

# **DSH COVID-19 Nursing Protocol for Admission, and Isolation of Patients**

**Updated June 10, 2020**



## **Definitions**

**Personal Protective Equipment (PPE)**: Refers to protective clothing, helmets, gloves, eye protection (face shields, goggles), surgical masks and/or respirators or other equipment designed to protect the wearer from injury or the spread of infection or illness, and chemical and biological hazards.

**Donning and Doffing PPE**: Donning is process for staff putting required PPE. Doffing is the process for staff removing PPE. The procedure for putting on and removing PPE, as well as the type of PPE used will vary based on the level of precautions required.

**Standard Precautions**: Standard Precautions are used for all patient care. They are based on risk assessment and common-sense practices. Standard Precautions include:

- Perform Hand Hygiene.
- Use PPE whenever there is an expectation of possible exposure to infectious material (blood or body fluid).
- Follow respiratory hygiene/cough etiquette principles.
- Ensure appropriate patient placement.
- Properly handle and properly clean and disinfect patient care equipment and instruments/devices.
- Cleans and disinfects the environment appropriately.
- Handle textiles and laundry carefully.
- Follow safe injection practices.
- Ensure healthcare worker safety including proper handling of needles and other sharps.

**Transmission-Based Precautions**: The second tier of basic infection control and are to be used in addition to Standard Precautions for patients who may be infected or colonized with certain infectious agents for which additional precautions are needed to prevent infection transmission.

**Contact Precautions**: Precautions for patients with known or suspected infections that represent an increased risk for contact transmission. Examples include: COVID-19, MRSA, VRE, diarrheal illnesses, open wounds, RSV.

**Droplet Precautions**: Precautions for patients known or suspected to be infected with pathogens transmitted by respiratory droplets that are generated by a patient who is coughing, sneezing, or talking. Examples include: pneumonia, COVID-19 influenza, whooping cough, bacterial meningitis.

**Aerosol Generating Procedures**: Procedures that are likely to generate respiratory aerosols, which would pose the highest exposure risk to HCP. Examples include: Bag valve mask (BVM) ventilation, oropharyngeal suctioning, endotracheal intubation, nebulizer treatment, continuous positive airway pressure



(CPAP), bi-phasic positive airway pressure (biPAP), resuscitation involving emergency intubation or cardiopulmonary resuscitation (CPR).

Airborne Precautions: Precautions for patients known or suspected to be infected with pathogens transmitted by the airborne route. Examples include: tuberculosis, measles, chickenpox, disseminated herpes zoster, and COVID-19 when performing Aerosol Generating procedures as defined above.

Respiratory Hygiene and Cough Etiquette: Respiratory hygiene and cough etiquette are terms used to describe infection prevention measures to decrease the transmission of respiratory illness (e.g., influenza and cold viruses). Like hand hygiene, respiratory hygiene is part of the standard precautions that must be taken to prevent the spread of disease.

- Elements of respiratory hygiene and cough etiquette include:
  - Covering your mouth and nose when coughing or sneezing.
  - Use of tissues to cover mouth and nose, and immediately throwing them away.
  - Washing hands or use of an alcohol-based hand sanitizer every time you touch your mouth or nose.

### **General**

Standard Precaution must be maintained by health care providers and ancillary staff:

- Perform strict handwashing and respiratory hygiene/cough etiquette
- Staff must wear surgical face masks at all times when they are in patient care areas or in other areas where there is potential contact with patients.
- Staff must use PPE, including N95 respirator or higher level respirators when anticipating COVID-19 exposure or when performing aerosol-generating procedures.
- All staff must undergo medical clearance and fit-testing prior to use of N95 respirators.
- Apply surgical face masks to patient suspected to be infected with COVID-19.
- Educate patient to cover nose and mouths when coughing and sneezing.
- Perform hand washing after contact with any respiratory secretions.
- Ensure safe waste management, environmental cleaning and sterilization of equipment.
- EPA-registered hospital-grade disinfectants will be used to allow for frequent cleaning of high-touch surfaces and shared care equipment.

