Coronavirus Disease 2019 (COVID-19) Guide for Small and Critical Access Hospitals (CAH) in Kansas

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Healthcare facilities in Kansas cannot and *should not* be turning away patients or refusing care for fear of COVID-19.

The Kansas Department of Health and Environment (KDHE) wants to detect any community spread of COVID-19 as soon as possible. This will allow Public Health to put community level mitigation strategies in place quickly to help stop the spread of disease. If cases go undetected in the community, there is more opportunity for spread of the disease and it becomes more difficult for any mitigation strategies to be effective. To help with this strategy, we ask that all patients seeking healthcare be assessed by a healthcare provider and, if warranted, specimens collected for COVID-19 testing be performed by our frontline facilities. If the provider suspects COVID-19, please immediately call the KDHE Epidemiology Hotline at 1-877-427-7317.

KDHE encourages healthcare facilities of any setting to follow the current gold standard for infection prevention and control (IPaC) measures from the Centers for Disease Control and Prevention (CDC) as closely as possible:

- Place patient in an AIIR (are single patient rooms at negative pressure relative to the surrounding areas, and with a minimum of 6 air changes per hour)
- Healthcare personnel (HCP) should follow Standard, Contact, and Airborne Precautions plus the use of eye protection

These measures are currently the ideal scenario for dealing with a Person Under Investigation (PUI) or a confirmed case of COVID-19. However, KDHE and CDC is aware that the realities of our healthcare facilities might limit the ability to follow these guidelines. To that end, KDHE has worked to put together alternative recommendations in an effort to help healthcare facilities keep their patients and staff as safe as possible with the supplies they have available. CDC has also updated their recommendations to reflect acceptable alternatives, but to also remind us that these are meant to be used in times of personal protective equipment (PPE) shortage and that the gold standard recommendations should be resumed/followed when adequate PPE is available.

It is important to note that these recommendations are meant to help healthcare facilities of every type continue to provide assessment, testing, and treatment of patients no matter what disease processes are present. We want all frontline facilities, including our CAHs other small hospitals, to be able to care for COVID-19 patients for at least some amount of time so as to not overwhelm the smaller number of larger facilities that everyone refers patients to. Small facilities and CAHs should be able to; triage/assess, test, and admit patients for care. Transfer to other facilities is a valid option, and in some cases is warranted immediately, however this should be saved for those patients who need immediate intensive care and kept as a bottom tier response for those milder illness you are able to treat.

PREFERRED COVID-19 IPaC Guidelines

Place suspect and positive patients in an AIIR isolation room and follow Standard, Contact, and Airborne plus eye protection.

Alternative Strategies for COVID-19 IPaC Measures

It is important to note that following these alternative strategies will place your HCPs in the **Low Risk Category** for the KDHE Asymptomatic Healthcare Workers with Exposure to COVID-19.

If AIIR not available:

- Put patient in a private room – use a room with an air system that does not recirculate to other rooms without HEPA filtration
- Keep a mask on the patient except during COVID-19 specimen collection procedure
- Limit aerosol-generating procedures (e.g. produces coughing) as much as possible
- Keep door closed except to enter and exit
- Do not allow in-person visitors, instead offer virtual/audio-visual methods for visits

If N-95 or higher-level respirators are unavailable:

Observe Standard, Contact, and Droplet Precautions plus eye protection when coming into close contact (see definition):

- Gown
- Gloves
- Facemask (i.e. surgical mask)
- Eye protection (e.g., face shield or goggles)
- With appropriate donning, doffing, and hand hygiene used throughout

Limit HCP presence in room to only staff needed for care/procedures.

Triage for testing/care of PUIs:

Dedicate a time of day to assess patient with respiratory symptoms or those you suspect to have COVID-19.

Telephone triage options

- As much as possible, collect patient exposure and symptoms before scheduling appointments or having them come in to the facility.
- When COVID-19 PUI is suspected, call KDHE Epidemiology Hotline immediately (877-427-7317) to discuss and get testing approval.
- After discussion with KDHE staff, call the patient to provide further instructions:
    - If COVID-19 is no longer suspected, proceed as you usually would to arrange for patient to see provider.

- If COVID-19 is suspected, ask patient to come in for testing in a manner that will limit exposures to other patients and non-dedicated staff. Several options for management of patient flow are listed below.

