

## Coronavirus Employee Update – March 14, 2020

As you already know, the response to the coronavirus outbreak is evolving very quickly. As of now, this is the latest information...

1. On Monday we will be finalizing new visitation rules. As of right now the idea is to screen everyone that comes into the building and only allow one visitor for:

- An ambulatory surgery patient (this is often their “ride”)
- An LDRP patient
- An ED patient (this is often their “ride”)

We will use “social distancing in all of our waiting rooms. Look for signage related to this change. As circumstances require, we may increase these limits even further in coming days.

2. Also on Monday we will be setting up several tents outside the ED entrance. We have developed a screening/triage process in which all patients will be screened and separated. For example, someone without any respiratory issues will be directed to the normal registration process. Those that are here to be evaluated for the coronavirus will be directed to a separate area and access to the ED will be very limited. Again, look for more information in Monday’s update on this topic.
3. As part of President Trump’s declaration of a national emergency, there will be changes to several regulations that directly limit our ability to care for a lot of patients. While additional research is necessary, in general terms the President said that he has removed the 25-bed limit and 96-hour rule for Critical Access Hospitals like Holy Cross. He also said that he is allowing hospitals to decide where patients can best be cared for and is relaxing the requirement that all healthcare professionals must be licensed in each state in which they work. We have already reached out to the New Mexico Hospital Association to gain clarity regarding these regulation changes. Pam Akin will be working to expand our overall Med/Surg capacity. This will increase the overall number of patients for whom we can provide care but will also allow us to keep Med/Surg and observation patients out of the ACU whenever there is a need for increased ICU level care. We will share more information about this important development as it becomes available.
4. The CDC has decided to follow the WHO’s position and are recommending that “droplet precautions” be the PPE standard rather than “airborne precautions.” This change will allow us to use masks and face shields in many areas. PAPRS will still be required whenever you are performing a high risk procedure such as collecting a COVID-19 nasal swab specimen. The actual wording from the CDC is:

- a. 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.
- i. Facemasks protect the wearer from splashes and sprays.
  - ii. Respirators, which filter inspired air, offer respiratory protection.
- b. 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. Facilities that do not currently have a respiratory protection program, but care for patients infected with pathogens for which a respirator is recommended, should implement a respiratory protection program.
- c. **Eye protection, gown, and gloves continue to be recommended.**
- i. 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.
5. The state DOH has updated their COVID-19 testing criteria. Part of the recent update says...  
**“COVID-19 testing no longer needs to be approved by the New Mexico Department of Health (NMDOH).** COVID-19 testing is now available at TriCore, LabCorp, Quest Diagnostics, and the NMDOH Scientific Laboratory Division (SLD). Only 1 specimen, a nasopharyngeal swab, is now needed for COVID-19 testing.”  
**“We do not recommend testing persons without symptoms of a respiratory infection.** Testing capacity and testing supplies could be limited and we need to prioritize testing for persons with symptoms. Test results may not be accurate for persons without symptoms and do not reflect the risk of becoming infected in the future.”  
**“High-risk patients** are those with travel in the prior 14 days to a location with a CDC level 3 travel health notice due to high levels of community spread (currently Europe, China, South Korea, and Iran) or contact with a confirmed COVID-19 case. Note: there are currently no domestic locations with CDC travel notices. We request early notification of high-risk patients so that we can expedite testing if needed and assist with home monitoring.”
6. As stated by the DOH... “It is good general practice for all healthcare workers to monitor yourself for symptoms of respiratory infection if you have direct patient contact. If you are a healthcare worker with symptoms of fever, cough and/or shortness of breath, please isolate yourself, notify your employer, and contact your own healthcare provider regarding testing and follow up care.”

## Resources

- [New Mexico Department of Health COVID-19 Webpage](#)
- [Centers for Disease Control and Prevention COVID-19 Webpage](#)
- [Interim Guidance for Healthcare Professionals](#)