

2019 Novel Coronavirus (2019-nCoV)

***2/11/2020 UPDATES in Blue**

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Situation Summary

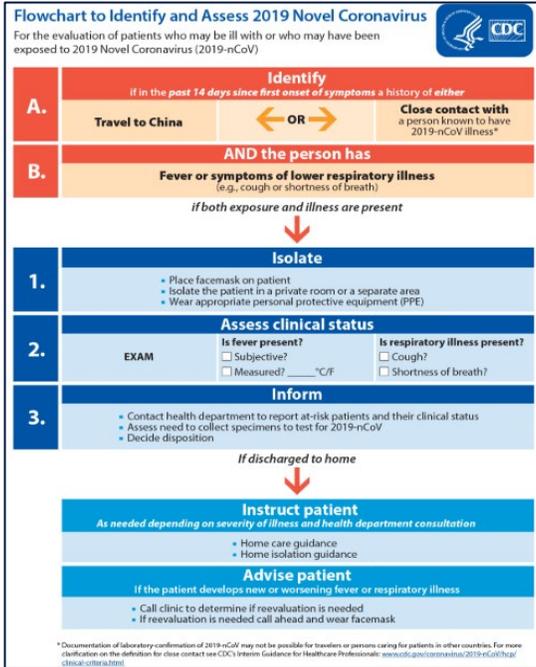
2019 Novel Coronavirus (2019-nCoV) is a coronavirus identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China. On 1/31/2020, Health and Human Services Secretary Alex M. Azar II declared a public health emergency for the entire United States to aid the nation’s healthcare community in responding to 2019 novel coronavirus. For additional information, visit the [CDC website \(link\)](#)

Clinical Management Resources

- **CDC Case Definition for Persons under Investigation (PUI) [Last Updated by CDC 2/3/20]**
 - Patients in the United States who meet the following criteria should be evaluated as a PUI (person under investigation) for 2019-nCoV [CDC Link](#)

Clinical Features	&	Epidemiologic Risk
Fever ¹ or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including health care workers, who has had close contact ² with a laboratory-confirmed ^{3,4} 2019-nCoV patient within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from Hubei Province, China ⁵ within 14 days of symptom onset
Fever ¹ and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization ⁴	AND	A history of travel from mainland China ⁵ within 14 days of symptom onset

- **CDC Flowchart to Identify and Assess 2019-nCoV [Last Updated by CDC 2/1/2020]**
 - For the evaluation of patients who may be ill with or who may have been exposed to 2019-nCoV [CDC Link](#)



- **HCA Healthcare Interim Guidance for PUI [Effective 2/1/2020]**
 - HCA-created checklist for navigating PUI through various presentation settings (e.x. Physician Practice, Transfer Center, Direct Admit) [Atlas Link](#)

