



# CRIHB THP's COVID-19 Call

**Start Time: 12:05pm**

*Please sign-in in the Group Chat  
Box with your name, email and  
Tribal Health Program*

*Please mute your phones/computers*







# CRIHB Presenters

## Clinical-related assistance:

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# Agenda

- Quick Topics
  - Medicare Telemedicine I 135 Waiver
  - Aerosol Viability, NEJM
- Initial Steps in Responding to a Newly Identified Case in a Tribal Community
- Selected Clinical Operations

# Know the points of entry at your facility



## Potential Points of Entry

- Front Entrance
- Other Departments



## Walk-ins

Arrived by themselves  
Brought in by another  
person or transported by  
CHR



## Patient Condition Triage

- Non-Emergent
- Emergent
- Critical
- Stable



# Self Screening



## Signage enable patients to self-identify

Signage needs to be:

- Positioned primarily so as to be easily seen
- Easily understood, with simple to follow directions
- Created with pictograms
- Provide a Phone Triage #

# Screen and Triage All Patients

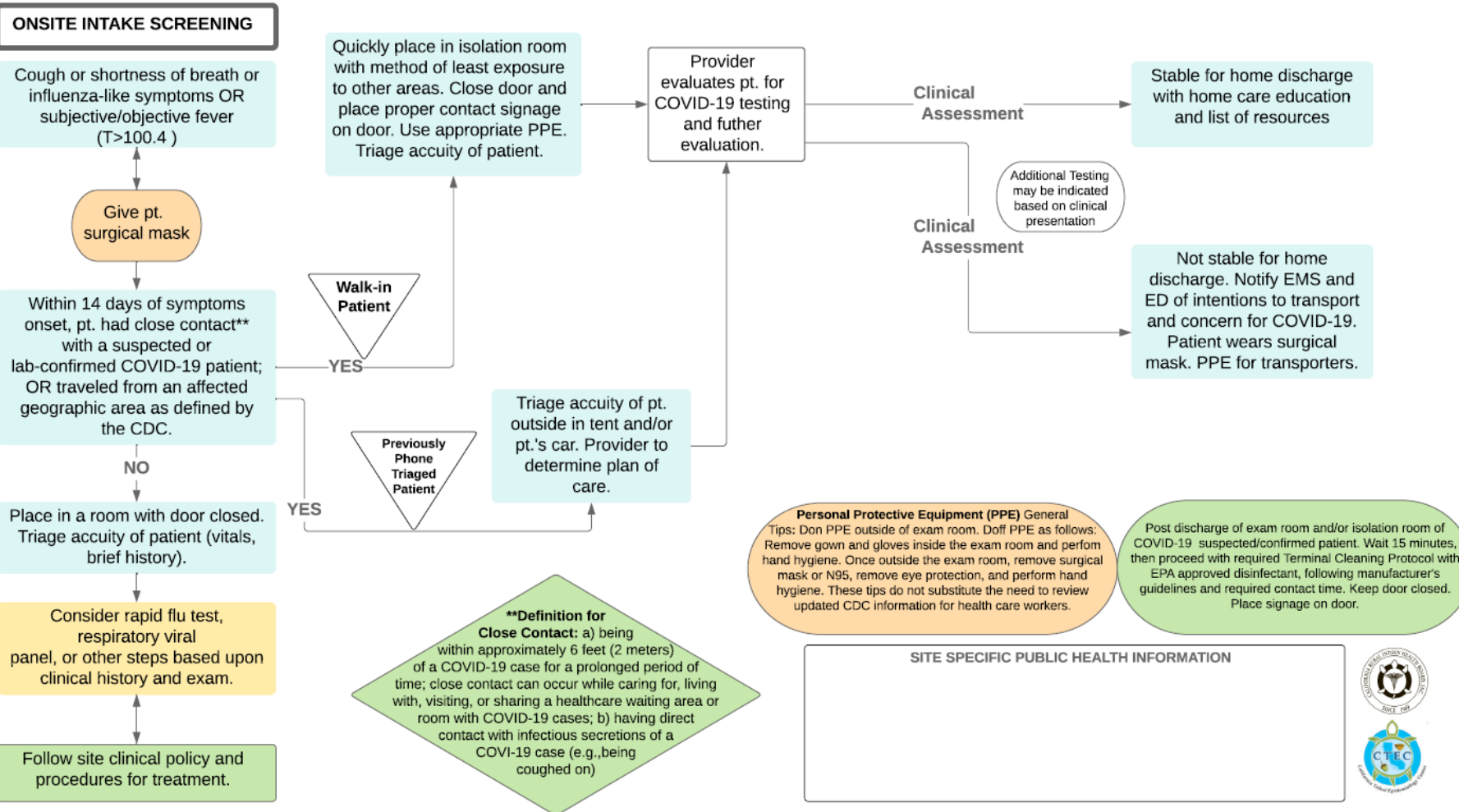


- Ask patients before and upon arrival if they have symptoms of a respiratory infection. Preferably, telephone triage can identify options for evaluation that minimize risks for community exposure.
- Consider allowing patients to wait in a personal vehicle or outside the healthcare facility until they are contacted by mobile phone when it is their turn to be evaluated.
