

Care Requirements for Suspected COVID-19 (Persons Under Investigation – PUI) (NWR IRF)

Last Modified: 4/24/20

Precautions	<p>If any healthcare provider identifies a patient starting to display fever ($\geq 100.4^{\circ}\text{F}$) <u>and</u> new/worsening onset respiratory symptoms, escalate to patient's provider or RN. Provider or RN will place patient on droplet and contact precautions, plus eyewear protection.</p> <ul style="list-style-type: none"> • Review COVID-19 testing criteria to determine if patient meets criteria for testing. <ul style="list-style-type: none"> ○ Note: Testing for COVID-19 (Nasopharyngeal (NP) Swab collection) is not considered an aerosol-generating procedure (AGP). ○ A NP Swab Collection tip sheet is posted on the Physician Forum Clinical Guidelines page.
Notification	<ul style="list-style-type: none"> • Notify Infection Prevention (IP) immediately for all suspected cases (Page at 312.695.9483, please include full callback phone number). • Physiatrists to consult with Infectious Disease on COVID-19 testing.
Patient Placement	<ul style="list-style-type: none"> • Positive COVID-19 patients will be cohorted to 2W. • PUI patients to remain in rooms until determined if COVID-19 positive. • Doors of patients with confirmed COVID-19 and PUIs must remain closed. • If PUI patient is positive, transfer patient to appropriate care location using appropriate PPE Guidelines (move to 2W vs ED vs direct admit to McHenry or Huntley hospital). • Contact precautions (gown and gloves), droplet precautions (procedure mask) and use of eye protection (e.g., goggles or a face shield that covers front and sides of the face). Follow Inpatient PPE Guidelines. • Hang droplet and contact precaution signage found at nurses station. • Releasing PUI cases from isolation and droplet/contact/eyewear precautions will follow the IDPH guidelines. Please consult with Infection Prevention prior to removing precautions.
Hand Hygiene	<ul style="list-style-type: none"> • Perform frequently, including before and after all patient care, contact with patient environment, before donning and after doffing PPE.
PPE	<ul style="list-style-type: none"> • Don PPE before walking into the room. Doff PPE prior to exiting room (at doorway).

Staffing	<ul style="list-style-type: none"> • Post CDC Donning and Doffing Guidelines in a sheet protector on PPE cart. • Donning reminder: Tie gown in the back. • Doffing reminder: Grasp gown at the front and pull away slowly, rolling inside out while taking your gloves off at the same time. Do not touch front of goggles, face shield or mask while doffing. • Eyewear and mask reminder: Perform hand hygiene before and after touching eye protection and mask. • Staff with N95 masks will be given brown paper bags to store their masks when not in use. • Shoe covers and hair covers will be available on cohorted unit for staff to use if they choose. • Wipe down goggles with appropriate hospital wipe after use. • Follow the appropriate guidelines for re-using PPE. • See guidance for Inpatient and ED PPE Recommendations for PUI and COVID-19 Positive Patient. • Following an AGP in a standard room, an N95 should be worn for 70 minutes post-procedure. Nurse to change door sign to reflect airborne precautions.
Patient Care	<ul style="list-style-type: none"> • Limit healthcare providers entering the room. • Only NECESSARY staff in room: RN, physician, respiratory therapist, physical therapist, occupational therapist, speech language pathologist. • Reduce nurse-to-patient ratio. Confirm any nursing assignment changes using chain-of-command. • Ancillary services to be canceled for PUI while care decision is made. Consult with the care team (provider, RN) on which ancillary services will be canceled.
	<ul style="list-style-type: none"> • Minimize ALL procedures/testing outside of room – use portable or disposable testing equipment whenever possible. All procedures should be performed at the bedside (ultrasound, debridement, X-ray with the use of portable X-ray machine, including chest (AP), extremity and abdomen X-rays). • Telehealth should be utilized for care teams such as Care Coordination, Interpreter Services, Spiritual Care, Psychology, Dietary and Pharmacy consults. <ul style="list-style-type: none"> ○ If Telehealth options exist, please consider using these channels. Information on how to connect is available on Physician Forum.

