

COVID 19 Updates

3-31-2020

Enhanced Droplet Precautions

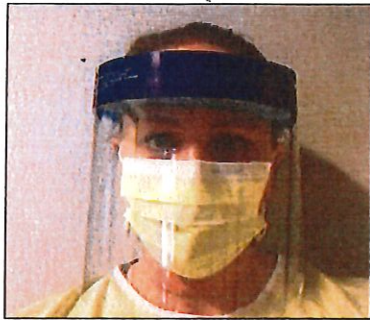
Effective: 03.22.2020

For Routine Care

On Entry

Don Required PPE

1. Gown
2. Face Mask
3. Face shield covering the mask
4. Gloves



On Exit

Doff & Discard All PPE as usual

For Aerosol-Generating Procedures

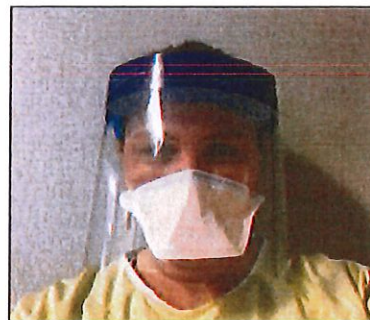
Aerosol-Generating Procedures

- nebulized medication administration
- pulmonary hygiene procedures
- open tracheostomy
- suctioning
- intubation or extubation
- sputum induction
- non-invasive ventilation (CPAP or BIPAP)
- mechanical ventilation-only if circuit is opened
- manual ventilation
- bronchoscopy

On Entry

Don Required PPE (all staff entering room)

1. Gown
2. N95 Respirator (or PAPR/CAPR)
3. Face shield covering the respirator
4. Gloves



On Exit

- Doff & discard all PPE as usual.
Do not reuse respirators.
- Continue to maintain these precautions for time period after the procedure to be determined and reported based on room air exchanges per hour.
- Post a sign to alert other staff that an aerosol-generating procedure has been performed and that PPE with an N95 respirator is required based on room air exchanges per hour.

COVID PPE Contingency Measure 3/30/20

	Symptomatic Patient	Access Site (Visitor Checkpoint)	Alternative Test Sites Ambulance Bay or Clinics	Emergency Department	Admitted Low/Moderate Risk Patient	Nebulizer Treatments in Regular Patient Rooms	Admitted High/Suspected/Known Risk Patient	COVID Medical Unit
Mask	Face Mask	Face Mask	Face mask, may implement extended use by not removing between patients	Face mask for low and moderate risk patients N95/PAPR/CAPR if available or Surgical or Procedural as above for high risk patients	Face mask, may implement extended use by not removing between patients	N95 mask or PAPR	N95/PAPR/CAPR only reserved for patients undergoing aerosol generated procedures if available If not, implement extended use face mask by not removing between patients	N95/PAPR/CAPR If not available see crisis measures
	Face shield	N/A	Full face shield covering face mask, may implement extended use and re use.					
	Gown	N/A	Reusable gowns/coveralls, expired, international standard gowns/coveralls If using disposable, change between patients					
	Gloves	N/A	Single use gloves					

Contingency Measures: These measures may be used temporarily during periods of expected supply shortages and can be applied to all PPE types (face masks, eye protection, isolation gowns, and N95 respirators). These measures may change daily standard practices but may not have any significant impact on the care delivered to the patient or the safety of the HCW.

Face Mask: Surgical or procedural face mask

Low to Moderate Risk: Travel to an area affected by COVID-19 with mild to moderate symptoms does not require respiratory intervention for example with oxygen.

High Risk: An aerosol generating procedure including the following: sputum induction, bronchoscopy, suctioning, intubation, extubation, mechanical ventilation if circuit broken, noninvasive ventilation, nebulizer open or tracheostomy, and nebulized medication administration.

Extended use of PPE: refers to the practice of wearing specific PPE for repeated close contact encounters with several patients, WITHOUT removing it (doffing) between patient encounters.

