Southern EVALS Presents

COVID-19

AND YOUR RHC

Be prepared
Protect your patients and staff
Prevent the spread.
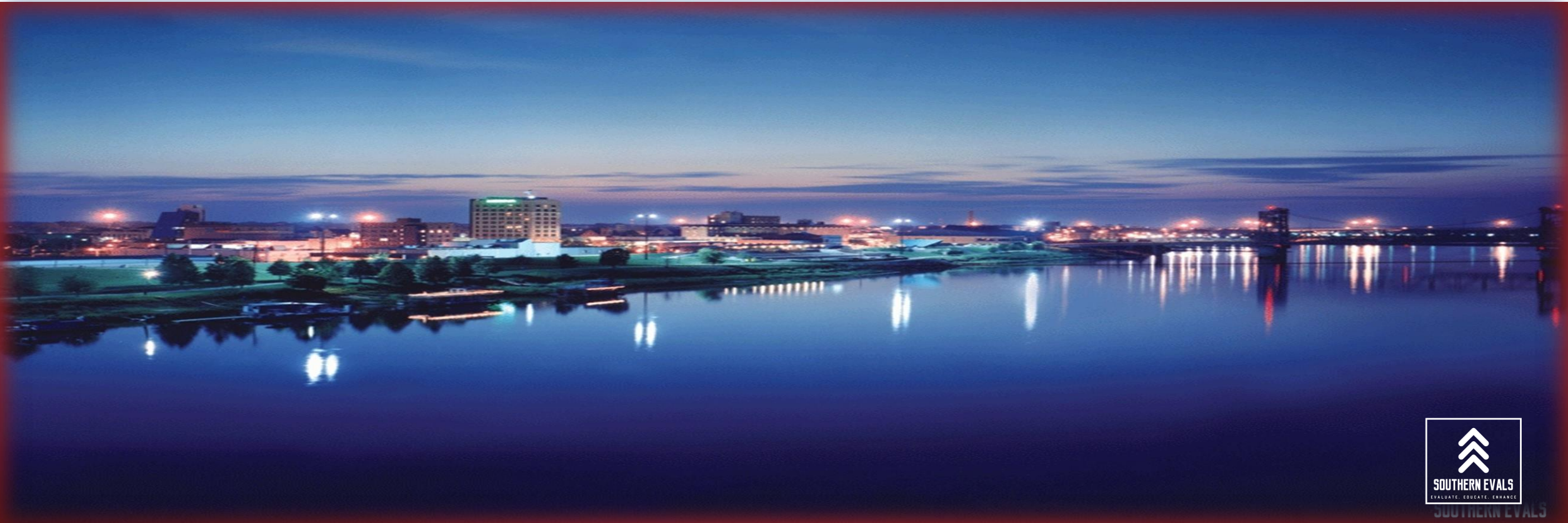
SOUTHERN EVALS
EVALUATE. EDUCATE. ENHANCE

Who we **are.**

Born in Louisiana, Southern EVALS was developed out of necessity within the healthcare industry to aid facilities obtain and maintain regulatory compliance. Today we aim to add value to every organization we work with and are extremely passionate about implementing programs to provide the best patient care possible.

Who we **serve.**

Whether you are a clinic down a gravel road or the largest academic medical center in the state, we aim to serve healthcare organizations big and small.

What we **do.**

"We help hardworking healthcare providers increase revenue and maximize efficiency."

Regulatory Compliance

We prepare all license and certification types for state licensing, and/or certification, and/or accreditation.
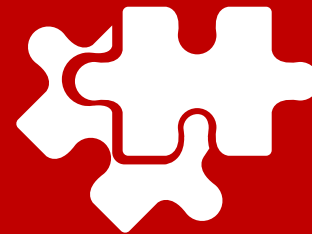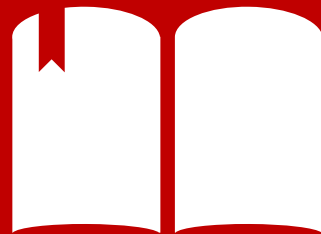
Strategy and Development

Operational assessment, strategic plans, market analysis. We help organizations make their best decision.
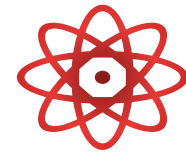
Research

We work with organizations to develop, analyze, and research best healthcare practice.

Ancillary Services

Survey Navigation, Oversight, Interim Placement.