<p>Transport</p>	<ul style="list-style-type: none"> ○ Providers may still need to enter the room to assess the patient, however, providers are encouraged to use telehealth as appropriate. • If transport is required: <ul style="list-style-type: none"> ○ To another room: Only the patient and their belongings should be moved. ○ Consult Infection Prevention prior to transport. ○ Contact Security to identify route that minimizes exposure to other personnel/patients if transporting off second floor. ○ Notify receiving area/ATEC. ○ Last procedure of the day unless emergent/STAT. ○ Coordinate non-portable testing with radiologist to assure most efficacious procedure. ○ Mask patient with surgical mask, change into clean gown and linens. ○ Staff caring for patient will transport.
<p>Isolation Equipment</p>	<ul style="list-style-type: none"> • Patient NOT to be moved unless absolutely necessary. • Patients on isolation precautions should have disposable or dedicated non-critical patient care equipment (i.e. blood pressure cuffs, stethoscopes, thermometers and handheld pulse ox). • If use of common equipment is unavoidable, it must be adequately cleaned and disinfected with hospital-grade disinfectant before use on another patient. Follow the dwell time on product label.
<p>Medications</p>	<ul style="list-style-type: none"> • Limit items, including medications, IV solutions and enteral feedings taken into the room of a patient on isolation precautions. <ul style="list-style-type: none"> ○ Multi-dose medications (e.g. insulin pens, creams): <ul style="list-style-type: none"> ▪ Low risk medications such as a multi-dose inhaler and eye drops can be kept in the patient room. ▪ Insulin pens should be wiped down after use, placed in a plastic bag, and stored in the Pyxis machine patient-specific bin. ▪ Plastic bags should be wiped down with CAVI wipes before returning to the Pyxis. ○ Medication disposal for PUI or COVID positive: <ul style="list-style-type: none"> ▪ Medications that have entered the room will not be returned to the Pyxis or pharmacy and should be disposed in the following manner: <ul style="list-style-type: none"> • Narcotics should be disposed in the cactus apparatus and wasted with witness in the Pyxis, not returned to the Pyxis.

	<ul style="list-style-type: none">• All other medications will be discarded in hazardous waste bins. Large black hazardous medication bins have been placed on each unit in the soiled utility rooms.○ Non-formulary home medications:<ul style="list-style-type: none">▪ Non-formulary home medications that are deemed essential will still need to be verified by the pharmacist using the process below:<ol style="list-style-type: none">1. Over the phone with the nurse at bedside, the pharmacist should verify that the medication order placed in Epic matches the outpatient pharmacy label on the patient's product.<ol style="list-style-type: none">a. If the two orders do not match, clarify the order with the prescribing physician.2. Coordinate a time with the pharmacist for labeling the product in order to conserve PPE and minimize exit and entry into the patient room.3. Communicate with the pharmacist to ensure the Ziploc bag used to contain the drug product is large enough to allow manipulation (e.g., opening vial) to positively identify the drug product without opening the bag.4. While in the patient's room the nurse should:<ol style="list-style-type: none">a. Collect the medication product from the patient.b. Wipe the exterior of the drug product with an appropriate agent (e.g., Super Sani-Cloth®).c. Place the product in a Ziploc bag (use separate bags if > 1 product requires identification).d. Wipe the outside of the bag with an appropriate agent (e.g., Super Sani-Cloth®).5. Meanwhile, the pharmacist should retrieve the label from the inpatient pharmacy and bring the label to the patient care area.6. Pharmacist identification steps:
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Cardiac Arrest Medications

- a. Don gloves and perform drug identification per policy taking care to keep the Ziploc bag closed.
 - b. Upon positive identification, label the bag and return the product to the nurse.
 - c. Instruct the nurse that upon re-entering the room for the next patient assessment they may apply the label to the physical product.
 - d. Doff PPE and wash hands.
 - e. Document the identification in an iVent and include the rationale for using the patient's own medication.
- Cardiac Arrest Medications
 - When a cardiac arrest is called, try to preserve the medication in the crash cart. If the drawer is compromised, we will need to dispose of the medication that was removed from the heat-sealed bag in black hazardous medication bins or wipe down with Sani-Cloth the crash cart tray and medications that remain heat sealed.
 - To reduce the need to open the crash cart medication tray, pharmacists will response to code with a bag of commonly used medications (will not enter patient room). Those bags of medication are loaded in the Pyxis machines in ED.
 - Medications that remain heat sealed may be wiped down with Sani-Cloth and returned to pharmacy.
 - Cardiac Arrest medications include:
 - Epinephrine 1mg x5
 - Magnesium 1g x2
 - Amiodarone 150mg x3
 - Sodium bicarbonate 50mEq x2
 - Dextrose 50% 25g x2
 - Calcium chloride 1g x2
 - Please remember that the safety of the patient comes first. If there is a need to open the medications in the crash cart to safely care for our patients, please do so.

