



Acute Care Operations to support recovery phase

Working safely during the Coronavirus

Revised: 05/15/20



A letter from Jeff Lindsay

Hello Acute Care Team Members,

As we continue to navigate the novel coronavirus (COVID-19) pandemic, we'll need to make adjustments to the ways we operate, with a focus on ensuring a safe environment for our teammates, and the highest level of care for all patients. It's clear that physical distancing and the efforts we've all put in place have been successful in reducing the rapid spread of this virus. And while we haven't seen the dramatic surge in cases that other areas have experienced, we recognize that our team and our communities will be facing this challenge together for the foreseeable future. It's important for us to be prepared to respond to surges in COVID-19 incidence, while we continue to provide safe care for all the other patients who rely on us for their care.

This document is a resource providing information on our approach to creating a safe environment, including guidance on personal protective equipment use, changes in patient flow, patient and teammate screening, and cleaning procedures across our acute care settings. Your review and understanding of these changes supports our ability to create the safe environment our patients trust us to provide. We'll continue to innovate as we work together to address challenges posed by this pandemic and I have complete confidence in our team's ability to meet those challenges with courage and creativity. Thank you for the strength, caring, and compassion you've shown in the face of COVID-19 and for all you do every day to provide remarkable care for our patients.

Regards,

Jeff Lindsay

EVP and chief operating officer

This is an interactive eBook - click the buttons to navigate through the information.

- Click the **arrow** below to **start**.
- Click **each tab** on the **Main Menu** page to review the information.
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Main Menu



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Team member safety

1

Team member pre-shift screening process

In order for you to be able to come to work without fear of being exposed to the COVID-19 virus, a pre-shift screening has been implemented. All team members working within our North Carolina Hospitals, including contract team members, will need to complete the pre-shift COVID-19 symptom screening before reporting to work.

Each day, you will complete the pre-shift questionnaire on your smartphone and register your temperature within 2 hours of your shift start time. You will display your results when entering the designated team member entrance at your facility. Visit this site to complete your pre-shift questionnaire:

www.NovantHealth.org/preshiftscreening

If you do have access to a thermometer or smartphone, paper screening documents and thermometers will be available. Random temperature checks will be performed as an additional level of safety. Please allow additional time to get to work and complete the screening process within the 2 hour of your shift.

Other resources:

- Paper screening tool: [\(need acute form\)](#)
- Temperature check template: [\(need acute form\)](#)

Random temperature checks

The screening station team members will perform random temperature screenings on team members and providers throughout the day. Team members or providers who exhibit a temperature of 100.1 or greater while working should contact EOH and will be sent home.



Team member safety

2

Team member pre-shift screening process; cont.

Pre-shift

Team members with smartphone and thermometer access	Complete online team member screening, including temperature check and health questionnaire
Team members with smartphone access, but no thermometer	Complete the questionnaire section of the online team member screening tool only
Team members with no smartphone access	N/A – full screening to take place upon arrival at hospital
Vendors, contractors, and others working within Novant Health hospitals	Vendors, contractors, or other non-NH persons working within a hospital must complete the online screening tool.

Upon arrival

Team members with smartphone and thermometer access	Present green check* result to designated team member at designated team member entrance
Team members with smartphone access, but no thermometer	Present yellow check* result to and have temperature checked by designated team member; if temperature is lower than 100.1 the team member is cleared for work
Team members with no smartphone access	Team member to complete paper form and have temperature checked by designated team member at designated team member entrance
Vendors, contractors, and others working within Novant Health hospitals	Present green check result to designated team member upon arrival at hospital; visitors at multiple sites only need to complete one screening per day.

MENU

PREV

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Team member safety

3

Team member pre-shift screening process; cont.

Team members may review the pre-shift personal verification screening process by accessing the link below. Team members will use their NH email address to log in and vendors without an NH email address will need to use a personal email address.

<https://vimeo.com/408148131>

Video demo on the screening process



What actions should I take based on the checks?



If you receive a green check, then you should report to work.

Open the app and display the green check on your smart phone as you enter through the designated entry point. The green check should be valid and **completed within 2 hours of your shift start time**. The app will display green for 12 hours. Once 12 hours has passed, you will be required to complete the process again.



If you receive a yellow check, then you should report to work.

If a team member successfully answered all items but a temperature cannot be performed prior to their shift, the team member will get a yellow check and a temperature will be performed at the designated facility entry point. You will need to wear a mask during your full shift. You may receive a call from EOH regarding your current symptoms.



If you receive a red check, then you should **NOT** report to work.

Your questionnaire results will be **routed to EOH through the app** for follow up. You should follow up with EOH and **notify your Supervisor or Manager** that you are unable to report for the shift due to receiving a red check. Complete the following form and EOH will follow up with you and provide guidance on next steps: <https://www.novanthhealth.org/intakeformcovid19>



Team member safety

4

Universal masking

All team members working in a hospital should wear a mask.

Team members who work within 6 feet or with patients for 10 or more minutes are considered **patient-facing** and should wear a surgical or procedural mask issued at the start of each shift.

