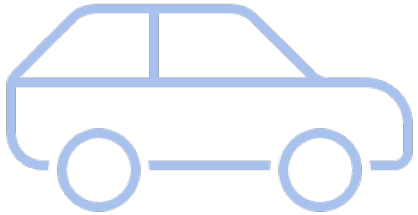
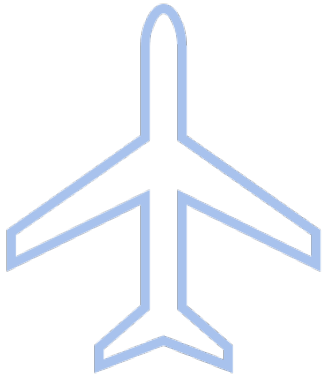
COVID-19

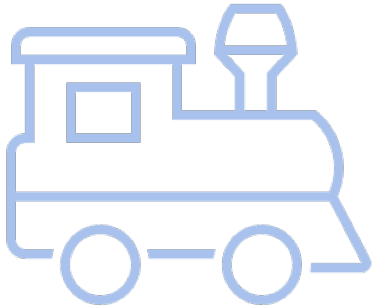
Travel and Exposure Update

Developing Reopening and Recovery Strategies
7.17.2020

DONNA NUCCI RN MS CIC







Safe 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.

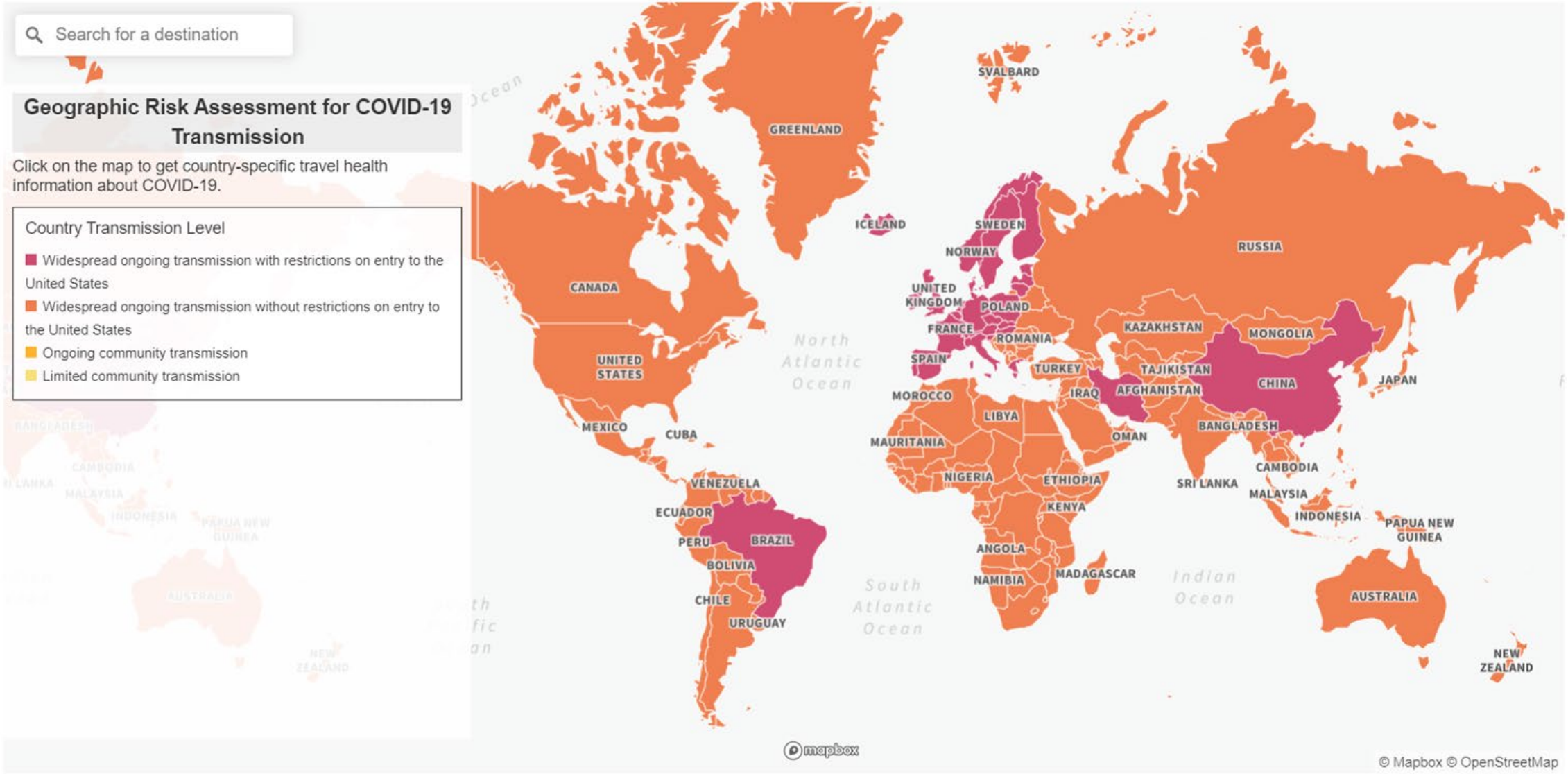
Will you or those you are traveling with be within 6 feet of others during or after your trip?
Being within 6 feet of others increases your chances of getting infected and infecting others.

