

COVID-19

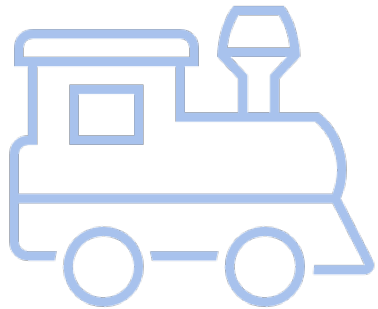
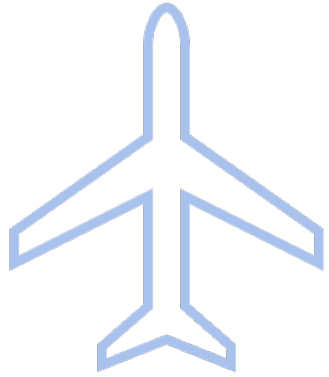
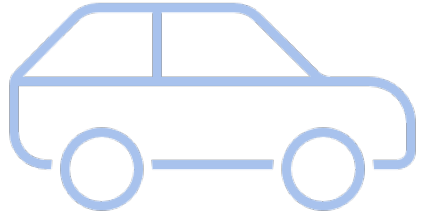
Back to Basics

Your Center Moving Forward
8.24.2020

DONNA NUCCI RN MS CIC

Back to Basics

- Reignite education programs – get in some CEUs
- Training should include hand hygiene, handling contaminated, instruments/scopes, cleaning and surgical skin preparation
- A weekly COVID-19 huddle
- Document all training for surveyor review



Employee Travel

If you are thinking about traveling away from your local community, ask:

Is [COVID-19 spreading](#) where you're going?

You can get infected while traveling.

Is [COVID-19 spreading](#) in your community?

Even if you don't have symptoms, you can spread COVID-19 to others while traveling.

Will you or those you are traveling with be within 6 feet of others during or after your trip?

Being within 6 feet of others increases your chances of getting infected and infecting others.

Are you or those you are traveling with [more likely to get very ill from COVID-19](#)?

Individuals who have [an increased risk of severe illness from COVID-19](#) should limit their travel.

Do you live with someone who is [more likely to get very ill from COVID-19](#)?

If you get infected while traveling you can spread COVID-19 to loved ones when you return, even if you don't have symptoms.

Does the state or local government where you live or at your destination require you to stay home for 14 days after traveling?

Some state and local governments may require people who have recently traveled to stay home for 14 days.

If you get sick with COVID-19, will you have to miss work or school?

People with COVID-19 disease need to stay home until they are [no longer considered infectious](#).