All other team members should wear a cotton mask per the **nonpatient-facing team member** guidelines.

For more information, see Use of PPE.

Type of mask/ respirator	Nonpatient-facing team members	Patient-facing team members
Clean cloth / homemade mask	Yes	Yes (When not providing care for patients, such as in break rooms or when entering/exiting work, may not substitute for procedural or surgical mask)
Procedural or surgical mask with eye protection	No	Yes (Team Members who expect to be within 6 feet of patients for 10 or more consecutive minutes. Follow guidance on extended use)

COVID-19 Masking reference

http://iconnect.novanthhealth.org/News/Documents/_COVID19/Masking%204.20.2020.pdf



Hospital preparation

1

To ensure our patients are protected and feel safe when they visit our facilities, hospitals must take steps to prepare in advance.

Prepare for the visit in advance

To prepare patients for their visit, consider calling them in advance of their scheduled appointment or share information about what to expect at the time their visit is scheduled. Let them know they will be screened before entering the facility

and ask them to bring a cotton mask to wear while they are in the hospital. If they do not have a mask, we will provide a mask to them.

Stagger patient scheduling to avoid traffic in waiting rooms

When scheduling patient appointments, stagger them to prevent several patients arriving at the same time and to ensure you have rooms available for everyone. See the section on “Schedules”

Streamline workflows to minimize bottlenecks and wait times

The lobby or waiting area may be needed for patients using public transportation, arrive by long term care transportation or who do not have a cell phone. Review resources on hospital cleanliness and patient waiting for best practices on keeping the waiting area clean and helping patients remain at a safe distance.

Perform all eligible services in the exam room

If a patient needs additional services during their visit, ask team members to travel to the patient’s exam room rather than asking the patient to leave the room.



Hospital preparation

2 Be prepared with hospital signage



Poster size: 11" x 17"

Laminated flyer/seat blocker size: 8.5" x 11"



Floor stickers, option 1 - noncarpeted flooring; option 2 - carpet flooring



Horizontal & vertical options (8.5" x 11"), for use with masking stations



Laminated horizontal 8.5" x 11" sign for areas where water fountains are turned off



Hospital preparation

3

Pre-opening for lobby and patient restrooms

- All furniture must be wipeable with no tears
- Place unnecessary furniture (including cloth covered chairs) in location away from use
- All **furniture is spaced out** with a minimum of 6 feet in between - denote placement on floor so visible to patients or a sign that does not allow for anyone to sit.
- Provide clear seating **separation for Sick/Well areas** (if applicable)
- Remove unnecessary furniture such as lamps and tables.
- Remove all magazines, pamphlets, toys, or activities
- Remove all patient nourishments and patient nourishment refrigerator from the lobby.
- Post approved **social distancing signs**, place distancing marks on floor.
- Ensure adequate number of trash cans are available.
- Team members working at Check-in/Check-out should be spaced 6 ft. apart .
- Remind team members **no food or uncovered drinks in work areas.**
- Encourage team members not to utilize personal items such as cell phones and store appropriately during work.
- Remove clutter from work areas - photos, decorations, stacks of paper/forms, etc.
- No extra paper towels/toilet paper sitting outside of the holders. Ensure extra supplies are available for team members to replenish during the day.
- Ensure dispensers for hand soap and hand sanitizer are working and have adequate product.
- Consider plastic wrap (such as Saran Wrap) to cover credit card key pads and signature pads, iPads.
- Consider using Q-tips for credit card key pad to create a touchless option.

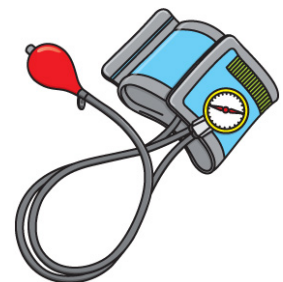


Hospital preparation

4

Preparing Hospital areas: Exam room, Procedure room, and imaging

- **Place all nonessential items on countertops inside of drawers or cabinets** (canisters, swabs, bandages, etc.)
- Place most common used items at front for ease of access.
- Only place items such as otoscopes and ear/nasal speculums in holders on countertops.
- Ensure appropriate cleaning supplies and PPE available in each room.
- Ensure sharps containers are less than 3/4 full - if close, replace with new container.
- Ensure any patient supplies (table paper, pillow covers, gowns, stirrup covers) are stocked in exam tables or cabinets.
- Ensure soap and hand sanitizer dispensers are available and in working condition.
- If computer keyboard does not have a cover, consider placing plastic wrap over keyboard and replace after each use.
- Blood pressure cuffs, and any other items with soft surfaces, should be placed in drawers and cleaned after each patient.
- Infusion areas - Space infusion chairs at least 6ft apart.
- Medication/lab carts: all items placed inside drawers - nothing stored on top of cart.
- Ensure any linens are stocked and easily available for team member to access for patient.
- Exam Curtains: Assess Hospital need. If not needed, remove.
If needed, should be sprayed with Sani-24 spray and allowed to air-dry between each patient and at end of day.





