
OHA COVID-19 Webinar Series for Healthcare Providers

Tuesday, April 7

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Agenda Items

- COVID-19 Update
- Testing
- Personal Protective Equipment
- Elective and Non-Elective Procedures
- General COVID-19 Questions
- Healthcare Workforce
- Closing

The COVID-19 Pandemic Update in Oregon

As of April 6th:

- 1,132 positive COVID-19 cases
- 29 deaths
- 20,669 negative tests
- Community transmission is broad, and test results do not reflect the full impact of COVID-19 in our state

COVID Testing

COVID-19 Testing (*updated guidance*)

- **Asymptomatic persons and those with symptoms that do not necessitate medical evaluation are not recommended for testing at this time**
- Recommendations for COVID-19 testing at *outside clinical* laboratories: persons in the following groups **with fever, cough, or dyspnea**:
 - a. Healthcare workers and first responders (EMS, public safety workers)
 - b. Patients with worsening symptoms
 - c. Patients 60 years of age or older
 - d. Patients with underlying medical conditions, including, but not limited to hypertension, diabetes, cardiovascular disease, lung disease, and immunocompromising conditions
 - e. Pregnant women
 - f. Patients who had contact with a suspect or lab-confirmed COVID-19 patient within 14 days of their symptom onset

COVID-19 Testing

- Oregon State Public Health Laboratory
 - A patient who meets all of the following criteria:
 - Clinical need for admission to an inpatient facility;
 - Evidence of viral lower respiratory infection;
 - While influenza is circulating, an influenza test ordered.
 - Symptomatic persons (fever, cough, or dyspnea) in a facility or group setting (e.g., healthcare facility, residential care facility, school, or corrections)
 - Patients seen at tribal health centers, NARA Indian Health Clinic, and Chemawa Indian Health Center who have fever, cough, or dyspnea may be tested for COVID-19 at OSPHL

COVID-19 Testing

- Specimens should be collected under appropriate precautions: **i.** Nasopharyngeal swabs should be collected under standard and contact, and **droplet** precautions **with eye protection**: facemask, eye protection, gown, and gloves.
- OSPHL will test one specimen per patient.
 - Lower respiratory specimens (bronchoalveolar lavage fluid, endotracheal aspirate, or sputum) are preferred if feasible. Otherwise, upper respiratory specimens are acceptable, with nasopharyngeal swab preferred; oropharyngeal swab, nasal mid-turbinate swab, bilateral anterior nares swab, or nasal wash are also acceptable.
 - If more than one specimen is received, OSPHL will test only the highest-preference specimen.
- https://www.oregon.gov/oha/PH/DISEASES/CONDITIONS/DISEASE_SAZ/Emerging%20Respiratory%20Infections/COVID-19-Health-System-Testing-Guidance.pdf

Personal Protective Equipment

Use of Personal Protective Equipment in Resource-Constrained Settings (*new*)

- Tier 1 approaches

- Healthcare workers evaluating or treating patients with suspect or known COVID-19 should use NIOSH-approved PPE when possible.
- Avoid unnecessary use of PPE
 - limit the number of HCP entering the room of patients with suspect or known COVID-19
 - bundle activities
 - minimize direct, close contact with mildly ill, infectious patients not requiring aggressive acute care, including out-of-room monitoring, phone/intercom communication, and self-administration of oral medications.
- Prioritize use of PPE by the type of activity required for patient care and the associated risk of transmission (e.g. reserving N95 use for aerosol-generating procedures).
- Use PPE that can be disinfected and re-used rather than disposable items when possible (e.g. use launderable, reusable gowns).

Use of Personal Protective Equipment in Resource-Constrained Settings

- When available, use medical-grade PPE manufactured for COVID-19 response.
 - Prototype PPE are being developed by private partners; when they meet OR-OSHA specifications, they will go into full production and be available through state allocation
- Consider using protective equipment designed for use in other industries and determined by federal regulatory agencies to provide adequate protection in a healthcare setting.
- www.fda.gov/media/135763/download

Use of Personal Protective Equipment in Resource-Constrained Settings

Tier 2 approaches

- Extended use of respiratory PPE and eye protection
 - HCP should not to touch their eye protection, respirator or facemask.
 - Eye protection and respirator or facemask should be removed, and hand hygiene performed, if equipment becomes damaged or soiled, and when leaving the unit.
- Secondary coverage of medical-grade respiratory protection with a face shield or possibly a cloth fabric mask to avoid contamination of the medical-grade PPE
- Decontamination of PPE through a process that destroys pathogens and leaves integrity of PPE intact.
 - UV treatment
 - Vaporized hydrogen peroxide
 - Dry heat incubation to 75F to 30 min
 - Moist heat incubation to 60F and 80% RH for 15-30 min

Use of Personal Protective Equipment in Resource-Constrained Settings

Tier 3 approaches

- Using PPE beyond the manufacturer-designated shelf life in settings with a lower risk of transmission (e.g., non-surgical)
 - First inspect PPE and confirm it is intact and without visible defect.
- Re-using surgical masks during care for multiple patients for activities with low transmission risk (e.g. dispensing medications or other activities that don't involve close, direct contact with patients). In this situation, practice proper hand hygiene and avoid touching mask to prevent contamination.
- Re-using N95 or similar disposable respirators without decontamination
- Prioritizing the use of unexpired FDA-cleared surgical masks for healthcare providers in procedures with high risk of transmission to the healthcare provider or the patient due to exposure to blood, respiratory secretions, or other body fluids.

