



UWWTASP
tele-antimicrobial stewardship program

Re-Opening Healthcare in the Midst of COVID-19

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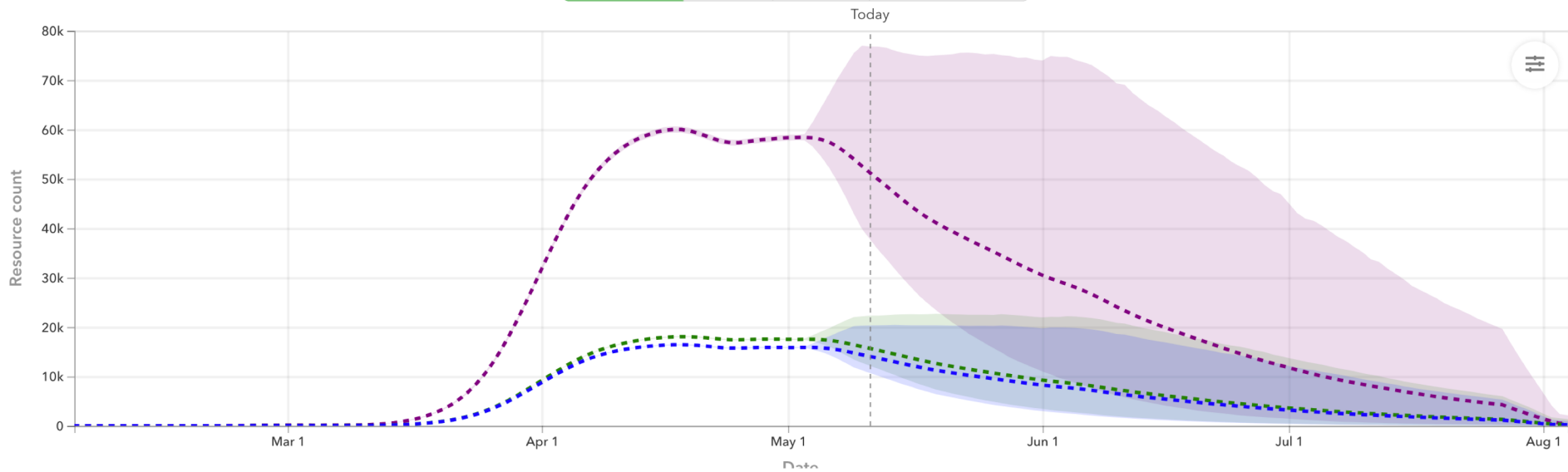
Current Status

