

# **UCsF** Health

# Pandemic Preparedness: Ambulatory Care Services (ACS)

**Purpose:** To create a framework identified by HEIP and key stakeholders as effective measures implemented during the COVID-19 pandemic and actions to take during the next pandemic for ACS.

Nithila Asokaraj RN, BSN, CIC Gelila Gizaw RN, BSN, CIC

### **Preparedness Framework**

**1. Disease Specifications** 

#### 2. Communication and Information Management

3. Hierarchy of Controls

4. Stockpile Development/Resource Management

#### **5. Ongoing Management and Maintenance**



- This Federal Emergency Management Association (FEMA) cycle illustrates the continuum motion of 4 phases of Emergency Management that can be undertaken sequentially or concurrently.
- All 5 preparedness criteria be used in each of the 4 phases (preparedness, response, recovery, and mitigation & prevention) of the FEMA cycle.



# Disease Specifications

Click to return back to the Preparedness Framework



The 3I tool facilitates rapid categorization and triggering of appropriate time-sensitive actions for patients presenting to healthcare facilities at risk for communicable diseases.





### Click to return back to the 3I tool



# 1. Identify



\* Transmission routes involving a combination of hand & surface = indirect contact.

- HEIP (with public health experts and ambulatory leadership) to identify and communicate disease specifications to clinics:
  - Incubation period
  - Symptomology
  - Infectivity period
  - All possible routes of transmission
    - Source of infecting microorganisms
    - Susceptible host
    - Means of transmission for the microorganism
  - Clinic leadership (with HEIP collaboration) to identify:
    - What are all possible entry points into facility?
    - Persons who meet criteria for clinical suspicion or most at risk?
    - Persons who meet criteria for virtual visits vs. inperson appointments



### Click to return back to the 3I tool



### 2. Isolate

- > Place patient in private room or separate enclosed area
- > Have only essential personnel provide direct patient care, as needed
- > Utilize transmission based precautions on top of \*standard precautions: <u>Isolation Table</u>
- Standard precautions = wear the appropriate PPE during direct patient care if there is anticipated contact with a splash or spray of blood or bodily fluids.





# 3. Inform

- Notify Hospital Epidemiology and Infection Prevention (HEIP) and clinic leadership.
  - > HEIP Adult On-Call Voalte: 628-248-9059
  - > HEIP Pediatric On-call Voalte: 628-248-8503



- HEIP and clinic leadership to consult with local and state public health departments
- Per above recommendations, may trigger activation of Hospital Incident Command Structure (HICS)

Click here to go to learn more about HICS





Click to return back to the Preparedness Framework



# Communication and Information Management: What is HICS?

- HICS is a nationally recognized flexible and scalable system that promotes successful incident management and helps strengthen integration with community response partners.
- After HICS decisions → use tiered approach with institutional transparency and easily accessible information through:
  - E-mails
  - Centralized location with up-to-date e-mails
  - Local/unit-based experts
  - Daily Ambulatory huddles for 'word of mouth' messages may cause confusion but also can help rapidly disseminate key information when supplied with e-mail summaries.







#### Click to return back to the Preparedness Framework







## Risk Assessment

			Impact			
			0 Acceptable	1 Tolerable	2 Unacceptable	3 Intolerable
			Little or No Effect	Effects are Felt but Not Critical	Serious Impact to Course of Action and Outcome	Could Result in Disasters
Likelihood	Improbable	Risk Unlikely to Occur				
	Possible	Risk Will Likely Occur				
	Probable	Risk Will Occur				

<u>Click to learn more on</u> <u>evaluating clinic</u> <u>exposure risk</u>

- Patient Population
- Environment
- PPE
- Hand Hygiene and Cleaning/Disinfection
- Symptom Screening



### Click to return to Risk Assessment Grid



# Patient Population

<u>Click to learn more on</u> <u>evaluating clinic</u> <u>exposure risk</u>

Patient Population

Environment

PPE

 Hand Hygiene and Cleaning/Disinfection

Symptom Screening

	Evaluate which patients are immunocompromised vs. non- immunocompromised						
	High risk medications						
	Comorbidities (i.e. transplant patients, hematologic malignancies)						
	Assess symptoms of severe of critical illness						
	Course of illness (symptom onset, oxygen requirements, fevers)						
	Exposure history to infectious pathogen or person infected						
	High risk procedures						
	Aerosol Generating Procedures (AGPs)						
	Procedures involving contact with mucous membranes, non-intact or sterile cavities						
	Virtual visit capability Click to learn about virtual visits (telehealth) resources						
	Assessing the patient's ability to participate in Telehealth, if unable to be seen in person						
	Assisting the patient with Telehealth tools (tablet, log in access)						



## Environment



<u>Click to learn more on</u> <u>evaluating clinic</u> <u>exposure risk</u>

- Patient Population
- Environment
- PPE
- Hand Hygiene and Cleaning/Disinfection
- Symptom Screening

- Assess clinic spaces to safely accommodate AGPs and highrisk procedures
  - □ Evaluate room air changes and square footage of space
  - Evaluate safe distancing protocols in common spaces (waiting areas and break rooms)
  - □ When able, provide uni-directional travel workflows for patients
  - Designate specific rooms to accommodate high-risk procedures
  - □ When able, have removable equipment be cleared from the room to reduce contamination and ensure cleanliness.



