COVID-19

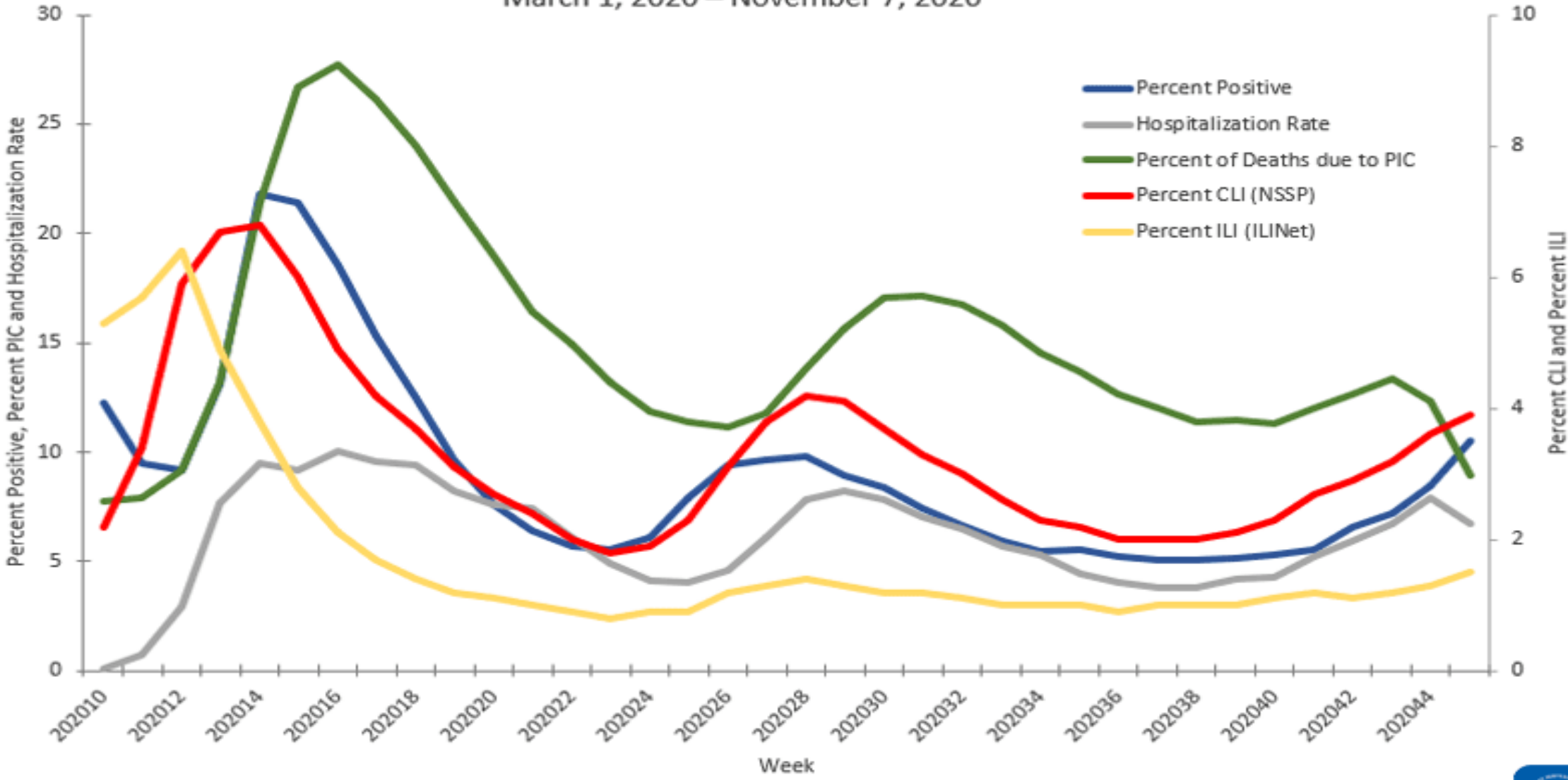
Fall 2020

Q & A

NOVEMBER 2020

DONNA NUCCI RN MS CIC

National COVID-19 Activity Indicators: Laboratory, Outpatient/Emergency Department, Hospitalization and Mortality Data March 1, 2020 – November 7, 2020*



*Data are preliminary and may change as more reports are received.