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
SVALBARD
GREENLAND
ICELAND
SWEDEN
NORWAY
RUSSIA
CANADA
UNITED KINGDOM
POLAND
FRANCE
ROMANIA
KAZAKHSTAN
MONGOLIA
SPAIN
TURKEY
TAJIKISTAN
CHINA
JAPAN
UNITED STATES
IRAQ
AFGHANISTAN
MOROCCO
LIBYA
BANGLADESH
MEXICO
CUBA
OMAN
MAURITANIA
CAMBODIA
NIGERIA
ETHIOPIA
SRI LANKA
MALAYSIA
VENEZUELA
KENYA
INDONESIA
ECUADOR
PAPUA NEW GUINEA
PERU
BRAZIL
ANGOLA
BOLIVIA
NAMIBIA
MADAGASCAR
AUSTRALIA
CHILE
URUGUAY
NEW ZEALAND
North Atlantic Ocean
South Atlantic Ocean
Indian Ocean
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CT Travel Advisory

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Deidre S. Gifford, MD, MPH
Acting Commissioner

Ned Lamont
Governor
Susan Bysiewicz
Lt. Governor

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.

DPH
Connecticut Department of Public Health

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
Affirmative Action/Equal Opportunity Employer

NY 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

1

MA Travel Advisory

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 to learn more.

Symptoms of COVID-19 can include:

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

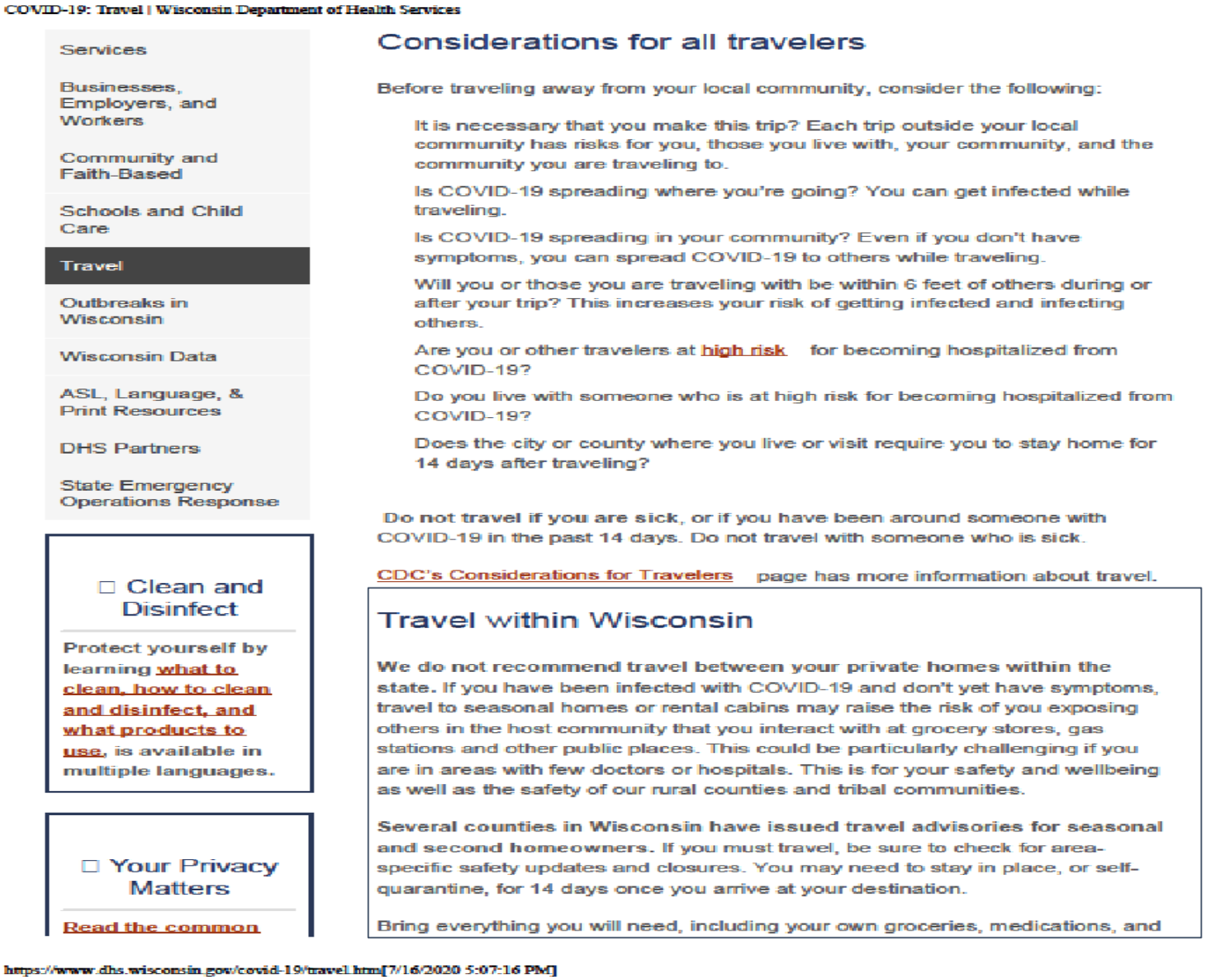
If you have symptoms:

- 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

massport massDOT

WI Travel Advisory



COVID-19: Travel | Wisconsin Department of Health Services

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

☐ 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

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

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

SC Travel Advisory

diseases/viruses/coronavirus-disease-2019-covid-19/use-after-face-coverings-covid-19

There is widespread, ongoing transmission of novel coronavirus worldwide <https://wwwnc.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>

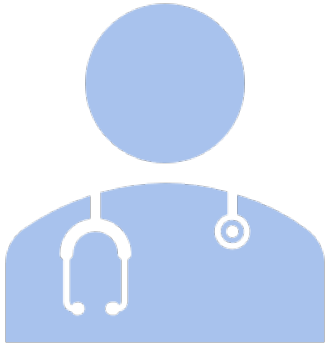
Older Adults & Medical Conditions </older-adults-medical-conditions-covid-19>

Children

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

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

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



Staff Exposure

Hierarchy of Controls

What to do if a staff member becomes exposed to COVID-19?
Define Exposure -- Universal masking

Policies must be in place to ensure there is not an exposure
Staff definition of exposure should mirror the facility definiton.

transmission after donning:

- Discard N95 respirators following use during aerosol generating procedures.
- Discard N95 respirators contaminated with blood, respiratory or nasal secretions, or other bodily fluids from patients.
- Discard N95 respirators following close contact with, or exit from, the care area of any patient co-infected with an infectious disease requiring contact precautions.
- Consider use of a cleanable face shield (preferred[3]) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls) to reduce surface contamination.
- Perform hand hygiene with soap and water or an alcohol-based hand sanitizer before and after touching or adjusting the respirator (if necessary for comfort or to maintain fit).

Extended use alone is unlikely to degrade respiratory protection. However, healthcare facilities should develop clearly written procedures to advise staff to:

- Discard any respirator that is obviously damaged or becomes hard to breathe through.

Contingency Capacity Strategies

Selectively cancel elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.

Remove facemasks for visitors in public areas.

