
COVID-19: Hot Zone Boss Education FAQ 3.27.20

1500

Spectrum Health Contact: Jen Grile

Managing My Patient

- **What should I do if my patient is on BiPAP/CPAP?**
 - A negative pressure room is ideal if available
 - N95 or PAPR should be used
 - If the patient wears BiPAP/CPAP only at night, a standard mask may be worn while the patient is off the machine

- **What should I do if my patient needs to be intubated?**
 - A negative pressure room is ideal if available
 - N95 or PAPR should be used by provider and clinicians assisting

- **What should I do if my patient is on continuous or intermittent nebulizer treatments?**
 - A negative pressure room is ideal if available
 - N95 or PAPR should be used

- **What should I do if my patient is an oscillator or JET ventilator?**
 - A negative pressure room is ideal if available
 - N95 or PAPR should be used

- **What should I do if my patient is on high flow nasal cannula?**
 - A negative pressure room is ideal if available
 - N95 or PAPR should be used

- **What should I do if my patient is on a conventional ventilator?**
 - A negative pressure room is NOT to be utilized
 - A standard isolation mask should be used

- **What should I do if a patient is on a closed-circuit ventilator, but is getting continuous nebulizers?**
 - A negative pressure room is ideal if available
 - N95 or PAPR should be used

- **What if my patient needs to be transported, what should I do?**
 - If patient transport is required, patient should wear a standard isolation mask.
 - If the patient is unable to wear mask, transport team should wear a standard isolation mask during transport.
 - Patient should have a clean hospital gown with clean sheet placed over them.
 - Assist patient with hand hygiene.

-
- Any equipment leaving the room should be wiped down with a quat with alcohol disinfectant (Super-Sani wipes; Purple top).
 - Ensure receiving location is aware of patient's isolation status.
 - If patient is receiving aerosol-generating procedure during transport:
 - If a N95 mask/PAPR/CAPR is worn during care prior to transport, the transport team member should leave the N95 mask/PAPR/CAPR in place rather than removing it for transport.
 - **Team members who provide care during transport should also wear eye protection, gown, and clean gloves during travel and should only have contact with the patient, the bed or the patient's equipment and the environment.** They should not touch the elevator buttons, doors, etc.
 - During travel, a second team member should act as the "clean" person to touch surfaces (e.g. doors, door handles, elevator buttons). These team members should wear a standard isolation mask or leave the N95 mask/PAPR/CAPR in place rather than removing it for transport. The second team member may carry a clean pair of gloves and/or hand sanitizer. After reaching the destination, these team members will leave mask/PAPR/CAPR in place, perform hand hygiene, and put on clean eye protection, gown and gloves if assisting with transfer.
 - **What if my patient wants to make a meal selection?**
 - Nutrition Services should go onto the unit to take meal selections for patients that are NOT in Severe Respiratory Precautions.
 - For patients in Severe Respiratory Precautions, the nurse or the patient will call the room service number at 2-FOOD (2-3663) to place meal selections and Nutrition Services will continue to deliver to the desk.
 - You do not need to do anything differently when removing nutrition trays from the room. Please follow the standard work for the routine removal of nutrition trays from isolation rooms. They do NOT need to be wiped with any disinfectant (i.e. bleach, Purple top wipes, etc.).
 - **Are there any special precautions for postmortem care?**
 - Follow Severe Respiratory Precautions while performing postmortem care.
 - Wipe the outside of the body bag with a quat with alcohol disinfectant (i.e. Super Sani-wipes; purple top).
 - Wear gloves when handling the cart and bag.

Managing My PPE

- **Is any of my PPE reusable?**
 - Goggles and face shields may be wiped with a quat with alcohol disinfectant (i.e Super Sani-wipes; purple top) and reused. Please refer to the standard work on InSite.
 - Standard isolation mask (including the face shield/mask combination) should be left in place for multiple rooms and wear it until saturated or contaminated with blood or body fluids. Do NOT touch front of mask or pull mask up or down over chin.
 - N-95 masks should be reused by an individual team member until the mask becomes contaminated with blood and body fluids. The mask may continue to be reused even after caring for a COVID+ patient.
 - PAPR/CAPR hoods should be reused by multiple team members and wiped with a quat with alcohol disinfectant (i.e Super Sani-wipes; purple top) between users.

-
- **What should I do if I need to remove my standard isolation mask?**
 - If mask is removed, perform hand hygiene and place mask in a paper bag labeled with your name, date, and shift. Perform hand hygiene when re-donning mask. Paper bag may be either reused or discarded.
 - Alternatively, masks may be hung if not touching a wall or cabinet. Placing a piece of paper between the mask and wall can act as a barrier.
 - Discard mask at end of shift.

 - **What should I do if I need to remove my N-95 mask?**
 - If the N-95 mask is removed, perform hand hygiene and place mask in a paper bag labeled with staff's name. Perform hand hygiene when re-donning mask. Paper bag may be either reused or discarded.
 - Alternatively, masks may be hung if not touching a wall or cabinet. Placing a piece of paper between the mask and wall can act as a barrier.
 - Perform hand hygiene when donning and doffing mask.

