

COVID-19 Response

Indian Healthcare Provider COVID-19 Response Meeting



March 6, 2020



Meeting Objectives

- Provide practical, immediately applicable guidance to Indian healthcare providers (Tribes and urban Indian health programs) on best practices for COVID-19 outbreak
- Provide clear, actionable guidance on coordination with LHJs on testing and reporting
- Provide clear, actionable guidance on infection control practices
- Provide guidance on PPE, including requesting resources, fit testing, maximizing supply
- Provide situation update

Agenda

- Welcome and Introductions
- Situation Report
- How Can Indian Healthcare Providers Prepare
- PPE
- Infection Control
- Providing Care
- Q & A

PRESENTERS

- Scott Lindquist, MD, MPH
 - State Epidemiologist for Infectious Diseases
 - Health Officer for Port Gamble S'Klallam Tribe
- Anne Newcombe, MSc, RN
 - Healthcare Preparedness Coordinator
- Lou Schmitz
 - Public Health Emergency Preparedness and Response, AIHC

Situation Report

- Washington State
 - Cases
 - 51 King County
 - 8 Snohomish County
 - 1 Grant County
 - 60 TOTAL
 - Fatalities
 - 10
 - Persons Under Public Health Supervision
 - 231
 - **0 Known Cases on Tribal Lands**

Update on Washington's Healthcare System Planning

- Assessing the “state of the healthcare system” (e.g., hospital beds, ICU beds, staffing, PPE)
 - ◆ *Healthcare Coalitions*
- Medical Surge (maximizing and expanding capacity, decreasing demand)
 - ◆ *Healthcare Coalitions and Local Health Jurisdictions*
- Policy Conservation strategies / Crisis Standard of Care guidelines (Disaster Medical Advisory Committee)
 - ◆ *Healthcare Coalitions and Local Health Jurisdictions*
- Fatality management
 - ◆ *Local Health Jurisdictions*

Prepare

- Stay informed – weekly LERC/RERC calls, weekly MAC calls, weekly LHO calls
 - AIHC: www.aihc-wa.com
 - DOH: www.doh.wa.gov
 - CDC: www.cdc.gov
- Contact your partners at LHJ and local hospital
 - Discuss how you will be coordinating response activities
 - <https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions>
- Maintain emergency contact list
 - Tribal emergency manager
 - Tribe's Incident Commander
 - LHJ 24 hour CD line
- Stand Up ICS
- Track all COVID-19 expenses and staff hours

Prepare

- Brief clinic staff at least daily
- Prepare information to share with your community and patients and distribute
 - Every community member is key to helping control the spread of disease
 - Community members cannot do their part in controlling disease spread without clear, accurate guidance
- Review clinic staff sick leave policies
- Consider whether you will need an additional alternate location to provide care
 - For example, do you want to set up a location separate from the customary area for patients to see patients who report COVID-19-like symptoms?

Tribal and UIHP Readiness Assessment

All but 2 of the Tribes with clinics responded

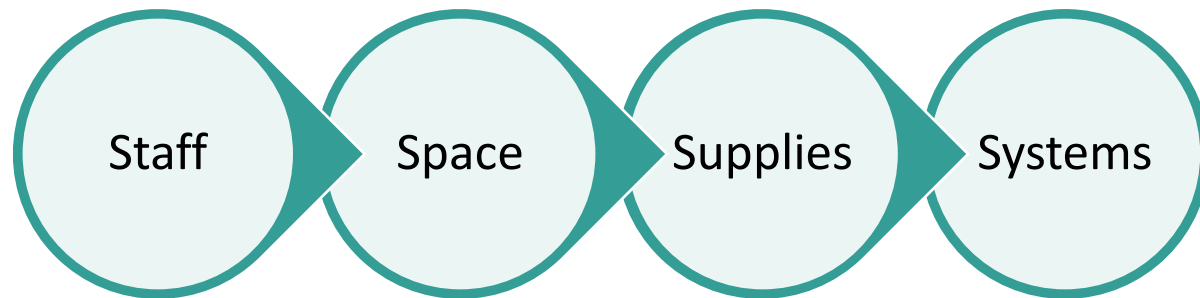
Both UIHPs responded

- Only 1 Tribe and 1 UIHP have an AIIR room
- Only 1 Tribe and 0 UIHP have a negative air pressure room
- 46% do not have access to an infection preventionist
- 41% do not have access to a trained N95 fit tester
- 33% do not have a plan in place for screening, identifying and isolating potential high consequence infections disease cases

