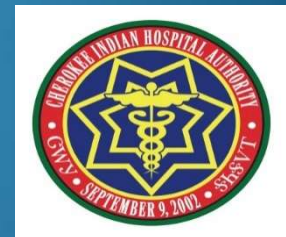


COVID-19 Screening and Patient Placement Training for Frontline Tribal Staff

Sally Penick RN,BA
Infection Preventionist

7/15/2021



Cherokee Indian Hospital





Learning Objectives

- Utilize the assessment of your organization to identify services, guidance, and stakeholders that may impact your process
- Understand how to develop a screening and placement process
- Implement infection control measures to ensure safety for patients and employees
- Review and develop tools that can enhance successful screening and patient placement
- Reassess and adapt plans to meet current demands

Assessing Your Organization: Identify Services Provided

- Identifying the Services that are provided by your work site can guide you to developing a plan that is specific to your needs.
- Processes for each department may help identify key frontline staff that need education for screening and placing patients
- Guidelines are specific to services provided and may impact screening and placement of patients
- Type of patients may impact screening and placement



Assessing Your Organization: Review Policies, Procedures and Plans

- Policies, procedures, and plans can provide guidance and may be similar to ones that you need to develop quickly.
Example: The IHS Contagious Disease Response Guidance that was a guide for the Ebola disease planning in 2014 and 2019 and could be utilized to develop a COVID-19 Pandemic Plan
- Employees should be aware of and have easy access to current Policies, Procedures, and Plans. Employees can be involved in the development of new PPP to promote buy-in and to provide useful input
- Implementation of policies, procedures, and plans can include a review of systems and processes that allow sharing with employees.
- Allow time for practice of new processes Follow -up assessment/surveillance to monitor if new processes are integrated into daily work practices is important.

Assessing Your Organization: Stakeholders

- Employees
- Patients
- Health Departments
- Community Services
- EMS
- Detention Services
- Grocery Stores
- Tribal Entities
- Indian Health Services
- Community Leadership
- State Government (NC DHHS)(SPICE)
- Federal Government(CDC)
- OSHA
- WHO
- Schools
- Other Health Care Services

Stakeholders are important when planning for mass services. Some need to be physically present during planning and implementation and others can share valued expertise and guidance from a distance



Cherokee Hospital

CIHA COVID-19 Plan was modeled after the IHS Contagious Disease Response Guidance in February 2020

CIHA Incident Command Station (ICS) was set up on March 11, 2020, to develop a Preparedness team to address the COVID-19 Pandemic. Executive Members, managers, and supervisors of all departments participated. Teams were developed to focus on:

- **screening and testing**
- isolation and quarantine
- protecting health services
- patient care and treatment
- surveillance and containment

Teams included members from Local stakeholders and requested and monitored input from surrounding areas.

Developing a Screening Process:

Questions to Consider

- What services are needed?
- Is the patient urgent or emergent?
- Can the patient wear a mask?
- Are they symptomatic for COVID-19?
- Have they been exposed to COVID-19?
- Have they traveled?
- Do they need a test—lab or radiology?
- Are the services they need available?
- Can your organization provide the acuity level for the services that are needed?
- What are current Guidelines?

COVID-19 Screening: Patient Triage before Placement

Patients should be triaged if possible before presenting to any healthcare facility. The same triage can be utilized at entry points to healthcare facilities.

Everyone that presents to a healthcare facility should wear a mask or be presented one for wear at the entry point.

Standard Operation Practice for Triage Intended for use in non-US healthcare settings. Document can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>

Triage of patients with suspected COVID-19 (no or limited community transmission)

Identify common signs and symptoms of COVID-19:

- Acute onset of fever (>38°C or history of fever) and cough*
- OR-
- At least 3 signs or symptoms of COVID-19 (e.g., cough, myalgia, headache, sore throat, loss of smell or taste)

No

Continue with usual triage, assessment and care

Yes ↓

Place medical mask on patient

Identify Travel and Direct Exposure History:

- Has the patient traveled or resided in another country where COVID-19 is spreading during the 14 days prior to symptom onset?
- or -
- Has the patient had contact with an individual with suspected or confirmed COVID-19 during the 14-days prior to symptom onset?