Limited Re-use of PPE: refers to the practice of using the same PPE for multiple encounters with patients AND removing it (doffing) after each patient encounter.



Full Face Shield / Eye Protection Reuse During Contingency Level

Effective: 3/26/2020



Follow these guidelines to re-use full faces shields, goggles, and disposable faces shields when indicated

Discard your Full-Face Shield /Eye Protection if any of these apply

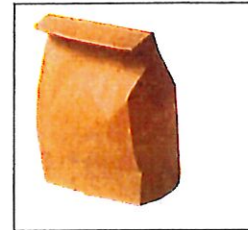
- The face shield or foam is visibly soiled, torn, damaged, or can no longer fasten securely.
- The face shield is difficult to see through



Otherwise, save your face shield; to be reused by the same healthcare provider. It may be used for encounters with different patients.

Doffing a Used Face shield

1. Perform hand hygiene
2. Put on gloves
3. Remove face shield by touching the elastic band only
4. Disinfect the outside of the face shield/eye protection with EPA approved disinfectant wearing clean gloves
5. Wipe the outside of the face shield/eye protection with water or alcohol to remove residue
6. Air dry or dry using clean absorbent towels
7. Drop in large paper bag
8. Remove gloves, perform hand hygiene
9. Label the bag with your name
10. Re use face shield/eye protection for the duration of shift.
11. Fold Paper bag & store in designated unit location for your shift. Discard face shield/ eye protection at end of shift.



Donning a Used face shield

1. Grab paper bag & open
2. Perform hand hygiene before removing the face shield from stored location.
3. Verify that the face shield is not visibly soiled, torn, nor damaged
4. Don the face shield.
5. Once the face shield is donned, perform hand hygiene

ALH COVID-19 RESULTS CALLING PROCEDURE

- Negative test results will be considered an infection control notification and reporting will follow the policy "Critical Results Reporting-ALH Specific" Policy
 - Some county public health departments may reach out to the patient to discuss negative results. ***But the expectation is the provider still call /notify the patient of results (he/she may delegate this to an RN).***
 - RN/MD to document in the patient record according to "Critical Results Reporting-ALH specific" Policy.
 - Provider can refer the patient to their local public health department if they have further questions about home isolation.
 - CDC guidance on discontinuation of Self-Isolation in the home and discontinuation:
 - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **AND**
 - At least 7 days have passed *since symptoms first appeared*.
- Positive Test Results (as with negative results) will be considered an infection control notification and reporting will follow the "Critical Results Reporting-ALH specific" Policy.
 - If there is a Positive result the local health department would also be calling the patient in addition to the provider.
 - Lab to call incident command ASAP with positive results.

Guidance for Terminal Cleaning of Suspect or Confirmed COVID-19 Patients

Effective 3/27/2020

After patient is discharged from the room:

- 1.) HCW (Health care worker) from department that patient was in (CT scan, Xray, ER; MS, etc.) double bag garbage and double bag linen.
 - a. HCW WEAR FULL PPE WHEN GATHERING WASTE; TAKE OFF GOWN AND GLOVES DO HAND HYGIENE THEN PUT NEW GLOVES ON TO TAKE THE WASTE/LINEN OUT OF THE ROOM.
 - b. Double bagged linen should be put into linen cart
 - c. Double bagged garbage can be disposed with other waste in dirty utility room
 - i. Red Bag Waste only the drippable pourable flakeable body fluids need to go in red bag. EVS will empty red bag waste on terminal cleaning of room.
- 2.) HCW spray 4 -1 second squirts of Zone Defense. Start the time for how long rooms need to be shut down for air purge. Based on Air Exchange Rate per hour for patient room type confirmed on 3/23/20 with balancer.
 - a. Negative Pressure Rooms (ED ROOMS 9 AND 10; AND 224 & 220) -35 mins
 - b. Modified Negative Pressure Room Inpatient 221 and 222; COVID UNIT RM 9, 10;-41 mins
 - c. Modified Negative Pressure ROOM 207-208 -52 mins
 - d. Regular Patient or Clinic Exam Rooms- 70 mins
 - e. CT scan call facilities prior to patient exam to turn on negative air- 35 mins.
- 3.) Notify EVS when they can expect to clean patient room.
- 4.) EVS can clean room after allotted time wearing (facemask, face shield, isolation gown, and gloves) no N95 IS NEEDED AFTER ROOM HAS BEEN SHUT DOWN FOR ALLOTTED TIME SEE ABOVE.

