

Infection Prevention Guidance

Patients suspect for or confirmed CoVID-19

Symptomatic - Persons with clinical presentation of respiratory symptoms: fever, SOB, cough, sneeze or nasal drainage.

These individuals are given a yellow ear loop mask (Hand Hygiene (HH), cover your cough education)

Suspected/Person Under Investigation (PUI)- further assessed by provider, differential testing (Flu/Respiratory Viral Panel (RVP)) resulted negative, thus determined to be suspect for CoVID-19. CoVID-19 testing (ordered or pending)

These patients will be placed into Droplet- Condition Specific Isolation. (New signage)

Bed control/Nursing Supervisor- to notify IP (Amanda) and Dr. Newman of Droplet: Condition Specific isolation admit.

Patient given surgical mask with 4-ties during ambulation to room, or transport via stretcher. Once in room, patient mask can be removed and all staff entering room will don the N-95 mask.

Private Room, door remains closed.

Confirmed- Positive test result for CoVID-19 resulted.

Specimen collection- Swabs for inpatient Flu and/or Covid-19 testing are available from Central Supply as “Flu swabs”. The packages will have a Nasopharyngeal (NP) swab and conical tube with pink fluid. If no fluid, wrong tube. Swab and collection technique is the same as used for respiratory viral panel. Micro Ext. 6168- They can clarify any questions about collection instructions, labeling, and transport of swab to lab. Personal Protective Equipment (PPE) as listed below to be worn for collection process.

Person #1: Swabber (collector-in room): PPE; explain swab collection/test. Bring swab, collection tube, and one label into room. After doing appropriate patient identification, label tube (no additional information is required on this printed patient label from EPIC). Perform nasopharyngeal swabbing (hint: swab should be inserted to point the swab tapers- to reach the pharynx). Place swab into tube and break at scored mark and close tightly with lid. You will “crack” the door and drop tube into the appropriate biohazard specimen bag being held by the “labeler”. Close the door and complete other care processes as planned, exit as instructed below.

Person #2: Labeler (helper-outside of room): HH and don gloves, wait with bag open and ready for the Swabber to drop the collection tube into the biohazard specimen bag in clean fashion. Seal the bag and remove gloves. Place patient sticker on the outside of sealed bag. With sharpie, hand write on bag the following: date, time, and swabber’s initials. Hand carry specimen to lab and hand off as directed there.

note If collecting both Flu/RVP and CoVID-19, a separate Biohazard specimen bag is required for each specimen. (One for Flu, one for CoVID-19)

Droplet-Condition Specific Isolation

- New Signage- these have been provided to units with current PUI in-patients. Sent to print shop for bulk printing, IP will disseminate to all units when obtained.
- Private room designation. Door must remain closed. Minimize traffic by staff and visitors. Cluster work tasks when feasible.
- Just in time training as needed for staff assigned to care for these patients
PPE: Donning/Doffing
- Designate patient equipment to remain in room for duration of patient stay. Should be wiped down at least daily with hospital approved disinfectant. (Make a plan for your staff to ensure this is done)
- WOWs should remain outside of the room when feasible, when brought into the room, they must be disinfected before exiting room refer to policy: INFPREV_PROC_NOMC_NORH_Cleaning and Disinfection of Non-critical items.
- Any point of care testing equipment should be approached with clean hands and not placed directly on patient care environment. They should be cleaned immediately after use with the appropriate hospital approved disinfectant. Refer to policies: INFPREV_PROC_NOHS_Hospital Approved Disinfectants and INFPREV_PROC_NOMC_NORH_Cleaning and Disinfection of Non-critical items.

- Any diagnostic testing that can be done at bedside is preferred (Equipment disinfected prior to exiting room). If the patient has to travel for testing or procedure, refer to policy: INFPREV_PROC_NOMC_NORH_Transporting the isolated patient.
Note: the patient will be given a surgical mask-4 tie to wear during transport and testing.

Dietary:

Dietary items should be served on disposable trays so that they can be discarded inside the room. If not available, the dietary trays, dishes, utensils should be double bagged, closed securely and returned to Kitchen for routine cleaning. Do not double bag and send disposable trays back to dietary.

Purpose of disposable items is for containment of surface contaminants likely produced with this virus- no additional disinfectants or process is recommended for cleaning outside of standard Nutritional Services policies.

Waste containment and Disposal:

Trash cans should be frequently emptied (everyone shares responsibility)

Do not over fill, trash should not exceed the level of container

Bags should be closed using the “goose neck” and “balloon tie” methods.

Do not “bunny ear tie” - it can leave gaps in closure

Do not compressed waste or sides of bag to expel air.

****Discuss with staff that garbage holes in countertops are for HH waste only. ****

Do not discard PPE (exception: gloves), IV tubing/bags/treatment supplies, etc. into these receptacles.

All waste will be double bagged and tied (EVS asked to put 2 bag liners in cans and not to knot the edges)

Can be taken out of the room and placed into soiled utility room cans as usual

Linen:

Soiled linen will be double bagged and taken out of the room and placed into soiled utility cans as usual

PPE Requirements:

Staff/Providers entering room must don gown, N-95 mask, goggles, and gloves. Doff, HH, and equipment disinfected prior to exiting room. Goggles must be disinfected between uses with Hospital approved disinfectant (PDI Super Sani-Purple top). Do not discard goggles.

Family/visitors should be limited, when allowed to visit, should wear gown, yellow mask with loops, and gloves. Instruct PPE and HH requirements, instruct to keep moderate distance (4-6 feet)

Environment/Equipment Disinfection:

Liquid Quat (EVS) and all Hospital approved disinfectants are Virucidal and will kill this virus with appropriate contact time/ wet time. See manufacturer's instruction

Upon patient D/C or transfer the inpatient rooms will be cleaned according to policy for isolated patients, including cubicle curtain change. Disinfection process will be follow by Tru-D (CN to orchestrate with EVS).

***alternate disposable wipes or alternate hospital disinfectant being discussed- guidance will be disseminated when supplies requisition/ plan has been determined. ***

After-life care (patient, equipment, and environment):

NOTIFY IP and Dr. Newman immediately (we will notify OPH as directed)

Patient: notify nursing supervisors. You will follow the policy: PTSRVS_PROC_NOMC_Pronouncement of Patient and After Life Care. The Nursing supervisor or they will direct you to follow IP policy: INFPREV_POL_NOHS_Informing Funeral Home Personnel of any contagious disease.

Equipment: clean at bedside, do not remove from room until fully disinfected

Environment: EVS will clean per routine cleaning process for D/C of isolation patient

Tru-D (room and equipment) EVS and nursing to orchestrate plan/timing

Please call the Infection Prevention office with any questions or concerns. Ext 6414. This guidance may be updated frequently and will be distributed at that time.