Hospital preparation

5

Preparing Hospital areas: Nursing station

- Remove clutter from workspaces and countertops. Remove personal items from countertops.
- Gather and store items for multiple team member access such as pulse ox, thermometers, etc., in location to minimize exposing other items or surfaces. Ensure alcohol wipes or other appropriate cleaning wipes are easily accessed to clean between each patient.
- Ensure appropriate PPE is stocked and readily available for team members.
- Remind team members no food or open beverages in work area.
- If shared keyboards and no cleanable cover, consider covering with plastic wrap to be replaced after each use.

6

Preparing Hospital areas: Lab and phlebotomy spaces

- All furniture must be wipeable with no tears
- Place any unnecessary furniture (including cloth covered chairs) in location away from use - rope off if needed to store in lobby corner and use signage.
- All furniture is spaced out with a minimum of 6 feet in between - denote placement on floor so visible to patients.
- Place all nonessential items on countertops inside of drawers or cabinets (remove baskets of draw supplies from patient space.)
- Remove items such as urine cups and wipes, sharpie pens, etc. from baskets in common lab area or restrooms. Store inside cabinets and provide to individual patient.
- Have labels available to label urine cups for patient prior to entering restroom to collect specimen.
- Remind team members to label specimens in front of patient and ask patient to verify information correct.
- Ensure PPE and cleaning supplies as well as **green is clean** ribbon stocked for use
- Remove paper towel or absorbent towel from urine pass-through so space easily cleanable.
- Remind team members no food or open beverages in work area.
- Remove patient nourishment and nourishment refrigerators. Have bottled water and individually wrapped snacks available to provide patient as needed.



Hospital preparation

7

Preparing common areas: Team member restrooms

- Stock hand towels, tissue, hand soap and hand sanitizer and ensure dispensers are in working condition and have adequate product.
- No extra paper towels/toilet paper sitting outside of the holders
- Ensure appropriate cleaning supplies and appropriate PPE readily available.
- Remind all team members they are responsible for cleaning as they leave space.

Learn more about **Green is Clean**

[http://iconnect.novanthealth.org/News/Documents/Green%20Is%20Clean%20Poster%20\(3\).pdf#search=Green%20is%20Clean](http://iconnect.novanthealth.org/News/Documents/Green%20Is%20Clean%20Poster%20(3).pdf#search=Green%20is%20Clean)

Green ribbon - Ariba as item # 557209 and is in-stock at the NHLC



Hospital preparation

8

Green is Clean

What state are you in?

Medical Devices / Equipment are always in one of three states:
In Use, Dirty or Clean (stored, ready for use).

If it's Green, It's Clean

Dirty Equipment

- Is cleaned prior to use on next patient or placed in designated dirty storage areas/utility rooms as soon as possible
- Any items not identified as clean/ready to use will be cleaned before use

Cleaning/Disinfection Process

- Wipe/wet the equipment with the appropriate product
- Monitor to ensure surface stays wet for the correct time
- Rewet/wipe the surface if it dries before the time is complete
- The NH Disinfectant Grid is available on NH Intranet with instructions for additional disinfectant products approved for use within NH



4 minutes

3 minutes



Clean/Ready To Use Equipment

- Is identified by a green plastic ribbon (**Ariba # 557209**) found in clean utility rooms
- The green plastic ribbon is attached in a manner that requires the ribbon to be removed and discarded before use, see examples below
- For equipment with multiple pieces, tie the pieces together with the ribbon to ensure it is removed prior to use. *If this is impractical, attach green plastic ribbon to each piece.*
- Equipment is then stored in clean utility or storage areas
- Some equipment may be covered with a bag in addition to the green ribbon



Important Points:

- This process includes any equipment that is used on a patient and will then be used on another patient. Equipment that stays in the patient room when the room is cleaned will be considered clean unless removed and stored in another location.
- Items not designated as clean/ready for use are cleaned before use.
- Clean items are not to be stored in dirty / soiled utility rooms. All items in those areas are considered dirty and not ready for use without being cleaned.



Patient safety - Hospital cleaning

1

Hospital cleaning and safe processes

Hospital cleanliness is one of the most important things we can do to help our patients feel welcome and safe when they arrive at our facilities. **Cleanliness is a team effort!** Our environmental services teams are on-site 24/7 should cleaning needs arise.











Patient safety - Hospital cleaning

2

Hospital cleaning and safe processes

Be aware of the disinfection to be used in your areas. Use the below grid to assist in your cleaning plan. Remember to wear gloves when using this agents when indicated.

