COVID-19: Updates and Recommendations

The National Infusion Center Association is closely following the developing situation regarding the global pandemic associated with the viral respiratory illness Coronavirus Disease 2019 (COVID-19), caused by the SARS-CoV-2 virus. As this is a rapidly evolving situation, information and guidance will be updated as needed to reflect the most recent recommendations from the CDC, OSHA and other agencies.

Risk Mitigation Strategies

Every jurisdiction in the United States has reported COVID-19 cases, and nearly all are experiencing some degree of community transmission. Healthcare facilities, including infusion centers, should review their internal emergency response protocols and implement appropriate strategies to mitigate risk of exposure, and transmission among, staff and patients. For general guidance, NICA recommends infusion facilities refer to the following preparedness resources:


PARTICULAR ATTENTION SHOULD BE PAID TO THE FOLLOWING CONSIDERATIONS AND RECOMMENDATIONS:

Decontamination

- Increase frequency of cleaning and disinfection procedures using a product known to be effective against SARS-CoV-2. It is very important to follow the manufacturer’s instructions on the product label; allow the product to stay on surfaces for the full recommended contact time (the amount of time the disinfectant is in direct contact with the surface/item to be disinfected). If the disinfectant air dries or is wiped dry before the contact time is reached, it may not provide the required level of disinfection.
- Equipment and high-touch surfaces in the patient treatment area should be thoroughly disinfected between patient use (e.g. infusion chairs, chair-side tables, remote controls, infusion pumps/poles, blood pressure cuffs, etc.).
- Additional high-touch environmental surfaces including doorknobs, light switches, faucets, keyboards, and items in the check-in area such as countertops,
touchscreens, pens and clipboards should also be frequently and thoroughly disinfected.

**Facility Considerations**

- Utilize private rooms when possible. If private infusion suites are unavailable, reduce seating and/or move infusion chairs to allow placement at least 6 feet apart.
- Consider having patients wait for their appointment in their vehicle, using their mobile phone to communicate with staff. As some patients may use public transportation or are otherwise unable to wait in a vehicle, modify waiting room to allow for social distancing (e.g., reduce seating capacity, place chairs 6 feet apart).
- Post signage at entrances instructing patients to maintain a distance of 6 feet from others, hand and respiratory hygiene and cough etiquette.
- Ensure hand sanitizer, tissues and no-touch receptacles for tissue disposal are readily available in patient treatment areas;
- Consider positioning staff at the door to conduct risk assessments before patients enter the facility/treatment area.

**Operational Considerations**

- Stay informed on the COVID-19 situation in your area and know how to contact your local and state health departments;
- Provide staff with refresher training on proper donning/doffing of PPE;
- Provide education on hand hygiene and respiratory etiquette in communications with patients. The CDC has free print resources available at: https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html
- Consider staggering scheduled appointments and/or extending clinic hours to limit the number of patients in the treatment area at any given time;
- Consider having patients wait for their appointment in their vehicle, using their mobile phone to communicate with staff.
- Restricting non-essential visitors and implementing visitor screening to assess their risk of COVID-19 infection in an effort to reduce the risk of exposure and facility-associated spread.
**Risk Assessment Screening**

Screen patients, visitors and staff to assess their risk of exposure to SARS-CoV-2 and/or COVID-19 infection. Ideally this should be done by phone prior to their scheduled appointments. If this is infeasible, perform patient screenings immediately upon patient arrival in an area separate from the treatment area and waiting area if possible.

### Ask the Following Questions:

#### Exposure Risk Screening

In the past 14 days, have you had close contact\(^1\) with:
- A person with a known or suspected case of COVID-19;
- A person experiencing COVID-19 symptoms (e.g. fever, cough, shortness of breath); or
- A person who has been instructed to self-monitor/isolate/quarantine at home due to potential exposure?

#### Symptom Screening

- Have you experienced a fever of 100.4 F or greater in the last 14 days?
- Have you experienced respiratory symptoms, such as cough or shortness of breath in the last 14 days?

