

IP Guidance and Recommendations for New Cohort ICU- MICU 2

Patient criteria for admit to this unit and utilization of this unit to be determined by Physician leadership, Infectious Disease, and Infection Prevention in collaboration with the Critical Care providers.

IP Note: There can be increased risks associated with cohorting any group of patients. Clustering patients by known infection status or clustering patients with no known active infection status can make caring for these patients challenging either way. To maintain safe care practices and a safe care environment, staff must continue to apply infection prevention strategies in all patient care activities. Meticulous hand hygiene between care processes and before and after each patient, safe and appropriate use of all PPE-including isolation precaution and standard precautions, thorough and appropriate disinfection of all reusable patient equipment before and after use, and continual cleaning and disinfection of all environmental surfaces are all very important.

Known Covid + Patients in Droplet: Condition Specific Isolation

Exposure levels and PPE recommendations:

Minimal Exposure: Supply runners or persons performing “hand off” tasks- will remain outside of entry way/ante room/ donning/doffing room, which is between the outer double doors and the MICU 2 entry double doors.

- Will assist with ensuring that any equipment coming out of the area has been disinfected, that any soiled supplies are appropriately contained and covered for transport, and any specimens leaving area are appropriately bagged and safe for handling with bare hands during transport to lab.
- Use phone located in hall to notify of arrival and orchestrate safe and quick hand-off
- PPE: universal masking and HH only, unless entering unit.
- Prior to entry into the unit, they will don appropriate PPE for the exposure time expected.

Limited Exposure: Time on unit < 2 hours increment

- Will typically be physicians/ancillary staff that are at the bedside for shorter duration of time for assessment, treatments or bedside testing/specimen collection.
- PPE: Regular uniform, gown, N-95 mask, face shield, and gloves.
 - Wear facial coverings for the duration of time on unit or until suspect or known contamination- at which time, the mask will be discarded and a new mask donned and the face shield disinfected.

- Discard gown and gloves and perform hand hygiene as soiled during care processes of same patient and without fail before moving to care for another patient.
- Aerosol Generating Procedures (AGP) PPE: Regular uniform, gown, N-95 mask, goggles, and gloves **Must discard all PPE including N-95 mask after procedure. Goggles are to be disinfected for reuse. If a face shield is worn, it must be discarded.
- Utilize the donning and doffing room when entering and exiting the unit

Extended Exposure: Time on unit > 2 hours increment

- Generally Nursing and Respiratory staff assigned to continuous care positions on the unit. EVS techs are likely to spend more time on the unit as well.
- PPE: Hospital laundered scrubs, Hair covering, Foot coverings (unless shoes are wipable), gown, N-95 mask, Face shield, and gloves.
 - Wear facial coverings for the duration of time on unit or until suspect or known contamination- at which time, the mask will be discarded and a new mask donned and the face shield disinfected
 - Discard gown and gloves and perform hand hygiene as soiled during care processes of same patient and without fail before moving to care for another patient.
 - Aerosol Generating Procedures (AGP) PPE: Hospital laundered scrubs, hair/shoe covers if wearing already, gown, N-95 mask, goggles, and gloves **Must discard all PPE including N-95 mask after procedure. Goggles are to be disinfected for reuse. If a face shield is worn, it must be discarded.
- Utilize the donning and doffing room when entering and exiting the unit

Entry and Exit; HVAC:

Routed to one entry/exit into unit. Ante room with inward opening doors. PPE donning/doffing room created. All doors to remain shut when not in use, minimize hall doors/unit doors open time.

For your safety and to prevent direct and indirect transmission of disease, **do not bring personal belongings, food or drink into this unit.** (See below re: MICU2 Locker room/Breakroom)

HEPA filters (air scrubbers) have been placed in the donning/doffing room to filter the air and to create a negative pressure environment in the ante room space that separates the unit from the outside corridor.

All other entries/exits existing in this area have been covered and taped closed, automatic doors settings are set to manual. Will still be used as emergency exits- in case of emergency doorway coverings can be disrupted. Signage in place per Plant Ops. (ILSM: Interim Life Safety Assessment completed and staff education done; ICRA: Infection Control risk assessment completed and on file).

Isolation room #11, and an additional enclosed room #4 are negative pressure environments. They can be used for continuous AGP (#4 only), bedside AGP (ex: bedside bronchoscopy) or intubation and extubation procedures (#11 or #4). They are monitored daily by Plant ops to ensure negative pressure in relation to the open unit area. MICU 2 Nursing staff will assist in testing room #4 and reporting daily to plant ops. Education completed per G. Vinyard, monitor logs maintained per Plant ops.

The Pneumatic Tube system will be bypassed in this area, and the station will be covered and sealed.

Donning and Doffing room:

Area is a positive pressure area, set up for both donning and doffing.

Space in that area for more than one person to safely don or doff at the same time.