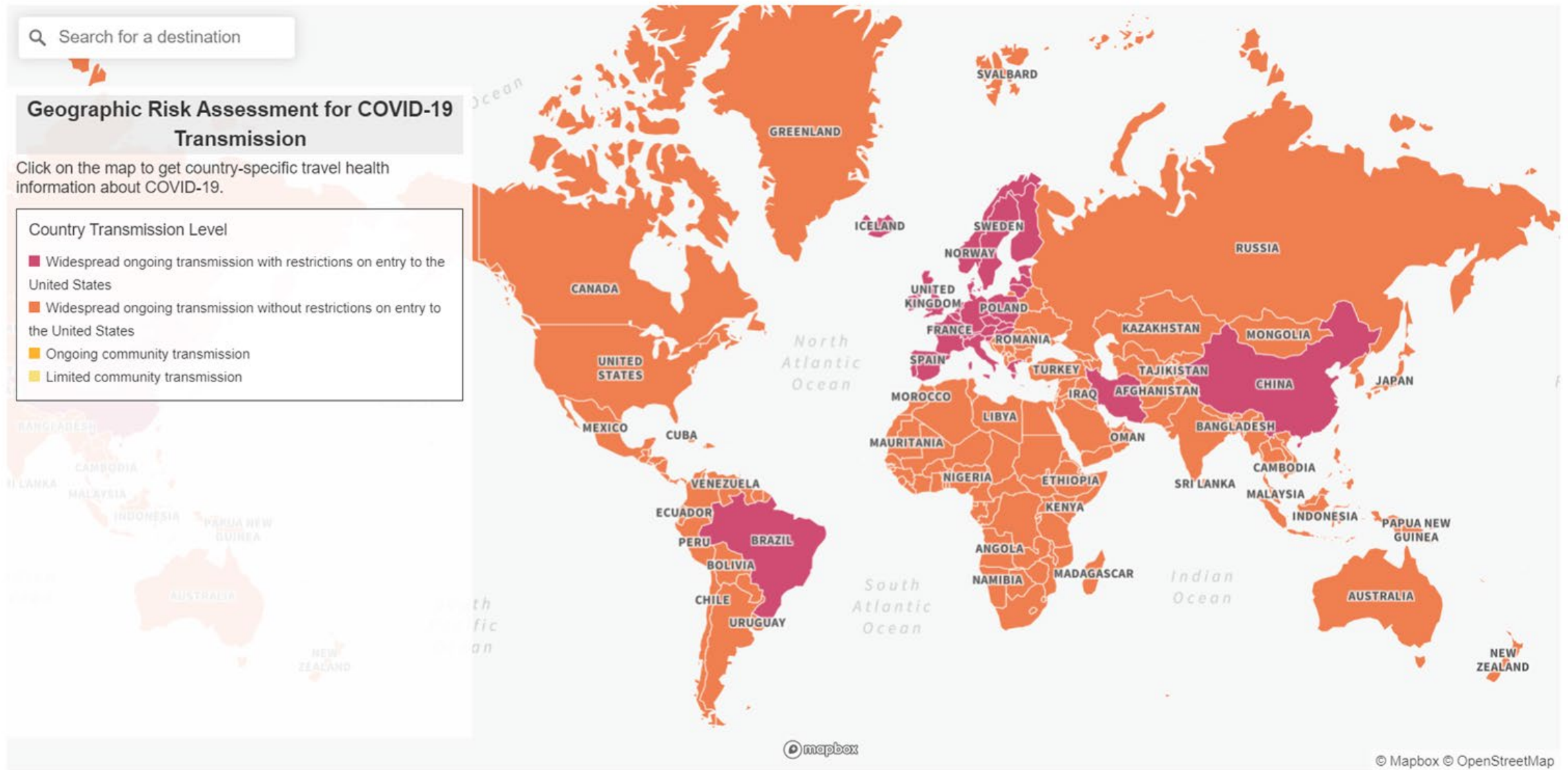
Search for a destination

Geographic Risk Assessment for COVID-19 Transmission

Click on the map to get country-specific travel health information about COVID-19.

Country Transmission Level

- Widespread ongoing transmission with restrictions on entry to the United States
- Widespread ongoing transmission without restrictions on entry to the United States
- Ongoing community transmission
- Limited community transmission





Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

CT Travel Advisory

CONNECTICUT TRAVEL ADVISORY

Pursuant to Governor Ned Lamont's [Executive Order 7BBB](#), I am hereby issuing a travel advisory, effective at 12:01 a.m. on June 25, 2020, which shall be communicated widely at all major points of entry into Connecticut, including on highway message boards and in all Connecticut airports, that:

1. Travelers and Connecticut Residents Affected:

- A. Anyone traveling into Connecticut from a state that has either (1) a new daily COVID-19 positive test rate higher than 10 per 100,000 residents over a 7-day rolling average or (2) a 10% or higher test positivity rate over a 7-day rolling average, is strongly advised to self-quarantine for a 14-day period from the time of last contact within the identified state.
- B. This travel advisory also applies to Connecticut residents who are returning from a visit to the impacted states.
- C. Only travelers who are unable to quarantine for the required 14-day period should consider a testing alternative. Those travelers should have a negative test for COVID-19 in the 72 hours prior to arriving in Connecticut. If a test was obtained in the 72 hours prior to travel but the result is still pending at the time of arrival in Connecticut, travelers should remain in quarantine in Connecticut until the test result is received. If the test result is positive and the traveler is asymptomatic, the traveler should self-isolate for 10 days from the date of the test. Travelers who test positive for COVID-19 prior to traveling to Connecticut should delay such travel and consult with a medical professional.
- D. Travelers and those residents who are returning from impacted states should self-quarantine at their home, or a hotel or other temporary lodging.
- E. Does not apply to any individual passing through impacted states for a limited duration through the course of travel. Examples of such brief passage include, but are not limited to, stopping at rest stops for vehicles, or layovers for air travel, bus travel or train travel.

