Action Plan for CoronaVirus (COV-ID 19)

According to the CDC, COV-ID 19 spread from person-to-person is most likely among close contacts (about 6 feet). Person-to-person spread is thought to occur mainly via respiratory droplets produced when an infected person coughs or sneezes, similar to how influenza and other respiratory pathogens spread. These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs. It’s currently unknown if a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. Although long-term facilities are at low risk of admitting patients with COV-ID 19, exposure to asymptomatic individuals that are potentially a carrier for COV-ID 19 virus is possible. **CDC recommends individuals and families to follow everyday preventive measures:**

- *Voluntary Home Isolation:* Stay home when you are sick with respiratory disease symptoms. At present, these symptoms are more likely due to influenza or other respiratory viruses than to COVID-19-related virus.
- *Respiratory Etiquette:* Cover coughs and sneezes with a tissue, then throw it in the trash can.
- *Hand Hygiene:* Wash hands often with soap and water for at least 20 seconds; especially after going to the bathroom; before eating; and after blowing your nose, coughing, or sneezing.
- If soap and water are not readily available, use an alcohol-based hand sanitizer with 60%-95% alcohol.
- *Environmental Health Action:* Routinely clean frequently touched surfaces and objects

**Barlow Respiratory Hospital** has an ACTION PLAN for employees, visitors and patients, detailed in the following pages. What to do if symptoms of COV-ID 19 appear to be present:

<table>
<thead>
<tr>
<th>Barlow Staff:</th>
<th>Barlow Visitors:</th>
<th>Barlow Patients:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Your Supervisor</td>
<td>Inform visitors of our policy to protect patients. Visitors cannot enter the hospital if they are ill</td>
<td>Contact Attending Physician</td>
</tr>
<tr>
<td>Do not report to work if you are ill</td>
<td>Inform visitor to call Primary Care Physician and/or Urgent Care</td>
<td>Contact Nursing Supervisors 213 308 - 0883</td>
</tr>
<tr>
<td>Call Your Primary Care Physician and/or Urgent Care BEFORE going there</td>
<td></td>
<td>Contact Barlow Infection Prevention and Control - Sol Silverio 818 636 - 8838</td>
</tr>
<tr>
<td>Keep your Supervisor informed</td>
<td></td>
<td>Clinical Leadership will contact others who need to be informed</td>
</tr>
</tbody>
</table>
Action Plan for CoronaVirus (COV-ID 19)

STAFF

American citizens, lawful permanent residents, and their families who have traveled overseas, particularly those who have been to countries where COV-ID19 has been active (see list) in the past 14 days will be allowed to enter the United States, but will be redirected to one of 11 airports to undergo health screening. Depending on their health and travel history, they will have some level of restrictions on their movements such as self-isolation for 14 days from the time they left China and/or South Korea (CDC, 2020).

- When coming back to work and to all healthcare providers, Occupational Safety and Health Administration (OSHA) is requesting staff to always follow infection prevention practices such as hand hygiene and appropriate use of personal protective equipment. OSHA's Personal Protective Equipment (PPE) standards, which require using gloves, eye and face protection, and respiratory protection.

- OSHA’s Bloodborne Pathogens standard applies to occupational exposure to human blood and other potentially infectious materials that typically do not include respiratory secretions that may transmit COVID-19. However, the provisions of the standard offer a framework that may help control some sources of the virus, including exposures to body fluids (OSHA, 2020).

- The California Department of Public Health recommends to follow the CDC recommendations of every day preventive measures.

- Any worsening respiratory symptoms should consult a physician for further assessment.

VISITORS

Typically, human coronaviruses cause mild-to-moderate respiratory illness. Symptoms are very similar to the flu, including:

- Fever
- Cough
- Shortness of breath
Action Plan for CoronaVirus (COV-ID 19)

In some cases, COVID-19 can cause more severe respiratory illness. **Please DO NOT VISIT if you are sick.** Barlow team members and Security personnel can stop people from visiting if they appear to be ill. Advise those visitors to call your ahead of time to their healthcare provider and/or urgent care for evaluation.

- Door Signs are posted to alert visitors to seek medical help if symptoms such as above are manifested.
- Respiratory Etiquette Stand (hand sanitizer, box of tissues) is provided in all entrances for visitors and vendors - regularly checked and restocked.
- Surgical masks are available on request at nurses’ stations.