No

Continue with usual triage, assessment and care

Yes ↓

Separate from other patients:

- Place the patient in a single-person well-ventilated room with the door closed or in other designated area
- Ensure healthcare workers (HCW) caring for the patient adhere to Standard, Contact, and Droplet Precautions
- Only essential HCW with designated roles should enter the room and wear appropriate personal protective equipment

Inform: Notify the hospital infection control program and other appropriate staff

Y(3)



*Elderly or immunosuppressed people may not develop fever, but atypical symptoms (e.g., reduced mobility, confusion) or new-onset of cough or worsening respiratory symptoms. In countries where fever-inducing pathogens (e.g., malaria, dengue) are not endemic, fever alone can be used as a sole criterium for COVID-19.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>

Slide 10

Y(3

If this slide was taken verbatim from a CDC resource, ok to leave as is with logo AND a link to where the slide was pulled from. If any content was altered, please use a different background template (so CDC logo is removed)

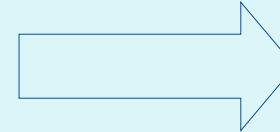
Yates, Kirsten M. (CDC/DDID/NCEZID/DHQP) (CTR), 7/20/2021

Triage of patients with suspected COVID-19 (widespread community transmission)

Identify common signs and symptoms of COVID-19:

- Acute onset of fever ($>38^{\circ}\text{C}$ or history of fever)* and cough
- OR-
- At least 3 signs or symptoms of COVID-19 (e.g., cough, myalgia, headache, sore throat, loss of smell or taste)

No



Continue with usual triage, assessment and care

Yes



Place medical mask on patient

Yes



Separate from other patients:

- Place the patient in a single-person well-ventilated room with the door closed or in other designated area
- Ensure healthcare workers (HCW) caring for the patient adhere to Standard, Contact, and Droplet Precautions
- Only essential HCW with designated roles should enter the room and wear appropriate personal protective equipment

Inform

- Notify the hospital infection control program and other appropriate staff



* Elderly or immunosuppressed people may not develop fever, but atypical symptoms (e.g., reduced mobility, confusion) or new-onset of cough or worsening respiratory symptoms. In countries where fever-inducing pathogens (e.g., malaria, dengue) are not endemic, fever alone can be used as a sole criterium for COVID-19. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>



Patients should Seek Emergency Medical Attention if the following occurs:

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Pale, gray, or blue-colored skin, lips, or nail beds, depending on skin tone

Your triage protocol should include instructions for what to do if any of these are identified during the triage process



Developing a Screening Process:

Modes of screening

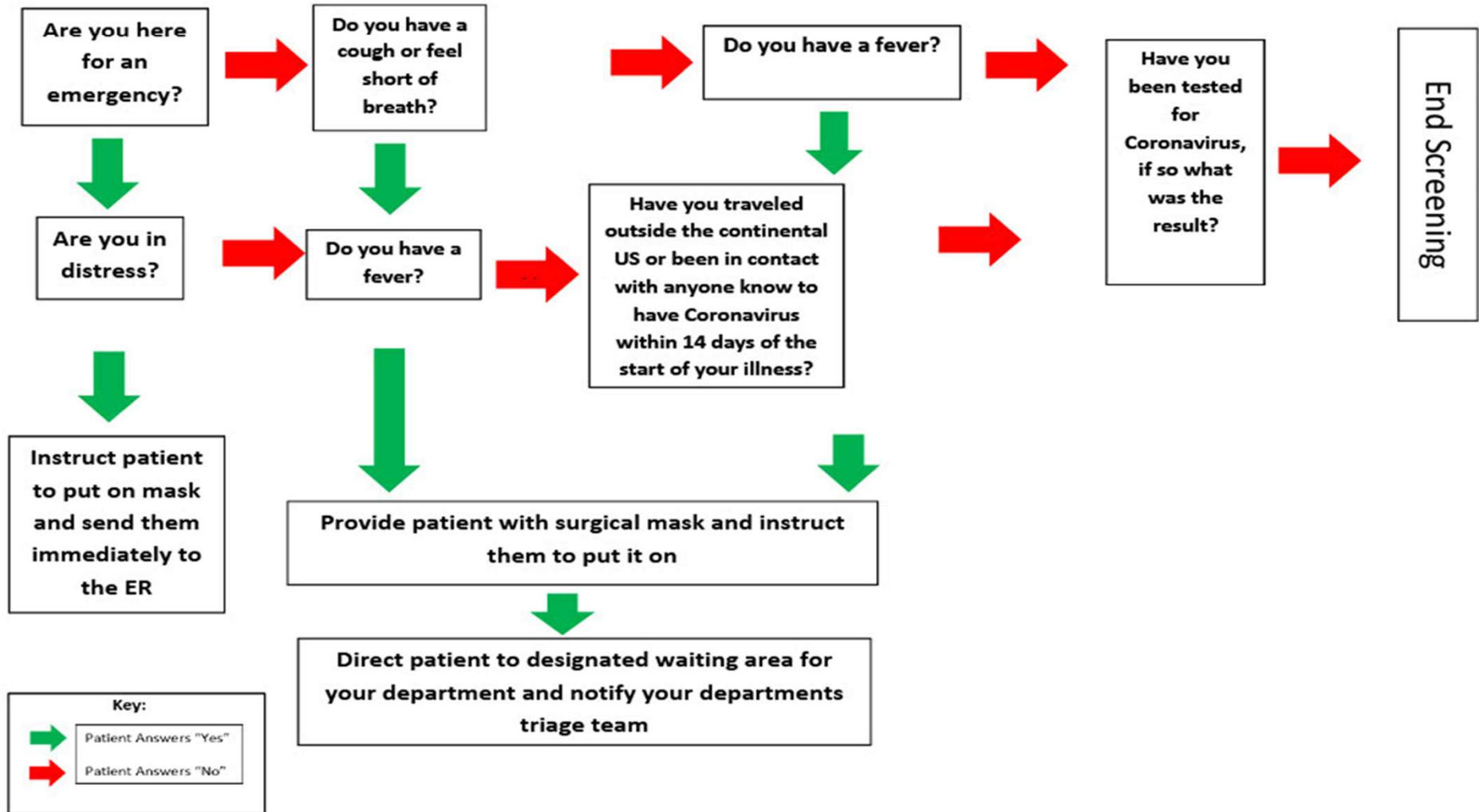
- In person
- Telephonic pre-visit screen and Telehealth visits
- Electronic Health Record (EHR) templates
- Self Monitoring
- Pre Screen for Outpatient Covid-19 testing
- COVID-19 testing prior to procedure
- Hotline available for questions and COVID-19 Screening

