

COVID-19 FAQs – Your Questions Answered

Aging

Should long term care facilities like assisted living centers postpone or cancel marketing dinners and tours?

A: All non-essential visits and tours should be postponed. Eliminating or minimizing non-essential group gatherings will decrease risk of transmission. Therefore, all providers, including those across the Aging Services continuum, should include enhanced visitor management policies and guidelines as part of their emergency preparedness and response plans for infection related outbreaks.

Where medically-indicated, visitor management plans should be evidence- and fact-based as determined by that particular risk assessment. Depending on the degree of risk and potential harm faced by each individual provider situation, limitations on visitation may need to be implemented. Decision making criteria should include a risk identification process (risks associated with each risk), risk prioritization process, and appropriate measures to help prevent harm and mitigate those risks.

Considerations for visitor management related to infection and outbreak related hazards should include:

- Assessment of risks posed to all vested stakeholder groups (persons served, staff, visitors);
- Whether various types of visitation are essential or non-essential in relationship to care and well-being of persons served and persons serving;
- Medically indicated screening needs to promote valid and timely identification in change of condition (if signs and symptoms associated with the outbreak are present);
- Necessary internal and external notification to appropriate persons, agencies, and authorities.

In addition, limitation in the number of physical points of entrance into the organization should be considered in efforts to increase the effectiveness of screening for change in condition, preventing the spread of infection, and infection control. To learn more, visit your ECRI Risk Management Membership or contact your ECRI service liaison.”

To learn how to access more membership content like this, contact us: clientservices@ecri.org

BioMed

What precautions should the clinical engineering team, service providers take, to ensure the safety of Biomed staffs? Also, what is the role and responsibilities of clinical engineering in the outbreak, especially COVID-19?

A:

- Work with your suppliers and infection preventionists to ensure that your equipment is properly cleaned and disinfected per policy.
- Protect your staff if they are interacting with Coronavirus-exposed equipment with proper PPE and training.
- Maintain a good inventory and equipment distribution plan so that you know that devices are in the right place for patient care.

Additional guidance for biomedical and clinical engineering is available at: https://www.ecri.org/components/HDJournal/Pages/Outbreak_Preparedness_and_Response_The_Essentials.aspx?tab=2 [membership content]

What decontamination steps/procedures should the BioMed engineers follow to be safe from infection?

A: To protect your staff, it's safest to assume that incoming equipment is contaminated, whether it comes from outside your facility or even down from a patient care area. Make sure that PPE, materials, and space are available to enforce cleaning and disinfection on incoming equipment per policy, especially in areas like ED or OR where equipment may enter the facility.

What approach does ECRI advise for handling an Aerosol generating procedure of confirmed/suspected patients? Procedures like bipap, CPR, open suction could spread aerosol into air.

A: If you are treating a contagious patient, full isolation in a negative pressure isolation room is the best option, regardless of whether procedures are likely to create aerosols—a patient's cough will also do so.

Cyber

Are there resources available to assist rapid rollout of telehealth technology? Free training to maximize and encourage the use of this technology?

A: Useful resources on telehealth include:

- CCHP Center for Connected Health Policy: <https://www.cchpca.org/>
 - Includes telehealth definitions, policies, research reports, facts sheets etc.
 - ATA – American Association of Telemedicine: <https://www.americantelemed.org/>
 - They have a COVID19 resource center: <https://info.americantelemed.org/covid-19-news-resources>
 - ECRI Telehealth remote patient monitoring articles include:
 - <https://www.ecri.org/components/HDJournal/Pages/Evaluation-Background-Telehealth-Remote-Monitoring.aspx> *
 - <https://www.ecri.org/components/HDJournal/Pages/Evaluation-ForaCare-iFORA-MP-with-HealthView-Telehealth.aspx?tab=1> *
 - <https://www.ecri.org/components/HDJournal/Pages/Evaluation-Honeywell-Genesis-Touch-Telehealth.aspx?tab=1> *
 - <https://www.ecri.org/components/HDJournal/Pages/Vivify-Health-Pathways-Home-telehealth.aspx?tab=1> *
 - <https://www.ecri.org/components/HDJournal/Pages/Remote-Patient-Monitoring-8-Key-Considerations-.aspx?tab=1> *
- * [membership content]

Patient Safety

In 2003, with the SARS concerns, my organization added table top drills for outbreak preparedness. Does ECRI recommend this, and if so, do you have any drill recommendations?

A: When combined with real-time emergency response exercises, table top drills can enhance an organization's EP Provision 4 Training and Testing efforts. It is important to conduct simulations in-situ, that is, in the areas and in the manner in which you will need to physically react. As in sports, "practice like you will play."