### Click to return to Risk Assessment Grid



### PPE

<u>Click to learn more on</u> <u>evaluating clinic</u> <u>exposure risk</u>

Patient Population

- Environment
- PPE
- Hand Hygiene and Cleaning/Disinfection
- Symptom Screening

- Maintain standard precautions for all patients
  - Standard Precautions = wear the appropriate PPE when providing direct patient care and anticipating contact that may produce a splash or spray with blood or non-intact skin
- PPE: Follow proper methods for donning and doffing of gowns, gloves, masks, and eye protection
  - Utilize videos on pandemic website as well as tip sheets and visual cues for donning and doffing steps
  - □ Monitor inventory supply for patients, staff, and visitors
  - HEIP, INEX, Safety available to provide training, observation, and support as needed
- Gowns: Knowledge of types of gowns (disposable vs. washable) and proper disposal methods
- Eye Protection:
  - □ Glasses are not an appropriate form of eye protection
  - □ Safety goggles, face shields, and eye shields are appropriate forms of eye protection
  - □ Surgical masks, respirators (N95s), and PAPRs:
  - □ Knowledge of re-use and/or extended PPE policies at UCSF



### Click to return to Risk Assessment Grid Hand Hygiene & Cleaning/Disinfection

<u>Click to learn more on</u> <u>evaluating clinic</u> <u>exposure risk</u>

Patient Population

Environment

PPE

 Hand Hygiene and Cleaning/Disinfection

Symptom Screening

Hand Hygiene

Easily accessible

- □ Process for restocking/changing containers
- Unit-trained observers to perform observations
- See <u>UCSF Hand Hygiene</u> policy

#### Cleaning/Disinfection

- Clear guidelines on which team (Hospitality vs. clinic) routinely performs room and equipment cleaning
- Staff knowledge on Instructions for Use (IFUs) for all equipment located in clinic
- Staff knowledge on clinic's disinfectant wipes and contact time for wipes



### Click to return to Risk Assessment Grid



# Symptom Screening

<u>Click to learn more on</u> <u>evaluating clinic</u> <u>exposure risk</u>

- Patient Population
- Environment
- PPE
- Hand Hygiene and Cleaning/Disinfection

### Symptom Screening

- Perform symptom screening for staff, patients, and visitors (1) prior to entry and (2) upon entry
  - Train staff to ask symptom screening questions to patients prior to entry and be knowledgeable of up-to-date UCSF policies
  - Post signs at entrances with instructions for patients who may have symptoms of novel pathogen to alert them to inform the Healthcare provider upon arrival to clinic
  - Have masks, tissues, and hygiene available to promote respiratory etiquette
  - Provide no-touch receptacles for disposal of masks and tissues
  - If able, place screening station away separate from direct patient care areas or waiting rooms







# Stockpile Development/Resource Management

- UCSF Supply Chain Management: Need diversity of vendors to ensure adequate supplies.
- > Joint responsibility of Clinic and Materiel Services (in collaboration with HEIP):
  - Monitor unit inventory for critical supplies
  - Prioritize critical need and patient usage
  - Compromise on alternatives when products are not available





Click to return back to the Preparedness Framework



# Ongoing Management and Maintenance: Education Assess Plan



**UCSF** Health



- Assess the knowledge of the audience (HCWs, patients, visitors) you are targeting in order to prepare education materials and communication accordingly.
- Be familiar with the patient and employee workflow to tailor processes effectively.
- Assess all potential and actual pain points/risks.





- The goal is to outline strategies and identify major concerns and targets thresholds.
- Planning should include a way to clearly and concisely disseminate policies, clinical guidance and training.
- Timelines and check-in dates should be built in to plan for additional revisions.





- This stage is for implementing the key approaches developed from assessment and planning phases.
  - In-person training:
    - PPE donning and doffing
    - Hand Hygiene
  - Online training:
    - Videos
    - Learning modules
  - Print materials:
    - Posters
    - Flyers
    - Tip sheets





- This stage is for evaluating the outcome of the pre-determined measurable goals by clinic leadership.
- Evaluate gaps in knowledge and/or processes through:
  - In-person observations or 'secret shoppers'.
  - Practice scenarios
  - Just-in-time training
- Restart the wheel of communication/training as based on findings.

Click to go to next slide



# Telehealth (Virtual Visit) Services

- When patients are determined to be candidates for virtual visits, see general tip sheet, located on UCSF website: <u>Telehealth Communication</u> <u>Tips</u>
- For patients who are assessed to have difficulty with technology and/or equipment:
  - Set aside time prior to appointment to familiarize the patient and caregiver (when applicable) on preparation for the virtual visit.
    - This may be upwards of 30 minutes, depending on the coaching need.
    - This additional time should be taken into consideration when scheduling virtual visits.

 Clinic to be adaptable to connection issues but also have pre-determined thresholds for when in-person visits may be warranted based upon clinical judgement.





## References

- <u>APIC: https://apic.org/wp-</u> content/uploads/2019/02/2013\_Ambulatory\_Care\_during\_Disasters\_FINAL.pdf
- <u>CDC: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-hcf.html</u>
- OSHA: https://www.osha.gov/shpguidelines/hazard-prevention.html
- FEMA: <u>https://www.fema.gov/</u>
- SHEA Expert Guidance: Outbreak Response and Incident Management: SHEA Guidance and Resources for Healthcare Epidemiologists in United States Acute-Care Hospitals
- Stockpiling Supplies for the Next Influenza Pandemic: <u>https://wwwnc.cdc.gov/eid/article/15/6/08-1196\_article</u>
- UCSF Emergency Management: <u>HICS Resources</u>
- UCSF Environment, Health, and Safety: <u>https://ehs.ucsf.edu/environment-health-and-safety</u>



Thank you so much to everyone who contributed to this module! We greatly appreciated your collaboration ③

For questions/comments:

 Please reach out to Nithila Asokaraj or Gelila Gizaw in Hospital Epidemiology Infection Prevention (HEIP) at (415)-353-4343