### **Admission of Patients**

For most legal commitments, sending facilities will be required to obtain clearance prior to transfer. Clearance will consist of assessment and negative findings of COVID-19 symptoms, as well as a negative result from COVID-19 testing. Refer to statewide and hospital-specific plans for Resuming Admissions



and Discharges. Transport staff will be asked whether patient developed symptoms during transport. All patients will be screened by a RN outside the facility in a designated screening area prior to entering the building. RN will complete the DSH-9266 COVID-19 Admission Illness Screening Form on each patient in the screening area. **For additional guidance, see COVID-19 ADMISSION & SERIAL TESTING, COVID-19 PATIENT TESTING AND REFUSAL, and SKILLED NURSING FACILITY COVID-19 TESTING AND SURVEILLANCE Flowcharts.**

Use of PPE shall be determined as follows:

1. **Asymptomatic patients with potential exposure to a patient, or staff, with documented/confirmed COVID-19 or PUI:**

- **PPE for HCP:** Must wear fit-tested N-95 masks (may substitute with face surgical mask if N95 masks are not tolerated or are unavailable), eye protection (goggles or face shields) and gloves. **Example:** A cohort of admission patients that all have negative COVID-19 test results and negative symptoms for COVID-19 and there is no reason to suspect that the patient has had an exposure.

2. **Symptomatic Patients suspected to have (PUI), or do have confirmed, COVID-19 infection:**

- **PPE for HCP:** Must wear fit-tested N-95 masks, gloves, eye protection (goggles or face shields), gowns and +/- shoe covers. **Example:** A cohort of admission patients that have refused COVID-19 testing and/or symptom assessment, and/or there is reason to suspect the patient has had an exposure.

Transportation officers will also be screened in the screening area utilizing form and procedures currently in use for staff screenings.

If patients arrive in a group, all patients must be cleared prior to allowing them to enter the building for routine processing.

If patient refuses assessment, the following process will be followed:

- Business Hours: RN will contact immediately call PHN and Physician.
- Afterhours: RN will immediately call on call medical provider and on call Nurse supervisor.
- If patients are cleared by physician, admission process will be resumed.
- If a patient is not cleared by the physician (or continues to refuse assessment), they will need to be isolated for up to 14 days based on physician order. Notify PHN.
- If any patient presents with symptoms (or any question on the screening form is checked as “yes”) they will be asked to wear a mask and the following process will be followed:

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- Business Hours: RN will contact\_ immediately call PHN and Physician.
- Afterhours: RN will immediately call on call medical provider on call Nurse supervisor.
- If patients are cleared by physician, admission process will be resumed.
- If patients are not cleared by physician, follow the isolation for patients being tested for COVID-19 below. Notify PHN.

### **Isolation for Patients Being Tested or Under Investigation for COVID-19:**

When a patient is actively displaying symptoms of COVID-19 nursing staff must immediately isolate the patient in a private room and instruct the patient to wear a surgical face mask when in the presence of others. **(A private room does not include common use rooms such as Treatment Rooms.)**

Nursing staff must apply additional PPE (gown, N95 respirator or higher level respirator, eye protection, gloves), perform nursing assessment in private room, and contact the physician for further evaluation and instruction/orders.

Any area the patient accessed (i.e. bedroom) as well as assessment location must be cleaned and disinfected if patient is ordered to be isolated by the physician.

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness.

Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing
- Fever
- Chills
- Muscle pain
- Sore throat
- New loss of taste or smell
- This list is not all possible symptoms. Other less common symptoms have been reported, including gastrointestinal symptoms like nausea, vomiting, or diarrhea.

If possible, patients in medical isolation will be housed on a separate unit. Appropriate precautions will be enacted if this is not possible.

- Isolation location may include a single patient room or a designated unit.



Transfers to the isolation location will be authorized per hospital policy.

The patient will be transported to the isolation location during times when no other patients are in facility common areas, and safe transfer can occur with appropriate distancing.

- The patient is required to wear a facemask during transport. Ensure the patient practices respiratory hygiene.
- The escort staff must wear a N-95 respirator, eye protection, gown, gloves.

Laboratory samples for COVID-19 will be performed in the isolation room where the patient is housed, and the patient will remain in isolation until the results are received.

- Precautions during specimen collection will be as follows:
  - Healthcare Personnel (HCP) must wear gloves, N-95 respirator, eye protection, and gown during collection.
  - Limit number of HCP present during collection considering safety of staff.
  - Close the door during collection
  - Remove PPE **with exception of N-95 respirator and** at doorway and dispose of PPE into pedi-trashcans in donning/doffing area or isolation rooms prior to exiting. N-95 respirator may be removed once the door is closed and out of exposure area. N95 respirator or higher level respirator must be stored in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers must be disposed of or cleaned regularly.

