



NORTHWEST OHIO

HEALTHCARE EMERGENCY MANAGEMENT COALITION

HICS INCIDENT ACTION PLAN (IAP) QUICK START COMBINED HICS 201—202—203—204—215A

1. Incident Name COVID-19 NW Regional Healthcare Response	2. Operational Period 03/18/2020 - 03/20/2020
3. Situation Summary — HICS 201 — <p>The Preparedness Division at The Hospital Council of Northwest Ohio (HCNO) is monitoring the COVID-19 outbreak and is in consistent communication and collaboration with regional and statewide partners to share information with the Northwest Ohio Emergency Management Coalition (NWO-HEMC).</p> <p><u>Current Situation as of 03/20/2020:</u></p> <p>COVID-19 has been declared a pandemic by the World Health Organization, the U.S. has declared a national emergency, and many states, including Ohio, have declared a state of emergency. As of 3/20/2020 in the U.S., all 50 states, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands have confirmed a total of 15,219 and 201 deaths. Of confirmed U.S. deaths, 337 were travel related, 321 were from close contact, and the rest are under investigation. Ohio has 169 confirmed cases in 28 counties (69 females and 100 males, ranging in age from 1 to 91). There is one confirmed death (Lucas County) and 39 hospitalizations in Ohio. Additionally, there are three confirmed cases in the NW Region (1 in Huron and 2 in Lucas counties). There are 64 county EOCs open in Ohio, including fourteen in the NW Region (Allen, Auglaize, Defiance, Erie, Fulton, Hancock, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Williams, and Wood). Potential cases continue to be investigated throughout the region.</p> <p><u>Risk Assessment, Source, Spread, and Severity:</u></p> <p>The number of confirmed cases in the U.S. is more than double what it was two days ago (March 18, the date of the most recent incident report), and the numbers are expected to continue to multiply across the country, including Ohio. All Ohio communities should prepare for the possibility of a COVID-19 outbreak. The risk of exposure is higher among those who live in communities where the virus has spread to people who are not sure how or where they became infected. This is called “community spread” and is occurring in Ohio. Healthcare workers are at an elevated risk of exposure. International travelers from affected countries and close contacts of COVID-19 patients are also at an elevated risk of exposure. Both individuals who are immunocompromised and individuals older than 65 are encouraged to stay home and limit contact with others.</p> <p>To combat the risk of exposure, Ohio Governor Mike DeWine has implemented a ban on mass gatherings of more than 50 people, restricted access to long-term care facilities, closed K-12 schools, and shuttered recreational facilities. Senior citizen centers and senior day cares are closing at the end of business Monday, March 23. Governments at all levels throughout Ohio are declaring emergencies and halting non-essential services. It is strongly recommended that individuals avoid unnecessary social gatherings of more than 10 people. Additionally, Gov. DeWine instructed all employers to begin taking temperatures of all employees prior to them beginning work or having them take their own temperatures before coming to work if thermometers are not available at worksites. Any employees showing signs or symptoms should be instructed to return home and contact their healthcare provider.</p> <p>ODH has ordered that all elective surgeries and procedures be postponed in order to conserve personal protective equipment (PPE) for healthcare workers and first responders. OHA has developed guidance on which categories of procedures are not elective. Veterinarians and dentists are donating PPE and other supplies to EMAs, which are accepting unopened, unexpired donations from medical personnel. Gov. DeWine also signed an executive order establishing a temporary pandemic childcare license that allows the Ohio Department of Job and Family Services to provide childcare to families where parents work in the health, safety, and essential service fields during the COVID-19 pandemic. Additionally, Gov. DeWine signed an executive</p>	

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order to expand and enhance telehealth options for Ohio Medicaid recipients and their providers.

NW Regional/Statewide Updates:

Personal Protective Equipment: Hospitals are continuing to practice conservation methods for both N95 respirators and surgical masks. Some hospitals are evaluating whether these devices can be cleaned using either UV light or ozone-generating machines. All PAPR/CAPR cuffs and comfort strips are reusable and in short supply. These consumables can be cleaned and should be reused as much as possible, following CDC guidance. Some facilities have been able to purchase PPE from non-conventional retailers such as auto parts or home improvement stores.

COVID-19 Testing: Due to the lack of available testing supplies, ODH is recommending that testing be reserved for healthcare workers, first responders, and hospitalized patients with severe illness. A five-tier system has been developed by ODH to guide hospitals and healthcare providers in determining who meets the testing criteria.

External Triage: Many regional hospitals have implemented external triage areas to screen patients for respiratory symptoms prior to entering their emergency department. Facility entrances have been restricted to funnel all patients and visitors to specific screening locations.

Cleaning Supplies: Some hospitals and healthcare agencies have reported shortages of cleaning supplies, and some items are on backorder. Some hospitals have requested donations of cleaning supplies and toilet paper from local schools.

