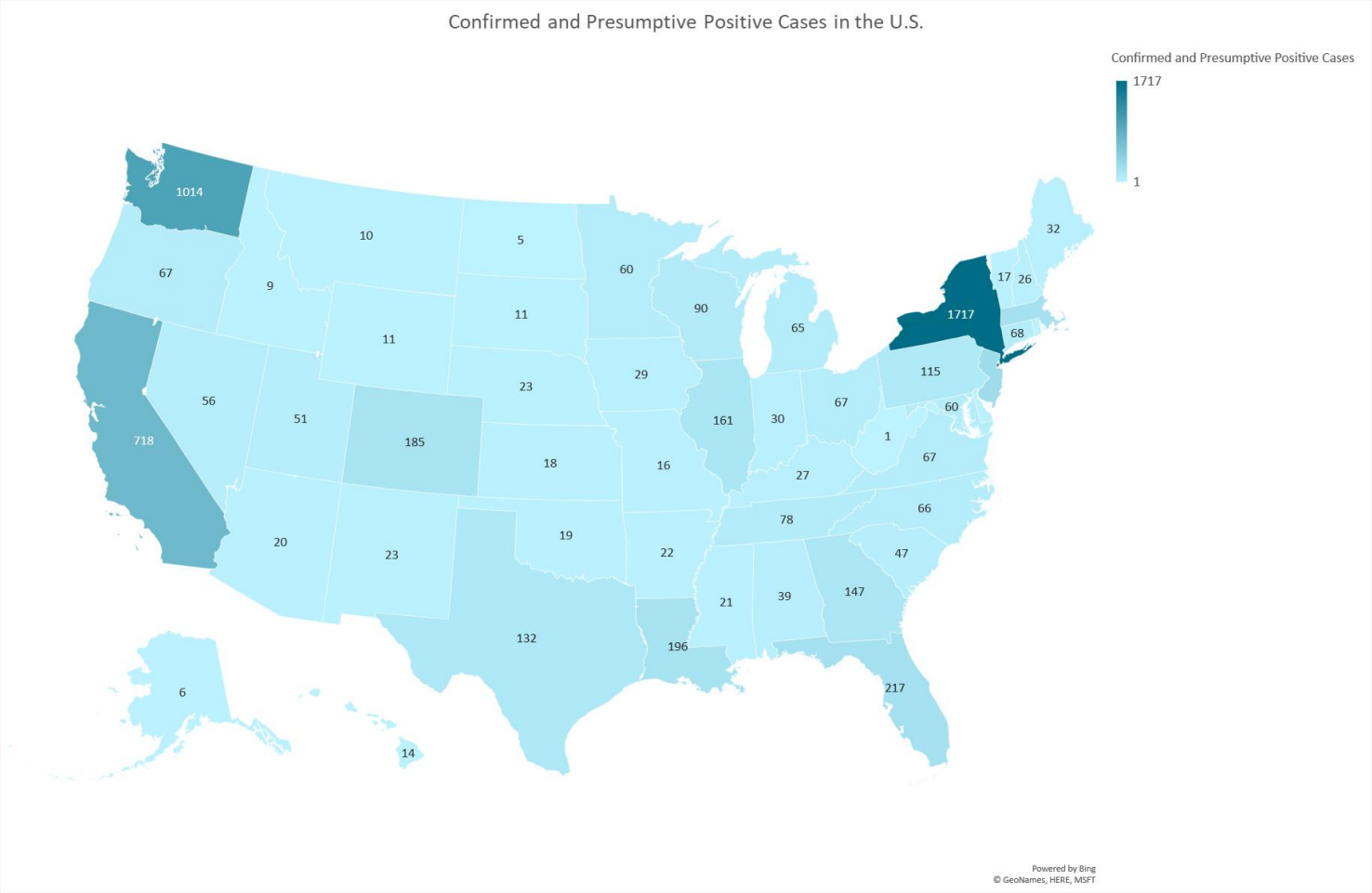
March 13, 2020



March 16, 2020

US CASE COUNT

as of 3/18/20



Guidelines for IP Practice

Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings

Summary of Changes to the Guidance:

