

What steps has the hospital taken thus far to:

1. Prevent spread of 2019-nCoV?

Posted signs at entry points in English, Spanish and Mandarin – informing patients/visitors to put on a mask if symptoms are consistent with the posted signage. Additionally, our facility infection prevention policy includes hand hygiene before and after patient contact, whether or not gloves were worn.

2. Identify and isolate patients with 2019-nCoV and inform key facility staff and public health authorities?

The CDC is screening all arriving passengers at LAX, and imposing quarantine consistent with presenting symptoms. At Riverside Community, screening/travel questions are asked of all patients which arises from the CDC guidance for screening patients for the presence of 2019-nCoV. Should travel response and symptoms match current assessment for 2019-nCoV, the immediate action is to place a mask on the patient, and move them physically into an Airborne Isolation room. Following that contact local Public health authorities and infection prevention.

3. Care for a limited number of patients with known or suspected 2019-nCoV as part of routine operations?

We have validated that all our Airborne isolation rooms are fully functioning and are tested on a routine schedule. We are prepared to care for suspect patients in the Emergency Department, Critical Care or Med-Surg, depending on the needs of the patient.

4. Potentially care for a larger number of patients in the context of escalating transmission?

There is a plan, taken from our surge capacity policy and pandemic plan, to isolate a wing/compartment of the hospital as needed for a surge of respiratory patients. Several areas in the hospital have a separate air handler from the main portion of the hospital. The patients could receive care without worry of cross-contamination to other patients, staff or community members. Additionally, pursuant to our disaster plan, the hospital has a plan to Triage and transfer or discharge patients in order to open additional beds for incoming patients.

5. Outline plans for internal and external communication?

For individual patients who meet criteria, both Local Communicable Disease (Riverside County) and State (CDPH) Health Department contact information is available. Riverside County 2019-nCoV Evaluation checklist is available in the ED. Disease Control contact numbers are also posted and are known by Infection Prevention and Administration. Contact information between agencies is established and known.

6. Monitor and manage healthcare personnel with potential for exposure to 2019-nCoV?

Employee Health concerns have been included – both for exposure and for China travel considerations. The Employee Health Nurse is aware of symptoms which would place an employee into the person under investigation category, and how to assess employees

returning to work from travel in conjunction with the Riverside County Public Health Department. This information has updated as travel bans were imposed.

7. Manage the impact on patients, the facility, and healthcare personnel?

We have bulletins about the virus from Local Health Department, and All Facilities Letters from the State of California regarding the spread of the virus worldwide, as well as mortality figures, both in China and worldwide.

The CDC recommends the following checklist and highlights some key areas for hospitals to review in preparation for 2019-nCoV.

- Ensure facility infection prevention and control policies are consistent with the Centers for Disease Control and Prevention’s 2019-nCoV guidance

(<https://www.cdc.gov/coronavirus/2019-nCoV/guidance-hcp.html>).

- What procedures have been developed for rapidly identifying and isolating suspected 2019-nCoV patients?

We have mandatory fields in Meditech asking about travel history, and why the patient has come to the hospital. If the chief complaint combines travel with respiratory symptoms and fever, immediate application of a mask on the patient is urged. The CDC guidance documents for specifics are as follows:

1. CDC 2019 Novel CoronaVirus (2019-nCoV) Hospital Preparedness Checklist, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hospital-preparedness-checklist.pdf>
2. CDC Frontline Healthcare Personnel Preparedness Checklist, available at <https://www.cdc.gov/coronavirus/2019-nCoV/hcp/infection-control.html>
3. CDC Situation Summary, available at <https://www.cdc.gov/coronavirus/2019-ncov/index.html>
4. CDC Interim Guidelines for Clinical Specimens, available at https://www.cdc.gov/coronavirus/2019-ncov/lab/guidelines-clinical-specimens.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Fguidelines-clinical-specimens.html
5. CDC Interim Guidelines for Infection Control, available at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control.html
6. Interim U.S. Guidance for Risk Assessment and Public Health Management of Healthcare personnel with Potential Exposure in a Healthcare Setting to patients with 2019 Novel Coronavirus (2019-nCoV) available at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

- What is the ability to implement triage activities based on public health guidance including at the facility and using remote (i.e., phone, internet-based) methods where appropriate to minimize demand on the health care system?

The ED is not able to triage remotely per Emtala laws. Telephone or online assessment prior to patient arrival at the facility would advise a patient to wear a mask. Maintaining contact with our local Urgent Care Centers or Physician offices will decrease contact with a PUI for 2019-nCoV.