United States of America ▼

All deaths specific to COVID-19 patients.
Shaded area indicates uncertainty ⓘ

Hospital resource use ⓘ

All resources All beds ICU beds Invasive ventilators



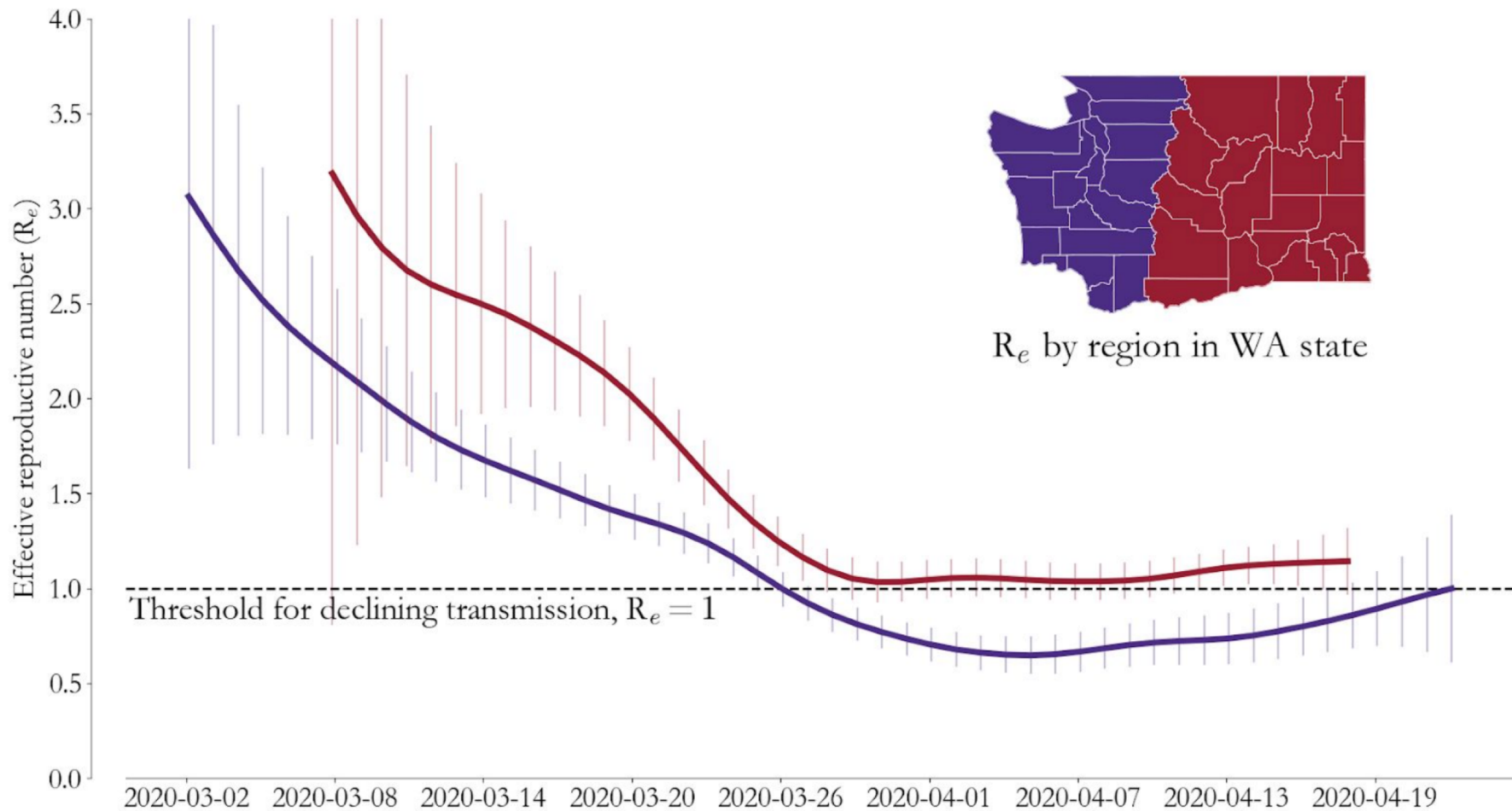


Figure 5: R_e estimates for Eastern (red) and Western (purple) WA, with 2 standard deviation error bars. In Western WA, we find that the effective reproductive number had fallen confidently below 1 in late March but has since returned to roughly 1 on April 22, on the cusp of increasing transmission. Meanwhile, in Eastern WA, we find that increasing transmission is highly likely as recently as April 18. This illustrates heterogeneity across the state.