Regardless of the location of the isolated patient (single room or isolation unit) the following protocols must be followed:

- Instruct patient to remain in their room, with the door closed at all times.
- Restrict the number of nursing staff assigned to any isolation room/area to decrease the number of staff exposed.

Nursing staff assigned to that patient while the patient is in isolation must:

- Implement droplet/contact precautions with eye protection:
  - Droplet/contact precautions:
    - Staff must don the following PPE prior to entering patient room: gown, N95 respirator or higher level respirator, eye protection, gloves.
    - For patient: encourage wearing of surgical mask during staff interactions.
- Educate patient on COVID-19, droplet/contact precautions, and medical isolation process and expectations.



- Utilize signage and other communication to inform staff of patient being placed on medical isolation status.
- Continue to use Transmission-Based Precautions in handling Linen and Waste Disposal.
- When handling soiled linen, it is imperative to wear PPE to keep personal clothing free from contamination.
  - Hold soiled linen bags away from the body.
  - Discard PPE in the trash after.
  - Wash hands with soap and water after handling soiled linen/clothing.
  - Follow handling of infectious linens per hospital policy when contaminated with blood or stool.
- Trash disposal bins will be positioned near the exit inside of the patient's room, based upon patient's current risk levels, to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another isolated patient in the same room. Dispose of PPE into pedi-trashcans in donning/doffing area or isolation rooms prior to exiting. Meals will be served in disposable containers with disposable utensils. All containers and utensils will be disposed of in the patient's room based upon patient's current risk levels.
- Nursing staff assigned to isolated patient, will dispose of waste and secure linen prior to the end of the shift.
- Assess vital signs and respiratory status (this includes oxygen saturation and auscultation of breath sounds) at least once per shift, and as clinically indicated.
- Ensure single-use (when available) or dedicated equipment is used during assessment of the isolated patient including stethoscopes, disposable blood pressure cuffs, thermometers, etc.
  - Clean equipment with 70% ethyl alcohol after each use.
- Ensure observation rounds are completed and documented at least every hour and as clinically indicated, use this opportunity to offer ADLS i.e. toileting following procedure below.

If patient is isolated on their home unit:

- When a patient is designated as under investigation for COVID-19 (PUI) the unit where the patient is/was housed will be placed under quarantine, until released by a physician.
- The room assignment will be single occupancy for the affected patient and contact with unaffected patients will not be allowed.
  - Each PUI is to be placed in a separate isolation room. [Because some of them will be COVID (-) and we don't want to house them as roommates/close-contacts (maximum risk of transmission) with the patients that might be found to be COVID (+)].
  - Do **NOT** place any PUI with any other PUI or COVID (+) patients. [for the same reason mentioned above].



- Can cohort all COVID (+) patients together if needed based on space availability.
- For toileting isolated patients, staff will use a commode chair/urinal in their assigned isolation room, if an in-room restroom is not available.
- If a single use restroom or commode is not available on the unit and the isolated patient must use a shared space for toileting, a specific stall and sink will be designated for the isolated patient. The stall and sink will not be used by other patients during the isolation period and must be disinfected by staff after each use.
- For showering isolated patients, staff will use single use shower space when possible, or utilize common use shower space during a time in which other patients will not use the space for at least 3 hours. Showers must be disinfected immediately following use.

Staff must establish a staging zone for donning PPE prior to room entry and doffing prior to room exit.

Clean PPE supply must remain outside the isolated room at all times.

All care and treatment will take place in the patient's room to minimize exposure to other staff and patients.

- Staff are required to wear proper PPE prior to providing care and treatment to the isolated patient.
- Examples of care and treatment are meals, medication administration, vitals, assessments, etc.

### **Use of PPE on Isolation Units for Patients Being Tested or Under Investigation for COVID-19**

- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
- **Separate N-95 respirator or higher-level respirator must be used by staff for each patient Being Tested or Under Investigation for COVID-19.**
- Reuse refers to the practice of using the same N95 respirator or higher level respirator for multiple encounters with patients but removing it ('doffing') after each encounter. The respirator is stored in between encounters to be put on again ('donned') prior to the next encounter with a patient.
- Respirator classified as disposable can be reused by the same staff as long as it remains functional.
  - Review Donning and Doffing of PPE When Caring for a Patient Infected with or Under Investigation of COVID-19 below.



If the patient tests negative for COVID-19, the patient will remain on isolation precautions until fever free and symptom free, or symptoms improve for 72 hours.