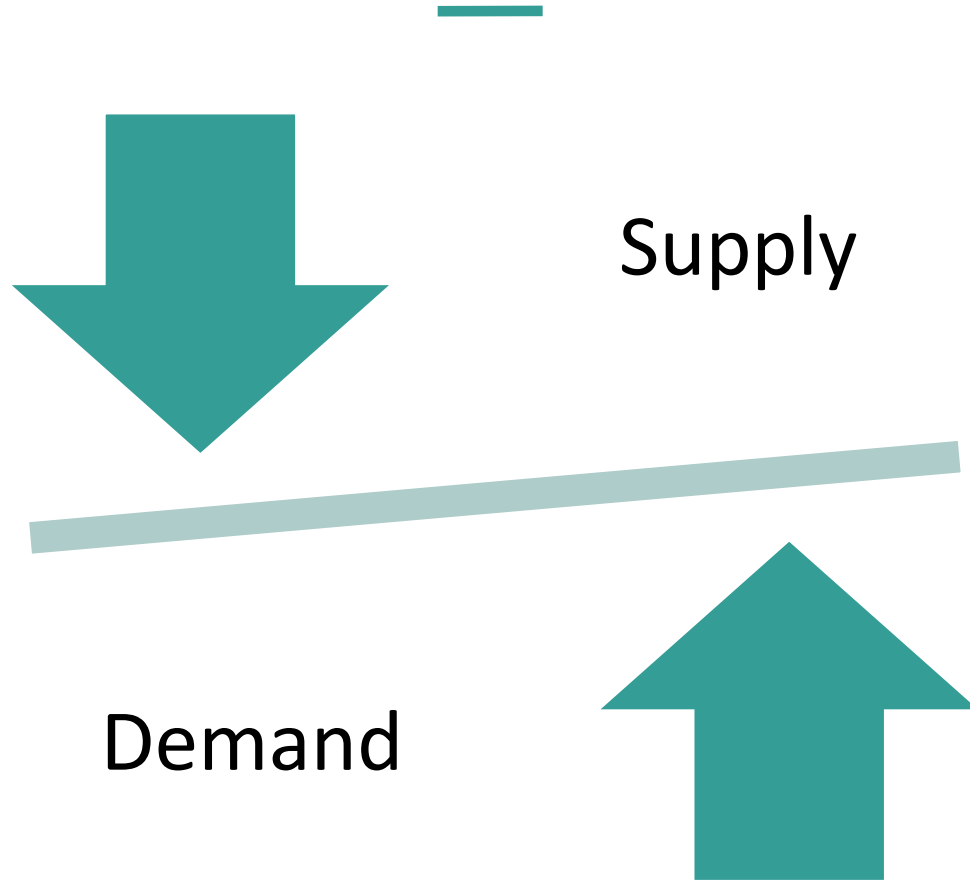
Tribal and UIHP Readiness Assessment

- 37% have concerns regarding waste management for a suspected COVID-19 case
- 75% are concerned about ability to restock N95 masks
- 73% are concerned about ability to restock other PPE
- 62% have capability for telehealth (most of this is by telephone – only 17% have video telehealth capability)
- 76% have capability for home acute care visits
- 38% have capability for lab sampling through home health care service
- 78% feel they are receiving relevant and up to date information regarding screening and isolation of potential COVID-19 cases