3,253,880
Total Laboratory Tests
(cumulative)

3,203,325
Total PCR Tests
(cumulative)

50,555
Total Antigen Tests
(cumulative)

201,795
Total Positive Cases
(cumulative)

199,757
Total Confirmed Cases (PCR positive)
(cumulative)

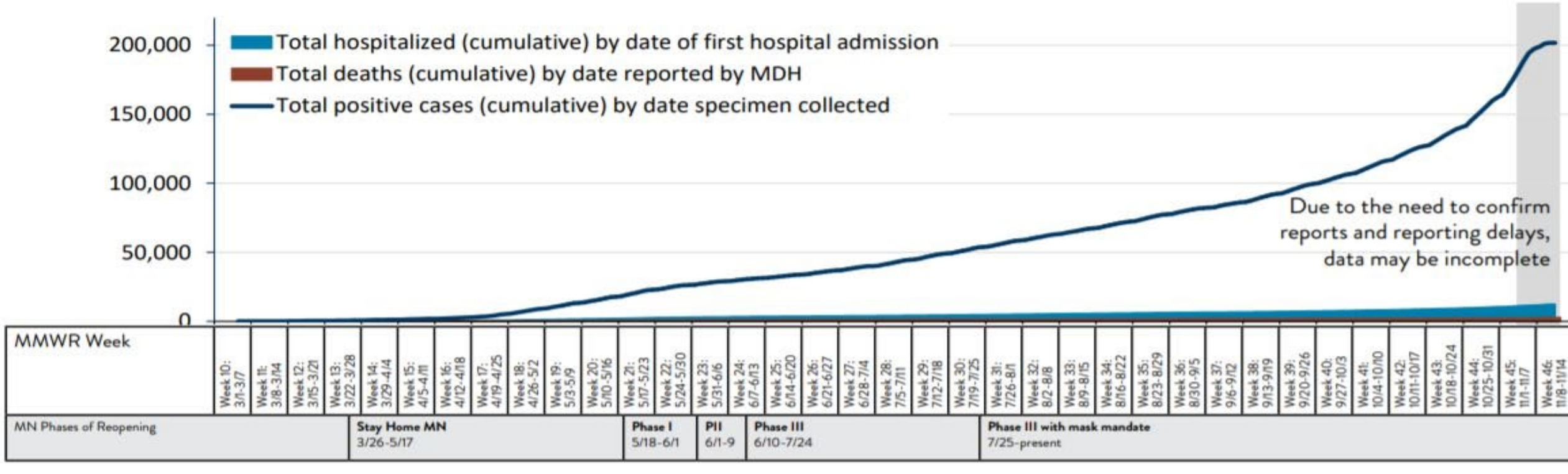
2,038
Total Probable Cases (Antigen positive)
(cumulative)

12,443
Total Hospitalizations
(cumulative)

3,086
Total ICU Hospitalizations
(cumulative)

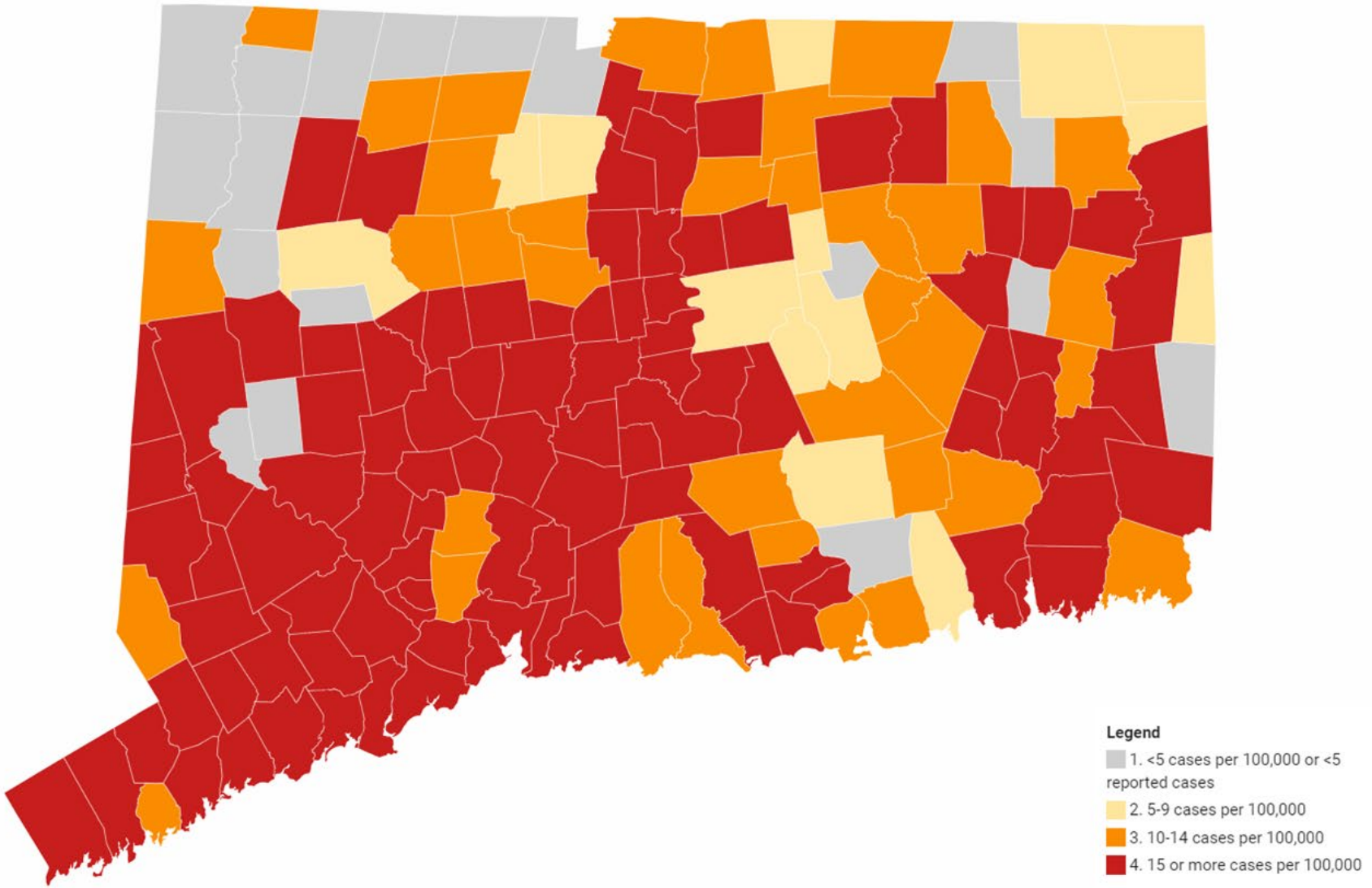
2,793
Total Deaths
(cumulative)

