



TOOLKIT

Last updated 3/7/2020



It's not just what we are doing, it's how we do it at Hartford HealthCare

Be aware of bias and act to eliminate it from how you treat the patient.

Extend care without judgment. Maintain the privacy and confidentiality of all our patients.

- People-including those of Asian descent- who have not recently been in an area of ongoing COVID-19 spread -- do not pose a risk greater than any other patient.
- Fear is a condition, not a weakness. When you see or hear fear in others, respectfully share relevant facts to address unwarranted concerns.
- There is no blame to be placed; the disease is transmitted openly within our community, not because of any dangerous or risky behaviors.
- Respectfully address negative behaviors, including negative statements regarding groups or individuals.

Support personal "renewal" between patients

Care for yourself so you can care for others.

- Remember to breathe as you move from one patient to another.
- Rely on your colleagues for support in refreshing and renewing your empathy supply between patients.
- Share truthful and validated information, using our intranet as a source of truth Continue to raise awareness about COVID-19 without increasing fear
- Feel gratitude when you experience good news; allow yourself and others to feel sadness and disappointment when you need to.

PARTNER* with your patient and their family

Purposefully include the family in supporting patient treatment and care.

PRESENT yourself to the patient and include any/all family member(s)

ASK the patient how they'd like to include their family in the care decisions

REASSURE the family that you will keep them engaged and will rely on them for their support

TRUST that you and the family want the same outcomes...best care

NOTIFY all involved in any changes in the care plan

ENCOURAGE and channel family efforts to support effective care and treatment

REVIEW important decisions frequently to ensure understanding by the patient and their family, including transition plans

*Derived from IPFCC



Guidance for Identifying COVID-19 at Point of Entry:

ED: RN/LPN or first point of contact should triage all patients with fever or symptoms of lower respiratory illness.

Outpatient Clinics: If front desk staff identifies a patient with a history of travel from any area of concern, RN/LPN should perform the following screening and process:



Windham: 860-456-6834 St. Vincent's: 203-696-3586

Backus: 860-889-8331 X3873

MMC: 203-694-8564 Charlotte Hungerford: 860-496-6678



Evaluation and management of COVID-19 Patient

Background: This document will serve as a tool to be used in the management and evaluation of patients under investigation (PUI) or have been confirmed with the 2019 Novel Coronavirus (COVID-19) disease. This is a dynamic clinical document that is liable to change in response to the constant learning about the disease process. The document is supported by the best practice guidelines from the Centers for Disease Control and Prevention (CDC).

CDC clinical criteria for patients under investigation for COVID-19

Clinical features		Epidemiologic risk
Fever or signs/symptoms of lower respiratory illness (eg, cough or shortness of breath)	PLUS	Any person, including a health care worker, who has had close contact with a laboratory-confirmed COVID- 19 patient within 14 days of symptom onset
Fever and signs/symptoms of lower respiratory illness (eg, cough or shortness of breath) requiring hospitalization	PLUS	A history of travel from affected geographic areas within 14 days of symptom onset. Areas with widespread or sustained community transmission: China Iran Italy Japan South Korea
Fever with severe acute lower respiratory illness (eg, pneumonia, ARDS) requiring hospitalization and without an alternative explanatory diagnosis (eg, influenza)	PLUS	No source of exposure has been identified

The criteria are intended to serve as guidance for evaluation. In consultation with public health departments, patients should be evaluated on a case-by-case basis to determine the need for testing. Testing may be considered for deceased persons who would otherwise meet the PUI criteria.

Location of Care: Care location will depend on the need for critical care or other specialties such as Obstetrics.

- Non-critically ill patient under investigation who requires medical care will remain in a negative pressure room on a non-intensive care unit to include the Emergency department (ED) until test results are available. If positive, the patient will be moved out of the ED to a negative pressure room on a non-intensive care floor
- Non-critically ill patient that does not need medical care requires a consult with the DPH to determine proper disposition to include home quarantine.
- Critically-ill adult patients will be cared for in negative pressure room in intensive care units
- Pregnant patients greater than 22 weeks gestation will be cared for in a negative pressure room on the Labor and Delivery floor. In the case of delivery, the mother and baby will be separated until the mother's symptoms have resolved.

