

Care of COVID-19 Patient FAQ 11.25.2020 1000

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1. Access

- How do I safely obtain a patient signature?
 - Follow the [Standard Work for Signatures on Paper](#)
- 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 (note: document available for Spectrum Health employees only) 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?
 - Any hospital approved disinfectant may be used for cleaning, including bleach.
- 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?
 - Place the item in a pink basin labeled "Dirty". Upon exiting the room, don gloves and wipe the items and inside of the basin with hospital-approved disinfecting wipes.
- 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. 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.
- Is any of my PPE reusable?
 - Yes. Please refer to the [PPE Reuse and Extended Use Guidelines](#) document for the most current recommendations.
 - 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 [Visitor Screening, Masking, & Signage](#) page on InSite for current recommendations.
- Can I wear an N95 respirator if I do not know my size?

- If fit testing has not been completed, team members may use a 3M 9205+ N95 respirator with a proper seal check.
- Do I need to wear a standard isolation mask with a PAPR?
 - Yes. PAPRs are designed to prevent the wearer from breathing potentially contaminated air; however, the exhaled air from the person wearing the PAPR is not filtered before being released from the PAPR hood.
 - Due to concerns for transmission of COVID-19 by team members who may be asymptomatic, a standard isolation mask must be worn with the PAPR.

4. Transport

- How do I prepare the patient for travel?
 - Patient should wear a standard isolation mask.
 - Patients on a non-rebreather do not need to wear an 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 leave their N95 respirator and eye protection or PAPR in place.
 - 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:*
 - If clinical care of the patient is anticipated during transport.
 - Transport staff:
 - Wear N95 respirator and eye protection or PAPR.
 - Perform hand hygiene
 - Will be considered "clean" and may 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 patient's equipment.
 - If the patient is receiving an aerosolizing procedure during transport:
 - 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.

5. Respiratory Procedures:

Treatment/Device	Considered Aerosol Generating Procedure?
Bag Valve Mask Ventilation – Filter	No
Bag Valve Mask Ventilation – No Filter or Code Response	Yes
BiPAP/CPAP	Yes
Code Response- In Room	Yes
Extubation	Yes
High Flow Oxygen delivered in any form: cannula, mask, trach	Yes
Intubation	Yes
Metered Dose Inhaler	No
Nebulizer- Continuous, including Veletri	Yes
Nebulizer- Intermittent Small Volume	Yes
Non-Invasive Positive Pressure Ventilation	Yes
Non-Rebreather Mask	No
Open suctioning of artificial airway	Yes
Oscillator or JET Vent	Yes
Regular O2 mask with wall O2	No
Trach- Heat and Moisture Exchanger (HME)	No
Trach- Trach collar or T-piece	Yes
Ventilator- Conventional with concern for accidental circuit break	Yes
Ventilator- Home	Yes
Ventilator- Proned patient	Yes
Ventilator- Transport	Yes
Venturi Mask	No