- At the facility entrance, when it is their turn, have someone provide face masks, respiratory hygiene supplies (tissues, hands free trash receptacles) and access to alcohol-based hand sanitizers.
- Preferably, ill patients should have a separate, well-ventilated space to wait where they are separated by 6 or more feet from other patients.

# Health Triage Guidance

## HEALTH GUIDANCE FOR AMBULATORY PATIENTS WHO PRESENT WITH SUSPECTED RESPIRATORY ILLNESS

Guidelines cannot replace individualized evaluation and management decisions based on patient factors









# Providing Testing Resources to Patients



## CORONAVIRUS COVID-19

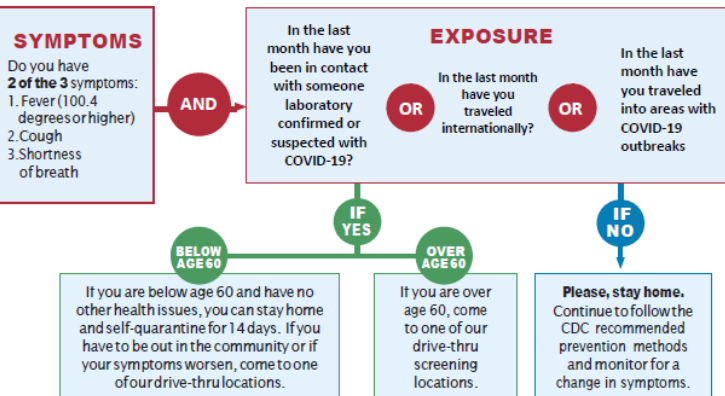
### DRIVE-THRU SCREENINGS AND TESTING

To meet the growing need within our communities, these locations are providing drive-thru screening and testing for those who are concerned they may have the coronavirus (COVID-19).



DATES AND TIME:

#### BEFORE YOU LEAVE YOUR HOUSE, ASK YOURSELF THESE QUESTIONS:



## CORONAVIRUS COVID-19

### WHAT TO EXPECT AT DRIVE-THRU SITES

#### When You Arrive:

Please STAY IN YOUR VEHICLE.

Follow the "COVID-19 Screening Location" signs and drive up to the screening tent.

**Step 1:** A clinician will ask you a series of questions.

Then, based on your answers, you will be sent home or continue to Step 2.

**Step 2:** You will be screened by a healthcare provider. They will determine if you need testing.

Then, based on your screening, you will be sent home or continue to Step 3.

