

HHP/HPH COVID-19 Community Webinar Series

Monday, August 10, 2020
5:30pm – 6:30pm

Disclaimer:

- The following is intended as information resource only for HHP/HPH providers, clinicians, administrative and clinical leaders.
- Specific areas may not pertain directly to your clinical practice area and/or may not be applicable to your practice based on your existing workflows, infrastructure, software (e.g. EHR), and communications processes.

Webinar Information

- You have been automatically muted. You cannot unmute yourself.
- You will be able to submit questions via the Q&A section.
 - Due to time constraints, any unanswered questions will be addressed this week and posted on the HHP website
- A recording of the meeting will be available tomorrow on the HHP website and intranet.

How to Claim CME Credit

1. Step 1: Confirm your attendance

- You should have completed a brief questionnaire before joining today's live webinar.

2. Step 2: HPH CME team will email you instructions

- Complete and submit evaluation survey that will be emailed to you within one week of the offering.
- Your CE certificate will be immediately available to you upon completion of your evaluation.
- Questions? Email hphcontinuingeduc@hawaiipacifichealth.org

CME Accreditation Statement

- In support of improving patient care, Hawai'i Pacific Health is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.
- Hawai'i Pacific Health designates this webinar activity for a maximum of 1.0 AMA PRA Category 1 Credit (s) TM for physicians. This activity is assigned 1.0 contact hour for attendance at the entire CE session.



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INTERPROFESSIONAL CONTINUING EDUCATION

Disclosures

- Except as noted below, the planners and presenters of this activity report no relationships with companies whose products or services (may) pertain to the subject matter of this meeting, :
 - Dr. Kim-Anh Nguyen (Blood Bank of Hawai'i)
 - Dr. Owen Chan (Clinical Labs of Hawai'i)

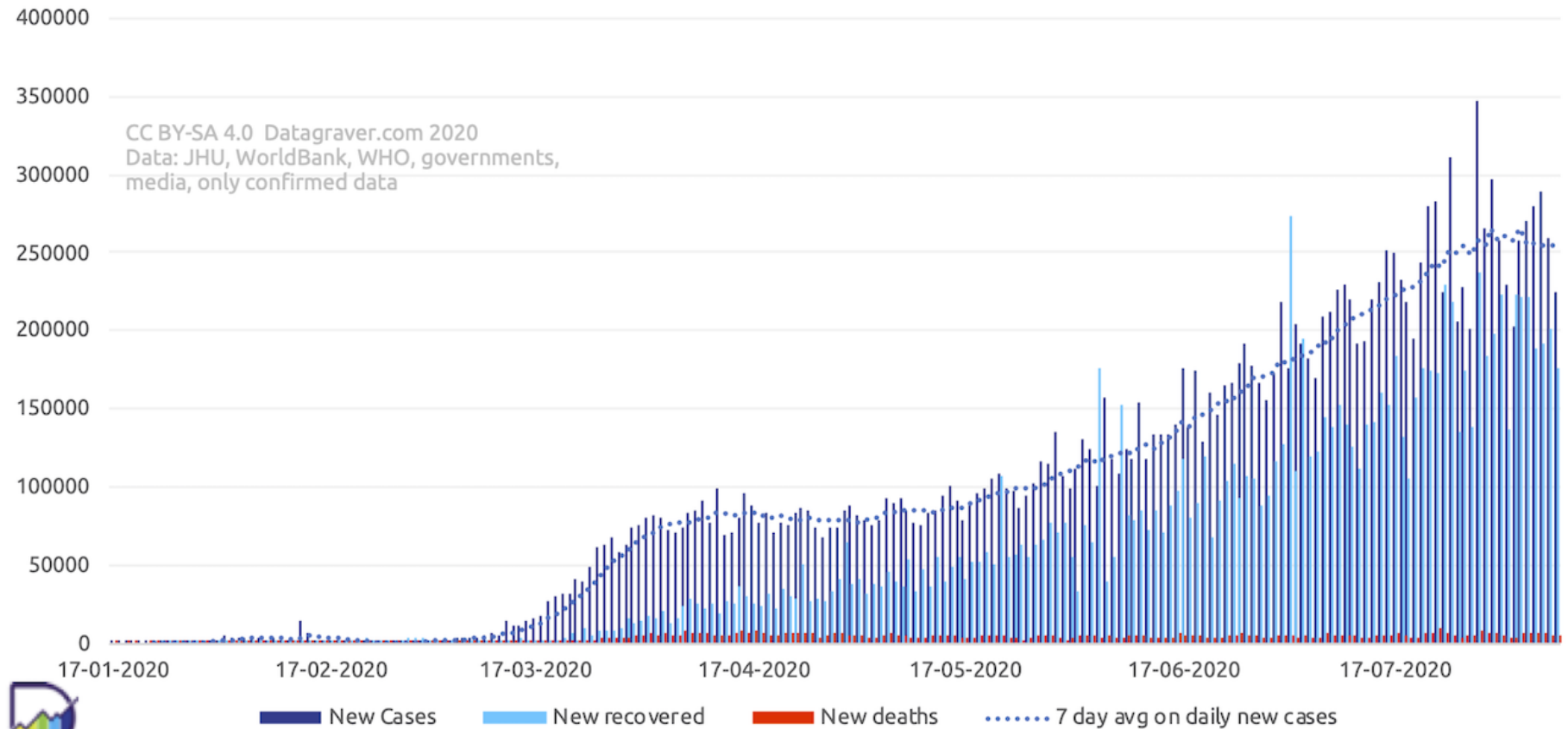


COVID-19 Updates

Gerard Livaudais, MD, MPH

Executive Vice President,
Population Health and Provider Networks
Hawai'i Pacific Health

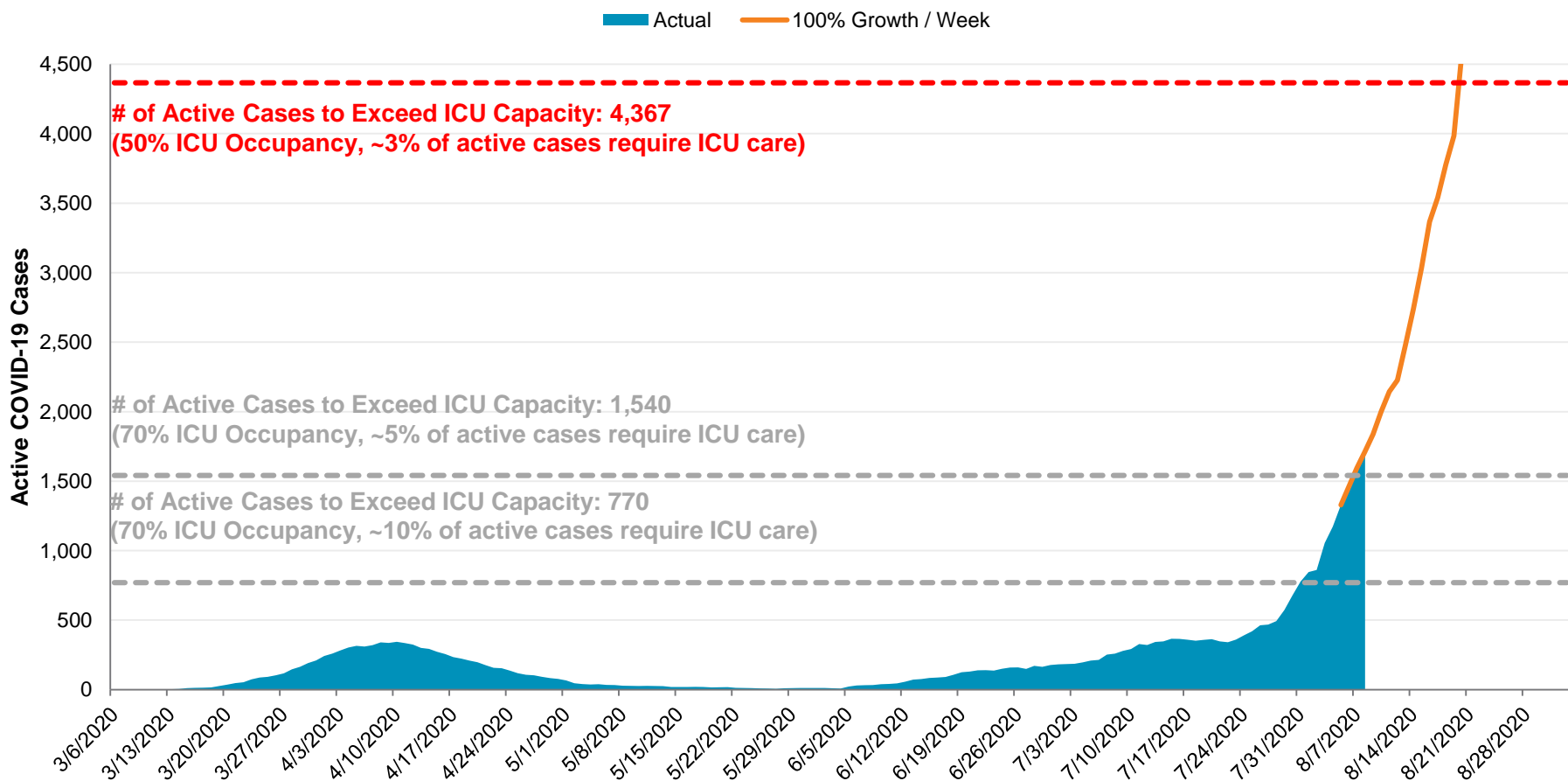
COVID-19 daily new cases / recovered / deaths - World



<https://datagraver.com/thumbs/1300x1300r/2020-08/newnewb0908.png>

Active COVID-19 Cases

Actual v. Projected COVID-19 Cases Updated 8/10/2020



As of 08/10/20	Total Census	ICU beds occupied	# Ventilators in use	# New Admissions w/ suspect COVID-19	# New Admissions w/ positive COVID-19	# Patients currently hospitalized w/ suspect or confirmed COVID-19	# Patients currently on a ventilator w/ suspect or confirmed COVID-19	# Patients currently in ICU w/ suspect or confirmed COVID-19
KMCWC	153	AICU: 1 NICU: 66 PICU: 7	AICU: 0 NICU: 23 PICU: 3 Wilcox: 1	3	1	S: 4 C: 5	S: 0 C: 0	S: 0 C: 1
PMMC	81	6	6	1	0	S: 0 C: 14	S: 0 C: 4	S: 0 C: 4
SMC	113	10	5	3	0	S: 2 C: 25	S: 0 C: 2	S: 0 C: 3
WMC	31	6	0	2	0	S: 2 C: 0	S: 0 C: 0	S: 0 C: 0

S = Suspected; C= Confirmed

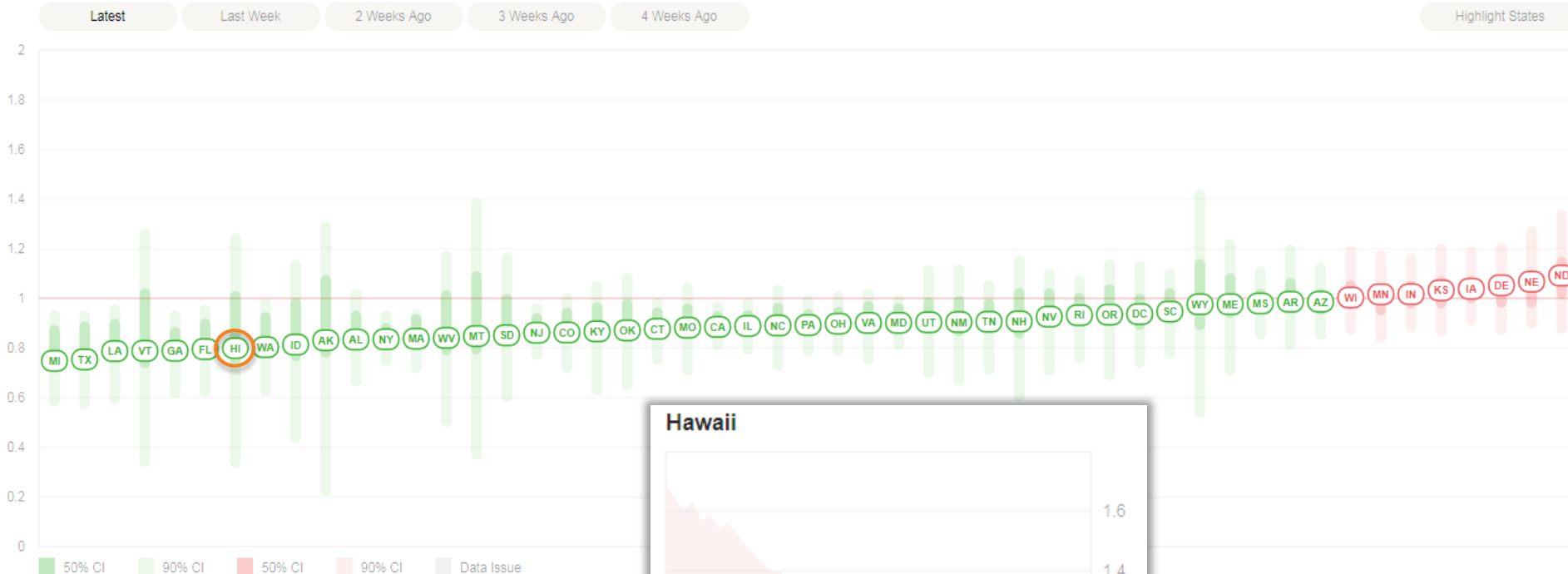
R_t Covid-19

These are up-to-date values for R_t, a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If R_t is above 1.0, the virus will spread quickly. When R_t is below 1.0, the virus will stop spreading. [Learn More](#)

4/26 model update: new R_t graphs reflect corrections for the amount of testing done over time in any given state. An increase or decrease in testing should not affect accuracy of R_t values in the future. This correction has significantly improved R_t values in most states.

