

Confirmed/Suspected CoVid-19

Guidelines for Consolidating Care to Decrease Caregiver Touch

Guidelines for Special Issues: Transport, In-Room Procedures, Terminal Clean

Goal: Bundling Care to offer quality care while consolidating caregiver time and PPE

- Process will minimize the number of contacts, unless emergently necessary
- Limit staff in patient room. eg: pharmacy, social worker, case manager, interpreters should use IPADs, patient phones, other technology to limit contact in the patients room
- Communicate as much as possible with the patient through the telephone
- NO VISITORS IN COVID-19 ROOM

Guidance:

Medical-Surgical Patients

- MD: 1- 2 contacts /24 hours (morning rounds limit in room to intern/resident /evening rounds outside room...in room only if necessary and if emergency)
- RN: 8 contacts /24hrs (day 12 shift 4 contacts, night 3 contact, 1 as needed)
- EVS: 1 contact/24 hrs. (check with RN for best time)
- Phlebotomy: 1-2 contacts/24 hrs. (1/day shift and 1/ emergent)
- Respiratory Therapist: 2 contacts/24 hrs.

Critical Care Patients Require all ventilator orders at time of ventilator check

- MD: 6 contacts/24 hrs. (morning rounds limit in room to intern/resident /attending; mid-day evaluation intern; evening rounds limit in room to intern/resident... adjust if emergency)
- RN: 12-16 contacts/24 hrs. (change of shift and every 2 hours with equipment data review and visual review hourly unless emergent issue)
- EVS: 1-2/24 hrs. (every shift and if needed, check with RN for best time)
- Respiratory Therapist: 4 contacts/24 hrs. (every 6 hours and emergently if needed)

PPE (Personal Protective Equipment) for suspected or confirmed CoVid-19

- Patient with aerosolizing procedures (suctioning/intubation/CPR) anywhere
 - N95/PAPR, gown, 2 sets gloves, face shield, negative pressure room or private single room(or cohorted with COVID-19 positive patient), door closed
- Patient without aerosolizing procedures on ward
 - N95, gown, 2 sets gloves, face shield, closed single private room (or cohorted with COVID-19 positive patient),
- All ICU patients
 - N95/PAPR, gown, 2 sets gloves, face shield, negative pressure room or private single room, door closed

- Extended use of N95 as per below

Conservation of PPE:

BMC has adopted the following strategies to decrease donning and doffing by caregivers, and to conserve PPE.

- 1) Patient cohorting by ward
 - a. Currently, we are trying to cohort suspected and confirmed COVID19 patients to allow for greater ease of PPE deployment, staffing and disinfection
 - b. As the number of patients increases in this category, more areas will be designated as cohorted wards
 - c. Confirmed positive patients can be cared for in same room: Caregiver dons PPE and only changes outer gloves between patients
- 2) Cohorted rounding:
 - a. Think ahead how to group all care/procedures at the same time when going into the room.
 - b. Reduce the number of people entering the room. See suggested personnel matrix below regarding who enters the room
 - c. Work with pharmacy to align medication dosages around a schedule such that they can be given by nurses
 - d. MDs should work with nurses to coordinate tasks which can be carried out with the next person entering the room
- 3) Use of reusable face shields: BMC has purchased new reusable face shields which can be disinfected between patients (see attached guidance below). The germicide contact time varies depending on what product is used. Refer to directions on bottle or container of wipes (i.e., contact time for Super Sani-Cloth purple top wipes is 2 minutes.)
 - a. Reusable face shield are assigned to wards where suspect or confirmed COVID19 patients are cared for.
 - b. New donning and doffing video integrating their use are now on The Hub
 - c. Reusable face shields can be used by staff, disinfected between patients as per below and returned at end of shift for use by next shift.
- 4) Extended Use of N95: Per CDC guidance, N95 respiratory masks can be used for an extended period of time over the course of clinical rounds.
 - a. Extended use of N95 can be implemented as follows:
 - i. When N95 is worn under a face shield, doff as described in donning and doffing and keep N95 on. Disinfect face shield (wait for contact time) and re don the face shield, and new gown and gloves. At the end of cohorted rounds, dispose of all PPE including N95.
 - ii. If N95 used in active aerosolizing procedure (active intubation, suctioning or CPR), dispose of N95 after use in patient. If N95 damaged or visibly soiled, dispose after use in patient.

Special Issues

Clinician in-room procedures-

Staff Providing 1:1/Constant Observation

Staff who are providing 1:1/constant observation for COVID positive or PUI patients may sit outside the room with the door ajar and able to fully observe the patient

They should sit outside the room with a surgical mask and gown and have a N95 and face shield with them in case they need to go in to the room.

Transport- CoViD-19 patient transport within the hospital should be minimized. If necessary, transport can assist in the transport of CoViD-19 positive or rule out patients.

Terminal cleaning for COVID 19 Negative pressure inpatient rooms-

Housekeepers can go in immediately post the discharge of a patient from negative pressure room. EVS staff should wear N95, gown, and gloves. New patients may go into the room after one hour, (typically how long the cleaning takes). No Fogging.

Terminal cleaning for COVID 19 Regular (non-negative pressure room-

EVS can go in immediately with a surgical mask, gown, and gloves. When the room is cleaned, next patient can come in. No Fogging.

Full Face Shield: Reusable

Reusable Face Shield for CoVid-19 confirmed or suspected patients

- Molded 0.08" window for extra heavy duty, impact protection against flying particles.
- Windows mount inside crown of headgear for added splash protection.
- Clear Lens
- Can be disinfected and reused by all staff
- If the shield is no longer clear or there is damage to the face shield, it should be discarded and a new one obtained from Transport



Practice for cleaning the face shield for reuse:

Need: purple top super sani wipes available for cleaning

1. Hand sanitize bare hands
2. Don pair of gloves
3. Using 2 purple top super sani-wipes wipe down the outside top hard surface being sure to cover all of the area including the rim, strap and fastener with disinfectant
4. Wipe the clear face shield on the front
5. Then turn the face shield over, wipe the inside clear shield with the second wipe, the inside rim and fasteners
6. Place on a secure bracket/area
7. This disinfectant has a 2 minute contact time