<div>  DISINFECTION & FOOD SERVICE WIPES </div>							
	Product	Kill/Wet/ Contact Time *	Recommended Surfaces	Category of Disinfectant	Dilution expiration	Lawson #	Notes
	Sani-Cloth AF3 (Gray top)	3 minutes	Hard surfaces - IV poles, BP cuffs, wheel chairs, commodes. Must be used to clean Abbott glucometers.	Quaternary Ammonium. Product is alcohol free	See manufacturer's expiration on container (set at 2 years)	# 99403	For general disinfection; not for use with isolation precautions. Wear gloves.
	Sani-Cloth Bleach (Orange top)	4 minutes	Compatible with hard surfaces ** Specific equipment like CareFusion Alaris pumps.	Sodium hypochlorite (Bleach)	See manufacturer's expiration on container (set at 11 month expiration)	# 99404	For all isolations, including <i>C.diff</i> , <i>Norovirus</i> . Wear gloves.
	Sani-wipe (Red top)	1 minute	Food service items -dining tables, coffee pots, refrigerators, microwaves, office desks/mouse/keyboard, toys.	Quaternary Ammonium. Product is alcohol free	See manufacturer's expiration on container	# 592232	Gloves not needed.
	PeriSept	2 minutes (Hepatitis B/C in 5 minutes)	Not recommended for copper, brass, granite, marble, or zinc. Nor used on unsealed/uncoated marble or terrazzo floors.	Peroxyacetic acid / hydrogen peroxide	24 hours	Used only by EVS	General use disinfectant for EVS.
	NorOxyCdiff	2 minutes (Hepatitis B/C in 5 minutes)	Not recommended for copper, brass, granite, marble, or zinc. Nor used on unsealed/uncoated marble or terrazzo floors.	Peroxyacetic acid / hydrogen peroxide	Test before use	Used only by EVS	Used by EVS for 'misting'
*Surface must stay wet for the specified time. Do not wipe dry. **To potentially decrease risk of cracking vinyl, wipe surfaces after kill time with water and a clean cloth. Wear gloves.							02/21/2019



Patient safety - Hospital cleaning

3

Hospital cleaning and safe processes

Managing patient paperwork

- Team member should **wear gloves** when handling patient items.
- If patient signature is necessary, follow this process:
 - Designate a drawer/location where patient handled paperwork can be placed out of common workflow for papers to be placed until infectious timeframe has passed.
 - Paperwork may be scanned into the medical record after **72 hour infectious timeframe** has passed
 - Use plastic clipboard and clean after every use.
 - Provide pen for patient signature. Consider giving pen to patient. If cost prohibitive, clean pen with appropriate cleaning wipe.
 - Place paperwork in designated infectious storage location. Remove plastic wrap from clipboard. Remove gloves.
 - Sanitize hands and don clean gloves.
 - Wipe drawer handle and drawer face with appropriate wipe.
 - Wipe clipboard and pen (if applicable). Allow both to air dry. Remove gloves and sanitize hands
 - After kill/dry time, place new plastic wrap on clipboard to be available for next use. Place in a designated clean area until needed for use.



4

Hospital cleaning and safe processes: Lobby cleaning

Cleaning in the lobby should take place after every encounter.

- Wipe down door handles as needed
- Wipe down all chairs: handles and arm rest., and wheelchairs after each use
- Wipe down any tables/side tables (if applicable)
- Straighten furniture and ensure it is spaced out according to social distancing guidelines.
- Replenish sanitation kiosk/supplies (sanitizer, tissues, masks)
- Remove trash as needed out of trash cans or floors
- *Round on patients, check for comfort and inform of any delay status and update delay board if present*

Use appropriate cleaning agent based on cleaning grid and item being cleaned

** Ensure appropriate PPE used for specific disinfectant product.

Use **Green Is Clean** ribbons as visual evidence that item has been cleaned/disinfected.



Patient safety - Hospital cleaning

5

Hospital cleaning: Public restrooms

Public Restrooms

- Clean mirrors
- Clean toilets (including tank surfaces, if applicable) and urinals inside and outside
- Wipe toilet seats on both sides
- Wipe toilet flush handle
- Wipe outside and inside of sinks and faucet handles
- Wipe down towel holders, sanitary napkin receptacles, soap and hand sanitizer dispensers, etc.
- Wipe down changing station
- Wipe down emergency buttons/cords
- No extra paper towels/toilet paper sitting outside of the holders
- Restock hand towels, tissue, and hand soap as needed
- Empty trash and wipe down trash can.

Check-In /Check-Out / Team Member Space

- Wipe down all countertops
- Wipe down all phones and desk surfaces
- Wipe down iPads after each use, if in use.
- Change plastic wrap on credit card machines and signature key pads after each patient use, if in use
- Wipe down all pens, if needed, after each use. Recommend to limit signatures.
- If paper forms are used, see Management of Paper for additional direction.



Team Member safety - Hospital cleaning

6

Cleaning common areas: Team breakroom / team restroom

Breakroom - After each use

- Wipe down chairs and tables used and within 6 ft of team member
- Ensure all tables and chairs are placed back in appropriate social distancing space.
- Wipe inside of refrigerator where food was placed/removed. (If applicable)
- Wipe refrigerator handles.
- Place all trash in trash receptacle. Wipe outside of trash receptacle.
- If dishwasher used, place all soiled items in dishwasher. Wipe handle and outside surfaces of dishwasher. Ensure "dirty" sign is placed on front.
- Wipe sink, inside and out, including faucet and faucet handles.
- Wipe down all countertops, appliances, cabinet and drawer handles.
- Wipe down outside of icemaker and coffee maker, if applicable.
- Wipe down water cooler surfaces and vending machine surfaces, if applicable.