Employer Sick Notes: Some regional hospitals have developed a template letter that can be used if employers require employees to be tested for COVID-19 before they can return to work.

OB Patient Transfers: OB patient transfers are still being accepted from Level 1 to Level 3 OB units.

Visitor Restrictions: Regional hospitals have implemented visitor restrictions to limit the number individuals entering the facility. Some hospitals are not permitting any visitors with exceptions for births and end of life.

Ventilators: The regional cache is being deployed to hospitals via three regional distribution points. All hospitals should still submit the regional asset request form to HCNO.

Financial Impact on Hospitals: All hospitals should be tracking financials relevant to COVID-19 via the Finance Section, as emergency declarations may allow for reimbursement after the COVID-19 incident has resolved. OHA has a [data collection tool](#) to summarize financial impact on hospitals. To submit the completed tool to OHA to help capture the statewide impact, please email to Ryan Biles (ryan.biles@ohiohospitals.org).

1135 Waivers: To increase bed capacity and avoid unnecessary transfers, CMS is waiving Critical Access Hospital forfeiture of beneficial treatment if they operate with more than 25 inpatient beds or treat patients whose stay exceeds 96 hours. CMS has also waived the requirement for a 3-day acute care stay for a post-acute SNF stay to be covered. CMS is permitting acute care hospitals to house acute care inpatients in distinct part units that are excluded from inpatient prospective payment system (IPPS) when the beds are appropriate for acute, inpatient care. Durable Medical Equipment (DME) can now be replaced without a physician's order or new medical necessity documentation. The face-to-face requirement for DME has also been waived but suppliers must still document why the equipment must be replaced and how the emergency rendered the item unavailable. CMS has waived the average length of stay requirements for Long-Term Care Hospitals to allow them to discharge patients without losing their reimbursement status. At this time no Blanket Waivers are being issued to waive EMTALA requirements. However, hospitals are still permitted to use alternative on or off-campus sites. If a patient presents at the hospital, they must receive a Medical Screening Examination and appropriate



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treatment or transfer.

Ohio Medicaid: Gov. DeWine signed an executive order on Thursday, March 19 to expand and enhance telehealth options for Ohio Medicaid recipients and their providers. These rules relax regulations to allow Medicaid recipients to safely access health care providers from their homes. Medicaid recipients do not have to be established patients to receive telehealth services, and there are no limitations on the types of practitioners permitted to provide telehealth services.

Regional Resource Availability:

A regional distribution strategy for PAPRs/CAPRs is being devised by HCNO. There are no regional caches of N95 respirators, surgical masks, or gowns. Any hospital/healthcare provider resource requests must follow established protocols through local Emergency Management Agencies (EMA). Requests for specific NWO-HEMC coalition resources must be made using the NW Ohio Regional Asset Request Form (revised February 2020) and sent to the local EMA and HCNO.

State EOC Requests:

ODH PPE Request for Information: ODH is requesting regular updates to their PPE question spreadsheet. Hospitals are encouraged to submit these requests to HCNO as soon as possible. The answers to these questions provide a snapshot of the PPE situation across the state, and they are being utilized to help make decisions about the Strategic National Stockpile (SNS).

SurgeNet Daily Requests: ASPR Hospitals please continue to update SurgeNet Bed Availability twice daily. In addition, please update Surge Capacity 12 hr in the Bed Availability window, and update current Ventilator availability under Resources.

Strategic National Stockpile: ODH has received its allocation of the Strategic National Stockpile (SNS). ODH is currently formulating a plan to distribute SNS resources to counties that have exhausted local, regional, and vendor supplies.

Guidance and Information Links:

HCNO is dedicated to sharing updated information from reliable sources and will update the list of links below throughout the COVID-19 response.

NEW LINKS

Strategies for Optimizing the Supply of N95 Respirators during the COVID-19 Response

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/checklist-n95-strategy.html>

Resources for EMS Providers on COVID-19

<https://www.ems.ohio.gov/>

OSHA Guidance: Preparing Workplaces for COVID-19

<https://www.osha.gov/Publications/OSHA3990.pdf>

Gov. DeWine executive order to expand and enhance telehealth options:

https://coronavirus.ohio.gov/wps/wcm/connect/gov/26ab74a1-be78-46af-bb78-a5de479c751b/Executive+2020-05D+Telehealth.pdf?MOD=AJPERES&CONVERT_TO=url&CACHEID=ROOTWORKSPACE.Z18_M1HGGIK0N0JO00QO9DDDDM3000-26ab74a1-be78-46af-bb78-a5de479c751b-n3R3SkQ