Staff Assignment: All staff should be current on their fit test for the N-95 respirator in order to be assigned

- Infectious Disease
- Critical care physician
- Pulmonary
- Respiratory
- Nurse

Management of Family and Visitors:

Visitors will be limited to 1 designated support person. All visits must be scheduled and controlled. Visitors should call the nursing station and report symptoms each day before visiting. Visitors who report no symptom will then report to the nursing station to be screened before visitation. The nurses' station will maintain a log of visitation and documented symptom check to include but not limited to the temperature. Public health authorities may impose restrictions on the movement of family and visitors to the patient. The general public are not Fit tested for N95 masks, therefore hospital staff should encourage visitors to remain greater than 3-6 feet from the patient and wear a facemask (following the guidance on page 9 for the Facemask or Respirator Determination).

Room Turnover Time and Discharge Cleaning

After a confirmed case patient vacates room or is discharged, the room must remain in negative pressure with the door closed for at least 60 minutes before it is considered safe for staff to enter the room without PPE or another patient can be admitted to the room.

Cleaning staff must wear appropriate PPE if cleaning before the 60 minutes airing time has passed.



Patient Transport: Isolation and Transportation Requirements

• All attempts should be made to limit patient transport.

- Transport should be deferred to the pertinent clinical team members.
- Notify the receiving department that the patient is on Airborne Isolation + Contact Isolation + Eye Protection.
- If transport is necessary, place a regular procedure mask on the patient for transport.
- If the patient is intubated, place a bacterial filter on the endotracheal tube or on the expiratory side of the breathing circuit of a ventilator or anesthesia machine.
- Wounds must be covered, and body fluids contained. The patient should wash or disinfect their hands before leaving the room if possible.
- If the patient is source controlled (able to wear a mask) then the staff will follow the guidelines on p.9 and wear the facemask since they will be within 3-6 feet of the patient during transport.
- If the patient cannot tolerate a mask (unmasked symptomatic patient) then the staff will wear a facemask if they will be within 3-6 feet of the patient.
- If the patient cannot tolerate a mask (unmasked symptomatic patient) and the healthcare worker will be within 3 feet then the staff need to wear a N95 respirator/elastomeric/PAPR

Abreviated CDC Instructions for Self-Monitoring

It is determined that you do not need to be hospitalized and can be isolated at home. Adhering to these steps will help to keep other people from getting infected or exposed:

Stay home except to get medical care

- Restrict activities outside your home, except for getting medical care.
- Do not go to work, school, or public areas.
- Avoid using public transportation, ride-sharing, or taxis.

Call ahead before visiting your doctor

• If you have a medical appointment, call the healthcare provider and tell them that you have or may have COVID-19.

Wear a facemask

- You should wear a facemask when you are around other people (e.g., sharing a room or vehicle) or pets and before you enter a healthcare provider's office.
- If you are not able to wear a facemask (for example, because it causes trouble breathing), then people who live with you should not stay in the same room with you, or they should wear a facemask if they enter your room.

Cover your coughs and sneezes

- Cover your mouth and nose with a tissue when you cough or sneeze.
- Throw used tissues in a lined trash can
- Immediately wash your hands with soap and water for at least 20 seconds or clean your hands with an alcohol-based hand sanitizer that contains 60% to 95% alcohol
 - Soap and water should be used preferentially if hands are visibly dirty.

Clean your hands often

• Avoid touching your eyes, nose, and mouth with unwashed hands.

Avoid sharing personal household items

- You should not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets in your home.
- After using these items, they should be washed thoroughly with soap and water.

Clean all "high-touch" surfaces everyday

- Use a household cleaning spray or wipe, according to the label instructions.
- High touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables.
- Also, clean any surfaces that may have blood, stool, or body fluids on them.