SOUTHERN EVALS
EVALUATE. EDUCATE. ENHANCE.

Presentation Topics

ABOUT COVID-19

EVALUATE

EDUCATE

ENHANCE

ABOUT COVID-19

WHAT IS IT?

- The 2019 novel coronavirus, or 2019-nCoV, is a new virus that causes respiratory illness in people and can spread from person to person.

- This virus was first identified during an investigation into an outbreak in Wuhan, China.

- On January 30, 2020, the World Health Organization declared the novel coronavirus a global health emergency.

- The same day, the Centers for Disease Control and Prevention confirmed the first human-to-human transmission in the United States.

- The complete clinical picture with regards to COVID-19 is not fully known at this time.
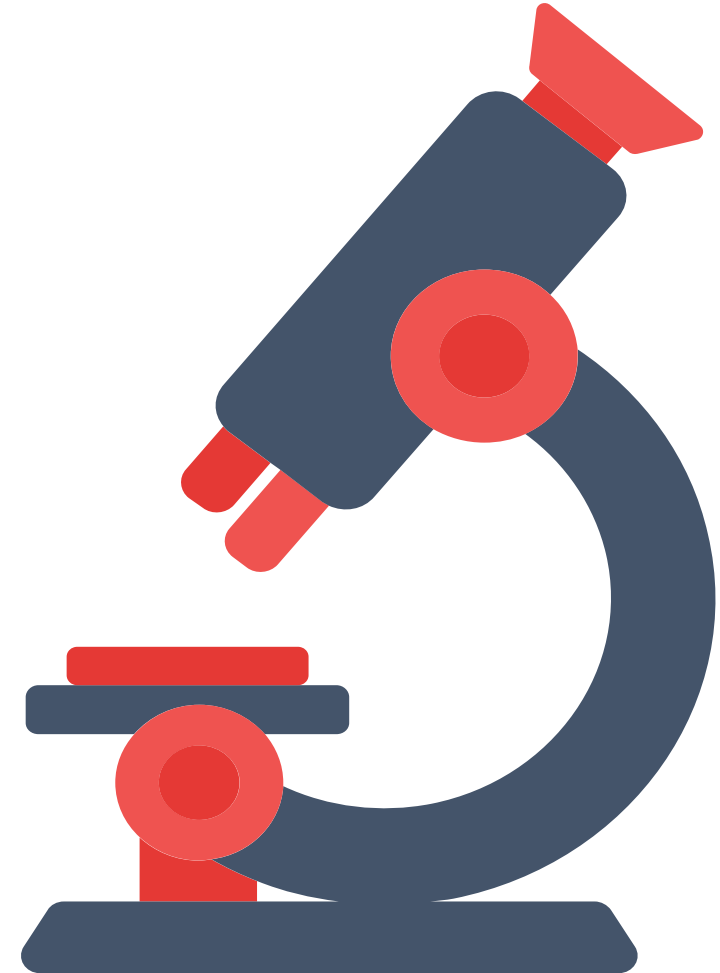
GLOBAL IMPACT

Locations with CONFIRMED COVID-19 Cases:

Africa: Algeria, Cameroon, Nigeria, Senegal, South Africa, Togo

Americas: Argentina, Brazil, Canada, Chile, Colombia, Costa Rica, Dominican Republic, Ecuador, French Guiana, Guadalupe, Martinique, Mexico, Paraguay, Peru, United States

Eastern Mediterranean: Afghanistan, Bahrain, Egypt, Iran, Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Tunisia, United Arab Emirates

Europe: Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Gibraltar, Greece, Holy See (Vatican City), Hungary, Iceland, Ireland, Israel, Italy, Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Moldova, Monaco, Netherlands, North Macedonia, Norway, Poland, Portugal, Romania, Russia, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Ukraine, United Kingdom

South-East Asia: Bangladesh, Bhutan, India, Indonesia, Maldives, Nepal, Sri Lanka, Thailand

