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**Novel Respiratory Virus (NRV) Precautions**

**Precautions for COVID-19**

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|  | **POLICY AND PROCEDURE** | |  |
| **APPROVED:** | | **NEXT REVIEW:** | |
| **CLINICAL AREA:** All Clinical Areas | | | |
| **POPULATION COVERED:** All patients suspected or confirmed to have COVID-19 | | | |
| **CAMPUS:** Covenant Health | | **IMPLEMENTATION DATE:** March 2020 | |

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| **ACRONYMS:** | **DEFINITION:** |
| AIIR | Airborne Infection Isolation Room (negative air pressure) |
| COVID-19 | Novel 2019 Coronavirus |
| CDC | Centers for Disease Control and Prevention |
| RIPP | Regional Infection Prevention Program |
| PPE | Personal Protective Equipment |
| IP | Infection Prevention |
| LHJ | Local Health Jurisdiction |
| LIP | Licensed Independent Practitioner |
| RMW | Regulated Medical Waste |
| ARC | Airborne Respirator Contact |
| WHO | World Health Organization |
| CAPR | Controlled Air Purifying Respirator |

**PURPOSE:** To describe required Novel Respiratory Virus (NRV) precautions to prevent the transmission of COVID-19.

**POLICY STATEMENT:** All patients suspected or confirmed to have COVID-19 should be placed in NRV precautions. NRV precautions include:

* **Non-Ventilated patients** with Low Risk for Aerosol-generating Procedures
* Droplet precautions- mask with eye protection, mask with full face shield or CAPR
* Contact precautions- gloves and gown
* Move patient to negative air pressure room to perform Aerosol-generating Procedures
* **Ventilated patients AND those with High Risk for Aerosol-generating Procedures**
* Airborne precautions- N95 mask/respirator or CAPR
* Eye Protection- Full face shield or Goggles
* Contact Precautions- gloves and gown
* If no negative air pressure room is available, patient may be placed in a regular room with the door kept closed.
* **Only essential personnel should enter the room.**

# Aerosol-generating procedures (with specificity):

* + Intubation/Extubation
  + Anytime the ventilator circuit is broken
  + CPR
  + Bronchoscopy
  + Autopsy
  + BIPAP/CPAP (including non-acute respiratory failure)
  + Open suction catheter use (tracheal, oral, nasal)
  + Placing or exchanging tracheostomy tubes
  + Nebulization (encourage MDI use, which is NOT an aerosol generating procedure, if medically appropriate)
  + High flow nasal cannula / NIV discourage use
  + Continuous aerosol therapy
  + CPT / PEP / IPV - (secretion clearance devices/procedures)

# PHYSICIAN/LIP ORDER REQUIREMENT: None.

**RESPONSIBLE PERSONS:** All caregivers.

**PREREQUISITE INFORMATION:** Texas/New Mexico Region Infection Prevention in conjunction with the WHO, CDC and TX State Department of Health.

[World Health Organization Guideline](https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf) on COVID-19 came from research developed by infection control experts and clinicians actively studying COVID-19. The recommendation for PPE usage reflect emerging evidence for staff protection, while conserving N95 masks due to industry-wide shortages. N95 masks should be reserved for performing aerosolizing procedures and the care of patients with other conditions that require Airborne precautions.

Strategies for optimizing the supply of PPE and N-95 respirators must be considered:

* + Limit number of patients going to hospital or outpatient settings
  + Exclude caregivers not directly involved in patient care
  + Limit face to face caregiver encounters with patient care (virtual care, telephone)
  + Exclude visitors with known or suspected novel pathogen
  + Cohort patients and caregivers
  + Utilize telemedicine when possible
  + Train on appropriate indication for use of N-95 masks
  + Utilize ***just in time*** fit testing as needed and target unit-specific caregivers
  + Utilize CAPRs and/or PAPRs for caregivers entering room most frequently and as much as possible

Review new Covenant IP-created isolation precaution signs for COVID-19. (See attached at end of document)

