

COVID-19 Update

April 10, 2020



CMS Issues New Wave of Infection Control Guidance During COVID-19

The Centers for Medicare & Medicaid (CMS) has issued a series of [updated guidance documents](#) focused on infection control to prevent the spread of 2019 Novel Coronavirus (COVID-19) in a variety of inpatient and outpatient care settings. The guidance, based on Centers for Disease Control and Prevention (CDC) guidelines, will help ensure infection control in the context of patient triage, screening and treatment, the use of alternate testing and treatment sites, telehealth, drive-through screenings, limiting visitations, cleaning and disinfection guidelines, staffing, and more.

For outpatient clinical settings, such as Ambulatory Surgery Centers (ASCs), Federally Qualified Health Centers (FQHCs), and others, guidance discusses recommendations to mitigate transmission including screening, restricting visitors, cleaning and disinfection, and closures. It also addresses issues related to supply scarcity, and Food and Drug Administration (FDA) recommendations. In addition, CMS encourages ASCs and other outpatient settings to partner with others in their community to conserve and share critical resources during this national emergency. The updated guidance has multiple facets, including the option of providing [Home Dialysis Training and Support Services](#) (updated April 8, 2020) to help some dialysis patients stay home during this challenging time, and establishment of Special Purpose Renal Dialysis Facilities (SPRDFs), which can allow dialysis facilities to isolate vulnerable or infected patients. These temporary changes allow for the establishment of facilities to treat those patients who tested positive for COVID-19 to be treated in separate locations.

CDC Guidance

On April 7, 2020, the CDC issued new guidance on [Outpatient and Ambulatory Care Settings: Responding to Community Transmission of COVID-19 in the United States](#). Some key recommendations are:

1. Explore alternatives to face-to-face triage and visits for the acutely ill. The following options can reduce in-person healthcare visits and prevent transmission of respiratory viruses:
 - Instruct patients to use available telephone advice lines, patient portals, and [on-line self-assessment tools](#), or call and speak to an office/clinic health care professional (HCP) if they become ill with symptoms such as fever, cough, or shortness of breath.
 - Identify enough HCPs to conduct telephonic and telehealth interactions with patients.
 - Develop protocols so that HCPs can triage and assess patients prior to entering the facility or immediately upon entering.
2. Implement algorithms for [Phone Advice Line Tools](#) to identify which patients have respiratory symptoms that may be due to COVID-19 and need to be advised to seek 911 transport, go to an emergency department, or come to your facility.
3. Implement algorithms to identify which patients with respiratory symptoms that may be due to COVID-19 can be managed by telephone and advised to [stay home](#):
 - Assess the patient's ability to engage in home monitoring, their ability to safely isolate at home, and the risk of transmission to others in the patient's home environment.
 - Provide clear instructions to caregivers and sick persons regarding [home care](#) and when and how to access the healthcare system for face-to-face care or urgent/emergent conditions.
 - If possible, identify HCPs who can monitor those patients at home with daily "check-ins" using telephone calls, text, patient portals, or other means.

Other considerations include, but are not limited to:

1. Consider reaching out to [patients who may be a higher risk](#) of COVID-19-related complications such as the elderly, those with medical co-morbidities, and potentially other persons who are at higher risk for complications from respiratory diseases, such as pregnant women, to ensure adherence to current medications and therapeutic regimens, confirm they have sufficient medication refills, and provide instructions to notify their provider by phone if they become ill.
2. Eliminate patient penalties for cancellations and missed appointments related to respiratory illness.

Personal Protective Equipment (PPE)

Adequate supply of PPE has also become a challenge for inpatient and ambulatory settings during the COVID-19 public health emergency (PHE). The CDC has issued guidance on [Strategies for Optimizing the Supply of N95 Respirators](#) and [Strategies to Optimize the Supply of PPE and Equipment](#). In addition, the CDC has established guidelines for the public on [Recommendations Regarding the Use of Cloth Face Coverings, Especially in Areas of Significant Community-Based Transmission](#). This consists of recommendations for cloth face masks which are not surgical masks or N-95 respirators. Those are considered critical supplies that must continue to be reserved for healthcare workers and other medical first responders, as recommended by current CDC guidance.

OSHA issued [Enforcement Guidance for Respiratory Protection and the N95 Shortage Due to the COVID-19 Pandemic](#) on April 3, 2020 to take effect immediately until further notice during the PHE. It permits the extended use and reuse of respirators, as well as the use of respirators that are beyond their manufacturer's recommended shelf life (e.g. expired), under certain conditions. All employers whose employees who are required or voluntarily use respiratory protection must develop and implement a written respiratory protection program (RPP) to identify and mitigate workplace hazards, which includes engineering controls, work practices, administrative controls, and any changes necessary to decrease the need for short supply N95 respirators. When considering alternatives, you should check to see the masks are [National Institute for Occupational Safety and Health \(NIOSH\) approved](#). It should be noted that surgical masks are not respirators and do not provide protection against aerosol-generating procedures. It is recommended that providers frequently check the [Occupational Safety and Health Administration \(OSHA\) website](#) for changes and updates. The FDA has also provided an [authorized list](#) of emergency use respirators for HCPs.

Guidance from CMS, the CDC and OSHA can change daily and is continually being updated. Conventus is committed to monitoring these changes and disseminating them to our healthcare community as updates become available. As always, Conventus members may contact the Practice Resources Department at (877) 444-0484 ext. 7466 with any questions, and we would be happy to assist you.

(877) 444-0484 x 7466 | conventus@conventusnj.com | www.conventusnj.com/

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