Monitor your symptoms

Seek prompt medical attention if your illness is worsening (e.g., difficulty breathing). **Before** seeking care, call your healthcare provider and tell them that you have, or are being evaluated for, COVID-19.

- Put on a facemask before you enter the facility.
- Ask your healthcare provider to call the local or state health department. Persons who are placed under active monitoring or facilitated self-monitoring should follow instructions provided by their local health department or occupational health professionals, as appropriate.

If you have a medical emergency and need to call 911, notify the dispatch personnel that you have, or are being evaluated for COVID-19. If possible, put on a facemask before emergency medical services arrive.

Discontinuing home isolation

- Patients with **confirmed** COVID-19 should remain under home isolation precautions until the risk of secondary transmission to others is thought to be low.
- The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with your healthcare providers.

COVID-19 Guidance for Providers



- 1. Call DPH
- 2. Complete a COVID-19 patient under investigation (PUI) form (available on the HHC Intranet Coronavirus Page (<u>https://portal.ct.gov//media/DPH/EEIP/Forms/nCoV -PUI Form.pdf?la=en</u>)
- 3. Order Miscellaneous Test as STAT.
- 4. Specimens are to be collected, only in an airborne infection isolation room (negative pressure). Collect the following specimens:
 - 3 red top viral media tubes (Picture below) will be collected:
 - Use the *thin swab for nasopharyngeal swab* for Rapid Influenza and Respiratory Virus PCR Panel. Place an EPIC generated label on vial.
 - Use the *thin swab for nasopharyngeal swab* for 2019-nCoV testing. Place an EPIC generated label on vial. All specimens collected for COVID-19 should be identified as STAT.
 - Use the *thick swab for throat/oropharyngeal swab* for 2019-nCoV testing. Place an EPIC generated label on the vial
 - Sterile Leak-proof, screw cap collection cup (optional and only if able to obtain):
 - Sputum, bronchealveolar lavage, or tracheal aspirate. Place EPIC generated label on the vial
- 5. **Specimen Transport:** Place ALL respiratory specimens for the patient into a single biohazard bag with the patient under investigation form (PUI) in the pocket (pouch of the bag). Hand carries ALL respiratory specimens (even if testing for other viruses, i.e. rapid Influenza A/B PCR) to the Laboratory Specimen Processing area to prevent leaking into the pneumatic tube system. Patient under investigation form (PUI) must be completed to ensure proper routing and expeditious resulting.

Hartford

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NASOPHARYNGEAL SPECIMEN COLLECTION



How to collect Nasopharyngeal specimen:

https://www.youtube.com/watch?v=DVJNWefmHjE

Recommended PPE for providing care



Donning and doffing PPE video: <u>https://www.youtube.com/watch?v=LnJcjbgSN74</u>



Facemask or Respirator Determination

It is very important that the appropriate steps are taken to protect patients, staff and community. The PPE that is used depends on the level of care and the ability to isolate and apply source control.

- In all settings where initial screening takes place, such as ED and outpatient / ambulatory areas, source control should be immediate via masking of the patient, and the patient should be moved to a private room.
- When caring for the patient in the hospital setting and whenever source control has not been established, healthcare providers (HCP) should wear appropriate PPE, which includes an N-95 respirator

HCP planned proximity to the case patient during	Facemask or respirator determination		
encounter	Patient masked for entire encounter (i.e., with source control)	Unmasked patient or mask needs to be removed for any period of time during the patient encounter	
HCP will remain at greater than 6 feet from symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	
HCP will be within 3 to 6 feet of symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	
HCP will be within 3 feet of symptomatic patient, including providing direct patient care	Facemask	N95 respirator/ elastomeric /PAPR, based on availability	
HCP will be present in the room during aerosol generating procedures performed on symptomatic persons	N95 respirator / elastomeric / PAPR, based on availability	N95 respirator / elastomeric / PAPR, based on availability	