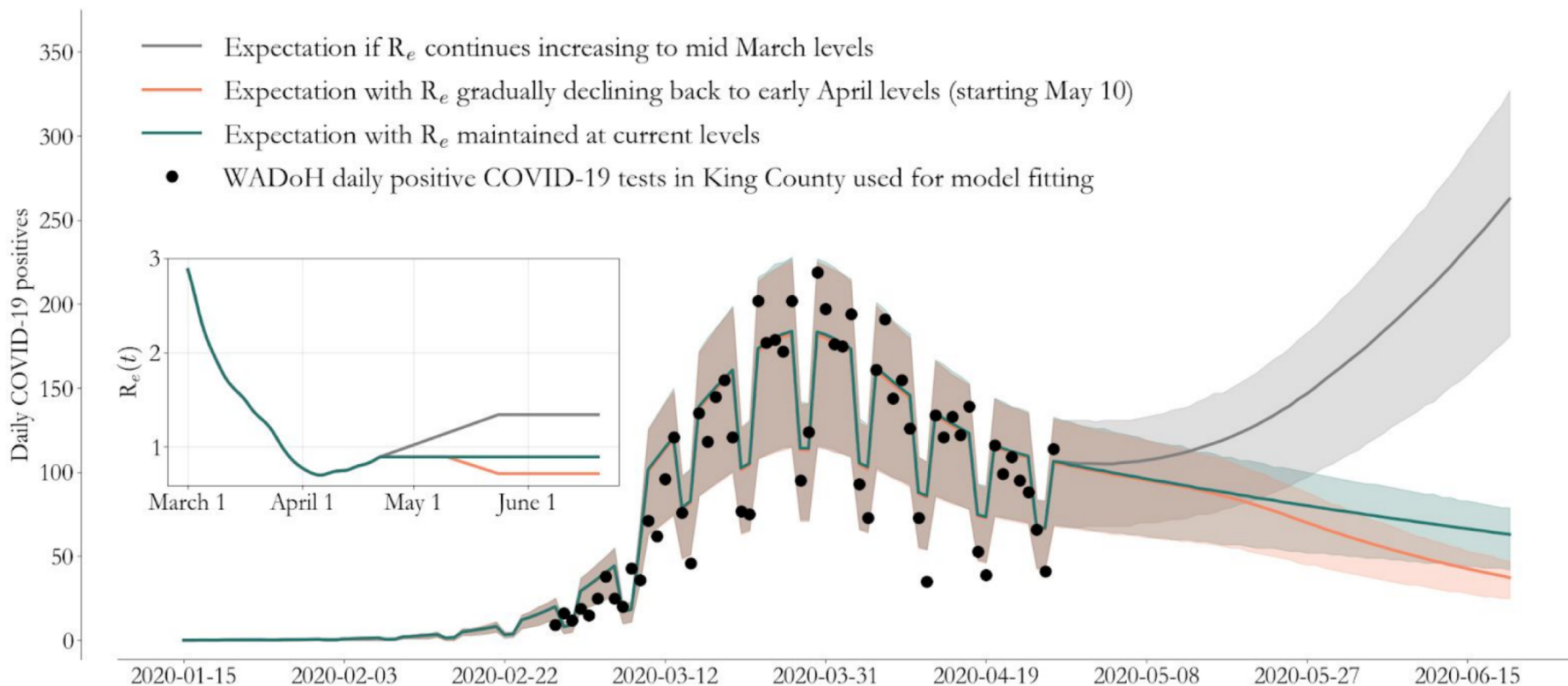


Figure 4: Model-based projections of daily COVID-19 positives under 3 scenarios, shown in the inset. Maintenance of recent transmission levels (green), increases consistent with recent trends in R_e (grey), and transmission decreases to previous, relatively low levels (red) all lead to dramatically different outcomes. With high susceptibility in King County, exponential growth in cases is still a possibility.



