# COVID-19 EMERGENCY ACTIVATION PLAN AND RECORD OF DOCUMENTED RESPONSE\*

 RHC NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Located in the County and State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Emergency Plan Activated: \_\_\_\_\_\_\_\_\_\_\_\_\_ Date Activation Concluded: \_\_\_\_\_\_\_\_\_\_\_\_\_

## Emergence of the Pandemic

### Etiology

**COVID-19 is caused by a coronavirus**. Coronaviruses are a large family of viruses that are common in people and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people such as with MERS-CoV, SARS-CoV, and now with this new virus (named SARS-CoV-2).

The SARS-CoV-2 virus is a betacoronavirus, like MERS-CoV and SARS-CoV. All three of these viruses have their origins in bats. The sequences from U.S. patients are similar to the one that China initially (December 2019) posted, suggesting a likely single, recent emergence of this virus from an animal reservoir.

Early on, many of the patients at the epicenter of the outbreak in Wuhan, Hubei Province, China had some link to a large seafood and live animal market, suggesting animal-to-person spread. Later, a growing number of patients reportedly did not have exposure to animal markets, indicating person-to-person spread. Person-to-person spread was subsequently reported outside Hubei and in countries outside China, including in the United States. Some international destinations now have ongoing community spread with the virus that causes COVID-19, as do some parts of the United States. Community spread means some people have been infected and it is not known how or where they became exposed. Learn more about the spread of this newly emerged coronavirus.

A **pandemic** is a global outbreak of disease. Pandemics happen when a new virus emerges to infect people and can spread between people sustainably. Because there is little to no pre-existing immunity against the new virus, it spreads worldwide. The virus that causes COVID-19 is infecting people and spreading easily from person-to-person.

### Symptoms and Severity

The complete clinical picture of COVID-19 is not fully known. Reported illnesses have ranged from very mild (including some with no reported symptoms) to severe, including illness resulting in death. While information so far suggests that most COVID-19 illness data out of China suggests serious illness occurs in 16% of cases. Older people and people of all ages with severe chronic medical conditions — like heart disease, lung disease and diabetes, for example. Individuals experiencing severe illness may develop acute respiratory distress and require critical care support including mechanical ventilation.

The following symptoms may appear 2-14 days after exposure. Up to 15 days is considered the incubation period for the virus.

Fever

Cough

Shortness of breath

Symptoms and severity are wide ranging with some infected individuals reporting symptoms of respiratory illness and some infected individuals reporting no symptoms or mild cold-like symptoms. Other patients are experiencing symptoms such as GI distress, fatigue, malaise, or muscle weakness.

###  COVID-19 Timeline in the United States

January 22, 2020: Center for Disease Control confirmed the first COVID-19 case in the U.S.

January 30, 2020: The World Health Organization (WHO) declared the outbreak a “public health emergency of international concern.

January 31, 2020: HHS Secretary Azar declared a public health emergency in the United States due to COVID-19.

March 11, 2020: The COVID-19 outbreak was characterized as a pandemic by the World Health Organization.

**March 13, 2020: President Trump announces Proclamation on Declaring a National Emergency Concerning the Novel Coronavirus Disease (COVID-19) Outbreak**

## State and Local Declarations

On this date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Governor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ of the state of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_declared a state of emergency on related to COVID-19.

Additional state and local declarations which impact the ongoing emergency activation of the RHC’s plan include (list dates, jurisdictions (state, county/parish, local), and actions or impact:

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| Date | Jurisdiction  | Action and Impact |
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## National and State Guidance

The following official guidance was given concerning how our facility should respond to the COVID-19 emergency declaration clinically and operationally.

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| --- | --- | --- | --- |
| Date | Issuing Agency | Document Title/Types | Action/Impact |
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Or attach copies of all directives and memos.

### COVID-19 Emergency Contacts

Use this table to record emergency contact information.

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| Agency or Department | Contact Person | When to call |
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### Staff Training Response

The following staff training activities were conducted in response to COVID-19:

(Examples are in red. Replace with your actual training log or history.)

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| --- | --- | --- | --- |
| Date | Topic | Who was trained | Why/What |
| 3/11/2020 | What is COVID-19? | Providers & Clinic Staff | To educate on the threat, the signs and symptoms and possible impact to clinic, patients and community. |
| 3/13/2020 | Use of PPE | Providers & Clinic Staff | CDC video on proper use of PPE was watched and discussed. |
| 3/20/2020 | Patient Screening | Providers & Clinic Staff | Implementation of patient screening questionnaires |
| 3/24/2020 | Phone Screening | Front Desk and Nursing | Further training on how to ask questions and role playing |
| 3/27/2020 | Updated Protocols | Everyone | New screening and triaging protocol reviewed |
| 3/27/2020 | Testing Protocols and Reporting Criteria | Providers and Key Nursing Personnel | New CDC testing protocols reviewed |
| 4/01/2020 | HIPAA/Telemedicine | Providers | Discussed OCR waivers |
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Attach training materials or sign-in sheets, if available

### Patient Screening

 The following processes and procedures were implemented as measures to screen patient. (Attach copies of screening protocols implemented during the emergency activation timeline.)