Strategies for Managing Increased Workload



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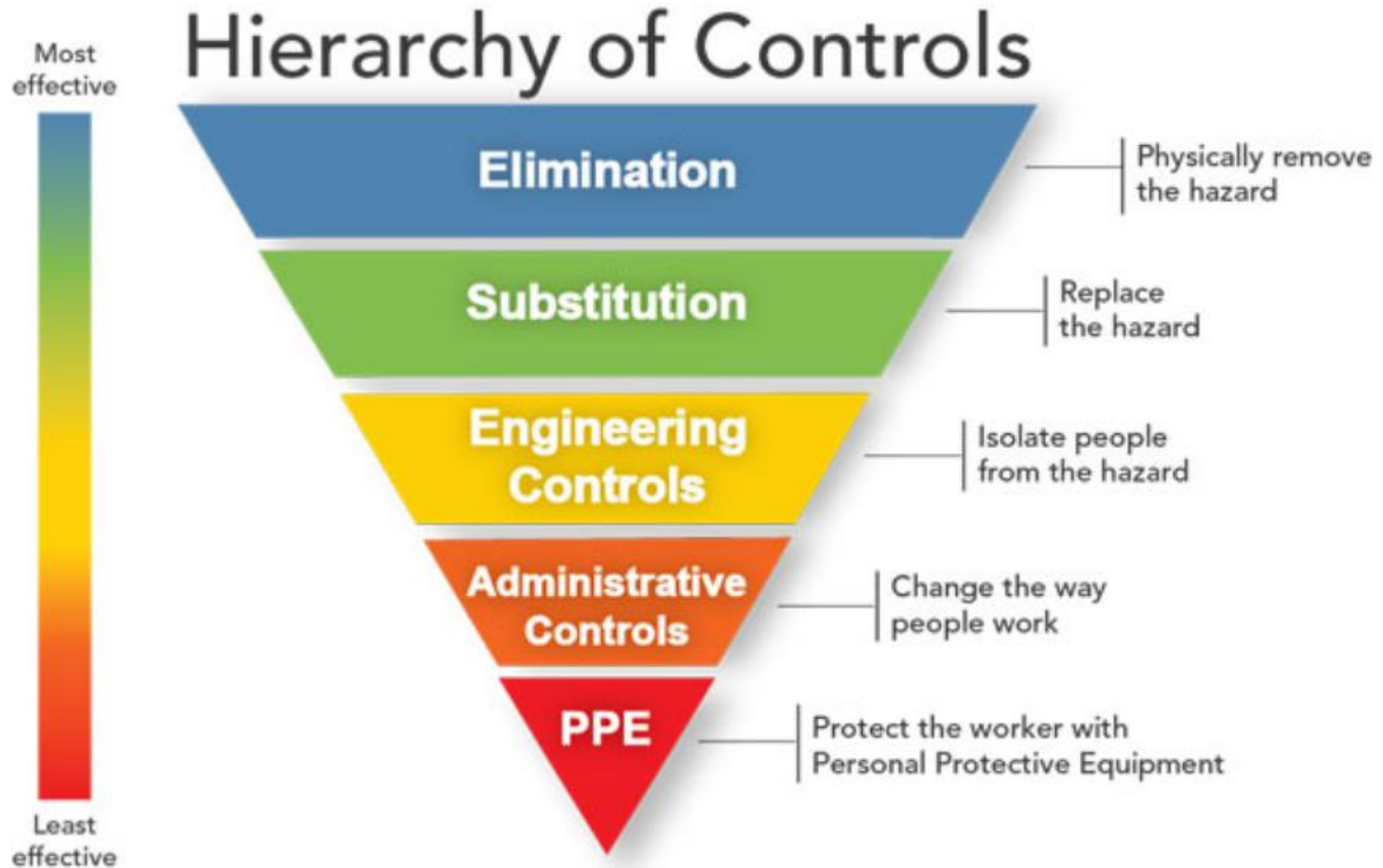
- Decrease demand of services
 - Online self-assessment tool
 - Protocols for nurse telephone triage lines
 - Telemedicine

- Increase supply of services
 - Re-purposing space
 - Expanded clinics hours
 - Rescheduling routine clinic visits
 - Postponing elective surgeries and admissions
 - Alternate care facilities/systems

Strategies for Managing Increased Workload

- Provide medication refills by phone or online for existing patients
- Expand triage capacity, implement phone triage
- Cancel and/or reschedule non-urgent/routine appointments (e.g. well child, social services, elective procedures, etc.)
- Increase type and level of in-house procedures, to limit hospital referrals (e.g. performing minor procedures laceration repair, splinting)

Personal Protection Strategies



Reference: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-supply-strategies.html>

PPE – Appropriate Use and Conservation

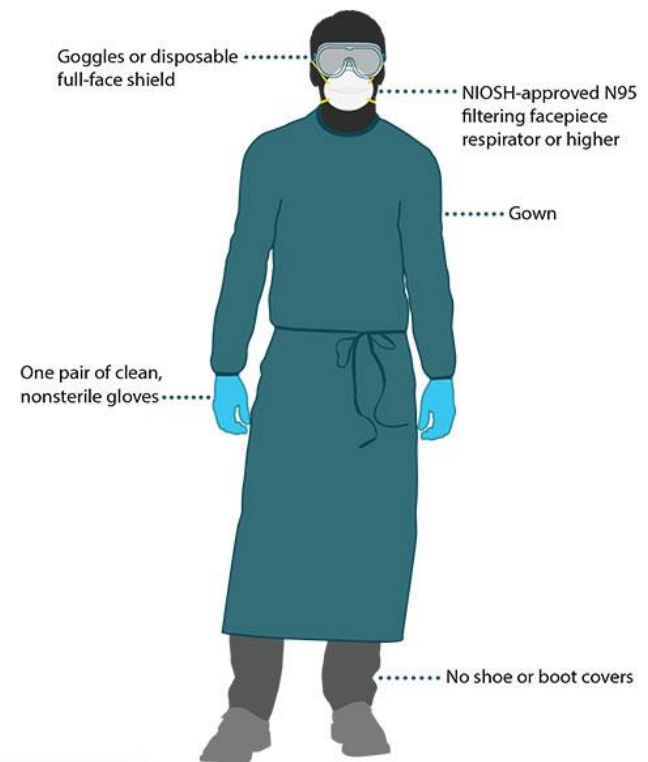
- Health Care Worker protection
 - NIOSH approved fit tested N-95 respirator or higher such as a powered air-purifying respirator (PAPR)
Protocols for nurse triage lines
 - Isolation gowns
 - Eye protection (e.g., goggles, or a disposable face shield that covers the front and sides of the face)
 - Clean, nonsterile gloves