Healthcare facilities can consider removing all facemasks from public areas. Facemasks can be available to provide to symptomatic patients upon check in at entry points. All facemasks should be placed in a secure and monitored site. This is especially important in high-traffic areas like emergency departments.

Implement extended use of facemasks.

Extended use of facemasks is the practice of wearing the same facemask for repeated close contact encounters with several different patients, without removing the facemask between patient encounters.

- The facemask should be removed and discarded if soiled, damaged, or hard to breathe through.
- HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene.
- HCP should leave the patient care area if they need to remove the facemask.

Restrict facemasks to use by HCP, rather than patients for source control.

Have patients with symptoms of respiratory infection use tissues or other barriers to cover their mouth and nose.

Crisis Capacity Strategies

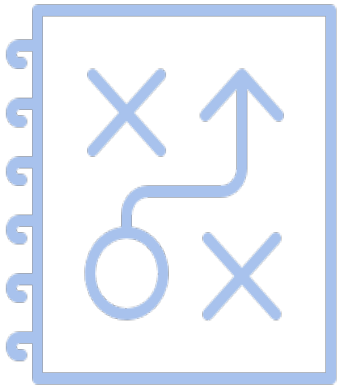
Cancel all elective and non-urgent procedures and appointments for which a facemask is typically used by HCP.

Use facemasks beyond the manufacturer-designated shelf life during patient care activities.

If there is no date available on the facemask label or packaging, facilities should contact the manufacturer. The user should visually inspect the product prior to use and, if there are concerns (such as degraded materials or visible tears), discard the product.

Implement limited re-use of facemasks.

Limited re-use of facemasks is the practice of using the same facemask by one HCP for multiple encounters with different patients but removing it after each encounter. As it is unknown what the potential contribution of contact transmission is for SARS-CoV-2, care should be taken to ensure that HCP do not touch outer surfaces of the mask during care, and that mask



Practice Challenges

1. **How will social distancing impact the scheduling for nonurgent care?**
   Continued social distancing measures will impact clinic flow, require physical modifications and reduce daily schedule volume.

2. **Will patients decline scheduling due to fear of the virus?**
   Many of the patients seen in the ophthalmic practice will be considered higher risk due to age or pre-existing conditions.

3. **How to identify the necessary personal protective equipment (PPE) for staff, patients and physicians?**
   All staff and physicians should be equipped with proper PPE including; N95, gloves, gowns etc. Any patient that visits should have a mask on- this can be a homemade mask.

4. **How to maintain inventory levels and provide appropriate training?**
   Centers should resume purchasing of PPE and follow CDC/WHO guidelines for reuse of materials. The CDC, OSHA, and AORN have resources that centers can use to provide COVID-19 training.

5. **What are the COVID-19 testing requirements for patients and health care workers?**
   No patient should be seen without receiving a COVID-19 test. All employees should be tested before resuming work. If a patient or employee tests positive appropriate measures should be taken.

6. **How will we ensure we are protecting our staff and providing a safe working environment?**
   Following guidelines provided by the CDC and being sure that staff are equipped with the proper PPE is the best way to keep your environment safe.

7. **Given that telemedicine will likely remain an essential component of health care during recovery, how will we use these options most efficiently?**
   Every office should have some form of telemedicine in use- the less people that need to enter your facility the better.

8. **How will we triage or identify the appointment types that should utilize telemedicine?**
   Nonurgent appointments, first time patient appointments, and follow-ups when available should be done via telemedicine.

9. **How can telemedicine assist with accommodating the rescheduling of nonurgent appointments?**
   Telemedicine will be integrated into the future of healthcare. Invest in remote technology, paper free signing, on contact evaluation both clinical and front facing registration and communication with patients and their families.

10. **How to efficiently see patients while maintaining social distancing over a prolonged period, possibly, a year or more?**
    Make sure that your office is set-up with proper social distance measures; limited people in the waiting room, setting up a one-way flow if possible (entrance to exit), enable text or call notifications for patients waiting in their cars, have partitions set-up.

11. **What steps in the patient visit need to be done in the office?**
    Can office visits all be remote? How safe is the office to evaluate and treat patients pre-and post-operatively. Ensure there is not a risk of COVID transmission through the continuum of care.