A collection of influenza, epidemic, and pandemic related training and exercise resources can be found at:

- ASPR TRACIE: <https://asprtracie.hhs.gov/technical-resources/42/influenza-epidemic-pandemic/27#education-training-and-exercises>
- ASPR Tracie Mystery Drill Exercise: <https://www1.nyc.gov/site/doh/providers/emergency-prep/communicable-disease-preparedness.page>

Should hospitals and outpatient offices continue to use kiosks for check in?

A: Kiosks are high-touch areas, so it's best to avoid the intentional use of high-touch check-in options.

What is the best practice regarding clothing of hospital providers? Our providers typically wear a lab coat over street clothes. Should they not? Should they use PPE over clothes in all circumstances, or only when dealing with a PUI?

A: Please see a complimentary evidence report on scrubs that will help address this question, available at: https://assets.ecri.org/PDF/COVID-19-Resource-Center/COVID-19-Clinical-Care/COVID-ECRI_HTA_Infection-Risk-Scrubs-Worn-Outside-Patient-Care-Setting.pdf

Should a physician office practice consider closing/stopping in-office visits if they are unable to obtain PPE?

A: Ideally, care will be organized in a regional capacity with each facility doing their designated part. Decisions to continue or cease care delivery must be made very carefully and should take into account many factors that range from a provider's ability to provide medically-indicated and standards-based care,

potential risk of harm to persons served, and the effects such a decision has on other providers and the community health system at large.

In making such decisions, the potential for infection-based harm due to unavailability of specific PPE or safe substitutions should be weighed against the potential for patient harm by not treating other illnesses, etc. Closing could compound problems, both directing more patient volume to already stressed resources, and exposing patients who could have received care at a site with less risk.

We are having difficulty with local EMS commanders and the Fire Chief participating in preparedness planning and refusing to educate their staff on the risks of COVID-19. Are there any resources for this group or suggestions for incorporating our first responders in our preparedness efforts?

A: It's great that you are establishing lines of communication with community leaders. Focusing on efficiencies and process improvement within your sphere of control will make forward progress together easier in the future.

- To help your first responders get started, visit HHS' ASRP TRACIE Resource Center at: <https://asprtracie.hhs.gov>. This is an excellent resource for the integration of provider emergency preparedness efforts with federal, state, and local EMS systems.
- Available resources include various EP plans, policies and procedures, drill and testing approaches, and other resources.

Has nasal decontamination been shown to have any impact on COVID-19 rates?

A: Currently, there is no published research in this area. Our team of medical librarians is continuously evaluating new information.

In terms of limiting the number of participants in group activities, some recommend limiting to groups less than 100, 250, or even 20. What is ECRI's recommendation for max size of group at this time?

A: While ECRI does not have a definitive recommendation about limits for group activity size, social distancing practices are strongly recommended and encouraged. Number limits tend to be arbitrary in practice because specific factors may influence exposure and spread of infection risks (e.g., size of the

location, types of activities, etc.). In addition, various municipal, county, and state governments are setting size thresholds for group activities. Social distancing is being encouraged as a control measure.

Any idea whether hospitals will (and when) receive test kits on site, or will they be required to continue to send to state lab(s) and Lab Corp/Quest (when that becomes available)?

A: Please contact your local/state health department for test availability.

Will you address elective surgery considerations? How many organizations are cancelling elective procedures? How is screening, prescreening, and testing PerioOp patients being handled?

A: Active research is currently in progress. Please refer to the ECRI COVID-19 Response Center for next steps: <https://www.ecri.org/coronavirus-covid-19-outbreak-preparedness-center/>

How are organizations operationalizing telehealth and drive up and/or mobile test site?

A: Telehealth and mobile test sites should be part of your response plan. Investigate the IT platforms you have at your disposal. Drive ups are commonly used to administer vaccinations. For example, one could utilize a parking garage or mass casualty tent in case of poor weather, or open air could work in good weather.

What are you recommending for staff traveling to other states, with COVID-19 positive cases, when should they be able to return to work?

A: At this time, all states have identified positive and/or presumptive positive cases of COVID-19. Refer to CDC guidance in this fluid situation. As decision-making criteria and guidelines for these types of necessary and enhanced human resource management policies and guidelines can change rapidly based on essential and non-essential travel criteria, scope in the number of cases, at risk for coming into contact with infected persons, etc. We recommend that these policies be developed and amended as necessary in accordance with evidence-based information as part of your organization's Enterprise Risk Management efforts. This type of healthcare risk management approach can also be included in decision making when organizations are considering work-from-home programs.