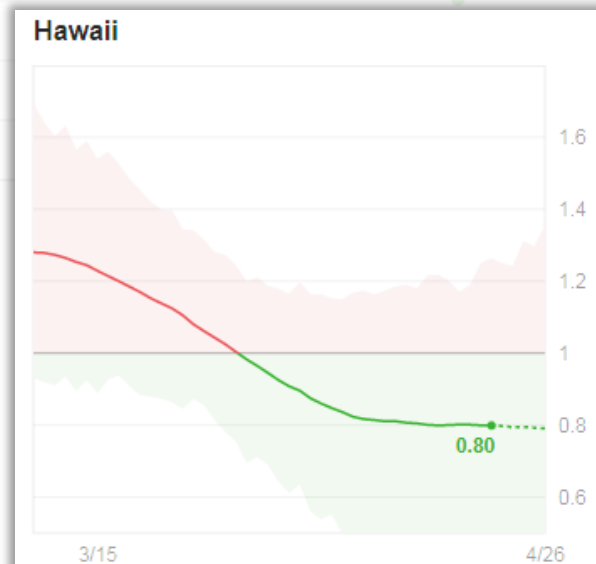
Data Last Updated: 4/26 at 6:24PM

As of APRIL 26, 2020



<https://rt.live/> accessed 04.26.2020

CREATING A HEALTHIER HAWAII



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R_t COVID-19

As of AUGUST 10, 2020

These are up-to-date values for R_t, a key measure of how fast the virus is growing. It's the average number of people who become infected by an infectious person. If R_t is above 1.0, the virus will spread quickly. When R_t is below 1.0, the virus will stop spreading. [Learn More](#).

[See details about the spread in Hawaii](#)

Data Last Updated: 8/9 at 5:57AM

Latest

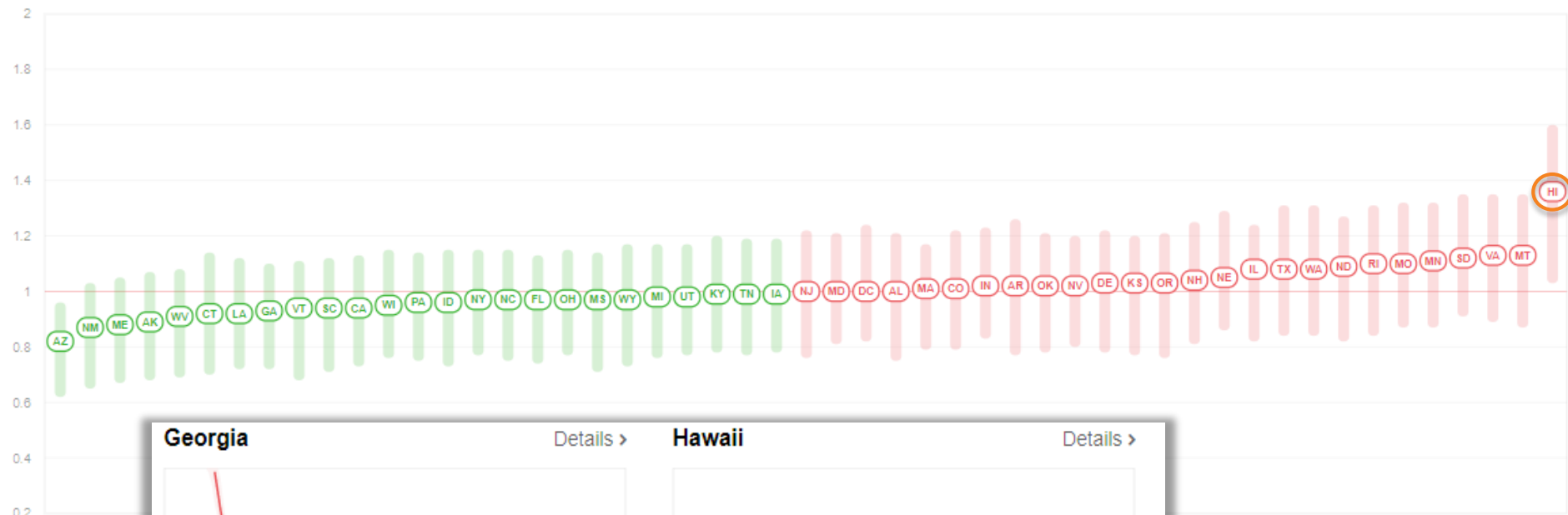
2 Weeks Ago

1 Month Ago

2 Months Ago

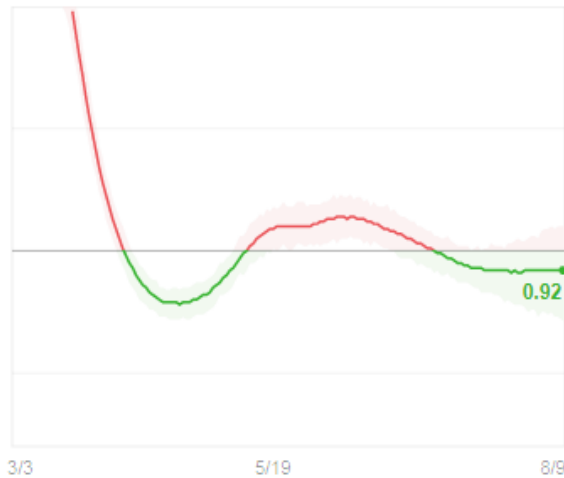
3 Months Ago

Filter



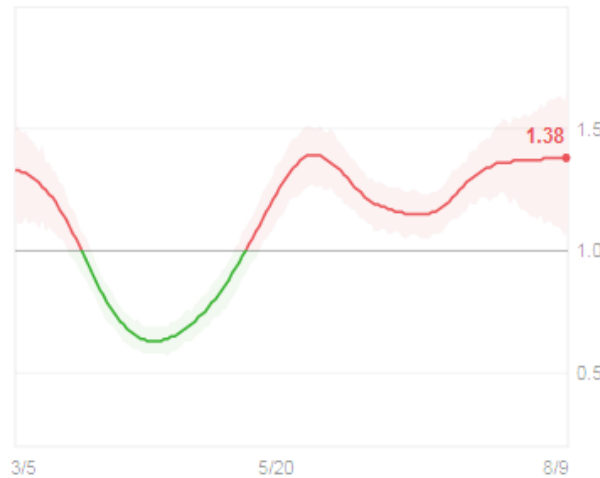
Georgia

[Details >](#)



Hawaii

[Details >](#)