- Updated PPE recommendations for the care of patients with known or suspected COVID-19:
  - Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
    - Facemasks protect the wearer from splashes and sprays.
    - Respirators, which filter inspired air, offer respiratory protection.
  - When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
  - Eye protection, gown, and gloves continue to be recommended.
    - If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- Included are considerations for designating entire units within the facility, with dedicated HCP, to care for known or suspected COVID-19 patients and options for extended use of respirators, facemasks, and eye protection on such units. Updated recommendations regarding need for an airborne infection isolation room (AIIR).
  - Patients with known or suspected COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRs) (See definition of AIIR in appendix) should be reserved for patients undergoing aerosol-generating procedures (See Aerosol-Generating Procedures Section)
- Updated information in the background is based on currently available information about COVID-19 and the current situation in the United States, which includes reports of cases of community transmission, infections identified in healthcare personnel (HCP), and shortages of facemasks, N95 filtering facepiece respirators (FFRs) (commonly known as N95 respirators), and gowns.
  - Increased emphasis on early identification and implementation of source control (i.e., putting a face mask on patients presenting with symptoms of respiratory infection).

https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations

Centers for Medicare and Medicaid Services

- CMS released a memo stating, effective immediately, that all hospital inspections will focus solely on infection prevention and control procedures. This is a call to action for HCWs to ensure they are actively implementing comprehensive infection prevention and control practices. CMS provided a checklist on their website to guide facilities how to prepare for potential inspection

https://www.cms.gov/files/document/qso-20-12-allpdf.pdf-1

Clinical Surveillance for Infection Prevention

powered by THERADOC®

For IPs managing current or suspected coronavirus cases, Premier's clinical surveillance technology can be used to:

- deploy real-time alerts for rule out, probable and confirmed coronavirus cases,
  - Custom package of COVID-19 alerts are available for deployment
- initiate intervention protocols and
- track patients under investigation and potential exposures.

Remote surveillance:

- Use Premier's team of certified IPs to provide additional infection prevention support
- Our team of infection preventionists can be engaged to keep standard infection surveillance and reporting up to date while the hospital team's focus is coronavirus preparedness and response.

Lab Testing: COVID-19

- In the US, originally only CDC labs; then “approved labs”; now commercial labs and others are on board.
- Testing requirements:
  - An order, based on symptoms, i.e., (dry) cough & fever, and history
  - Consider a 2-step approach – rapid flu test, if negative, then SARS-CoV2 test
  - A viral specimen collection kit; swab & viral transport medium
  - Follow the testing lab’s requirements for collection/storage/transport – do not risk wasting a specimen
  - Lab testing – this is a high complexity test, using a special reagent
  - Understand your internal process for communicating lab results, i.e., have you added SARS-CoV2 to “critical lab results” list?

Interim Guidance for Public Health Personnel Evaluating Persons Under Investigation (PUIs) and Asymptomatic Close Contacts of Confirmed Cases at Their Home or Non-Home Residential Settings

CDC has updated its guidance on what specimens to collect when testing for COVID-19. The latest guidance is available online at Evaluating and Testing Persons for Coronavirus Disease 2019 (COVID-19).

As part of the risk assessment and public health management of persons with potential COVID-19, public health personnel will typically conduct interviews and assess these individuals for fever or other symptoms of COVID-19. In certain circumstances they will also obtain respiratory specimens. This guidance is intended to address recommended infection prevention and control practices when these activities are performed at a home or non-home residential settings, which warrant additional considerations beyond those described for healthcare settings.

For recommendations on the evaluation of PUIs in healthcare settings refer to the *Interim Infection Prevention and Control Recommendations for Patients with Confirmed Coronavirus Disease 2019 (COVID-19) or Persons Under Investigation for COVID-19 in Healthcare Settings*.

PPE: Conservation

- **Masks:**
  - **Symptomatic patients should wear a mask**
  - **Healthcare Workers (HCWs) providing routine care, including EVS services, to COVID-19 + patients -> wear a mask**
  - **General public do not need a mask**
- **Respirators:**
  - **HCW must wear a respirator when performing high risk procedures, such as intubation, bronchoscopy, etc**
  - **At present, many rules/regs/annual validation requirements are waived/modified temporarily**
  - **“Expired” respirators may be used – examine first; be sure mask fits securely**
- **Gowns, gloves and eye protection still required; donning/doffing appropriately are critically important. Do not rush removing gown and gloves**
- **Consider cohorting COVID-19+ patients – per CDC, respirators/mask/eye protection “head equipment” need NOT be changed when providing care to cohorted patients – gown & gloves MUST be changed between each patient**

Supply Conservation

Every response plan must include supply conservation.

