COVID-19: Practice Advice for Clinicians

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Outline

- Current situation in Fairfax County

- Hospital preparedness and response

- Evaluating and testing for COVID-19

- Medical office preparedness and response

Current Situation

- Increasing cases in Fairfax County and the region

- Limited number of cases so far and all associated with travel or known case contact

- Fairfax County Health Department

  - Working with VDH for a coordinated response to COVID-19

  - Identifying and investigating cases and their contacts

  - Coordinating with county agencies, hospitals and community health care providers

  - Communications and messaging

  - Planning approaches to mitigate disease spread in the community

We understand your frustration

(and feel the same way)

And we appreciate everything the medical community
is doing to respond to this emergency

Fairfax County Health Alerts & Advisories

Fairfax County Health Department

New Information	**HEALTH ALERT**	March 12, 2020

SUBJECT: COVID-19 Commercial Testing Guidance

SUMMARY:
- COVID-19 commercial testing capabilities have been rapidly changing over the past week; PCR testing is now available for healthcare providers through LabCorp and Quest Diagnostics. Testing through Mayo Clinic, UVA, and VCU is currently under development.
- Fairfax County Health Department (FCHD) works with the Virginia Department of Health (VDH) to approve COVID-19 testing done at the VDH lab. Testing at the public health lab is prioritized to those who are deemed at highest risk for infection/transmission, such as symptomatic contacts to a confirmed case, symptomatic individuals who are long-term care facility residents, and healthcare providers. Healthcare providers that believe they have a patient that meets high risk criteria should call 703-246-2433 to discuss public health testing options.
- FCHD does not assess patients or collect specimens for COVID-19 testing. Patients who have symptoms of COVID-19 may need a medical evaluation which is best performed by a primary care provider.
- COVID-19 testing is commercially available and health care providers should rely on commercial labs for patients who do not fall into a group where Health Department investigation and prioritization is being done.
- Providers testing commercially will need to collect specimens as commercial labs will not collect specimens at this time.

For Public

- STAY UP-TO-DATE

  https://www.fairfaxcounty.gov/health/novel-coronavirus

- Sign up for text message alerts: text FFXCOVID to 888777 or sign up by text/email

- General Public Hotline: Call M-F 9:30am-9pm & Sa-Sun:9:30-5pm **703-267-3511**

- Virginia Department of Health Public COVID-19 hotline – 877-ASK-VDH3 (877-275-8343)

- For INOVA physicians: COVID-19 Care Coordination Center

  Website: www.inova.org/tmcovid19

  Email: COVID19@inova.org

  Phone: 571-472-0321

Hospital Preparedness and Response

- Dr. Steve J. Motew – Chief, Clinical Enterprise, Inova Health System

- Dr. Thomas Taghon – Chief Medical Officer, Reston Hospital Center

Public Perceptions of Healthcare and COVID-19 Testing

- "I am absolutely aghast at how this pandemic is being handled. I had to fight for my husband to get tested. I had to try multiple avenues to get tested. We'd call the ER and be told we qualify for testing, to show up and be told we don't."

- Test kits are not available

- My doctor doesn't test

- I had to go three places before I could find someone who could test

- How do we know there is no disease in the community if we're not testing?

What Success Looks Like: A Tiered and Phased Approach

- Outpatient clinicians evaluate and test patients with COVID-19 compatible illness using a commercial lab

- Emergency Departments evaluate and test more severely ill patients who may need hospital care, testing in-house (when available) or at a commercial lab

- Public Health identifies special situations – e.g., cluster of compatible disease at a skilled nursing facility, childcare center, etc. – and organizes testing at the Virginia State lab (DCLS)

- As disease and healthcare system burden increases, alternate test sites (including drive-through) are set up

- When disease is widespread in the community, testing may decrease as people with compatible disease self-isolate and seek care only if needed