Western Pacific: Australia, Cambodia, China, Hong Kong, Japan, Macau, Malaysia, New Zealand, Philippines, Republic of Korea, Singapore, Taiwan, Vietnam
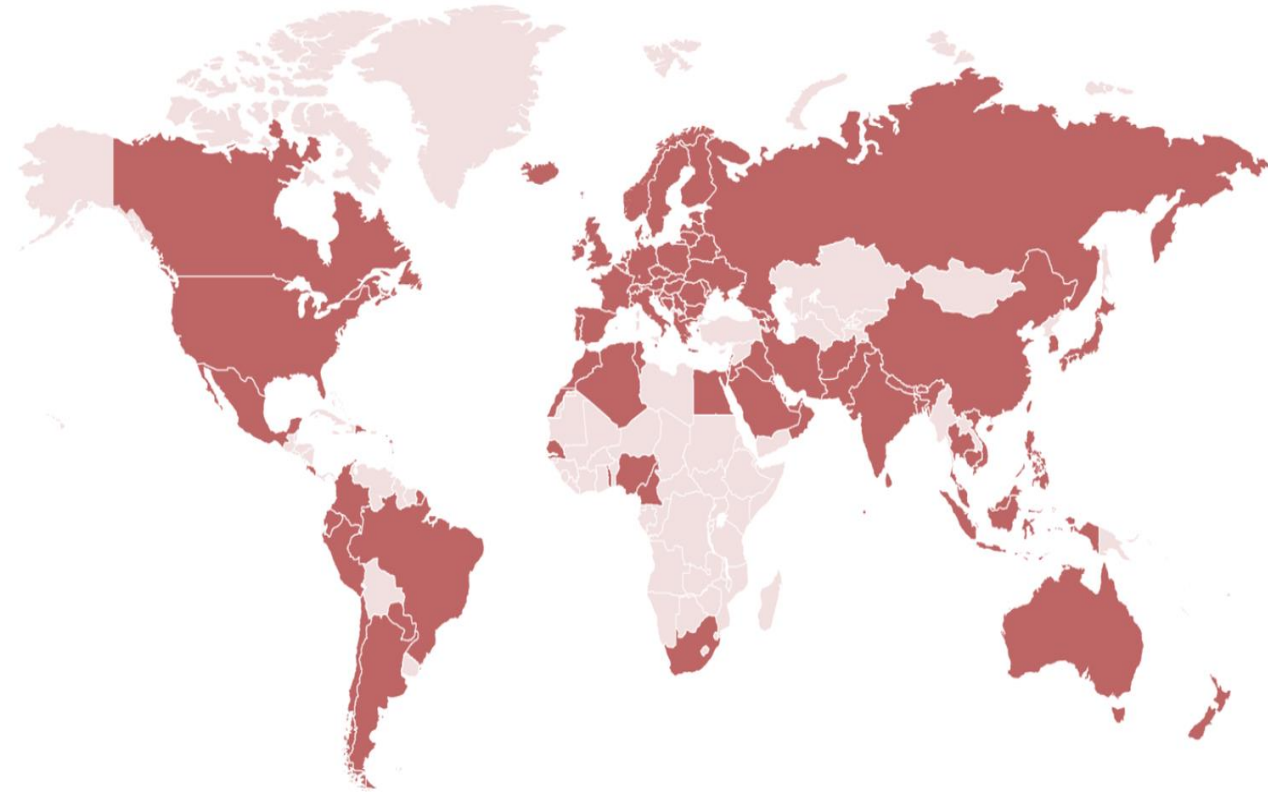
UNITED STATES IMPACT

Locations with **CONFIRMED** COVID-19 Cases:

At a Glance: Total cases: 423 / Total deaths: 19 / States reporting cases: 35

Cases Reported to CDC:

Travel-related	72
Person-to-person spread	29
Under Investigation	322
Total cases	423