2. **Impacted States:** As of June 30, 2020, the current impacted states are: Alabama, Arkansas, Arizona, California, Florida, Georgia, Iowa, Idaho, Louisiana, Mississippi, North Carolina, Nevada, South Carolina, Tennessee, Texas, and Utah. This list of states is fluid and will be updated weekly on the [Connecticut Travel Advisory webpage](#) of Connecticut's COVID-19 Response website.

The advisory applies to any person arriving from a state with a positive test rate higher than 10 per 100,000 residents, or higher than a 10% test positivity rate over a seven (7) day rolling average. The list of states is fluid and will be updated weekly on Tuesdays on this website.

<https://portal.ct.gov/Coronavirus/travel>



Phone: (860) 509-7101 • Fax: (860) 509-7777
Telecommunications Relay Service 7-1-1
410 Capitol Avenue, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

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NY Travel Advisory

<https://coronavirus.health.ny.gov/covid-19-travel-advisory>

STATE OF NEW YORK : DEPARTMENT OF HEALTH

IN THE MATTER
OF
COVID-19 NEW YORK STATE
TRAVELER HEALTH FORM

ORDER FOR
SUMMARY
ACTION

WHEREAS, 2019-Novel Coronavirus (2019-nCoV) (hereinafter referred to as “COVID-19”) is an infection associated with fever and signs and symptoms of pneumonia or other respiratory illness, that is easily transmitted from person to person predominantly through droplet transmission, and has significant public health consequences; and

WHEREAS, on January 30, 2020, the World Health Organization designated the novel coronavirus, COVID-19, outbreak as a Public Health Emergency of International Concern; and

WHEREAS, on March 7, 2020, Governor Andrew M. Cuomo (“Governor Cuomo”) issued Executive Order No. 202 declaring a State disaster emergency related to the impact and effect of COVID-19 transmission in New York; and

WHEREAS, since March 2020, Governor Cuomo and the Department of Health have issued numerous evidence-based Orders, Regulations and Guidelines aimed at minimizing the transmission of COVID-19 by placing restrictions and requirements on businesses and individuals in the State of New York; and

WHEREAS, these Orders, Regulations and Guidelines and the efforts of New York residents to comply therewith has led to a reduction in transmission of COVID-19 in New York, such that New York has gone from having the highest COVID-19 infection rate to one of the lowest in the County and is one of only a few states reported to be on track to contain COVID-19; and

WHEREAS, other states that have taken a less cautious approach to addressing the COVID-19 pandemic are currently experiencing an exponential increase in the prevalence of COVID-19; and

WHEREAS, on June 24, 2020, Governor Cuomo issued Executive Order No. 205 entitled Quarantine Restrictions on Travelers Arriving in New York, which required that the Department of Health issue a travel advisory requiring that all travelers entering New York from a state with a positive rate higher than 10 per 100,000 residents, or higher than a 10% positivity rate, over a seven day rolling average, will be required to quarantine or a period of 14 days consistent with Department of Health regulations for quarantine; and

MA Travel Advisory

<https://www.mass.gov/info-details/covid-19-travel-order>

Attention: Visitors Entering Massachusetts



Attention Visitors

All visitors are expected to self-quarantine for 14 days, except for those traveling from New England, New York and New Jersey.

Massachusetts expects all visitors to:

- wear masks or face coverings in public places when you can't keep 6 feet from others
- practice social distancing and frequent hand-washing to prevent the spread of COVID-19

Healthcare, Public Health, Public Safety, Transportation and other essential workers are exempt from the 14 day self-quarantine requirement.

Visit [mass.gov/COVID19](https://www.mass.gov/COVID19) to learn more.

Symptoms of COVID-19 can include:

- Fever (100.4 °F/38 °C or higher)
- Cough
- Shortness of breath

If you have symptoms:

- Call ahead before you go to a doctor's office or emergency room.
- Tell the doctor about your recent travel and your symptoms.
- Avoid contact with others.