ALL healthcare providers across the country, both acute and non-acute, to implement PPE conservation protocols regardless of whether they are treating a COVID-19 patient or are experiencing supply chain strains.

Conservation MUST be a national strategy to stretch available supply as long as possible.

Best practices for PPE conservation include:

- Placing a barrier between the hazard and the health care provider
- Screening and triaging patients prior to entering the hospital
- Leveraging telehealth for appropriate patients
- Limiting patient care areas to essential personnel only
- Limiting visitors
- Cohorting/grouping COVID patients to a single area
- Assign designated teams of HCP to provide care for all COVID patients
- Implementing qualitative fit testing protocols
- Shifting eligible patients to non-acute care settings
- Using expired N95 masks
- Using industrial N95 masks
- Extending the use of N95 masks by wearing the same mask for repeated close contact encounters
- Limiting surgical N95 masks only for HCP who need protection from both airborne and fluid hazards
- Cancelling elective surgeries

https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/index.html

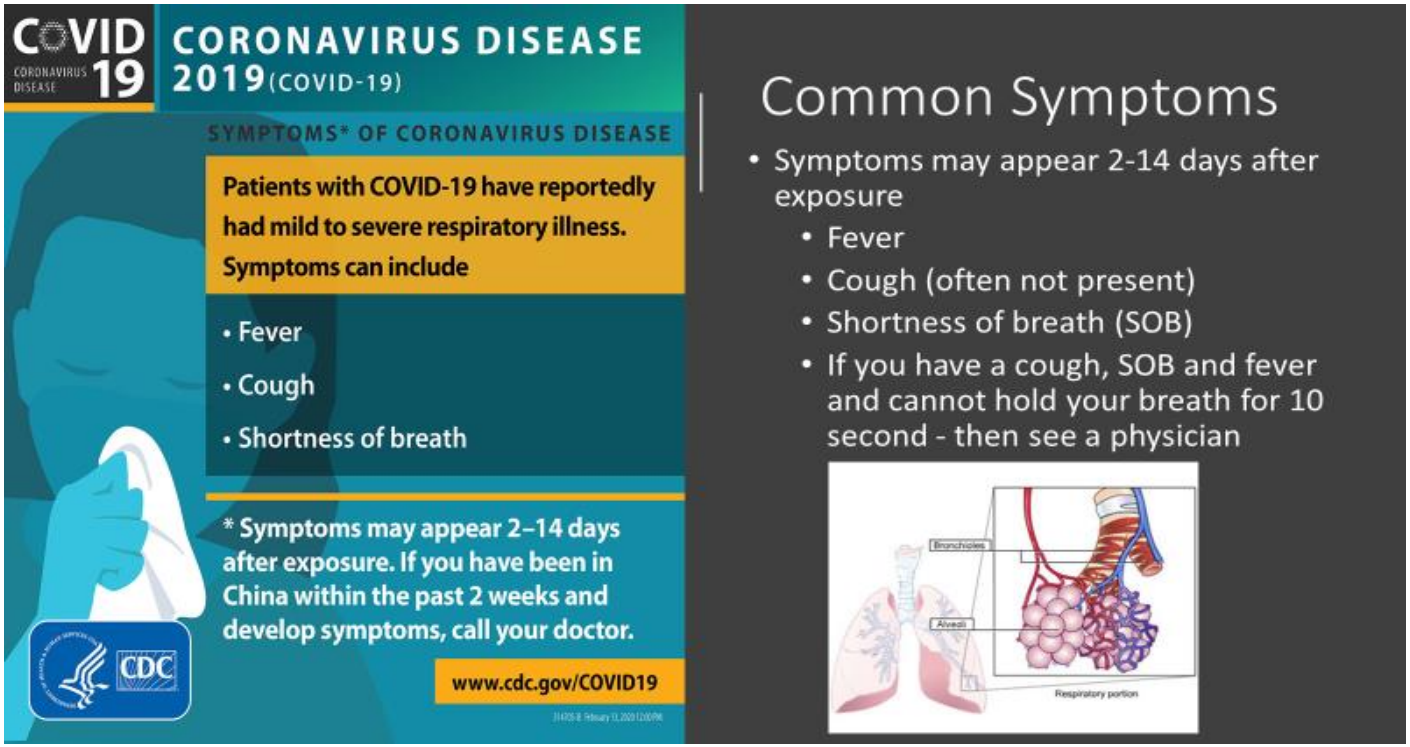
Triage and Non-emergent Exposures

Interviewing and assessing persons without symptoms (asymptomatic close contacts who have been exposed to a lab-confirmed case of COVID-19):

