

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

While the current risk of transmission in the United States remains low, it is impossible to predict the impact COVID-19 will have in the coming weeks and months. Healthcare facilities including infusion centers should review their internal emergency protocols and implement appropriate risk mitigation strategies. For general guidance, NICA recommends infusion facilities refer to the following preparedness resources:

- *Guidance on Preparing Workplaces for COVID-19*, available at: <https://www.osha.gov/Publications/OSHA3990.pdf>
- *Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019*, available at: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>

Particular attention should be paid to the following considerations and recommendations:

Decontamination Procedures

- 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 care 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 include doorknobs, light switches, faucets, keyboards, and items in the check-in area such as countertops, touchscreens, pens and clipboards.

Protect Patients

- 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>



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- 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 (reducing seating capacity, place chairs 6 feet apart).
- Screen patients to assess their risk of COVID-19 infection. Ideally this should be done by phone prior to their scheduled appointment, however if this isn't possible it should be done immediately upon the patient's arrival to your facility. Consider positioning staff at the door to conduct risk assessments before patients enter the facility.
- Consider implementing risk assessment screening for visitors, limiting visitors, or restricting non-essential visitors all together to reduce facility-associated spread in areas experiencing community transmission.

Risk Assessment Screening

Ask the following questions to assess risk based on symptoms, exposure and travel history:

- *Have you traveled to any of the following countries in the past 14 days?* [Provide patient with current list of [affected area with known widespread or sustained community transmission](#)]. As of March 18 2020, countries meeting this criteria are China, Iran, Italy, Japan, South Korea, Europe, UK and Ireland.
- *Have you travelled to areas with known community transmission in the last 14 days?* As of March 18 2020, 18 states in the U.S. are experiencing community transmission. Refer to CDC website for most recent information.
- *Have you had close contact¹ with someone with a known or suspected case of COVID-19, or who is experiencing COVID-19 symptoms in the past 14 days?*
- *Have you had close contact* with a person who has traveled to an affected area [see above] in the past 14 days?*
- *Have you participated in a conference or large meeting event in the last 14 days?*

Perform symptom screening by asking the following questions:

- *Do you have a fever of 100.4 F or greater?*
- *Are you experiencing respiratory symptoms, such as cough or shortness of breath?*

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.
- Hold scheduled treatment and ensure patient contacts their primary care provider for guidance related to supportive care at home and/or testing according to current

¹ 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)



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**² but exposure screen **positive**:

- 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.
- If the decision is made that an asymptomatic patient with potential exposure will 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 should be taken to protect other patients and staff from potential exposure to the SARS-CoV-2 virus. While not currently recommended by CDC, National Infusion Center Association believes the following considerations would be prudent:
 - Treat patient in private room if possible. If private rooms are unavailable, try to seat the patient away from other patients if possible.
 - Ask the patient to wear a mask when entering the facility, and/or if patient will be within 6 feet of another person.
 - Consider rescheduling asymptomatic exposed patients so their appointment slot doesn't overlap with non-exposed patients
 - Perform thorough decontamination of patient care area, including all surfaces that came in contact with the patient during their treatment.

Protect Employees

- Reinforce Standard Precautions practices and rationale with staff.
- As always, practice diligent hand hygiene.
- Stay informed on the COVID-19 situation in your area and know how to contact your local health department.
- Provide staff with refresher training on [proper donning/doffing of PPE](#)

² 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."



- Ensure hand sanitizer is readily available in patient care areas
- The same exposure risk screening used for patients should also be used to screen 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.
- 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.
- Do not require 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).
- Consider extending clinic hours to allow for fewer patients to be treated at one time, allowing for social distancing.

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, however topics that may be addressed 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
- 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
- [Strategies for management of scarce resources](#) (conservation, substitution, re-use, reallocation)

Infusion centers in particular 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 supply shortages as well as possible medication shortages such as IV fluids.

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

- *Duty to Plan: Health Care, Crisis Standards of Care, and Novel Coronavirus SARS-CoV-2*, available at <https://nam.edu/duty-to-plan-health-care-crisis-standards-of-care-and-novel-coronavirus-sars-cov-2/>
- *Medical Offices and Clinics Pandemic Influenza Planning Checklist*, available at https://apic.org/wp-content/uploads/2019/02/MEDICAL_OFFICES_AND_CLINICS_PANDEMIC_INFLUENZA_PLANNING_CHECKLIST.pdf
- *FEMA- Developing and Maintaining Emergency Operations Plans: Comprehensive Preparedness Guide 101*, available at https://www.fema.gov/media-library-data/20130726-1828-25045-0014/cpg_101_comprehensive_preparedness_guide_developing_and_maintaining_emergency_operations_plans_2010.pdf
- *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission*, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>

Additional Resources:

- *CDC 2019 Novel Coronavirus Situation Summary*, available at <https://www.cdc.gov/coronavirus/2019-nCoV/summary.html>
- *Implementation of Mitigation Strategies for Communities with Local COVID-19 Transmission*, available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/community-mitigation-strategy.pdf>
- *Guidance on Preparing Workplaces for COVID-19*, available at <https://www.osha.gov/Publications/OSHA3990.pdf>
- *Healthcare Personnel Preparedness Checklist for COVID-19* available at <https://www.cdc.gov/coronavirus/2019-ncov/downloads/hcp-preparedness-checklist.pdf>
- *Steps Healthcare Facilities Can Take Now to Prepare for Coronavirus Disease 2019* available at <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/steps-to-prepare.html>



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 haven't been able to fill out 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 which. 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 3-4 months. Strategies to combat this shortage are underway, including plans for global surge manufacturing, and consideration of releasing stockpiles of N95 respirators and other PPE that have exceeded their shelf-life. 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.

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



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masks), their use should be prioritized for settings where aerosol-generating procedures are performed¹. Knowledge of COVID-19 transmission changes very frequently, as does the regional supply chain for PPE; consult the [CDC Infection Prevention and Control Recommendations](#) for the latest updates.

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](#) 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.

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 an [affected area with known sustained community transmission](#) (as of March 18, 2020, countries meeting this criteria are China, Iran, Italy, Japan, South Korea, most of Europe, the UK and Ireland. This list changes frequently as information becomes available)
- Close contact² with a known COVID-19 positive person within 14 days of symptom onset
- Close contact with a person who has traveled to an affected area within 14 days of symptom onset

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. 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.

¹ Aerosol generating procedures include intubation, administration of nebulizer treatments, and airway suctioning.

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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



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- 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
- Limiting or restricting visitors

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

The CDC does not currently recommend that the general public wear face masks or respirators to protect themselves from COVID-19. Person-to-person spread of respiratory illnesses like COVID-19 usually occurs from close contact (within 6 feet). Additionally, face masks supply is limited, and masks are needed for patients with COVID-19 illness and the families and healthcare workers caring for infected patients.

How can I protect myself from COVID-19?

The best way to protect yourself from COVID-19 is to use the same everyday strategies recommended to prevent the spread of similar illnesses like the common cold or the flu:

- [Wash your hands](#) frequently
- Stay home if you are sick.
- Practice social distancing
- 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 aren't available, you can use an alcohol-based hand sanitizer that contains at least 60% alcohol.



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