

CORONAVIRUS - COVID 19 SITUATIONAL AWARENESS UPDATE



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SYMPTOMS/WHO IS AT RISK

- Reported illnesses have ranged from **mild symptoms to severe illness** and death for confirmed coronavirus disease 2019 (COVID-19) cases.
- Symptoms may appear **2-14 days after exposure***:
- Fever/sore throat
- Cough/shaking with chills
- Shortness of breath/loss of taste/smell
- GI -diarrhea



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HOW IS IT SPREAD?

Person to Person- Use standard precautions, contact and airborne because it is a novel virus. That changed when we realized that people can be asymptomatic and have the virus.

Small Studies/ Possible New Data

- Virus may be more similar to SARS
- Stability in the environment
- Fecal Shedding
- Possible Aerosolization

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SMALL STUDIES/ POSSIBLE NEW DATA

- Virus may be more similar to SARS
- Surface Stability in the environment
- Fecal Shedding
- Possible Aerosolization- particles less than 5 microns can last in the air up to 3 hrs

Sources: Journal Of New England Medicine
Medscape 4/30/2020
National Academies Of Science

SURFACE STABILITY

Studies have shown the possibility of fomite transmission.
Different lengths of time for different types of materials
such a stainless steel, cardboard, copper etc.

Source: Rapid Expert Consultation on SARS-CoV-2 Surface Stability
and Incubation for the COVID-19 Pandemic. (March 15,
2020)

INCUBATION PERIOD

Symptom Onset

Small study from China (181 dx COVID)

Average incubation 5.1 days

97.5% developed symptoms within 11.5 days

Source: Rapid Expert Consultation on SARS-CoV-2 Surface Stability and Incubation for the COVID-19 Pandemic. (March 15, 2020)

IMPACT FOR PRACTICE

- Use of PPE
- Skilled in use of PPE/patient dedicated equipment
- Bag technique
- What to Bring into the home
- Environmental cleaning especially high risk areas

High Risks areas

Doorknobs

Toilets

Bathroom areas

NATIONAL STRATEGY FOR PANDEMIC FLU

Three Components:

- Preparedness & Communication
- Surveillance & Detection
- Response & Containment

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H1N1

- Lack of PPE
- Staffing issues
- ER Overwhelmed



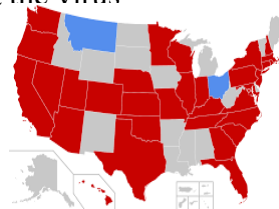
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ISSUES IDENTIFIED DURING H1N1

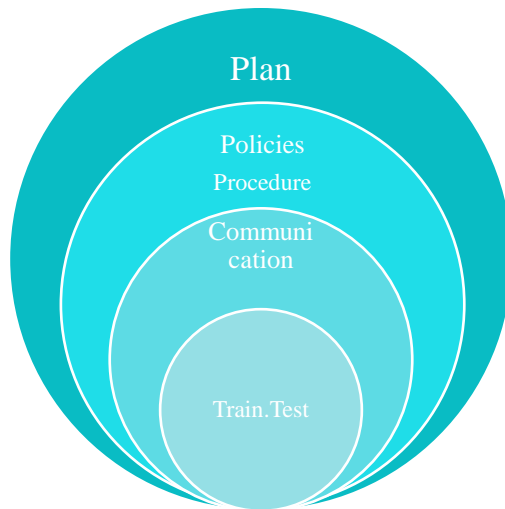
- Reliance on international critical resources
- Little surge capacity across the healthcare continuum
- Just in time supply chain
- PPE shortages
- Couldn't respond fast enough- testing
- ERs/ hospitals overwhelmed
- Ventilator shortage

WHERE ARE WE NOW?

- **Community spread** means people have been infected with the virus in an area, including some who are not sure how or where they became infected.
- Still don't know a great deal about the virus
- Continues to Spread



EMERGENCY PREPAREDNESS PROGRAM



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CRISIS STANDARDS OF CARE

- Crisis standards of care” is defined as a substantial change in usual healthcare operations and the level of care it is possible to deliver, which is made necessary by a pervasive (e.g., pandemic influenza) or catastrophic (e.g., earthquake, hurricane) disaster.. And the government has declared disaster crisis standards of care.