- Make every effort to interview the asymptomatic close contact by telephone, text monitoring system, or video conference.
  - Temperature monitoring could be reported by phone or shown to a provider via video conferencing.
- If public health personnel must interview the asymptomatic close contact in person, the public health personnel should stay at least 6 feet away from the asymptomatic close contact and ask them if they have had fevers or respiratory symptoms. If the interview and assessment is occurring in the home environment, the public health personnel should not enter the home until these questions have been asked and the asymptomatic close contact has been determined to be afebrile by temperature measurement.
  - If the asymptomatic close contact reports fever or symptoms, they should be considered a PUI and referred for further medical evaluation as appropriate. Public health personnel should document temperature measurement and description of symptoms.
- If the asymptomatic close contact does not report fever or symptoms, they should be instructed to take their own temperature and report the result. If the asymptomatic close contact denies symptoms and fever is not detected, it remains appropriate to stay at least 6 feet away during further interactions even if entering the home environment. If they are not able to take their own temperature, the public health personnel should:
  - Perform hand hygiene
  - Put on a facemask and eye protection (consider adding gloves if entering the asymptomatic close contact's home)
  - Proceed with checking the asymptomatic close contact's temperature
  - Remove and discard PPE
  - Perform hand hygiene using alcohol-based hand sanitizer that contains 60 to 95% alcohol

Information Vital to Staff and Visitors

- Communicate to public to **AVOID** hospital visits and control entrances
- Screen visitors and post to both websites and at entrances screening criteria
- Call your physician FIRST unless you are emergently ill.
- Encourage those coming to ED to call ahead with symptoms



Surge: Capacity and Capabilities

- **Surge capacity, meaning a facility's or healthcare systems' ability to handle a sudden increase in volume or demand, is fundamental to disaster preparedness.**
  - **May be time for triage tents in the parking lot or "Fever Clinics", etc**
  - **Recent federal waivers ("1135", etc) can be used to alleviate overflow; state rules still apply unless also waived**
- **Surge capability is focused on meeting specialized needs, i.e., need for ICU care or specific care need, such as, isolation.**
  - **Bed management is critical**
  - **Clear criteria and triage requests for ventilators, etc.**
  - **Take good care of your people – they are being stretched to the max**
- **Remember: Your organization has emergency/disaster plans, policies and procedures; you've the done drills**
- ***This is NOT a drill!***

Environmental Protection Agency

- EPA released a list of EPA-registered disinfectants that are qualified for use against COVID-19opens on March 5
- Coronaviruses are enveloped viruses, meaning they are one of the **easiest types of viruses to kill** with the appropriate disinfectant product
- Follow manufacturer's direction for use of the product; pay close attention to the contact time (how long product must remain on the surface)
- Disinfect high touch surface areas frequently

Premier Safety Institute®: www.premierinc.com/safety

- Timely information and curated, credible resources for busy clinicians
- Available 24/7 – no password needed
- Guidelines & recommendations, including:
  - CMS/CDC/WHO/FDA
  - Personal Protective Equipment (PPE)
  - Lab specimen collection, testing and reporting
  - Links to other Premier resources, i.e., Disaster Preparedness; Supply Chain News; Seasonal and Pandemic Flu

Flu

Even healthy people can get the flu, and it can be serious. Get vaccinated.

Introduction

This website is intended to provide an overview and key documents, resources, tools and links to websites for the current outbreak of a 2019 novel coronavirus in Wuhan City, Hubei Province, China. On Jan. 30, 2020, the World Health Organization (WHO) declared 2019-nCoV a global health emergency. On March 11, it upgraded status to a global pandemic.

COVID-19 (Formerly 2019-NCoV)

Effective Feb. 11, the WHO renamed 2019-nCoV to COVID-19. The CDC has followed suit and updated its website with the new name.