Interim Guidance for all patients who meet criteria for Person Under Investigation (PUI) for Novel Coronavirus			
Presentation Setting	Early Screening/ Identification	Patient Management Disposition Based on Clinical Evaluation	Healthcare Personnel Actions
Outpatient Clinic Physician Practice Urgent Care Ambulatory Surgery Centers	Assess for recent travel to China (14 days) AND ILI signs and symptoms Use current process (EHR or paper forms)	For patients who are discharged to home, send with care instructions CDC Interim Guidelines for Home Care (Link) -OR- Requires transfer to higher level of care (Emergency Room or Direct Inpatient Admit)	<input type="checkbox"/> Place surgical face mask on patient until sent home or until isolated and throughout any transfers <input type="checkbox"/> Contain/isolate patient in negative pressure (preferred) or patient exam room <input type="checkbox"/> Manage family members with patient in cohort <input type="checkbox"/> Follow Airborne AND Standard precautions (if possible) OR Droplet AND Contact AND Standard precautions <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Activate facility response plan <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready <input type="checkbox"/> If transferring to higher level of care, contact receiving facility <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPO, DLIP)
Transfer Center	Obtain patient history	Coordinate transfer	<input type="checkbox"/> Communicate case to health care teams at receiving facility
Emergency Room	Perform First Point of Contact screening process in EHR on all patients. Use screening to identify patients at risk for: • recent travel to China (14 days) • influenza like illness (ILI) signs and symptoms Follow facility policy and Infection Prevention Guidance	For patients who are discharged to home, send with care instructions CDC Interim Guidelines for Home Care (Link) -OR- Transferred out of facility-communicate to Transfer Center/receiving hospital patient status -OR- Admitted to facility-communicate to receiving caregiver that is under investigation for Coronavirus	<input type="checkbox"/> If patient screens positive for travel and ILI symptoms: <input type="checkbox"/> Place surgical face mask on patient until isolated and throughout any intra-hospital transfers <input type="checkbox"/> Contain/isolate patient in negative pressure (preferred) or patient exam room <input type="checkbox"/> Cohort family members with patient <input type="checkbox"/> Follow Airborne precautions (if possible) OR Droplet AND Contact AND Standard precautions <input type="checkbox"/> Assign 1:1 care where possible. Enhance daily and shift communication. <input type="checkbox"/> Recommend assigning patient safety attendant to ensure appropriate PPE usage <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Activate facility response plan for infectious disease (consult Infection Prevention team) <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready (follow current facility process for entering information into Code Ready) <input type="checkbox"/> If transferring patient, ensure Transfer Center and receiving facility are aware of status <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPO, DLIP)
Direct Admission	Perform First Point of Contact screening process in EHR on all patients. Use screening to identify patients at risk for: • recent travel to China (14 days) • influenza like illness (ILI) signs and symptoms Follow facility policy and Infection Prevention Guidance	Coordinate care with facility EEOC, C Suite, and Infection Prevention Teams	<input type="checkbox"/> Place surgical face mask on patient until isolated and throughout any intra-hospital transfers <input type="checkbox"/> Contain/isolate patient in negative pressure room <input type="checkbox"/> Manage family members with patient in cohort. Limit visitors <input type="checkbox"/> Follow Airborne AND Contact AND Standard precautions <input type="checkbox"/> Assign 1:1 care where possible. Enhance daily and shift communication. <input type="checkbox"/> Recommend assigning patient safety attendant to ensure appropriate PPE usage <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Communicate risk to inpatient receiving units and procedural/diagnostic service areas <input type="checkbox"/> Activate facility response plan <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPO, DLIP)
Acute Inpatient Care	Follow facility policy and Infection Prevention Guidance	Coordinate care with facility EEOC, C Suite, and Infection Prevention Teams	<input type="checkbox"/> Place surgical face mask on patient until isolated and throughout any intra-hospital transfers <input type="checkbox"/> Contain/isolate patient in negative pressure room <input type="checkbox"/> Manage family members with patient in cohort. Limit visitors <input type="checkbox"/> Follow Airborne AND Contact AND Standard precautions <input type="checkbox"/> Assign 1:1 care where possible. Enhance daily and shift communication. <input type="checkbox"/> Recommend assigning patient safety attendant to ensure appropriate PPE usage <input type="checkbox"/> Dedicate care equipment (where possible) <input type="checkbox"/> Communicate risk to inpatient receiving units and procedural/diagnostic service areas <input type="checkbox"/> Activate facility response plan <input type="checkbox"/> Contact local or state Department of Health <input type="checkbox"/> Report to Code Ready <input type="checkbox"/> Escalate to Division Leadership (DCMO, DCNE, DVPO, DLIP)

- **CDC Interim United States Guidance for Risk Assessment and Management of potential PUI [Effective 2/3/2020]**
 - Outlines Exposure Risk Categories and recommendations for management by risk level and symptoms [CDC Link](#)