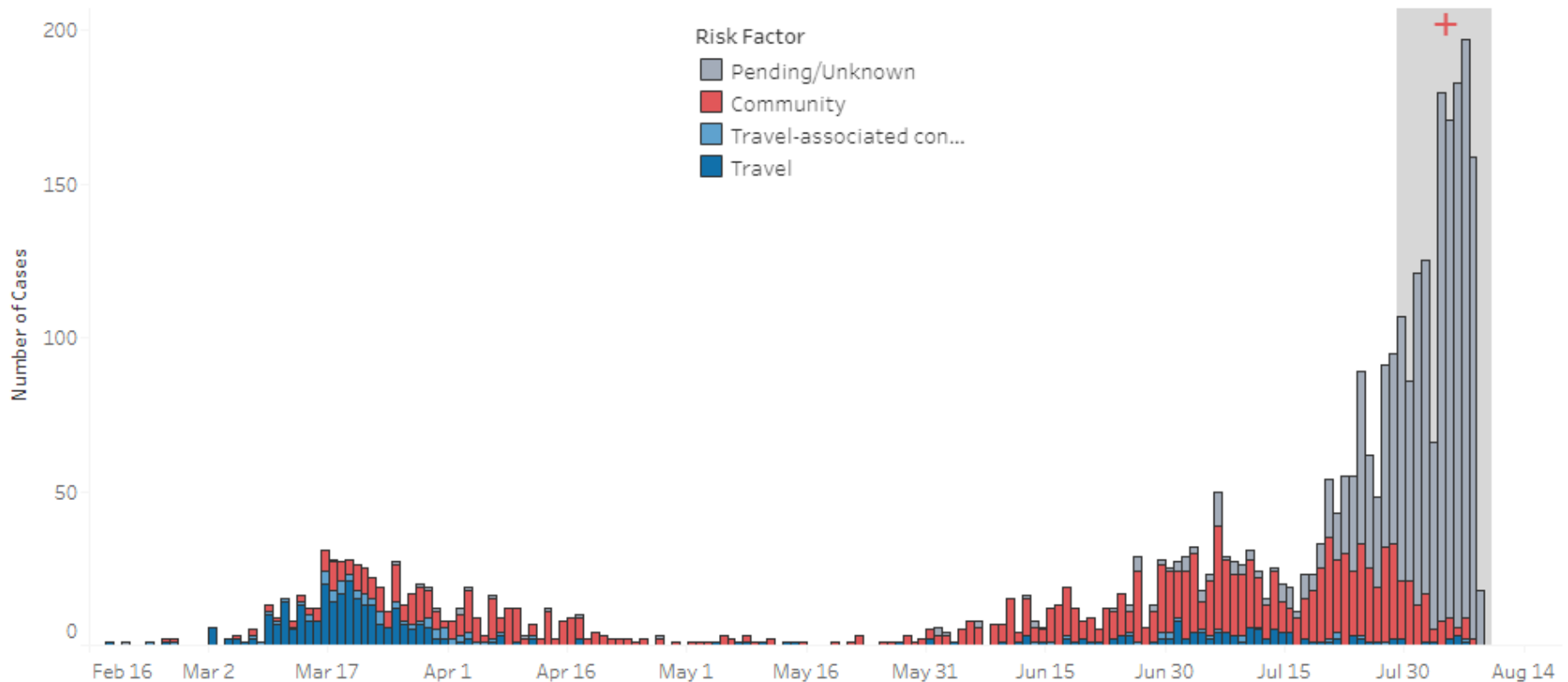
<https://rt.live/> accessed 08.10.2020

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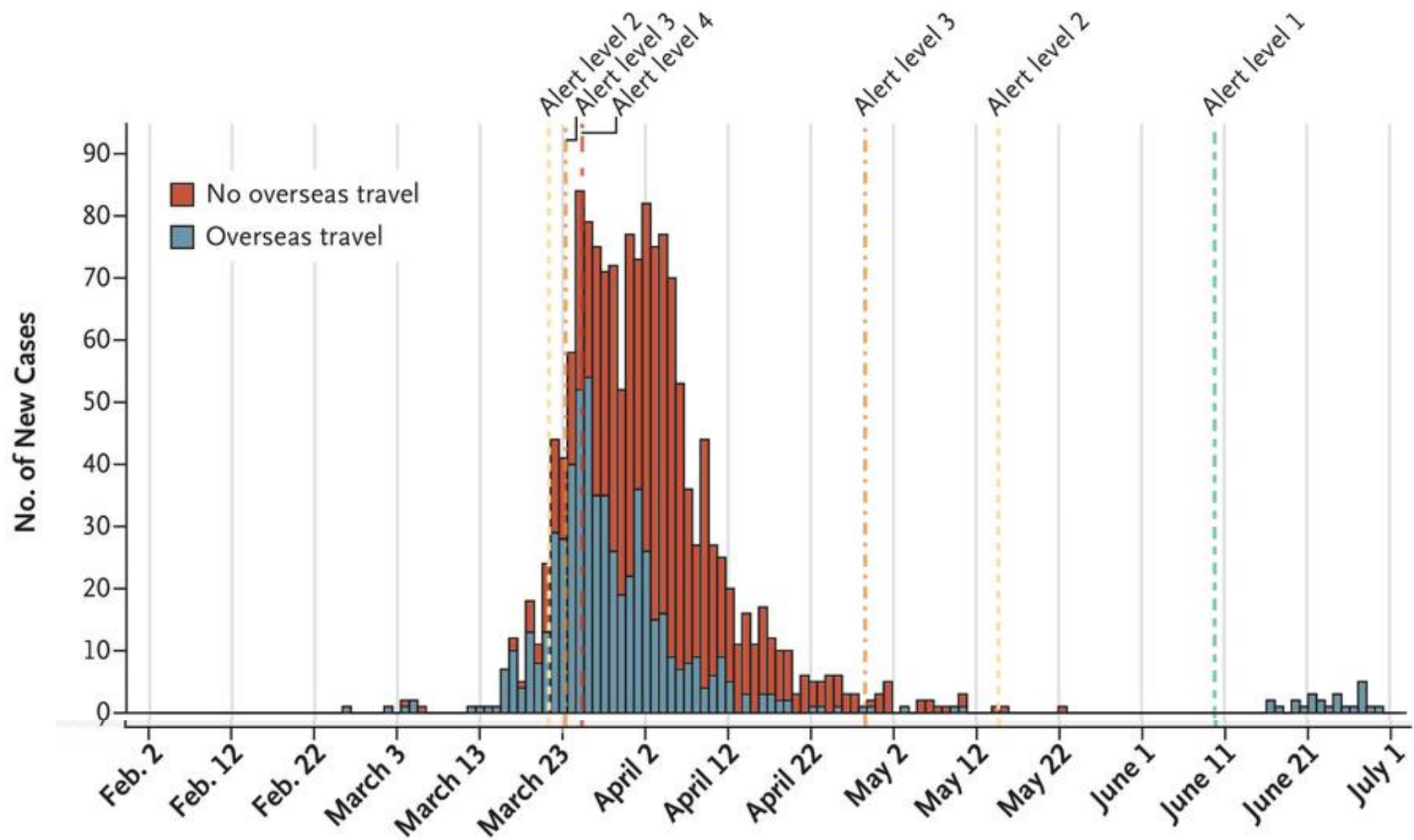
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COVID-19 Epidemic Curve, Hawai'i 2020

(updated Aug 9, 2020)



New COVID-19 Cases in New Zealand and Implementation of Epidemic-Response and Support Measures.

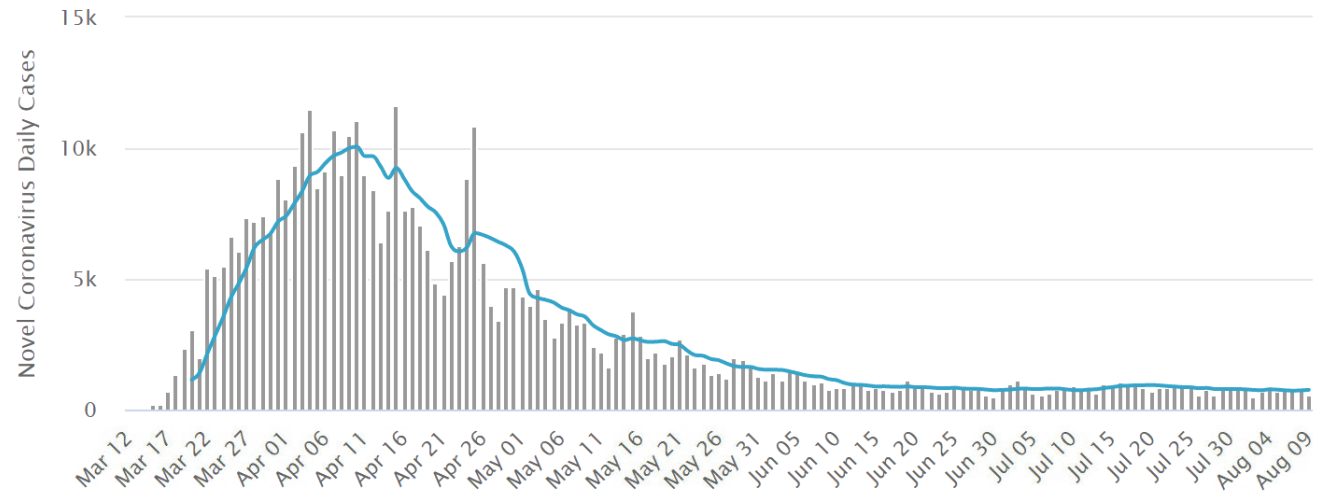


MG Baker et al. N Engl J Med 2020. DOI: 10.1056/NEJMc2025203

New York

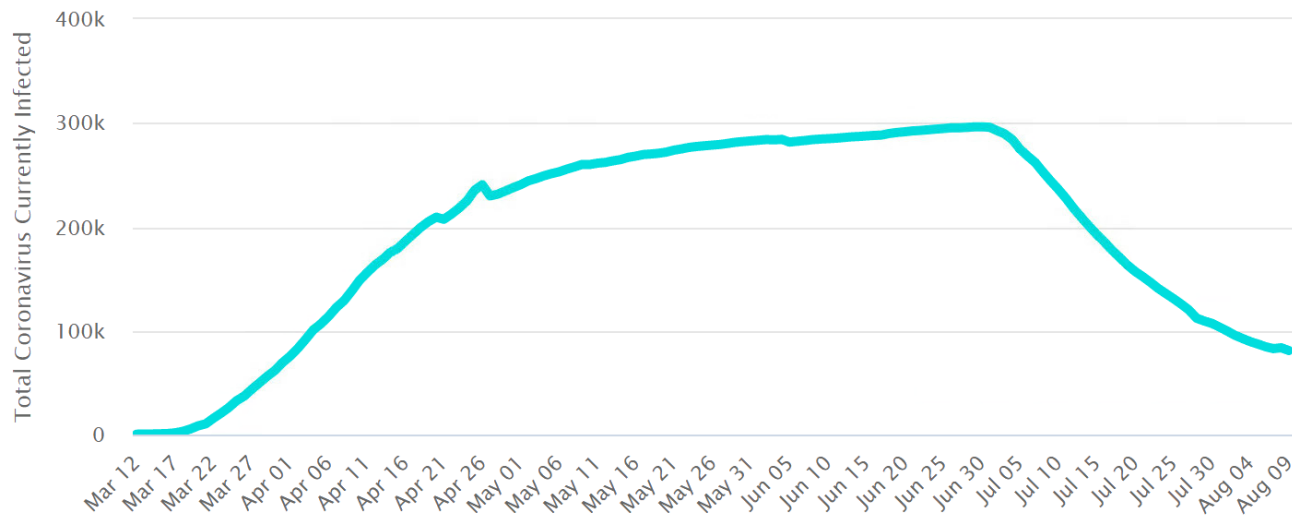
Daily New Cases

Cases per Day
Data as of 0:00 GMT+0



Active Cases

(Number of Infected People)



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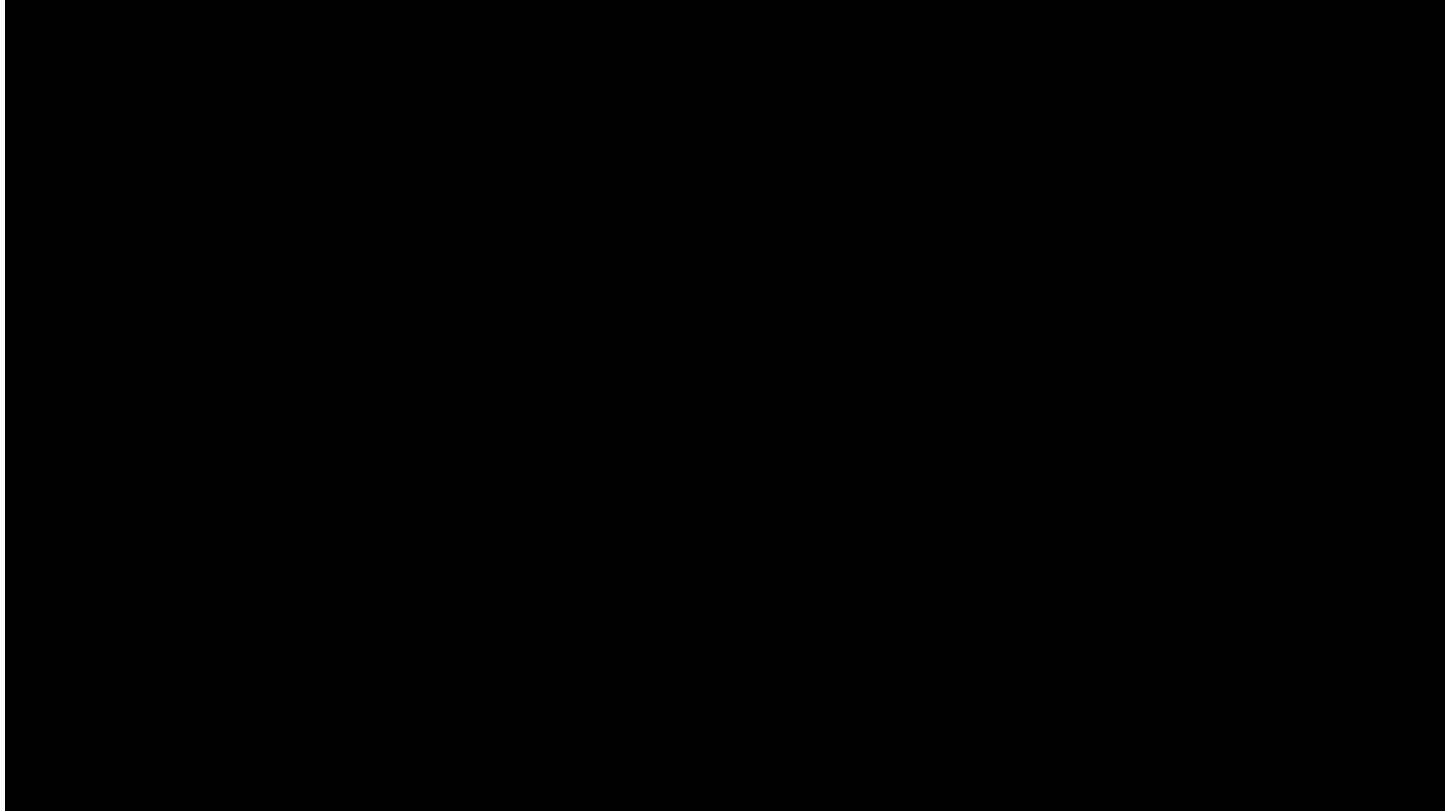
<https://www.worldometers.info/coronavirus/usa/new-york/> accessed 8/10/20

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KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Everyone Does Their Part

- Government: Public health measures of appropriate screening, testing, contact tracing, ability to quarantine
 - Public messaging
- Individuals: Social distancing, wearing masks, good hand hygiene, staying home when sick
 - Avoiding crowds
 - Staying outside instead of inside



