

Introduction

- The creation and implementation of Health care policy can be a slow and grueling process during normal times.. In the recent COVID-19 pandemic expedited policy process was required.
- The Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) quickly developed guidelines and mandates on how hospitals should protect patients and staff to limit spread of the virus.

Aim of COVID-19 Policy

To establish a hospital preparedness plan that adheres to state and federal regulation which promotes the health and safety of patients and staff during the COVID-19 pandemic.

Historical Background

- Transmission of the COVID-19 virus presented many unknowns regarding transmission (Contact, Droplet, or Airborne)
- Proper protection through Personal protective equipment (PPE) was an ongoing question based on lack of evidence
- PPE was desperately needed to protect frontline healthcare providers and patients
- Hospitals were unable to anticipate the supply shortages of PPE
- Hospitals over time were able to acquire proper PPE to promote frontline line worker and patient safety
- Under normal conditions, the amount of PPE would have been sufficient to protect frontline workers and patients

Relevance and Societal Implications

- Our country was ill prepared to respond to this COVID-19 Pandemic
 - CDC had to quickly enact policy to protect the health and welfare of the public and healthcare providers
 - *The role of the CDC is to, "Provide science and evidence to inform policy development; draft federal guidelines, regulations, standards, and organizational policies."* (CDC. (2020, March 25)
- Hospitals lacked preparedness and did not have the sufficient amounts of
 - At the start of the pandemic, staff was encouraged to make their own masks to preserve the use of surgical masks
 - Handwashing guidelines were rein-enforced
 - The use of N95 masks were designated used in surgical environments and for COVID patient care
- Once the PPE stock increased, providers were mandated to wear a surgical mask, gloves, gown, and goggles for COVID patient care
- Visitation policies were modified for visitors and staff
 - Temperature monitoring at entrances and social distance of 6ft to be always maintained
- A COVID screening system was developed for providers with list of COVID symptoms
 - Staff completed screening at every shift

PPE Recommendations

Personal Protective Equipment (PPE) Recommendations: COVID-19 Positive Cohort Units (Cohort units are units with COVID-19 positive patients only)		N95 (or equivalent respirator)	Face Mask (surgical or ear-loop mask)	Protective Eyewear (face shield or goggle)	Gown & Gloves
NON-HCU cohort unit	Providing direct patient care <i>PPE for Oxygen Therapy Transport Guide for Clinicians</i>		Extended Use		
	Performing Aerosolizing Procedures Bronchoscopy, nebulization, NIPPV, open tracheal suctioning, intubation, extubation, ENT or GI endoscopies, TEE, high flow O2, naso-enteric tube placement	Extended Use		Extended Use Full face shield ONLY	Change between patients
Code BLUE/PINK AME/CMET	Limit number of caregivers in the room				
ICU cohort unit	Providing direct patient care <i>PPE for Oxygen Therapy Transport Guide for Clinicians</i>		Extended Use		
	Performing Aerosolizing Procedures Bronchoscopy, nebulization, NIPPV, open tracheal suctioning, intubation, extubation, ENT or GI endoscopies, TEE, high flow O2, naso-enteric tube placement	Extended Use		Extended Use Full face shield ONLY	Change between patients
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Figure 1: Provides a visual guidance set forth by the Cleveland Clinic for its caregivers on the PPE procedure Cleveland Clinic. (n.d.). COVID-19

CDC Policy Process



Figure 2: Visual displaying the Policy process that has been developed to create and enforce mandatory policies. CDC. (2015, May 29).

Stakeholders/ Key Players

- **Centers for Disease Control and Prevention:** Produced disease precaution guidelines for public and hospitals to follow to ensure proper care and decrease transmission of COVID-19
 - "The CDC with input from partners, has developed a checklist to help hospitals (acute care facilities) assess and improve their preparedness for responding to a community-wide outbreak of COVID-19."
 - CDC. (2020, March 25)
- **Nurses and Healthcare providers:** PPE needed to protect patients and frontline workers from exposure and transmission
 - Frontline workers were at and increased risk for transmission during patient care
 - Needed PPE to protect from exposure and transmission
- **Patients:** have a right to safe care without the risk of transmission from healthcare providers
- **Visitors:** Restricted visitation was put into place to protect both Healthcare providers and patients from further exposure from outside the facility

Conclusion

- A contingency plan was adopted to prepare for surge capacities in hospitals
 - To promote patient and frontline worker safety
- Safe practices established in hospitals and by the government consistently changing due to crisis care protocol
- Lack of sufficient PPE increased transmission and put patients and staff at risk for transmission
- Prepare for surge capacity in hospitals due to contraction of virus and maintain care of other patients safely
 - CDC. (2020, March 25)
- The policy process needs to be expedited and adopted quickly in extenuating circumstances such as a pandemic.

Implications for the Health Care Provider

- Properly supply hospitals with resources in case of emergency circumstances
- Have policies and protocol set in place when a new virus or health concerns arises
- Provide emergency protocol teachings or education per the facility
 - CDC. (2020, March 25)
- Structure for policy implementation needs to be expedited and improved during a pandemic

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