If symptom screen is **positive**:

- If patient is experiencing any warning signs (such as shortness of breath, difficulty breathing, persistent chest pain or pressure, confusion or lethargy, or bluish lips or face) they should be advised to seek emergency medical services immediately and notify the emergency care facility ahead of time for guidance on how to enter the facility and check-in.
- Hold scheduled treatment and contact patient’s primary care provider for guidance related to supportive care at home and/or testing according to current local/state public health department guidance. Remind patients not to present to their providers office or the emergency department to request testing-- they should call ahead.

If symptom screen is **negative**\(^1\) but exposure screen is **positive**:

\(^1\) It should be noted that per CDC: “In addition to cough and shortness of breath, nonspecific symptoms such as sore throat, myalgia, fatigue, nausea, and diarrhea have been noted as initial symptoms in some cases of COVID-19. These symptoms can have several alternative explanations; however, failure to identify and implement proper precautions in a healthcare setting for persons infected with COVID-19 can contribute to widespread transmission in that facility due to the presence of susceptible patients and close interactions with healthcare personnel. For this reason, a lower temperature of 100.0 F and the inclusion of mild and non-specific symptoms should be used by healthcare settings evaluating these patients to increase the ability to detect even mild cases of COVID-19.”
- Consult with healthcare team (primary care provider, specialist, infusion prescriber) to evaluate risks vs. benefits of proceeding with infusion as scheduled. If appropriate and reasonable, consider postponing scheduled treatment until patient is outside of 14-day exposure window. Considerations for this decision should take into account the potential risk of administering an immunomodulating agent to a patient who may be infected but still in the incubation period, as well as potential exposure of other immunocompromised patients and staff in the infusion center to the SARS-CoV-2 virus. The decision to treat or postpone is ultimately up to the patient and their provider.

Patients who have had close contact with an individual with known or suspected COVID-19 disease within the last 14 days should not be treated in infusion centers under normal circumstances.

- We recognize, however, that as this public health emergency evolves, extenuating circumstances may leave no viable alternative. If the decision is made that an asymptomatic patient reporting potential exposure to COVID-19 must be treated in the infusion center, current CDC guidance indicates that Standard Precautions should be followed, and precautions related to COVID-19 are not required for staff. However, great care must be taken to protect other patients and staff from potential exposure to the SARS-CoV-2 virus. With that in mind, the National Infusion Center Association believes the following considerations would be prudent:

- Nurses providing direct patient care should wear PPE as available based on supply, in conjunction with CDC recommendations. At a minimum, NICA recommends nurses caring for these patients wear a mask, eye protection and gloves. Gowns may be considered (if available) when extensive, close patient contact is anticipated.

- Consider scheduling patients with no known exposure in the first half of the day, and potentially exposed patients in second half of the day so their appointments do not overlap; and,

- Perform thorough decontamination of patient care area, including all surfaces that came in contact with the patient as well as those within 6 feet of the patient during their treatment.
**Masking**

In light of new data and CDC recommendations regarding asymptomatic and pre-symptomatic transmission, it is recommended that source control (cloth face covering or facemask) be implemented for everyone entering the infusion center regardless of exposure/symptoms. Masking is intended to keep potentially infectious droplets/microdroplets from being released into the air by the mask wearer. A surgical mask or cloth face covering will provide source control while optimizing available N95 respirators for those caring for healthcare workers and first responders caring for patients with known or suspected COVID-19 infections.

- Staff should wear a facemask when within 6 feet of other individuals. A facemask is recommended over a cloth face covering, as it provides additional protection against splashes/sprays of potentially infectious material.
- If there is a physical barrier between staff and patients (such as a glass or plexiglass window or partition in a check-in area), PPE is not required.
- Patients and visitors should be asked to wear a face covering while in the facility. If patients/visitors did not arrive wearing a face covering, they should be offered a cloth face covering or a facemask (if supplies allow).