Use of Personal Protective Equipment in Resource-Constrained Settings

Tier 4 approaches

- Using re-purposed items as PPE: swim masks, gas masks; industrial or sports goggles or eye protectors; plastic ponchos or garbage bags
- Using self-made or locally produced PPE with characteristics that suggest efficacy in providing necessary level of infection prevention.
 - **Eye protection:** impermeable, transparent shield with sufficient coverage of the face, fashioned from plastic beverage bottles or other clear plastic.
 - **Masks:** multi-ply, tight woven material that is reasonably moisture resistant, such as GORE-TEX, sterilization wrap (typically used to wrap surgical instruments to maintain sterility), or material from furnace filters or vacuum cleaner bags might be used to produce masks that completely cover the nose, mouth, and chin.
 - **Gowns:** use multi-ply or moisture-resistant material designed to cover all clothing.

OHA Revised Guidance for Elective and Non-urgent Healthcare Procedures

- Per Governor Brown's Executive Order No. 20-10, a procedure is subject to cancellation if it is elective or non-urgent and the procedure requires the use of PPE through at least June 15, 2020
- A procedure is exempt from the cancellation requirement if delay would put the patient at risk of irreversible harm. Risks of irreversible harm include, but are not limited to:
 - Threat to the patient's life;
 - Threat of irreversible harm to the patient's physical or mental health;
 - Threat of permanent dysfunction of an extremity or organ;
 - Risk of cancer metastasis or progression of staging; and
 - Risk of rapidly worsening condition (i.e., need for the procedure is time-sensitive).

OHA Interim Guidance for Elective and Non-urgent Healthcare Procedures (con'd)

- Examples of Urgent Healthcare Procedures:
 - Reproductive healthcare services
 - Vaccinations
 - Stopping the spread of infectious disease (testing, treatment)
 - Evaluating for possible malignancy (endometrial biopsy, atypical mole removal, etc.)
- Other care (well visits, non urgent care) can continue to be provided if such care does not involve the use of PPE
 - PPE includes facemasks, N95 respirators, gowns and eye protection.
 - Should exam gloves or surgical gloves be in short supply, non-urgent and elective procedures requiring them would also be canceled.
- Full guidance can be found here:
 - <https://sharedsystems.dhsoha.state.or.us/DHSForms/Served/le2284.pdf>

Use of Masks in the General Population

- CDC recommends wearing *cloth face coverings* in public settings where other physical distancing measures are difficult to maintain (e.g., grocery stores and pharmacies) **especially** in areas of significant community-based transmission.
 - The cloth face coverings recommended are not surgical masks or N-95 respirators. Those are critical supplies that must continue to be reserved for healthcare workers and other medical first responders
- Following CDC recommendations, OHA recognizes that use of cloth face coverings may reduce the spread of virus and help prevent those who have the virus but do not have symptoms from passing it to others. Nonetheless, face coverings do NOT change the need to maintain 6 feet, use good hand hygiene, and stay home when possible.

Clinical Care Questions

Healthcare Workforce

Healthcare Provider Return to Work After COVID-19 Diagnosis

- *Test-based strategy.* Exclude from work until:
 - Resolution of fever without the use of fever-reducing medications **and**
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
 - Negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected ≥ 24 hours apart (total of two negative specimens)
- *Non-test-based strategy.* Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
 - At least 7 days have passed *since symptoms first appeared*

Healthcare Workforce

- Q&A
- Statewide Emergency Registry of Volunteers in Oregon: <https://serv-or.org/>
- Oregon Medical Board updated information on COVID-19:
<https://www.oregon.gov/omb/Topics-of-Interest/Pages/COVID-19.aspx>

Closing and Important Contact Info

OHA Coronavirus Information for healthcare providers

<http://www.healthoregon.org/coronavirushcp>

Email your COVID-19 questions here that you want us to address at future informational sessions (*do not expect an individual response and do not send PHI*):

HealthCare.Provider@dhsoha.state.or.us

Oregon COVID-19 Response for Clinicians: Project ECHO

The "**Oregon COVID-19 Response for Clinicians** " **Project ECHO**, a weekly virtual interactive session, will be held on **Thursdays from 12-1:00 pm**. This is hosted by the Oregon ECHO Network at OHSU and will be staffed by Dr. Hargunani and Dr. Jennifer Vines, Multnomah County Health Officer and other invited content experts. They will provide the latest updates, share COVID-19 clinical cases and answer questions.

For more information see the attached flyer or connect directly on Thursday here: <https://zoom.us/j/575366462>