CRISIS STANDARDS

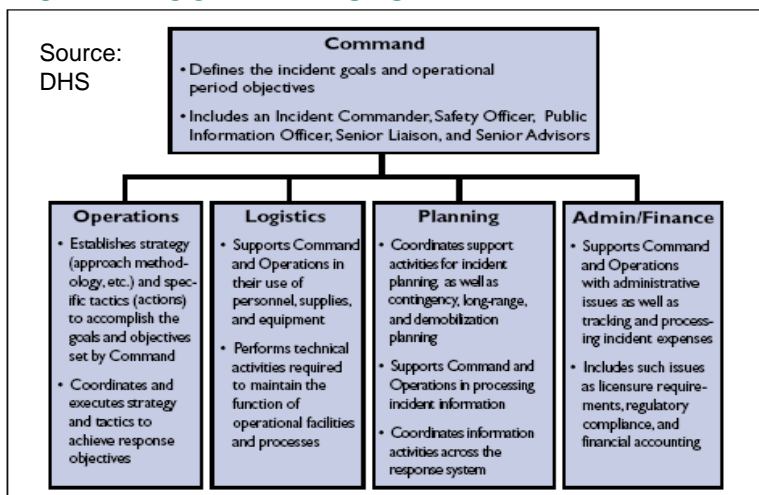
- Practice outside normal scope
- Serving the population rather than individuals
- Delivering services through an equitable process

STANDARDS OF CARE



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INCIDENT COMMAND SYSTEM



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RESOURCE ALLOCATION

- 1.Prepare
- 2.Conserve
- 3.Substitute
- 4.Adapt
- 5.Re-use
- 6.Re-allocate

Source: Minnesota Department of Health.

COMMUNITY CARE BIGGEST CONCERNS

- Staffing
- Supplies
- Continuity of Patient Care
- Maintaining Essential Operations

CRISIS STANDARDS OF CARE HOME CARE AND HOSPICE

Change practice

What is essential care necessary for patients?

Who can be put on hold/what family members can do care?

Limit HCWs in home

Use a little equipment/patient dedicated equipment

6 ft away from patient

Double down on barriers for COVID-19

Understand cleaning of equipment if not disposable

STAFF SELF-MONITORING/CALLING PATIENTS

o Daily

Temperature

Feeling ill

Cough

Diarrhea

Exposure to COVID-19

Travel history

Identify employees that are high risk

DISCONTINUATION OF HOME ISOLATION

- 3 days afebrile w/o anti-pyretics
- 7 days have passed since first symptoms

CONSERVATION OF SUPPLIES

- Use PPE appropriately

What Does That Mean?

Many patients still require routine care. Use the equipment you have been using based on your protective needs and the patient diagnosis as well as treatments. Don't waste, don't double glove, don't use particulate respirator masks without a need.

DO NOT THROW AWAY EXPIRED PPE

Importing KN95s and other non NIOSH approved masks.

RE-USE OF PPE-N95

- **Extended** use refers to the practice of wearing the same N95 respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters. Extended use may be implemented when multiple patients are infected with the same respiratory pathogen and patients are placed together in dedicated waiting rooms or hospital wards.

PPE

- **Reuse** refers to the practice of using the same N95 respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient.

RE-USE OF SURGICAL/PROCEDURE MASKS

- Leave a mask in patient home
- Remove masks correctly
- Fold outer surface inside
- Store in brown paper bag- one time use (no plastic bags)
- One patient/one mask
- Should not take masks from one home to another
- Other options



CLOTH MASKS



ESSENTIAL OPERATIONS

- Documentation- many new regulations
- Liability
- Ethical issues
- Crisis leadership
- Communication
- Situational Awareness

REMEMBER

This is a fluid and rapidly changing situation.
Be prepared for roles to change.

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CRISIS STANDARDS OF CARE REFERENCES

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