**Workforce management**

- As always, require staff to practice diligent hand hygiene;
- Reinforce Standard Precautions practices and rationale with staff;
- Ask employees to self-monitor for symptoms and report illness to their employer right away. In areas experiencing community transmission, consider checking staff temperatures at the beginning and end of each shift and/or asking staff to check their temperature prior to leaving for work;
- Insist staff go home and/or stay home if they are sick, and that calling out due to illness will not result in disciplinary actions;
- Waive any requirement for employees to provide a note from a healthcare provider to validate their illness or return to work. This would require employees with mild symptoms who would otherwise not seek medical attention to unnecessarily burden an extremely busy healthcare system (or to continue working while symptomatic);
- Staff members who work in departments/facilities with greater risk of COVID-19 exposure/transmission (e.g., ED, urgent care, inpatient units caring for COVID-19 patients) should not enter infusion centers at this time due to the risk of asymptomatic transmission to this high-risk patient population.
Emergency Preparedness Plans

As of March 11th, the World Health Organization has declared COVID-19 is now a pandemic. Healthcare facilities should take a proactive approach to planning and preparing for the “worst case scenario” in order to be well-positioned to take action when needed. Influenza pandemic plans are likely to be beneficial in the event of COVID-19 pandemic. Emergency preparedness plans are unique to each care setting and geographic location.

Infusion centers should ensure their emergency preparedness plans include:

- Plans for medication storage and handling in the event of power disruption (public utilities are not expected to be impacted by COVID-19, however emergency preparedness plans may be implemented in other situations, such as natural disasters).
- Consideration for limiting non-essential treatments (e.g. “wellness treatments”, elective vitamin infusions) to conserve supplies as well as mitigate the risk of facility-associated transmission in areas with sustained community transmission. Plan for the possibility of additional med-supply shortages, such as IV fluids.

Additional topics that may be addressed in emergency preparedness plans include:

- Identification of a response coordinator who will lead preparedness planning and plan implementation for the practice;
- Identification of key public health points of contact;
- Coordination with local/regional pandemic response groups;
- Work with your medical supply distributors to develop a plan to ensure adequate supply of saline and supplies;
- Training plan to ensure staff have an understanding of the pandemic and their role in infection control and emergency management;
- Plan for screening/triaging patients, visitors and staff during communicable disease outbreaks; and,
- Strategies for managing scarce resources (conservation, substitution, re-use, reallocation).

Guidance for developing emergency preparedness plans for ambulatory care settings can be found in the following resources:


**ADDITIONAL RESOURCES:**

COVID-19: Frequently Asked Questions for Infusion Providers

What should we tell patients asking if they should continue to receive their infusions in light of COVID-19 community outbreaks?

Many of the therapies administered at infusion therapy centers have immunomodulatory effects—they change the way the immune system works. Immunomodulators can act at different levels of the immune system, resulting in varying degrees of immunosuppression. This means that each therapy, combined with each individual patient’s medical history, results in a different level of risk for each patient. This information, combined with COVID-19 activity data and guidance from local and state public health officials, should inform plan of care decisions made by healthcare providers for particular patients.

Our distributors have been unable to fill our orders for PPE. What are our options if this shortage continues?

The global outbreak of COVID-19 has caused disruptions to overseas manufacturing, supply chains and delivery schedules. Additionally, public concern about transmission of COVID-19 has resulted in an unusually high volume of consumer purchases. Healthcare facilities are also increasing purchase volumes in preparing to care for large numbers of infected patients. The decrease in supply coupled with a tenfold increase in demand has resulted in supply shortages which are estimated to last several months. Strategies to combat this shortage are underway, including plans for global surge manufacturing, and releasing stockpiles of N95 respirators. The following actions are recommended during the PPE supply shortage:

- Review CDC guidance regarding conventional, contingency and crisis alternative strategies for optimizing the supply of PPE.
- Conserve available supplies and maximize efficacy by providing ongoing staff training regarding when PPE is needed, what type of PPE is needed, and how to properly put on and take off PPE.
- Monitor facility inventory of PPE closely, and employ strategies to prevent losses by theft, damage, or accidental loss.

If you are experiencing difficulty obtaining critical supplies needed to continue providing patient care, please contact NICA right away.
**Should the infusion center staff wear N95 respirators when caring for all patients during this outbreak, just in case?**

No, PPE should only be worn by healthcare personnel caring for patients with a known or suspected SARS-CoV-2 infection. Healthcare workers who are caring for patients with known or suspected SARS-CoV-2 infections should follow transmission-based precautions, wearing eye protection, masks, gowns, and gloves. Patients with suspected or confirmed SARS-CoV-2 should wear a facemask while being evaluated. Due to the shortage of respirators (N95 masks), their use should be prioritized for settings where aerosol-generating procedures are performed\(^1\). Knowledge of COVID-19 transmission evolves very frequently, as does the regional supply chain for PPE; consult the [CDC Infection Prevention and Control Recommendations](https://www.cdc.gov) for the latest updates.