YOUR COMPLIANCE IS EXPECTED



WI Travel Advisory

<https://www.dhs.wisconsin.gov/covid-19/travel.htm>

- Services
- Businesses, Employers, and Workers
- Community and Faith-Based
- Schools and Child Care
- Travel**
- Outbreaks in Wisconsin
- Wisconsin Data
- ASL, Language, & Print Resources
- DHS Partners
- State Emergency Operations Response

Considerations for all travelers

Before traveling away from your local community, consider the following:

It is necessary that you make this trip? Each trip outside your local community has risks for you, those you live with, your community, and the community you are traveling to.

Is COVID-19 spreading where you're going? You can get infected while traveling.

Is COVID-19 spreading in your community? Even if you don't have symptoms, you can spread COVID-19 to others while traveling.

Will you or those you are traveling with be within 6 feet of others during or after your trip? This increases your risk of getting infected and infecting others.

Are you or other travelers at **high risk** for becoming hospitalized from COVID-19?

Do you live with someone who is at high risk for becoming hospitalized from COVID-19?

Does the city or county where you live or visit require you to stay home for 14 days after traveling?

Do not travel if you are sick, or if you have been around someone with COVID-19 in the past 14 days. Do not travel with someone who is sick.

[CDC's Considerations for Travelers](#) page has more information about travel.

Travel within Wisconsin

We do not recommend travel between your private homes within the state. If you have been infected with COVID-19 and don't yet have symptoms, travel to seasonal homes or rental cabins may raise the risk of you exposing others in the host community that you interact with at grocery stores, gas stations and other public places. This could be particularly challenging if you are in areas with few doctors or hospitals. This is for your safety and wellbeing as well as the safety of our rural counties and tribal communities.

Several counties in Wisconsin have issued travel advisories for seasonal and second homeowners. If you must travel, be sure to check for area-specific safety updates and closures. You may need to stay in place, or self-quarantine, for 14 days once you arrive at your destination.

Bring everything you will need, including your own groceries, medications, and

Clean and Disinfect

Protect yourself by learning [what to clean, how to clean and disinfect, and what products to use](#), is available in multiple languages.

Your Privacy Matters

[Read the common](#)

<https://www.dhs.wisconsin.gov/covid-19/travel.htm>[7/16/2020 5:07:16 PM]

SC Travel Advisory

<https://www.scdhec.gov/infectious-diseases/viruses/coronavirus-disease-2019-covid-19/travelers-covid-19>

diseases/viruses/coronavirus-disease-2019-covid-19/use-

There is widespread or ongoing transmission of novel coronavirus worldwide <https://www.cdc.gov/travel/notices/warning/coronavirus-global>. If you have traveled internationally in the past 14 days, stay home and monitor your health.

Travelers returning home from an area with widespread or ongoing community spread are recommended to stay home for a period of 14 days from the time you left that area.

Daily Temperature & Symptom Monitoring Worksheet

<https://www.scdhec.gov/sites/default/files/media/document/information_and_14-day_monitoring_sheet.pdf>

Please refer to CDC's COVID-19 Travel page <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html> for a list of countries and additional travel-related information.

CDC Travel Recommendations by Country <https://www.cdc.gov/coronavirus/2019-ncov/travelers/map-and-travel-notices.html>

CDC Travelers Returning from Cruise Ship and River Cruise Voyages <https://www.cdc.gov/coronavirus/2019-ncov/travelers/returning-cruise-voyages.html>

Home & Community </resources-community-covid-19>

Older Adults & Medical Conditions </older-adults-medical-conditions-covid-19>

Children

Schools & Childcare Centers </schools-childcare-centers-covid-19>

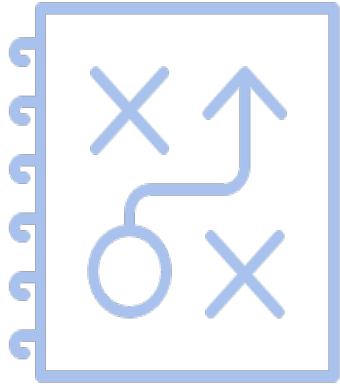
Colleges & Universities </colleges-universities-covid-19>

Businesses & Employers </businesses-employers-covid-19>



Lunchrooms and Exposure

- Take lunch in shifts
- Remain 6 feet apart
- Never be closer than 6 feet unmasked for more than 10 minutes
- Eat outside if/when possible
- HCP should always wear a mask even in breakrooms where they will encounter co-workers



Winter and COVID-19

- Flu shots for all staff starting mid-September-October.
- Make sure staff is aware of the key differences between flu and COVID-19 symptoms.
- I recommend making the flu vaccine mandatory.
- The CDC has developed a test that will check for A and B type seasonal flu viruses and SARS CoV-2, the virus that causes COVID-19, but I anticipate this could be limited in many areas of the country.