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| **PROCEDURE** | |
| **Responsible Person** | **Steps** |
| All caregivers in ED | **PATIENT TRIAGE**  If you suspect a patient may be infected with COVID-19 (fever and/or respiratory symptoms) ask the patient to don a mask and implement infection prevention measures:  Patient:   * Wears mask * In room with door closed * Anticipate nasopharyngeal and/or oropharyngeal specimen collection   Triage Caregiver(s):   * Implement Novel Respiratory Virus (NRV) precautions * Don mask with eye shield, gown and gloves to continue physical assessment. * Use disposable supplies and dedicated equipment * Consider conducting verbal screens and assessment by phone   NOTE: See Algorithm (attached at end of document) |
| Charge RN Facilities EVS | **ED ROOM PREPARATION AND SIGNAGE**   1. Remove all unnecessary items from room. 2. Place disposable stethoscope and other dedicated equipment (vital sign machine, IV pole/pump…) inside the room. 3. Post appropriate NRV precautions sign on the door outside the room. 4. Keep room door shut. 5. Cohort on same unit if possible. |
| All Caregivers on Unit | **INPATIENT ROOM PREPARATION**  **Inside Room:**   1. **Prior to arrival, remove all unnecessary items from the room** 2. **Stock and maintain adequate supplies in patient room; DO NOT overstock** 3. **Isolation cart stocked with garbage bags and extra linen bags** 4. **Assure sink is stocked with paper towels, soap and alcohol hand gel** 5. **Place a container of hospital approved cleaner disinfectant wipes inside room**   **Outside of Room:**   1. **Post the Entry Log next to room door.** 2. **Post NVR appropriate (Airborne / Contact or Droplet / Contact) Isolation sign on room door.** 3. **Isolation cart** 4. **Employee entrance log- all must sign log upon entering room once per shift** |
| All Clinical Caregivers | **ELECTRONIC MEDICAL RECORD (EMR)**   1. **Document correct isolation precautions Meditech** 2. **Order isolation cart** |

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| Nursing Supervisor | INPATIENT PLACEMENT   1. Patients requiring ventilation and/or aerosol-generating procedures, place in AIIR 2. Other suspected or confirmed patients, may be placed in private room with door shut 3. Cohort patients as needed. Consult Infection Prevention for assistance |
|  | **CAPR Donning and Doffing (note detailed instructions above):**  Donning   1. Perform hand hygiene 2. Attach CAPR battery 3. Don CAPR hood 4. Don and Tie gown 5. Don gloves   Doffing   1. Doff gloves and gown 2. Doff CAPR 3. Perform hand hygiene |
| Clinical Caregivers/ Lab | **LABORATORY SPECIMENS**  NOTE: Notify lab of all specimens collected from patient with confirmed or suspected COVID-19   1. Collect specimen and label specimen 2. Place specimen in double biohazard specimen bag 3. Specimens should be hand carried to the lab |
| Clinical Caregivers | **PATIENT TRANSPORT**  Notify receiving department/facility ahead of time  Provide mask to patient.   1. Patient is to remain in room at all times except for medically required test/exams. Whenever possible, use portable equipment to perform X-rays and other procedures in the patient’s room. Carefully consider if any test/exams that cannot be done in the room are medically necessary. 2. A plan should be developed prior to transporting the patient to prevent breaks in isolation during transport. The receiving unit should be involved in planning and should be notified of transport and isolation status prior to transport. 3. During all phases of transport, strict adherence to infection control procedures is required to prevent exposure and environmental contamination. 4. To follow **Droplet/Contact** precautions: Patient will perform hand hygiene and wear a surgical mask and clean gown. Place a clean sheet over the patient just before transport. If patient cannot tolerate wearing a mask, use a full face shield. The clinical staff will transport patients and will wear a regular mask and eye protection. 5. To follow **Airborne/Contact** precautions: Patient will perform hand hygiene and wear a surgical mask and clean gown. Place a clean sheet over the patient just before transport. If patient cannot tolerate wearing a mask, use a full face shield. The clinical staff will transport patients and will wear an N95 mask and eye protection. Patients on ventilator will not require a mask. 6. Limit contact between patients and others by using less traveled hallways and elevators when possible. |

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| Surgical Services | **OPERATING ROOMS/SURGICAL PROCEDURES**   1. Surgery is to be scheduled last case of the day if possible and only performed when medically indicated and cannot be delayed until patient improves and is no longer infectious. 2. Follow Covenant TB protocol and add contact precautions |
| All staff in patient care areas | **PATIENT EQUIPMENT**   1. Dedicate equipment to patient whenever possible (stethoscope, oximetry machine, etc.). 2. Reusable equipment no longer necessary in a patient room is cleaned with a hospital approved cleaner disinfectant ensuring contact time is met. 3. Wipe external surfaces of portable equipment for performing x-rays and other procedures in the patient’s room with hospital approved cleaner disinfectant, ensuring contact time is met, upon removal from the patient’s room. |
| Primary Nurse | **ROOM CLEANING**   1. Clean high touch surface areas daily    1. High touch surface areas include door knobs, light switches, bedside tables, and telephone, call light, remote controls, bed rails, bed side table, chair arms/seat, IV poles, faucet and sink, computer keyboard and mouse, monitors, toilet flush handle, toilet seat, ventilator knobs/buttons.    2. Use hospital approved cleaner disinfectant wipe, ensuring contact time is met.    3. Change wipes as necessary to meet contact time. 2. On patient discharge or transfer, contact EVS for terminal cleaning and Tru D. 3. Allow one hour air exchange (starting at the time patient vacates the room) before EVS representative enters 4. Leave NRV sign on the door until EVS cleaning is complete |
| Primary Nurse | **LINEN MANAGEMENT**  Linens may be laundered per routine practices according to the CDC.   1. Use regular linen bags. 2. Handle all linen in a manner to prevent spreading of organisms (e.g., gently roll up linen, DO NOT throw linen on the floor, and DO NOT shake linen). 3. DO NOT overfill linen bags. 4. Take dirty/soiled linen to soiled utility room for pickup. |