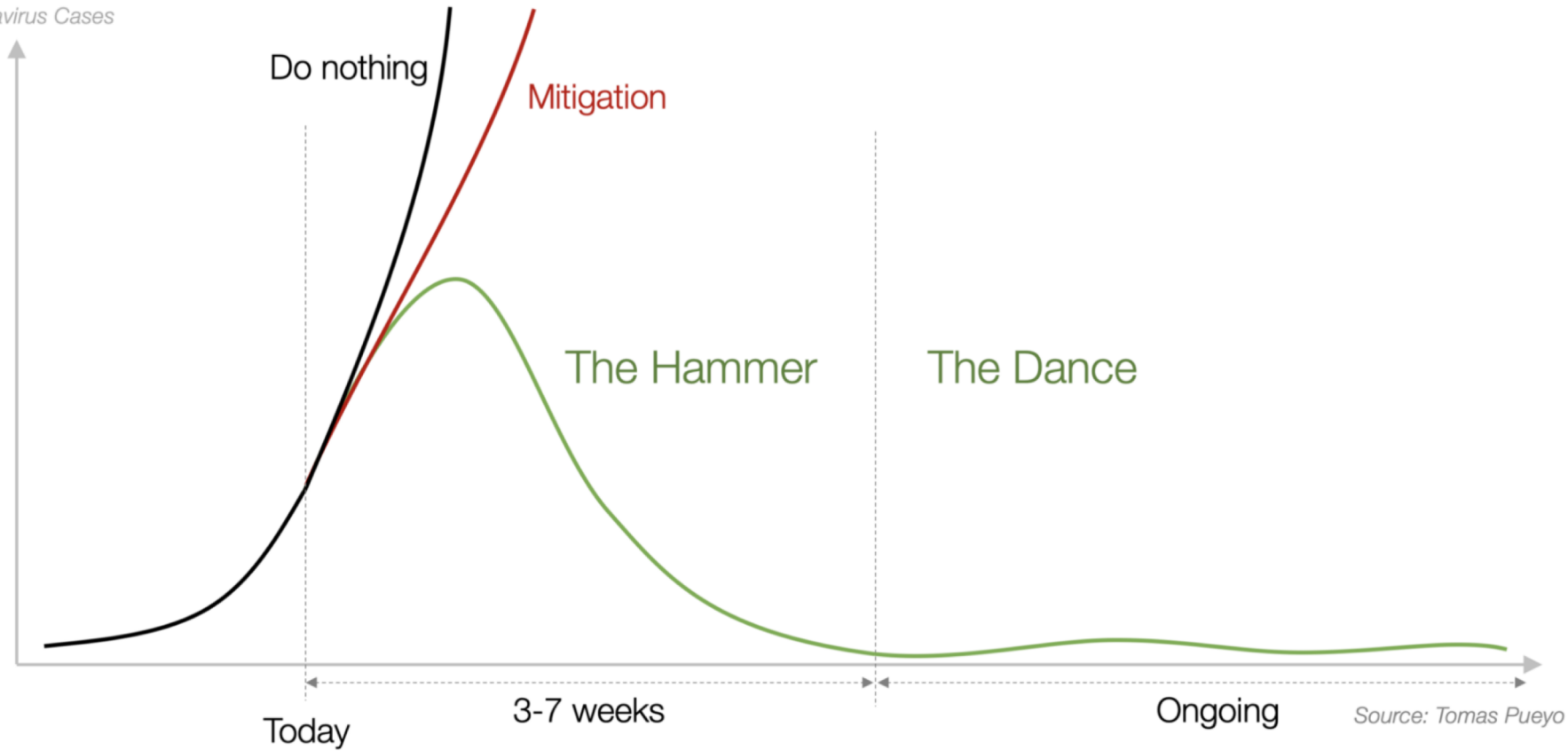


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Mar 19 · 29 min read



Coronavirus Cases





Fit coverings snugly but comfortably against the side of the face



Use the ties or ear loops to take your mask on and off



Face coverings should have multiple layers



Make sure you can breathe while wearing the face covering



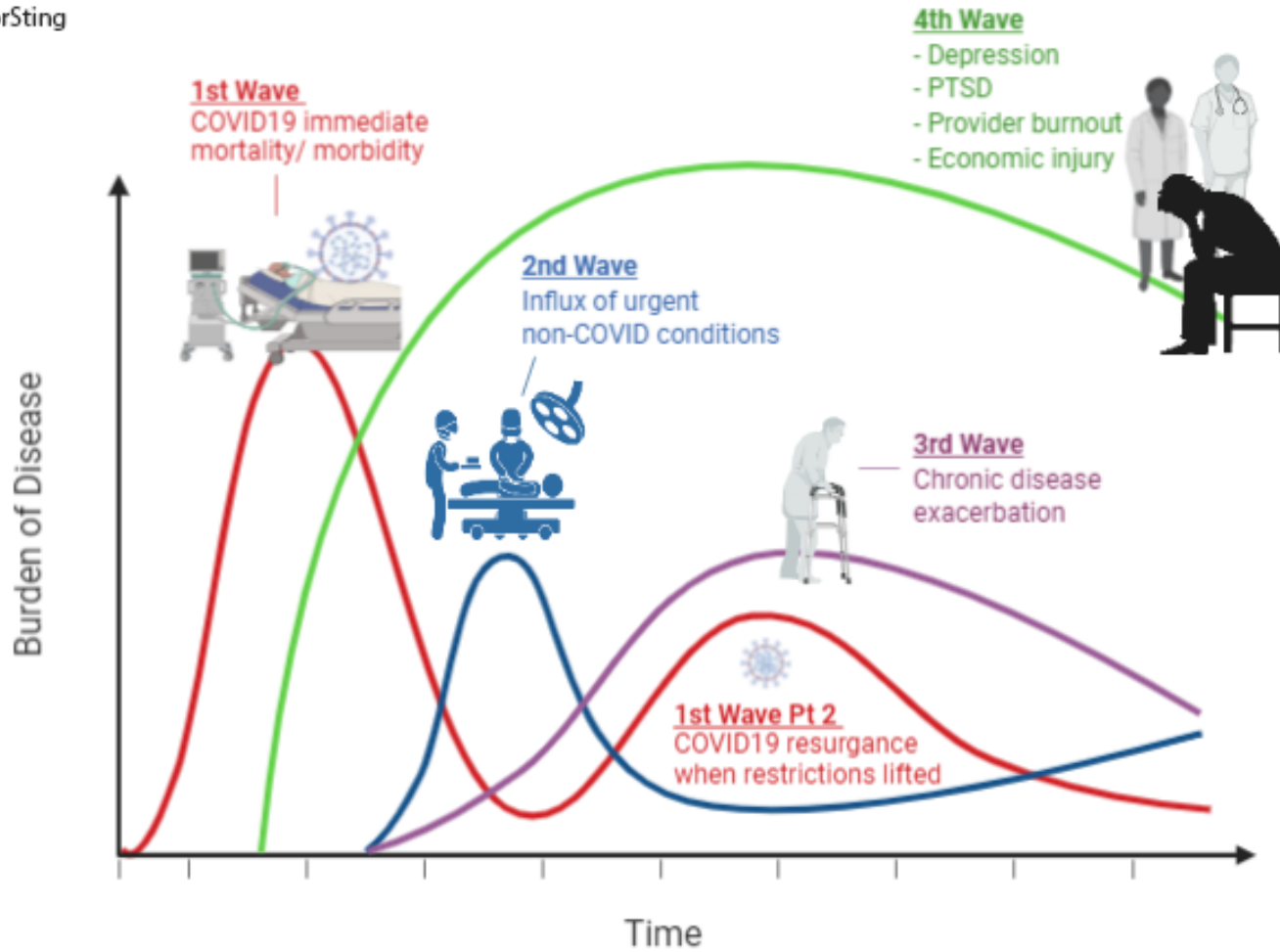
Wash and dry cloth coverings daily



Children should only wear them with adult supervision



@JesseOSheaMD
@VectorSting



Re-Opening Healthcare

Proposed State or Regional Gating Criteria

(Satisfy Before Proceeding to Phased Opening)

SYMPTOMS

Downward trajectory of influenza-like illnesses (ILI) reported within a 14-day period

AND

Downward trajectory of COVID-like syndromic cases reported within a 14-day period

CASES

Downward trajectory of documented cases within a 14-day period

OR

Downward trajectory of positive tests as a percent of total tests within a 14-day period (flat or increasing volume of tests)

HOSPITALS

Treat all patients without crisis care

AND

Robust testing program in place for at-risk healthcare workers, including emerging antibody testing



Re-Opening Healthcare

Core State Preparedness Responsibilities

TESTING & CONTACT TRACING