**Should staff be required to wear a mask during their shift?**

Yes. Emerging data suggests that COVID-19 may be spread before symptoms develop, and a significant portion of infected individuals may not develop symptoms at all during the course of their illness. While it has long been known that actions like sneezing and coughing release larger infectious droplets into the air, new evidence suggests that simply talking can generate microdroplets as well. Surgical facemasks are preferred; however, in light of supply chain limitations a cloth face covering is a reasonable alternative. Both mask styles reduce the spread of respiratory droplets and when combined with social distancing, will help reduce asymptomatic/pre-symptomatic transmission.

**Do we need to buy a special disinfectant to kill the SARS-CoV-2 virus?**

Review the [EPA’s list of Registered Antimicrobial Products for Use Against Novel Coronavirus SARS-CoV-2, the Cause of COVID-19](https://www3.epa.gov/oa/products/registered-antimicrobial-products.html) to determine if the product(s) used in your facility are effective against SARS-CoV-2. In addition to choosing an effective product, it is very important to follow the manufacturer’s instructions on the product label; allow the product to stay on surfaces for the full recommended contact time (the amount of time the disinfectant is in direct contact with the surface/item to be disinfected). If the disinfectant air dries or is wiped dry before the contact time is reached, it may not provide the required level of disinfection.

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\(^1\) Aerosol generating procedures include intubation, administration of nebulizer treatments, and airway suctioning.
What should we do if we identify a patient who may meet criteria for COVID-19 testing?

As community transmission is now confirmed in 18 states in the U.S., clinicians should use their judgement to determine if a patient has signs and symptoms of COVID-19 and should be considered a person under investigation. Factors may include:

- Presence of fever and/or symptoms of a respiratory illness (cough, shortness of breath);
- Recent history of travel to areas with known community transmission. (As of April 1, 2020, nearly all states in the U.S. are experiencing community transmission in either widespread or defined areas. Refer to the CDC website for the most up-to-date information);
- Close contact\(^2\) with:
  - A person with a known or suspected case of COVID-19;
  - A person experiencing COVID-19 symptoms (e.g., fever, cough, shortness of breath);
  - A person who has been instructed to self-monitor/isolate/quarantine at home due to potential exposure; or,
  - A person who has traveled to an affected area (see above)

Clinicians should immediately implement recommended infection prevention and control practices if a patient is suspected of having COVID-19. In outpatient settings, this includes providing the patient with a mask, and escorting them to a private room to separate them from other patients while conducting a risk assessment, and disinfecting the affected area(s) according to CDC guidance. Healthcare providers should then contact internal infection control personnel as well as their local or state health departments to discuss patients they suspect meet criteria for testing.

How should we proceed if we are notified that a patient has been diagnosed with COVID-19 after spending time in our facility?

The CDC has developed comprehensive, specific guidance for risk assessment following possible exposure. Those recommendations, which should be read in their entirety, are summarized here\(^3\):

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\(^2\) Close contact is defined as: a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case; OR b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on)

\(^3\) Adapted from the guidance issued by the American Rheumatology Network
• Employees who had **no direct contact** with a confirmed case (i.e. in the office but did not contact the patient or enter the patient examination room) are defined as having **no risk** and may continue to work.

• Employees who had **brief interactions** with a confirmed case (i.e. check-in, checkout, escorting patient into a room but not spending time in the room with the patient) are considered **low risk** and they can continue to come to work but must self-monitor for 14 days (i.e. taking temperature twice daily and reporting fever or concerning symptoms to a supervisor).

• Employees who had **prolonged close contact** with a confirmed case, which would include a physician spending time in an exam room with the patient or an infusion nurse administering an infusion, **must self-isolate** at home for 14 days.