STRICT ISOLATION SIGN-IN SHEET Source patient's MR#_____

Please return the completed form to your local Employee Health or email to Occ.Health@hhchealth.org

Date	Time In	Time Out	Print Last Name	Print First Name	Employee ID number	Phone number	Department



Guidelines to Outpatient Clinics

- 1) **PPE:** It is very important that the appropriate steps are taken to protect patients, staff and community. The PPE that is used depends on the level of care and the ability to isolate and apply source control.
- In all settings where initial screening takes place, such as ED and outpatient / ambulatory areas, source control should be immediate via masking of the patient, and the patient should be moved to a private room.
- When caring for the patient in the hospital setting and whenever source control has not been established, healthcare providers (HCP) should wear appropriate PPE, which includes an N-95 respirator

HCP planned proximity to	Facemask or respirator determination		
encounter	Patient masked for entire encounter (i.e., with source control)	Unmasked patient or mask needs to be removed for any period of time during the patient encounter	
HCP will remain at greater than 6 feet from symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: no facemask or respirator	
HCP will be within 3 to 6 feet of symptomatic patient	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	HCP remaining at this distance from the patient should not need to enter the patient care area; if entry required: facemask	
HCP will be within 3 feet of symptomatic patient, including providing direct patient care	Facemask	N95 respirator/ elastomeric /PAPR, based on availability	
HCP will be present in the room during aerosol generating procedures performed on symptomatic persons	N95 respirator/ elastomeric /PAPR, based on availability	N95 respirator/ elastomeric /PAPR, based on availability	

2) Persons of Interest: If you have a patient either in the office or on the phone (travel screening at the time of calls) who comes from a country at risk and has respiratory symptoms, you should call the DPH. Please call only with real persons of interest, as the system is overwhelmed with calls at this time.

- 3) **Testing**: At this time Covid 19 testing can only be done by DPH or CDC labs. Samples can only be sent from hospitals and EDs etc and not at home or ambulatory sites. The state is expecting a 24 hour turnaround M-F only.
- 4) **Hospital transfers:** Please use the Care Logistics Center prior to sending a patient to an ED (1-860-972-1233)
- 5) **Personal travel**: Please follow your medical staff or HHC employee travel policy. Be aware that employees who travel to a high impact country see may not return to work for 14 days after leaving that country

Nebulizer Treatment respiratory illness with unknown etiology

- 1. This should be performed when patient has been placed in a room and is wearing a mask.
- 2. Provider should maintain distance of >6ft from patient while giving instructions
- Instruct patient to keep mask on and give instructions as to how to use don nebulizer mask.
- 4. Set up nebulizer treatment and instruct patient to replace procedure mask with nebulizer mask when provider leaves room.
- 5. When treatment is completed instruct patient to replace nebulizer mask with procedure mask.
- 6. Clean equipment with approved disinfectant and process.



Guideline for EMS Regarding COVID-19

The following is updated guidance for Hartford Hospital Sponsored EMS agencies regarding the COVID-19.

History and Background: Coronaviruses (CoV) are a group of viruses that can cause human illness ranging from common cold to more severe. The more severe strains are recognized as Middle East Respiratory Syndrome (MERS-CoV) and Severe Respiratory Syndrome (SARS-CoV). On January 8, 2020, a 50-year-old man died after becoming ill with fever and other flu-like symptoms after visiting Wuhan, China, due to COVID-19. Numerous countries have now reported positive cases, including the United States of America. Disease severity for COVID-19 ranges from very mild to severe/life-threatening. As of 3/2/2020, the known incidence of COVID-19 remains very limited within the United States, with only 43 confirmed and presumptive cases, 17 hospitalizations and 2 deaths.

It is important to note influenza remains a much greater concern. The CDC estimates from October 1, 2019, through February 22, 2020, there have been between <u>32 to 45million flu</u><u>illnesses</u>, <u>310 to 560,000 hospitalizations</u> and between <u>18 to 46,000 deaths from influenza</u>. We encourage all EMS providers to get vaccinated against the flu and meticulously practice hand hygiene/infection control practices for the safety of both patients and providers.

