

Coronavirus Disease 2019 (COVID-19) Guide for Acute Care Hospitals (ACH), Long-term Acute Care Hospitals (LTACH), Inpatient Psychiatric Facilities (IPF), and Inpatient Rehabilitation Facilities (IRF)

April 3, 2020

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 **report it to the KDHE Epidemiology Hotline via fax 877-427-7318**.

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 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 facilities that everyone refers patients to. Acute care setting 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
- Place a facemask on the patient if they need to leave the room

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

Observe Standard, Contact, and Droplet Precautions plus eye protection when coming into close contact (within 6ft for ≥10mins):

- 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.
 - 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.
 - If COVID-19 is not suspected, proceed as you usually would to arrange for patient to see provider.

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

- Have hand sanitizer available for patients and provide them with a facemask.
- Have dedicated staff, with PPE, to ask exposure and travel questions to determine whether patient meets suspect PUI definition.
- If COVID-19 is suspected, 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 (exception for gloves, see below) but should perform hand hygiene between patients:
 - **Ideal glove usage** – perform hand hygiene, don gloves, collect sample, doff gloves, hand hygiene, repeat
OR
perform hand hygiene, don two pairs of gloves, collect sample, doff top pair of gloves, hand hygiene while still wearing the first pair of gloves, don new second pair, repeat (this option could save HCP from chapped hands)
 - If glove supplies are low – use of the same pair of gloves for sample collection on multiple patients can be considered if gloves are in short supply, however, hand hygiene must still be performed (while wearing gloves) between patients

Testing is now available through certain commercial/reference laboratories as well as through the Kansas Health and Environmental Laboratories (KHEL). Facilities should default to testing through commercial/reference labs as testing at KHEL will be prioritized for public health purposes and urgent need (i.e., specimens will be rejected if they do not meet our testing criteria).

- If testing through a commercial/reference lab – approval by a KDHE epidemiologist is not required; however as this is a novel disease and therefore a reportable disease, a faxed [report form](#) needs to be sent to 877-427-7318 within 4 hours of suspicion of COVID-19. Include on the form which laboratory the sample is being sent to for testing.
- If testing through KHEL, please fill out (be sure to complete both pages one and two) and submit a [testing approval form](#) via fax to 877-427-7318. A copy of the approval form needs to be included with the specimen before it is shipped to KHEL.

Develop a realistic plan to care for COVID-19 patients within your facility following these alternative strategies. Drill your preparedness plan with frontline staff to ensure your facility knows how to respond when using the plan.

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.

Strategies for optimizing supplies of PPE:

KDHE resources below (and more) can be found on the [COVID-19 Resource Center](#) –

http://www.kdheks.gov/coronavirus/toolkit/Alternative_Infection_Prevention_and_Control_Strategies_Flyer.pdf

http://www.kdheks.gov/coronavirus/toolkit/Strategies_for_Optimizing_Eye_Protection.pdf

http://www.kdheks.gov/coronavirus/toolkit/Strategies_for_Optimizing_Isolation_Gowns.pdf

http://www.kdheks.gov/coronavirus/toolkit/Strategies_for_Optimizing_Facemasks.pdf

http://www.kdheks.gov/coronavirus/toolkit/Strategies_for_Optimizing_N95_Respirators.pdf

CDC PPE Strategies –

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/ppe-strategy/index.html>

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 create 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)

References:

CDC. *Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings*. March 19, 2020. <https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>. March 26, 2020.