159,467
Total No Longer Needing Isolation
(cumulative)



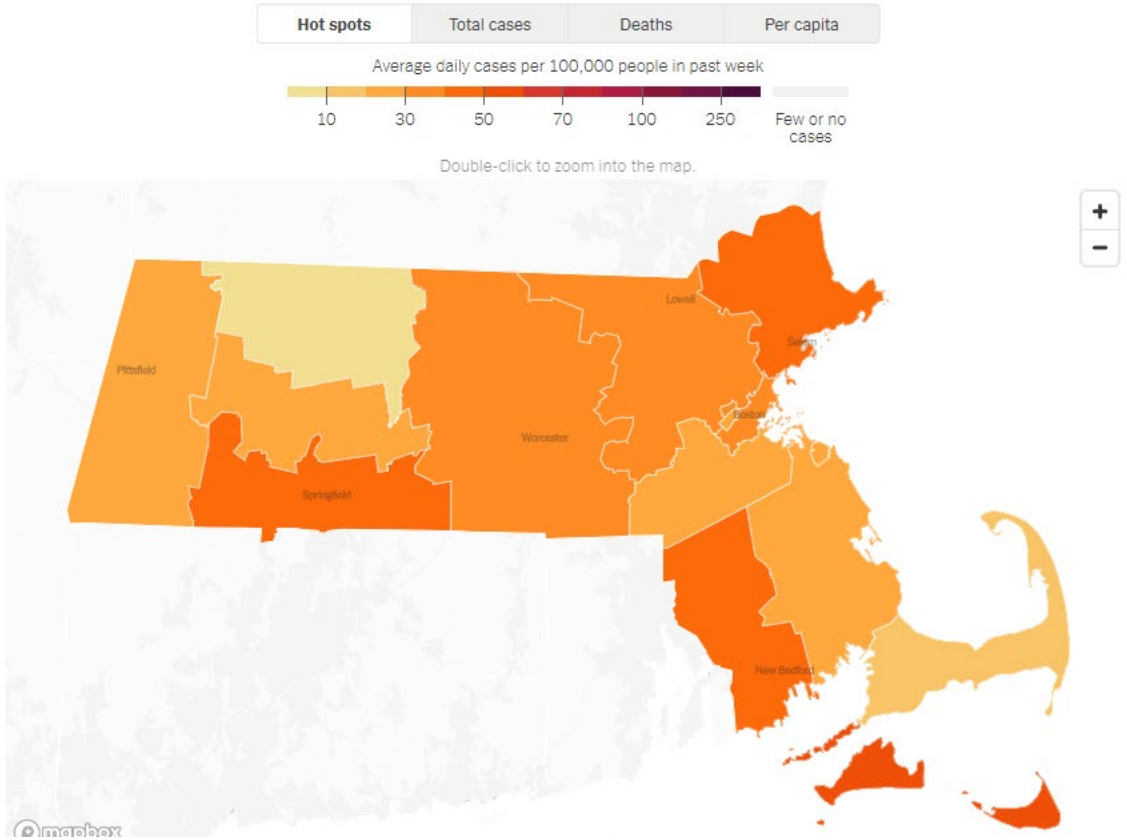
Town Map

Average Daily Rate of COVID-19 Cases Among Persons Living in Community Settings per 100,000 Population By Town