Using risk profiles such as those established and maintained by organizations like the CDC (high, moderate, low) along with guidance from your ECRI Risk Management Membership can greatly assist organizations in the practical application of risk mitigation practices in this domain, including under what circumstances to provide medically-indicated notifications, isolation, and quarantine measures. They can also assist organizations to establish employee classifications helpful in decision-making about work-from-home programs when used in conjunction with other care and service delivery-critical considerations.

To learn more, visit your ECRI Risk Management Membership or contact your ECRI service liaison.

A lot of companies have encouraged employees to work from home if they have the capabilities. If there are hospital employees that are not working directly with patients/involved directly in patient care, do you believe that in the near future, these employees will also be encouraged to work from home even though they are hospital workers?

A: Please refer to the previous question.

Have we been able to confirm the length of time that coronavirus lives on surfaces?

A: As is the case with many viruses, there are many determining factors that come into play about how long a virus can survive on surfaces including the type of surface (e.g., hard, soft, cloth), temperature, and humidity of the environment to name a few.

While the World Health Organization (WHO) reports that current studies suggest that coronaviruses may persist on surfaces for a few hours or up to several days, evidence about SARS-CoV-2 continues to be gathered.

Supply

Can Level 3 surgery/procedure masks be used instead of N95 masks?

A: No, Level 3 surgical masks should not be used as a replacement for N95 masks. Please follow the CDC guidelines found here:

- <https://www.cdc.gov/niosh/topics/hcwcontrols/recommendedguidanceextuse.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html>

Can you please guide us to where to find the list of N95 suppliers on the website?

A: Yes, please visit the ECRI COVID-19 Resources for Supply Chain site and review the Personal Protective Equipment Alternative Suppliers document. <https://www.ecri.org/covid-19-resources-supply-chain/>

Is anyone else seeing some vendors raising prices on PPE equipment as more shortages are announced?

A: We haven't seen price increases to date with our members' incumbent vendors, but increased prices are likely with new vendors. ECRI will be trending on a go forward basis. If you see price –gauging you should report it to your state's attorney general, who are investigating these claims.

What about medical device personnel manufacturing products that are used in healthcare institutions? Should a baseline screening be done to determine if there are any potential asymptomatic carriers shedding virus on medical products to be used on patient typically with risk factors associated with a higher COVID-19 mortality rate?

A: While single-use items marketed as sterile or clean can be trusted to be so while still in their protective packaging, incoming capital equipment should be assumed to be contaminated and be properly cleaned and disinfected during incoming inspection.

Has anyone seen issues with employees taking home hand sanitizer and other supplies?

A: Higher than normal shrinkage rates on PPE products have been reported to ECRI.

Temperature

What about any temperature monitoring systems to be used to prescreen visitors and patients before they enter the hospital campus? Does ECRI have any clinical evidence on the effectiveness of these units?

A: There are many important contextual issues around temperature monitoring and whether it is effective for the intended interventions—all which must be considered. ECRI is currently researching the clinical evidence and safety considerations associated with visitor and staff temperature screening at healthcare facilities during infectious disease outbreaks. The resulting assessment will be made available to our health technology assessment service members.

How can you fully screen, when it is my understanding that one can be contagious before having signs or symptoms?

A: This is a difficult question to answer. It can be helped by access control measures. Health Technology Assessment members, please refer to the special report, Considerations for Implementing Hospital Staff, Visitor, and Vendor Physical Access- Control Systems at: <https://www.ecri.org/components/SpecialReports/Pages/25339.aspx>

For additional questions relating to this FAQ sheet or ECRI Memberships, please reach out to: clientservices@ecri.org.

General

Will a copy of the webinar recording be available following the presentation?

A: Yes, the COVID-19 webinar recording is available to all ECRI members and is posted on the ECRI Membership Site.

Does ECRI have plans to produce additional education and materials relating to COVID-19 outbreak?

A: Yes, ECRI staff continues to focus its efforts on providing healthcare professionals and healthcare organizations with the most current information on COVID-19. Please visit the **ECRI COVID-19 Response Center** at: <https://www.ecri.org/coronavirus-covid-19-outbreak-preparedness-center> and also our **Events page** at: <https://www.ecri.org/events/> for new information and future webinar events.

About ECRI

ECRI is an independent, nonprofit organization improving the safety, quality, and cost- effectiveness of care across all healthcare settings. With a focus on patient safety, evidence-based medicine, and health technology decision solutions, ECRI is the trusted expert for healthcare leaders and agencies worldwide. The Institute for Safe Medication Practices (ISMP) is an ECRI affiliate. Visit ecri.org and follow @ECRI_Org.