Reported Cases

- ○ None
- ○ 1 to 5
- ○ 6 to 10
- ○ 11 to 20
- ● 21 to 50
- ● 101 to 200
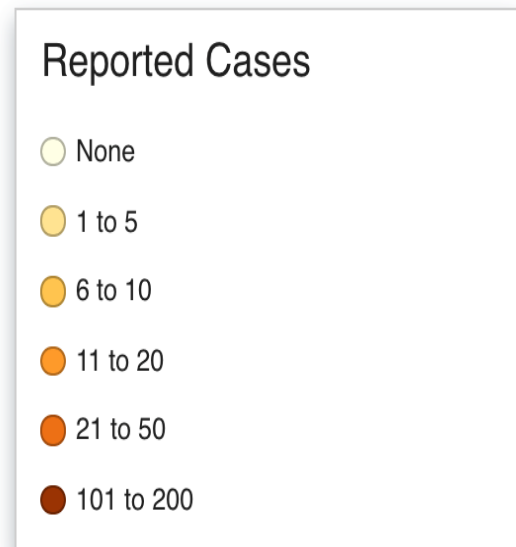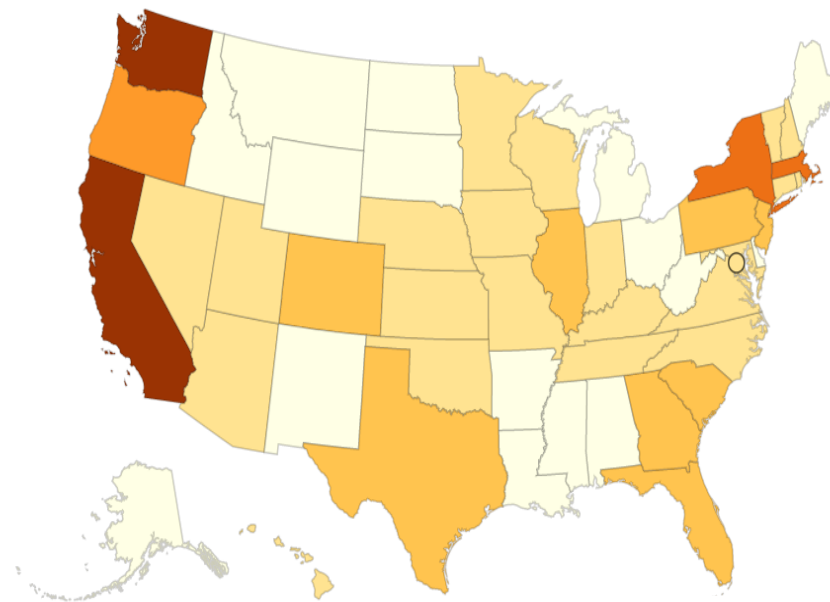
The Current Count of Cases in the US is available on the CDC's Website at:
https://www.cdc.gov/coronavirus/2019-ncov/cases-in-us.html

WHO IS AT RISK

- **TRAVELERS**
  - Those who have been to countries with widespread outbreaks and their close contacts, are at HIGHEST RISK

- **OLDER PERSONS**
  - People 50 Years of Age and above with UNDERLYING CONDITIONS are at highest risk of severe illness
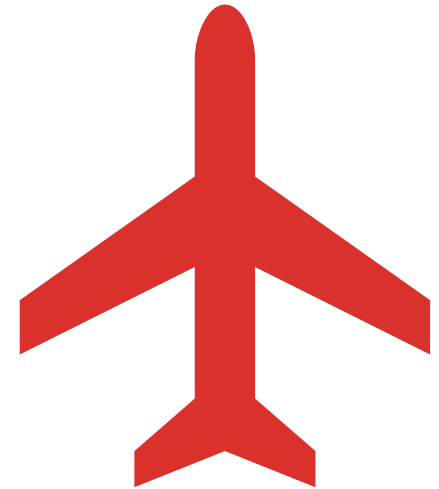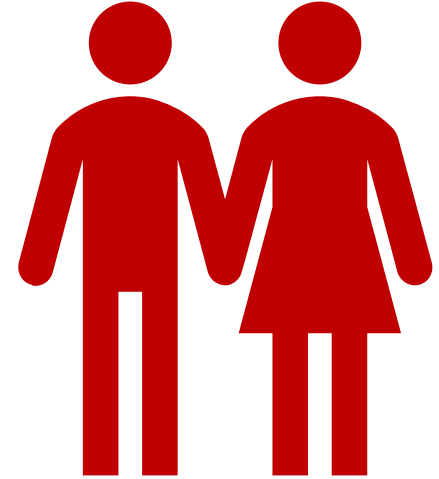
HOW COVID-19 SPREADS

- **Person-to-person** spread

- The virus is thought to spread mainly from **person-to-person.**

- Between people who are in close contact with one another (within about **6 feet**).

- Through **respiratory droplets** produced when an infected person coughs or sneezes.

- These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.

- **Touching Surfaces** contaminated with virus then touching your own nose, mouth, or eyes can cause infection.

SYMPTOMS of COVID-19

83-90%

FEVER

76-82%

COUGH

11-44%

SHORTNESS OF BREATH

- Begin **2 to 14 days** after exposure

- Illness ranges from **mild respiratory to severely ill and dying**.