Source: John Hopkins

Massachusetts COVID-19 Rate per 100,000 people



NYSDOH COVID-19 Tracker

Department of Health

Testing data as of: 11/17/2020 Midnight
Testing data last updated on: 11/18/2020
(Updated daily before 2 PM)

Statewide

Total Persons Tested
17,191,129

Total Tested 11/17
154,434

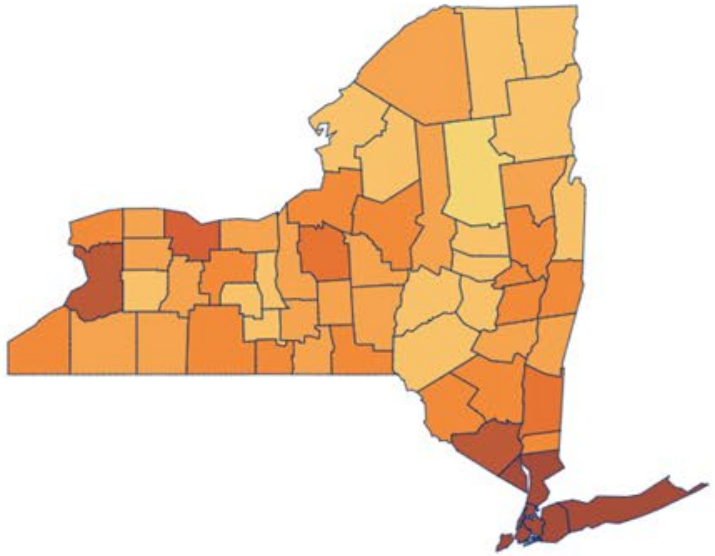
Total Tested Positive
574,072

Sex Distribution of Positive Cases

Female	Male	Unknown
49.3%	49.7%	1.0%

New Positives 11/17
5,294

Persons Tested Positive by County



- 01-99
- 100-499
- 500-999
- 1,000-4,999
- 5,000-9,999
- 10,000-14,999
- 15,000-19,999
- 20,000+