Area of screening

- All entrances
- ER patient screening
- Telephone
- Outpatient
- Dental
- Nursing
- Behavioral Health
- Employee entrances
- Mass Covid-19 Testing
- Dental/Surgery



COVID-19 Initial Screening Instructions

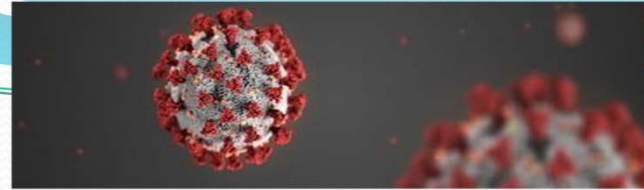


Instructions:

All patients will be asked the following questions –

Name:

Date of Birth:



Are you here for an emergency?

If yes – Are you in distress? If Yes – Send to ER immediately **Mask patient**

If No – Proceed with questions

- Do you have a cough or feel short of breath?
- Do you have a fever?
 - If no to both – **Proceed to next step**
 - If yes to both – Provide patient with a surgical mask and instruct them to put it on. Direct patient to the designated waiting area for your department. Notify department's coronavirus triage team.

- Are you currently under quarantine or isolation due to COVID-19?
 - If no – **Proceed to next Step**
 - If yes – Ask if patient is here to check into the ER
 - **If yes – Make sure patient is wearing a surgical mask, direct them to reserved area in the ER**
 - **If no – Ask patient to exit facility, and contact their primary care team for instructions.**

- Have you been in close contact with someone with COVID-19?
 - **If no – Proceed to next step**
 - **If yes – Ask if patient is here to check into the ER?**
 - **If yes – Make sure patient is wearing a surgical mask, direct them to reserved area in the ER**
 - **If no – Ask patient to exit facility, and contact their primary care team for instructions.**

Slide 15

CK(11

Please provide the web link reference on each slide.