**Step 3:** You will be tested using a nasal or oral swab.

**Note:** If you are tested, education will be provided to protect yourself and others

### IF YOU ARE TESTED

- You will provide your personal information and receive a phone call once your test results are known.
- Please be patient. At this time, it can take up to 5 days to receive test results.

### AFTER YOU ARE TESTED

- You will be asked to self-quarantine until we receive your results.
- If your symptoms require additional medical care, you will be directed to available services.

# Collection of Diagnostic Respiratory Specimens



**When collecting diagnostic respiratory specimens from a possible COVID-19 patient, the following should occur:**

- Health Care Provider (HCP) in the close contact should wear an N-95 or higher-level respirator (or facemask with procedural mask if a respirator is not available), with eye protection, gloves, and a gown.
- The number of HCP's present during the procedure should be limited to only those essential for patient care and procedure support.

*Refer to the latest Aerosol Generating Procedures (AGP) procedural list*

*Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens from Persons for Coronavirus Disease 2019 (COVID-19)*

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>



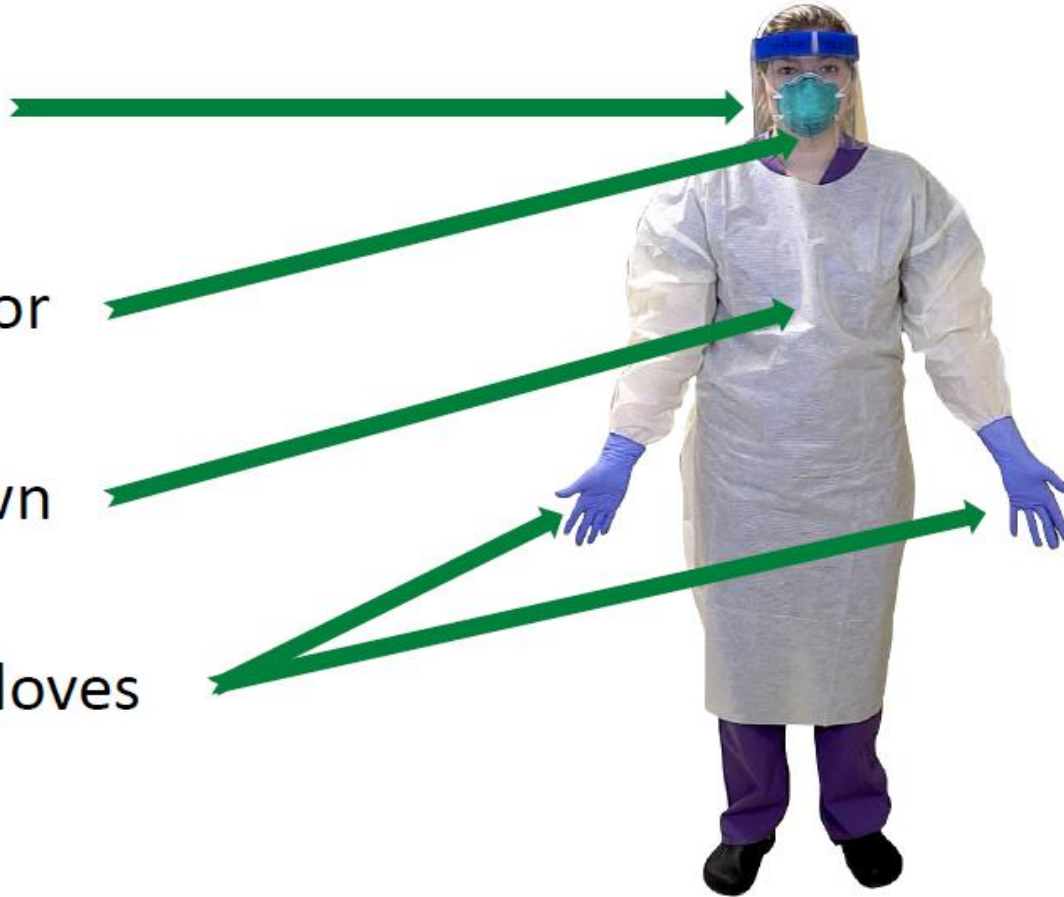
# PPE Recommendations for COVID -19 Testing