- **Coronaviruses are common** around the world and cause a range of illnesses in humans, from the common cold to SARS and MERS. Viruses of this family also cause disease in animals. CDC confirmed person-to-person transmission in the U.S on Jan. 30. On Feb. 26, they confirmed a possible instance of community-spread of the virus that causes COVID-19.
- **Complete CDC information** and recommendations to date are available here. The situation is unfolding dynamically; guidance will evolve.
- **The WHO COVID-19** outbreak website contains excellent videos on topics, such as, proper use, removal and disposal of PPE, and infographics for download. It also houses up-to-date facts and global statistics on the disease.
- **The U.S. Environmental Protection Agency (EPA)** released a list of EPA-registered disinfectants that are qualified for use against COVID-19 on March 5. The SARS-CoV-2, is a coronavirus that causes COVID-19. Coronaviruses are enveloped viruses, meaning they are one of the easiest types of viruses to kill with the appropriate disinfectant product. Follow manufacturer's direction for use of the product; pay close attention to the contact time (how long product must remain on the surface). Disinfect high touch surface areas frequently.
- **The Centers for Medicare and Medicaid Services (CMS)** just released a memo stating, effective immediately, that all hospital inspections will focus solely on infection prevention and control procedures. This is a call to action for HCWs to ensure they are actively implementing comprehensive infection prevention and control practices. CMS provided a checklist to guide facilities how to prepare for potential inspection.

Recommendations For Healthcare Providers

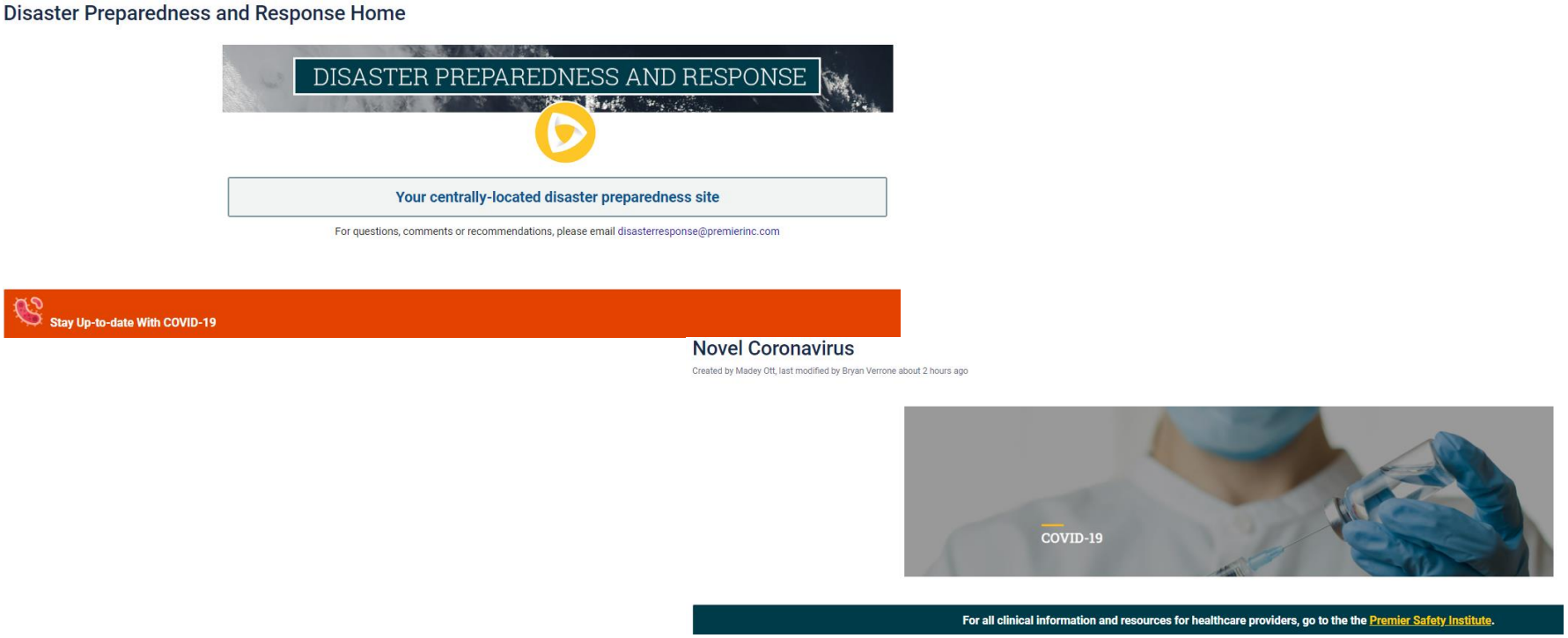
NEW:

CDC – **Clinician Outreach and Communication Activity (COCA) COVID-19 calls/webinars.** Recent topics include: Updates for Infection Prevention and Control; Long Term Care Facilities; and Caring for Children and Pregnant Women.