Approved Cleaning Products:

- Purple Wipes for high touch areas and spot cleaning – wet contact time 2 mins
- Bleach Wipes for high touch areas and spot cleaning -wet contact time 4 mins
- Bleach Tabs for Terminal Cleaning followed by QUAT.

Guidance For Rooms modified for Negative Pressure /Airborne Isolation (Rm 207,208,221, 222 COVID UNIT RMS 9 AND 10)

To maintain negative pressure and airborne isolation:

- Doors to room must be closed tightly
- Linen door on room side must be tightly closed and latched
- Fans in the room must be left on the high settings
- Frequently check doors to be sure they are closed and latched ;including linen cabinet doors.

Procedure for Airborne Isolation Only if patient is Enhanced Droplet Precautions you do not need to perform tissue test!

- Nebulized meds are an aerosol generating procedure; these medications do not have to be administered in negative pressure room but need a N95 or PAPR. SO if your patient is in Enhanced droplet with nebs you do not have to verify negative pressure with tissue testing but you need to wear an N95/PAPR.
- Notify Maintenance when patient is in modified negative pressure room-
 - a. Maintenance to come every 8 hours and do a meter reading for pressure in the room.
- Tissue test to assure negative pressure to be done every two hours by floor staff and sign off on log.
 - a. Document on Airborne Isolation Documentation Log.

MODIFIED AIRBORNE ISOLATION ROOM MONITORING LOG

Room Number: _____

Date: _____

Facilities Reading Must Be - .0100 or Greater

Time	Tissue Test (P=Passed/F=Failed)	Tissue Test RETEST (P=Passed/F=Failed)	Corrective Action (See key below)	Facilities Readings	Initials	Comments
0000						
0100						
0200						
0300						
0400						
0500						
0600						
0700						
0800						
0900						
1000						
1100						
1200						
1300						
1400						
1500						
1600						
1700						
1800						
1900						
2000						
2100						
2200						
2300						

*If fail take corrective action then retest: D=Assure room doors closed, L=assure laundry hamper door is closed, F= Fan speed on high

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Signature

Printed Name

Note: Initials equal signature/printed name.

As of 3/30/2020 –PLEASE FOLLOW THESE ER/WIC GUIDELINES! THESE GUIDELINES REPLACE ANY PRIOR PPE OR ISOLATION POLICIES

ALH COVID-19 ED Room Placement Plan and PPE/Isolation Guidelines

ED/WIC Room Placement

- We will be reserving airborne precautions (N95; PAPR; NEGATIVE PRESSURE ROOM) for aerosol generating procedures.
- Negative Pressure Rooms are Room 9&10

PPE/Isolation Guidelines:

We are in Contingency Measures for PPE supply. This means we are doing limited re use of face shields. See [Covid PPE Contingency Measure Job Aide](#) & [PPE and Placement Policy](#), [Face Shield Re Use Job Aide](#)

PRECAUTIONS:

Situation 1: Patients that are suspect confirmed COVID-19 that are needing aerosol generating procedures will need an N95 MASK OR PAPR, negative pressure room (9&10), contact precautions, and eyewear protection (full face shield or goggles.)

Aerosol Generating procedures are defined as:

- Sputum induction (NOT REQUIRED FOR COVID TESTING), Bronchoscopy, Suctioning, Intubation/Extubation mechanical and noninvasive ventilation (BIPAP)

Make sure negative pressure alarm is on while in airborne isolation precautions.