### **Isolation of a Positive COVID-19 Patient:**

When a patient is designated as positive for COVID-19, the unit where the patient is/was housed will be placed under quarantine, until released by a physician.

- The room assignment will be single occupancy for the affected patient and contact with unaffected patients will not be allowed.
  - Can cohort all COVID (+) patients together if needed based on space availability.

Isolation spaces are designated as is most practicable in each facility and can only be activated according to hospital policy.

Central Staffing Offices (CSO) will be responsible for staffing isolation units based upon local hospital guidelines.

A check station will be placed prior to the entrance of the Isolation unit, with appropriate signage and PPE devices, to avoid undue exposure to staff.

All isolation locations (unit) will have a trained observer, if staffing permits.

- The trained observer will ensure the safety of staff, they will lead, protect, and guide others through the process of safely and correctly donning and doffing PPE.
- Trained Observers are responsible for:
  - Monitoring compliance with PPE protocols.
  - Guiding, correcting, and assisting during donning and doffing.
  - Protecting yourself through proper PPE use during doffing, ensuring appropriate physical distancing during monitoring.

The patient will be transported to the isolation location during times when no other patients are in facility common areas, and safe transfer can occur with appropriate distancing.

- The patient is required to wear a facemask during transport. Ensure the patient practices respiratory hygiene.
- The escort staff must wear PPE consisting of a gown, N-95 respirator, eye protection, gloves.

Staff will establish a staging zone for donning PPE prior to unit entry and doffing prior to unit exit.

Clean PPE supply must remain outside the isolated area at all times.





Implement droplet/contact precautions with eye protection:

- Droplet/contact precautions:
  - Staff must don the following PPE prior to entering patient room: gown, N95 respirator or higher level respirator, eye protection, gloves.
  - For patient: encourage wearing of surgical mask during staff interactions.

Educate patient on COVID-19, droplet/contact precautions, and medical isolation process and expectations.

Utilize signage and other communication to inform staff of patient being placed on medical isolation status.

Continue to use Transmission-Based Precautions in handling Linen and Waste Disposal.

- When handling soiled linen, it is imperative to wear PPE to keep personal clothing free from contamination.
- Hold soiled linen bags away from the body.
- Discard PPE in the trash after.
- Wash hands with soap and water after handling soiled linen/clothing.
- Follow handling of infectious linens per hospital policy when contaminated with blood or stool.

Trash disposal bins will be positioned near the exit inside of the patient's room, based upon patient's current risk levels to make it easy for staff to discard PPE after removal, prior to exiting the room, or before providing care for another isolated patient in the same room. Dispose of PPE into pedi-trashcans in donning/doffing area or isolation rooms prior to exiting.

Meals will be served in disposable containers with disposable utensils. All containers and utensils will be disposed of prior to leaving the isolation unit.

Nursing staff assigned to isolated patient, will dispose of trash and secure linen prior to the end of the shift.

Assess vital signs and respiratory status (this includes oxygen saturation and auscultation of breath sounds) at least once per shift, and as clinically indicated.

Ensure single-use (when available) or dedicated equipment is used during assessment of the isolated patient including stethoscopes, disposable blood pressure cuffs, thermometers, etc.

- Clean equipment with 70% ethyl alcohol after each use.



Ensure observation rounds are completed and documented at least every hour and as clinically indicated, use this opportunity to offer ADLS i.e. toileting following procedure below.

### **Use of PPE on Isolation Units for Patients Who Tested Positive for Covid-19**

- Any reusable PPE must be properly cleaned, decontaminated, and maintained after and between uses.
- Extended use refers to the practice of wearing the same N95 respirator or higher level respirator for repeated close contact encounters with several patients, without removing the respirator between patient encounters.
- Extended use for N-95 respirator is a recommended practice on units in which all patients have tested positive.
- Review Donning and Doffing of PPE When Caring for a Patient Infected with or Under Investigation of COVID-19 below.

### **Release from Quarantine:**

If the unit patients continue to have **no** signs or symptoms suggestive of COVID-19 infection, the unit quarantine can be released either:

- 14 days after the exposure date to a confirmed COVID-19 patient or staff (Index case), or
- Immediately once there is a **Negative** result for Molecular COVID-19 RNA/SARS-CoV-2 RNA test on the isolated PUI patient or the staff that was suspected to have COVID-19/PUI. Earlier than 14 days after the exposure date to the suspected PUI patient or staff (Index Case) if the diagnosis of COVID-19 in that Index Case was completely ruled-out per “Discontinuation of Empiric Transmission-based Precautions for patients suspected of having COVID-19”, page-11 of this Nursing Protocol.

