Idaho Hospital Association

COVID-19 Daily Report to Members ~ June 8, 2020

IDAHO REBOUNDS
OUR PATH TO PROSPERITY

GUIDELINES FOR OPENING UP IDAHO

Resources & Equipment

Revised policies for using decontaminated N95s

Over the weekend, the FDA published **updated policies regarding the types of respirators that can be decontaminated for reuse**. Under the current emergency use authorization, certain respirators manufactured in China have been determined to be unsafe for decontamination and reuse, as well as respirators with exhalation valves.

The updated policy also clarifies that the FDA is only authorizing decontamination systems' emergency use for non-cellulose-compatible N95 respirators. Healthcare workers should not reuse respirators that do not follow these new decontamination guidelines. Additional, the FDA reminded all healthcare workers to only use decontaminated N95s when new, authorized equipment is not available.

The FDA will host a **webinar on Tuesday** at 10a MDT/9a PDT to share information and answer questions about emergency use authorizations (EUAs) for respirators, importing respirators, and overall FDA actions.

Quality & Patient Safety

Expanded policies for remote patient monitoring

The FDA recently revised its **policies on utilization of non-invasive remote patient monitoring** devices for the duration of the COVID-19 National Emergency. These changes may ease burdens on hospitals and other healthcare facilities and reduce the risk of exposure for patients and healthcare providers to SARS-CoV-2. Some of the key changes include:

- the inclusion of monitoring statements related to patients with COVID-19 or co-existing conditions (such as hypertension or heart failure);
- change in policy for devices previously marketed only for use in hospitals or other healthcare facilities, a change to the indications or claims regarding their use in the home setting;
- hardware or software changes to allow for increased remote monitoring capability;
- the potential to be connected to a wireless network through Bluetooth, Wi-Fi, or cellular connection to transmit a patient's measurements directly to their health care provider or other monitoring entity; and
- the scope of the guidance expanded to include additional device types (product codes) and provides additional references and standards for consideration.

Pandemic impacts ED visits

The CDC recently released a **report describing a national 42% reduction in emergency department** visits early during the COVID-19 pandemic (March and April of 2020) relative to a similar period in 2019. Declines in ED visits varied by HHS region, with the largest decrease being observed in the Northeast (Regions 1 and 2). HHS Region 10, which includes Idaho, also observed a reduction in the number of ED visits during this period.

In the early pandemic period, visits related to non-COVID-19 infectious diseases; pneumonia (except that caused by tuberculosis); other specified and unspecified lower respiratory disease; respiratory failure, insufficiency, arrest; and cardiac arrest and ventricular fibrillation were from 2 to 4 times more prevalent than during a similar period in 2019.

The overall significant decline in the number of visits suggests that the COVID-19 pandemic changed the way that patients sought care during this period, and could lead to unintended health consequences. For example, the decrease in visits related to non-specific chest pain and acute myocardial infarction could mean that some individuals are delaying care for serious medical conditions. The authors also caution that those patients who lack access to primary care and use the ED as a healthcare safety net might be particularly affected.

The decrease in ED visits during the early pandemic period was due to – in part – a reduction in care-seeking at the ED for injuries that are appropriately managed via primary or urgent care, e.g. sprains, strains, other superficial injuries. However, public health and healthcare providers have a continued role in reinforcing the importance of immediately seeking care for serious conditions, such acute myocardial infarction. During the pandemic and beyond, expanded use of and access to telemedicine could help remotely triage patients who should immediately seek care for an urgent health condition, and provide virtual access to uninterrupted care for important but non-emergent health conditions.

Data used in this report were collected as part of the National Syndromic Surveillance Program (NSSP), which collects **emergency department visit data in near real-time**. Idaho participates in NSSP, and is using these data to monitor COVID-like illness visits to Idaho emergency departments. Data from NSSP are also used to inform Governor Little's Idaho Rebounds plan and the stages of reopening.

Virtual Meetings, Education & Updates

Governor to discuss Stage 4 of re-opening

On Thursday, June 11 at 10a MDT / 9a PDT, Governor Little will provide an update on where Idaho stands in term of moving to Stage 4 in the Idaho Rebounds plan. The conference can be streamed through **Idaho Public Television**.

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