Strategies for Ensuring Healthcare Systems Preparedness and Optimizing N95 Supplies

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February 11, 2020

For more information: www.cdc.gov/nCoV
2019 Novel Coronavirus Overview

Dr. Anita Patel, PharmD
2019 Novel Coronavirus

- Much is unknown about 2019-nCoV
- Spreads from person-to-person and causes severe disease and death
  - Respiratory droplets by coughing or sneezing
  - Close personal contact, such as touching or shaking hands
Situation Overview

- To date, 27 international locations (in addition to the U.S.) have reported confirmed cases of 2019-nCoV infection.
- Two instances of person-to-person spread with this virus in the U.S. have been detected.
  - Both cases after close, prolonged contact with a returned traveler from Wuhan.
CDC Response

- Over the coming days and weeks, state and local public health departments will begin to test for 2019-nCoV in their laboratories.
  - Test results will be validated at CDC for a period of time, after which states will perform their own testing and report results to CDC.
  - CDC will continue to report case counts in aggregate.
- While the immediate risk of this new virus to the American public is believed to be low at this time, everyone can do their part to help us respond to this emerging public health threat.
2019-nCoV: How Health Systems Can Prepare

Dr. Mike Bell, MD
Actions and Strategies to Stop Spread of 2019-nCoV

- The U.S. healthcare system responds to infectious disease threats every day.

- CDC’s recommended actions and strategies to stop the spread of 2019-nCoV are not new. They work and most are not reliant on PPE.
  - Established infection control strategies, consistent with standard precautions.

- CDC’s goal—provide sound infection prevention control recommendations that protect healthcare workers AND are feasible and acceptable to implement.
Strategies for Optimizing N95 Supply

Dr. Marie De Perio, MD
Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) or Persons Under Investigation for 2019-nCoV in Healthcare Settings

Updated February 3, 2020
Strategies for Optimizing the Supply of N95 Respirators

This document offers guidance on how to optimize supplies of N95 filtering facepiece respirators (commonly called “N95 respirators”) in healthcare settings in the face of potential ongoing 2019 Novel Coronavirus (2019-nCoV) transmission in the United States. The recommendations are intended for use by professionals who manage respiratory protection programs, occupational health services, and infection prevention programs in healthcare institutions to protect healthcare personnel (HCP) from job-related risks of exposure to infectious respiratory illnesses.

Controlling exposures to occupational hazards is a fundamental way to protect personnel. Traditionally, a hierarchy of controls approach has been used to achieve feasible and effective control. Some of the control measures may fall into multiple categories. It should also be emphasized that multiple control strategies can be implemented concurrently and or sequentially. This hierarchy can be represented as follows:

- Elimination
- Substitution
- Engineering controls
- Administrative controls
- Personal protective equipment (PPE)

![Hierarchy of Controls Diagram]
Engineering Controls

- Use of airborne infection isolation rooms (AIIR)
- Physical barriers such as glass/plastic windows
- Ventilation systems (clean-to-contamination flow direction)
Administrative Controls

- Exclude HCP not directly involved in patient care
- Exclude visitors
- Source control
- Cohorting patients
- Cohorting HCP
- Just in time fit testing

Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019–nCoV) or Persons Under Investigation for 2019–nCoV in Healthcare Settings

Updated February 3, 2020
Personal Protective Equipment (PPE)

- Define use of surgical N95 respirators
- Use of respirators that provide equivalent or higher protection
CDC Resources

- Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019 Novel Coronavirus (2019-nCoV) or Persons Under Investigation for 2019-nCoV in Healthcare Settings
  - [https://go.usa.gov/xd9dY](https://go.usa.gov/xd9dY)
- Healthcare Supply of Personal Protective Equipment
  - [https://go.usa.gov/xd9pf](https://go.usa.gov/xd9pf)
- Strategies for Optimizing the Supply of N95 Respirators
  - [https://go.usa.gov/xd9pA](https://go.usa.gov/xd9pA)
- Considerations for Selection of Respirators in Healthcare
  - [https://go.usa.gov/xd9pU](https://go.usa.gov/xd9pU)
National Healthcare Organization Readiness Activities
National Healthcare Organization Readiness Activities

• Working collaborative with the CDC’s Health Pulse Program (key ED indicators)
• Clinical guidance distributed for Labor & Delivery and Maternal & Child Health screening workflows
• Patient management guidance provided for Home Health Care providers
• Training created for Medical Office Building strike teams
• HealthConnect (Epic) set up with patient screening questions
• Safety guidance distributed such as visitor and patient respiratory protection, airborne isolation precautions and disinfection procedures for rooms, equipment and PPE
• National Supply Chain Command Center active with twice daily calls
  • Monitoring all commercial manufacturing production
  • Supply conservation efforts implemented
National Healthcare Organization Readiness Activities

• Exercises conducted to confirm facility readiness
• Prioritized early fit testing & training program distributed
• Partnering with waste management providers for safe handling of biohazardous and general waste
• New CoV information cascaded to all employees with reassurance to be concerned, but not panic
• Q&A distributed to all Member Service Contact Centers and Appointment and Advice Call Centers
• Expedited responses sent to all employer group inquiries
• Monitoring and responding to social media posts
• National HR policy published for potential employee exposure to coronavirus
Strategies for Ensuring Healthcare Systems Preparedness and Optimizing N95 supplies
Initial Response

- Patient arrived at Providence Regional Medical Center in Everett, WA on 1/20/20
- “BEST” (Bio-containment Evaluation and Specialty Treatment) Team Initiated

![Image of a group of healthcare workers]
Initial Response

- Initial PPE included:
  - CAPR
  - Impervious boot covers
  - AAMI 4 level gown
  - Double gloves (extended cuff)
  - Hospital scrubs and shoes
“Right-Sized” Response

- AAMI 2 level gown
- Double gloves (regular)
- CAPR

Usage estimates:
- 6 sets per shift when patient was feeling relatively well
- 20 sets per shift when patient was more symptomatic
System Response

How do we ensure appropriate response across different care settings?