COVID-19

In response to the recent outbreak, information and resources for healthcare providers

Additional Resource Links



Disaster Preparedness and Response Home (Member login required)

https://communities.premierinc.com/display/DPR/

Premier COVID-19 Community (Member login required)

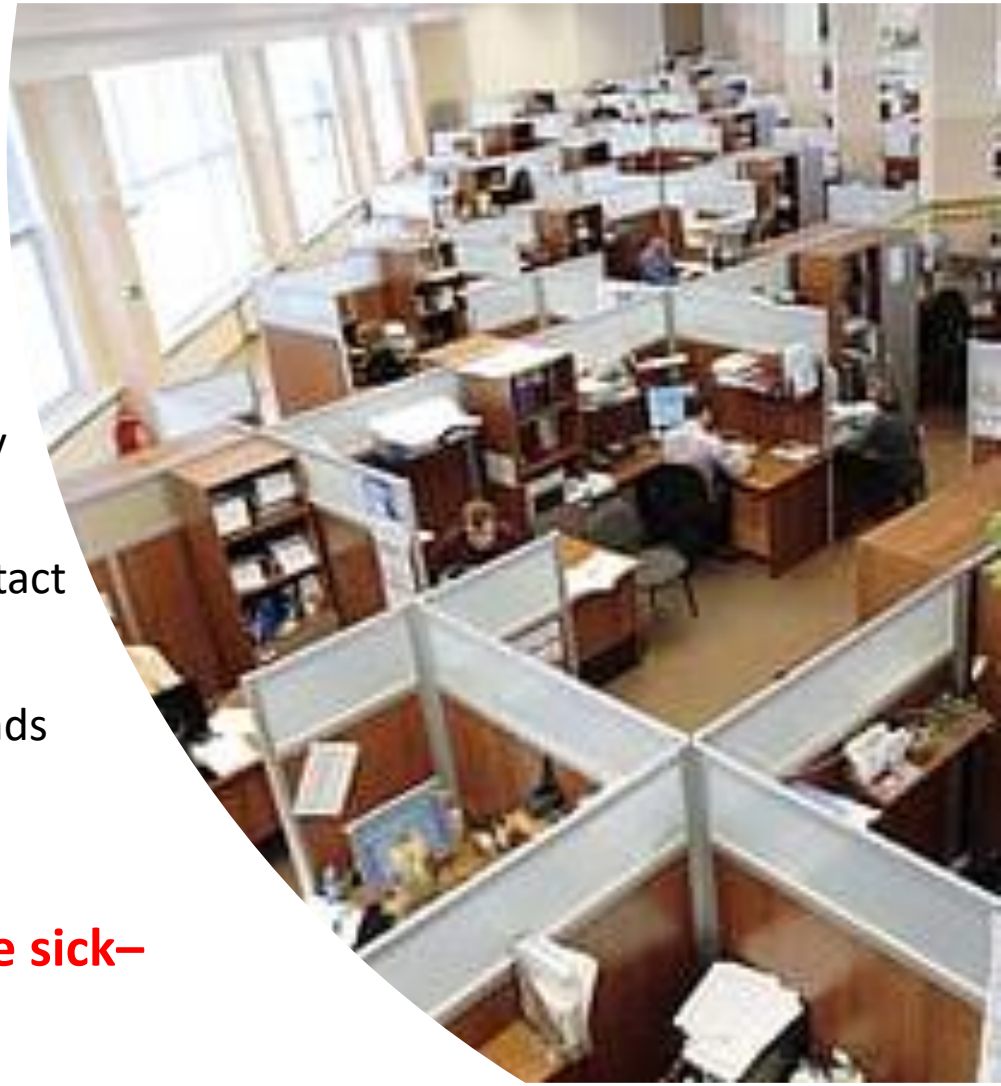
https://communities.premierinc.com/display/DPR/Novel+Coronavirus

Questions?