Cox, Kendra (CDC/DDID/NCEZID/DHQP), 7/20/2021

CIHA Screening Everyone as they Enter the Facility

Template: COVID-19 SCREENING

Charoese Indian Hospital
COVID-19 Screening

Name: DEMO, PAT GRACE If Minor, Parent Name: [REDACTED]
Date of Birth: JUN 1, 1961 Chart Number: 00-00-05
Location of home:
1 HOSPITAL RD
TRIBAL LAND
61 BULLSEYE LAKE
CULLMAN, MO 65710
confirmed? Yes No

If No, current address is: [REDACTED]
Community: YELLOWHILL confirmed? Yes No
If No, current address is: [REDACTED]
Country of Residence: [REDACTED]
Contact/Call Phone Number: 610-610-6943 (home) * [REDACTED]
Place of Work/Work Contact Info: [REDACTED]

Insurance Name/Info: [REDACTED]

SCREENING QUESTIONS:

- Reason for test: (Job Requirement, Surveillance, Sick, Pre-Procedure, etc.) [REDACTED]
- Are you normally eligible for care at CIHA? ELIGIBILITY STATUS: CHS & DIRECT
**If INELIGIBLE, check all that apply below, and call Patient Registration before proceeding.
 Patient is an employee or contractor of CIHA or EHCI REHS.
 Patient lives on tribal lands and is considered to have frequent contact with eligible members of the community.
 Patient is employed by a tribal entity or local business, having frequent, prolonged contact with eligible members of the community.
 Patient is identified by contact tracing, did not meet the above criteria, and poses a substantial risk to the eligible community (no access to testing/care).
 Patient has been identified by CIHA Admin to pose a risk to eligible members of the community.
- Is this your first COVID test? Yes No
- Are you employed in health care? Yes No
- Are you symptomatic over your baseline? Yes No
(fever, IB, cough, SOB, N/V/D, muscle or body aches, chills, runny nose, fatigue, ST, loss of taste or smell)
** If YES, give date of symptom onset: ** [REDACTED]
- Have you had contact with a known COVID-positive patient? Yes No
If YES, Who? [REDACTED] When? [REDACTED]
- Do you live in a congregate care setting? NO
- Are you currently pregnant? Yes No
- With which race do you identify? American Indian or Alaska Native
(demographic question required by Quest Lab)
- With which ethnicity do you identify? Non-Hispanic
(demographic question required by Quest Lab)

TESTING PLAN: Date/Time of Scheduled COVID Test: [REDACTED]
Date of Call to COVID Hotline: OCT 27, 2020

Complete screening form for all patients

- Do you have a fever and a cough?
 - If no to both – **Stop – use low risk script***
 - If yes to either or both – note which symptoms patient is experiencing on form and **use at risk script*** - Proceed to scheduling appointment for testing, entering a lab order for COVID-19 testing and documenting a note for COVID – 19 screening and fill out COVID-19 screening for

***Low risk script:** You are considered low risk for having the virus but we are actively testing community members to decrease potential spread on the boundary. Currently, we are scheduling one member per household to test. We recommend testing the person who travels in and around the community and its surrounding areas. If no one meets that criteria we recommend testing the person in the home who is most at risk. Who would you like to schedule for testing? **(document COVID – 19 Screening in EHR)**

At this time we are not requiring quarantine for asymptomatic patients prior to testing but ask that people continue to wear a mask, adhere to social distancing guidelines, and perform hand and respiratory hygiene as recommended.

Phone Advice Line Tool located @
<https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html>

Slide 16

CK(12

Please provide the web link reference on each slide.

Cox, Kendra (CDC/DDID/NCEZID/DHQP), 7/20/2021

CIHA Telephonic Screening for COVID-19 Testing COVID Hotline

- is answered by dedicated nursing staff 5 days a week, Monday through Friday, from 8am-4pm.
- voicemail line for calls received outside of these hours.
- The hotline staff are able to answer COVID-19 testing questions, complete pre-screening and triage patients, and schedule patients for COVID-19 testing. Pre screening encouraged but not required for testing to encourage an expeditious experience at the testing site.
- If pre-screening is not completed, the greeting nurse at the COVID-19 tent completes the screening and documentation.

Cherokee PHHS assisted with this due to less employees available at this time

Template COVID-19 SCREENING

Cherokee Indian Hospital
COVID-19 Screening

Name: [REDACTED] Patient Name: [REDACTED]
Date of Birth: 08/11/1961 Chart Number: 00-00-00
Insurance of home:
1 HOSPITAL ID
PATIENT LABEL
61 BILLBOARD LABEL
COLUMBIA, NC 27019
confirmed? Yes No

2a No, current address is:
Community: [REDACTED] confirmed? Yes No

2b No, current address is:
Country of Residence:
Contact (cell phone Number: 812-846-9543 (home) *
Place of Work/Work Contact Info:

Insurance Name/Info:

SCREENING QUESTIONS:
1. Reason for visit: (Job Requirement, Surveillance (tick, Pre-Procedure, etc.)
2. Are you normally eligible for care at CIHA? ELIGIBILITY STATUS: CSH & SUBSET
**If DELIBERATE, check all that apply below, and call Patient Registration before proceeding.
 Patient is an employee or contractor of CIHA or PHHS
 Patient lives on tribal lands and is considered to have frequent contact with eligible members of the community.
 Patient is employed by a tribal entity or local business, having frequent, prolonged contact with eligible members of the community.
 Patient is identified by contact tracing, did not meet the above criteria, and poses a substantial risk to the eligible community (no access to testing/care).
 Patient has been identified by CIHA Admin to pose a risk to eligible members of the community.

3. In this year have COVID tests? Yes No

4. Are you employed in health care? Yes No

5. Are you symptomatic over your baseline? Yes No
(fever, RA, cough, SOB, N/V/D, muscle or body aches, chills, runny nose, fatigue, ST, loss of taste or smell)
** If YES, give date of symptom onset**

6. Have you had contact with a known COVID-positive patient? Yes No
If YES, Who? _____ When? _____

7. Do you live in a congregate care setting? NO

8. Are you currently pregnant? Yes No

9. With which race do you identify? American Indian or Alaska Native

(Demographic question required by Quest Lab)

10. With which ethnicity do you identify? Non-Hispanic

(Demographic question required by Quest Lab)

TESTING PLAN: Date/Time of Scheduled COVID Test: _____
Date of Call to COVID Hotline: OCT 07, 2020

All None *Includes a Request Form Preview OK Cancel

Type here to search 2:48 PM 10/27/2020

Cherokee Indian Hospital
COVID-19 Screening

Name: DEMO, PATIENT ALEX If Minor, Parent Name: [REDACTED]

Date of Birth: JAN 1, 1954 Chart Number: 99-99-96

Location of home:

TRIBAL

123 HOSPITAL RD

CHEROKEE, NC 28719 confirmed? Yes No

If No, current address is: [REDACTED]

Community: WOLFTOWN confirmed? Yes No

If No, current address is: [REDACTED]

County of Residence: [REDACTED]

Contact/Cell Phone Number: 828-497-9163 (home)/828-497-0055 (office) *

[REDACTED]

Place of Work/Work Contact Info:

[REDACTED]

Insurance Name/Info: [REDACTED]

Email address: ADEMO@IHSDIRECT.ORG [REDACTED]

SCREENING QUESTIONS:

1. Reason for test:

- Job requirement
- Employment-related, required before
- returning to work
- Surveillance
- Symptomatic
- Positive Exposure
- Request by patient
- Pre-Procedure
- Other

2. Are you normally eligible for care at CIHA? ELIGIBILITY STATUS: CHS & DIRECT

**If INELIGIBLE, check all that apply below, and call Patient Registration before proceeding.

- Patient is an employee or contractor of CIHA or EBCI PHHS.
- Patient lives on tribal lands and is considered to have frequent contact with eligible members of the community.
- Patient is employed by a tribal entity or local business, having frequent, prolonged contact with eligible members of the community.
- Patient is identified by contact tracing, did not meet the above criteria, and poses a substantial risk to the eligible community (no acc
- Patient has been identified by CIHA Admin to pose a risk to eligible members of the community.

3. Is this your first COVID test? Yes No [REDACTED]

4. Are you employed in health care? Yes No

5. Are you symptomatic over your baseline? Yes No



Patient placement

- Identify patient need at presentation (this can be identified in triage)
- Identify acuity level
- Determine where the patient needs to be placed.
- Develop a plan to transport the patient to their end destination.

Can this service be provided at your organization?

Yes—plan transport utilizing PPE and safety measures to prevent spread of infection

No---plan for transfer to a facility with the level of acuity the patient needs

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>



Infection Control Measures to Ensure Safety for Patients and Employees

The 3 W's—Wear your mask, wash your hands, and wait 6 feet apart

Separate Symptomatic or COVID-19 positive patients from other patients:

Place the patient in a single-person well-ventilated room with the door closed or in other designated area

- Ensure healthcare workers (HCW) caring for the patient adhere to current recommendations for caring for COVID-19 patients
- Only essential HCW with designated roles should enter the room and wear appropriate personal protective equipment
- If aerosol generating procedures or the patient has excessive coughing place the patient in a Negative Pressure room “if possible”

Inform: Notify the appropriate receiving staff that will be responsible for the care of the patient

