Hot Zone Boss FAQ for Known or Suspected COVID-19 Patients 4.30.2020 1100

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*Highlight denotes new content

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1. Access
   - Would it be appropriate for two staff to do a verbal consent rather than having the patient sign discharge instructions?
     ▪ Yes, that would be appropriate. See the Verbal Signatures guidelines for more information.
   - How does my patient make a meal selection?
     ▪ Nutrition services should not go into Severe Respiratory Precautions rooms.
     ▪ The nurse or patient can call room services at 2-FOOD to place a meal selection.
     ▪ Nutrition services delivers to the desk
     ▪ Standard routine for removing trays from isolation rooms may be used. Trays do not need to be wiped with disinfectant and can be taken directly to the tray cart in the soiled utility area.

2. Environment
   - Are there any special handling precautions for linen, trash, and recycling?
     ▪ No. Use routine process.
   - What disinfectant can be used?
     ▪ Quat wipes with alcohol (i.e. Super Sani wipes, purple top) have been approved by the EPA as effective against COVID-19. Other EPA approved disinfectants may be brought into the system as needs arise.
   - How can supplies within the patient room be kept clean?
     ▪ Avoid overstocking of supplies.
- Access clean supplies and linen within cupboards with clean hands.
- Contaminated linen and care supplies must be removed from the room on discharge

- **How can I pass items out of the room?**
  - Someone outside the room should hold a pink basin and items can be placed in the basin. The person outside the room needs to don gloves and wipe the items and inside of the basin with quat wipes with alcohol (i.e. Super Sani wipes; purple top).

- **Can I bring my phone into the room?**
  - Phones may be placed on a cleaned surface in the room. In the event of an emergency, the nurse may access the phone with clean hands.

- **How long does the room need to stay closed after patient discharge?**
  - If patient does not have an aerosolizing treatment, the room does not need to stay closed.
  - If patient has an aerosolizing treatment, the room needs to stay down for 1 hour, regardless whether it is a negative pressure room or not.
  - EVS may clean prior to the 1-hour downtime being up as long as they wear full Severe Respiratory Precautions PPE. This allows for a quicker turnaround time for the next patient.
  - Equipment may be removed from the room at any time, as long as it is wiped down with an appropriate cleaner.

- **Where can equipment, such as portable x-ray machines, be cleaned?**
  - Equipment may be cleaned in the room prior to leaving.

- **Are there any special precautions for postmortem care?**
  - Please refer to the [Postmortem Care Standard Work](#).

### 3. Exposures and Screening

- **What should I do if I am symptomatic (cough, sneezing, runny nose) and am still cleared to come to work?**
  - Wear a mask and change if saturated or contaminated.

- **What is considered an exposure?**
  - An exposure has occurred when you have interacted with a confirmed positive patient or employee:
    - AND you were not wearing an appropriate mask
    - AND the COVID-19 individual was not wearing a mask
    - AND you were within 6 feet of the individual
    - AND the duration was 10 minutes or longer
  - A PPE failure such as a gown coming untied would not be considered an exposure.
  - Please contact Employee Health Services with specific exposure questions or concerns.
4. PPE

- My patient has a negative COVID result, how do I remove them from isolation?
  - Please follow the Test Result Notification Nursing Standard Work to remove the patient from isolation.
  - There is no need to contact Infection Prevention.
- What are the current mask guidelines for staff?
  - This continues to be a rapidly evolving situation. Please see the PPE Guidelines and Standard Isolation Mask Guidelines documents for the most current recommendations.
- Is any of my PPE reusable?
  - Yes. Please refer to the PPE Conservation document for the most current recommendations.
  - For more specific N95 reuse instructions, see the N95 Disinfection Process Tip Sheet.
  - For more specific eye protection reuse instructions, see Disinfection for Eye Protection.
- Can PPE from home be used?
  - See PPE from Home for current recommendations.
- Where should paper bags with masks be stored?
  - Bags with used masks should be kept away from clean supplies. Examples of acceptable storage include in or on the isolation cart or counters in the anteroom.
  - Clean paper bags should be stored in clean utility rooms.
  - Lawson numbers for paper bags are 300378 and 300380
- Where do I put on my PPE?
  - If available, use the anteroom.
  - If no anteroom is available, don PPE in the hallway prior to entering patient room.
- Where do I remove my PPE?
  - If available, use the anteroom.
  - If no anteroom is available, doff PPE in the patient room, at least 6 feet away from the patient.
- What are the PPE expectations for visitors?
  - See the Standard Isolation Mask Guidelines for current recommendations.
- Can I wear an N95 mask if I do not know my size?
  - Yes, please refer to the PPE Seal Check video.
- What is the N95 disinfection process?
  - Please see the PPE Website Disinfection section for N95 workflow, tip sheets, and FAQ.
- Where can I go if my questions are not answered here?
  - Please go to spectrumhealth.org/covid19/provider-resources at this link for all current guidelines and recommendations.