□ Phone Screening \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Questionnaires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

□ Temping Patients Prior to Entry\_\_\_\_\_\_\_\_\_\_\_\_ □ Masking Pts w/S &S \_\_\_\_\_\_\_\_\_

□ Using Dedicated Entries \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □ Using Dedicated Exam Rooms \_\_\_\_\_\_\_\_\_\_

□ Room Entry Logs □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Restriction of Visitors

The following restriction of visitors and guests entering the clinic was made as evidenced by the creation of □ An addendum to Policy #295 (Library item 295-D)

 □ Internal process & procedure changes

A summary of those changes includes:

□ Limiting # of people w/pt. □ Restricting non-essential visitors □Restricting vendors

□ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Screening of Staff

The following measures were implemented to screen providers and staff.

□ Temping before entering building □ Asking about symptoms □ Asking about exposure

□ Identifying staff at risk □ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Modification or Restriction of Services

As a result of emergency activation, the following modifications or restrictions in services were implemented. Include cessation of services, relocation of services, reduced services, use of telehealth and e-visits.

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### PPE/Supply Inventory

The following actions were performed related to securing PPE, medical supplies, lab supplies and other necessary items needed to remain operational.

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| Date | Inventory or Order Status | Action | Result |
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### Collaboration with Other Facilities and Agencies

The RHC participated in the following collaborative or cooperative activities during the activation.

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| Date | Facility or Agency Name | Activity |
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### Reallocation of Providers and Staff

The following reallocation of providers and staff occurred during the activation

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| --- | --- | --- | --- |
| Date | Provider or Staff Member | Reassigned/Moved to | Reason  |
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### Reduction or Expansion of Hours/Closure

The following adjustments were made to the RHC operational & patient care hours as a result of activation.

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| Date | Description of Change | Reason | SA/AO notified |
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### Implementation of Telehealth/Telemedicine

Describe how telemedicine/telehealth and internet-based technologies were used during COVID-19. Include staff training on HIPAA, clinical documentation guidelines, payer guidelines and changes to PM/EHR and hospital information systems.

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### Other Changes in Operational/Clinical Processes and Procedures Log

Use this log to record changes in operational and clinical processes as they occur.

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| --- | --- | --- |
| Date | Operational/Clinical Change | Reason |
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### Phase One/Phase Two/Phase Three Reopening: Use the log below to describe steps taken to reopen to full services.

| Date | Action/Service | Operational Impact |
| --- | --- | --- |
| 05/01/2020 | Resumed in-office visits for well child visits with patient screening and visitor restrictions still in place. | Bring back front desk staff to 32 hours a week; Initiate recall of patients needing EPSDT and schedule appointments; Use exam rooms 1 & 3 on east hall only for well child visits. |
| 05/30/2020 | Resume women’s health services including colposcopies and IUD insertions. | Contact patients to see if they are comfortable coming in; Schedule Provider B for 2- ½ days in clinic; Check inventory of supplies and order to restock. Use exam room 8 only. Clean rooms thoroughly between use. Use of PPE. |
| 06/01/2020 | Resume clinic operation to 32 hours a week to test volumes | Bring back staff to 32-hour week; schedule; clean office completely; Keep patient and employee screening in place; Limit clinic occupancy to 25% of fire marshal limit. Space out appointments. |
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### Date that RHC returned to full operational status with any COVID-19 response in place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Completion of After-Action Report at end of COVID-19 Emergency

### Revision of EPP/Adoption of revisions and any policy changes.

### Retraining of RHC Providers and Staff on EPP revisions.

**Signature Page for On-going Sign-Off**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date****Signed** | **Activation Reviewed****Through date** | **Signature** | **Title** | **Comments** |
| **03/09/2020** | **04/01/2020** | **Mary Jones** | **Clinic Administator** | **COVID-19 EP activated and state department of health and CDC guidance adopted.** |
| **04/30/2020** | **04/30/2020** | **Mary Jones** | **Clinic Administrator** | **New patient screening implemented to improve containment; employee screening; new CMS policy adopted.** |
| **05/30/2020** | **05/15/2020** | **Mary Jones** | **Clinic Administrator** | **Telehealth visits initiated; parking lot testing; conservation of PPE.** |
| **06/01/2020** | **0601/2020** | **Mary Jones** | **Clinic Administrator** | **Reopened RHC for wellness visits; retrained staff.**  |
| **08/01/2020** | **08/01/2020** | **Mary Jones** | **Clinic Administrator** | **PHE ended; After Action Report Completed.** |
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