

Infection Prevention Guidance Patients Suspect for or Confirmed COVID19

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

- These individuals are given an ear loop mask (Hand Hygiene (HH), *Cover Your Cough* education).

Suspected/Person Under Investigation (PUI): Persons are further assessed by provider, differential testing (i.e., Flu/Respiratory Viral Panel (RVP)) resulted negative, or otherwise determined to be suspect for COVID19 (CV19). CV19 testing should be ordered or pending.

- Patients will be placed into Droplet: Condition Specific Isolation. (Use new signage.)
- Bed control nurse/Nursing Supervisor to notify Infection Prevention Director Amanda Morse and Infectious Disease Physician Stacy Newman of new Droplet: Condition Specific isolation admission.
- Patient is given surgical mask with 4-ties during ambulation to room or transport via stretcher. Once in the room, patient mask may be removed. All staff entering room will don appropriate mask. (Indicated on signage; See references to N-95 mask re-use and PPE guidance during Aerosol Generating Procedures (AGP)). Currently, all are masking universally; change mask to N-95 if appropriate.
- The patient is placed in a private room with the door remaining closed at all times.

Confirmed: Positive test result for CV19 resulted.

Testing for Discharge Placement: Patients being tested for outside facility placement that are asymptomatic and have not been considered PUI during stay, will not require isolation precautions, isolation status change or transfer to “COVID” designated unit while test results are pending.

- If a positive test result is received on testing for Discharge patient placement, notify Dr. Newman, Infection Prevention and Employee Wellness.
- Refer to: NOMC COVID Testing for Discharge Placement document for additional recommendations and guidance related to this process. See also, EPIC update to Inpatient COVID orders for rule out.

Specimen collection: Swabs for inpatient flu and/or CV19 testing are available from the Laboratory. The packages contain a nasopharyngeal (NP) swab and conical tube with fluid. If there is no fluid, it is the wrong tube. Swab and collection technique is the same as for respiratory viral panel. Call Microbiology at extension 6168 to clarify any questions about collection instructions, labeling and transport of the swab to the Lab.

Provide the patient with an ear loop mask to wear to cover his/her mouth during collection. The swabber will continue wearing a mask appropriate for isolation. If this patient is unable to tolerate a mask covering his/her mouth during specimen collection, the swabber should wear a N95 mask to protect against forced cough droplet exposure.

Person 1: Swabber (In-room collector)

- Don appropriate 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: the swab should be inserted to point the swab tapers in order 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 (Outside of room helper)

- Perform proper 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
 - Swabber’s initials.
- Place the labeled biohazard bag into a second biohazard bag, ensure it is sealed.
- Send the specimen to the Laboratory via the pneumatic tube system. **Refer to policy: Lab_IP_PROC_NOMC_Safe_Pneumatic Tube System, for additional instructions re: sending specimens.

NOTE: One swab can be used to collect specimen and then sent to be processed for both Flu/RVP and CV19. Call the Laboratory for additional guidance.

Patients Placed in Droplet: Condition Specific Isolation

New Signage

- These have been provided to units with current PUI/confirmed inpatients.
- Signs can be re-used and do not need to be discarded.
- Disinfect between uses.
- Call Material Services for additional sign needs (i.e., Droplet sign #19673, Stop sign #19674).
- Please do not make your own copies, add to or modify the signage.

Patients will have private room designation, with the door closed at all times(exception: ICU units with direct visualization of patients may “crack” the door slightly in order to hear alarms and utilize approved extension tubing set up). Minimize traffic by staff and visitors. Cluster work tasks when feasible, and does not compromise quality of care given.

Cohort of patients requiring Droplet: Condition Specific isolation must be approved through Infection Prevention/Consult with Dr. Newman. Arrangements and specific care plans can be made on a case-by-case basis.

- **PPE-use for staff caring for cohort patients:**
 - Don gown, gloves, mask and goggles.
 - Provide care to first patient.
 - Discard gown and gloves and perform HH in between cohort patients.
 - Don new gown and gloves to care for second patient.
 - Note: Mask and goggles need not be changed between patients unless soiled.

Just-in-Time training as needed for staff assigned to care for these patients in Droplet: Condition specific isolation. PPE: Donning/Doffing, waste containment, and all others as requested.

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.

Point-of-Care Testing/Diagnostic Testing

Any point-of-care testing equipment should be approached with clean hands and not placed directly on patient care environment. Equipment 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 must be 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: Patient will be given a surgical mask with 4 ties to wear during transport and testing.