5. Specimens

- How does the unit obtain the viral transport media to test for COVID-19?
  - Contact the Hospital Supervisor for testing kits.
• Do I need an N95 or PAPR for specimen collection?
  ▪ No, a standard mask is appropriate for inpatient specimen collection.
  ▪ Note: areas with high specimen collection volumes (ED COVID screening tents, 1300 MI drive through testing tent) can wear an N95 or PAPR due to repeated exposures.
• Do I need to handle lab specimen bags differently?
  ▪ No. The bag does not need to be wiped down.

6. Transport
• How do I prepare the patient for travel?
  ▪ Patient should wear a standard isolation mask.
  ▪ Patient should have a clean hospital gown with clean sheet placed over them.
  ▪ May place patient belongings, chart, medications, etc. on clean sheet for transport.
  ▪ Assist patient with hand hygiene, if patient is able.
  ▪ Any equipment leaving the room should be wiped down inside the room with a hospital approved disinfectant. Equipment does not need to be covered. Only parts of the equipment being touched by a clean transporter needs to be cleaned (i.e. end/head of bed, side rails, IV pole, etc.).
  ▪ Ensure receiving location is aware of patient’s isolation status.

• Single person transport of an isolation patient:
  ▪ Transporting staff member should wear a standard isolation mask
  ▪ Transporting staff member should do hand hygiene
  ▪ If assisting with transfer at the destination, the transporting staff member may don PPE at that location to help.

• Two (or more) person transport of an isolation patient:
  ▪ Only necessary if clinical care of the patient is anticipated during transport.
  ▪ Transport staff:
    ▪ Wear a standard isolation mask
    ▪ If the patient is receiving an aerosolizing procedure during transport, may wear N95 or PAPR.
    ▪ Perform hand hygiene
    ▪ Will be considered “clean” and my touch the environment (doors, elevator buttons, etc).
  ▪ Clinical staff:
    ▪ Wear appropriate Severe Respiratory Precautions PPE
    ▪ May wear PPE used to prepare patient for transport. Change PPE if visibly soiled.
    ▪ Will be considered “dirty” and only have contact with the patient, bed, and equipment.
    ▪ If the patient is receiving an aerosolizing procedure during transport requiring N95 or PAPR:
      ▪ Staff should wear N95 or PAPR.
      ▪ Clear people from the hallway and close patient doors en route.
      ▪ Clear elevators before entering.
• What PPE does EMS need to wear when picking up a patient for transport?
  ▪ EMS should be wearing their own PPE, specifically appropriate masks and eye protection. When entering a Severe Respiratory Precautions room, EMS should don a Spectrum Health provided gown and gloves to transfer the patient to their stretcher. Before leaving the room, EMS will need to doff the gown and gloves and perform hand hygiene.
  ▪ EMS is not required by Spectrum Health policy to wear gowns in the hallway, but may choose to follow their own protocols with their own PPE at that point. If they choose to wear their own PPE, they must maintain a clean person to touch the environment.