Make sure airborne and contact isolation signs are up and orders are in EPIC. RN or MD can place this order.

Situation 2: Use rooms ER EXAM ROOMS or WIC rooms for patients that are suspect or confirmed COVID-19 that do not require aerosol generating procedures will need ENHANCED DROPLET PRECAUTIONS which include:

- **Face Mask**, contact precautions (gown and gloves) PLUS:
- EYE PROTECTION (full face shield or goggles) IS SO IMPORTANT! DO NOT USE REGULAR GLASSES. Please protect your orifices
- **Put Epic Order in for Enhanced Droplet Precautions**

NEBULIZER Treatments: if patient is in a regular patient room. Staff need to wear N95 mask during treatment. Only one person performing the treatment should be in a room during treatment. HCW should not re-enter the room for a period of time based on air exchanges an hour without N95 MASKS/PAPR:

- Negative Air Pressure- for 35 mins after hcws need to wear N95/PAPR
- EXAM ROOM- for 70 mins after HCWS need to wear N95/PAPR
- **Use Nebulizer Precaution Signs**

Situation 3: Patients that have influenza or infectious pneumonia (droplet precautions) RSV (contact and droplet precautions) room placement will be in a regular room. Droplet precautions are defined as use of a **face mask** by staff.

CHANGES DENOTED IN RED 3/30/20

PATIENT TRANSPORT: Place **face** mask and fresh linens on patient for transport. Notify receiving department of precautions of suspect COVID-19

DISCHARGE INSTRUCTIONS FOR SUSPECT COVID OR CONFIRMED: Staff put full PPE ON to prepare patient for discharge; Patient has **face** mask on; review self-isolation guidelines

**As of 3/30/2020 -- PLEASE FOLLOW THESE INPATIENT GUIDELINES!
THESE GUIDELINES REPLACE ANY PRIOR PPE OR ISOLATION POLICIES**

ALH COVID-19 Inpatient Room Placement and PPE/Isolation Guidelines

INPATIENT ROOM PLACEMENT:

- COVID patient placement in Rooms 220-224
- 221,222,224 (if needed) for suspect or confirmed vented COVID patients.
- Signage
 - 3 signs and rope blocks by 219, 222 and stairwell.
 - If 224 used for ventilated COVID, extend rope block from 222 to include 224.
 - Signage at bottom of stairwell that stairwell is closed and tape block the stairs at bottom.

PPE/Isolation Guidelines

We are in Contingency Measures for PPE supply. This means we are doing limited re use of face shields. See [Covid PPE Contingency Measure Job Aide](#) & [PPE and Placement Policy](#), [Face Shield Re Use Job Aide](#)

PRECAUTIONS:

Situation 1: Patients that are suspect or confirmed COVID-19 that are needing aerosol generating procedures will need an N95 MASK or PAPR, negative pressure room (220, 221, 222, 224), contact precautions, and eyewear protection (full face shield or goggles).

Aerosol generating procedures are defined as:

- Sputum induction (not required for COVID testing), Bronchoscopy, Suctioning, Intubation/extubation, Mechanical and noninvasive ventilation (bipap)

Make sure negative pressure alarm is on while in airborne precautions.

Make sure airborne and contact isolation orders are in Epic. RN or MD can place this order.

Situation 2: Patients that are suspect or confirmed COVID-19 that do not require aerosol generating procedures will need **Enhanced Droplet Precautions** which include:

- **Face Mask**, contact precautions (gown and gloves) KEEP DOOR CLOSED PLUS:
- EYE PROTECTION (full face shield or goggles) IS SO IMPORTANT! DO NOT USE REGULAR GLASSES. Please protect your orifices.
- **Negative PRESSURE ROOM IN NOT REQUIRED FOR ENHANCED PRECAUTIONS.**
- **Nebulizer Treatments if patients are in regular patient room** staff need to wear N95 OR PAPR mask during treatment. Only person performing treatment should be in room during treatment.
- Nebulized meds are an aerosol generating procedure; these medications do not have to be administered in negative pressure room but need a N95 or PAPR
- Time after nebulized med to wait to reentry not having to wear a N95 this is BASED ON AIR EXCHANGES AN HOUR:
 - Regular Patient Room- DO NOT ENTER ROOM FOR 70 MINS WITHOUT N95 MASK OR PAPER
 - 220 AND 224 -NEGATIVE PRESSURE ROOMS- DO NOT ENTER ROOM FOR 35 MINS WITHOUT N95 MASK OR PAPR
 - 221-222 MODIFIED NEGATIVE PRESSURE ALARMS- 41 MINS
- **Use Nebulized Med Stop Signs.**
- **Enter Enhanced Droplet Precautions isolation orders in Epic Rn or MD can place this order. See [Enhanced Droplet Job Aide](#)**

Situation 3: Patients that have Influenza or Infectious Pneumonia (droplet precautions), RSV (contact and droplet precautions) room placement will be in a non-COVID room. **Droplet Precautions** is defined as use of a **face mask** by staff.

3/30/20 changes denoted in red

PATIENT TRANSPORT: Place **face mask** and fresh linens on patient for transport. Notify receiving department of precautions of suspect COVID-19 patient.

Modified Negative Pressure Rooms:

- These rooms do not have an alarm on them to alert when the room might become more negative
- Refer to Guidance For Rooms Modified for Negative Pressure/Airborne Isolation for procedure
- Only patients in room 221 and 222 need to have negative pressure monitored if they are on AIRBORNE ISOLATION. If a patient is in ENHANCED DROPLET negative air is not required.

DISCHARGE PROCESS for SUSPECT COVID OR CONFIRMED:

- 1.) Staff put full PPE on to prepare patient for discharge.
- 2.) Patient dresses in clothes and **face mask**
- 3.) Staff doffs PPE; perform hand hygiene
- 4.) Staff that escorts patient out only requires a **face mask**.
- 5.) Call patient local health department

AS of 3/30/20 PLEASE FOLLOW THESE GUIDELINES!

COVID-19 OB PATIENT PLACEMENT SPECIFIC CARE GUIDELINES

OB Room Placement

- COVID-19 suspect or confirmed patients place in room 205-206 or (207-208 are negative pressure rooms) dependent on census.
 - COVID-19 suspected or confirmed patients in active labor should be placed in negative pressure rooms (207-208) during labor. Patient can be moved to 205-206 after labor.
 - COVID-19 suspected or confirmed patients that have NST or need Triage/ post labor mom's should be placed in room 205-206.
 - Fever AND cough which is <7 DAYS and doesn't meet risk factors for COVID-19 consider placement in rooms 205-206
 - This includes:
 - NST monitoring, laboring, inductions, triage patients and patients in labor that have failed their prescreen questions. Consider taking enhanced droplet precautions.

Precautions:

We are in Contingency Measures for PPE supply. This means we are doing limited re use of face shields. See [Covid PPE Contingency Measure Job Aide](#) & [PPE and Placement Policy](#), [Face Shield Re Use Job Aide](#)

Airborne/ Contact Isolation with Eye Protection is defined as placement in a negative pressure with (N95 MASK/PAPR, isolation gown, face shield, gloves)

- For patients that have aerosol generating procedures negative pressure room placement and require airborne precautions with an N95 mask/PAPR Aerosol generating procedures are defined as:
 - Sputum induction (not required for COVID testing), Bronchoscopy, Suctioning, Intubation/extubation, Mechanical and noninvasive ventilation (BiPAP)
 - Laboring patients with suspect /confirmed COVID-19 should also be placed in airborne isolation and rooms 207-208 r/t deep breathing potential for patient not being able to mask during laboring process.
- Applies to HCW. Healthy support person to wear have: face mask; face shield; isolation gown and gloves. Healthy support person does not have to wear N95 they are not fit tested.
- Communicate Isolation Status with ancillary departments that might be involved in the care of patient
- Put airborne and contact isolation order in epic that can be entered by MD or RN

Enhanced Droplet Precautions:

- For Suspect/Confirmed Patients NOT having aerosol generating procedures or NOT in active labor use Enhanced Droplet Precautions. Enhanced Droplet Precautions are defined as wearing

isolation gown, **face mask**, eye protection (goggles or face shield) with patient or newborn in a regular patient room.

- Applies to Health Care Worker (HCW) ,Healthy support person, newborns born to mother suspect or confirmed with COVID-19.
- For patients/newborns that have fever AND cough as precautionary measure.
- For patients that are suspect/confirmed with only neb treatments put in Enhanced Droplet Precautions AND use additional precautions:
- Nebulizer Medications are an aerosol generating procedure however patient can be placed in a regular patient room with door close.
 - HCW (health care worker) wears fitted N95 mask/PAPR; face shield; isolation gowns, gowns, gloves). **70 mins needs to elapse after nebulizer treatment for HCW to reenter without a N95 mask for rooms 205 and 206; and 52 mins for rooms 207 and 208 based on air exchanges a hours.**
 - **Use Nebulized Med Precaution Signs**
- KEEP DOOR CLOSED with enhanced droplet precautions.
- **Put isolation order for Enhanced Droplet and isolation order in Epic. MD or RN can place order**
- Communicate Isolation Status with ancillary departments that might be involved in the care of the patient.

Mother /Baby Contact

- The risks and benefits of temporary separation of the mother from her baby should be discussed with the mother by the healthcare team.
- **Situation 1:** Mother has agreed to isolate newborn.
 - Use newborn Isolation Room
 - Enhanced Droplet Precautions for all that enter newborn isolation room. Enhanced Droplet Precautions include gown, eye protection (face shield or goggles) **face mask**, and gloves.
 - If healthy support person or staff member is present to provide care (e.g., diapering, bathing) and feeding for the newborn, they should use enhanced droplet precautions.
- **Situation 2:** Mother wants to room in.
 - Separate newborn with physical barrier of > 6 feet
 - If other person is healthy (e.g. support person is not considered a suspected COVID-19 or self-isolating), mother should be encouraged to have support person feed baby. If mother desires to feed baby, mother should be encouraged to wear a **face mask** and practice hand hygiene before each feeding or other close contact with newborn.
 - If both mother and support person are suspected COVID-19 cases or self-isolating, they should be encouraged to put on a **face mask** and practice hand hygiene before each feeding or other close contact with newborn.

Breastfeeding

- During temporary separation, mothers who intend to breastfeed should be encouraged to express their breast milk to establish and maintain milk supply.

- Dedicated breast pump should be provided.
- Prior to expressing breast milk, mothers should practice hand hygiene and cleanse breasts with cleansing bath wipe.
- After each pumping session, all parts that come into contact with breast milk should be thoroughly washed and the entire pump should be appropriately disinfected per the manufacturer's instructions.
- Pump and feed immediately or within the 4 to 6 hours. Do not store breast milk should not be stored in birthing center breast milk refrigerator.
- This expressed breast milk should be fed to the newborn by a healthy caregiver.
- If a mother and newborn do room-in and the mother wishes to feed at the breast, she should put on a facemask and practice hand hygiene before each feeding.

Modified Negative Pressure Rooms:

- These rooms do not have an alarm on them to alarm when if the room losses the negative air flow.
- See Guidance for Rooms Modified for Negative Pressure/Airborne Isolation.

Hospital Discharge

- Staff should contact patient's local health department with discharge
- Staff should wear full precautions to prepare patient and newborn for discharge
- Escort masked patient out of hospital with newborn. If staff are having contact with newborn or mom wear full recommended ppe.
- Give patients information on self-isolation with discharge.
 - <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/index.html>