- EMS agencies should familiarize themselves with the recommendations of ASPR's "EMS Infectious Disease Playbook" accessible via intranet.
- EMS agencies should encourage and/or enforce routine use of infection control practices, including:
 - Hand hygiene
 - Universal precautions. For patients with respiratory illness, follow standard precautions within your agency's OSHA-compliant airborne pathogens infection control plan
 - Regular cleaning and disinfection of equipment and surfaces in accordance with CDC guidelines
 - Practicing appropriate cough/sneeze etiquette
 - Remaining home if sick with a febrile illness
- With limited availability of N95 respirators, EMS should consider the following:
 - When respirator use is indicated, limit the number of providers with direct patient contact to the minimum needed to provide appropriate care and transportation.
 - Review The CDC's "Strategies for Optimizing the Supply of N95 Respirators" at <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirators-</u><u>strategy/index.html</u> Most strategies listed there are not yet appropriate for implementation but may be helpful to guide planning for future contingencies.

Specific to the COVID-19 concern:

- Regularly monitor the CDC and CT-DPH websites for updates:
 - o <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html</u>
 - <u>https://portal.ct.gov/DPH/Public-Health-Preparedness/Main-Page/2019-Novel-</u> <u>Coronavirus</u>
- Review guidance for EMS and COVID-19 from the National Highway Traffic Safety Administration EMS Section: <u>https://naemsp.org/home/news/ems-considerations-forcoronavirus/</u>

• Contact your Local Health Department to establish a dialogue and plan regarding patients with possible COVID-19 exposure who present to EMS but are ultimately not transported to the emergency department (and other public health issues surrounding COVID-19.)

Instruct field providers to implement the following actions:

If the patient's condition allows (i.e., immediate treatment interventions are not required), attempt to maintain at least six feet of separation from the patient when performing initial screening to minimize the risk of droplet transmission. If dispatch advises that a patient may meet the definition for suspected COVID-19 infection, clinicians should wear appropriate PPE prior to entering the scene and limit the number of providers with direct patient contact to the minimum needed to provide appropriate care and transportation.

Identify possible indications to place a person under investigation (PUI) for COVID-19 with these screening questions:

- 1. Fever or lower respiratory symptoms (cough, difficulty breathing, etc.)?
- 2. Has the patient traveled outside the United States within 14 days of symptom onset?
 - a. Was the travel to any of the current geographic areas with sustained COVID-19 transmission (list as of 3/3/2020)?
 - i. China
 - ii. Iran
 - iii. Italy
 - iv. Japan
 - v. South Korea
 - vi. Check for updates to the list of "International Areas with Sustained (Ongoing) Transmission" at <u>https://www.cdc.gov/coronavirus/2019-ncov/hcp/clinical-</u> <u>criteria.html</u>
- 3. Has the patient had close contact with a laboratory confirmed COVID-19 patient within 14 days of symptom onset?

Patients may require investigation for COVID-19 if they meet one of the following definitions:

- Fever + Lower Respiratory Illness + Travel to areas of concern
- (Fever OR Lower Respiratory Illness) + Contact with lab confirmed COVID-19 patient
- An undiagnosed lower respiratory illness that is severe, acute onset and associated with a fever (other possible diagnoses will need to be excluded prior to investigation for COVID-19)

Isolate patients who may require investigation for COVID-19:

- Initiate standard contact and airborne precautions (gloves, gown, N95 respirator) and eye protection (goggles/face shield) for EMS clinicians
- Instruct patient to don a procedure mask to reduce droplet transmission (do NOT apply N95 respirators to patients)
 - $\circ~$ If indicated, oxygen via nasal cannula may be administered under the procedure mask
 - If indicated, an oxygen mask may be used in place of a procedure mask
- If possible, isolate patient 6 feet from staff, other patients and visitors
- Use caution with aerosol generating procedures (nebulized medications, intubation, suctioning, CPR, etc.)
- Properly doff PPE, clean & disinfect equipment and dispose of material according to agency protocol/policy.