<https://youtu.be/buTkbpyB8ZI> end at 1:12

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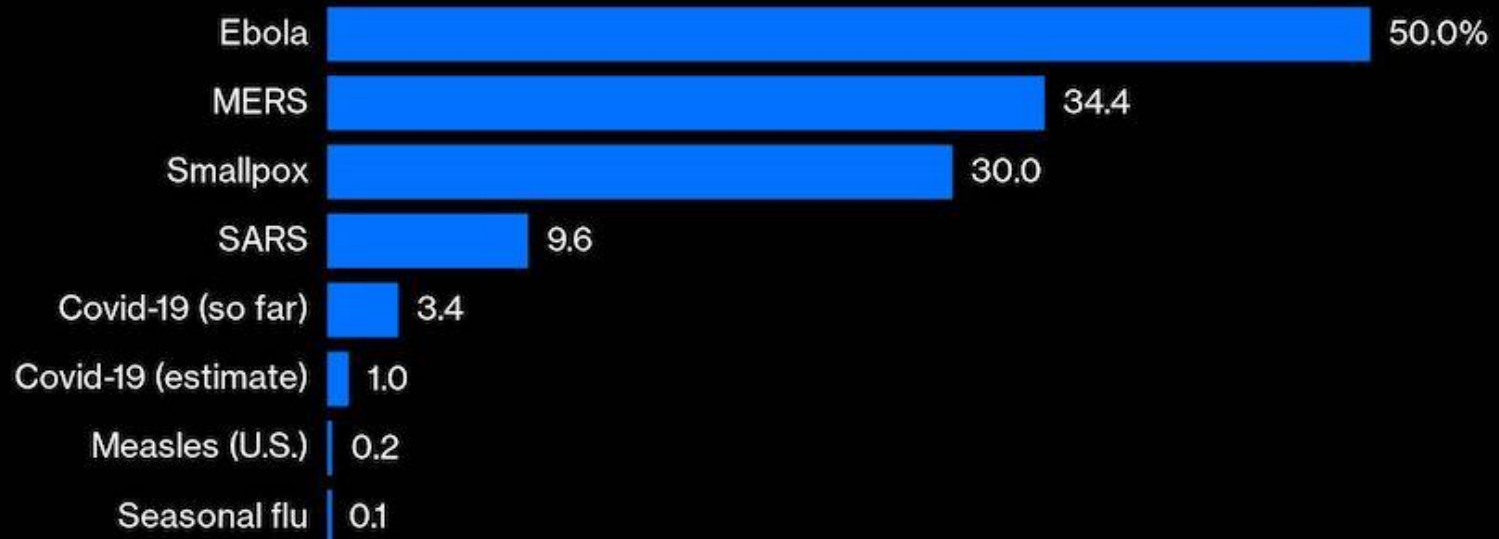
KAPI'OLANI
PALI MOMI
STRAUB
WILCOX

Trending now...

- Children <10 y/o versus 10-19 y/o
- Aerosolization
- Masks and Civil Liberties
- Surface transmission
- Sunlight
- Influenza is worse
- Vit C, Vit D, Zinc
- Hydroxychloroquine
- Pets
- 5G and Bill Gates

How Deadly Is That Disease?

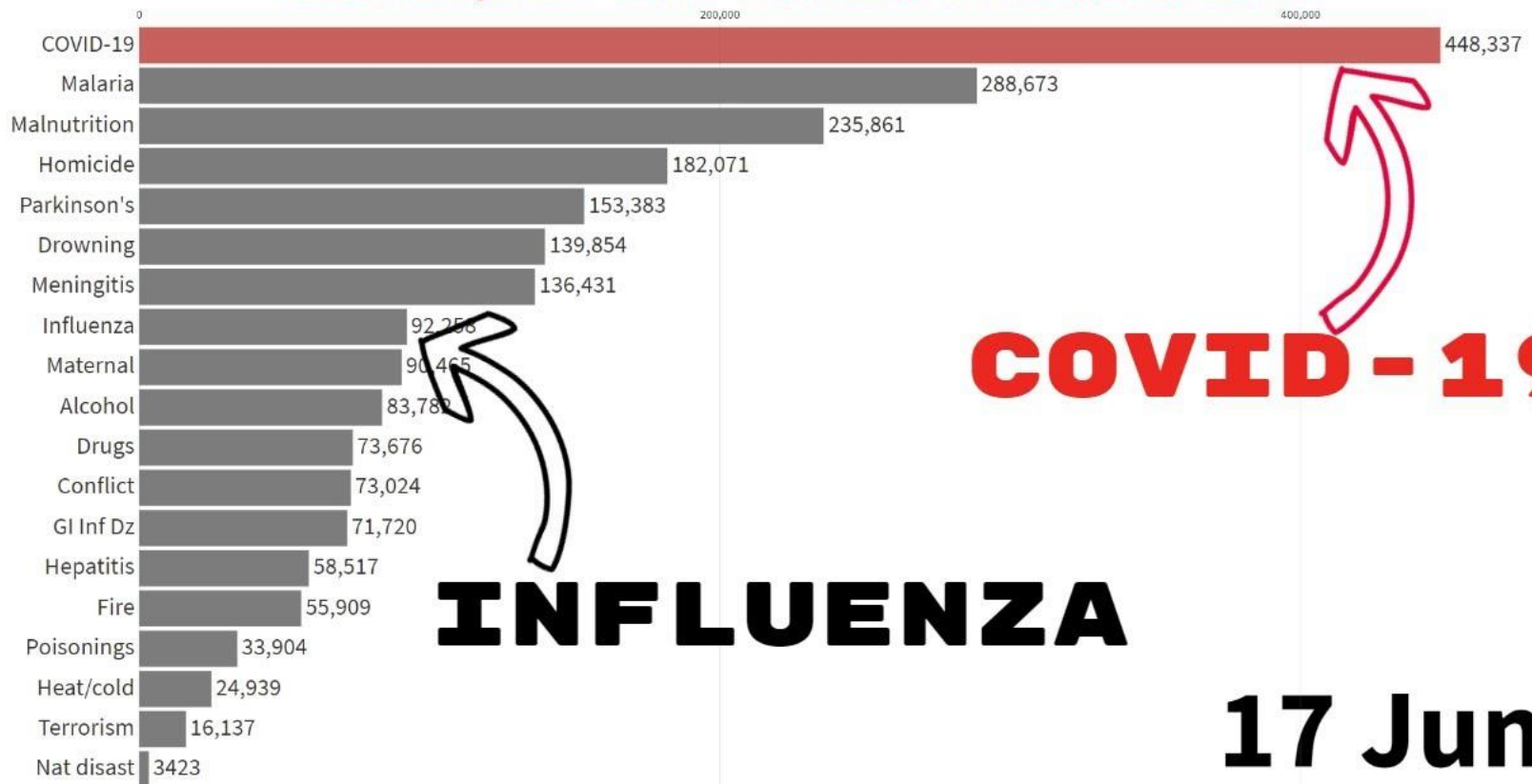
Approximate case-fatality rate



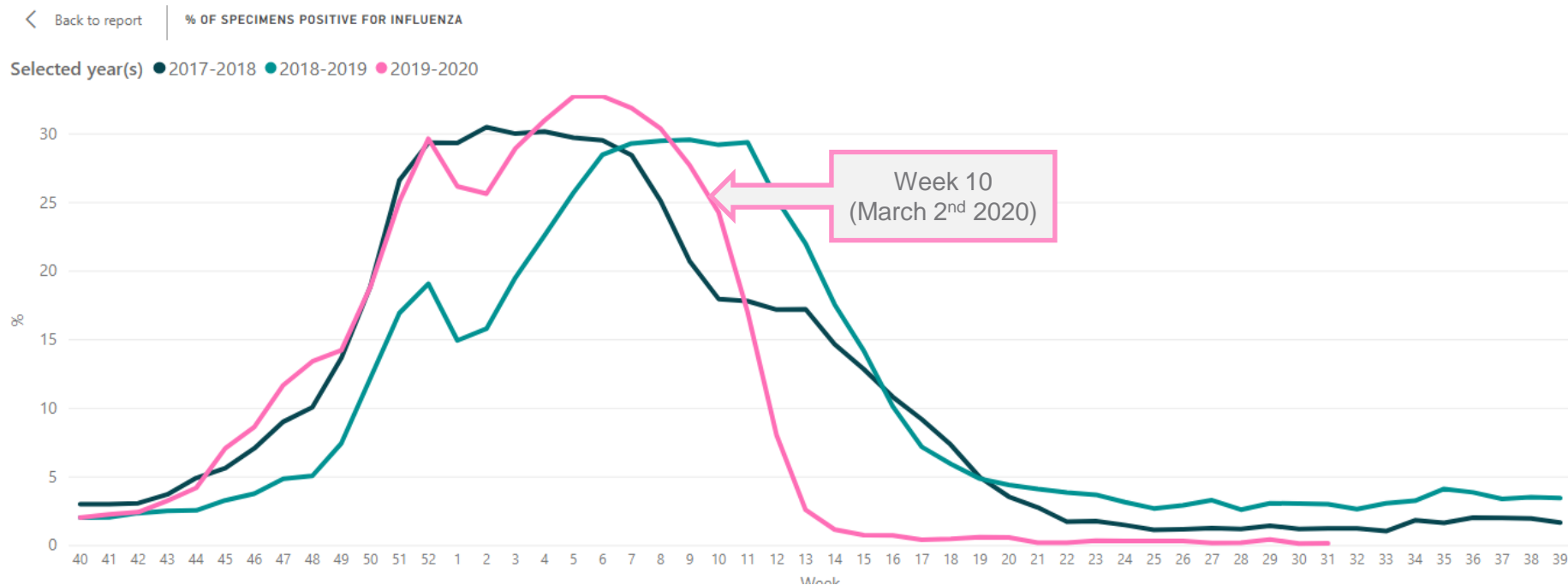
Sources: World Health Organization, Centers for Disease Control, MRC Centre for Global Infectious Disease Analysis

BloombergOpinion

Deaths Comparison - Covid-19 vs Malaria vs Influenza and Others



This Year's Influenza



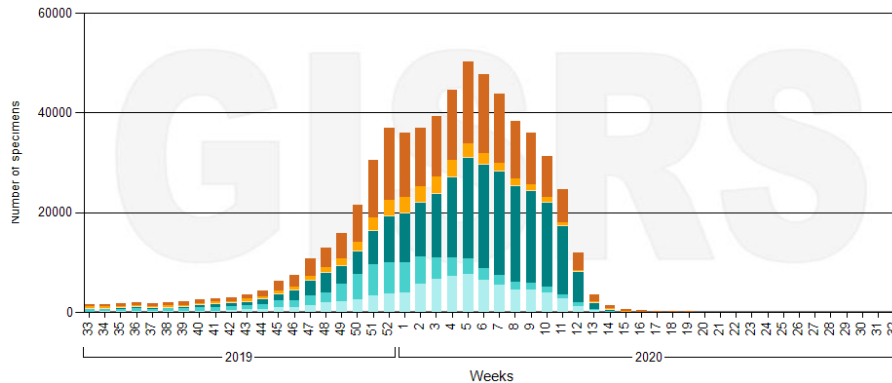
<https://app.powerbi.com/view?r=eyJrIjoiaMTEyZmM0NGltNjU3OS00YzgZLTgwMDYtNjQ0OWJINjNkMGZhliwidCI6ImY2MTBjMG13LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>

Influenza Laboratory Surveillance Information by the Global Influenza Surveillance and Response System (GISRS)

generated on 10/08/2020 09:09:20 UTC

Northern hemisphere

Number of specimens positive for influenza by subtype



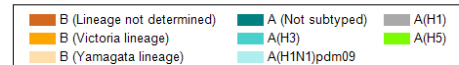
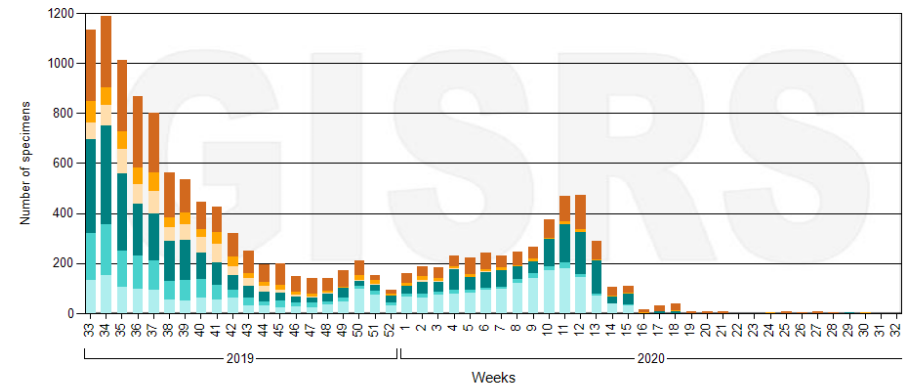
Data from: All sites