Management of Potential COVID-19 Patients: Before Arrival

- Office set-up

  - Post visual alerts at entrance and triage with instructions for patients

  - Have tissues & hand sanitizer at check-in and waiting-rooms

  - Limit contact between triage personnel and potentially infectious patients

- Phone triage

  - Instruct patient how to access the office & advise to limit # of people who come to office

  - Ask potentially infectious patients wait in car and use cell phone/text message to inform them when to come into office; use alternative entrance if available to avoid waiting room

  - At point of entry to office provide a facemask

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

Management of Potential COVID-19 Patients: Check-in & Placement

- Check-in

  - Ensure all patients are asked about fever, respiratory symptoms, travel, and potential exposure to a COVID-19 patient

  - Ill patients should wear a facemask

- Move suspect COVID-19 patient immediately to an exam room with a closed door (airborne isolation room not required)

  - limit number of office staff who contact the patient

  - Ensure healthcare personnel adhere to Standard Precautions and use appropriate PPE: N95 respirator (preferred) or facemask, goggles or face-shield, gown and gloves

  - Perform hand hygiene before and after patient contact

Who to test and where?

- Testing at commercial labs

  - Test based on clinical presentation, illness course, and exposure history

  - Testing available at LabCorp and Quest

- Testing at VDH lab (DCLS) – through Fairfax County Health Department

  - Person who had close contact with a laboratory-confirmed COVID-19 patient within 14 days of onset AND fever or signs/symptoms of a lower respiratory illness;

  - Person with fever and clinically or radiographically diagnosed pneumonia requiring hospitalization AND who tested negative for influenza and other respiratory pathogens on a respiratory virus panel on initial work-up AND no alternative diagnosis;

  - Person who resides in a nursing home or long-term care facility AND who has fever or signs/symptoms of a lower respiratory illness AND who tested negative for influenza on initial work-up AND a respiratory virus panel negative for all pathogens AND no alternative diagnosis.

Role of the Health Department in Testing

- The Health Department **does** provide consultation and approval for testing to be done at the Virginia state lab

- The Health Department **does not** need to consult or approve testing sent to a commercial laboratory

- The Health Department **does not** operate a testing site and **does not** evaluate patients in our clinics to determine if a test is needed

- The Health Department **does** have a guidance document that can be given to people who are tested

Fairfax County Health Department

What Do I Need To Know If I Am Tested For COVID-19?
Prevention Steps for People Being Evaluated for COVID-19 Infection and Guidance for Household Members

Your healthcare provider is currently testing you for COVID-19. While you are awaiting laboratory results, it is crucial that you follow the prevention steps below until you receive a negative laboratory result, or your Local Health Department says you can return to your normal activities.

Stay home except to get medical care
You should restrict activities outside your home, except for getting medical care. Do not go to work, school, or public areas, and do not use public transportation, taxis or ride shares.

Separate yourself from other people in your home
As much as possible, you should stay in a different room from other people in your home. Also, you should use a separate bathroom, if available.

Call ahead before visiting your doctor
Before your medical appointment, call your healthcare provider and tell them that you are being evaluated for COVID-19 infection. This will help the healthcare provider's office take steps to keep other people from getting infected.

Wear a facemask
You should wear a facemask when you are in the same room with other people and when you visit your healthcare provider. If you cannot wear a facemask, the people who live with you should wear one while they are in the same room with you.

https://www.fairfaxcounty.gov/health/novel-coronavirus/providers

Recommendations for Testing in Outpatient Settings

- <u>Standard Precautions</u> – For all patient case use universal standard precautions

- For patients with suspected COVID-19 – use droplet precautions with additional protection recommended by CDC

- For NP specimen collection

  - If available use N-95 respirator (staff should be fit tested and instructed on proper use)

  - If N95 not available facemask may be used

  - Eye protection (goggles or face shield)