Inform the hospital of the possible PUI:

- Med patch in early and notify the hospital you are transporting a patient requiring "respiratory isolation precautions."
- If the patient's condition allows (is medically stable): Upon arrival at the hospital, have the treating EMS clinician, and the patient remains in the ambulance while the driver enters the facility and confirms preparations to receive the patient.

Interim Guidance for Implementing Home Care of People Not Requiring Hospitalization for 2019 Novel Coronavirus (2019-nCoV)



This interim guidance is for staff at local and state health departments, infection prevention and control professionals, and healthcare personnel who are coordinating the home care and isolation¹ of people with confirmed or suspected 2019-nCoV infection, including patients under investigation (see **Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV** below). This includes patients evaluated in an outpatient setting who do not require hospitalization (i.e., patients who are medically stable and can receive care at home) or patients who are discharged home following a hospitalization with confirmed 2019-nCoV infection.

In general, people should adhere to appropriate transmissionbased isolation precautions until the risk of secondary transmission is thought to be low. Current information on 2019-nCoV is limited, thus home precautions should be conservative based on general recommendations for other coronaviruses, like Middle Eastern Respiratory Syndrome (MERS), and may last up to 14 days.

This document does not apply to patients in healthcare settings. For interim healthcare infection prevention and control recommendations, see Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-NCoV) in a Healthcare Setting below. CDC will update this interim guidance as needed and as more information becomes available.

Assess the suitability of the residential setting for care at home

In consultation with state or local health department staff, a healthcare professional should assess whether the residential setting is appropriate for home care. Considerations for care at home include whether:

- The patient is stable enough to receive care at home.
- Appropriate caregivers are available at home.
- There is a separate bedroom where the patient can recover without sharing immediate space with others.
- Resources for access to food and other necessities are available.
- The patient and other household members have access to appropriate, recommended personal protective equipment (at a minimum, gloves and facemask) and are capable of adhering to precautions recommended as part of home care or isolation (e.g., respiratory hygiene and cough etiquette, hand hygiene);
- There are household members who may be at increased risk of complications from 2019-nCoV infection (.e.g., people >65 years old, young children, pregnant women, people who are immunocompromised or who have chronic heart, lung, or kidney conditions).

Provide guidance for precautions to implement during care at home

A healthcare professional should:

- Provide CDC's Interim Guidance for Preventing 2019 Novel Coronavirus (2019-nCoV) from Spreading to Others in Homes and Communities to the patient, caregiver, and household members; and
- Contact their state or local health department to discuss criteria for discontinuing any such measures.

Footnotes

'Isolation is defined as the separation or restriction of activities of an ill person with a contagious disease from those who are well.

Referenced Resources

- Criteria to Guide Evaluation of Patients Under Investigation (PUI) for 2019-nCoV: <u>https://www.cdc.gov/coronavirus/2019-nCoV/clinical-criteria.html</u>
- Interim Infection Prevention and Control Recommendations for Patients with Known or Patients Under Investigation for 2019 Novel Coronavirus (2019-NCoV) in a Healthcare Setting: <u>https://www.cdc.gov/</u> coronavirus/2019-nCoV/infection-control.html
- Interim Guidance for Preventing 2019 Novel Coronavirus (2019-nCoV) from Spreading to Others in Homes and Communities: <u>https://www.cdc.gov/</u> <u>coronavirus/2019-ncov/guidance-prevent-spread.html</u>

Additional information on Interim Guidance for Healthcare Professionals on human infections with 2019-nCoV is available online at <u>https://www.cdc.gov/</u> coronavirus/2019-nCoV/clinical-criteria.html





LIMITED REUSE OF N95 RESPIRATORS

DURING THE COVID 19 EPIDEMIC FOR

PATIENTS ON ONLY AIRBORNE PRECAUTIONS

During this epidemic, discard N95 and do NOT reuse N95 respirators following contact with any patient co-infected/infected with an infectious disease pomrequiring contact precautions such as COVID-19.

