COVID-19 – FAQ
VCMC/SPH

When will baby monitors be installed (i.e. for Code Grey, PUI, 1:1 monitoring)?
Floors should have limited number of walkie-talkies/baby monitors, talk with floor manager.

We are using iPads to assist with communication between healthcare workers and patients. Contact floor manager for more details.

Is COVID-19 spread by airborne or droplet transmission?
Current data suggest transmission primarily via respiratory droplets in addition to contact transmission.

Certain procedures are thought to be associated with a higher risk of aerosolization, and these are called “aerosol generating procedures” or AGPs. See med staff website for complete list of AGPs at VCMC/SPH.

Who should be called to collect used N-95 masks for decontamination?
There are marked, biohazard bins on every unit. Please do not put soiled masks (masks with makeup, for example) in the bin; rather, throw those away. May call EVS when full (x6680)

How do I use the QR codes to log-in to a room with a COVID-19 suspect?
For iPhones and many android models, turn on your camera and point to QR code (do not take a photo). Some phones need a QR reader app installed. Click on the link and answer the survey questions. You will need to know the patient FIN number.
LOG IN Survey is also available on any VCMC computer Desktops starting on 4/21/20

Are yellow gowns safe to use as Personal Protective Equipment?
Yes: the purpose of a gown is to prevent your clothing from becoming contaminated after touching potentially contaminated surfaces in rooms under contact isolation. The yellow gown allows the clothes underneath to remain clean.

Why are some people using plastic gowns?
Many different gowns are in use due to variable availability of PPE from different sources. Plastic is no better or worse than usual gowns. If you are unable to completely cover your back with the type of gown available, ensure that you are not touching or leaning against contaminated surfaces in the room with your back.

What is the proper way to clean whiteboard markers or pens in a COVID room?
SuperSani Cloth wipes (purple-top) for 2 minutes, Clorox Bleach wipes for 3 minutes, FL3 (Gray-top) for 3 minutes, or Hydrogen Peroxide wipes for 5 minutes.

How do units ensure there is enough required PPE?
The charge nurse on shift should verify PPE inventory on the unit, call central supply if additional PPE required for the day. If available, the hygienist may help with this task.

Are there enough hand sanitizers now?
Yes. Every day, each unit should verify that they have hand sanitizers (either pumps or dispensers) INSIDE each patient room that may be used as a COVID room, and OUTSIDE each patient room, near the doffing area. If you find that you are short, reach out to EVS to request hand sanitizer as needed.

Where can I find a copy of the VCMC guidelines, policies, and procedures?
The Med Staff website is updated on a regular basis and is available on the intranet icon on each computer.

Or google directly at http://hospitals.vchca.org/medical-staff-services

Do we need to wear shoe covers and bouffant caps in COVID positive rooms?
No.

What is the proper PPE for entering a room with a COVID positive patient/suspect
Enhanced droplet precautions plus contact precautions. This includes: surgical mask, face shield, gown, and gloves.

When do I need to use an N-95 or PAPR?
For any aerosol generating procedure (AGP) such as: intubation, extubation, deep suctioning, nebulizer tx, BiPAP/CPAP, bronchoscopy, CPR. See med staff website for full list of AGPs.

When providing direct patient care within 6 feet of a patient who is not wearing a medical mask
When entering the room of a patient on a ventilator

Also, use a cleanable face shield (preferred) over an N95 respirator to reduce surface contamination of the respirator.

Any situation where patient is unable to use a mask, i.e. laboring moms, newborns, patients with dementia, patients with psychiatric illness

How do I clean the face shield?
SuperSani Cloth wipes (purple-top) for 2 minutes, Clorox Bleach wipes for 3 minutes, FL3 (Gray-top) for 3 minutes, or Hydrogen Peroxide wipes for 1 minute for bacteria and viruses (5 minutes for TB and fungus).

Who do we contact if we have questions regarding Psych rule outs and patient transfer to IPU?
Dr. Jason Cooper is on call 24/7 for questions. An attending-to-attending conversation should take place when a patient needs to be transferred to/from IPU

How do we conduct COVID-19 screening in the tents when it rains?
The new tents should be better equipped to handle the rain, please notify Jessica Hill with issues
Who should be in the trauma bay during trauma activation/Code intubations?

Tier I or II trauma: 1 to 2 ER attendings, 1 trauma attending, 2 residents, 1 RT, 2 RNs, recorder, +/- anesthesiologist

Code Intubation: limit to 1 anesthesiologist (or most experienced intubating physician available), 1 RT, 1 RN during intubation, when possible

What is the proper way to discharge a COVID+/PUI patient from the hospital?
If the patient is ambulatory, he or she can walk out of the room to a waiting wheelchair. The person transporting the patient only needs to be wearing a surgical/procedural mask if they are not going to be in contact with the patient or contaminated equipment. The patient should be wearing a surgical/procedural mask and a clean set of their own clothes.

What is the proper way to transfer a COVID+/PUI patient around the hospital?
The patient should be wearing a surgical/procedure mask and have a clean sheet on top of his or her body. If transport team is going to have continued contact with the patient, they should leave their PPE on, and doff in the location where they will no longer be having contact with the patient. In this scenario, the transport team will need to have a “clean runner” to assist with opening doors. May reference following video from Houston Methodist: https://www.youtube.com/watch?v=XcZhUO6wbnI&feature=youtu.be

Can I wear a surgical mask over my N-95 to protect it?
Consider use of a cleanable face shield (preferred) over an N95 respirator and/or other steps (e.g., masking patients, use of engineering controls), when feasible to reduce surface contamination of the respirator.

Surgical masks can also be used over the N-95, but are not preferred as they may alter the fit of the mask or make it difficult to breathe.

What should I do if I see someone not following the donning/doffing protocol correctly?
Gently suggest the appropriate procedure. If you are met with resistance, move up the chain of command (charge RN, RN manager, CMO, etc.).

Is there any guidance on the use of Bair Hugger-style forced air patient warming blankets for COVID patients?
Bair Huggers do not generate aerosols, so the type of PPE being worn should remain the same.

When should I use a cloth mask?
Cloth masks should only be used by visitors, or outside of the hospital. They do not protect the wearer from the COVID-19 virus, but may help with source control of asymptomatic people who could be infected.

Should laundry, food service utensils, and medical waste be treated differently for COVID-19 positive patients?
No, it should be treated the same.
What do I do if I think I’ve been exposed to a COVID positive patient?
Notify your manager immediately. If asymptomatic, likely you can continue to work while wearing a mask and monitoring your symptoms. Call employee hotline at (805) 981-5166, or page Dr. Kory if you are an MD.

What type of isolation should patients be in while awaiting their COVID test?
These patients should be in “Enhanced Droplet plus Contact” precautions unless they are undergoing an “Aerosol Generating Procedure,” in which case they should be in “Airborne” precautions in a negative pressure room.

For asymptomatic OB and surgical patients, as well as SNF patients awaiting disposition, patients may remain under “standard precautions.” If these patients develop symptoms between the time the test is done and the result, they should be placed under appropriate isolation precautions as needed.

What are the exceptions to the “No Visitors” policy?
- Pediatrics – allowed one support person
- Labor and Delivery – allowed one support person
- Patients at End of Life – allowed one support person, two visitors could alternate for prolonged patient stay
- Patients with a disability or cognitive impairment for which support person is medically necessary- allowed one support person

Support persons must be asymptomatic for COVID, not a PUI or recently tested positive
Visitors must wear a surgical mask at all times while in the hospital, and appropriate PPE when in the patient room

Physician should write a communication order detailing visitor policy if exemption granted by Administrator on Duty for any particular patient

How do I transport a high risk (COVID suspect or COVID+) patient to and from surgery?
Pre-operatively:
Inpatients should be consented in their rooms, and transferred directly to the OR (not pre-op holding)

Post-operatively:
If patient is still intubated, they should return directly to their room (ICU, PICU, NICU).
If patient has been extubated, they should recover in the OR for the first 30 minutes after extubation to allow aerosols to settle. After these 30 minutes have passed, they may recover in the PACU in an isolation room prior to being transferred back to their hospital room, or they may finish recovering in OR or in their hospital room if there is not isolation room available in PACU (as is the case at SPH).

Can SARS-CoV-2, the virus that causes COVID-19, be transmitted by blood transfusions?
In general, respiratory viruses are not known to be transmitted by blood transfusions, and there have been no reported cases of transfusion-transmitted coronavirus (FDA).

Are there instructions about how to put on and take off PPE?
Donning/doffing for enhanced droplet + contact isolation (using surgical mask): https://youtu.be/Bou6OcA33gQ

Donning/doffing for airborne isolation (using N95) *updated 4/10 with new hand hygiene step: https://youtu.be/6znedYo0KAw

Donning/doffing in the OR: https://youtu.be/KiL1B2GjfC4

Donning/doffing PAPR: https://www.youtube.com/watch?v=t2NQyVbb7TY&feature=youtu.be

If I have COVID-19 can I infect my pet? Or can I get it from my pet?
According to WHO: We are aware of instances of animals and pets of COVID-19 patients being infected with the disease. There is a possibility for some animals to become infected through close contact with infected humans. It is still too early to say whether cats could be the intermediate host in the transmission of the COVID-19.

I’m pregnant – should I be caring for a COVID + patient?
Information on COVID-19 in pregnancy is limited. Pregnant women are not currently considered at increased risk for severe illness from COVID-19. However, pregnant women have had a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza. Discuss your options with your manager.

Who is at the highest risk for developing severe illness from COVID – 19?
People 65 years and older and people of all ages with serious underlying health conditions — like serious heart conditions, immunosuppression, dialysis patients, liver disease, chronic lung disease including asthma, hypertension, and diabetes and obesity — seem to be at higher risk of developing severe illness from COVID-19.

Is it ok to work with artificial nails?
Germs can live under artificial fingernails both before and after using an alcohol-based hand sanitizer and handwashing. It is recommended that healthcare providers do not wear artificial fingernails or extensions when having direct contact with patients.

Is it ok to wear rings?
Avoid hand jewelry that may tear gloves. Some studies have shown that skin underneath rings contains more germs than comparable areas of skin on fingers without rings. You may keep your wedding ring on if you chose so.

I have dry skin from all of the hand sanitizer. What should I do?
Use only hand lotions approved by your healthcare facility because they won’t interfere with hand sanitizing products.
When and how should I use gloves?
Wear gloves, according to Standard Precautions, when it can be reasonably anticipated that contact with blood or other potentially infectious materials, mucous membranes, non-intact skin, potentially contaminated skin or contaminated equipment could occur.

ALWAYS use hand sanitizer before putting gloves on. Gloves are not a substitute for hand hygiene.
Perform hand hygiene immediately after removing gloves.
Change gloves and perform hand hygiene during patient care, if:
  o gloves become damaged,
  o gloves become visibly soiled with blood or body fluids following a task,
  o moving from work on a soiled body site to a clean body site on the same patient or if another clinical indication for hand hygiene occurs.
Never wear the same pair of gloves in the care of more than one patient.
Carefully remove gloves to prevent hand contamination.

Can a COVID positive mother transmit the virus to her baby during pregnancy?
Mother-to-child transmission of coronavirus during pregnancy is unlikely, but after birth a newborn is susceptible to person-to-person spread.

A very small number of babies have tested positive for the virus shortly after birth. However, it is unknown if these babies got the virus before or after birth.
The virus has not been detected in amniotic fluid, breastmilk, or other maternal samples.

Should COVID positive mothers breastfeed their babies?
Breast milk provides protection against many illnesses and is the best source of nutrition for most infants.

Mom, along with her family and healthcare providers, should decide whether and how to start or continue breastfeeding.

In limited studies, COVID-19 has not been detected in breast milk; however, we do not know for sure whether mothers with COVID-19 can spread the virus via breast milk.

If you are sick and choose to direct breastfeed:
Wear a facemask and wash your hands before each feeding.

If you are sick and choose to express breast milk:
  o Express breast milk to establish and maintain milk supply.
  o A dedicated breast pump should be provided.
o Wash hands before touching any pump or bottle parts and before expressing breast milk.
o Follow recommendations for proper pump cleaning: https://www.cdc.gov/healthywater/hygiene/healthychildcare/infantfeeding/breastpump.html
o If possible, consider having someone who is well to feed the expressed breast milk to the infant.

How should I disinfect my PAPR hood?
According to 3M:
o Bleach Germicidal Disinfectant Wipes
o PeridoxRTU
o Super Sani-Cloth Germicidal Disposable Wipes
o Sani-Cloth Bleach Germicidal Disposable Wipes

Can people who recover from COVID-19 be re-infected?
The immune response, including duration of immunity, to SARS-CoV-2 infection is not yet understood. Patients with MERS-CoV (a similar virus) are unlikely to be re-infected shortly after they recover, but it is not yet known whether similar immune protection will be observed for patients with COVID-19.

How long does a room need to be empty after a patient with COVID is discharged?
**Air changes/hour (ACH) and time required for airborne-contaminant removal by efficiency**

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What training is involved in becoming a Hygienist?
See PolicyStat ID: 7936637, Hygienist Role During Covid –19 Pandemic

In short, there is approximately 4 hours of training with Nursing Education, where various policies and procedures are reviewed. Then if possible, new Hygienist will be paired up with an experienced one for further training of another 4-12 hours.

What is the maximum number of people allowed in a break room to eat?
Depends on the size of the break room, signs should now be posted on each break room with the appropriate number of people allowed at a time in each space to allow social distancing.

Can nurses who are flexed on the floors be used as hygienists in a pinch, even without formal training?
Yes. If a nurse understands the role and feels comfortable being a hygienist and has watched all of donning and doffing videos, they can used that same day. That nurse must have plans to attend the next available formal training. Please note the nurse must feel comfortable working in the role. If the nurse prefers to have formal training first, she has the option to decline working as a hygienist.

What about cloth head covers or disposable ones? Is it ok to wear those all day while caring for COVID patients?
Treat head covers the way you treat your hair, don't touch or remove until the end of shift

If you are only wearing head covers in covid+ or suspect rooms, remove them in reverse order that you put them on (if you put it on last, take it off first when you come out of the room), and perform hand hygiene every time you touch it

Worth mentioning, CDC and WHO do not recommend head covers as part of PPE for COVID-19

What are the recommendations about shoe coverings? Why do I have to change it from room to room if I can wear my shoes in and out of rooms freely? If I am to doff them inside the room, I have nowhere to sit.
Shoe covers are not part of the PPE recommended by the CDC or the WHO in caring for COVID-19 patients, nor are they part of the VCMC guideline.

If you choose to wear shoe covers for your COVID-19 patients, you should perform hand hygiene and remove them in the patient’s room before doffing gown and gloves (as is demonstrated in the OR video).

If you prefer to wear shoe covers throughout your shift to protect your shoes, you should perform hand hygiene and remove them at the end of your shift before you exit your final patient’s room.

What is the best way to do an EKG on a PUI/COVID positive patient?
The EKG machine is covered in a disposable plastic shroud that we can consider the EKG machine’s “gown.” EKG can be performed inside the patient room with the shroud on, saved,
and sent to Cerner. The plastic shroud should be “doffed” from the EKG machine inside the room just as the HCW doffs his or her gown inside the room. The physical copy of the EKG can then printed outside the patient room once the machine has been wiped down.

Ideally, a 12-lead baseline electrocardiogram would be obtained upon admission, but in certain situations a single- or multi-lead ECG/EKG from telemetry monitoring or multiple lead positions from a hand-held ECG device may be adequate to minimize staff exposure to the patient. Continuous ECG monitoring should be used (in conjunction with automated blood pressure readings and oxygen saturation monitors) in lieu of standard vital sign checks by nursing staff. This practice reduces the number of clinical staff interacting with the patient, thereby reducing the risk to health care workers and preserving personal protective equipment.