CRITICAL UPDATES FOR: All Hospital Employees

Care and isolation of patients known or suspected to be infected with COVID-19, this is the inpatient coronavirus policy.

1. Patient identified to meet criteria of person under investigation (PUI), immediate communication steps:
   - Notify County Health Department
   - Site Infection Prevention
   - Site House Supervisor

2. Precautions/Isolation:
   - Hand hygiene:
     - Use alcohol-based hand rub or wash with soap/water BEFORE and AFTER all care and contact of items in patient’s room.
       - If hand visibly soiled, WASH with soap/water and THEN
     - Disinfect after removing ANY Personal Protective Equipment (PPE) or touching potentially contaminated objects/surfaces.
   - Primary nurse:
     - Remain in direct view of room to monitor precautions and limit traffic
     - Needs to be relieved to have lunch and breaks.
     - Defer any elective care until Primary nurse returns.
     - Has authority to enforce compliance with needed precautions.
   - Clinician:
     - Designate one essential member in team to enter patient room.

3. Personal Protective Equipment (PPE):
   - Minimum PPE when caring for / testing a suspected for confirmed COVID-19 patient is: gown, gloves, facemask with eye protection
   - If Aerosol Generating Procedure conducted then minimum PPE is gown, gloves, eye protection and N-95/PAPR
   - Checklist for Donning/Doffing and a training video can be found here: Donning & Doffing PPE Training & Checklists

4. Patient Care Equipment/Supplies:
   - Use single use OR dedicated to use for ONE patient.
   - Supply amounts in room should be minimal.
   - Disposable items MUST be discarded upon patient discharge.

5. Patient Transport: STRICT Isolation Requirements
   - Restrict patient transport to ESSENTIAL only.
   - MUST notify receiving department, report patient precaution (contact, airborne) Protection.
     - IF transport/movement from Airborne Isolation room, place regular mask on patient.

DISCLAIMER:
- To access detailed policy, go to the Emerging Pathogens webpage on the SHS Insider.
- If policy abstract is more than 2 days past the latest updated date, refer to the Emerging Pathogens webpage on the SHS Insider to ensure no changes have been made.
1. IF intubated, place bacterial filter on endotracheal tube or on expiratory side of breathing circuit of vent.
   o Transport preparation:
     1. ALL staff should wear appropriate PPE in room while preparing patient.
     2. Remove PPE when leaving room.
     3. Transporter(s) may wear face mask if prolonged exposure during transport anticipated.
       • PPE (other than face mask) should not routinely be worn during transport EXCEPT when patient contact or contact with contaminated equipment likely needed during transport.
4. Patient:
   • Cover wounds that contain body fluids.
   • If possible, wash or disinfect hands before leaving room.
   • Wear clean gown/robe.
   • Cover with clean sheet/drape.
   • Ensure patient chart does NOT become contaminated.
   • Care equipment from contaminated room going with transport MUST be wiped with disinfectant BEFORE leaving room.
5. EVERY EFFORT will be made to NOT touch clean surfaces during transport (elevator buttons, etc.).
6. ASSIGN a transport team member to interact with environment.

6. COVID-19, URGENT procedures for known or suspected cases:
   • MUST undergo a risk/benefit assessment PRIOR to proceeding with case
     o Review with Care Team, Medical Director (or designee) and Infection Prevention at a minimum.
     o If decide to proceed, then MUST be done with ALL the following:
       1. Airborne/Respirator, Contact and Eye Shield
     o If intubation required, team will follow PPE needs for aerosolizing procedures.

7. Specimen Collection (ALL TYPES):
   • Preparation:
     o BEFORE collection, gather needed items (tubes, labels, plastic specimen bags)
     o Disinfect hands and don PPE as appropriate.
   • Procedure:
     o Labs should be drawn by assigned care team if appropriate, IF NOT, ONE phlebotomist should be assigned to the cohort of patients per shift.
     o Follow standard procedure for patient identification and specimen collection.
     o Standard procedure for labs in droplet or airborne precaution should be followed
     o **SPECIAL NOTE: If specimen is being sent to test for confirmation or rule out of diagnosis (e.g. COVID-19/MERS/SARS or Avian Flu), specimen should be delivered directly to the lab to avoid delays in processing.
8. Room Turnover Time and Discharge Cleaning:
   • AFTER discharge of a confirmed case from room:
     o Communicate clearly with whomever may be assigned to clean room.
     o If patient was in droplet precautions, standard droplet precaution cleaning protocol to be followed.
     o If patient was on airborne precautions then:
       1. MUST remain in negative pressure with door CLOSED and precaution signs MUST stay on door until clean per protocol.
       2. Cleaning staff MUST wear proper mask protection and PPE per the Isolation. IF cleaning after required room airing time, mask is not required, but ALL other PPE should be worn.
       3. PPE donning and doffing during cleaning should follow correct sequence.
       4. Room cleaning should follow facility cleaning protocol for INFECTIOUS ORGANISMS, including removal and launder of curtains, cleaning of storage areas.
       5. ANY disposable supplies from room MUST be discarded.
     o Equipment used with air going through (vents, etc.), must be cleaned by Bio-Med Engineer.

9. Healthcare Worker Monitoring:
   • MUST maintain a list of health care workers entering the room.
   • Any health care worker performing tasks/caring for patient WITHOUT appropriate PPE will be referred to Employee Health.
   • Any health care worker performing tasks/caring for patient WITH appropriate PPE. Will self-monitor for fever/other symptoms for specific infection.
   • Any health care worker WITH fever/positive symptom screening after patient care should report to Employee Health by telephone and NOT come to work UNTIL cleared by Employee Health.