<p>Caring for the PUI or COVID-19 positive patient</p> <p>Respiratory Care</p> <p>Patient Privacy</p>	<ul style="list-style-type: none"> • Any non-porous items that cannot be disinfected properly should be left in the room or thrown away (e.g. paper education, cloth materials) for suspected COVID-19 patients. • It is important to batch tasks and complete all the necessary tasks while in the room (in proper isolation PPE), which may include documenting. Minimizing PPE utilization by limiting the number of times going in and out of the room should be considered. • We need to ensure our care of these patients meets their needs and provides compassionate, patient-centered care. Patients are anxious and scared. Be present, listen and even hold their hand (sit side-by-side rather than face-to-face) in the appropriate PPE. • Nurses and Respiratory Therapy caring for patients with COVID-19 (along with anyone responding to a cardiac arrest) should be fit tested for the N95 for use in the case of a medical emergency that may include AGPs. • If a nebulizer treatment is ordered, work with Pharmacy to see if an inhaler could be safely substituted according to CDC guidelines. <ul style="list-style-type: none"> ○ If patient is COVID-19 positive, provider or RT should contact Pharmacy to alert them and assess options. • For meals, please see details under “Dietary.” • For cleaning/housekeeping, please see details under “Environmental Cleaning.” • The protection of patient’s health information is a priority. Signage will be posted as appropriate regarding isolation precautions. For additional information on counts of patients tested, please reference NMI Patient COVID-19 dashboard for updates.
<p>Patient Care Equipment / Area</p>	<ul style="list-style-type: none"> • Use single-use patient equipment and supplies when possible. • “Stock” patient room prior to patient arriving with disposable and dedicated equipment where possible. • Dedicate equipment to the patient if possible. Any equipment that cannot be dedicated to the patient should be cleaned and disinfected per standard procedure. • Leave equipment in patient room – to be disinfected following patient discharge. • All non-disposable equipment must be disinfected using the hospital-approved wipes. Follow the dwell times listed on the container.
<p>Aerosol Generating</p>	<ul style="list-style-type: none"> • Avoid if at all possible. Only perform medically necessary AGP’s. • Guidelines for PPE of AGPs can be found on Physician Forum. • Only essential personnel present in room during AGP.

Procedures (AGP)	<ul style="list-style-type: none"> • Healthcare worker should wear N95 in addition to gown, gloves and eye protections. • After an AGP: Nursing to place “Patient Received AGP” sign on the door and change isolation sign to “Airborne Precautions.” • Nursing to record the time the AGP ended and time clear to enter the room on the sign. • For 70 minutes after AGP, only essential healthcare workers allowed in the room. Healthcare workers to wear N95 respirator while in the room. • After 70 minutes, nursing to remove “Patient Received AGP” sign and change isolation back to “Droplet, Contact and Eyewear” sign.
Medical Emergencies	<ul style="list-style-type: none"> • Please reference Cardiac Arrest/RRT workflow as covered in Woodstock Orientation Binder for additional guidance.
Environmental Cleaning	<ul style="list-style-type: none"> • EVS will not clean patient’s room while in isolation. • Nurse to do “high-touch” surface clean with approved hospital wipes (following specific product dwell guidelines) when contaminated, or at a minimum, the end of each shift. • RN to arrange with EVS when in room trash receptacles are full. • Waste and soiled linen will be handed off to EVS from the RN inside the room, who will tie the first bag closed, and place into a second bag, then tie second bag closed before handing to EVS outside the room. Double bag white/clean liners for trash, and blue liners for linen. • Medications that have gone in a PUI room should not be returned to Pharmacy or the Pyxis. The RN will place any leftover medication after patient discharge in a Ziploc bag, wipe down the outside of the Ziploc bag with an approved wipe then move to a clean area outside the room. RN will doff PPE, perform hand hygiene and then dispose of in the proper pharmaceutical waste bins. • Follow contact, droplet EVS cleaning procedures. • Room can be disinfected using NM’s normal patient discharge/transfer process.
Lab Specimen Collection	<ul style="list-style-type: none"> • Do appropriate testing according to symptomatology. • Consult IP prior to any COVID-19 testing (Page at 312.695.9483, please include full callback phone number). • Nursing may obtain nasopharyngeal (NP) specimen for respiratory panel and COVID-19 testing after obtaining physician order (1 swab used for both tests). <ul style="list-style-type: none"> ○ Refer to nasopharyngeal swab technique tip sheet. ○ Note: Testing for COVID-19 (nasopharyngeal swab collection) is not considered an AGP. • Wear appropriate PPE to collect specimens.