### **Release from Isolation:**

#### Discontinuation of Transmission-Based Precautions for Patients with COVID-19

The decision to discontinue Transmission-Based Precautions for patients with confirmed COVID-19, will be made by the Physician using either a test-based strategy or a symptom-based (i.e., time-since-illness-onset and time-since-recovery strategy) or time-based strategy as described below. **Meeting criteria for discontinuation of Transmission-Based Precautions is not a prerequisite for discharge.**

**Symptomatic patients with COVID-19** will remain in Transmission-Based Precautions until **either**:

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- *Symptom-based strategy*
  - At least 3 days (72 hours) have passed *since recovery* defined as resolution of fever without the use of fever-reducing medications **and** improvement in respiratory symptoms (e.g., cough, shortness of breath); **and**,
  - At least 10 days have passed *since symptoms first appeared*
- *Test-based strategy*
  - Resolution of fever without the use of fever-reducing medications **and**
  - Improvement in respiratory symptoms (e.g., cough, shortness of breath), **and**
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens) [1]. See Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for 2019 Novel Coronavirus (2019-nCoV). Of note, there have been reports of prolonged detection of RNA without direct correlation to viral culture.

**Asymptomatic patients with laboratory-confirmed COVID-19** will remain in Transmission-Based Precautions until **either**:

- *Time-based strategy*
  - 10 days have passed since the date of their first positive COVID-19 diagnostic test, assuming they have not subsequently developed symptoms since their positive test. Note, because symptoms cannot be used to gauge where these individuals are in the course of their illness, it is possible that the duration of viral shedding could be longer or shorter than 10 days after their first positive test.
- *Test-based strategy*
  - Negative results of an FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA from at least two consecutive respiratory specimens collected  $\geq 24$  hours apart (total of two negative specimens). Note, because of the absence of symptoms, it is not possible to gauge where these individuals are in the course of their illness. There have been reports of prolonged detection of RNA without direct correlation to viral culture.

Note that detecting viral RNA via PCR does not necessarily mean that infectious virus is present.

Physicians may consider consulting with local infectious disease experts when making decisions about discontinuing Transmission-Based Precautions for patients who might remain infectious longer than 10 days (e.g., severely immunocompromised).



### Discontinuation of empiric Transmission-Based Precautions for patients suspected of having COVID-19:

The decision to discontinue empiric Transmission-Based Precautions by excluding the diagnosis of COVID-19 for a suspected COVID-19 patient can be made by the Physician based upon having negative results from at least one FDA Emergency Use Authorized COVID-19 molecular assay for detection of SARS-CoV-2 RNA.

- If a higher level of clinical suspicion for COVID-19 exists, consider maintaining Transmission-Based Precautions and performing a second test for SARS-CoV-2 RNA.
- If a patient suspected of having COVID-19 is never tested, the decision to discontinue Transmission-Based Precautions can be made based upon using the *symptom-based strategy* described above.

Ultimately, clinical judgement and suspicion of SARS-CoV-2 infection determine whether to continue or discontinue empiric Transmission-Based Precautions.

### Donning and Doffing of PPE When Caring for a Patient Infected with or Under Investigation of COVID-19

The recommended sequence for safely donning PPE when caring for a patient with COVID-19 to prevent exposure with potentially infectious materials is:

- Gowns
  - Put on a clean isolation gown upon entry into the patient room or area. Change the gown if it becomes soiled. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area. Disposable gowns must be discarded after use.
- Respirator or surgical mask
  - Put on an N95 respirator before entry into the patient room or care area.
  - N95 respirators or respirators that offer a higher level of protection must be used instead of a surgical mask when performing or present for an aerosol-generating procedure. See appendix for respirator definition. Disposable respirators and surgical mask must be removed and discarded under the following circumstances.
  - N95 respirators must be discarded after:
    - Aerosol generating procedures.
    - It becomes damaged or deformed;
    - It no longer forms an effective seal to the face;
    - It becomes wet or visibly dirty;