PREMIER

Appendix

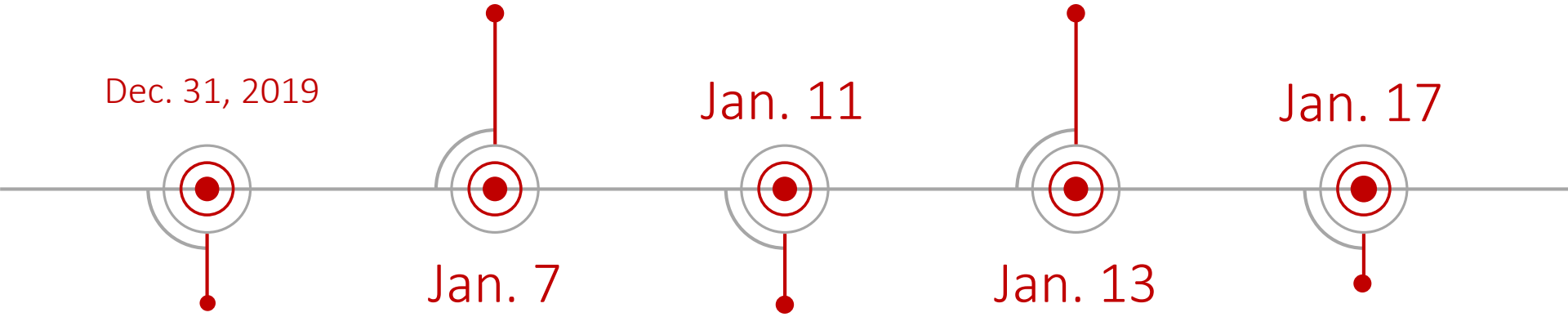
Commonsense methods to prevent the spread of COVID-19 in the workplace



- Keep your work area clean and sanitary
  - Clean high touch areas everyday
- Avoid handshakes, hugs, and close contact
- Avoid sharing personal items
- Avoid touching your face with your hands
- Cover coughs
- Cover sneezes

If you are sick or think you are sick– please stay home

COVID-19: A Timeline



Dec. 31, 2019

China alerts WHO to several cases of unusual pneumonia in Wuhan.

Jan. 7

WHO Officials announce they have identified a new virus, named 2019-nCoV and is identified as belonging to the coronavirus family, which includes SARS and the common cold.

Jan. 11

China announces its first death from the virus.

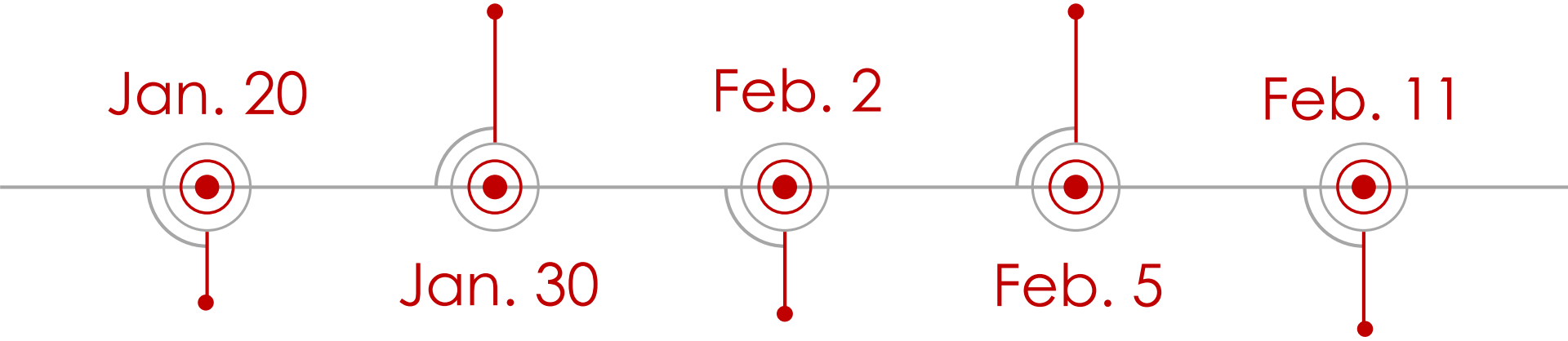
Jan. 13

The WHO reports the first case outside of China (Thailand) in a traveler who had visited Wuhan.