SITUATION	 Supplies of N95 respirators are becoming increasingly tight due to the global 2019-nCov epidemic. CDC/NIOSH guidelines recommend the following during such situations: Ensure appropriate use of N95 respirators – they should be utilized for patients with diseases spread only by the airborne route (i.e. TB, measles). Implement practices to allow reuse of N95 respirators. Minimize the number of staff who needs to don N95 respirators.
	For patients with (or suspected of having) Tuberculosis, Measles:
STRATEGY	 The same N95 respirator may be worn by one health care worker for up to 5 encounters with multiple patients, but removed after each patient encounter. If the user fails a user self-fit check at any time, the respirator should be discarded at that time. N95 respirators must be stored between use in a paper bag and appropriately stored.
	After donning an N95 mask, perform a fit check to ensure adequate seal.
	Unit based staff (nurse, PCA, respiratory):
	Place N95 mask in a paper bag
	Write your name and date on the outside of the bag.
	 Store the mask inside the isolation cart Perform hand bygiene after mask removal
	 Don gloves and perform a user seal check before each use
PROTOCOL	 Dispose of N95 after 5 uses or the end of your shift
	Non-unit based staff (hospitalist, phlebotomist, IV therapy):
	 Write your name and date on the outside of the bag
	 Perform hand hygiene after mask removal
	Carry the mask with you for the duration of your shift, reuse as necessary
	 Don give and perform a user sear check before each use Dispose of N95 after 5 uses or at the end of your shift.
	February 2020

PPE CONSERVATION STRATEGIES DURING THE COVID-19 EPIDEMIC



Situation: The COVID 19 epidemic has led to the shutdown of the manufacturing sector in Wuhan China and surrounding areas. This has resulted in decreased availability of commodity items including personal protective equipment (PPE) such as procedure/droplet masks, N95 respirators, gowns, etc. There is no definitive timeframe for production to resume in China.

HHC has experienced minimal supply disruption to date however in an attempt to maintain sufficient levels of PPE we need to take some conservation steps.



Procedure Masks and N95 Respirators



Strategy	Comment	
DAILY review of patients that are in current airborne or droplet isolation to evaluate if isolation is appropriate or can be discontinued.	Infection Prevention staff is available for cases that require further review.	
Group tasks together to minimize number of entries into Airborne or Droplet isolation rooms.	For Example: Nursing staff should deliver food trays for patients on isolation – Airborne and Droplet.	
Minimize visitors to patients on Airborne or Droplet Isolation.	Encourage alternative means of communication.	
Minimize the overall number of people entering a room for the same task to essential staff only.	Avoid large clinical groups entering room for the same purpose: rounding teams, students, shadowing.	
Control supply and distribution of procedu	re masks and N95 respirators:	
In Ambulatory Settings/Waiting Rooms:	 Inventory of procedure masks shall be kept behind the reception desk where allocation can be limited to patients(s) based upon need. 	
In Inpatient Areas : All supplies of N95 respirators will be kept in a secure location on each unit/patient care area & provided to staff by unit leadership when indicated based upon clinical need.	 Unit leaders are asked to develop protocol to provide this level of critical delivery on a 24 hour basis. Please remove stores of N95 respirators located in isolation carts and place in the designated secure location or return to the storeroom. 	

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2019 Novel Coronavirus (COVID-19) FAQs for Staff

What are Coronaviruses?

Coronaviruses are a group of viruses that are common in both humans and animals that usually cause mild to moderate respiratory illnesses.

The source of the COVID-19 is suspected to be animals in an open air market and is possibly a previously unrecognized bat coronavirus. It appears to cause a more severe illness progressing to pneumonia. This is a rapidly evolving situation. More is being learned about his new virus every day and updates are available on the CDC website.

What are the symptoms of Coronavirus infection?