Risk Category	Movement Restrictions and Public Activities	SYMPTOMATIC ¹		ASYMPTOMATIC			
		Medical Evaluation	Travel	Risk Category	Monitoring	Travel	
High Risk	Immediate isolation.	Medical evaluation is recommended; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition , but is recommended for symptomatic people with a known high-risk exposure. If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS. If EMS transport indicated, and with all recommended infection control precautions in place.	Controlled: air travel only via air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	High risk	Remain quarantined (voluntary or under public health orders on a case-by-case basis) in a location to be determined by public health authorities. No public activities.	Daily active monitoring	Controlled
Medium Risk	Immediate isolation.	Medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition . If medical evaluation is needed, it should occur with pre-notification to the receiving HCF and EMS. If EMS transport indicated, and with all recommended infection control precautions in place.	Controlled: air travel only via approved air medical transport. Local travel is only allowed by medical transport (e.g., ambulance) or private vehicle while symptomatic person is wearing a face mask.	Medium risk	To the extent possible, remain at home or in a comparable setting. Avoid congregate settings, limit public activities, and practice social distancing.	Travelers from mainland China outside Hubei Province with no known high-risk exposure. Self-monitoring with public health supervision. All others in this category: Active monitoring.	Recommendation to postpone additional long-distance travel after they reach their final destination. People who intend to travel should be advised that they might not be able to return if they become symptomatic during travel.
Low Risk	Recommendation to avoid contact with others and public activities while symptomatic.	Person should seek health advice to determine if medical evaluation is needed. If sought, medical evaluation and care should be guided by clinical presentation; diagnostic testing for 2019-nCoV should be guided by CDC's PUI definition .	Recommendation to not travel on long-distance commercial conveyances or local public transport while symptomatic.	Low risk	No restriction	Self-observation	No restriction
No Identifiable Risk	No restriction	Routine medical care	No restriction	No Identifiable Risk	No restriction	None	No restriction

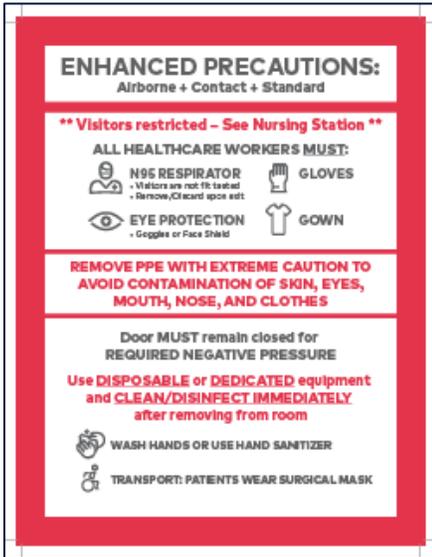
- **CDC Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019-nCoV [Effective 1/31/2020]**
 - Provides guidance for PUIs who do not need to be hospitalized and who can receive care at home [CDC Link](#)
- **CDC Interim Guidance for Collecting, Handling, and Testing Clinical Specimens from PUIs for 2019-nCoV [Effective 2/2/2020]**
 - Provides guidance for Providers, Nurses, Proceduralists, and Laboratorians [CDC Link](#)
- **CDC Interim Guidance for Management of Patients with Confirmed 2019-nCoV Infection [Effective 1/30/2020]**
 - Provides guidance for clinicians caring for patients with confirmed 2019-nCoV [CDC Link](#)

Infection Control / Environment of Care

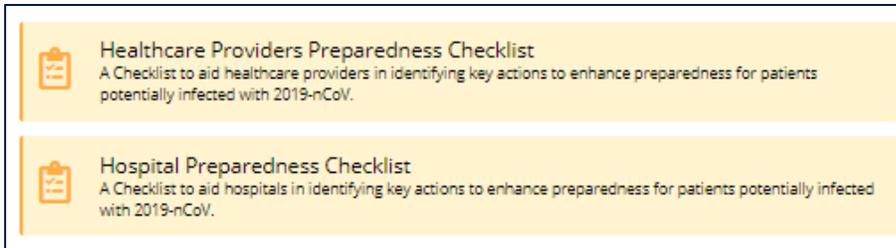
- **HCA Healthcare Entryway “Health Alert” signage [Updated 2/4/2020]**
 - For use at entryways of HCA Healthcare facilities. Available in [English](#), [Spanish](#), and [Chinese](#) via MediaWorks



- **HCA Healthcare Enhanced Precaution Signage [Effective 2/4/2020]**
 - HCA-created signage aspecifying need for Airborne + Contact + Standard (Including Eyewear) PPE usage ([MediaWorks Link](#))