  - Gown and gloves

- Follow lab protocols for specimen collection and handling

VDH Guidance on Respiratory Protection in Shortage Situations

HCP planned proximity to the case patient during encounter	Facemask or respirator determination	
	Patient masked for entire encounter (i.e., with source control)	Unmasked patient or mask needs to be removed for any period of time during the patient encounter
HCP will remain at greater than 6 feet from symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	
HCP will be within 3 to 6 feet of symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	
HCP will be within 3 feet of symptomatic patient, including providing direct patient care	Facemask	N95 respirator/ elastomeric /PAPR, based on availability
HCP will be present in the room during nasopharyngeal or oropharyngeal specimen collection	N95 or higher-level respirator (or facemask if a respirator is not available); patient should be placed in private room with door closed	
HCP will be present in the room during aerosol generating procedures (e.g., sputum induction, open suctioning of airways) performed on symptomatic persons	N95 respirator/ elastomeric /PAPR, based on availability; patient should be placed in Airborne Infection Isolation Room	

http://www.vdh.virginia.gov/content/uploads/sites/13/2020/03/PPE-Recommendations_Shortage-Situations.pdf

NIOSH Guidance for Reuse of N95 Respirators (and Facemasks)

- Guidance allows use across multiple patients or reuse with doffing after each encounter

- Implement on a case-by-case basis and, for facilities, consult Occupational Health and Infection Control with input from local health department

- Key issues for reuse

  - Have a place to hang the respirator or put in a clean paper bag between uses

  - Number of times reused based on manufacturer instructions or $\leq$5 if no instructions

  - Discard N95s that are contaminated or used for aerosol generating procedures

  - Clean hands with soap and water or a hand sanitizer before and after touching the respirator

  - Use clean gloves when donning a used N95 and performing a user seal check

    https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html

Patient Management and Reporting

- Advise self-isolation while test results are pending

- If positive test

  - Isolate until asymptomatic and two negative tests (to be done 24 hours apart after symptoms resolve (NOTE: stay tuned for changes)

  - Self-quarantine for close contacts for 14 days (test if symptoms develop)

  - Report results to FCHD 703-409-8449

Management of Exposed Healthcare Worker w/o PPE

- CDC provides guidance on management of healthcare providers (HCPs) **"exposed"** to a COVID-19 patient without using appropriate PPE

  - Guidance includes exclusion of work for those with high and medium risk exposures

- CDC also provides the option of HCPs to continue working, especially in areas with ongoing community spread and where other options to improve staffing have been exhausted

  - HCPs should report their temperature and absence of symptoms each day prior to starting work for 14 days

  - Facilities may choose to have exposed HCPs wear a facemask for this period

Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with Coronavirus Disease (COVID–19)

March 7, 2020

Summary of Recent Changes

Update: This Interim Guidance was updated on March 7, 2020 to make the following changes:

- Updating recommendations regarding HCP contact tracing, monitoring, and work restrictions in selected circumstances. These include allowances for asymptomatic HCP who have had an exposure to a COVID-19 patient to continue to work after options to improve

https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html

Medical Office COVID-19 Pandemic Plan

- A pandemic will disrupt business as usual in a variety of ways

  - Structure of Plan and Decision Making

  - Information Sources and Updates

  - Communication and Education for staff and patients

  - Infection Control Plan

  - Surge and workload

  - Supplies

  - Staffing

  - Financial

Structure and Decision Making

Identify structure for planning and decision making

- Assign a pandemic coordinator

  - Who is in charge?

  - Who will make daily decisions?

  - Who is the back up person for this role in event of illness or out of office

- Mobilize a planning team that includes (physicians, nurses, administrative staff and front desk, etc.)

Information Sources and Updates

- Identify sources and keep updated in your plan

  - CDC: COVID-19 Main page https://www.cdc.gov/coronavirus/2019-ncov/index.html

  - CDC: COVID-19 for HCP: https://www.cdc.gov/coronavirus/2019-ncov/hcp/index.html

  - State: VDH http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/

  - Fairfax County Health Department: https://www.fairfaxcounty.gov/health/novel-coronavirus

- Who will check these sources and how often?