- Some patients have reported early symptoms such as **malaise, body aches, vomiting and diarrhea**

TREATMENT for COVID-19

- No current anti-viral specific for 2019-nCoV infection.

- Supportive care to treat symptoms is recommended

- For severe cases, treatment should include care to support vital organ functions
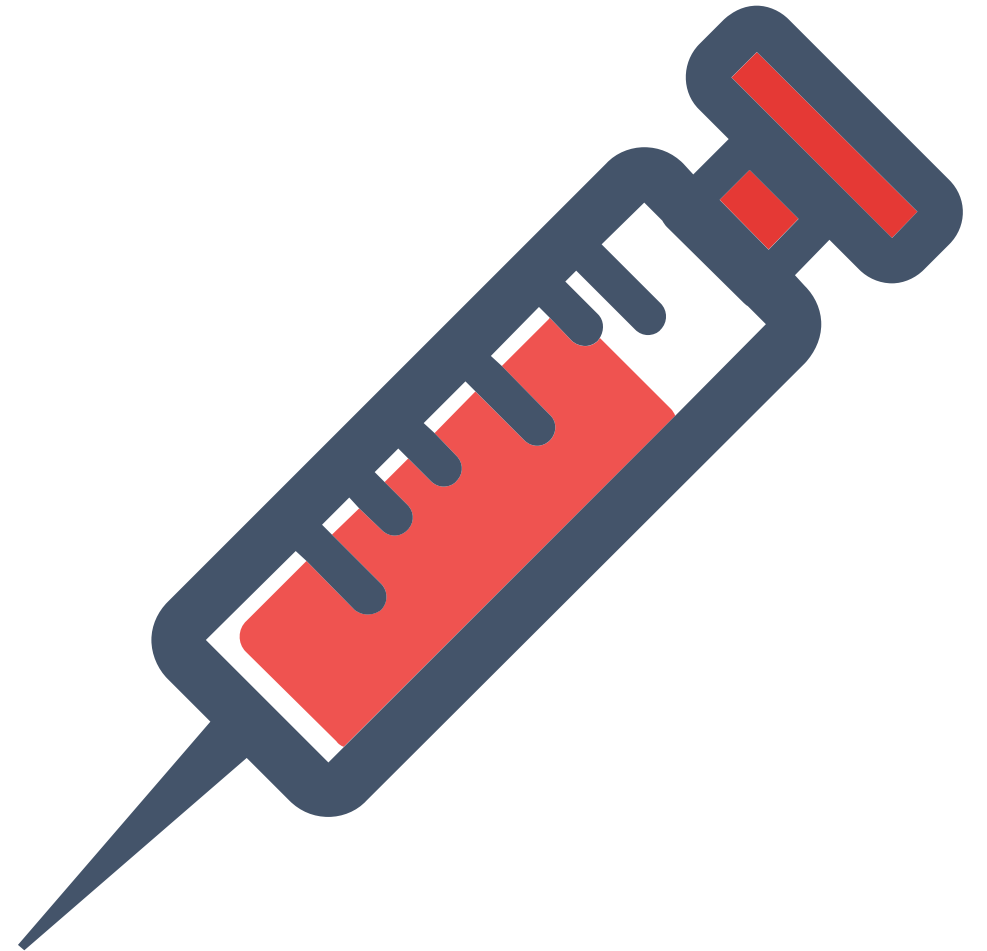
IDENTIFY AND ASSESS

Gather Patient History

- "Do you have a cough, fever, runny nose or shortness of breath?
  - IF NO Continue with exposure and travel question
  - IF YES, provide patient mask, ask to complete hand hygiene and continue with exposure and travel question
    - "In the last month have you traveled to an area with a widespread outbreak, or had close contact with a person known to have Coronavirus (COVID-19)?
      - IF NO, continue to travel question
      - IF YES + Positive Symptoms, Isolate patient in a private room
        - "Have you traveled outside of the country within the last month?
          - IF NO positive travel history, STOP
          - IF YES to what country? IF patient traveled to HOT SPOTS, notify Practitioner
          - IF YES + Positive Symptoms, Isolate Patient in a private room.