County Stats: None

Click County to See Detail
Click Again for Statewide

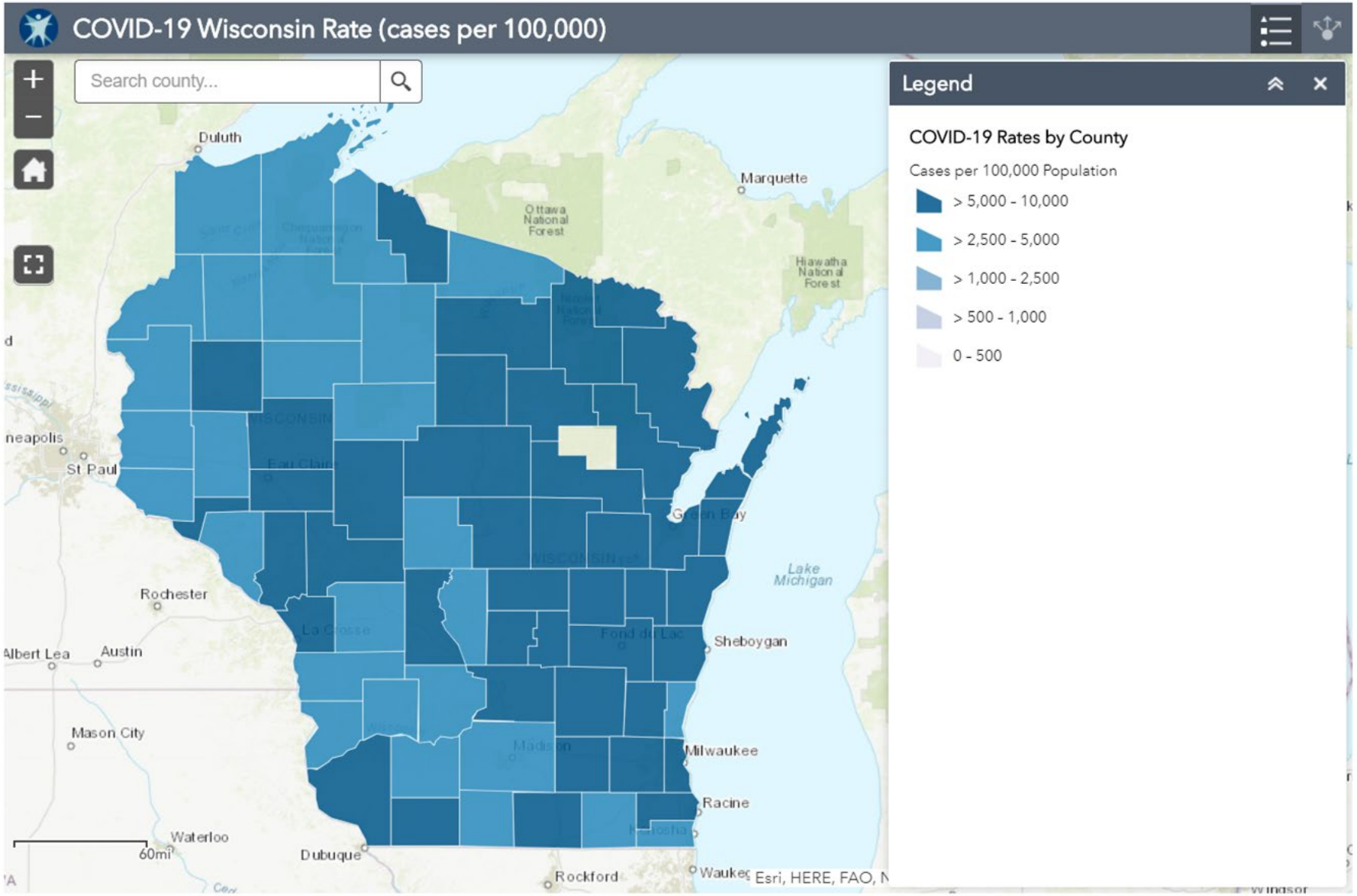
Albany	4,730
Allegany	692
Bronx	59,548
Broome	4,545
Cattaraugus	739
Cayuga	664
Chautauqua	1,304
Chemung	2,438
Chenango	518
Clinton	389
Columbia	906
Cortland	801
Delaware	289
Dutchess	6,386
Erie	18,983
Essex	236
Franklin	207
Fulton	408

Click for Daily Trends

Click for Table View

Click for Fatality Data

FAQs & Helpful Links


COVID-19 Wisconsin Rate (cases per 100,000)
Search county...
Legend
COVID-19 Rates by County
Cases per 100,000 Population
> 5,000 - 10,000
> 2,500 - 5,000
> 1,000 - 2,500
> 500 - 1,000
0 - 500
Duluth
Marquette
Ottawa National Forest
Hiawatha National Forest
Minneapolis
St Paul
Eau Claire
Green Bay
Lake Michigan
Rochester
La Crosse
Fond du Lac
Sheboygan
Albert Lea
Austin
Mason City
Madison
Milwaukee
Racine
Waterloo
60mi
Dubuque
Rockford
Esri, HERE, FAO, N

COVID-19 in South Carolina
As of 11:59 PM on 11/17/2020

Number of Tests | All	Cases | All	Hospitalizations | All	Deaths | All
2,392,558	199,447	11,349	4,182
Go to Testing	Go to Cases	Go to Hospitalizations	Go to Deaths

Two Week Cumulative Incidence Rate

The Two-Week Cumulative Incidence Rate includes new (confirmed) cases reported in the past two weeks (**November 4, 2020 - November 17, 2020**) per 100,000 people. The rate describes recent incidence of COVID-19 infection to capture the potential burden of currently ill people who may be infectious and/or accessing healthcare.

Select a county to display county-specific information
Click the county again to return to the full state map