Data source: FluNet (www.who.int/flu-net), GISRS

© World Health Organization 2020

Southern hemisphere

Number of specimens positive for influenza by subtype



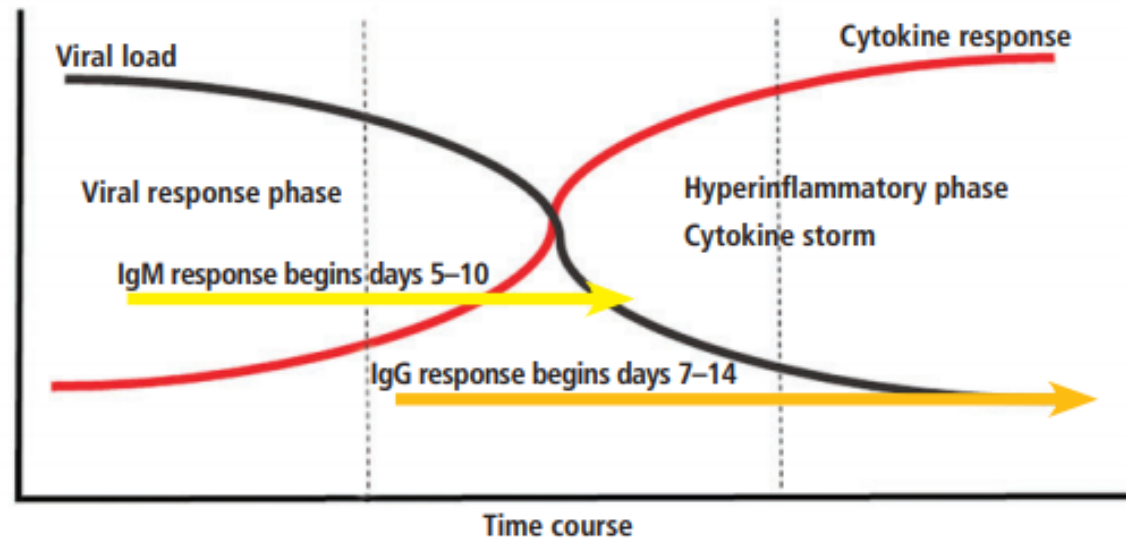
Data from: All sites

Data source: FluNet (www.who.int/flu-net), GISRS

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CYTOKINE STORM

	Stage 1	Stage 2	Stage 3
	Asymptomatic	Nonsevere symptomatic	Severe respiratory-inflammatory
Immune response over time:	Innate immune activation	Adaptive immune activation	Cytokine release syndrome
Self-limiting in 80%	Viral engagement of PAMPs	Generation of specific antibodies and T-cell response	IL-1, IL-6, TNF, GM-CSF, IFN-gamma, others
Severe in 15%–20%	Low type 1 IFN	Release of DAMPs	Coagulopathy
Fatal in 1%–2%			Complement



DAMPs= damage-associated molecular patterns; GM-CSF = granulocyte macrophage colony-stimulating factor; IFN = interferon; IgM = immunoglobulin M; IL-1 = interleukin 1; IL-6 = interleukin 6; PAMPs = pathogen-associated molecular patterns; TNF = tumor necrosis factor

Cytokine storm and the prospects for immunotherapy with COVID-19. Leonard H. Calabrese, DO. Cleveland Clinic Journal of Medicine July 2020, 87 (7) 389-393; DOI: <https://doi.org/10.3949/ccjm.87a.ccc00>

Treatment Updates

4 trials to keep an eye on...

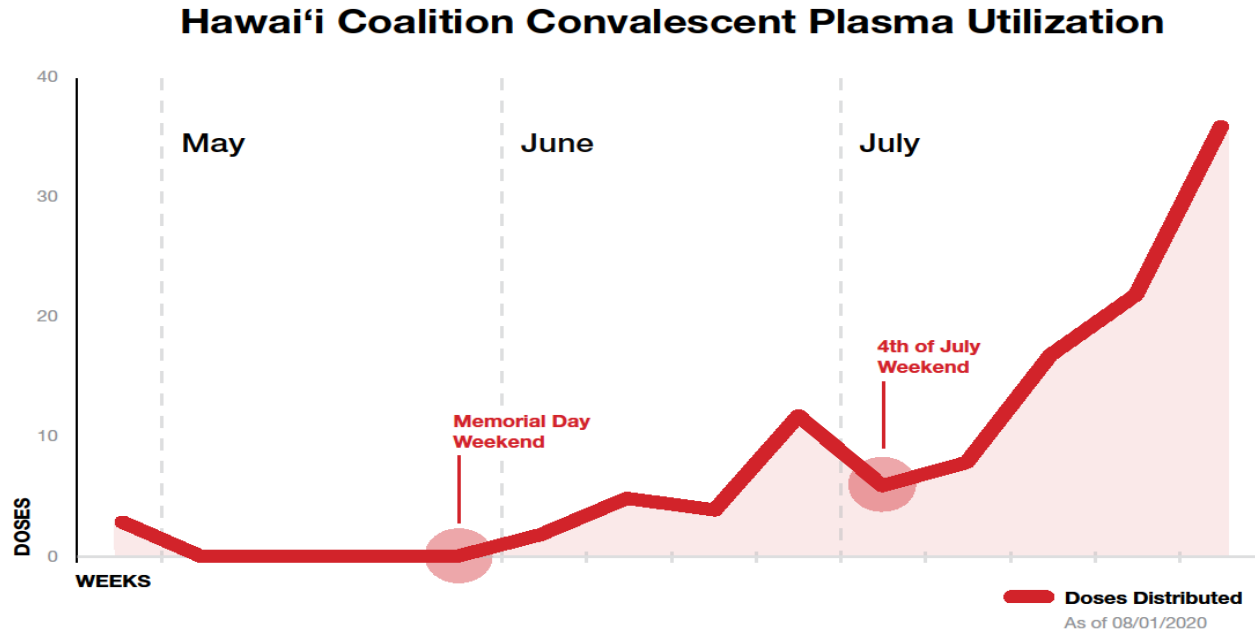
- **ACTT-3**
 - RCT of Remdesivir w/ and w/o Interferon beta 1a in hospitalized patients
- **ACTIV-2**
 - Phase 2, placebo controlled trial of monoclonal antibody (LY CoV555) in mild to moderate patients (not hospitalized)
- **COVE**
 - Phase 3 trial of mRNA 1273 vaccine
- **ChAdOx1**
 - Phase 3 trial of AZD 1222 - adenovirus



Treatment Updates: COVID-19 Convalescent Plasma (CCP)

Kim-Anh Nguyen, MD, PhD
Blood Bank of Hawaii | President and CEO

For the first time since the start of Hawaii's CCP Coalition, we have reached critical inventory levels



Week of August 2 – 8

- Usage: 64 doses
- Collections: ~14 doses

CCP as of 8/4/20

- 61 A
- 11 B
- 41 O
- 11 AB

Triage plan

- 2→1 dose/ patient
- Waitlist by ABO
- Triage algorithm

Increasing Available Inventory

- Importing CCP from mainland
- Resource sharing with DOD
- Transfusing ABO incompatible CCP
- BBH Order form:

Based on Mayo IND Protocol & Coalition Consensus Criteria					
Duration					
<i>Check 1 or 2 for duration</i>					
1	<input type="checkbox"/> ≤7 days since start of symptoms				
2	<input type="checkbox"/> ≥8 days since start of symptoms				
Severity Class					
<i>Check all symptoms that apply</i>					
a	Rapidly progressive disease <input type="checkbox"/> e.g., increasing O2 need over past 12 hours				
b	Severe disease <input type="checkbox"/> Dyspnea <input type="checkbox"/> Respiratory Frequency ≥ 30/min <input type="checkbox"/> Blood O2 Saturation ≤ 93% <input type="checkbox"/> Partial Pressure of Arterial O2 to Fraction of Inspired O2 Ratio < 300 <input type="checkbox"/> Lung Infiltrates > 50% within 24 - 48 hours				
c	Critical disease (Life Threatening Disease) <input type="checkbox"/> Respiratory Failure <input type="checkbox"/> Septic Shock <input type="checkbox"/> Multiple Organ Dysfunction or Failure				
Summary Patient Severity Score					
1a	1b	1c	2a	2b	2c
<i>(Circle One)</i>					

Increasing CCP Collection

- Outreach & PR
 - National Media “The Fight is In Us”
 - Local Media
- Recruitment of New Donors
- Expansion of Collection Capacity
- Donor Retention & Frequency

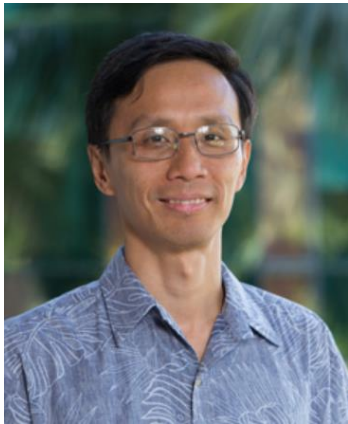
How can HPH help?

HPH Site Specimen Collection Thru 08/10/20

Location		Ordered	Pending	Positive
Kapiolani Medical Center	Inpatient	1,527	17	23
Kapiolani Medical Center PSC	Outpatient	7,452	95	222
Pali Momi Medical Center	Inpatient	2,309	16	80
Pali Momi PSCs	Outpatient	11,111	171	268
Straub Clinic and Hospital	Inpatient	2,004	25	68
Straub Clinics	Outpatient	7,559	107	161
Wilcox Memorial Hospital	Inpatient	923	15	3
Wilcox Clinics	Outpatient	4,243	73	25
HPH Total		37,128	519	850

Inpatient = ED and hospitalized (currently all “inpatient” positives are from ED, none are hospitalized)

Outpatient = clinics and specimen collection sites



Laboratory Testing

Owen Chan, MD, PhD

Medical Director, *Clinical Labs of Hawai'i*
Pali Momi Medical Center

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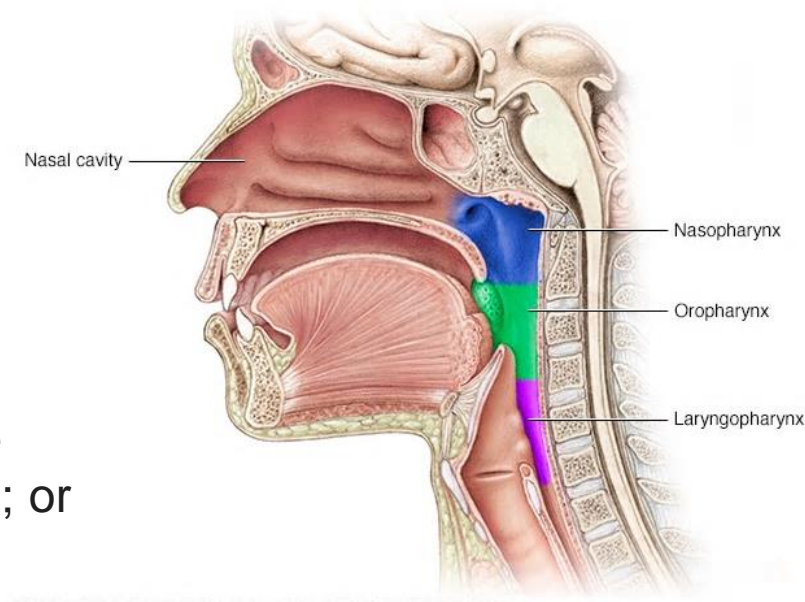
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Detection of SARS-CoV-2: Anatomic Sources

For initial diagnostic testing for SARS-CoV-2, the CDC recommends collecting and testing an upper respiratory specimen.

The following are acceptable specimens:

- A **nasopharyngeal (NP)** specimen collected by a healthcare provider; or
- An **oropharyngeal (OP)** specimen collected by a healthcare provider; or
- A **nasal mid-turbinate** swab collected by a healthcare provider or by a supervised onsite self-collection (using a flocked tapered swab); or
- An **anterior nares (nasal swab)** specimen collected by a healthcare provider or by onsite or home self-collection (using a flocked or spun polyester swab); or
- **Nasopharyngeal wash/aspirate or nasal wash/aspirate (NW)** specimen collected by a healthcare provider.



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<https://www.mayoclinic.org/parts-of-the-throat-pharynx/img-20005644>

<https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html>. Last accessed on 8/9/2020.

Laboratory Testing

Does sample type make a difference?