- If positive travel history OR positive exposure history but no symptoms:
  - Patient to self monitor symptoms for 14 days and instructed to contact your local/state health department if symptoms develop

---

Respiratory Illness and Travel Questionnaire

Name: _____ Date: _____

Which provider are you seeing today? _____

1. Are you experiencing flu or respiratory symptoms today?

Fever	Yes	No
Cough	Yes	No
Congestion	Yes	No
Runny Nose	Yes	No
Sore Throat	Yes	No

2. Have you recently traveled outside of the United States or been in an international airport or port of entry?

   Yes   or   No

3. If yes:
   Where _____
   When _____
   How long were you there? _____
   Purpose of trip _____

4. Where you knowingly exposed to an illness during your travel?

   Yes   or   No

5. Have you been around anyone else (friend, family member, neighbor, coworker) who has traveled outside of the United States?   Yes   or   No

   If yes, please give provide details:

   _____

ISOLATE AND CONTACT

ADHERANCE TO STANDARD, CONTACT and AIRBORNE PRECAUTIONS:

- STRICT ADHERANCE for ALL staff

- Place patient with suspected 2019-nCoV in a designated room with sign on door.

- The patient should be transferred as soon as is feasible to a facility where an AIIR is available or discharged to home (in consultation with state or local public health authorities) if deemed medically appropriate.

- Pending transfer, place a facemask on the patient to contain secretions and isolate him/her in an examination room with the door closed.

- Alert Local Office of Public Health and The CDC

  - https://drive.google.com/a/southernevals.net/file/d/1_q8okzMBDSV0pFdOpcJaz_ajjwMswgUx/view?usp=sharing

PROTECT AND TRACK

DIRECT CARE STAFF:

- Personnel entering the patient room should use **PPE, including respiratory protection**, as described in the next slide

- Only **essential personnel** should enter the room where the patient is placed.

- Implement staffing policies to **minimize the number of HCP** who enter the room.

- Facilities should consider caring for these patients with **dedicated HCP** to minimize risk of transmission and exposure to other patients and other HCP.

- Facilities should **keep a log of all persons** who care for or enter the rooms or care area of these patients.

PPE REQUIREMENTS

Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE:

Gloves
- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns
- Put on a clean disposable gown upon entry into the patient room or area.
- Change the gown if it becomes soiled.
- Remove and discard the gown before leaving the patient room or care area.

Respiratory Protection
- Use available respiratory protection that you have in your clinic.
- N95 or greater is best option. If you don't have access, utilize surgical masks.
- Disposable respirators should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator.
- If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.

Eye Protection
- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area.
- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles,glasses) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- Disposable eye protection should be discarded after use.

COVID-19 TESTING

PUBLIC HEALTH TESTING PRIORITY:

- Clinical Features (fever or lower respiratory) + direct contact with patient with COVID-19= Test in OPH Lab

- Clinical Features (fever and lower respiratory) + travel in an affected geographic area = Test through OPH Lab

- Clinical Features (fever and severe acute lower respiratory requiring hospitalization) + no other explanatory diagnosis = Test through OPH Lab

- Virologic Surveillance Samples – community-based testing to detect COVID-19 through sentinel sites

- At the end of the day......TESTING IS A MEDICAL PROVIDER DETERMINATION IN COLLABORATION WITH OPH/EPI and CDC

COVID-19 TESTING

MORE ON TESTING:

- Private Lab Testing "preliminary positive" would need to be verified by State Lab

- State Lab Testing "presumptive positive" would need to be sent to CDC for confirmation

- Verified by the CDC, Governor makes official press release
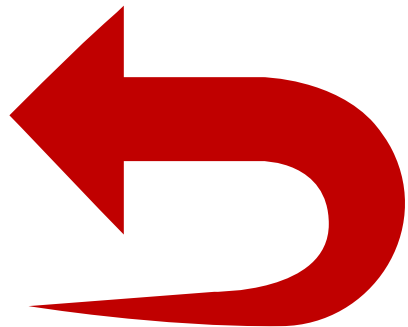
4 DAY TURNAROUND TIME

COVID-19 EMERGENCY PREPAREDNESS

Update Your Plan:

- Anytime there is a change or a new threat to your community and clinic, update your emergency preparedness plan to include new threats.

- Review your EPP and ensure it contains **all elements** required per accrediting body

- **Have documentation of review** and if possible **conduct tabletop to assess readiness**

- https://sevals.net/shop?olsPage=products

Part 1 - COVID-19 Emerges in the U.S.