PPE – Appropriate Use and Conservation

- Minimize the number of individuals who need to use respiratory protection – bundling care
- Use alternatives to N95 respirators (e.g., other classes of filtering facepiece respirators, elastomeric half-mask and full facepiece air purifying respirators, powered air purifying respirators)
- Implement practices allowing extended use and/or limited reuse of N95 respirators, when acceptable
- Prioritize the use of N95 respirators for those personnel at the highest risk of contracting or experiencing complications of infection.
- Keeping positive patients together (cohorting patients)

Personal Protective Equipment (PPE)

- Keeping track of inventory
- Fit testing
 - Is specific to mask size and brand
 - There is a request in to IMT to see if we can find a resource to assist tribes with fit testing



03/24/20 4. 6/23/20

For more information: www.cdc.gov/COVID19

Personal Protective Equipment (PPE)

- Resource requests

- <https://aihc-wa.com/wp-content/uploads/2020/02/Process-for-Requesting-Resources.pdf>

INFECTION CONTROL

Use standard, contact, droplet and airborne precautions when interacting with patients, including:

- Hand hygiene before donning gloves and before contact with the patient or environment
- Gloves
- Fluid resistant gown
- Surgical mask (in most cases)
- NIOSH-approved and fit-tested N95 mask OR Controlled Air Purifying Respiratory (CAPR)/Powered Air Purifying Respirator (PAPR) if aerosol generating procedures are occurring
- Eye protection (e.g. goggles or face shield)
- Hand hygiene after removing gloves and after contact with the patient or environment
- Limit the number of staff entering the room and document which staff have contact with the patient

INFECTION CONTROL

- Phone Triage
- Parking lot testing
- Is testing going to change your management or advice?

PATIENT CARE

Rooming and waiting room procedures

- Instruct patient to wear a mask covering both the nose and the mouth and apply hand sanitizer to their hands
- Isolate the patient in a private room. If patient must sit in the waiting room, instruct them to sit no less than 6 feet away from others and practice respiratory etiquette.
 - Place patient in an Airborne Infection Isolation Room (AIIR) if available, or negative air flow room
- If AIIR is or negative air flow room is unavailable, place him/her in a private examination room with the door closed
 - Do not reuse this room for other patients until instructed by your partner local health jurisdiction (LHJ) or Washington State Department of Health (DOH)

PATIENT CARE

- How to properly refer/transport patients to hospital or other care facilities
 - Transport with EMS alerted to possible COVID-19
 - Mask on patient
 - EMS with appropriate PPE
 - Cleaning and disinfection protocols are available

TESTING

Process

- Who tests
 - Current labs include State Public Health Lab, University of Washington Virology lab, and Labcorp
- How to access tests
 - Public health lab is accessible through your local health jurisdiction. The PHL is prioritizing outbreaks, healthcare workers or healthcare facilities, severe or critical illness, and deaths.
 - Private and commercial labs can test essentially anyone.

TESTING

- The hardest part of testing is obtaining the nasopharyngeal (NP) and oropharyngeal (OP) specimen because it requires a healthcare worker to be in Gown, Gloves, N-95 mask, and face shield.
- Are your staff fit tested for N-95 masks?
- Do you have enough supplies of gown, gloves and masks?

NOTIFICATION

- Positive results for COVID-19 are reportable to the Local Health Jurisdiction.
- Labs, facilities and providers are required to report positive test results immediately.
- The name and contact information is collected and the LHJ will do a case investigation. Patients are isolated at home and contacts to the case are identified.
- Contacts are asked to avoid school and work for 14 days.



● NEXT STEPS

- What other resources would be useful?
- Would you like to set ongoing meetings? Or, are we having enough meetings already!?



Questions?