12. **Which jobs might be done pre-visit from home? (e.g., patient portals, telemedicine and phone calls.)** *Non-essential screening, billing, scheduling should all be done via phone or skype type interaction. Evaluate every staff members roll and if they are essential on-site workers.*

13. **How can we maintain throughput while maintaining social distancing?**
    Weekly Mock Patient transport and care helps to train staff to be attentive for opportunities to create social distance from each other (locker rooms, lunchrooms), patients and families.

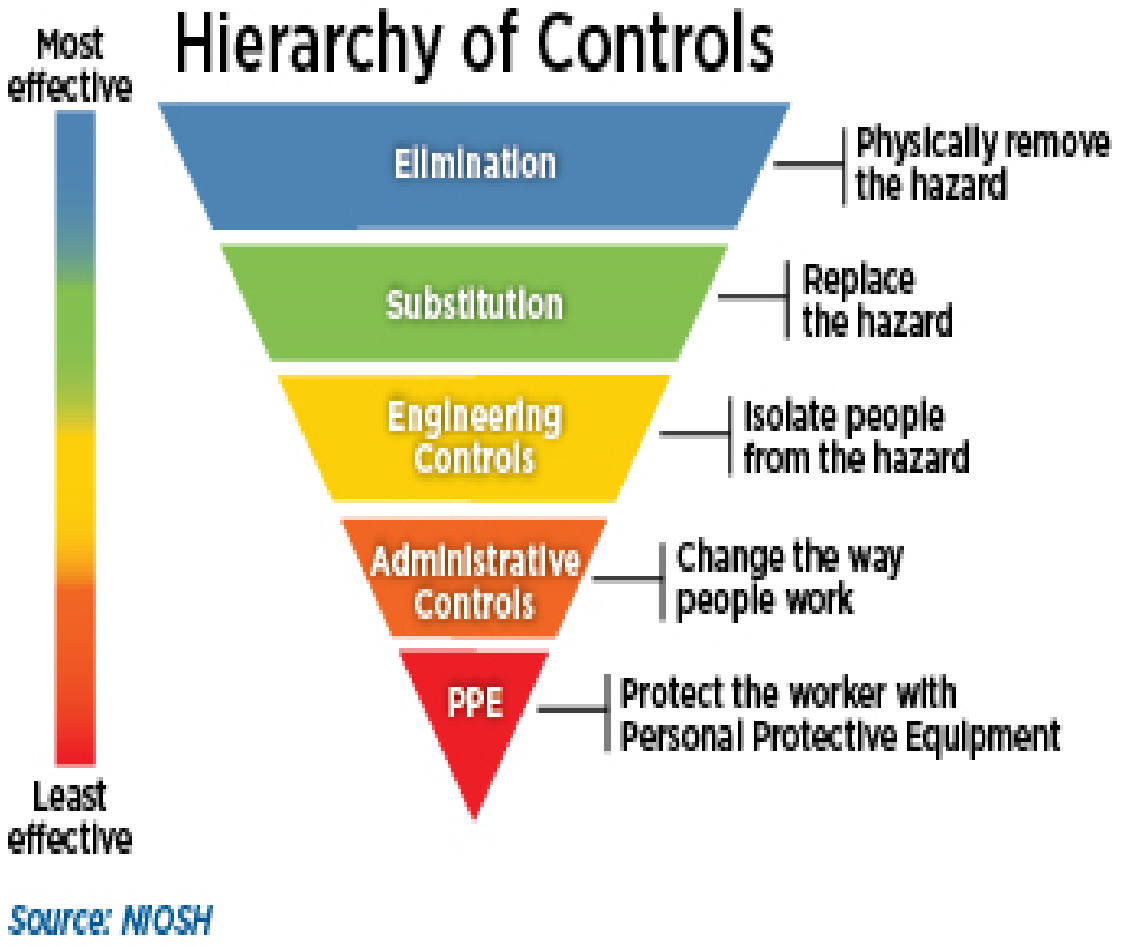
14. **How can we keep our patients and employees safe?** *Review your respiratory program monthly, the CDC website for workplace COVID-19 updates.*
    Follow all posted social distancing measures. Please check the CDC, WHO, OSHA, and my website www.DonnaNucci.com for more information.

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 guiddance 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.