Annual Plan

Please add this to your annual plan: Date June 2020 Governing body should accept

COVID-19 has impacted dramatically the strategies our center utilizes in mitigating risk in the care and safety of our patients and employees. Since March 2020 "name of facility" has followed all guidance from our State Health Department, CDC and CMS.

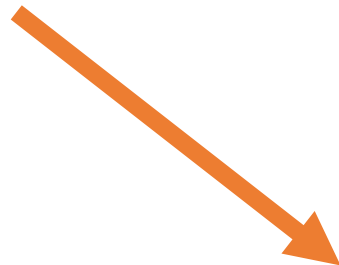
Careful consideration has been taken to reduce the risk of transmission of COVID-19 to our patients and staff members. May 18th the CDC released new guidance providing key considerations for performing non-COVID-19 clinical care during the COVID-19 pandemic. "Name of Center" has adopted the CDC [Framework for Healthcare Systems Providing Non-COVID-19 Clinical Care During the COVID-19 Pandemic](#) in opening the center to a full safe capacity. On June 8th CMS released a guidance document <https://www.cms.gov/files/document/covid-recommendations-reopening-facilities-provide-non-emergent-care.pdf>. Non-emergent, Non-COVID care (NCC) will be offered to patients, as clinically appropriate, taking into consideration there are currently resources to provide such care, as well as the ability to quickly respond to a surge in COVID-19 cases, if necessary. The decision to remain open and practice considerations are consistent with Federal, State, and local orders, and CDC guidance and were made in collaboration with State and local public health authorities. Careful planning was made to safely deliver in-person care to patients requiring NCC, and all aspects of care were considered — for example: • Adequate facilities, workforce, viral testing (<https://www.cdc.gov/coronavirus/2019-ncov/testing/diagnostic-testing.html>) for SARS-Cov-2, PPE, and supplies across all phases of care. • Adequate workforce across all phases of care (such as availability of clinicians, nurses, anesthesia, pharmacy, imaging, pathology support, and post-acute care). "name of facility" will continue to monitor COVID-19 data and our COVID-19 task force will monitor guidance updates from the CDC, CMS and the Department of Health. Modifications will be made if there are changes to our facilities, workforce, viral testing capability for SARS-Cov-2, PPE, and all other supplies.

Blanket statement concerning policies and plan- Modify as you see fit. “name of facility’ will review CDC and Department of Health guidance as COVID-19 recommendations change frequently. All policies can be modified during a pandemic response to reflect current best practice related to the care of patients during the COVID-19 pandemic. Written polices will be updated on their anniversary and all policies will be superseded by current guidance as needed and reflected in facility COVID-19 updates.

Since it is not feasible to change all polices every time there is a CDC update it is a good idea to notate how COVID updates are communicated and have documentation about education and changes.

