YNHHS/YM Guidelines regarding use of respiratory protection for COVID-19 prevention

NOTE: THIS POLICY SUPERCEDES OTHER COVID-19 RESPIRATORY PROTECTION POLICIES AND GUIDANCE.


Background: SARS-CoV-2 is the virus responsible for COVID-19 and it is readily transmissible from person to person. While the mechanism of SARS-CoV-2 transmission is not fully understood, it is believed that respiratory droplets play a significant role in transmission. This document reflects the current understanding of the prevention of transmission of SARS-CoV-2. It also considers our current supply of PPEs, its current and projected use rate, and the likelihood of receiving additional supply. Although we are well resourced currently, some estimates indicate that we may run out of personal protective equipment (PPE) in the future.

We recognize that our understanding of effective preventive measures is constantly improving, and the supply chain landscape will remain fluid, and anticipate that this guidance will continue to change. Be certain that our utmost priority is the protection of our staff and of our patients, and we remain committed to act quickly.

It has been suggested that the routine use of face masks may have a role in reducing the risk of transmission of SARS-CoV-2 from an asymptomatic health care provider to others. The CDC now recommends everyone use cloth face masks in public.

Policy:
1. All clinicians and staff will wear face masks when in any patient care area. They can be donned after arriving in the patient care area.

2. To the extent possible, patients and visitors are encouraged to bring and wear their own face masks.

3. When in non-patient care areas, staff that are unable to socially distance are to wear a face mask.

4. When clinicians and staff are engaged in patient care of a COVID patient/PUI or when within 6 feet of a COVID patient/PUI, a respirator is the preferred respiratory protection along with eye protection (face shield or goggles), gloves and a gown. If a respirator is unavailable, a face mask may be used. Once care is complete, staff can either continue to wear the respirator or change back to a face mask.

5. All clinicians and staff performing high risk aerosol generating procedures (see below) are to don a respirator, eye protection, gloves and gown regardless of patients' COVID-19 status. This includes the operating room, L and D, and ICU. Note: The number of staff involved in the performance of high risk aerosol generating procedures and patient care, in general, must be kept to a minimum to prevent potential exposures and to conserve PPE.

6. COVID patients/PUI will don a face mask when outside of an airborne infection isolation or private room or in any outpatient area including a room. Patient face masks should not be reprocessed.

7. If a face mask is damaged or soiled before the end of the assigned time period, it should be exchanged. Respirators should be used for no more than one shift. Staff respirators and face masks should be discarded in the designated bins for disposal or reprocessing when available.

The distribution of face masks will be managed at each hospital or ambulatory facility. Organizational communication will provide the details of the distribution of face masks.
**High Risk Aerosol Generating Procedures:**
- Nebulized medication administration (does not include Metered Dose Inhalers (MDI))
- Manual ventilation before intubation
- Endotracheal intubation, extubation, airway suctioning and sputum induction
- High-Flow Oxygen
- Cardio-pulmonary resuscitation (CPR)
- Autopsy
- Nasopharyngeal (NP) specimen collection*, washing, and aspiration
- Respiratory and whole gastrointestinal tract endoscopy and ENT surgeries (e.g. tracheostomy, oral, or sinus surgeries)

*NP collection may cause transient aerosolizing of potentially infectious material. Aerosol generating procedures are discouraged in the ambulatory setting.

**Table 1: Mask Distribution Frequency**

<table>
<thead>
<tr>
<th>Mask frequency</th>
<th>Description</th>
<th>Examples</th>
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</thead>
</table>
| Per shift      | Clinicians and staff whose job primarily involves direct patient contact for most of the day | • Clinical unit staff (RN, MD, PCA, MA, etc.)
• Respiratory Therapy
• Rehab (PT, OT and ST)
• Ultrasound Technicians
• Social Workers
• Pharmacy Technicians
• Radiology Technicians
• Patient Transport
• Visitor Screening / Entrance Screening
• Food and Nutrition Cashiers
• EVS
• Chaplains
• Registrars / Front Desk Staff
• Translators |
| Weekly         | Rotating support staff unable to socially distance or staff whose job involves less frequent direct patient contact. | • Security
• Plant Engineering
• ITS
• Clinical Engineering
• OR Support Staff / ORA
• Patient Relations |
AMBULATORY RECOMMENDATIONS FOR PPE USE/Infection Prevention

<table>
<thead>
<tr>
<th>Category of Ambulatory Care</th>
<th>Population</th>
<th>Location Examples</th>
<th>PPE Staff / Clinician</th>
<th>PPE Patient</th>
<th>Additional Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entrance Screeners</td>
<td>Pts presenting at all ambulatory and hospital sites</td>
<td>Entrance to clinical areas, Social distancing</td>
<td>PPE Staff / Clinician</td>
<td>Patient encouraged to bring and wear face mask</td>
<td>Forehead or TM temperatures</td>
</tr>
<tr>
<td>Routine Care (Negative Entrance Screen)</td>
<td>Not a COVID patient, Not a COVID suspect, Telehealth not appropriate</td>
<td>Infusion Centers, Specialty offices, Pediatrics, Primary Care/Walk in Dialysis</td>
<td>Face mask, Social distancing, PPE Patient</td>
<td>Cloth face mask acceptable, Provide face mask for patients who are neutropenic or on immunosuppressive medications</td>
<td>Deep clean office daily (see “room turnover recommendations”)</td>
</tr>
<tr>
<td>Routine Care (Positive Entrance Screen or COVID Risk)</td>
<td>COVID risk identified while at screening or in exam room</td>
<td>Infusion Centers, Specialty offices, Pediatrics, Primary Care/Walk in Dialysis</td>
<td>Transition to telehealth if possible, PPE Patient</td>
<td>Provide face mask if not wearing one, PPE Patient</td>
<td>Clean room including wet wipe of all surfaces, knobs, handles, computers or contact Environmental Health Services (EHS) for cleaning the exam room if applicable, Rest room for 1 hour</td>
</tr>
<tr>
<td>Ambulatory surgical procedures</td>
<td>All non aerosol generating procedures require surgical face mask and eye protection and usual attire</td>
<td>Provide face mask if not wearing one, PPE Patient</td>
<td>Enhanced cleaning per protocols</td>
<td></td>
<td></td>
</tr>
<tr>
<td>COVID Precautions</td>
<td>COVID suspect, COVID confirmed (while on isolation), New respiratory symptoms, Recent Travel</td>
<td>Designated Radiology COVID precaution sites, Designated Lab COVID Precaution sites, Private infusion or Neg Pressure rooms including “neutropenic fever” evaluation</td>
<td>Respirator, eye protection, PPE Patient</td>
<td>Provide face mask if not wearing one, PPE Patient</td>
<td>COHORT by location, COHORT within building and COHORT by appointment time (end of day) for alternative sites, Clean room including wet wipe of all surfaces, knobs, handles, computers or contact Environmental Health Services (EHS) for cleaning the exam room if applicable, Rest room for 1 hour if patient face mask not worn at all times</td>
</tr>
</tbody>
</table>

GUIDANCE CONCERNING ENVIRONMENT OF CARE

Patient flow:
- Implement social distancing for all patients at all sites including limiting patient waiting times once within clinic and directing patients directly from entry into clinic to examination or testing/procedure area.
- Strictly limit close contact with patients to the examination, procedure, or setting up for a scan. Take patient vital signs with patient facing away from staff member.
- Call (203) 688-1700 call center for additional questions regarding patient flow and triage.

Room turnover workflow recommendations:
- Keep all clinic area surfaces clear from clutter to facilitate cleaning. Limit presence of fomite within the room.
- Person cleaning room should wear gloves.
- Change paper on exam table. Wipe exam table and all touch surfaces (countertops, door knobs, cabinet handles, tables, EKG machine and leads, keyboards, etc.) and patient equipment with purple top PDI wipes or any standard brand hospital disinfectant (2 minute wet time).
- At end of day, complete enhanced patient care area cleaning including disinfect any soiled areas using hospital approved PDI wipes, clean floor. Wipe exam table and all touch surfaces (countertops, cabinetry, door knobs, cabinet handles, tables, EKG machine and leads, keyboards, etc.) and patient equipment with purple top PDI wipes (2 minute wet time). Cleanings between patients will need to be as complete if COVID/PUI.