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PREVIOUS LINKS

ODH order declaring that elective surgeries and procedures in Ohio's hospitals be postponed:

https://content.govdelivery.com/attachments/OHOOD/2020/03/17/file_attachments/1403950/Director%27s%20Order%20non-essential%20surgery%203-17-2020.pdf

OHA guidance for hospitals and other surgery providers to implement the state's order for the management of non-essential surgeries and procedures throughout Ohio:

https://ohiohospitals.org/OHA/media/OHA-Media/Documents/Patient%20Safety%20and%20Quality/COVID19/Elective-Surgery-Guidance-March-2020.pdf?_cldee=cHRyZWpjaGVsQGhjbm8ub3Jn&recipientid=contact-1473fa5baf67ea11a2db005056a0e71c-e02522bc25b74da38d57b0dfffc97d1d&esid=8bde7822-5468-ea11-a2db-005056a0e71c

Gov. DeWine executive order establishing a temporary pandemic child care license:

https://content.govdelivery.com/attachments/OHOOD/2020/03/17/file_attachments/1403997/EO%20for%20Temporary%20Pandemic%20Child%20Care%2003.17.20.pdf

CMS COVID-19 Emergency Declaration Health Care Providers Fact Sheet:

<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>

OHA external legal counsel at Bricker and Eckler summary of 1135 waivers:

<https://www.bricker.com/resource-center/COVID19/publications/covid-19-update-what-the-presidents-declaration-of-national-emergency-means-for-health-care-facilities>

University of Washington Medicine COVID-19 Resource Site with policies and protocols developed in response to the outbreak in western Washington:

<https://covid-19.uwmedicine.org/Pages/default.aspx>

World Health Organization COVID-19 situation dashboard:

<https://experience.arcgis.com/experience/685d0ace521648f8a5beeeee1b9125cd>

Guidelines for the conservation of PPE have been updated by the CDC:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/conventional-capacity-strategies.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/contingency-capacity-strategies.html>

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-strategy/crisis-alternate-strategies.html>

CDC has updated PPE guidance to allow facemasks when respirators are not available:

<https://www.cdc.gov/coronavirus/2019-ncov/infection-control/control-recommendations.html>

ODH COVID-19 Site:

<https://coronavirus.ohio.gov>

ODH/OHA guidance for outpatient providers evaluating patients for COVID-19:

https://www.ohiohospitals.org/getmedia/159b57b2-00c3-4563-a3a9-aa9d4d8346df/ODH-COVID-19-Provider-Guidance-with-Healthcare-Delivery-Recommendations-03102020-modified.aspx?_cldee=cnlhbi5ldmVyZXR0QG9oaW9ob3NwaXRhbHMub3Jn&recipientid=contact-9cd1ff663305e71180dc005056b90754-7403f653b2a54e69b64b607d12c9676b&esid=f2e40ec8-ce63-ea11-a2db-005056a0e71c

CMS guidance for COVID-19 infection control and prevention by Hospice Agencies:

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurvey/certificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-2019-covid-19-hospice>



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CMS revised guidance for COVID-19 infection control and prevention in Nursing

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-nursing-homes-revised>

CMS revised guidance for COVID-19 infection control and prevention in Home Health Agencies:

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-concerning-coronavirus-disease-2019-covid-19-home-health>

CMS revised guidance for COVID-19 infection control and prevention in Dialysis Facilities:

<https://www.cms.gov/medicareprovider-enrollment-and-certificationsurveycertificationgeninfopolicy-and/guidance-infection-control-and-prevention-coronavirus-disease-2019-covid-19-dialysis-facilities>

COVID-19 Hospital Preparedness Tool:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/hcp-hospital-checklist.html>

COVID-19 Healthcare Planning Checklist (Assistant Secretary for Preparedness and Response):

<https://www.phe.gov/Preparedness/COVID19/Documents/COVID-19%20Healthcare%20Planning%20Checklist.pdf>

Interim Guidance for Emergency Medical Services (EMS) Systems and 911 Public Safety Answering Points (PSAPs) for COVID-19 in the United States:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>