Detection of SARS-CoV-2: Variation with Anatomic Source

In two studies comparing the same group of patients, the detection rates by nucleic acid amplification testing were reported as:

<input type="checkbox"/> "Nasal":	63-73.3% (did not specify location in nasal cavity)
<input type="checkbox"/> Oropharynx:	32-61.3%
<input type="checkbox"/> Sputum:	72-88.9%
<input type="checkbox"/> Bronchoalveolar lavage fluid:	80-93%

1. Yang Y, Yang M, Shen C, *et al.* Evaluating the accuracy of different respiratory specimens in the laboratory diagnosis and monitoring the viral shedding of 2019-nCoV infections. medRxiv. February 2020:2020.02.11.20021493.

2. Wang W, Xu Y, Gao R, *et al.* Detection of SARS-CoV-2 in Different Types of Clinical Specimens [published online ahead of print, 2020 Mar 11]. *JAMA*. 2020;323(18):1843-1844.

Detection of SARS-CoV-2: Variation with Anatomic Source

Q: What is the sensitivity of NON-nasopharyngeal specimens in detecting SARS-CoV-2?

For patients that were diagnosed with SARS-CoV-2 by NP swabbing, the corresponding detection sensitivities for other specimen types were:

<input type="checkbox"/> Saliva:	84.6-91.7%
<input type="checkbox"/> Tongue:	89.8%
<input type="checkbox"/> Anterior nares:	94%
<input type="checkbox"/> Mid-turbinate:	96.2%

NOTE: There were minor subsets of saliva, tongue, and anterior nares specimens that did detect virus while NP swabbing did not.

1. To KK, Tsang OT, Chik-Yan Yip C, et al. Consistent detection of 2019 novel coronavirus in saliva [published online ahead of print, 2020 Feb 12]. Clin Infect Dis. 2020;ciaa149.
2. Williams E, Bond K, Zhang B, Putland M, Williamson DA. Saliva as a non-invasive specimen for detection of SARS-CoV-2 [published online ahead of print, 2020 Apr 21]. J Clin Microbiol. 2020;JCM.00776-20
3. Iwasaki S, Fujisawa S, Nakakubo S, et al. Comparison of SARS-CoV-2 detection in nasopharyngeal swab and saliva [published online ahead of print, 2020 Jun 4]. J Infect. 2020;S0163-4453(20)30349-2
4. Tu YP, Jennings R, Hart B, et al. Patient-collected tongue, nasal, and mid-turbinate swabs for SARS-CoV-2 yield equivalent sensitivity to health care worker collected nasopharyngeal swabs. medRxiv. 2020.04.01.20050005

Detection of SARS-CoV-2: Variation with Anatomic Source

Q: Can you improve the detection sensitivity of SARS-CoV-2 for non-nasopharyngeal specimens?

- One group reported that **combined oropharyngeal / nares (OP/Na)** swabbing is comparable to nasopharyngeal (NP) swabbing.

(In their study, NP swabbing had a sensitivity of 94.4-100% while OP/Na swabbing had a sensitivity of 88.9-91.7%. However, these findings were not statistically different.)

- Another group reported that combining **nasal swab specimens and saliva** specimens increased the viral detection sensitivity from 87.1% to 94.6%.

1. LeBlanc JJ, Heinsteinst C, MacDonald J, Pettipas J, Hatchette TF, Patriquin G. A combined oropharyngeal/nares swab is a suitable alternative to nasopharyngeal swabs for the detection of SARS-CoV-2. J Clin Virol. 2020;128:104442.
2. Griesemer SB, Van Slyke G, Ehrbar D, et al. Evaluation of specimen types and saliva stabilization solutions for SARS-CoV-2 testing. medRxiv 2020.06.16.20133041;

Laboratory Testing

Does sample type make a difference?

Yes

- **Lower respiratory tract specimens appear to have more detectable virus than upper respiratory tract specimens.**
- **In general, nasopharyngeal swabbing appears to have more detectable virus than saliva, tongue, anterior nares, and mid-turbinate specimens.**
 - Combination specimens (oropharynx + nares, nares + saliva) could improve detection

COVID-19 Self Scheduling

CLH and HPH Drive Through Appointments

CLH Landing Page

<https://www.clinicallabs.com/covid>



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COVID 



COVID-19 Collections

STOP - Please make sure you have a lab order from your healthcare provider before proceeding.



Screening (Feeling Well)

Select a location



Sick or Exposed to COVID-19

Select a location

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COVID-19 Collections

STOP - Please make sure you have a lab order from your healthcare provider before proceeding.



Screening (Feeling Well)

Select a location



Sick or Exposed to COVID-19

Select a location

Screening (Feeling Well)

<https://www.clinicallabs.com/clh>

COVID-19 Nasal Swab Screening (Feeling Well)

Choose a location to make an appointment.

Your appointment will help reduce your wait time. Due to potential increases in COVID testing, you may be seen later than your scheduled time. Thank you for your patience.

O'AHU	O'AHU	▼
MAUI	Aiea Medical Building	▼
	Ala Moana Building	
HAWAII ISLAND	Hale Pawa'a	▼
	Kahala Mall	
KAUAI	Kailua Professional Center	
	Kalihi Medical Building	▼
	Kane'ohe	
	Kapolei Shopping Center	
	Liliha Medical Building	

CLH Landing Page

<https://www.clinicallabs.com/covid>



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COVID-19 Collections

STOP - Please make sure you have a lab order from your healthcare provider before proceeding.



Screening (Feeling Well)

Select a location



Sick or Exposed to COVID-19

Select a location

Sick or Exposed to COVID-19

<https://www.clinicallabs.com/hph>

HPH

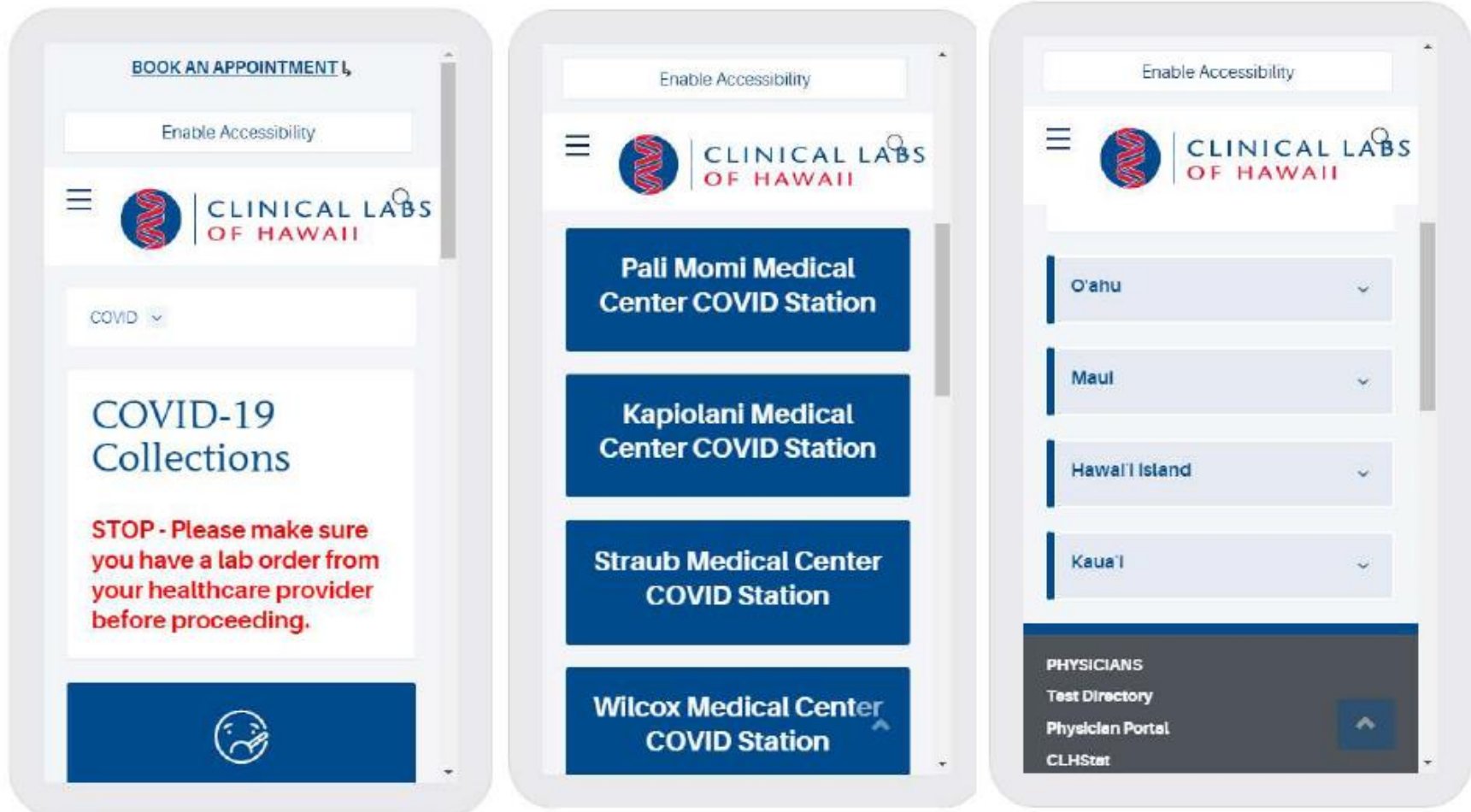
COVID-19 NP Swab (Sick or Exposed to COVID-19)

Choose a location to make an appointment.

Your appointment will help reduce your wait time. Due to potential increases in COVID testing, you may be seen later than your scheduled time. Thank you for your patience.

Kapiolani Medical Center COVID Testing Drive Through	Pali Momi Medical Center COVID Testing Drive Through	Straub Medical Center COVID Testing Drive Through	Wilcox Medical Center COVID Testing Drive Through
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Mobile Screenshots



Once an Ambulatory COVID test is placed

AFTER VISIT SUMMARY

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CREATING A HEALTHIER HAWAII

8/10/2020 10:00 AM Family Medicine - KMC Main 808-245-1504

Today's Visit

You saw [REDACTED] on Monday August 10, 2020. The following issue was addressed: Fever, unspecified fever cause.

 Ordered Today
SARS-COV-2 MOLECULAR TESTING

GET YOUR COVID-19 TEST

A COVID-19 order was placed by your provider.

If you are having a screening test and are feeling well, Clinical Labs has many testing sites to choose from at www.clinicallabs.com/clh.

If you are sick or exposed to someone with COVID-19, make an appointment at the HPH drive through testing centers at www.clinicallabs.com/hph.

New Option in Order: Help Schedule Your Patients

SARS-CoV-2 Molecular Testing

Accept

Cancel

Process Inst:

Preferred Specimen Source

- Screenings - nasal source is preferred
- Diagnostic - nasopharyngeal source preferred

Questions are required for HHS reporting, recommend reviewing auto-populated information for accuracy and any remaining questions with your patients.

Sched Inst:

+ Add Scheduling Instructions

Reference Links:

1. Click here to schedule an appointment for your patient

Status:

Normal

Standing

Future

Dx Assoc:

	Assc	Encounter Diagnoses	Codes	Qualifier	Comment
1	<input type="checkbox"/>	Flu-like symptoms	R68.89		
2	<input type="checkbox"/>				

Is this your patient's first COVID-19 test?

YES

NO

UNK

Testing Reason

Pre-procedural screening

Suspected infection or exposure

Travel Screening

Admission Screening

Is your patient hospitalized with confirmed or suspected COVID-19?

YES

NO

UNK

Does your patient currently work in a healthcare setting with direct patient contact?

YES

NO

UNK

Does your patient currently reside in a congregate (group) care setting?

YES

NO

UNK

Is your patient currently pregnant?

YES

NO

UNK

COVID-19 Exposures & Return to Work for Health Care Workers



Shilpa Patel, MD
Pediatric Hospitalist, Kapiʻolani
Medical Center Physician Liaison,
Quality & Patient Safety
Hawaiʻi Pacific Health



Melinda Ashton, MD
Executive Vice President
and Chief Quality Officer
Hawaiʻi Pacific Health

This Information Is Posted in Several Areas

- HPH/Facility Intranets



Clinical/Workflow Algorithms and Specimen Collection:

- COVID-19 Algorithms:
 - Master Schema April 17
 - COVID-19 Exposure May 15
 - Initial Evaluation Ambulatory Workflow May 26
 - Testing Algorithm – Hospital or ED June 22
 - Testing Algorithm – Ambulatory May 26
 - Testing Algorithm – Pre-Op, Pre-Procedure May 13
 - Surveillance Registry May 15
 - Results Mgmt Mild/Moderate Sx (Ambulatory) May 15
 - Patient Monitoring May 15
 - Results Mgmt Severe Sx (ED/Hospital) May 15
 - Respiratory Distress Management April 24
 - Return to Work August 10
 - Treatment Protocol May 15
- Specimen Collection:



HPH Bulletins

Return to Work and Return from
We have created several algorithms for COVID-19 exposure, quarantine and return to work on the intranet [here](#).