Setup a triage station at Emergency Department (ED) or other designated entrance

- Have facemask and hand sanitizer available for patients. Instruct patients to don masks in order to be assessed.
- Have dedicated staff, with PPE, to ask exposure and travel questions to determine whether patient meets suspect PUI definition.
- If COVID-19 is suspected based on symptoms and exposure history move the patient immediately to an appropriate room for further assessment/care.

Setup a "drive-thru" COVID-19 testing area

- Collect patient exposure and symptoms over the phone, offer drive-thru testing option.
- Have PPE, testing supplies (including cold storage to keep samples cold), and hand sanitizer available for staff.
- Have dedicated staff for collecting specimens.
- Allow patients to drive up and stay in car for testing.
- Collect needed specimens and place in cold storage until shipment.
- Staff can use the same PPE but should perform hand hygiene between patients.

Develop a realistic plan to care for COVID-19 patients within your facility following these alternative strategies.

Work with other local facilities to create a patient treatment/transfer plan. Be sure to inform any receiving facility of the COVID-19 status of the transferring patient.

Continued care:

If patient is ill enough to warrant hospitalization, admit patient and continue to follow KDHE's Alternative IPaC guidance.

OR

If patient is ill enough to warrant hospitalization, transfer to a hospital with the needed supplies to follow the CDC IPaC guidance, ensure suspect PUI status is communicated to receiving facility.

If patient is stable and does not require hospitalization, discharge them to their residence and provide them with in-home guidance for COVID-19.

Strategies for Dealing with Potential PPE Shortages

Understanding how to assess current stock of PPE:

Work with purchasing and supplies staff to create a preparedness plan, to assess current stock levels and condition, and to understand the "burn rate" of supplies at your facility.

Communicate with your vendor companies. They can provide education on how to figure “burn rates” of supplies as well as keep you apprised of what they have available and when you can expect to receive it.

Drill your preparedness plan with frontline staff to ensure your facility knows how to respond when using the plan.

Expanded N-95 respirators approved for use by HCPs:

FDA has approved use of certain expired respirators for healthcare settings – https://www.cdc.gov/coronavirus/2019-ncov/release-stockpiled-N95.html

FDA approved use of non-medical respirators for use in healthcare settings – https://www.fda.gov/media/135921/download

Partnering with Healthcare Systems or other facilities:

Contract or create agreements with other healthcare facilities to obtain, or to provide, PPE supplies necessary for CDC IPaC guidance as needed.

Contract or create agreements with other healthcare facilities to request, or provide, designated staff to provide on-call mobile specimen collection when COVID-19 specimen collection is needed. Create a “Go Bag” with all of the appropriate PPE and testing supplies needed:

- Gown
- Gloves
- Respirator or Facemask (i.e. surgical mask)
- Eye protection (e.g., face shield or goggles)
- Hand hygiene supplies
- Synthetic swabs for both OP & NP specimens
- Viral transport media tubes
- Ice packs/cold storage (KDHE packaging and shipping details)

Contract or create agreements with other healthcare facilities to have patient transfer plans already created so as to not overwhelm facilities that do have the needed PPE for CDC IPaC guidance.

Steps for obtaining PPE from local/state Emergency Management:

#1 – Initially try to exhaust efforts with your primary contractor/vendor PPE suppliers

#2 – Check with all other vendors or contracted entities you have that might be able to find the product

#3 – Check with local/regional partners, organizations, or facilities who might be able to lend you some supplies (this includes going to parent organizations)

#4 – Call your local/county emergency management program (usually at the county level)

Conservation of PPE in the presence of an imminent shortage:

If HCP can stay at least six feet away from the patient and limit time with patient to less than 10 minutes and the patient is wearing a facemask, then the HCP does not need to be wearing PPE.

Close Contact Definition

You are a "close contact" if any of the following situations happened while you spent time with a person with COVID-19, even if they didn't have symptoms:

- Were within 6 feet of the person for 10 consecutive minutes or more
- Had contact with the person's respiratory secretions (for example, coughed or sneezed on; kissed; contact with a dirty tissue; shared a drinking glass, food, towels, or other personal items).
- Live with the person or stayed overnight for at least one night in a house with the person.

The chance of spreading the virus is greater the longer an infected person or persons are close to someone. It also matters if the infected person is coughing, sneezing, singing, shouting, or doing anything else that produces more respiratory droplets that contain virus or if there are exposures to more than one infected person. Under these higher risk situations, you may want to consider a close contact someone who has been within 6 feet of an infectious person or persons for 10 cumulative minutes or more in a 24-hour period.

The final decision on what constitutes close contact is made at the discretion of public health.