Team Member Restrooms – EVS cleaning

- Clean mirrors
- Clean toilets (including tank surfaces, if applicable) inside and outside
- Wipe toilet seats on both sides
- Wipe toilet flush handle
- Wipe outside and inside of sinks and faucet handles
- Wipe down towel holders, sanitary napkin receptacles, soap and hand sanitizer dispensers, etc.
- Wipe down changing station
- Wipe down emergency buttons/cords
- No extra paper towels/toilet paper sitting outside of the holders
- Restock hand towels, tissue, and hand soap as needed
- Empty trash and wipe down trash can.



Use of PPE

1

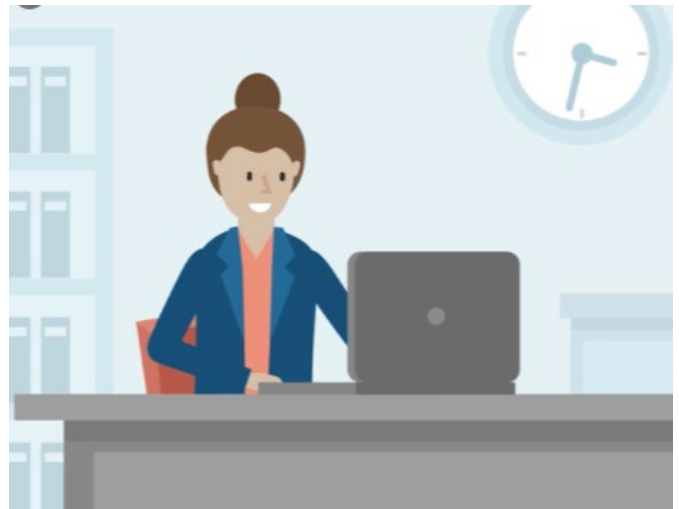
I am working the front desk. What PPE should I wear?



1. Procedural or surgical mask
2. Gloves (when handling patient items)

I am working the check-out desk. What PPE should I wear?

1. Procedural or surgical mask
2. Gloves (when handling patient items)





Use of PPE

2

I am working in the patient room. What PPE should I wear?



1. Procedural or surgical mask
2. Gloves
3. Gowns (if PUI or COVID +)
4. Goggles or face shield (if PUI or COVID +)

**I am the provider in the Hospital.
What PPE should I wear?**

1. Procedural or surgical mask
2. Gloves
3. Gown (if PUI or COVID +)
4. Goggles or face shield (if PUI or COVID +)





Use of PPE

3

Wear a mask

Click the image to access a printable document.

Wear a mask. Slow the spread. Protect your neighbors.

Why mask?



High risk Medium risk Low risk

How to properly wear a mask



X X ✓

Always cover your nose, mouth and chin with your mask.

Learn more at [NovantHealth.org/mask](https://www.novanthealth.org/mask)

NOVANT HEALTH

Is it mandatory for me to wear a mask at work?

- Yes. All team members in North Carolina are now required to wear a mask at work — this is part of our new normal in all Novant Health facilities to keep us all safe.
- The Centers for Disease Control and Prevention recommend that everyone who enters a healthcare facility wear a mask (cloth or procedural).

How do I get a mask?

We encourage nonpatient-facing team members to bring in and wear a clean cloth mask from home. If you do not have one, a mask will be provided to you.

- **If you work at a Hospital**, masks for nonpatient-facing team members will be distributed during the pre-shift screening process.
- **If you work in a corporate or administrative area**, we encourage you to work remotely, if possible, to conserve hand sanitizer and personal protective equipment (PPE) for team members on the front line. **If you must come into the office, please bring in a mask from home until your cloth Novant Health-branded mask is delivered to your home address in mid-May.**



Use of PPE

4

Patient-facing masking

Given the widespread community transmission of COVID-19, we have taken additional steps to protect our team members, providers and patients. All team members who work within 6 feet of patients for 10 or more minutes should wear a surgical or procedural mask.

Why are we moving to patient-facing masking?

This patient-facing masking approach will protect our team members and patients should they come into contact with anyone who may be asymptomatic or whose symptoms have not yet been identified as the result of a COVID-19 infection.

How will patient-facing masking work?

Patient-facing team members should wear a surgical/procedural mask. One surgical or procedural mask will be issued at the start of each shift. The issued mask is to remain properly in place on your face and only be changed when the mask becomes visibly soiled or damaged.

Team members are asked to be mindful of conservation needs and strictly limit activities which would require removal of the mask.

Be sure to wash your hands frequently. Masks should be maintained in place on the face for prolonged periods — not hanging under the nose or mouth.