- **Hospital and Healthcare Provider Readiness Checklists**
 - Identifies key actions that can be taken to enhance preparedness for potential or confirmed 2019-nCoV patients [CDC Link](#)



- **Interim Infection Prevention and Control Recommendations for Patients with Confirmed 2019-nCoV or PUI for 2019-nCoV in Healthcare Settings [Updated 2/3/2020] [CDC Link](#)**
 - Provides comprehensive guidelines for nfection control procedures including administrative rules and engineering controls, environmental hygiene, correct work practices, and appropriate use of personal protective equipment (PPE) are all necessary to prevent infections from spreading during healthcare delivery
- **EVS Notes**
 - Manage medical waste (regulated and nonregulated) in accordance with routine procedures.
 - Routine cleaning and disinfection are appropriate. EPA-registered, hospital-grade disinfectants with effectiveness against viruses similar to 2019-nCoV on hard, non-porous surfaces, are on contract in the form of pre-saturated wipes, ready to use solutions and concentrates.

Human Resources

- 2/11/2020 UPDATE: Interim US Guidance for Risk Assessment and Public Health Management of Healthcare Personnel with Potential Exposure in a Healthcare Setting to Patients with 2019-nCoV [effective 2/8/2020] [CDC Link](#)**
 - To assist with assessment of risk, monitoring, and work restriction decisions for HCP with potential exposure to 2019-nCoV

Epidemiologic risk factors	Exposure category	Recommended Monitoring for 2019-nCoV (until 14 days after last potential exposure)	Work Restrictions for Asymptomatic HCP
A. HCP (with unprotected eyes, nose, or mouth) who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction)	High	Active	Exclude from work for 14 days after last exposure
B. HCP who perform or are present in the room for a procedure likely to generate higher concentrations of respiratory secretions or aerosols (e.g., cardiopulmonary resuscitation, intubation, extubation, bronchoscopy, nebulizer therapy, sputum induction) and not using a gown and gloves. Note: If the HCP's eyes, nose, or mouth were also unprotected they would fall into the high-risk category above.	Medium	Active	Exclude from work for 14 days after last exposure
C. HCP (with unprotected eyes, nose, or mouth) who have prolonged close contact with a patient who was not wearing a facemask. Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario because (even if a respirator or facemask was worn) the eyes remain uncovered while having prolonged close contact with a patient who was not wearing a facemask.	Medium	Active	Exclude from work for 14 days after last exposure
D. HCP (with unprotected eye, nose, and mouth) who have prolonged close contact with a patient who was wearing a facemask	Medium	Active	Exclude from work for 14 days after last exposure
E. HCP (not wearing gloves) who have direct contact with the secretions/excretions of a patient and the HCP failed to perform immediate hand hygiene. Note: If the HCP performed hand hygiene immediately after contact, this would be considered low risk.	Medium	Active	Exclude from work for 14 days after last exposure
F. HCP wearing a facemask or respirator only who have prolonged close contact with a patient who was wearing a facemask. Note: A respirator confers a higher level of protection than a facemask. However, they are grouped together in this scenario and classified as low-risk because the patient was wearing a facemask for source control.	Low	Self with delegated supervision	None
G. HCP using all recommended PPE (i.e., a respirator, eye protection, gloves and a gown) while caring for or having contact with the secretions/excretions of a patient	Low	Self with delegated supervision	None
H. HCP (not using all recommended PPE) who have brief interactions with a or patient regardless of whether patient was wearing a facemask (e.g., brief conversation at a triage desk; briefly entering a patient room but not having direct contact with the patient or their secretions/excretions; entering the patient room immediately after they have been discharged)	Low	Self with delegated supervision	None
I. HCP who walk by a patient or who have no direct contact with the patient or their secretions/excretions and no entry into the patient room	No identifiable risk	None	None