The area(s) within the facility, including environmental surfaces and non-disposable patient care equipment, should also be cleaned and disinfected in accordance with [CDC guidance](https://www.cdc.gov).
COVID-19: Frequently Asked Questions for Infusion Patients

PLEASE NOTE: This document contains general information which may not be applicable to all patients, facilities, communities, and circumstances.

- Infusion providers are encouraged to modify the content to reflect information, which is accurate and specific to your facility, institutional policy, and your local/state health department recommendations.
- Patients are encouraged to contact their healthcare provider with additional questions or for more specific guidance.

My community is experiencing an outbreak of COVID-19, and I know my medication can make me more likely to get sick. Should I skip my infusions until this outbreak is over?

Different infusion therapies affect the immune system in different ways, which means some medications will weaken the immune system more than others. Also, it is important to remember that infusion medications are meant to be given on a set schedule to control the progression of disease. For this reason, it is important to communicate with your provider to discuss your specific case and determine a plan that balances the risks and benefits of receiving your prescribed therapy during a community outbreak of COVID-19. As always, you should not stop receiving your infusions without first consulting your healthcare team.

What should I do if I am experiencing fever, cough or other signs of illness and have an upcoming appointment at an infusion center?

Many of the treatments administered at infusion centers work with your immune system to control your disease, so much of the time you should not receive your treatment if you are experiencing any type of illness. In areas with community transmission, your provider may also want to know if someone in your household or a close contact is sick. Please call your infusion center or healthcare provider BEFORE YOUR APPOINTMENT to discuss your situation and determine the best way to keep you healthy and prevent spreading illness to others.
What is my risk of getting COVID-19 at my infusion center?

Infusion centers are experienced in caring for patients with weakened immune systems, so most likely they already have infection prevention plans in place to keep patients safe. Infection prevention plans are used all year, every year, to protect patients and healthcare workers from illnesses like the common cold and the flu. Your infusion center’s Infection Prevention Plan should include things like:

- Disinfecting all patient care equipment (i.e. blood pressure cuffs, infusion chairs, IV pumps) between patient use
- Disinfection of frequently touched surfaces such as doorknobs, phones, check-in area pens and clipboards, faucets, etc.
- Screening patients and staff for respiratory illnesses and potential exposure to someone with COVID-19
- Limiting or restricting visitors
- Asking patients and staff to wear a mask

Should I wear a face covering when I am out in public to protect myself from COVID-19?

Yes, you should wear a face covering when outside of your home in areas where people are congregating, but not to protect yourself—to protect others! Wearing a face covering (such as a cloth mask) is meant to help prevent people who have COVID-19 but do not know it from spreading it to others. New studies show that people can spread COVID-19 before symptoms develop, and some people with COVID-19 may never develop symptoms at all. To prevent spreading COVID-19 to others, the CDC now recommends wearing a non-medical grade face covering when out in the community and in any other situation where it is hard to keep a 6-foot distance from others.

Facemask supply is limited, and medical-grade masks like surgical masks and N95 respirators must be reserved for healthcare workers and first responders caring for patients with known or suspected COVID-19 infections. The CDC website has more information about cloth face coverings, including instructions for making cloth masks with supplies you may already have at home.
What else can I do to protect myself from COVID-19?

The following steps can help reduce your risk of getting sick with disease:

- **Wash your hands** frequently
- Stay home as much as possible
- Take care to keep space between yourself and others. Keep a 6-foot distance—about two arm-lengths—from anyone who does not live in your household
- Wear a cloth face covering when in public, especially in settings where it can be difficult to keep a distance between yourself and others.
- Cover your cough or sneeze with a tissue and immediately throw it away. If a tissue is unavailable, use your bent elbow.
- Try to avoid touching your face (to keep germs out of your nose, mouth, and eyes)
- Clean frequently touched surfaces in your home with a household disinfectant
- Wash your hands. Yes, we’ve listed this twice! Handwashing is the very best way to prevent the spread of infection.

How do I wash my hands?

Okay, this may not technically be a “frequently asked question” but it should be—everyone can use a reminder! The following is from the CDC *Life is Better with Clean Hands* Campaign:

**Follow these five steps every time:**

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the “Happy Birthday” song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or air dry them.

If soap and water are not available, use an alcohol-based hand sanitizer containing at least 60% alcohol.