Table and chairs in place for areas to disinfect reusable patient equipment and PPE (stethoscopes, goggles), chairs will allow those wearing wipeable shoes to sit and safely disinfect their shoes prior to exit. PPE holders are stocked with all disposable PPE needs and will be maintained and restocked by Peri-op Leadership. MICU 2 nursing staff should notify Susie Edler and/or Carmen Krail of PPE needs daily. Susie and/or Carmen will place orders as needed and the order placed on Thursday will ensure PPE supplies are sufficient to cover the weekend shifts.

Liquid Quat and cloths will be supplied and refilled by EVS daily

PPE posters: Picture/Word instructions displayed in this area, notating required PPE for the different exposure times.

Personal belonging bags housing clean reusable face shields and N-95 masks can be stored in this area, hooks on wall for this purpose.

Staff with "extended exposure" PPE may leave the unit after discarding all disposable PPE and cleaning shoes. ***See locker room/shower stations and break room set ups***

Environment:

It will require everyone taking part of cleaning and disinfecting environmental surfaces to help decrease the viral load on the surfaces.

EVS will be responsible for all high touch areas and floors twice daily, they will clear soiled utility: waste, linen, sharps, etc. during their time on unit

To support EVS environmental cleaning efforts, nursing and respiratory staff assigned to the unit will also clean high touch areas throughout the day, including any mobile equipment, patient reusable equipment, countertops, and desk work stations.

Privacy curtains, when used in an open cohort environment should be changed (Scheduled) as often as feasible and when visibly soiled (ASAP)-(EVS leadership to determine frequency and plan implementation). They should be approached with clean gloved hands but ALWAYS considered "soiled".

Ancillary staff doing bedside procedures/testing have committed to cleaning an environmental surface in addition to disinfection of their own equipment after use. (Lab- bedside table, Rad-foot boards, Cards-side rails).

Locker room/Shower station:

SDS room 2143 has been restructured and allocated for use as a MICU2 breakroom, Locker room, and Shower station for MICU2 staff. (Bring your own locking device, shower supplies and home clothing)

Persons working on MICU2 that meet the "Extended Exposure" timeframe criteria will be allocated a set of surgical scrubs, disposable head covering (bouffant cap) to wear under the required PPE (N-95 mask, goggles/face shield with non-porous/ plastic components, gown, and gloves).

They will be given the option (recommended for increased potential of exposure on skin and clothing) to shower after shift. They will be asked to double bag linen used for showering and place in designated bin, and also to double bag surgical scrubs and place in a different designated bin. There is posted signage with instructions, and linen (towels/bath cloths) available. **please maintain a neat space and pick up after yourself, disinfect any surfaces used in area (table top/chairs) **

EVS will need to be notified after 2143 shower has been used so it can be scheduled for cleaning and disinfection. (During week/days- EVS assigned to SDS will cover this area.

Evenings/nights/weekends- contact EVS supervisor through operator-ext. 6305) **EVS techs will disinfect bathroom completely and disinfect surfaces in the "locker room area"***

Reminder: This process is meant to offer an option for persons having potential of extended and increased exposure that meet above criteria. All other staff caring for Covid-19 + patients receiving AG tx/Ps are protected with current PPE recommendations & strict hand hygiene practices. They are asked to continue following current recommendations, as their exposure time is "limited" and considered lower risk.

MICU2 Break room (on unit):

Ideally, we recommend leaving the unit for your lunch break.

For staff who are considered extended exposure persons:

An “ante room” space with access to staff restroom and break room area has been created for MICU2 staff use. Please see following recommendations for safe access and use of area:

1. Doff gown and gloves and shoe covers (if going into break room- do not need to remove for restroom only) at nearest nursing station and perform hand hygiene. Do not remove facial or head coverings.
2. Enter ante room, ensuring the barrier is sealed behind you. Perform hand hygiene.
 - a. Restroom use: keep facial/head coverings in place.
 - b. Breakroom use: enter area, ensuring door is closed behind you. Doff face shield (can disinfect and hang on wall hooks), Doff N-95 mask and discard directly into labeled trash bin by doorway. Perform hand hygiene.
3. Rest and Rejuvenate
4. Upon exit, Don new N-95 mask, disinfected and dried face shield and new shoe covers. Ensure that door and ante room barriers are closed behind you. You should go directly to the nursing station to don gown and gloves.

***Ancillary departments (Lab, Radiology, Respiratory, Nutritional services, EVS, Cardiology, Pharmacy, Material services, Plant ops, etc.) have made individualized plans for bedside care processes, testing, supplies, cleaning and disinfection, etc. Please defer to those leaders for more information. ***

Additional IP guidelines for reference: Oak link Covid-19 updates:

Infection Prevention Guidance Patients Suspect for or Confirmed COVID19

Aerosol Generating Procedures (AGP)

Personal Protective Equipment (PPE): Who, What, When, Where, and WHY?

N95 Mask Re-use Contingency Plan