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<td>SUPPORTIVE HOUSING FACILITIES</td>
<td>COVERED LIVES</td>
<td>COMMUNITY BENEFIT</td>
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Risk Assessment

- Coronavirus is primarily spread via droplet and contact routes
- Travel screen is in place:
  - At all points of entry, allowing for early identification an isolation
  - At scheduling, allowing patients to be directed to facilities that are prepared to respond
- In ambulatory care settings:
  - Patients are identified and then transferred. No aerosol-generating procedures or testing is performed
  - Most ambulatory cares settings do not have access to respirators
- Various health jurisdictions oversee the areas in which we provide care, each with different capacity and response time
- PPE is limited and anticipated to become more so
- CDC guidance for optimizing the supply of N95 respirators “Prioritize the use of N95 respirators for those HCP at the highest risk of acquiring infection”
Step 1: Travel Screen

Patient arrives at facility

Earliest point of contact administers travel questionnaire

Patient Questions:
- Have you traveled to China in the last 30 days?
- Have you been in contact with someone who has traveled to China in the last 30 days who is now ill?

Yes to either

Hospital-Based Setting
- If yes, travel screen is positive:
  - Provide patient with mask
  - Immediately contact clinical resource designated for your area* to proceed with symptom screen and triage.
  - Clinical resource dons contact and droplet PPE (gloves, gown, and mask) for screening

Clinic-Based Setting
- If yes, travel screen is positive:
  - Provide patient with mask
  - Escort patient to room designated at your clinic for this purpose.
  - Immediately contact clinical resource designated for your area* to proceed with symptom screen and triage.

All Settings
- If no, Proceed with registration, check-in, triage or care.

* Don’t know who this would be in your area? Ask your manager.
Step 2: Symptom Screen

If positive travel screen, designated clinical resource dons PPE and escorts patient to isolation room to conduct symptom screen.

Does patient complain of or cite any of the following:
- Fever above 100.4 F
- Cough, shortness of breath, or other lower respiratory symptoms

Yes to any

No to all

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<th>Hospital-Based Setting</th>
<th>Clinic-Based Setting</th>
<th>Hospital-Based Settings</th>
<th>Clinic-Based Settings</th>
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<tbody>
<tr>
<td>Use contact and airborne PPE and eye protection in addition to standard precautions.</td>
<td>Use contact and droplet PPE in addition to standard precautions.</td>
<td>If no symptoms identified, primary physician should consult with infection prevention and infectious disease to determine appropriate plan.</td>
<td>If no,</td>
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<tr>
<td>If not there already, move the patient to a negative pressure isolation room. If none available, use private room.</td>
<td>Place patient in a private room with door closed (use negative pressure room if available)</td>
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<td>Proceed with registration, check-in, triage or care.</td>
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<td>Notify Nursing Supervisor immediately and ask that they reach Infection Control personnel.</td>
<td>Notify local health authority and regional lead.</td>
<td></td>
<td>Provide patient with educational materials regarding symptoms of coronavirus and instructions on whom to contact if they become symptomatic.</td>
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<tr>
<td>Notify local health authority.</td>
<td>Do not conduct testing or aerosol-generating procedures on this patient without the express instruction of the local health department.</td>
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<td>Type of Control</td>
<td>Option</td>
<td>Comments</td>
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<td><strong>Engineering Controls</strong></td>
<td>Immediately place patient in private room, preferably an AIIR</td>
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<td>Use glass partitions at intake desks and triage stations</td>
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<td><strong>Administrative Controls</strong></td>
<td>Limit number of patients going to hospitals</td>
<td>Use techniques with all isolation patients, not just PUI or confirmed coronavirus cases</td>
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<td>Exclude HCP not directly involved in patient care</td>
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<td></td>
<td>Limit face-to-face HCP encounters with patient</td>
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<td>Exclude visitors</td>
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<td></td>
<td>Provide facemasks for patient with symptoms</td>
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<td>Cohort patients</td>
<td>In the event of surge</td>
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<td>Cohort healthcare personnel</td>
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<td>Just-in-time fit testing</td>
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<td>Telemedicine</td>
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<td></td>
<td>Limiting respirators during training</td>
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<td>Type of Control</td>
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<tr>
<td>PPE Control</td>
<td>Use respirators after their intended shelf life</td>
<td>Will hold onto expired respirators</td>
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<td></td>
<td>Extend use: wearing the same N95 for repeated close contact encounters</td>
<td>Could consider during surge</td>
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<td></td>
<td>with several different patients, without removing the respirator</td>
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<td>between patient encounters. Extended use may be implemented when</td>
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<td>multiple patients are infected with the same respiratory pathogen</td>
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<td></td>
<td>and patients are placed together in dedicated waiting rooms or hospital</td>
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<td>wards</td>
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<td>Reuse: refers to the practice of using the same N95 respirator by</td>
<td>Not an option for this pathogen, but could use for TB patients</td>
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<td>one HCP for multiple encounters with different patients but removing</td>
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<td>it after each encounter. Only appropriate for diseases in which</td>
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<td>contact spread is not a concern.</td>
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Questions?

Email:

eocevent218@cdc.gov
For more information, contact CDC
1-800-CDC-INFO (232-4636)

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.