1. Face Shield

2. N95 Respirator

3. Isolation Gown

4. One pair of gloves



# Infection Control



**In general, only essential personnel should enter the room of patients with suspected/confirmed COVID-19**

- Healthcare facilities should consider assigning daily cleaning and disinfection of high-touch surfaces to nursing/cma personnel who will already be in the room providing care to the patient.
- If this responsibility is assigned to EVS personnel, they should be provided training on the procedures and products used, all recommended PPE when in the room. PPE should be removed upon leaving the room, adjacent to door immediately followed by performance of hand hygiene



# Home Visitation: How should HCWs screen patients for COVID-19?



When making a home visit, HCWs should identify patients at risk for having COVID-19 infection before (phone triage) or immediately upon arrival to the home. They should ask patients about the following:

1. Signs or symptoms of a respiratory infection, such as a fever, cough, and sore throat, shortness of breath.
2. In the last 14 days, has had contact with someone with laboratory positive COVID 19 diagnosis or under investigation for COVID-19, or are ill with respiratory illness.
3. Residing in a community where community-based spread of COVID-19 is occurring, and/or travel within the last 14 days to areas of concern with sustained community transmission. For updated information on affected countries visit: <https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.htm>
4. For ill patients, implement source control measures (i.e., placing a facemask over the patient's nose and mouth if that has not already been done).

# How should THPs monitor or restrict home visits for health care staff?



**According to CDC, Health care workers (HCWs) who have signs and symptoms of a respiratory infection should not report to work.**












Any staff that develops signs and symptoms of a respiratory infection while on-the-job, should:

- Immediately stop work, put on a facemask, report the symptoms to their supervisor and follow clinic protocol for HCWs.
- If HCW is tested and results indicate positive: inform the clinical supervisor of information on individuals, equipment, and locations the person came in contact with; and
- The clinical supervisor will follow the CDC, and local health department guidelines and recommendations for next steps (e.g., further clinical assessment, locations for treatment).
- Refer to the CDC guidance for exposures that might warrant restricting asymptomatic healthcare personnel from reporting to work (<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>)



# Resources


UW Medicine COVID-19 Resource Site <https://covid-19.uwmedicine.org/Pages/default.aspx>

 1 - Testing Criteria	3/15/2020 12:50 PM
 1a - Sample Collection for COVID19 Testing_Nasopharyngeal	3/15/2020 7:12 AM
 2 - PPE - Recommendations Schematic	3/15/2020 7:12 AM
 2a - PPE - Summary and Rationale for Recommendations	3/15/2020 7:12 AM
 2b - PPE - Donning Doffing Special Contact Droplet	3/15/2020 7:12 AM
 3- Ambulatory Settings - Workflow	3/15/2020 7:12 AM
 3a - RN Phone Triage	3/15/2020 7:12 AM
 3b - RN Phone Triage Resources	3/15/2020 7:12 AM
 4 - Immunocompromised Patients - Protocol	3/15/2020 7:12 AM
 5 - Pregnancy Protocol	3/15/2020 7:12 AM
 6 - Procedural Areas - Patient Symptom Check	3/15/2020 7:12 AM

# Resources

American College of Physicians (ACP) CEU Training :

[https://assets.acponline.org/coronavirus/scormcontent/?&\\_ga=2.265915019.520988162.1584211614838558937.1584211614#/lessons/ITTrtKj\\_NHFiMsWwPlvNs0us78gNHDhJ](https://assets.acponline.org/coronavirus/scormcontent/?&_ga=2.265915019.520988162.1584211614838558937.1584211614#/lessons/ITTrtKj_NHFiMsWwPlvNs0us78gNHDhJ)



SARS-CoV-2 causes an acute respiratory disease with fever, cough, and shortness of breath.