Please be aware that these are designed for health care workers. Quarantine recommendations are specific to health care workers, not the general public. Department of Health (HDOH), **are different for health care workers than for all others.**

We are providing these to help in the decision-making process. They are not intended to create return to work clearance.

To avoid needing to work through a COVID-19 exposure, employees be very careful in their personal lives **while not at work**, and to adhere to social distancing and physically distance at work.

HPH COVID-19 Virtual Clinic for Video and Phone Visits

The HPH COVID-19 Virtual Clinic can be reached by calling 808-462-5430 (press option 4). The hours of operation are 8 a.m. to 8 p.m. daily. Hours are subject to change based on demand.

The Hawai'i Pacific Health COVID-19 Virtual Clinic for video and phone visits is open for our patients and the public. The purpose of the Virtual Clinic is to address patients with signs and symptoms of COVID-19 who are well enough to be seen without coming to the office and others who have concerns about COVID-19 exposure. The virtual team will recommend and facilitate pathways for care and order COVID-19 tests when clinically appropriate.

Employee Remote Access to COVID-19 Bulletins

Employees working from home can access the HPH COVID-19 bulletins and all other COVID-19 employee related information, including FAQs, through the remote access to HERO via the following link:

[HawaiiPacificHealth.org/HERO](https://hawaii-pacific-health.org/HERO)

HR Manager and Employee FAQs

Human Resources has posted Frequently Asked Questions on the HPH intranet that address many common questions being asked by both managers and staff. Please check the FAQs first to see if your question or concern is addressed before calling Human Resources. Here are direct links to the FAQs:

[Employee FAQs](#) (Updated 8/7/20)

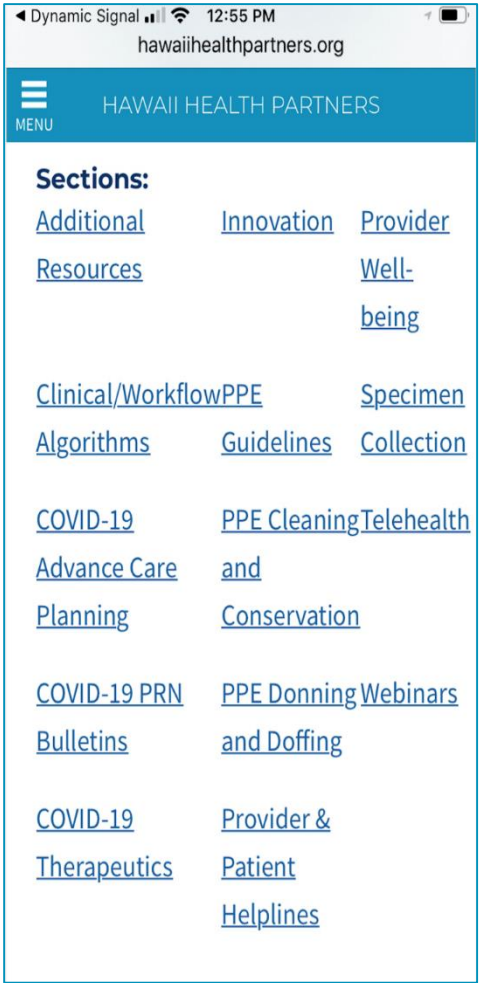
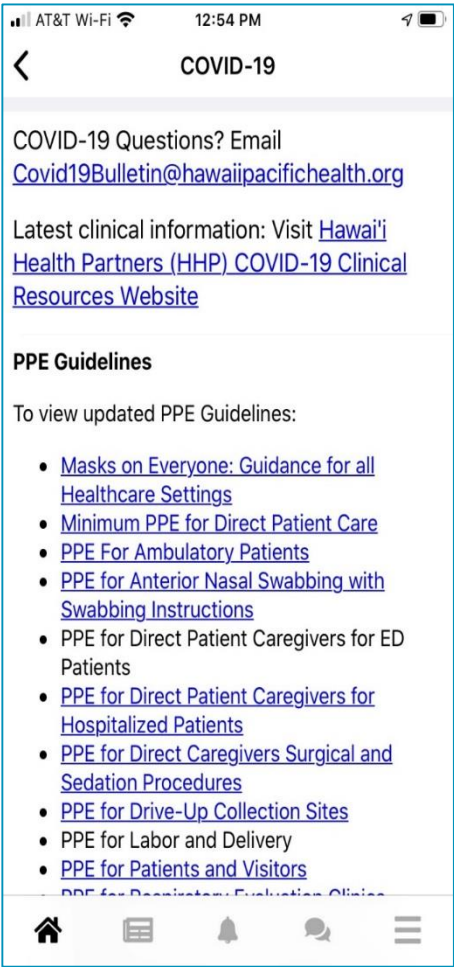
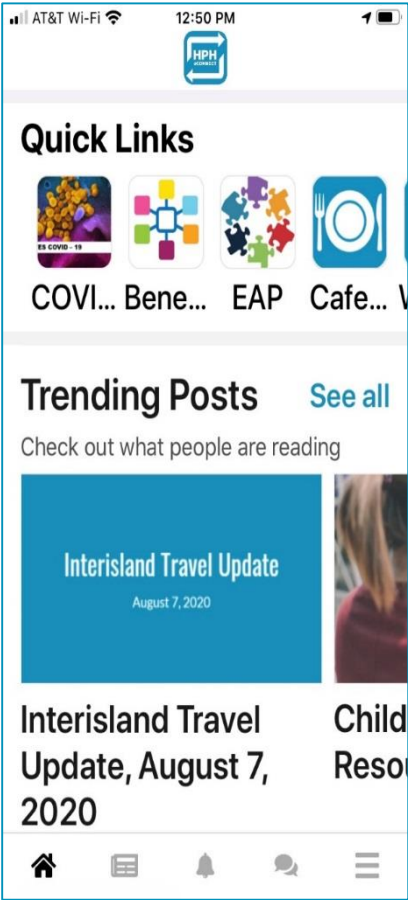
[Manager FAQs](#)

[FAQs for Employees Working From Home](#)

Employee Health Update for Return to Work Clearance

If you are sick, do not come to work and contact your health care provider. As a reminder, employees should not walk into Employee Health offices. For a return to work clearance, please call 529-4906 and leave your name and contact information. You will receive a call back from a nurse during the hours of 6:30 a.m.-6 p.m., Monday-Friday. For weekend and holiday clearances, please call the house supervisor at the hospital.

eConnect/Dynamic Signal on Your Phone or Computer



**Employee not feeling well
(no known exposure to
Covid-19)**

Stay at home and isolate from others.

No known
exposure

Consult

- 1) PCP or
- 2) Virtual Clinic or
- 3) Respiratory Evaluation Center (REC)

If Covid19 swab performed, please
notify your supervisor/Employee Health
that testing is being done and
quarantine until result known.
RESULT is:

Any concerns about COVID-19
exposure?

Yes

Suspected exposure
algorithm: Isolated exposure
On-going exposure

POSITIVE

Stay home from work until
full resolution of ALL
symptoms and cleared by
EH. Physically distance.

-10 days from initial symptoms or 24
hours after symptoms have resolved
(whatever is longer)

[See liner notes for CDC notes]

NEGATIVE

Stay home from work until full
resolution of ALL symptoms and
cleared by EH

PENDING

Stay home from work until test is
resulted. Continue to physically
distance within home.

8/4/2020

Exposure to illness not known to be COVID-19

Close contact is someone within 6 feet for more than 15 minutes.

Close contacts at home are sick (e.g. kids, partner)

Close contact had possible exposure to a COVID positive person

Close contacts tested?

(Inquire with PCP for COVID testing)

Yes

COVID-19 swab result

POSITIVE

Refer to COVID exposure algorithm (either the ongoing or isolated exposure algorithm)

NEGATIVE

No

Employee may return to work if not ill. Physically distance within home.

Utilize close contact's PCP or virtual clinic or REC/pediatric after hours clinic for guidance.

PENDING

Stay home from work until test resulted. Physically distance within home.

Please notify your supervisor/Employee Health that testing is being done and quarantine until result known

8/4/2020

Isolated (non-ongoing contact/able to isolate) Exposure to Illness or COVID-19

Close contact is someone within 6 feet for more than 15 minutes.

Close contact is COVID positive:
1) Please **notify** your supervisor/Employee Health exposure occurred and **quarantine**.

2) **Determine whether employee is in a critical staffing position with manager/supervisor review and director approval**

Day zero is the day of exposure.
Counting begins after Day zero for isolation/quarantine.

Not critical staffing

Quarantine: manage health with PCP.
RTW once cleared by Employee Health. 10 days with illness, 14 days without illness

Yes

Test employee at or after 7 days from exposure if in a critical staff position

Ordering options for diagnostic (NP swab) testing:

- 1) PCP or
- 2) Virtual Clinic or
- 3) Respiratory Evaluation Center (REC)

POSITIVE

Isolate: Stay home from work until full resolution of any symptoms and cleared by Employee Health

-Expect to be out of work 10 days from initial symptoms or 24 hours after symptoms have resolved (whatever is longer)
[CDC]

NEGATIVE

If no illness symptoms, return to work after discussing with Employee Health (RTW earliest would be day 8).

8/4/2020

On-going (i.e. unable to isolate) household contact to person with COVID-19

Close contact is COVID **positive**

Close contact is someone within 6 feet for more than 15 minutes.

Please notify your supervisor/Employee Health (EH) that testing is being done and quarantine until result known

Test employee as soon as possible:

Ordering options for diagnostic (NP) test:

- 1) PCP or
- 2) Virtual Clinic or
- 3) Respiratory Evaluation Center (REC)

Employee is positive when tested

Employee is negative on initial testing

Isolate: Stay home from work until full resolution of any symptoms and cleared by Employee Health

-Expect to be out of work 10 days from initial symptoms or 24 hours after symptoms have resolved (whatever is longer) or first positive test result [CDC]

Quarantine until household contact is cleared (at least 10 days).

POSITIVE

If any symptoms during quarantine, obtain a diagnostic re-test.