© OpenStreetMap

Low Incidence; 0-50	Moderate Incidence; 51-200	High Incidence; >200

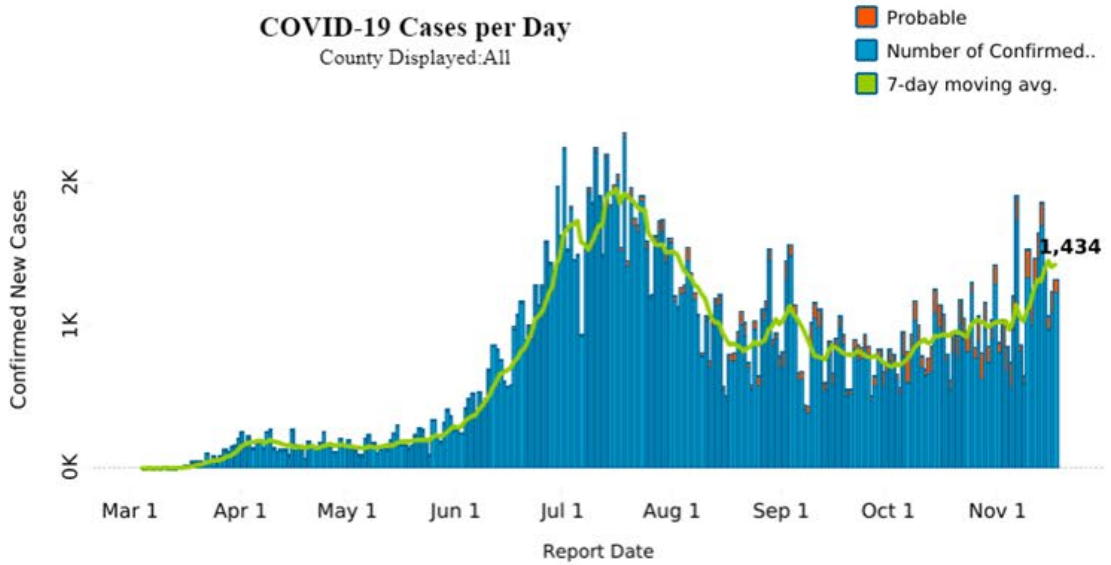
State Recovery Estimate

90.8%

As of **November 17, 2020,** of the total positive cases of COVID-19 in South Carolina (**199,447**), we have symptom onset data (meaning, the date when a person first showed signs of illness) for **117,416** of those individuals. Of those individuals, **2,882** have unfortunately died. Our recovery rate data is based on symptom onset information, so the percentages below are based on the number of individuals we have symptom onset data for, NOT the total number of cases in the state.

COVID-19 Cases per Day

County Displayed:All



7-Day Moving Average of COVID-19 Cases, by Public Health Region

Positivity and death per 100,000 people

New Jersey: 188 per 100,000 people
Population: 8.9 million residents

New York: 173
Population: 19.4 million

Massachusetts: 151
Population: 6.9 million

Connecticut: 134
Population: 3.6 million

Louisiana: 133
Population: 4.6 million

Rhode Island: 121
Population: 1.1 million

Mississippi: 121
Population: 3 million

North Dakota: 104
Population: 762,062

Plan for winter 2020/21 to exceed spring 2020 COVID19 numbers for hospital admission: Deaths and treatment may vary

Staff positivity may impact operations: PLAN

Please check my website for updates

An employee has an exposure at second job, but needs to come to work on Monday what should we do? Define Exposure- HIGH LOW MED All workplace exposures should be low at this point

My child was exposed at a family party, but needs to come home/go to work on Monday what should we do? Exposure does not = positivity PLAN for testing your staff AND onsite measures to prevent transmission

How often should we be testing staff members? Testing is a challenge. Onsite control measures should prevent transmission. Testing is not always the answer: What is the community transmission

Do you think that surgery centers will be open for the entirety of the pandemic? It is possible if local hospitals can no longer take admissions elective procedures will be limited.

What kind of enhanced screening can we be doing for patients? Testing, symptoms (temperature below 100.4°*) and no visitors. Offer patients face shields if available.

Click picture for link

*Standard definition for reportable diseases per CDC, each state may have different temperature thresholds for COVID-19.

Should all staff wear goggles? **Yes** not safety glasses - GOGGLES

Click picture for link

Seems if there is a positive member in household, whether you have symptoms or not they recommend quarantine – is this so? Most households spread COVID easily quarantine if possible all family members

Staff/Dr exposures, so could you review the process in determining what actions (quarantine/return to work) need to be put into place if a staff member is exposed or tests positive. The CDC guidance should be followed

With the increase in Covid19 should we be wearing an N95 for all AGP’s even if our patients have tested negative prior to their surgery? Yes, widespread extended use of N95 per CDC

How about patients who have been exposed to positive person and have a negative test? Patients living with COVID+ family members should not be admitted- Other exposures are case by case.

Should we test staff asymptomatically? There is no specific guidance on this practice and with widespread community transmission the yield can be variable. If testing is not returned in 24 to 48 hours, it is not clear if it is valuable. CT SC NY WI MA may all have different standards and testing capabilities. Email or text me and evaluate weekly

Where do you anticipate numbers to rise? The Midwest will see large numbers. NE I think will double and then plateau and then decline. FLU is VERY LOW at this point is this an indicator? Look at sewage levels

- Review the following websites for updates and guidelines: OSHA, CDC, APIC, AORN and the Department of Health.
- Anticipate an increase in COVID-19 and respiratory virus patients in the coming months.
- Be vigilant with adherence to all PPE and workplace controls to systematically reduce the risk of exposure to your patients and employees.
- Anticipate supply chain disruptions
- Plan for staffing shortages related to COVID19+ employees.
- Huddle daily for a COVID “update” #local cases, #employees+, supply issues, PPE reminders.
- Limit visitors, mask all patients, include EYE protection for all staff.