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/index.html>

Please add this to your annual plan tab: Disease Risk



	A	B	C	D	E	F	G	H
4			Patient	On Care of Patient	Internal	External		
5		• What is the probability of the event presenting?	o Physical severity of this event for the patient o Patient Presents with Active disease	o Additional cleaning, isolation, ability to function o Additional staffing needs for event	o Staff knowledge and ability to respond o Policy and Procedures in place o Leadership support	o External support DOH, etc. regulations for this type of problem CMS, TJC	Relative threat* to this facility	
6	SCORE	0 = None Low Moderate High	1 = 2 = 3 =	0 = None 1 = Low 2 = Moderate 3 = High	0 = None 1 = Low 2 = Moderate 3 = High	0 = High 1 = Moderate 2 = Low 3 = None	0 = High 1 = Moderate 2 = Low 3 = None	0 - 100%
7	MDRO (e.g.MRSA)	2	2	2	0	0	17%	
8	Tuberculosis	1	2	2	1	1	13%	
9	Hepatitis B	2	2	1	0	1	17%	
10	Hepatitis C	2	2	1	0	1	17%	
11	HIV	2	2	1	0	1	17%	
12	Varicella Shingles and Chickenpox	1	2	1	1	1	10%	
13	Measles	1	2	1	1	1	10%	
14	C difficile	1	2	2	1	1	13%	
15	COVID-19	3	3	3	1	2	56%	* depends on community prevalence
16	Influenza Higher during flu season.2020 season severity high	3	3	3	1	2	56%	
17	*Threat increases with percentage.							
18								
19								
20								
		Disease risk	Populations-Patient	Geographic_Risk	Services specific R	Procedural-Devi		

*Reminder risks associated with COVID-19 are dependent on community prevalence.

If you've been following COVID-19 data, you've probably encountered the “positivity rate” or “percent positive” metric. This tells us how many tests, out of all the tests conducted, have come back positive. When this percentage goes down, either an outbreak is fading or testing is rising—or both. For example, if a state's positivity rate goes from ten percent (one in 10 tests comes back positive) to five percent (one in 20 tests comes back positive), that's a major improvement, which could suggest that testing is now available for not just the most severe cases.

This difference of five percent can have a tremendous epidemiological impact. While it does communicate an important piece of information, it's not the most precise or immediately understandable metric.

NASAL DECOLONIZATION

"the study presents no substantive evidence that nasal/oral decontamination would actually reduce viral transmission. Perhaps more importantly, application of nasal povidone-iodine could induce sneezing, paradoxically increasing the spread of aerosolized viral particles, and a chlorhexidine mouth rinse might also risk inducing coughing (or at the very least some expectoration) which could also increase the risk of contamination. The theoretical benefit of decolonization with preoperative nasal povidone-iodine and chlorhexidine mouth rinse needs to balance with the potential risk of inducing aerosolizing complications, such that one does not increase the risk they are attempting to mitigate"

Check Anesthesia Guidance Often

<https://www.apsf.org/covid-19-and-anesthesia-faq/>



Cleaning Materials

- Cleaning products remain in short supply and will be so for the foreseeable future.
- Use an EPA approved product
<https://www.cdc.gov/hai/prevent/resource-limited/cleaning-procedures.html>
- Remember risk determines the cleaning frequency:
 - Probability of contamination,
 - Vulnerability of the patients to infection, and
 - Potential for exposure (high-touch v. low-touch surfaces)



Documents

All documents are available in your email from 6/11/2020. If you require updated access to the Drive folder, please let me know.

FORM A COVID-19 TASK FORCE

Report task
force updates
during daily
huddle

Assign a roles and include governing board to clarify, interpret, and iterate policies, make real-time decisions, and initiate and communicate messaging.

- Function: Real-time governance, decision-making body
- Members: Multidisciplinary (e.g., surgery, anesthesia, nursing, others)
- Frequency: At least daily huddles during ramp-up period and possibly beyond
- Data-driven, e.g., utilization, efficiency, COVID-19 awareness data, errors/near misses, complications.
- Additional topics for consideration
 - Prioritization of staff and procedures
 - PPE supply
 - NEW workflows to maintain distance
 - Newly diagnosed patients/staff
 - Pandemic assessment
 - Patient backlog
 - Clinical priorities
 - Community backlog
 - Patient access
 - Newly uninsured plan, low income plan
 - Safety/quality

In March and April I sent the following advisement: This could be the same advisement over the coming winter months dependent of prevalence

As your Infection Prevention Consultant I highly recommend that your center remain closed until you can screen all employees and patients for COVID-19 and able to provide all clinical staff with N95s if you are performing AGP or care for high risk groups.

May and June have brought national and local guidance concerning reopening. AORN and the CDC have comprehensive guidance.

The cornerstone is to have a solid up-to-date respiratory protection program and IP risk assessment and program plan.

<https://www.aorn.org/guidelines/aorn-support/roadmap-for-resuming-elective-surgery-after-covid-19>