- ✓ Ability to quickly set up safe and efficient screening and testing sites for symptomatic individuals and trace contacts of COVID+ results
- ✓ Ability to test Syndromic/ILI-indicated persons for COVID and trace contacts of COVID+ results
- ✓ Ensure sentinel surveillance sites are screening for asymptomatic cases and contacts for COVID+ results are traced (sites operate at locations that serve older individuals, lower-income Americans, racial minorities, and Native Americans)

HEALTHCARE SYSTEM CAPACITY

- ✓ Ability to quickly and independently supply sufficient Personal Protective Equipment and critical medical equipment to handle dramatic surge in need
- ✓ Ability to surge ICU capacity

PLANS

- ✓ Protect the health and safety of workers in critical industries
- ✓ Protect the health and safety of those living and working in high-risk facilities (e.g., senior care facilities)
- ✓ Protect employees and users of mass transit
- ✓ Advise citizens regarding protocols for social distancing and face coverings
- ✓ Monitor conditions and immediately take steps to limit and mitigate any rebounds or outbreaks by restarting a phase or returning to an earlier phase, depending on severity



Phase One

FOR STATES AND REGIONS

THAT SATISFY THE GATING CRITERIA

Phase One SPECIFIC TYPES OF EMPLOYERS

SCHOOLS AND ORGANIZED YOUTH ACTIVITIES (e.g., daycare, camp) that are currently closed should remain closed.