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>

COVID-19 PPE (Personal Protective Equipment) Required by Services Provided

All Employees

- Wash your hands frequently- Remember COVID-19 can live on surfaces for extended lengths of time
- Distance yourself from others—6 feet
- If you are sick stay home

If you are providing Clinical Care to a COVID-19 Patient, PUI that has a productive cough, is requiring respiratory treatment or you are collecting specimens for testing

- Use Preferred PPE. If preferred is not available use acceptable alternative. (see picture)
- Don and Doff appropriately

If you are providing clinical care Patient contact less than 6 feet

- Wear a surgical mask- wearing this during an entire shift will decrease opportunities for contamination of the mask.
- Add gloves, gown, face shield and hair bonnets as indicated by patient presentation.
- Don and Doff appropriately

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

If you work in Patient Registration, Interviewing/Counseling , Screening, Check In, Greeting of Patients

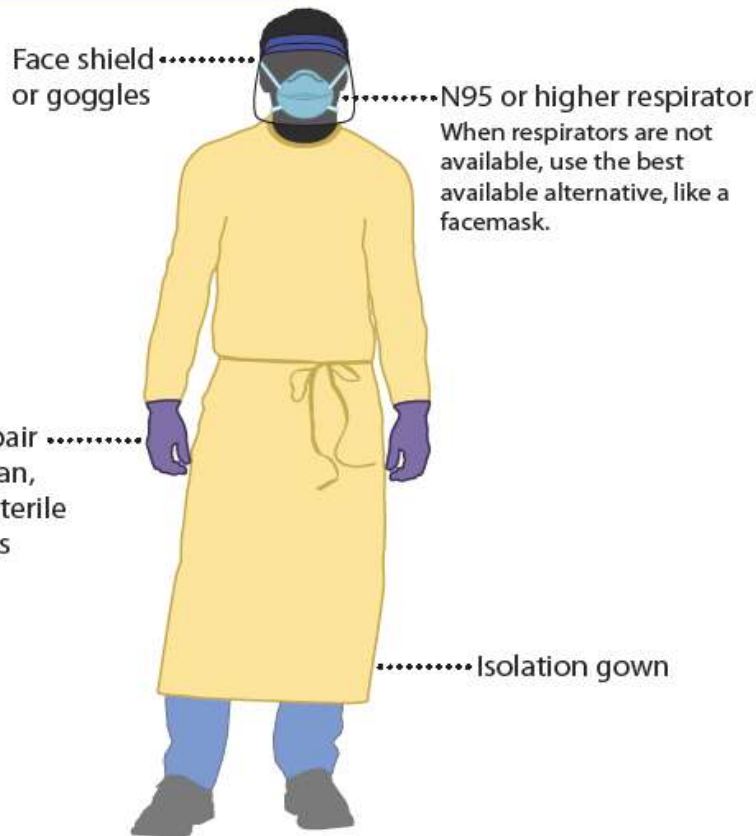
- Distance yourself — 6 feet
- All people entering the hospital will receive and wear a surgical mask or wear their own mask
- HCW should wear a mask at all times in a healthcare facility with all patients



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>

COVID-19 Personal Protective Equipment (PPE) for Healthcare Personnel

Preferred PPE – Use N95 or Higher Respirator



Acceptable Alternative PPE – Use Facemask



Reassessing and Adapting Plans to Meet Current Demands

- Guidelines have changed frequently during the COVID-19 Pandemic which still requires regular checking for updates.
- With changes policies and screening tools must be updated and shared
- You must have employees to stay in tune with updates and share information
- Teamwork to share information is extremely important



Share Information and Update by:

Sharing Information by:

- Email
- Virtual meetings
- Educational system that provides updated healthcare education, allows you to store and review policies, and documents
- Updating laminated cheat sheets for front line staff
- Update Policies and Procedures
- Update electronic health record templates

References:

- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/dental-se>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control.html>
- https://www.cdc.gov/coronavirus/2019-ncov/downloads/HCW_Checklist_508.pdf
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-guidance-management-patients.html>
- <file:///E:/COVID-19/COVID%20Response%20Packet%20Items/HCP%20and%20Vistor%20Log.pdf>
- https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html
- <https://www.cdc.gov/infectioncontrol/projectfirstline/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/sop-triage-prevent-transmission.html>
- <https://covid19.ncdhhs.gov/about-covid-19>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/phone-guide/index.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html>





Thank You!