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- breathing becomes difficult;
- N95 respirator must be stored in a clean, breathable container such as a paper bag between uses. To minimize potential cross-contamination, store respirators so that they do not touch each other and the person using the respirator is clearly identified. Storage containers must be disposed of or cleaned regularly.
- Eye Protection
  - Put on eye protection (i.e., goggles or a disposable face shield that covers the front and sides of the face) upon entry to the patient room or care area. Personal eyeglasses and contact lenses are NOT considered adequate eye protection.
  - Remove eye protection before leaving the patient room or care area.
  - Reusable eye protection (e.g., goggles) must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use. Disposable eye protection must be discarded after use.
- Gloves
  - Put on clean, non-sterile gloves upon entry into the patient room or care area.
  - Change gloves if they become torn or heavily contaminated.
  - Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

The recommended sequence for safely removing PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials is:

- **Remove all PPE before exiting the patient area except for the respirator. Remove respirator after leaving the area of exposure.**
- 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 designated waste container.
- Eye Protection
  - 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 sanitizer.
- Remove goggles or face shield from the back by lifting head band and without touching the front of it.
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in designated waste container.
- Respirator or surgical mask
  - Front of respirator/surgical mask is contaminated – DO NOT TOUCH
  - If your hands get contaminated during respirator/surgical mask removal, immediately wash your hands or use an alcohol-based sanitizer.
  - Grasp bottom ties or elastics of the respirator/surgical mask, then the ones at the top, and remove without touching the front.
  - Discard in designated waste container.
  - Wash hands with soap and water or use an alcohol-based hand sanitizer immediately after removing all PPE.

### **Cleaning Procedures for Areas Housing Patients Infected with or Under Investigation of COVID-19**

Daily cleaning and disinfection of high-touch surfaces in common unit areas may be assigned to Janitorial staff and must apply appropriate PPE according to the unit location and /or assignment.

Daily cleaning and disinfection of high-touch surfaces in patient isolation rooms will be assigned to nursing staff who will already be in the room providing care to the patient and completed every shift. Staff must wear all recommended PPE when in the room. PPE must be removed upon leaving the room, immediately followed by performance of hand hygiene.

EPA-registered hospital-grade disinfectants will be used when cleaning and disinfecting high-touch surfaces.

After patient discharge, terminal cleaning will be performed by janitorial staff. Janitorial staff will refrain from entering the vacated room for at least 3 hours, whenever possible after patient discharge.

After this time has elapsed, janitorial personnel may enter the room and must wear a gown, surgical mask, eye protection and gloves when performing terminal cleaning. Shoe covers are not recommended at this time for staff.



## **Transporting Procedures of Patients Infected with or Under Investigation of COVID-19 to Outside Medical Facility**

Should a patient positive for COVID-19 have a change in physical status such that they require transportation to an outside medical facility for evaluation and treatment, the following guidance will be followed:

- Follow hospital policy for urgent vs. emergent care of the patient.
- If a patient is being transported to the outside medical facility via emergency medical services (EMS), nursing staff will alert EMS personnel of patient's COVID-19 status so that EMS can take necessary precautions and enact previously agreed upon local or regional transport protocols. This will allow EMS personnel and the receiving healthcare facility to prepare for receipt of the patient.

If arranging transportation of a COVID-19 patient by other means for non-emergent care, nursing staff will notify the appropriate departments in accordance with hospital policy to arrange the coordination and transportation for the patient with staff who are trained in the safe transportation of COVID-19 patients.

Hospital staff transporting patient must obtain and apply PPE (gown, N-95 respirator, and gloves) and obtain patient pick-up location.

Driver will transport patient to assigned destination.

Facility staff will call the outside medical facility beforehand to inform triage personnel that the patient has symptoms of a respiratory infection (e.g., cough, sore throat, fever) in order for them to take appropriate preventive actions.

Upon return, the driver will coordinate Motor Pool garage for decontamination of the vehicle.

- When possible, each hospital will have a designated vehicle for transportation of patients under investigation or positive for COVID-19 patients that is solely dedicated to transportation for these purposes and will not be used for any other purposes at this time.

For additional guidance for returns from outside hospitalization, please see **RETURN FROM OUT TO HOSPITAL/OUTSIDE CARE Flowchart**

Addendums:

- DSH-9266 COVID-19 Admission Illness Screening Form
- DSH COVID-19 Admission Clearance Memo-Revised 06-04-2020
- COVID-19 ADMISSION & SERIAL TESTING Flowchart
- COVID-19 PATIENT TESTING AND REFUSAL Flowchart

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- RETURN FROM OUT TO HOSPITAL/OUTSIDE CARE Flowchart
- SKILLED NURSING FACILITY COVID-19 TESTING AND SURVEILLANCE Flowchart

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Discontinuation of Transmission



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-hospitalized-patients.html>