VISITS TO SENIOR LIVING FACILITIES AND HOSPITALS should be prohibited. Those who do interact with residents and patients must adhere to strict protocols regarding hygiene.

LARGE VENUES (e.g., sit-down dining, movie theaters, sporting venues, places of worship) can operate under strict physical distancing protocols.

ELECTIVE SURGERIES can resume, as clinically appropriate, on an outpatient basis at facilities that adhere to CMS guidelines.

GYMS can open if they adhere to strict physical distancing and sanitation protocols.

BARS should remain closed.





Centers for Medicare & Medicaid Services (CMS) Recommendations

Re-opening Facilities to Provide Non-emergent Non-COVID-19 Healthcare: Phase I

- In coordination with State and local public health officials, **evaluate the incidence and trends** for COVID-19 in the area where re-starting in-person care is being considered.
- **Evaluate the necessity of the care based on clinical needs.** Providers should prioritize surgical/procedural care and high-complexity chronic disease management; however, select preventive services may also be highly necessary
- **Consider establishing Non-COVID Care (NCC)** zones that would screen all patients for symptoms of COVID-19, including temperature checks. Staff would be routinely screened as would others who will work in the facility (physicians, nurses, housekeeping, delivery and all people who would enter the area)
- **Sufficient resources** should be available to the facility across phases of care, including PPE, healthy workforce, facilities, supplies, testing capacity, and post-acute care, without jeopardizing surge capacity.



Personal Protective Equipment



- CMS recommends that **healthcare providers and staff wear surgical facemasks at all times.** Procedures on the mucous membranes including the respiratory tract, with a higher risk of aerosol transmission, should be done with great caution, and staff should utilize appropriate respiratory protection such as **N95 masks and face shields.**
- **Patients should wear a cloth face** covering that can be bought or made at home if they do not already possess surgical masks.
- Every effort should be made to **conserve personal protective equipment.**



Workforce Availability



- **Staff should be routinely screened** for symptoms of COVID -19 and if symptomatic, they should be tested and quarantined. Staff who will be working in these NCC zones should be limited to working in these areas and not rotate into “COVID-19 Care zones” (e.g., they should not have rounds in the hospital and then come to an NCC facility).
- **Staffing levels in the community must remain adequate to cover a potential surge in COVID-19 cases.**



Facility Considerations



- In a region with a current low incidence rate, when a facility makes the determination to provide inperson, non-emergent care, the facility should create areas of NCC which have in place steps to reduce risk of COVID-19 exposure and transmission; these areas should be separate from other facilities to the degrees possible Within the facility, administrative and engineering controls should be established to facilitate social distancing, such as minimizing time in waiting areas, spacing chairs at least 6 feet apart, and maintaining low patient volumes.
- Visitors should be prohibited but if they are necessary for an aspect of patient care, they should be pre-screened in the same way as patients.



Sanitation Protocols



- Ensure that there is an established plan for thorough cleaning and disinfection prior to using spaces or facilities for patients with non-COVID-19 care needs.
- Ensure that equipment such as anesthesia machines used for COVID-19 (+) patients are thoroughly decontaminated, following CDC guidelines.



Supplies



- Adequate supplies of equipment, medication and supplies must be ensured, and not detract for the community ability to respond to a potential surge.



Testing Capacity



- All patients must be screened for potential symptoms of COVID-19 prior to entering the NCC facility, and staff must be routinely screened for potential symptoms as noted above.
- When adequate testing capability is established, **patients should be screened by laboratory testing before care, and staff working in these facilities should be regularly screened by laboratory test as well.**



WA State Requirements 2/29

- Facilities must provide health care workers (direct patient care and affected ancillary staff) with appropriately sized and sufficient quantities of PPE to perform essential job functions.
- Facilities must be aligned with Washington State Department of Health's PPE Usage Guidelines - PPE Conservation Strategies (Yellow), which says personal protective equipment is discarded and replaced when it is soiled, damaged, or hard to breathe through.
- Facilities must follow the Washington State Department of Health's Guidance on Extended and Re-use of PPE by Healthcare Personnel (HCP).
- Facilities must have on-hand and in the facility 7 days of appropriate PPE.
- Facilities must report accurate counts of PPE available and in the facility daily, as well as PPE on order, to the WA Health system.
- Facilities must report following required DOH guidelines for PPE use and conversation to the WA Health system.
- Health care workers have access to COVID-19 testing and to timely notification (within eight (8) hours of awareness) of exposure to COVID-19.
- Facilities must report on COVID-19 positive health care workers by facility and profession/position to the WA Health system.