7. Respiratory Procedures:

<table>
<thead>
<tr>
<th>Treatment/Device for COVID or rule-out COVID Patients</th>
<th>N95/PAPR Required?</th>
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<tbody>
<tr>
<td>Bag Valve Mask Ventilation – Filter</td>
<td>No</td>
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<tr>
<td>Bag Valve Mask Ventilation – No Filter or Code Response</td>
<td>Yes</td>
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<tr>
<td>BIPAP/CPAP</td>
<td>Yes</td>
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<tr>
<td>Code Response- In Room</td>
<td>Yes</td>
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<tr>
<td>Extubation</td>
<td>Yes</td>
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<tr>
<td>High Flow Oxygen delivered in any form: cannula, mask, trach</td>
<td>Yes</td>
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<tr>
<td>Intubation</td>
<td>Yes</td>
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<tr>
<td>Metered Dose Inhaler</td>
<td>No</td>
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<tr>
<td>Nebulizer- Continuous, including Veletri</td>
<td>Yes</td>
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<tr>
<td>Nebulizer- Intermittent Small Volume</td>
<td>Yes</td>
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<tr>
<td>Non-Invasive Positive Pressure Ventilation</td>
<td>Yes</td>
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<td>Non-Rebreather Mask</td>
<td>No</td>
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<td>Open suctioning of artificial airway</td>
<td>Yes</td>
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<tr>
<td>Oscillator or JET Vent</td>
<td>Yes</td>
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<td>Regular O2 mask with wall O2</td>
<td>No</td>
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<tr>
<td>Trach- Heat and Moisture Exchanger (HME)</td>
<td>No</td>
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<tr>
<td>Trach- Trach collar or T-piece</td>
<td>Yes</td>
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<tr>
<td>Ventilator- Conventional with concern for accidental circuit break</td>
<td>Yes</td>
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<tr>
<td>Ventilator- Home</td>
<td>Yes</td>
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<tr>
<td>Ventilator- Prone patient</td>
<td>Yes</td>
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<tr>
<td>Ventilator- Transport</td>
<td>Yes</td>
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<tr>
<td>Venturi Mask</td>
<td>No</td>
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8. What does the Occupational Health and Safety Administration say about using expired respiratory protection equipment (N95 masks, PAPR’s, etc.)?
  ▪ The Occupational Health and Safety Administration (OSHA) provides interim guidance to employers during the Coronavirus Disease 2019 (COVID-19) Pandemic regarding Respiratory Protection Standard (29 CFR § 1910.134) and using expired equipment per the following:
    ○ In accordance with CDC guidance for optimizing the supply of respirators, employers should prioritize the use of N95 respirators by activity type. When HCP perform or are
present for aerosol-generating procedures or procedures where respiratory secretions are likely to be poorly controlled use respirators (including N95 FFRs; other FFRs; non-disposable, elastomeric respirators; and powered, air-purifying respirators (PAPRs)) that are still within their manufacturer’s recommended shelf life, if available, before using respirators that are beyond their manufacturer’s recommended shelf life.

- Employers are to make a good faith effort to obtain other appropriate alternative FFRs, reusable elastomeric respirators, or PAPRs, including NIOSH-certified equipment or equipment that was previously NIOSH-certified but that has surpassed its manufacturer’s recommended shelf life (in accordance with OSHA’s April 3, 2020 memorandum).

9. **What is Spectrum Health doing to assure we have the safest respiratory protection equipment available to use?**

   - Spectrum Health is following the guidance and strategies that have been put in place from the Center for Disease Control and Prevention (CDC) to help optimize and conserve our respiratory protection equipment.

   - Supply Chain, Infection Prevention, Accreditation/Compliance, and Employee Safety have partnered closely to clinically evaluate respiratory protection equipment that will be utilized by team members. New respiratory protection equipment has been tiered into categories to guide purchasing decisions, distribution, and education requirements, according to OSHA regulations.

   - Despite the severely limited supply of respiratory protection equipment for purchase due to the COVID-19 pandemic, Spectrum Health is making a good faith effort to obtain appropriate protection to keep you safe.

   - Keeping team members safe is a top priority. The national limited availability of respiratory protection equipment may result in use of recalled or expired respiratory protection equipment. Respiratory protection equipment is evaluated to ensure that it is the safest option for you to use at this time even if it is recalled or past the manufacturer’s shelf life. Please refer to the [COVID-19 Health Care Professionals Resources page for additional information](#).