February 2020
- Tuesday, at 10:30 a.m. the first 2 cases of COVID-19 are confirmed in (CITY, STATE). It is discovered that one of the individuals had recently attended a local festival. Within 5 days of the first 2 cases being reported, over 30 cases of suspected COVID-19 are identified among (STATE NAME) residents, most of whom live in the (COMMUNITY NAME) area. According to the CDC, the incubation period is thought to be 2 to 14 days after exposure. The virus is thought to spread mainly from person-to-person, between those people who are in close contact with one another within about 6 feet and through respiratory droplets produced when an infected individual coughs or sneezes. Possible symptoms include fever, cough, and shortness of breath. Laboratory testing for definitive diagnosis is still being developed at this time.

Discussion

- At this time what would your facility be doing?

- What would your staff be doing?

- What communication channels will you use to share information with your team?

- What information about the outbreak would you communicate with your team and the community?

- What supplies would you stockpile in preparation for this potential pandemic?

COVID-19 INVENTORY
IDENTIFY WHAT YOU HAVE AND WHAT YOU NEED:

- Identify your stock and contact your supplier to identify when supplies will be available. **Be Resourceful.**

- 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. **Use what you have**.

- 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.**

- 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.

Understanding the Difference

	Surgical Mask	N95 Respirator
Testing and Approval	Cleared by the U.S. Food and Drug Administration (FDA)	Evaluated, tested, and approved by NIOSH as per the requirements in 42 CFR Part 84
Intended Use and Purpose	Fluid resistant and provides the wearer protection against large droplets, splashes, or sprays of bodily or other hazardous fluids. Protects the patient from the wearer's respiratory emissions.	Reduces wearer's exposure to particles including small particle aerosols and large droplets (only non-oil aerosols).
Face Seal Fit	Loose-fitting	Tight-fitting
Fit Testing Requirement	No	Yes
User Seal Check Requirement	No	Yes. Required each time the respirator is donned (put on)
Filtration	Does NOT provide the wearer with a reliable level of protection from inhaling smaller airborne particles and is not considered respiratory protection	Filters out at least 95% of airborne particles including large and small particles
Leakage	Leakage occurs around the edge of the mask when user inhales	When properly fitted and donned, minimal leakage occurs around edges of the respirator when user inhales
Use Limitations	Disposable. Discard after each patient encounter.	Ideally should be discarded after each patient encounter and after aerosol-generating procedures. It should also be discarded when it becomes damaged or deformed; no longer forms an effective seal to the face; becomes wet or visibly dirty; breathing becomes difficult; or if it becomes contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.

COVID-19 PREVENTION FOR YOU

Clean your hands often

- **Wash your hands** often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.

- If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**. Cover all surfaces of your hands and rub them together until they feel dry.

- **Avoid touching your eyes, nose, and mouth** with unwashed hands

COVID-19 PREVENTION FOR YOUR RHC

Constant Reminder

- **Review your Hand Hygiene Policy and Procedure** and Re-Educate Staff on when they should wash their hands.

- **Make sure you have plenty of supply** for your patients and staff to wash their hands or utilize alcohol-based hand sanitizer

- **Post Flyers on Hand Hygiene** around your clinic to encourage patients and staff to wash their hands.

- **Wash your hands when you walk in the patient room** then offer for them to wash theirs

COVID-19 PREVENTION for YOU

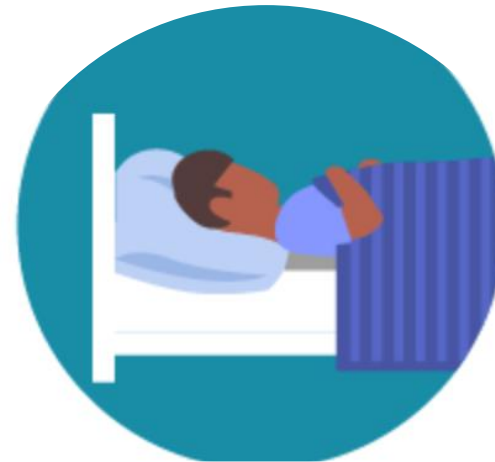## Avoid Close Contact and Stay Home if You are Sick

- **Avoid close contact** with people who are sick

- Put **distance between yourself and other people** if COVID-19 is spreading in your community. This is especially important for people who are at higher risk of getting very sick.

- **Stay home** if you are sick, except to get medical care. Learn what to do if you are sick.

COVID-19 PREVENTION for YOUR RHC

Prevention is Key

- **Educate Patients to call in to the clinic** if they are experiencing any respiratory symptoms before coming in and perform screen.