Source: https://www.osha.gov/Publications/OSHA3993.pdf

Center Checklist

- ✔ Hand Hygiene
- ✔ Program Plan for January 2021
- ✔ Preventing HAIs
- ✔ Flu Vaccine
- ✔ SSI Prevention
- ✔ HLD in Endoscopy
- ✔ CEUs

Going into flu season- and an increase in COVID-19 cases remember to continue daily monitoring.

Know the symptoms of flu and COVID-19.

Allergies, Cold, Flu or COVID-19 Virus?

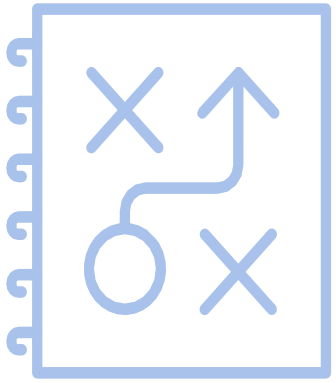
Here's how to tell the difference between allergy symptoms and the novel 2019 Coronavirus.

Symptoms	ALLERGIES 	COLD 	INFLUENZA 	COVID-19 
Symptoms begin	Gradually	Gradually	Abruptly	Within 14 days of exposure
Symptoms last	Allergy season	4 – 10 days	5 – 7 days	Varies by Person
Body aches	–	✓	✓	Sometimes
Chills	–	Less Common	✓	Sometimes
Dry cough	✓	✓	✓	✓
Exposure to germs	–	✓	✓	✓
Fatigue/Weakness	Sometimes	✓	✓	✓
Fever	–	Less Common	✓	✓
Headaches	✓	Less Common	✓	Sometimes
Itchy eyes	✓	–	–	–
Nasal Congestion	✓	✓	✓	Less Common
Nausea/Vomiting/Diarrhea	–	Sometimes	Sometimes	Sometimes
Runny nose	✓	–	–	Less Common
Sneeze	✓	✓	✓	Sometimes
Sore throat	Sometimes	✓	✓	Sometimes
Shortness of breath	Sometimes	Less Common	✓	✓
Symptoms get worse	–	–	✓	✓

Think You Have COVID-19?

Stay home and away from others • Monitor symptoms • Rest • Cover coughs and sneezes • Wash hands with soap and water often • Treat symptoms

Contact your doctor if you have a fever, [illegible] breathing or existing chronic disease.



Winter and COVID-19

- All staff should have received a flu
- Make sure staff is aware of the key differences between flu and COVID-19 symptoms.
- 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.