- Healthcare workers returning from travel to China [Effective 2/6/2020] [CDC Link](#)**
 - Individuals who have been to China, even if not exposed to an individual diagnosed with coronavirus and not experiencing symptoms (fever, cough, or difficulty breathing) are now considered at “Medium Risk” of transmitting the virus and need to restrict contact outside the home environment, including entering the workplace.
 - Individuals with symptoms should wear a mask and seek medical care, while alerting provider ahead of time that they are at risk of exposure to coronavirus.
- OSHA-compiled 2019-nCoV webpage [OSHA Link](#)**
 - Additional compilation of resources (most links to CDC) as identified by OSHA and the United States Department of Labor

Operational Considerations

- HealthTrust Pharmacy Services Pharmaceutical Supply Chain Assessment & Risk Profile due to Coronavirus [Sent 2/6/2020] [Link](#)**
 - Shares intelligence on the potential implications of CoronaVirus related to the access and supply of pharmaceuticals for our members.
- Laboratory Services Notes**
 - Per Laboratory Service Line email sent 1/27/20

- We have received notification from BioFire Diagnostics on the ability to detect Coronavirus on the BioFire respiratory and pneumonia panels.
- As expected, they DO NOT predict cross-reactivity of the 2019-nCoV with any of the BioFire Film Array Coronavirus assays.
- HCA Healthcare facilities utilizing BioFire Film Array respiratory assays should amend a comment to the results to include: “This panel does not detect the novel 2019 Coronavirus (2019-nCov). Any positive or negative coronavirus result should not be used to diagnose patients for the 2019-nCoV. Please refer to the CDC website for testing recommendations.”
- At this time the only options for diagnostic testing are the CDC or State Department of Health labs.

● **PPE Notes**

- [2/11/2020 UPDATE: CDC offers strategies for healthcare settings on how to optimize supplies of N-95 respirators in the face of decreasing supply. These strategies are organized using the occupational health and safety hierarchy of controls approach. CDC Guidance Link](#)
- **[Guidance for HCA Healthcare is to continue practicing judicious stewardship by assuring responsible use of PPE \(personal protective equipment\) including respiratory protection \(facemasks and N-95 respirators\), gowns and eye protection](#)**
- Corporate emergency preparedness and HealthTrust is actively evaluating resources, including supplies on hand for facemasks, N-95 respirators, PAPR supplies, eye protections, and pharmaceuticals. Guidance at this time is to continue with normal operating volume for flu season. For any requests for increased supplies please reach out to your supply chain leaders (do not partner with external vendors at this time). CSG Infection Prevention and HealthTrust supply chain are partnering to monitor facilities’ usage and par levels.

● **N-95 Respirators Notes**

- Facilities that have already converted from N-95 respirators to PAPRs are asked to LIMIT implementing N-95 testing at this time. Do work with facility and division supply chain to inventory PAPR supplies and establish surge stock volumes.
- High-risk healthcare personnel (ER, ICU, etc.) should be strategically identified to be N95 respirator fit-tested (if not current). Judiciously conduct annual re-fit testing at this time to conserve supplies.
- At this time, discard N-95 respirators after use. Limit room entry to essential healthcare personnel and bundle patient care interactions together to limit room entry and exit to conserve supplies.
- Below you can find a summary of N-95 shelf life by line item, alongside supplier specific updates.

Supplier Update	Date	Additional Information
3M	February 6, 2020	N95 Shelf Life Data
Halyard	February 6, 2020	N95 Shelf Life Data
O&M Update	February 6, 2020	
Micro-Tech Update	February 5, 2020	
McKesson Update	February 4, 2020	

HCA Healthcare Internal Communications

- **CSG Patient Safety Newsletters**
 - Archived editions of newsletters sent with updates related to Coronavirus and other current Patient Safety concerns [Link](#)

- **HCA CodeReady-Live Site**
 - PUI Cases should be reported to CodeReady under Incident #7316
 - Recordings of Virtual Panel Discussions related to 2019-nCoV posted with CodeReady Incident #7316 (Note: ESAF request required to obtain new CodeReady access)
 - Enterprise Emergency Operations Center Hotline: 800.319.5402
 - Enterprise Emergency Operations Center Email: EOC.CORP@hcahealthcare.com