Addendum to procedure of patient transport (approved 8/18/21):

While in the process of transporting a patient in Droplet Condition Specific isolation, staff will need to follow the above policy as it applies to all isolation patients. However, once the appropriate mask has been donned for entering the patient’s room (either ear loop or N-95) and eye protection, facial coverings may remain in place for the duration of all care processes including patient transport to inpatient admit from ED, transfer to higher level of care in

emergent or urgent situations or during transport to procedure area or testing area. Once patient arrives to destination and is handed off to receiving staff, the mask in use must be discarded, eye protection disinfected or discarded (face shield: if AGP room), hand hygiene performed and universal masking continued with new ear loop mask. As always PPE should be approached with mindful attention to proper donning and doffing technique, disposal and hand hygiene practices.

Dietary

- Approved 2/22/2021: Resume the use of regular dietary trays, dishes and utensils for all patients unless special requests for disposable are made by the patient. The soiled trays should be placed directly into the nutritional services collection cart. There should not be a mix of “clean” dietary trays and “soiled” dietary trays (as with all other isolated patients soiled dishes- do not place trays into the unit’s soiled utility rooms or into tray storage closets for later pick up. Trays should remain in patient rooms until they can be placed directly onto collection carts). Gloves should be worn when handling all soiled items, discarded and then hand hygiene must be performed
- 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, with everyone sharing responsibility.
- Do not overfill the cans. Trash should not exceed the rim of the container.
- Bags should be closed using the “gooseneck”- or “balloon” tie-methods.
 - **Do not** bunny ear tie the bag, as it can leave gaps in closure.
 - **Do not** compress waste or sides of bag to expel air.
- Discuss with staff that garbage holes in countertops are for hand hygiene waste only – including gloves. Do not discard items such as IV tubing/bags/treatment supplies, PPE masks and gowns, etc., into these receptacles.
- All waste will be double-bagged and tied. EVS asked to put two bag liners in cans and not to knot the edges. Waste may be removed from 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 a room must don a gown, ear loop mask or N95 – for aerosol generating procedures and continued care of intubated patients, – goggles/face shield and gloves. Staff/providers must doff, perform HH, and disinfect equipment prior to exiting room. Goggles/face shield must be disinfected between uses with hospital-approved disinfectant – PDI Super Sani-Purple top or approved alternative disinfectant. Do not discard goggles or face shields unless damaged.

- Staff are permitted to wear personal head covers/head bands if they so choose as an extension of their own scrub attire. Do not take off while at work. Items must be laundered daily at home. *** Please do not use hospital-provided disposable head covers (i.e, bouffant and skull caps) as these are reserved for surgical areas/specialty areas requiring this PPE. ***
- Family/visitors are limited. When allowed to visit, family/visitors should wear gown, mask with loops and gloves. Staff should instruct visitors on proper PPE usage and HH requirements. Visitors should not wear N-95 mask, and should also be instructed to keep a moderate distance (4-6 feet).

See reference in COVID tool kit on Oaklink for Contingency plan: N-95 re-use, masking requirements for AGP, and PPE-The 5 W's for additional guidance

Environment/Equipment Disinfection

- Liquid Quat 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 followed by Tru-D (Charge Nurse to orchestrate with EVS).
- Alternate disposable wipes or alternate hospital disinfectant process in place at this time related to contingency plan: supply chain.
 - For all large surface area and equipment, department representative will obtain liquid Quat/laundered cloths from EVS daily.
 - Hospital approved disposable wipes will be used in Droplet: Condition Specific and Contact: Condition Specific Isolation rooms to ensure staff are cleaning all POC and patient reusable equipment prior to exiting room.
 - Other areas may be approved for use at discretion of supply team/Infection Prevention.

*** Do not use any disinfectants brought from home or supplied by generous community donations unless vetted and approved by infection prevention (a yellow "North Oaks approved disinfectant sticker will be applied to all containers approved through this process)***

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

- NOTIFY Infection Prevention and Dr. Newman immediately – who 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 will direct you to follow IP policy: INFPREV_POL_NOHS_Informing Funeral Home Personnel of any contagious disease.
 - Staff will don appropriate PPE when caring for a deceased person (i.e., goggles, mask, gown and gloves). Once the body has been cared for, tagged for identification, and placed into bag. Wipe the outer surface of the bag with hospital-approved

disinfectant and label the outside of the bag. This allows identification verification when security hands off to funeral home without having to open the sealed bag.

- Equipment: Clean at bedside and do not remove from room until fully disinfected.
- Environment: EVS will clean per routine cleaning process for discharge of isolation patient. Tru-D (room and equipment), with EVS and nursing to orchestrate plan/timing.

Please call the Infection Prevention office with questions or concerns by calling 985.230.6414. This guidance may be updated frequently and will be distributed at that time.