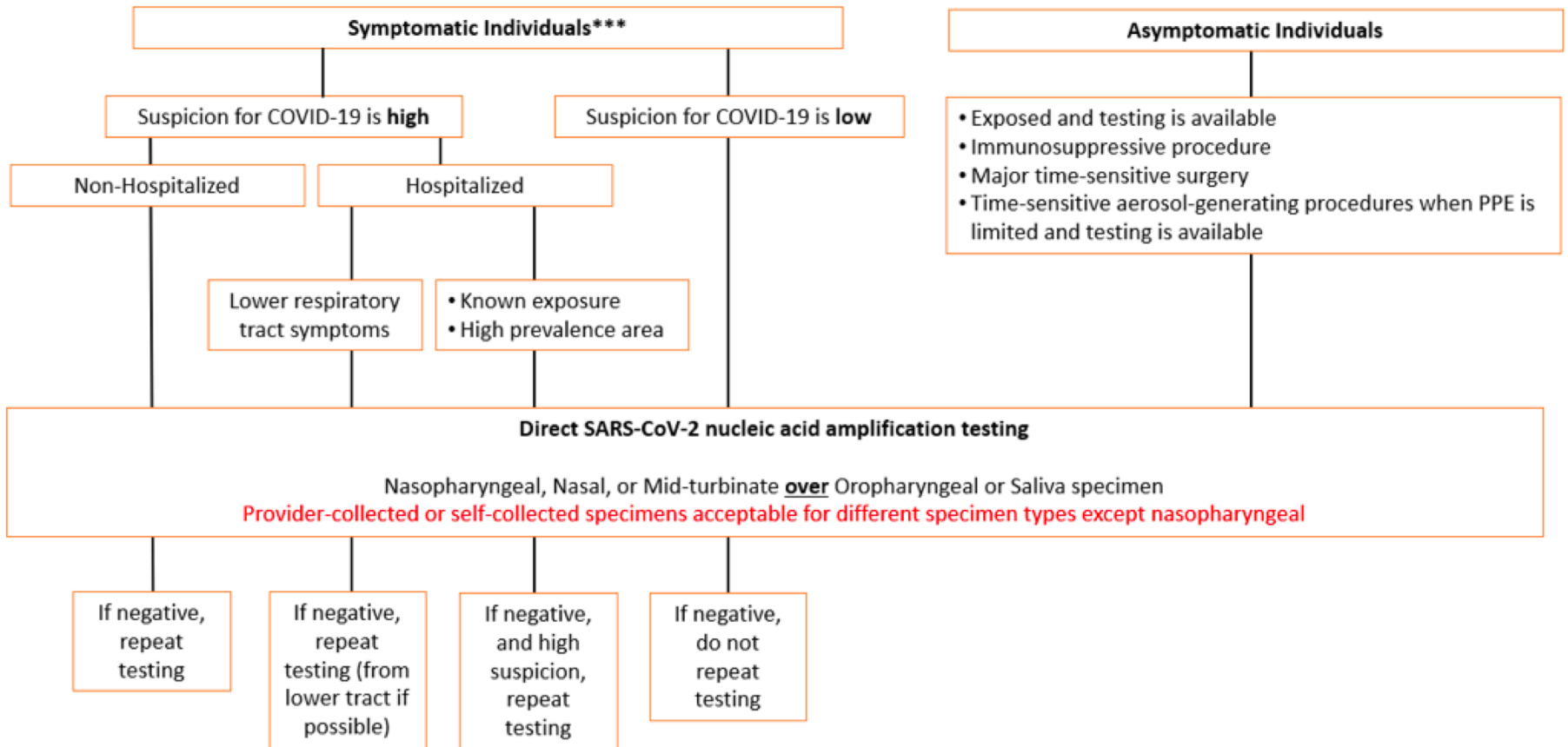
UW Medicine Approach

- Testing ✓
 - “Long” test
 - “Rapid test
- Staff ✓
- Supplies ✓
- Clinic/pre-op (PFTs, endoscopy, imaging) ✓
- Patients ✓
- Space ✓