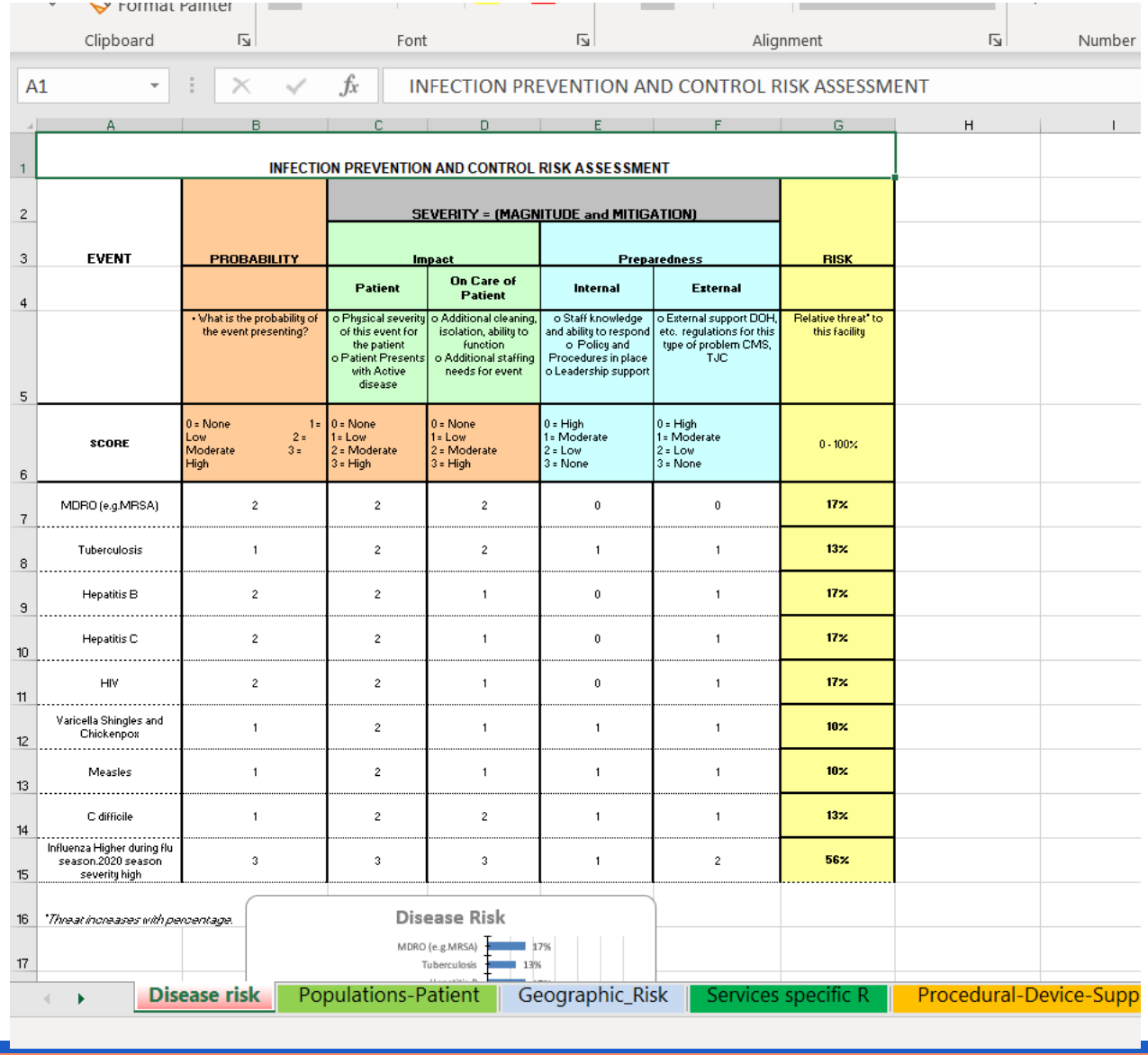
Annual Plan

Please add this to your annual plan

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.*

Please add this to your annual plan tab: Disease Risk



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A1 | INFECTION PREVENTION AND CONTROL RISK ASSESSMENT

INFECTION PREVENTION AND CONTROL RISK ASSESSMENT							
EVENT	PROBABILITY	SEVERITY = (MAGNITUDE and MITIGATION)				RISK
		Impact		Preparedness		
		Patient	On Care of Patient	Internal	External	
	• 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
SCORE	0 = None 1 = Low Moderate 2 = Moderate 3 = High	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%
MDRO (e.g.MRSA)	2	2	2	0	0	17%
Tuberculosis	1	2	2	1	1	13%
Hepatitis B	2	2	1	0	1	17%
Hepatitis C	2	2	1	0	1	17%
HIV	2	2	1	0	1	17%
Varicella Shingles and Chickenpox	1	2	1	1	1	10%
Measles	1	2	1	1	1	10%
C difficile	1	2	2	1	1	13%
Influenza Higher during flu season.2020 season severity high	3	3	3	1	2	56%

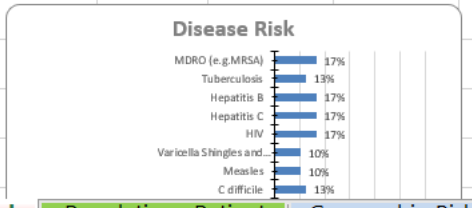
*Threat increases with percentage.

Disease risk | Populations-Patient | Geographic_Risk | Services specific R | Procedural-Device-Supp

Please add this to your annual plan tab: Disease Risk

			Patient	On Care of Patient	Internal	External		
		• 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	
	SCORE	0 = None 1 = Low 2 = Moderate 3 = High	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%	
	MDRO (e.g.MRSA)	2	2	2	0	0	17%	
	Tuberculosis	1	2	2	1	1	13%	
	Hepatitis B	2	2	1	0	1	17%	
	Hepatitis C	2	2	1	0	1	17%	
	HIV	2	2	1	0	1	17%	
	Varicella Shingles and Chickenpox	1	2	1	1	1	10%	
	Measles	1	2	1	1	1	10%	
	C difficile	1	2	2	1	1	13%	
	COVID-19	3	3	3	1	2	56%	* depends on community prevalance
	Influenza Higher during flu season.2020 season severity high	3	3	3	1	2	56%	

*Threat increases with percentage



Disease risk | Populations-Patient | Geographic_Risk | Services specific R | Procedural-Devi

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

High Touch Surfaces

Make a plan for enhanced cleaning

Standardization: NON-Covid HAI prevention

EXPECT Product Disruption

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)