## SARS-CoV-2 Clinical Presentation

Infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) may be asymptomatic, or may result in an acute respiratory disease. The acute respiratory disease may be mild but can result in a severe viral pneumonia. Full characterization of



# COOP and EOP Resources

## Community Clinic and Health Center Pandemic Influenza Preparedness and Response Template

April 2, 2007  
Update: June 2008

### Pandemic Influenza Continuity of Operations Annex Template

Federal Emergency Management Agency  
500 C ST, SW  
Washington, D.C. 20472



Pandemic Influenza Preparedness  
and Response Guidance for  
Healthcare Workers and Healthcare Employers

### MEDICAL OFFICES AND CLINICS PANDEMIC INFLUENZA PLANNING CHECKLIST

Planning for pandemic influenza is critical for ensuring a sustainable healthcare response. The Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC) have developed the following checklist to help medical offices and ambulatory clinics assess and improve their preparedness for responding to pandemic influenza. This checklist is modeled after a pandemic preparedness checklist for hospitals and should be used in conjunction with guidance on healthcare preparedness planning in Supplement 3 of the HHS Pandemic Influenza Plan. Many of the issues included in the checklist are also relevant to other outpatient settings that provide episodic and chronic healthcare services (e.g., dental, podiatric, and chiropractic offices, ambulatory surgery centers, hemodialysis centers). Given the variety of healthcare settings, individual medical offices and clinics may need to adapt this checklist to meet their unique needs. Further information can be found at [www.pandemicflu.gov](http://www.pandemicflu.gov).



## Pandemic Influenza Operations and Response Plan

September 2009

### MEDICAL OFFICE PREPAREDNESS PLANNER

*A Tool for Primary Care Provider Offices*



# Supplies Requests: County and Federal

**Level 1:** MHOAC for your County. <https://emsa.ca.gov/wp-content/uploads/sites/71/2020/02/MHOAC-Contact-List-02112020-Public.pdf>

**Level 2:** IHS Area Director- Beverly Miller

**Level 3:** Chris Jones- HHS ASPR, direct access 301-443-1771

## INDIAN HEALTH SERVICE ISSUE REQUEST FOR STORES STOCK SUPPLIES

NAME OF ORDERING S.U.:		FACILITY (IF DIFFERENT)
NAME OF ORDERING ACTIVITY		SCHEDULED ORDER DATE
REQUEST BY (Signature/Title)	DATE	APPROVED BY (Signature/Title)
CONTROLLED SUBSTANCES: YES: <input type="checkbox"/> NO: <input type="checkbox"/>		DATE ITEMS REQUIRED:

### ACCOUNTING DATA

SUBSTATION CODE	USER CODE	CAN	SUB-SUB ACTIVITY

### STORE STOCK ITEMS REQUESTED

INDEX NUMBER	ITEM DESCRIPTION	U/I	USER LEVEL	EXPL CODE	REQUEST
089508	Medium Aloetouch PF Textured Nitrile Exam Gloves, BX/100, by BOSMA	BX/100			
089559	Large Aloetouch PF Textured Nitrile Exam Gloves, BX/100, by BOSMA	BX/100			
089591	Extra Large Aloetouch PF Textured Nitrile Exam Gloves, BX/100, by BOSMA	BX/100			
106127	Hand Sanitizer Gel, 8oz, CA/12, by Medline	CA/12			





## How to reach us for questions:

- **Clinical-related assistance** :Thomas Kim, MD, MPH Medical Epidemiologist [tkim@crihb.org](mailto:tkim@crihb.org)
- **Community or data-related assistance:** Vanessa Cresci Director, Research and Public Health [vcresci@crihb.org](mailto:vcresci@crihb.org)
- **Submit CTEC TA online request:** <https://crihb.org/technical-assistance-request-form/>