Confirmed/Suspected CoVid-19

Guidelines for Consolidating Care to Decrease Caregiver Touch

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

Updated March 22, 2020

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. E.g: pharmacy, social worker, case manager, interpreters should use IPADs, patient phones, other technology to limit contact in the patients room
* RN Handoff in room counts as one contact for each shift
* 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/night shift/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, door closed
* Patient without aerosolizing procedures on ward
  + Surgical mask, gown, 2 sets gloves, face shield, closed single private room
* 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
* ED:
  + Caregivers will wear an N95 respirator at all times
    - Generally one per shift
    - Must be discarded if wet, damaged, or does not keep its seal.
    - Must be discarded if used during an aerosolizing procedure.
  + Reusable face shield when appropriate in addition to the mask

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
   1. 7W, certain ICUs and areas in ED have been identified as areas where suspect and confirmed COVID19 are placed to allow for greater ease of PPE deployment, staffing and disinfection
   2. As the number of patients increases in this category, more areas will be designated as cohorted wards
   3. Confirmed positive patients can be cared for in same room: Caregiver dons PPE and only changes outer gloves between patients
2. Cohorted rounding:
   1. Think ahead how to group all care/procedures at the same time when going into the room.
   2. Reduce the number of people entering the room. See suggested personnel matrix below regarding who enters the room
   3. Work with pharmacy to align medication dosages around a schedule such that they can be given by nurses
   4. 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 sanitized between patients (see attached guidance below). The contact time is 2 minutes.
   1. Reusable face shield are assigned to wards where suspect or confirmed COVID19 patients are cohorted
   2. New donning and doffing video integrating their use are now on The Hub
   3. Reusable face shields can be used by staff, cleaned 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. BMC is not at this point recommending reuse of N95 masks.
   1. Extended use of N95 can be implemented as follows:
      1. When N95 used under face shields, doff as described in donning and doffing and keep N95 on. Disinfection 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.
      2. 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**-

**Transport**- CoViD-19 patients transport within the hospital should be minimized. If necessary, transport should not go inside the CoViD-19 positive or rule out patient’s room. Nursing will transfer the patient to the stretcher, mask the patient, wipe down side rails and move patient to the hallway.

Then transport will move patient. The receiving department will follow the same process with transport outside the room.

**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 yellow mask, gown, and gloves.  When the room is cleaned, next patient can come in.  No Fogging.

**Removal of Sharps Containers:**

Stericycle has informed hospitals that they will not pick up sharps containers from rooms of patients with rule out or confirmed COVID-19.

Environmental Services will provide rooms of COVID-19 with a large floor model sharps container. If it needs to be emptied, the nurse caring for the patient will close the lid, wipe down the container with a germicidal wipe and hand it to the tech from Stericycle who will provide the nurse with an empty sharps container. If the Sharps container is full prior to Steri-cycle pick up, Environmental Services should be called to pick up the container and bring a replacement.

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

A close up of a helmet

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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