- If possible in your clinic, have **Designated Sick Waiting Areas** for those exhibiting symptoms to create distance

- **Wear Mask** any time working in close proximity to patient exhibiting respiratory symptoms

- **Review Isolation Precaution Policy and Procedure** identify **quantity of PPE** and train on **Donning and Doffing PPE** in RHC

PPE REQUIREMENTS

Facilities should have policies and procedures describing a recommended sequence for safely donning and doffing PPE:

Gloves
- Perform hand hygiene, then put on clean, non-sterile gloves upon entry into the patient room or care area.
- Change gloves if they become torn or heavily contaminated.
- Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

Gowns
- Put on a clean disposable gown upon entry into the patient room or area.
- Change the gown if it becomes soiled.
- Remove and discard the gown before leaving the patient room or care area.

Respiratory Protection
- Use available respiratory protection that you have in your clinic.
- N95 or greater is best option. If you don't have access, utilize surgical masks.
- Disposable respirators should be removed and discarded after exiting the patient's room or care area and closing the door. Perform hand hygiene after discarding the respirator.
- If reusable respirators (e.g., powered air purifying respirator/PAPR) are used, they must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.

Eye Protection
- Put on eye protection (e.g., goggles, a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area.
- Remove eye protection before leaving the patient room or care area.
- Reusable eye protection (e.g., goggles,glasses) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- Disposable eye protection should be discarded after use.

COVID-19 PREVENTION for YOU

Cover Coughs and Sneezes and Wear a Mask if you are Sick

- **Cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.

- **Throw used tissues** in the trash.

- Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
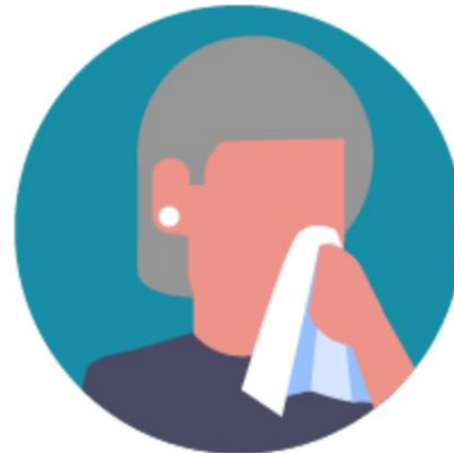
COVID-19 PREVENTION for YOUR RHC

Identify and Act

- **If a patient is recognized coughing and sneezing,** offer them a mask and educate them on the importance of preventing spread. Also have **reminder flyers, masks, and tissues** in the lobby to reinforce

- **Educate All Staff on** Respiratory Hygiene and techniques to prevent spread

- **If you are sick:** You should wear a facemask. If you are not able to wear a facemask (for example, because it causes trouble breathing), then you should do your best to cover your coughs and sneezes, and people who are caring for you should wear a facemask if they enter your room.

- **If you are NOT sick:** You do not need to wear a facemask unless you are caring for someone who is sick (and they are not able to wear a facemask). Facemasks may be in short supply and they should be saved for caregivers.

COVID-19 PREVENTION for YOU

Clean and Disinfect

- **Clean AND disinfect frequently touched surfaces daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.

- **If surfaces are dirty, clean them:** Use detergent or soap and water prior to disinfection.

- CLEAN!!!! CLEAN!!!! CLEAN!!!

- https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

Clean and Disinfect

COVID-19 PREVENTION for YOUR RHC

Is This Room Clean?

- **Re-Educate Staff on your room turnover process.** Whoever is cleaning the rooms needs to know what to clean, how to clean and what indicates that the room has been cleaned

- Understand the **Dwell Time** of your disinfectants. **Observe staff turnover a room** and make sure they respect the dwell time.

- This Goes for all areas in your **Clinic!!!**

- https://www.cdc.gov/coronavirus/2019-ncov/infection-control/infection-prevention-control-faq.html

COVID-19 RESOURCES

- **RHC Policy and Procedure**

- **RHC Program Plan**

- **Intake Form and Questionnaire**

- **Person Under Investigation Form**

- **Staff Education PPT**

- **Staff Competency Test with Key**

- **COVID-19 Tabletop Exercise**

- **COVID-19 Intake Flyer**

https://sevals.net/shop?olsPage=products

EVERYTHING IS

FIGUREOUTABLE

SCREEN SCREEN SCREEN

CLEAN CLEAN CLEAN

READ READ READ