- How many negative pressure rooms are available and what steps have been taken to ensure that negative-pressure airborne infection isolation rooms are available and functioning correctly and are appropriately monitored for airflow and exhaust handling?

There are 27 functioning airborne isolation beds located in various outpatient and inpatient departments (ED, Med/Surg, ICU). All mechanics of these rooms are validated as fully functioning on a monthly basis.

- What assessments have been done on availability of personal protective equipment (PPE) and other infection prevention and control supplies (e.g., hand hygiene supplies) that would be used for both healthcare personnel (HCP) protection and source control for infected patients (e.g., facemask on the patient)?

An inventory of gloves, gowns, alcohol hand sanitizer, hand soap, paper towels, PAPR respirator hoods was completed the week of 1/25/2020. The inventory validated we are stocked to PAR level. N95 masks are now on allocation to ensure we have supplies in order to care for any suspect/positive patients.

- What is the facility's contingency plans if the demand for PPE or other supplies exceeds supply? What is the current supply level?

Currently, all supplies are at PAR level within each department, with additional supplies in our local warehouse. Should there be an influx of patients requiring PPE, we can transfer supplies intra-facility with one telephone call to either West Hills Hospital, Los Robles and/or Far West Division. There is additional stockpile of supplies within Riverside County – using the mobile Disaster Supply Trailers which are housed at each hospital countywide.

- Please attach any plans for implementation of surge capacity procedures and crisis standards of care. Is there a contingency plan to staff up RNs if needed?

Surge Capacity Plan is attached, and staffing is included within the Surge Plan.

- Please provide policies & procedures for laboratory submission of specimens for 2019-nCoV testing.

A reference document was issued on 1-24-2020 (attached) regarding how to collect required specimens for testing 2019-nCoV. The CDC paper document must accompany the specimen, and will be completed by Ventura County Public Health, Communicable disease office, because local and state tracking numbers are required to complete the specimen testing request. The CDC has developed a lab test kit, but at the present time, only the CDC is able to test for this virus. See CDC reference link #4 above regarding specimen collection.

- Has there been an assessment on the effectiveness of environmental cleaning procedures (<https://www.cdc.gov/HAI/toolkits/Evaluating-Environmental-Cleaning.html>); What education/refresher training has been provided for environmental services personnel and other HCPs?

Disinfection with our hospital-approved EPA registered disinfectants is appropriate for 2019-nCoV; per CDC Reference link #5 above. Within that document, scroll to recommendation #7.

- Please attach any policies and procedures for monitoring and managing HCP with potential for exposure to 2019-nCoV, including ensuring that HCP have ready access, including via telephone, to medical consultation.

Return to work guidance is attached, with approval from our EH physician. Contact telephone numbers are included on the guidance for Employee Health. Additional questions regarding return to work after travel from China are addressed on page 1, item #6.

- Have all staff and appropriate HCPs been medically cleared, fit-tested, and trained for respirator use and/or PAPR?

Initial training and education about N95/PAPR respirators is conducted during new-hire Employee health onboarding. Clinical staff review N95/PAPR usage annually. If needed, just-in-time (on-the-spot) education can be provided to physicians who require the use of a N95/PAPR.

- Please provide the education and refresher training to HCP regarding 2019-nCoV diagnosis, how to obtain specimen testing, appropriate PPE use, triage procedures including patient placement, HCP sick leave policies, and how and to whom 2019-nCoV cases should be reported, procedures to take following unprotected exposures (i.e., not wearing recommended PPE) to suspected 2019-nCoV patients at the facility.

CDC guidelines for Evaluating and Reporting Persons Under Investigation (PUI) is updated as information becomes available. Guidelines are available:

<https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html>

The healthcare personnel guidance from CDC is above on page 2, #6. The information was shared with Emergency Department and Employee Health Department. We will continue to follow our sick leave policy and exposure policy to protect our staff.

The ED Director has regularly updated staff members with emails regarding current status, beginning in January of 2020.

- What are plans for visitor access and movement within the facility?

No visitors will be allowed into an airborne isolation room of a person under investigation or confirmed with 2019-nCoV until directed by/cleared by Riverside County Health Department, CDPH and/or CDC regulators.

- Which specific persons have been designated within the facility who are responsible for communication with public health officials and dissemination of information to other HCP at the facility and SEIU121RN?

The Director Infection Prevention is designated to communicate with Riverside County Public Health, Communicable Disease Officials. The Director will do this in collaboration with Administration - who will disseminate additional information if/when a situation develops.

- Who is the local or state health department contact for reporting 2019-nCoV cases and confirm reporting requirements? Please provide their name, title, phone and email address and agency they work for.

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