Common human coronaviruses usually cause mild to moderate upper-respiratory tract illnesses, like the common cod. Zoonotic coronaviruses, originally from bats (e.g., MERS-CoV, SARS-CoV), can cause more severe and often progress to pneumonia and have a high mortality rate.

How is the COVID-19 diagnosed?

CDC/CT DPH will make testing available if a patient meets the following criteria:

	Clinical Features	&	Epidemiologic Risk
1.	Fever or signs/symptoms of lower respiratory illness (e.g. cough or shortness of breath)	AND	Any person, including HCWs, who had close contact with a laboratory- confirmed 2019-nCoV patient within 14 days of symptom onset.
2.	Fever or signs/symptoms of lower respiratory illness (e.g., cough or shortness of breath)	AND	A history of travel from affected geographic areas within 14 days of symptom onset
3.	Fever with severe acute lower respiratory illness, e.g., pneumonia, ARDS) requiring hospitalization and without an alternative explanatory diagnosis (e.g. influenza)	AND	No source of exposure has been identified.

If a patient has travelled to affected geographic areas and has symptoms of acute respiratory tract infection, immediately mask the patient and those accompanying the patient, place in an airborne isolation room 9AIIR), and contact the DPH. If an AIIR is not available, place a patient in an exam room with the door closed and the patient is to remain masked. Infection prevention will provide guidance on the safe care, testing and disposition of the patient.

What if an asymptomatic patient presents for evaluation?

The DPH and CDC will only test patients who meet the defined criteria based on travel history and symptoms. Asymptomatic patients do not need to be isolated.

What additional measures should be taken?

This is a newly identified virus we need to be extra cautious in precautions until we know more about this virus.

- As above, institute airborne and contact precautions, plus the use of eye protection.
- Use strict hand hygiene practices.
- Use disposable patient equipment whenever possible.
- Disinfect reusable medical equipment with EPA registered disinfectant wipes.
- Limit movement of the patient outside each room.
- If possible, testing should be performed portably or postponed until the patient is no longer infectious. If the patient must be transported, contact the receiving department and notify them of the precautions needed.
- Limit staff and visitors. Maintain a list of all persons entering the patient's room <u>https://myhhc.hhchealth.org/visibilityRoom/Coronavirus/SitePages/Home.aspx</u>.

What should I do if I develop symptoms after caring for a patient with COVID-19?

- Keep yourself at home. Do **NOT** report to work.
- Notify Occupational Health.
- If you need to seek care, you will need to be seen in an HHC Emergency Department (ED) where you will be evaluated in a negative pressure room. Call ahead to notify the ED that you are coming in to be evaluated for COVID-19. Don a mask and perform hand hygiene immediately upon arrival to the ED and inform them you have been exposed to COVID-19.

Where do I find the current documents and resources?

HHC Intranet Coronavirus Page <u>https://intranet.hartfordhealthcare.org/clinical-</u> resources/coronavirus.

How do I reach Infection Prevention?

Hartford: 860-972-0321,	HOCC: 860-224-5557	Midstate: 203-694-8564
Windham: 860-456-6834	Backus: 860-889-8331 X3873	Charlotte Hungerford: 860-496-6678
St. Vincent's: 203-696-3586		

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- Fasten in back of neck and waist

2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- · Fit flexible band to nose bridge
- · Fit snug to face and below chin
- Fit-check respirator

3. GOGGLES OR FACE SHIELD

· Place over face and eyes and adjust to fit

4. GLOVES

· Extend to cover wrist of isolation gown









USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- · Keep hands away from face
- · Limit surfaces touched
- · Change gloves when torn or heavily contaminated
- · Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 1

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after leaving** the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- Outside of gloves are contaminated!
- If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- Discard gloves in a waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3, GOWN

- Gown front and sleeves are contaminated!
- If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- Turn gown inside out
- Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated D0 NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

5. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE





PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. **Remove all PPE before exiting the patient room** except a respirator, if worn. Remove the respirator **after** leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container

2. GOGGLES OR FACE SHIELD

- Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container

3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- Discard in a waste container

4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE

PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE









