VCMC/SPH Update as of 3/20/20

Updated screening items, checklists, forms, signage can be found at: http://hospitals.vchca.org/medical-staff-services

Updates for all VCMC/SPH staff – The MWF 12-1 calls hosted by Dr. Flosi are open to all staff - the goal is to reach as many people as possible - please share.

- County today issued a Stay At Home order which complements the Statewide order – key to know is that we are healthcare workers, which are essential, so we are excluded

- There are COVID-positive patients hospitalized in the county of Ventura – for the latest counts and age/city breakdown, see www.vcemergency.com

- Physician / Employee Exposure and Illness
  - What to do if known exposure:
    - Exposed physicians – we determine your risk category and Infection Prevention team will determine with you whether you are on self-monitoring or quarantine and next steps.
    - Sick physicians – Same process reach out to Dr. Kory and Magdy, we identify testing for fast turnaround. Return to work is 7 days from onset, at least 3 days after resolved fever/symptoms.
    - Exposed employees – we are working on that and will post them on the website, includes HR and employee health.
    - Sick employees – You need to stay home – call your doctor and get triaged, let your supervisor know, and additional steps will be defined

- Mandate for Patient Identification Number is now removed to expedite testing processes

- Significant shortage of swabs – we are working with public health to determine best balance of effectiveness and supply

- Quest and public health and CDC all changed to single swab to be tested for influenza in our lab, then sent to COVID testing. Can also collect sputum in sterile cup and send but do not induce

- **Updated Tools and Forms:**
  - AC Checklist – to share with our AC and with physicians in the community
  - Self-isolation form – clear instructions
  - Drive through testing and screening workflows
  - Checklist – VCMC specific
  - PPE and hand hygiene events
  - Sign-in log for entering the room updated by Infection Prevention – find under employee resources
  - Condensed CDC guidelines on your exposure

- Note: Ideally all ED staff wear a mask, and all suspected patients should be wearing a mask; we are identifying mandates for when and where masks should be worn as this will continue to evolve

- In all units, please limit the number of staff going in and out of rooms of COVID-suspect or confirmed patients – signage is being developed but please do not send different
techs/radiologists/lab personnel in if the task they are doing can be centralized with the assigned nurse or assigned tech. Only disposable meal trays should be used for these patients and should be removed as trash, not sent back to Dietary.

- Reminder new visitor and entrance policies:
  - No visitors with few exceptions (see postings and memos)
  - Employee entrance near the Lab is for emergencies only
  - For safety at night, there may be changes to parking policies - Leticia will communicate
  - We have eliminated elective surgeries – physicians must decide and make specific orders for semi-urgent or questionable procedures. We are cancelling any radiology, lab or other outpatient treatment that is not urgent, (To define urgent discuss with provider and Department leadership)
  - Those answering phones or cancelling appointments should be using the standardized script approved by leadership – contact Lisa Griffiths if you need this

- Patient Care:
  - For ER patients who are not admitted, physician notifies patient, and start same process that we start for someone in the hospital – using the log / sign-in to document exposure etc.
  - At VCMC: Anyone who presents to ED is isolated if they have fever, cough, shortness of breath – provider will make decision about whether to test and to take out of isolation
  - At SPH: we are exploring space options for overflow of ED, whether tent or additional space
  - PICU elective procedures are postponed – if you need pediatric sedation for urgent need, call the unit
  - If a patient is a PUI and wants to leave:
    - A: Treat like we do TB patients
    - If leave the hospital AMA yes they are allowed to leave
    - If they want to walk the halls but return to their room, No, they should be stopped
  - The log for recording who enters Isolation rooms with PUIs has changed – please see this link and reprint if you don’t have updated copies on your unit isolation rooms. Available on the Medical Staff website as well. MedStaff website

- Patient Rooms / Facilities:
  - We have moved and confirmed use of a single tent to triage COVID testing outside the ED – once all approvals, workflows, equipment, staffing and supplies are in place the ED leadership team will be able to deploy
  - Isolation rooms – we are identifying all options for isolation rooms, negative pressure spaces, and adjoining ante-rooms
  - We are now APPROVED to use gray or purple top cleaning wipes for use with COVID-19 – Reminders:
    - Purple Top Super Sani Cloth: 2 minute wet time
    - Gray-Top Sani-Cloth AF3: 3 minute wet time
    - Blue Top Bleach Clorox Germicidal Wipe: 3 minute wet time
    - Green Label Hydrogen Peroxide: 5 minute wet time

- Supplies:
- Goggles – only reuse the ones with NO fabric/elastic/cloth parts
  - And they may only be REUSED AFTER cleaning with bleach (3 minutes) or hydrogen peroxide (5 min)
- Gowns are still single use
- N95 FIT Testing is scheduled 9:30-1:30 in ED Conference Room
- We still currently have VERY limited supply of PAPR hoods – encourage all staff with facial hair to shave to enable N95 use.
- Surgical masks with shields – we have very limited supply, so should be using judiciously
- EVS/Facilities are working to coordinate the placement of wall-mounted hand-sanitizer in ISO rooms where not already located, dependent on fire code

- Staffing and Employees:
  - Nursing staffing:
    - We are exploring options to adjust nursing ratios for the care of PUIs and confirmed cases when appropriate, based on learnings from other hospitals
    - 30+ new hires are identified and we are working to onboard them as soon as possible
    - Travelers will also be deployed in the next 4 weeks
  - Employees and workplace questions:
    - Testing – We can expedite for our critical work force – if you have someone sick, our partners in urgent care will test them – get them swabbed as soon as possible so they can be cleared to work the next day. Contacting HR is your first step.
    - If a staff-member is asking about coming back to work based on exposure or symptoms, contact HR and they will connect with Employee Health if needed (CDC link)
    - Dr. Kory is handling physician screening and workplace questions
  - Can people 65+ come to work - Yes, they should come to work. If their job is performable from home they should stay home. If not, then you make managerial decisions to keep 65+ in lower risk area / role if possible. Same is true for other at risk conditions. Follow the guidance by Dr Levin, and if you have questions see above.

MWF Update Call: Inpatient COVID Huddle
Dial in: 877.402.9753
Access code: 6526062