Writing COVID-19 policies.
Reference OSHA and the CDC
https://www.osha.gov/shpguidelines/hazard-prevention.html

- Training staff on infectious disease preparedness.
- Sourcing personal protective equipment (PPE).
- Installing engineering controls,
- Implementing administrative and work practice controls.
- Coping with potential staffing shortages.



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.

Lean Tool — Think About Your Future State

*Please print this and fill out for your center. This was sent in the 6/11/2020 email and is available via Drive link. Please let me know if you need a copy.

Lean Worksheet

Think About Your Future State

Answer these questions:	Start Time	End Time
1. How many patients are worked up and waiting for the doctor? *Reopening & Recovery Perspective: How will reduced schedules impact the waiting process during recovery?*		
2. How long will it take the physician to see all the patients who are worked up and waiting? *Reopening & Recovery Perspective: Consider the reduction of "waiting patients" during recovery. How can we improve the clinic flow?*		
3. What time then will the clinic end? *Reopening & Recovery Perspective: Project the new clinic flow norm. Will we extend hours to accommodate?*		
4. What are the technicians doing during this time period? *Reopening & Recovery Perspective: Can our techs be cross trained to support other steps in the process?*		
5. What are some alternative uses for the technicians' time to help the physician or patients through the process? *Reopening & Recovery Perspective: How can our techs facilitate the screening process prior to check-in? Can technicians assist in the sterilization process between patients in order to streamline? How can technicians support MDs during telehealth encounters?*		
Notes/Observations:		

This form was adapted using the following resources developed by the American Academy of Ophthalmic Executives® (AAOE®): Mastering the Art of Lean Ophthalmic Practice and The Lean Practice: A Step-By-Step Guide To Running An Efficient And Profitable Ophthalmic Practice

Centers for Disease Control and Prevention

Coronavirus Disease 2019 (COVID-19)

Interim U.S. Guidance for Risk Assessment and Work Restrictions for Healthcare Personnel with Potential Exposure to COVID-19

Update:

The interim guidance was updated on May 29, 2020. Updates include:

- *Any duration of exposure should be considered prolonged if the exposure occurred during performance an aerosol-generating procedure.*
- *The time period that should be used for contact tracing after exposure to asymptomatic individuals who test positive for SARS-CoV-2 was shortened.*
  - *The time period was changed from 10 days before obtaining the specimen that tested positive for COVID-19 to 2 days to accommodate pragmatic and operational considerations for the implementation of case investigation and contact tracing programs.*
  - *Recent data suggest that asymptomatic persons may have a lower viral burden at diagnosis than symptomatic persons. Thus, the longer contact elicitation window (10 days) may have limited impact in identifying new COVID-19 cases.*
  - *The recommendation for the shorter contact elicitation window (2 days) will help focus case investigation and contact tracing resources toward activities most likely to interrupt ongoing transmission.*
  - *This time period is also now in alignment with recommendations from the World Health Organization, European CDC, and Public Health Canada.*

The interim guidance was updated on May 23, 2020 to clarify the definition of exposure for HCP not wearing eye protection.

This interim guidance was updated on May 19, 2020. Updates include:

- *Simplifying exposures warranting work restrictions for healthcare personnel.*
- *Changing the definition of prolonged exposure to more closely align with the definition used for community exposures and contact tracing (15 minutes or longer).*
- *Providing flexibility in approaches for healthcare facilities depending on the degree of community transmission and availability of resources to perform contact tracing.*

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:

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

Sources:

Reboot Your Practice: Post-COVID-19 Recovery Roadmap for the Ophthalmic Practice | 5.4: HIPAA Policies, Requirements and Temporary Suspensions | American Academy of Ophthalmic Executives® (AAOE®)
www.AAO.org

CDC

Questions:

1. If a staff member is traveling outside the state, should they be quarantined before returning to work? Tested? essential workers. Testing at 5-10 days

1. We ask our patients to self quarantine before coming in for surgery. If a patient has traveled, but maintained social distancing, is there any need for further concern or to cancel the surgery? There is no 100%.

1. Are we still in phase 1 for healthcare? Have we moved to phase 2? Phases are more in response to public front facing pressure. It is the responsibility of the center to review best practice for a HC facility.

1. Are there any updates for the next phase of healthcare reopening's?