Once the procedural or surgical mask has been removed it should not be reused. A cloth mask should only be worn outside of patient care settings, such as in the break room.

Who does patient-facing masking apply to?

All team members who are working on site in acute settings with patient contact will be asked to wear a mask they will be issued for the duration of their shift. If you work within 6 feet of patients for 10 or more minutes, then you should wear a mask.



Use of PPE

5

Nonpatient-facing team member masking

- **Nonpatient-facing team members** can wear nonmedical grade masks, such as reusable cloth masks. You may be given surgical or procedural masks until enough reusable cloth masks are available from our suppliers. **If you work within 6 feet of another person for greater than 10 minutes, each person needs to wear a mask — even while working. If you can maintain 6 feet of separation while working, the masks can be removed. Also wear your mask when walking around the building — you don't know who you may interact with and it demonstrates we are all in this together.**

How do I prevent self-contamination while wearing a mask?

As a reminder, everyone who receives a mask should follow best practices to prevent self-contamination:

- Continue to wash your hands frequently and follow social distancing rules.
- Always keep the mask over your nose and mouth — it should never dangle around your neck.
- Remember, the mask's primary purpose is to keep any germs you may have from spreading to others as you talk, cough or sneeze. It also may keep you from touching your face. By preventing you from touching your nose and mouth, the chance of transmitting germs to yourself decreases significantly.
- If your mask is a reusable cloth mask, wash it in the laundry on hot after each shift so it's clean and ready to wear the next day.

Learn more: <http://nh.team/universalmasking>



Use of PPE

6 Do I need an N95 mask?

Only healthcare professionals who will be performing aerosolizing generating procedures should wear an N95 mask. Prior to wearing a N95, the individual must be fit tested to ensure a proper fit. You may contact the NHMG Education Dept for assistance if you feel you will need to be fit tested.

If your Hospital will be collecting COVID-19 specimens, you will need to wear a N95 mask. Hospitals are encouraged to screen patients for symptoms of COVID-19 prior to the appointment and direct patients to locations where testing can be accomplished.

If you have questions about the type of mask you should be wearing, please reach out to your Hospital administrator.

Aerosolizing Generating Procedures (AGP)

http://iconnect.novanthealth.org/News/Documents/_COVID19/Aerosolizing%20Procedures%20and%20Sign_updated_03302020.pdf

7 Wearing gloves for your protection.

- Team members should wear gloves when coming in contact with patient items (insurance cards, forms) and when providing patient care such as taking a blood pressure.
- Don your gloves when you enter the exam room in front of the patient. After completing the task, remove your gloves and wash your hands or use hand sanitizers.
- Never wear your gloves from patient to patient. Always discard your gloves in the patient room prior to leaving the room. Again remember to wash your hands for 20 seconds or gel with hand sanitizers. Let the patient see you washing your hands. It builds trust and confidence in their care team.




Use of PPE

8 When should I wear a gown?

Use standard precautions when considering when to apply a gown.

A gown is indicated when you suspect the patient may be a PUI. An isolation gown should be donned as soon as symptoms are identified.

When doffing the gown, it should be removed in the room and not worn for extended use.

Gowns				
Isolation Gown (Universal Blue)	Cardinal Health	V5210PG	484554	
Isolation Gown (Universal Yellow)	Cardinal Health	484564 484555 484562	7211PG VAT4437-XL V1100PG	



Patient screening

1

Know the current symptoms of COVID-19

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 or combinations of symptoms may have COVID-19:

- Cough
- Shortness of breath or difficulty breathing

Or at least two of these symptoms:

- Fever
- Chills
- Repeated shaking with chills
- Muscle pain
- Headache
- Sore throat
- New loss of taste or smell

Children have similar symptoms to adults and generally have mild illness.

2

Pre-visit screening

Each patient will need to be screened within 24 hours of their appointment. A series of questions will be asked to determine if the patient is a current person under investigation (PUI).

Please review the questionnaire on the following page to be used to screen the patient.



Patient screening

3

Click the form below to view the current version of Patient and visitor pre-visit screening questionnaire:

Have you recently been quarantined or tested for Coronavirus (COVID-19)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you been in contact with someone who was recently quarantined, tested or diagnosed with COVID-19?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a fever, or have you had a fever in the past 24 hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you experiencing new or worsening shortness of breath?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a cough?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a recent loss of sense of smell or taste?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the patient responds **YES** to any one of the questions above, a physician or APP within the clinic should further evaluate the patient before proceeding with the appointment.

- If the physician or APP **suspects the patient is a PUI**, that patient should be referred to a respiratory assessment center.
- If the physician or APP **does not suspect the patient may be COVID-19 positive**, they should make a recommendation for how to proceed with the appointment (i.e. masking the patient and escorting directly to an exam room, converting the appointment to a virtual visit, etc.)