....and many
protocols



Figure 1. IDSA Algorithm for SARS-CoV-2 Nucleic Acid Testing

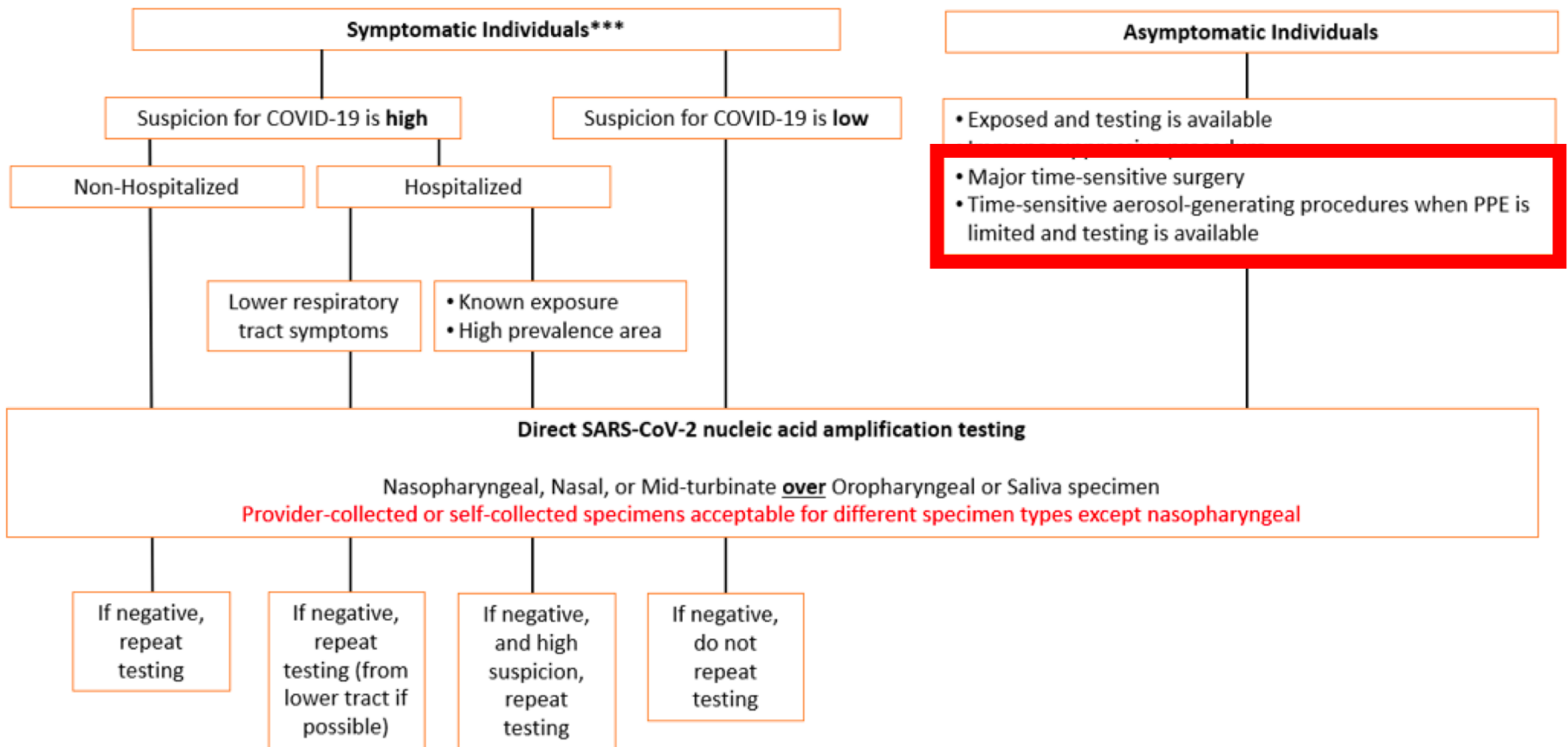


*****Note:**

- Testing should be prioritized for symptomatic patients first.
- When resources are adequate, testing for selected asymptomatic individuals can also be considered.



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Questions/Discussion