Jan. 17

A second death is reported in Wuhan, health authorities in the US announce that three airports would start screening passengers arriving from the city.

COVID-19: A Timeline



Jan. 20

A Chinese expert on infectious diseases confirmed human-to-human transmission to state broadcaster CCTV.

Jan. 30

WHO declares coronavirus a global emergency with cases being reported in the United States, Japan, Nepal, France, Australia, Malaysia, Singapore, South Korea, Vietnam and Taiwan.

Feb. 2

The first death outside China, of a Chinese man from Wuhan, was reported in the Philippines.

Feb. 5

The WHO reaffirmed there was "no known effective treatment" for the coronavirus.

Feb. 11

The WHO announces that the new coronavirus would be called "COVID-19".

COVID-19: A Timeline

Feb. 14

Egypt becomes the first country in Africa to report a case and France reports Europe's first death from the virus.

Feb. 25

CDC warned that disruptions to the U.S. from COVID-19 could be severe. The agency expects the disease to begin spreading at the community level in the U.S.

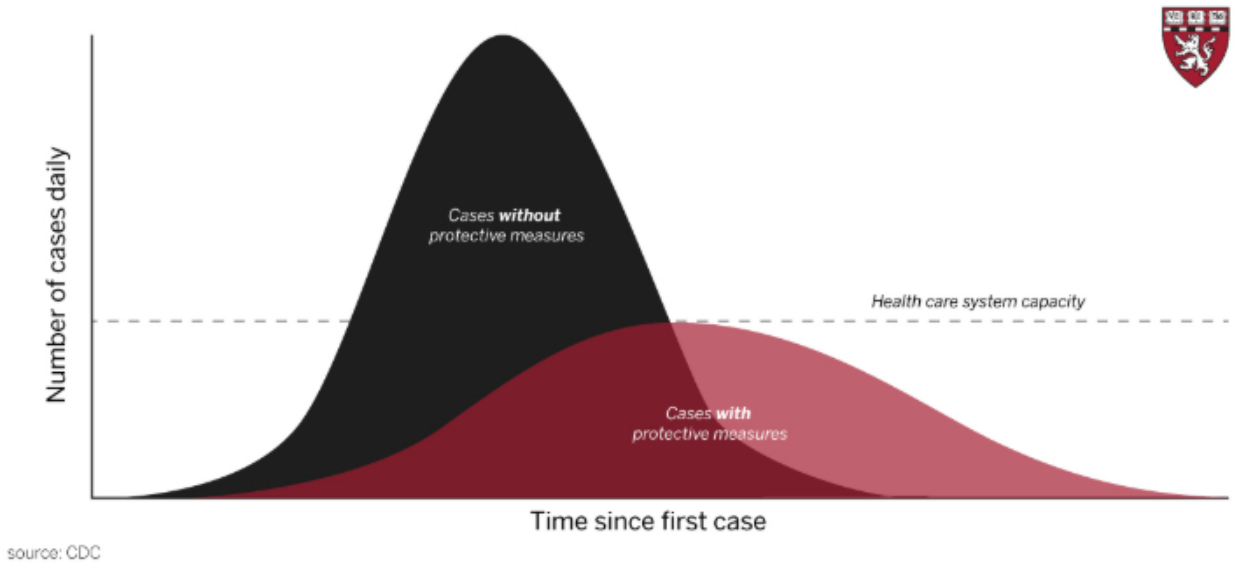
Feb. 26

NIH scientists began a randomized controlled trial of the antiviral drug remdesivir that had been developed for Ebola, on a patient infected with SARS-CoV-2. This is the first clinical trial in the U.S. for an experimental treatment for COVID-19

Social distancing

- CDC has been encouraging to use social distancing in some situations as a method to reduce the spread

https://meaww.com/coronavirus-infections-spreads-cdc-advises-social-distancing-but-what-does-it-mean-for-communities



This chart illustrates how protective measures such as limiting travel, avoiding crowds, social distancing, and thorough and frequent handwashing can slow down the development of new COVID-19 cases and reduce the risk of overwhelming the health care system.

https://www.health.harvard.edu/diseases-and-conditions/coronavirus-resource-center