If the visitor responds **YES** to any one of the questions above:

1. "I am sorry, you won't be able to visit today. Because you have (*state specific reason i.e. have a cough, sore throat*). We want to make sure our patients are safe and we also want to make sure you follow up on your symptoms."
2. Instruct visitor to call the 24/7 Coronavirus Care Hotline @ 1-877-9NOVANT

If the patient/visitor responds **NO** to the questions above: take the patient/visitor's temperature. All patients/visitors will need to wear a mask – they may wear their own mask or one provided by NH.

Patients:

If the temperature is above 100F orally or 99.6F with infrared, a physician or APP within the clinic should further evaluate the patient before proceeding with the appointment.

Visitors:

- If the temperature is above 100 F orally or 99.6 F with infrared, no visitation will be allowed unless one of exceptions below is met.
- Consult a leader within the clinic for the following exceptions:
 1. The parent or guardian of a patient who is a minor or mentally challenged adult – 1 parent or guardian may accompany the patient and must stay with the patient.
 2. Visitor is the one support person of an obstetric patient (*husband, partner, or doula*).

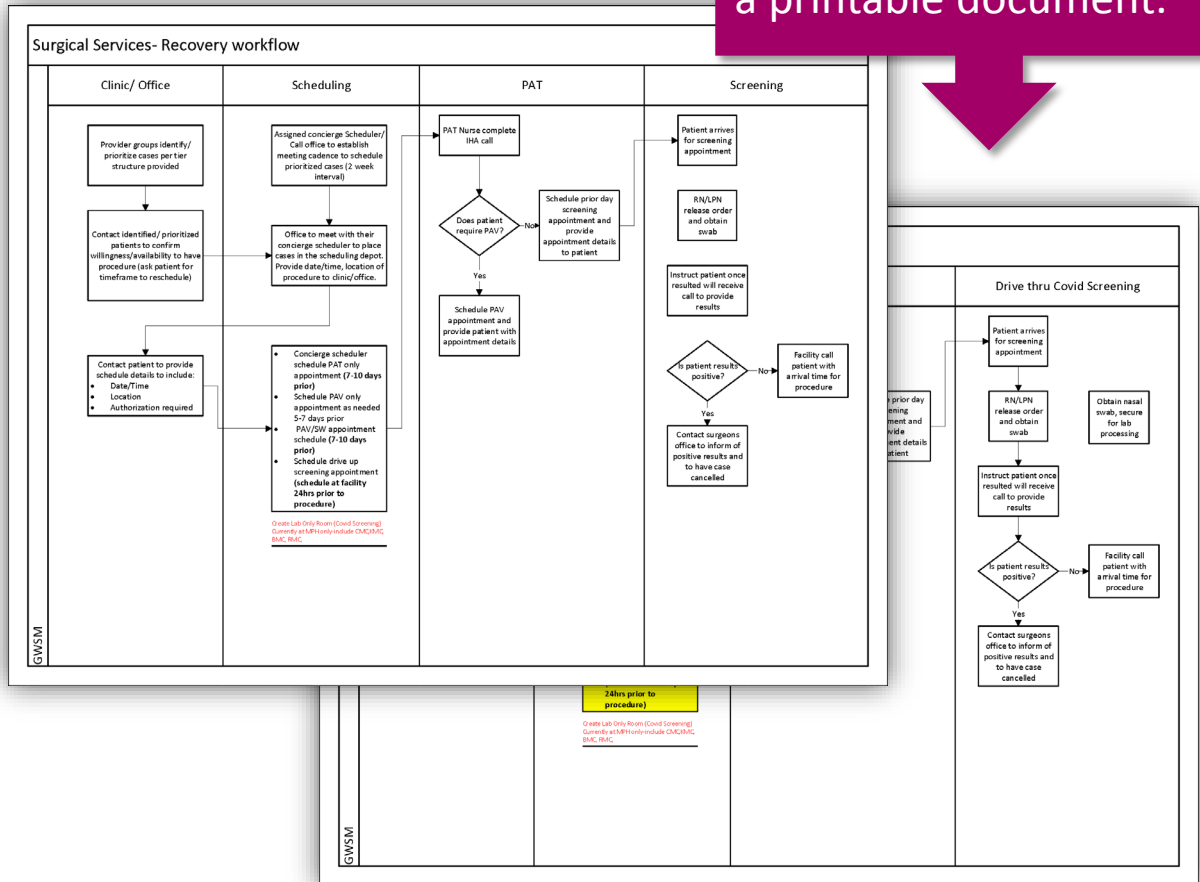


Patient screening

4

Preparing for procedure or surgery

Click the image to access a printable document.



Hello, this is
Diana at
Novant
Health.



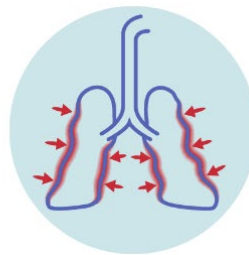


Patient screening

5

Referring to the Emergency Department

If the patient has any of these emergency warning signs for COVID-19, get medical attention immediately:



- **Trouble breathing**
 - **Persistent pain or pressure in the chest**
 - **High fevers unable to control by medication**
 - **New confusion or difficulty with thinking clearly**
 - **Bluish lips or face**
1. Call EMS for non-emergent transport. Provide pertinent information regarding the patient and tell them the patient is a PUI.
 2. Call the emergency department and provide a report to the receiving care team. Alert them that the patient is a PUI.
 3. Make sure the patient is wearing a mask at the time of departure.