  - Fluid situation

  - CDC guidance changing frequently – stay informed

  - Check above resources daily!

Communication Plan for Staff and Patients

- Mode will vary based on size of practice and technology available

  - Email, practice web sites, text messages, patient portal messages, posters, staff phone tree, posters in staff lounge, department meetings, etc.

- Timing of communications – standardize if possible, i.e. daily morning huddle updates for staff

- Critical to keep all employees informed of operational issues and decisions

- Be succinct and to the point, consistent and accurate across all mediums

- Consider language proficiency and literacy levels, technological capabilities of your patients and caregivers

- Need for message redundancy

- Date and time all communications

Educate Patients

- All patients

  - Handwashing and cough/sneeze etiquette

  - COVID-19 symptoms and what to do if sick

  - Changes to office policies regarding appointments and access to care

- Potential COVID-19 infected patients

  - Call ahead before coming to the office

  - Use facemask upon entering office

    - If they have a mask use when leaving the house

  - Isolation procedure – i.e. separate entrance, wait outside office or in car, etc.

https://www.fairfaxcounty.gov/health/novel-coronavirus/resources

Educate Personnel

- General information about the SARS-COV-2 virus, transmission and prevention

  - Isolation – used to separate ill persons who have a communicable disease from those who are well

  - Quarantine – used to restrict movement of well persons who might have been exposed and monitor to see if they become ill

  - Social Distancing – measures are taken to restrict when and where people can gather to stop or slow the spread of infectious diseases

- Office infection control policies and procedures

- PPE usage – who, when are where

- Surge control policies and procedures

- HR policies, staff support, and stress management

Infection Control in Office Based-Setting

- General Policies –

  - Inform patients of enhanced infection control measures

  - Signage – place signage on front doors, in waiting area, in hallways and in each exam room

  - Explore alternate check in/out procedures to avoid contact

  - Have soap and water or alcohol-based gel solution available in each exam room, alcohol-based gel, tissues and masks at front entrance

Infection Control in Office Based-Setting

- Identify a limited # of exam rooms for isolation purposes

- Limit # of staff who will have contact with potentially infectious patients

- Clean exam rooms with EPA registered list N disinfectant or 1:50 dilution bleach solution after each patient

- Clean waiting room twice a day (lunch time and end of day) if possible

- Remove magazines and toys from waiting room (advised patients to bring their own reading materials and toys)

- Consider using separate offices for respiratory patients, if not available separate blocks of appointments for sick patients (i.e. respiratory patients only in PM slots and routine care in AM)

Infection Control in Office-Based Setting: Protect Staff

- Emphasize hand washing, cough/sneeze etiquette

- Have individual telephone headsets for receptionist staff, advise nurses, or others who primary use telephones in the office

- Keep alcohol wipes near each phone and wipe down between users

- Keep alcohol wipes or appropriate computer disinfectant wipes near each computer keyboard and wipe down between users.

- Learn proper techniques for donning and removing PPE

- Advise staff NOT to come to work if they are sick

Respirator Program for Office

- CDC recommends starting a respirator program if you don't already have one.

- Consult OSHA guidelines for respirator program

- Establish who in office will be responsible for fit testing

- Medical screening prior to fit testing

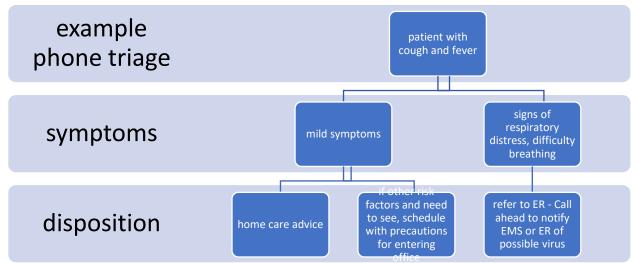- Conduct fit testing upon hire and then annually