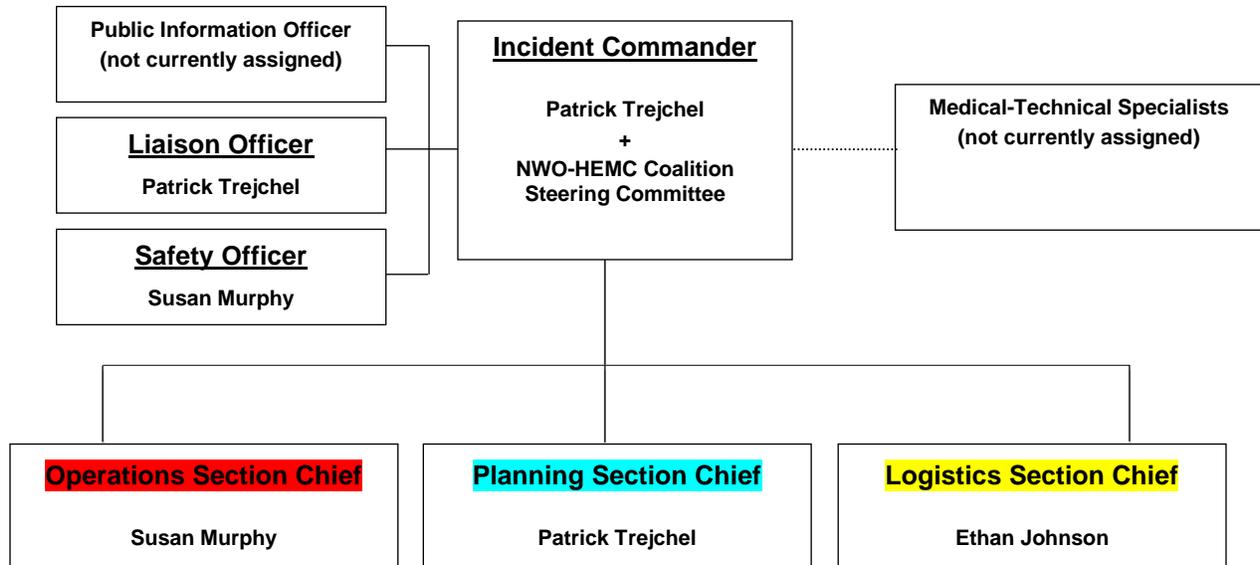
What Law Enforcement Personnel Need to Know about Coronavirus Disease 2019 (COVID-19):

<https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-law-enforcement.html>

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4. Current Coalition Incident Management Team

— HICS 201, 203 —



5. Health and Safety Briefing Identify potential incident health and safety hazards and develop necessary measures (remove hazard, provide personal protective equipment, warn people of the hazard) to protect responders from those hazards.

— HICS 202, 215A —

Updated PPE recommendations for the care of patients with known or suspected COVID-19:

- Based on local and regional situational analysis of PPE supplies, facemasks are an acceptable alternative when the supply chain of respirators cannot meet the demand. During this time, available respirators should be prioritized for procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP.
- Eye protection, gown, and gloves continue to be recommended.
- If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of HCP.
- When the supply chain is restored, facilities with a respiratory protection program should return to use of respirators for patients with known or suspected COVID-19.

While exact methods of transmission are unknown, it is thought that COVID-19 is transmitted from person-to-person primarily via respiratory droplets among close contacts (within 6 feet).

Recommendations for infection prevention and control include:

- Assess and triage these patients with acute respiratory symptoms and risk factors for COVID-19 to minimize chances of exposure, including placing a facemask on the patient and isolating them in an Airborne Infection Isolation Room (AIIR), if available.
- Use Standard Precautions, Contact Precautions, and Droplet Precautions, and eye protection when caring for patients with confirmed or possible COVID-19.
- Perform hand hygiene with alcohol-based hand rub before and after all patient contact, contact with potentially infectious material, and before putting on and upon removal of PPE, including gloves. Use

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soap and water if hands are visibly soiled.

- Practice how to properly don, use, and doff PPE in a manner to prevent self-contamination.
- Perform aerosol-generating procedures, including collection of diagnostic respiratory specimens, in an AIIR, while following appropriate IPC practices, including use of appropriate PPE.

Routine cleaning and disinfection procedures should be followed, using an EPA-approved cleaning product. Management of laundry, food service utensils, and medical waste should be handled using routine procedures.

Any healthcare worker with an unprotected exposure should follow their facility's internal policies and procedures.

6. Incident Objectives

— HICS 202, 204 —

6a. OBJECTIVES	6b. STRATEGIES / TACTICS	6c. RESOURCES REQUIRED	6d. ASSIGNED TO
By 03/24/2020 meet with NW Hospitals to assess resources and gather relevant information to share with the State EOC	Meet with hospitals via Conference Call	Conference Call	HCNO
By 03/25/2020 meet with NW post-acute providers to assess resources and gather relevant information to share with the State EOC	Meet with post-acute providers via Conference Call	Conference Call	HCNO
By 03/27/2020 implement regional distribution plan for regional ASPR PAPR/CAPR cache	Implement established regional distribution plan with regional storage locations	Staff, transportation	HCNO, Henry County EMA, Fisher-Titus Medical Center, regional hospital storage locations
Share updated Situation Reports with NWO-HEMC weekly (at minimum) during COVID-19 response	Gather information from verified sources weekly and email updated Situation Report(s) to coalition email lists	Email lists, regular communication with regional and state partners	HCNO

7. Prepared by PRINT NAME: Patrick Trejchel

DATE/TIME: 03/21/2020/0120