For more information on COVID-19, please visit the [Centers for Disease Control and Prevention's website](https://www.cdc.gov).

**PATIENTS**

All U.S. hospitals should be prepared for the possible arrival of patients with Coronavirus Disease 2019 (COVID-19). All hospitals should ensure their staff are trained, equipped and capable of practices needed to:

- Prevent the spread of respiratory diseases including COVID-19 within the facility
- Promptly identify and isolate patients with possible COVID-19 and inform the correct facility staff and public health authorities
- Care for a limited number of patients with confirmed or suspected COVID-19 as part of routine operations
- Potentially care for a larger number of patients in the context of an escalating outbreak
- Monitor and manage any healthcare personnel that might be exposed to COVID-19
- Communicate effectively within the facility and plan for appropriate external communication related to COVID-19
Action Plan for CoronaVirus (COV-ID 19)

The following checklist does not describe mandatory requirements or standards; rather, it highlights important areas for hospitals to review in preparation for potential arrivals of COVID-19 patients. Link: https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf

What to do if symptoms of COV-ID 19 appear to be present:

<table>
<thead>
<tr>
<th>Barlow Staff:</th>
<th>Barlow Visitors:</th>
<th>Barlow Patients:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Your Supervisor</td>
<td>Inform visitors of our policy to protect patients. Visitors cannot enter the hospital if they are ill</td>
<td>Contact Attending Physician</td>
</tr>
<tr>
<td>Call Your Primary Care Physician and/or Urgent Care BEFORE going there</td>
<td>Inform visitor to call Primary Care Physician and/or Urgent Care</td>
<td>Contact Clinical Leadership at your location, Nurse Supervisors and Infection Preventionist (IP)</td>
</tr>
<tr>
<td>Keep your Supervisor informed</td>
<td></td>
<td>Clinical leadership or IP will inform Infection Disease Physician (Dr. Kramer), Medical Director (Dr. Nelson) and CEO (Amit)</td>
</tr>
</tbody>
</table>

Healthcare providers should immediately notify Charge Nurse, and charge nurse will notify the Clinical Supervisor/Managers, and Infection Control Personnel (Infection Preventionist- Sol Silverio 818 636-8838)

After hours and weekends, Charge Nurse will notify Nurse Supervisor at 213 308-0883

Then Infection Preventionist or Nurse Supervisor (on weekends and after hours) will call the local or state health department in the event of a Person Under Investigation (PUI) for COVID-19.

- Place the patient on Airborne Infection Isolation Room (AIIR), follow airborne isolation precaution and follow guidelines set by CDPH in All facilities Letter (AFL) Summary (please check CDPH website for updated AFL Summary) for testing and management.
Action Plan for CoronaVirus (COV-ID 19)

Criteria to Guide Evaluation of PUI for COVID-19

Local health departments, in consultation with clinicians, should determine whether a patient is a PUI for COVID-2019. The CDC clinical criteria for COVID-19 PUIs have been developed based on available information about this novel virus, as well as what is known about Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). These criteria are subject to change as additional information becomes available.

<table>
<thead>
<tr>
<th>Clinical Features</th>
<th>Epidemiologic Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)</td>
<td>AND Any person, including health care workers, who has had close contact with a laboratory-confirmed COVID-19 patient within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever and signs/symptoms of a lower respiratory illness (e.g., cough or shortness of breath) requiring hospitalization</td>
<td>AND A history of travel from affected geographic areas (see below) within 14 days of symptom onset</td>
</tr>
<tr>
<td>Fever with severe acute lower respiratory illness (e.g., pneumonia, ARDS) requiring hospitalization and without alternative explanatory diagnosis (e.g., influenza)</td>
<td>AND No source of exposure has been identified</td>
</tr>
</tbody>
</table>

Affected Geographic Areas with Widespread or Sustained Community Transmission

_Last updated February 26, 2020_

- China
- Iran
- Italy
- Japan
- South Korea

The criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.
Action Plan for CoronaVirus (COV-ID 19)

References:

https://www.cdph.ca.gov/Programs/CHCQ/LCP/Pages/LNCAFL20.aspx

Center for Disease Control and Prevention (2020). Coronavirus Disease 2019 Information for Travel. Retrieved from:

Occupational Safety and Health Administration (2020). COVID-19, Overview. Retrieved from:
https://www.osha.gov/SLTC/covid-19/