Surge and Workload

- Some offices (primary care) will see increase in demand

- Some offices (surgical and subspecialty) may see decreases in demand

- Expect increase telephone calls

- Put extra nurses on phones to triage and educate patients, consider telecommuting for telephone triage nurses

- Determine triage protocols of who needs to come in, who can be treated at home and who to refer to ER

example phone triage	patient with cough and fever
symptoms	mild symptoms / signs of respiratory distress, difficulty breathing
disposition	home care advice / if other risk factors and need to see, schedule with precautions for entering office / refer to ER - Call ahead to notify EMS or ER of possible virus

Surge and Workload

- Expand office hours

- Establish more frequent but shorter shifts for both staff and physicians

- Examine options for increasing productivity – i.e. preprinted COVID-19 assessment sheets, computer protocols –write new templates for EHR

- Determine policy for dealing with "walk-ins" (triage before sending them out – liability)

- Establish maximum numbers in waiting areas

Surge and Workload

- Consider using non-clinical office space for overload capacity

- Consider canceling or limiting routine appointments and f/u appointments to make room for sick patients

- Provide refills for longer periods of time and over the phone if possible

- Consider providing patient care through secure HIPPA compliant telehealth platforms

- Have readily available handouts for community-based resources

Surge and Workload

- Everyone will be dealing with surge therefore,

  - DO NOT SEND MILDLY ILL PATIENTS TO THE EMERGENCY DEPARTMENT OR URGENT CARE CENTER

  - DO ENCOURAGE MILDLY ILL PATIENTS TO STAY HOME

  - Establish infection control procedures to enable you to test patients in your office
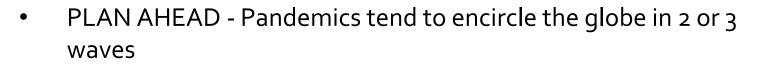
Supplies

- Identify needs (mask, gowns, goggles, hand hygiene, medical supplies)

- Have a plan to request resources when normal channel resources have been exhausted

- Contact your supplier and ask what their plans are and how they can support you during this pandemic

- Plans should include stockpiling at least three extra weeks of supplies

- Identify appropriate storage space for pandemic supplies

- Protect critical supplies in locked storage, watch for theft

- Release of supplies from the Strategic National Stockpile (SNS)

Staffing

- PLAN AHEAD - Pandemics tend to encircle the globe in 2 or 3 waves

- Severity of waves in each community can vary

- Expect first wave of pandemic to last 2-4 months

- Waves most likely in spring, fall and winter, however summer waves *have* occurred

- Once widespread outbreak in community, expect absenteeism of health workers to be <u>*at least*</u> 20% at any one time (may be as high as 40%)

Staffing

- Recommend cancellation of outside activities (meetings, travel, etc.) for all staff to minimize exposure

- Identify retired or prior employees who might be able to be on a recall list to work on short notice

- Liberal leave policy for ill employees

- Childcare issues

  - Talk to staff about emergency plans

  - Plan to set up a mini day care (for well children only) in a back office or conference room

  - Consider providing a babysitter for your staff so they can come to work (or use one staff member as a sitter so others can work)
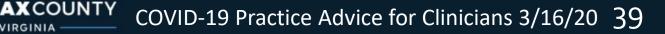
Staffing

- Reassess your flow and paperwork, etc. to minimize need for employees and minimize contact with infected patients

- Determine minimum number of employees necessary to operate

- Determine at what point would you close your office

- Establish personnel policies for liberal leave and pay in the event of office closure

- Support staff mental health and watch for burnout

Financial

- Plan for cash flow shortage

  - Increase expenditures for supplies and possible staff overtime

  - Paying staff who are on isolation as a result of work exposure

  - Decrease billing and collections secondary to personnel shortage

  - Patients who are out of work may not be able to pay their bills

  - Consider establishing prolonged payment terms with suppliers

  - Establish line of credit with your bank to cover 1-2 payrolls plus your salary

Thank You!

Questions? Benjamin.Schwartz@fairfaxcounty.gov