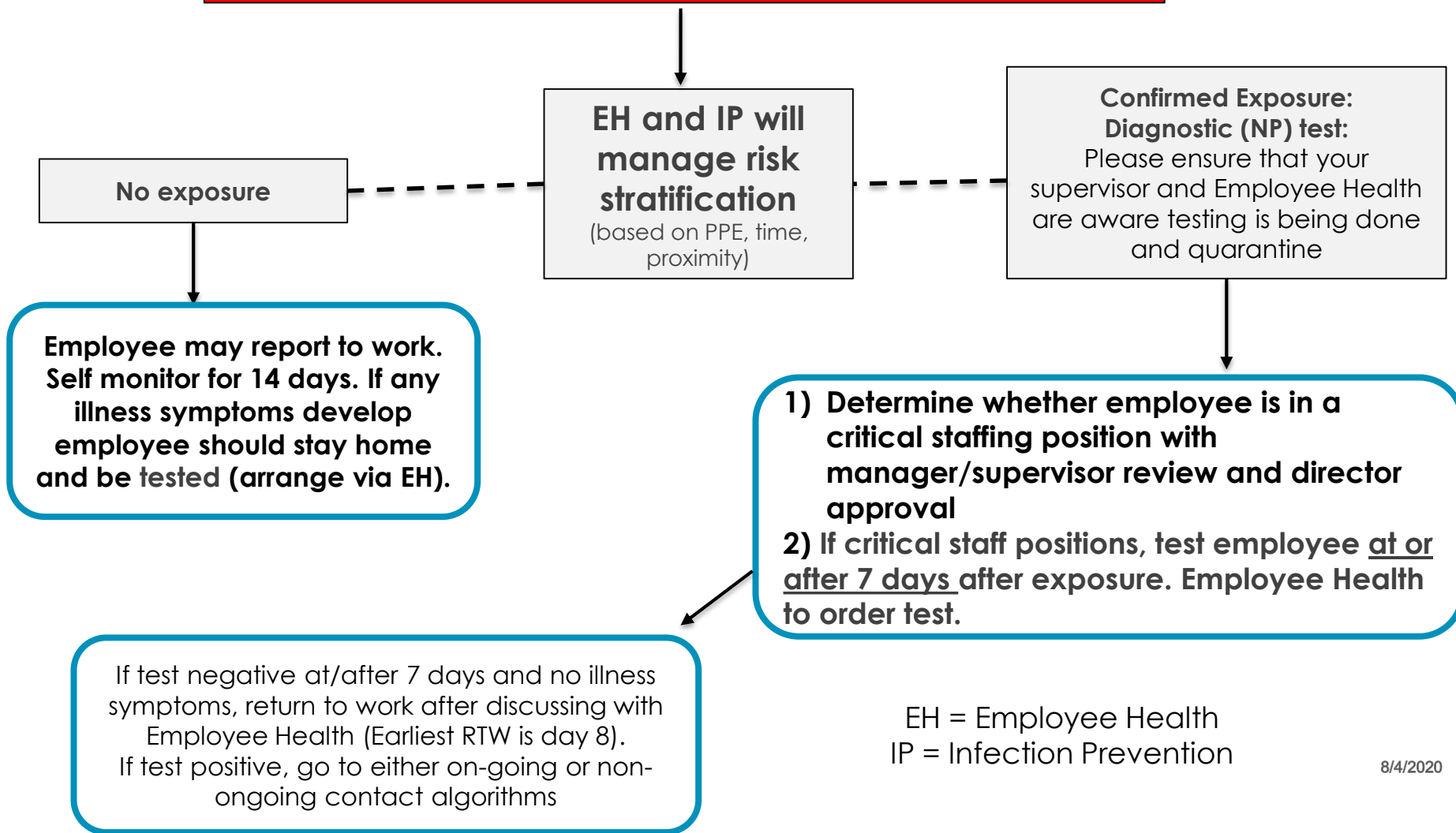
If negative, complete 10 days until contact cleared. Then retest again to assess for RTW possibility with EH.

If critical staff and no illness symptoms, obtain a diagnostic re-test when household contact is cleared (at least 10 days). If positive, isolate and continue to stay home.

If negative, can RTW with EH approval (earliest RTW is day 11). If not critical staff, quarantine full 14 days after contact cleared.

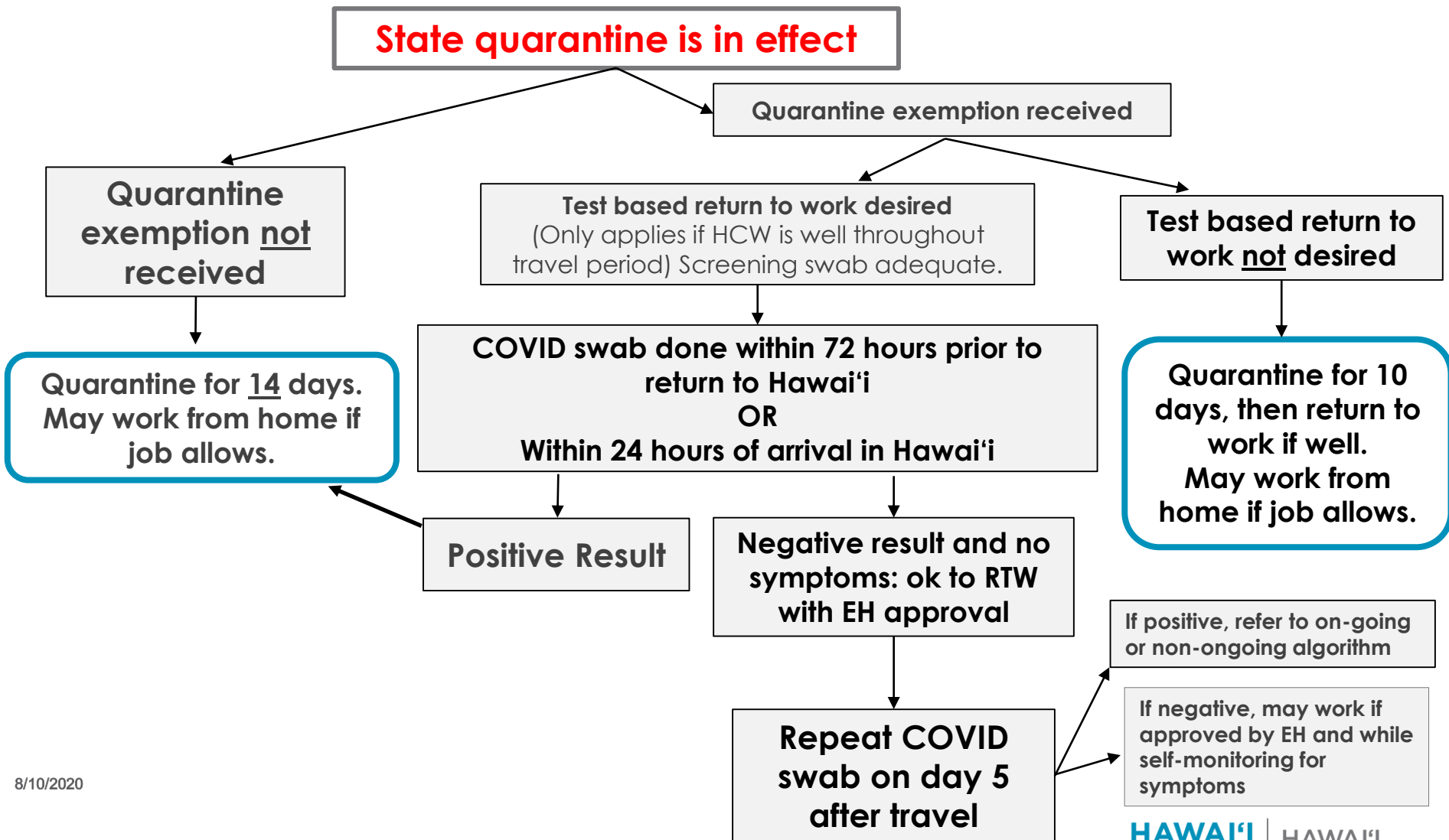
8/4/2020

Work-related exposure of employee to COVID-19



8/4/2020

Clearance After Travel for Anyone Working in Any HPH Facility



8/10/2020



Cleaning and Disinfection Protocol for COVID-19 Positive and Suspected Patients

Kyle Morrison

Director, *Environmental Services*

Pali Momi Medical Center

Wilcox Medical Center

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Cleaning & Sanitizing Protocol for COVID+ and PUI

Public Areas

- All staff wear appropriate PPE while cleaning and disinfecting any area after arrival, during visit and upon visit completion.
 - Perform hand hygiene in and out of any area
 - Clean, non-sterile gloves
 - Clean isolation gown
 - Respiratory protection: fit tested NIOSH N-95
 - Eye protection (face shield)
- When the seats are used in the waiting area, they should be wiped down with an EPA registered disinfectant effective against human coronavirus (alcohol, bleach or hydrogen peroxide spray or wipes) as soon as the patient has vacated.
 - Disinfect high touch surfaces
 - End/coffee tables
 - Other surrounding furniture

Cleaning & Sanitizing Protocol for COVID+ and PUI

Exam Rooms and Patient Care Areas

- In accordance with the Center for Disease Control (CDC) recommendations, routine and terminal cleaning and disinfection will be performed using an EPA registered disinfectant effective against human coronavirus. This will entail complete cleaning as droplet isolation and disinfecting of all horizontal surfaces, walls, equipment and furniture.
 - Cloth curtains removed for laundering
 - Cloth furniture removed for extraction
 - Exposed paper goods and supplies discarded

Cleaning & Sanitizing Protocol for COVID+ and PUI

Exam Rooms and Patient Care Areas

Protocol for cleaning and closing room after seeing a COVID pending or COVID+ patient will be the same for all visits (routine or aerosolizing procedures).

1. After patient visit is complete, keep area door closed
2. Don proper PPE
3. Discard all used or exposed supplies
4. Terminal clean room/area with disinfectant
5. Wipe down any cleaning tools/equipment used in the room with disinfectant
6. Keep room closed and unoccupied for recommended time period for proper air changes

Cleaning & Sanitizing Protocol for COVID+ and PUI

Notes

- **Terminal cleaning:** is a disinfecting procedure that involves removing every detachable item in the room for disinfection and then properly disinfecting all surfaces from the ceiling down to the floor.
- Friction or “elbow grease” is important for cleaning. Apply as much pressure on surfaces while cleaning – the heat generated helps kill bacteria and germs.
- If possible, all cloth or non cleanable furniture should be removed from public areas and exam rooms if possible.
- Sign placed on door stating: “STOP: please ask a staff member before entering” while a patient is present and after discharge.

Cleaning & Sanitizing Protocol for COVID+ and PUI

Waste

- **Waste Removal:**

Based on CDC's recommendations, staff will use standard procedures to collect, transport and dispose of patient room waste. CDC guidelines state that management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures. There is no evidence that suggests facilities' COVID waste needs any additional disinfection.

Cleaning & Sanitizing Protocol for COVID+ and PUI

Disinfectants

- <https://www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2-covid-19>

- ✓ Fuzion bleach based disinfectant (1 min kill time)
- ✓ Clorox Healthcare Bleach Disinfectant Wipes (2 min kill time)
- ✓ Clorox Healthcare Hydrogen Peroxide Disinfectant Wipes (2 min kill time)
- ✓ PDI Purple Top Wipes (2 min kill time)
- ✓ Virex 256 (quaternary – 10 min kill time)



- ❖ **Mixing disinfecting bleach solution (if needed):** Approximate dilutions are 1-1/2 cups of bleach in a gallon of water for a 1:10 dilution. Use in spray bottle or bucket with rags. Discard after 24 hours and re-mix.

Cleaning & Sanitizing Protocol for COVID+ and PUI

Air Changes Per Hour (ACH)

- **Air Changes Per Hour:** a measure of how many times the air within a defined space is replaced.
- If a patient with suspected or confirmed SARS-CoV-2 infection requires treatment or hospitalization, the CDC recommends that the patient be placed “in a single-person room with the door closed. Airborne Infection Isolation Rooms should be reserved for patients who will be undergoing aerosol generating procedures.”¹
- For satellite clinics, staff will complete terminal cleaning and keep room closed for appropriate time based on air changes per hour (**ACH**).

¹ – CDC Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, Updated July 15, 2020

1. Airborne Contaminant Removal

Table B.1. Air changes/hour (ACH) and time required for airborne–contaminant removal by efficiency *

ACH § ¶	Time (mins.) required for removal 99% efficiency	Time (mins.) required for removal 99.9% efficiency
2	138	207
4	69	104
6+	46	69
8	35	52
10+	28	41
12+	23	35
15+	18	28
20	14	21
50	6	8

* This table is revised from Table S3-1 in reference 4 and has been adapted from the formula for the rate of purging airborne contaminants presented in reference 1435.

+ Denotes frequently cited ACH for patient-care areas.

§ Values were derived from the formula:

❖ For questions about current your current ACH in areas or how to reduce cycle time, consult your facilities department or service contractor.

Cleaning & Sanitizing Protocol for COVID+ and PUI

Air Changes Per Hour (ACH)

Standard air changes per hour for health care facilities:

- **2 ACH** – Office space
- **4 ACH** – Patient room
- **6 ACH** – Exam room
- **12 ACH** – Airborne isolation room
- **15 ACH** – Procedure room
- **20 ACH** – Operating room

Cleaning & Sanitizing Protocol for COVID+ and PUI

Air Changes Per Hour (ACH)

Ways To Reduce Cycle Time:

- Increase the amount air supplied to the area from the existing HVAC system (consult contractor)
- Add a portable air scrubber with a HEPPA filter.

Cost: \$900.00 (Abatement Technologies Hawai'i)



- Use UV-C technology (portable robots, permanent fixtures)



Cost: UV-C robots \$20k - \$140k
(Xenex, Clorox, Diversey)

Cost: UV-C ceiling fixtures \$2,500
(Solid State Lighting Hawai'i)



Q&A

CREATING A HEALTHIER HAWAI'I

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Thank you!

- A recording of the meeting will be available afterwards.
- Unanswered question?
 - Contact us at Covid19Bulletin@hawaiipacifichealth.org