Patient screening

6 Patient scenarios and responses

Scenario #1:

A patient walks into the Hospital with symptoms of cough, recent fever, chills, and states he is experiencing shortness of breath.

Response:

If the patient is not wearing a mask, the clerical team member provides a mask. Hospital team member is alerted that a patient has arrived with positive symptoms of COVID-19. Hospital team member dons PPE (gown, gloves, mask, and face shield) and immediately comes to escort patient into an exam room. If an exam room is not available the patient will be asked to remain in their car.

Rapid assessment of the patient should occur including vital signs and pulse oximetry. The provider will don PPE (gown, gloves, mask, and face shield) and perform physical assessment. The appropriate level of care is determined and arrangements are made to transfer the patient to a RAC or the ED.

Scenario #2:

A patient arrives without a mask. They are provided a mask but you notice them not wearing it.

Response:

Ask the patient if they are having difficulty wearing the mask. If they indicate they are not having difficulty, share with the patient the purpose of universal masking and their benefit. If they indicate they feel like they are smothering (potential signs of claustrophobia or anxiety), allow the patient to remove the mask. A patient cannot be forced to wear a mask.

Any patient that does not want to wear a mask should be taken back immediately to the exam room for their protection and others safety.



Hospital workflows

1

Hospital arrival

- The hospital, offers the patient a mask, introduce self, and explain the process to the patient of what to expect.
- Remember to follow the Warm Welcome Always Event
- Patient comes to front desk for sense of “normalcy.” Spots marked 6’ apart in case anyone is waiting with special stickers
- Front desk should have glove or hand sanitizer

Limiting lobby use

- May be needed for patients who come by public transportation or do not have a cell phone
- Designate a small assigned area of our lobby with marked seats 6’ apart. Remove chairs to designate limited seating (or turn some chairs backwards). Consider some grouped chairs together designated for patient + visitor.
- The Hospital team member takes the patient back as quick as possible, remembering to utilize the Lobby Invitations Always Event
- A will team member clean the lobby area that was utilized.
- Remember to update patients on wait times as applicable

2

Bringing patients back to triage / exam rooms

- Team member meets patient at the door to take back.
- The patient goes straight to the exam room for visit.
- Exam room has visible indication that it has been cleaned for patient. Talking points: “We have cleaned this room in preparation for you coming. We want to make sure that you know that you are safe here.”
- Collect updated insurance card and cash if needed.





Hospital workflows

3

End of visit

While the patient remains in the Hospital:

- Consider having the Hospital team member scheduling the follow-up appointment in the room with patient
- Consider suggesting the patient utilize MyChart to schedule their follow-up appointment

Ask patient their preference on receiving their AVS

- If patient needs it printed, consider giving the patient the AVS while the patient is in the room
- Or, send to them through MyChart. If the patient does not have MyChart, provide information about MyChart or help patient sign-up





“We are here
for you”



Resources

- **Green is Clean**
[http://iconnect.novanthealth.org/News/Documents/Green%20Is%20Clean%20Poster%20\(3\).pdf#search=Green%20is%20Clean](http://iconnect.novanthealth.org/News/Documents/Green%20Is%20Clean%20Poster%20(3).pdf#search=Green%20is%20Clean)
- Green ribbon - Ariba as item # 557209
- Tip sheet for Credit Card on file:
http://teamportalprod1.novanthealth.org/dimensions/ref/pmreference/Front%20Desk/Saving%20a%20Credit%20Card%20on%20File_CAD0062.pdf#search=credit%20card
- Antimicrobial sleeves for iPads and tablets Ariba #APS812B
- Easy Screen wipes for cleaning electronic devices and charging cords Ariba #485974
- Hospital Cleaning Checklist for Recovery Phase during COVID-19
<http://iconnect.novanthealth.org/NMGPractices/HospitalMgrResources/Documents/Final%20NHMG%20Covid%2019%20Cleaning%20Checklist%20to%20Post.xlsx>

Procedural/Surgical Masks				
Procedural/Surgical Mask	Halyard/ O&M	47117	40707	
Procedural/Surgical Mask	Medline	NON27300	191385	



Resources

If you receive an error message when trying to order Novant # 557209 Tape Flagging Fluorescent Lime Green 150 Ft, please follow the three steps below.

1. Contact Supply Chain Customer Service

- For urgent requests call 877-308-7101
- For non-urgent requests submit a Service Portal > Supply Chain ticket

2. Please state the following "I have a GL Account error on Novant # 557209 Green Tape. Can you please have GL Account # 061138 linked to my Cost Center # <provide the cost center # for the ordering Hospital?"

3. Once either Supply Chain or Finance to confirm that the accounts have been linked, please wait 2 hours and then try to submit the order again.