Is Your Facility Ready for COVID-19?

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U.S. health care providers and the agencies that regulate them and oversee public health concerns are scrambling to ensure pandemic readiness in the face of isolated incidents of novel coronavirus ("COVID-19") exposure in this country and a limited number of deaths.

Although the vast majority of COVID-19 cases have been concentrated in China, a small number of patients in the U.S. have been confirmed with COVID-19, including a confirmed instance of person-to-person transmission of the virus within the U.S. Public health authorities are now acknowledging that the virus is actively spreading in some communities in the U.S. after four individuals thought to be exposed in one nursing home succumbed to the virus in Kirkland, Washington. According to statistics from the Centers for Disease Control and Prevention ("CDC"), the current fatality rate of COVID-19 is 3.8%. In comparison, the fatality rate of the SARS outbreak in 2003 was 9.5%, and the average fatality rate of Ebola was 50%. COVID-19, however, is much more prevalent than either SARS or Ebola during the height of those disease outbreaks. Currently, there are over 90,000 confirmed COVID-19 cases globally and the virus has killed more than 3,100 people, the vast majority in mainland China. SARS involved 8,098 cases in 2003 and Ebola involved 28,616 cases in 2014.

Fortunately, isolated incidents of COVID-19 in the U.S. along with pandemic readiness exercises from the Ebola and SARS health scares provide a learning opportunity for health care providers managing the disease on the front-line. COVID-19 is obviously not the first U.S. pandemic threat, and in recent years, Ebola, HIV/AIDS, SARS and drug resistant tuberculosis containment efforts all demonstrated how health authorities and providers successfully mobilize to implement effective protocols to prevent the spread of infectious diseases.

As providers mobilize resources, they should have written COVID-19 preparedness and response plans based on historical CDC guidance, which ensure:

- Proper structure for planning and decision making which recognize the fluidity of the situation;
- Staffing needs and personnel policies, including training and education;
- Availability of requisite supplies and equipment;
- Clinical evaluation of symptomatic persons;
- Infection control and isolation practices, including engineering and environmental controls;

Authors

Kara M. Friedman
Shareholder
kfriedman@polsinelli.com

G. Phillip Kim
Associate
phillipkim@polsinelli.com

- Proper surveillance and triage methods;
- Facility access controls;
- Exposure reporting and risk evaluation; and
- Public health communication.

These priorities were developed by the CDC in response to the SARS pandemic. Following a plan with this focus will allow for providers to adeptly manage a COVID-19 patient incident.

Additionally, in response to COVID-19, the CDC has published several interim guidance documents for health care professionals that continue to be updated as additional information about the virus becomes available. Specifically, the CDC has released guidance for Healthcare Infection Control, Clinical Care, Home Care, EMS, Healthcare Personnel with Potential Exposure, and Inpatient Obstetric Care. These guidance updates are one of the few new elements for providers to implement into their practices.

Ultimately and despite ongoing challenges to contain the spread of disease in the health care setting, the U.S. has relatively robust systems for the treatment of patients with contagious diseases, and hospitals operate in a regulatory framework tailored for infection control. Despite some alarm which is exacerbated by the difficulty to calibrate a purposeful response based on the fluidity of the situation, hospitals are generally well-prepared to implement procedures to contain and treat a patient with COVID-19. Isolation techniques and infectious disease containment is a high priority in the regulation of health care providers and general standards are well-developed. The Centers for Medicare and Medicaid Services Conditions of Participation for Hospitals Infection Control standards, along with similar state laws and accreditation standards, govern the conduct of hospitals relating to the management of infectious disease. Additionally, the Joint Commission's standards require health care organizations to have plans in place for dealing with a surge of infectious patients.

While the incidence of COVID-19 in the U.S. is still very low, the Joint Commission recommends that health care organizations should now conduct drills to their test procedures for responding to infectious patients. The Joint Commission also recommends that all organizations should have persons assigned to actively review information and guidance regarding COVID-19 as it becomes available and evaluate the need to modify their organization's current practices and communications. These preemptory preventative measures are a testament to the suitability and preparedness of the existing regulatory framework to manage the COVID-19 risk.

For More Information

If your organizations have questions or concerns about crafting a preparedness plan, please reach out to the authors of this article.

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