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| All staff in patient care areas  EVS | **WASTE/TRASH MANAGEMENT**  Waste/trash includes all regular waste except for regulated medical waste (below)   1. Place all regular waste in plastic bag-lined trash can in room. 2. DO NOT overfill trash bags. 3. DO NOT step on or push down contents of trash can to create more room. 4. Take trash to soiled utility room for pickup. |
| All staff in patient care areas  EVS | **REGULATED MEDICAL WASTE MANAGEMENT**  Regulated medical waste is waste that is contaminated with blood/body fluids that can be released when squeezed, sharps and pharmaceutical waste.   1. All regulated medical waste is placed in red bags and then in a biohazard bin. 2. DO NOT overfill red bags or sharps containers. 3. Take regulated waste to biohazard-designated soiled utility room for pickup. |
| Nursing Dietary | **MEAL TRAYS**   1. Nursing to deliver and remove tray to patient. 2. Place trays in dirty tray cart for pick up |
| All staff in patient care areas  EVS | **PATIENT SUPPLIES**   1. Keep patient supplies stored in isolation rooms to a minimum. 2. Supplies in the room are discarded on discharge. |
| All staff in patient care areas  IP | **VISITORS**  No visitors are allowed in the COVID19 unit or patient room. Special situations may be discussed on a case by case basis with leadership and Infection Prevention. Encourage visitation by cell phone, computer. |
| IP | **DE-ISOLATION PROCEDURES**   1. Inpatient- patient must have two negative COVID-19 tests 24hr apart, for discontinuing isolation. 2. Move to clean room with clean equipment 3. Discharged patients- See self-care instructions ATTACTED at end of this document 4. Contact EVS for terminal cleaning |

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| All staff in patient care areas  EVS CH | **PATIENT DISCHARGE**   1. Educate the patient regarding hand hygiene and reinforce the necessity for prevention of transmission to others including relatives and close contacts. 2. Have the patient put on a mask for transport. 3. Send remaining Entry Logs to Caregiver Health Services. 4. Leave isolation sign on the door and call EVS for Terminal Clean. |
| All staff in patient care areas | **POST MORTEM CARE**   1. Complete post mortem care per nursing standards using precautions. 2. Place patient in clean bed linens. |
| All staff in patient care areas | **TRANSPORTATON OF HUMAN REMAINS**   1. Don gown and gloves, place patient in disposable cleanable body bag. 2. Fill out tags to indicate Communicable Disease: COVID 3. Disinfect the outside of the bag with hospital approved disinfectant, ensuring contact time is met. 4. Load body onto cart and cover 5. Disinfect cart cover with hospital-approved disinfectant, ensuring contact time is met. 6. Discard gloves and gown inside the room, open door and perform hand hygiene 7. Follow standard routine procedures when transporting the body to the morgue 8. Wear disposable gloves when handling the body bag. |
| Pathology | **AUTOPSY**  Standard, Airborne, Respirator, and Contact Precautions with eye protection (e.g., goggles or a face shield) should be followed during autopsy. Follow the existing guidelines for safe work practices in the autopsy setting; see [Guidelines for Safe Work Practices in Human and Animal](https://www.cdc.gov/mmwr/preview/mmwrhtml/su6101a1.htm)  [Medical Diagnostic Laboratories.](https://www.cdc.gov/mmwr/preview/mmwrhtml/su6101a1.htm) |

# Revised from PSJH Washington

**References:**

1. [**CDC Criteria for Evaluating and Reporting COVID-19 PUI**](https://www.cdc.gov/coronavirus/2019-nCoV/hcp/clinical-criteria.html)
2. **World Health Organization on COVID-19**  <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

**Scroll for attachments**