 - **Where should the paper bag with mask be stored?**
 - Bags that have a used mask should be kept away from clean supplies, as units have different logistics. Some examples of storage spaces include in or on the isolation cart or on the counter in the ante-room.
 - Clean paper bags should be kept in the clean utility rooms.

 - **Why are we reusing PPE?**
 - In this unprecedented time and circumstance, we need to take additional steps to protect our team members while maintaining the ability to provide coverage and care for those we serve. We are actively engaged in monitoring available resources. We ask for your support and discretion during these uncertain times.

 - **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 the patient's 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
 - When doffing PAPR, hand to Hot Zone Boss. Hot Zone Boss will clean the PAPR with quat with alcohol disinfectant (Super-Sani wipes; purple top).

 - **What are the PPE expectations for visitors in the Emergency Department?**
 - Any asymptomatic essential visitor, if accompanying a symptomatic patient, can be given one (1) mask. If an essential visitor is symptomatic, provide one (1) mask for the duration of the visit.

 - **What are the PPE expectations for visitors for patients who are inpatient?**
 - If visitor is allowed for a suspected or confirmed COVID-19 patient, they should be provided with one (1) mask for the day.

-
- **What PPE does the Hot Zone Boss need to wear when assisting staff with doffing?**
 - Gloves when assisting with staff doffing. The Hot Zone Boss should not wear anything other than gloves and their optional daily mask when assisting in doffing.
 - **How do I don and doff PPE?**
 - Refer to the Standard Work: PPE for care of patients with known or suspected COVID-19 document located on InSite.
 - Ensure that staff is visualized when donning and doffing PPE.
 - **I have never been fit tested, can I wear an N95 mask?**
 - Yes. Standard work and an educational video for performing a seal check to confirm proper fit of an N95 mask is being developed. Seal check should be done each time prior to donning an N95 mask.
 - **Why are we removing our gloves before the gown when doffing PPE?**
 - CDC provides guidance on the safest way to remove PPE to minimize the potential for self-contamination, this includes removing gloves before the gown is removed. Gloves are heavily contaminated after patient care and should be removed first. Removal of the gown is to occur from the inside out to reduce the potential of contamination of hands. Hands are to be sanitized between each step.

Managing My Environment

- **Are there any special handling procedures for linen, trash, and recycling?**
 - No, linen, trash, and recycling may be disposed of using routine processes.
- **How long does the room need to stay closed after patient is discharged?**
 - COVID-19 and rule-out COVID-19 patients who:
 - Do NOT have an aerosolizing treatment do NOT need their room to be down for an hour.
 - Have an aerosolizing treatment in a negative pressure or non-negative pressure room need to maintain a room downtime of one (1) hour.
 - Unit must communicate with EVS when the room is ready to be cleaned.
 - EVS may clean prior to the one (1) hour downtime if they wear full Severe Respiratory Precautions PPE, to allow quicker turn-around time for the next patient.
- **What disinfectant can be used?**
 - Quat wipes with alcohol (Super Sani wipes; purple top) have been approved by the EPA as effective against COVID-19.
- **How should items coming out of the room be handled?**
 - 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 (Super Sani wipes; purple top).
- **Can I bring my phone into the room?**
 - No. Phones/Ascoms/Voalte should be left outside of the room.

Managing Specimens

- **How does the unit obtain the viral transport media to test for COVID-19?**
 - Call the command center (1-5509) and specimen collection supplies will be sent to the unit requesting testing.
- **Do I need an N95 mask or PAPR for specimen collection?**
 - No, a standard mask is appropriate for inpatient specimen collection
 - Please 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?**
 - You do not need to do anything differently when handling the lab specimen bag. The bag does not need to be wiped down.

Managing Access

- **Do all clinical staff caring for the patient need to sign the staff log?**
 - Yes, all staff that enter the patient room need to sign the staff log
- **Would it be appropriate for two staff to do a verbal consent rather than having the patient sign the discharge instructions?**
 - Yes, that would be acceptable.
- **How can I reduce the number of times I leave a Severe Respiratory Precautions room?**
 - Ensure that care is clustered to minimize in and out of room to preserve supplies.
 - Utilize team members outside of patient care spaces to obtain and deliver forgotten or needed patient care items to prevent the need for PPE removal.

Other FAQs

- **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 are the current mask guidelines for staff?**
 - Any patient-facing team member has the option to obtain a mask to wear for the day. Masks will be distributed on inpatient units by charge nurses. Please follow mask extended use guidelines for wear.
- **What is considered an exposure?**
 - An exposure is being within 6 feet of a patient with confirmed COVID without a mask, for 10 minutes or greater.
 - A PPE failure such as a gown coming untied, would not be considered an exposure. If there is gross contamination of your scrubs, please feel free to change into a new set.