	<ul style="list-style-type: none"> Nursing should collect all lab specimens, utilizing other RNs to attempt drawing prior to calling phlebotomy. If needed, Phlebotomy may enter a standard room with the appropriate COVID-19 positive PPE.
Dietary	<ul style="list-style-type: none"> For PUI or COVID-19 patients, providers would place order for a safety tray in EPIC, via the diet order. This will trigger dietary to send disposable tray with disposable elements. Tray will be delivered to nursing station, and the nurse will deliver the tray to the patient's room. All left-over food and containers should be disposed of in patient's trash receptacle. For ordering meals, a paper menu will be supplied with the meal service options. The RN assigned to the room will relay the patient's choices to 5500 office via phone call. Paper menu should then be disposed of in the patient's trash receptacle at end of stay. Once isolation precautions are removed, provider would need to cancel the safety tray diet order in Epic, and the standard meal ordering process would resume.
Linen and Waste Management	<ul style="list-style-type: none"> RN to communicate with EVS if waste containers in patient room are three-fourths full. Waste and soiled linen will be handed off to EVS from the RN inside the room, who will tie the first bag closed, and tie the second bag closed before handing to EVS outside of the room. Double bag clear liners for trash, and blue liners for linen.
Visitor Management	<ul style="list-style-type: none"> No visitors per NWR COVID-19 policy with the exception of family training conference, where one visitor is allowed. <ul style="list-style-type: none"> All approved visitors must receive appropriate instructions on the use of PPE and other precautions from the RN such as hand hygiene and limiting contact with room surfaces while in the patient's room. Approved visitors must stay in the patient room until exiting the unit/hospital and are not allowed to visit other areas of the hospital (including cafeteria, etc.). If visitors are not compliant with PPE, they will be asked to leave the hospital. Family training, if they cannot be done virtually, could occur at the time of discharge in isolation if patient is medically stable and otherwise ready for discharge. Alternatively, consider if family training could be done via phone call.

NOTE: This is an evolving situation and this resource will be continually updated as more information is available.

Care Requirements for Suspected or Confirmed COVID 19 (MJ)- Last Modified: 4/1/20

High Touch Surfaces

Surfaces and/or items with frequent hand-contact. High-touch surfaces or items need to be cleaned frequently because of the high degree of handling and the risk of cross-transmission of infection. High touch surfaces include:



RN Patient Room COVID-19 Cleaning Process:

- Routine cleaning products and hospital-approved disinfectants can be used.
- Nurses will assist with daily cleaning tasks (pull trash and wipe surfaces when in room for patient care) to minimize patient exposures
- [Cleaning, Disinfection and Sterilization policy](#)
- [Procedure for Disinfection of Non-Critical Patient Care Items](#)

Product	Uses	Wet Time
Clorox Hydrogen Peroxide Wipe	 Hospital Approved Disinfectant & Contact Precautions (Hard surfaces & medical equipment)	1 minute
CaviWipes [®] by Metrex	 Hospital Approved Disinfectant & Contact Precautions (Hard surfaces & medical equipment) **to be used if out of Clorox Hydrogen Peroxide wipes	3 minutes
Clorox Hydrogen Peroxide Spray	 Hospital Approved Disinfectant & Contact Precautions & Soft surfaces (100% polyester or cotton fabric)	1 minute
Clorox Bleach Germicidal Wipe	 Bladder Scan, Nova Meter, Certain equipment per manufacturer guidelines	1 minute
Clorox Bleach Germicidal Wipe	 Contact PLUS precautions (C. diff spores, CRE, Norovirus)	3 minutes
Medline Micro-Kill Bleach Germicidal [™] Wipe	 Bladder Scan, Nova Meter, Certain equipment per manufacturer guidelines **to be used if out of Clorox Bleach Germicidal wipes	1 minute
Medline Micro-Kill Bleach Germicidal 3"x3" wipes ^{**}	 Hospital Approved Disinfectant for hard, non-porous surfaces; 3" x 3" individually wrapped wipes to be used on glucometers **to be used if out of Clorox Bleach Germicidal wipes	1 minute
Sani-Cloth [®] Bleach Germicidal wipes	 Hospital Approved Disinfectant for hard, non-porous surfaces (e.g. gyms and non-clinical areas); available upon request.	4 minutes

Some of these products may be new to your unit. Please note that all of the products on the list are hospital-approved disinfectants and have been vetted by Infection Prevention.