

System Incident Management Update

April 8, 2020

Distribution: All Yale New Haven Health System Employees and Medical Staff Leadership

New Updates In RED

Personal Protective Equipment (PPE) Updates

Update to YNHHS/YM PPE Policy for COVID-19 Respiratory Protection

The System Incident Management Ambulatory action team has worked with Infection Prevention, Occupational Health, Supply Chain and clinical leaders at the Health System and Yale Medicine to add ambulatory guidance to the PPE policy released last week. Guidelines for patients and visitors have also been incorporated into the updated policy.

PPE donation

The Health System's Corporate Supply Chain is critical to ensuring we can continue to equip our healthcare workers to safely care for patients during this pandemic. Since January, the team has been working to increasing traditional PPE, identify safe and effective alternatives, develop the ability to reprocess items, and also set up a program to receive, verify quality, and distribute donations from the community. Since the program became operational, the Health System has received over 650,000 individual PPE items, including 41,000 N95s, unrated face masks suitable for patient use, gloves, and tens of thousands of gowns and shoe covers. These items have been carefully inspected and verified to be safe for clinical use, and many of these items are being distributed to the front lines. While the donations program is not the Health System's main channel to maintain adequate supplies of scarce PPE, it makes a significant difference, and we are immensely grateful to those in our communities for going to great lengths to support our healthcare workers.

Small Size N95 Respirators

A limited stock of 1860S-Small size N95 Respirators has become available. Caregivers who perform high-risk aerosol generating procedures and are unable to utilize alternate size N95s or alternative PPE solutions (PAPRs, half-faced electrometric respirators) should be prioritized to receive the 1860S respirators, and should contact materials management for allocation. Non-fit tested, alternate size N95

respirators are appropriate for these individuals for other, non-aerosol generating aspects of care for COVID-19 patients.

Clarification for mask usage

Staff should be using Level 1 facemasks. The level of masks relates to the fluid permeability. From an infection control perspective, all levels are equivalent. Level 3, which are more splash resistant, should be used in the ORs. If masks are deformed, torn, or visibly soiled, they should be discarded and a new one should be obtained.

PPE Reuse Collection

As part of the Health System's PPE Reuse policy, there are up to three distinct collection containers on units. One is for the collection of N95s, a second for face shields and goggles, and another dedicated to all levels (1,2 &3) of surgical masks, including looped and tie back. It is important they are properly separated. Please continue to ensure that used N95 respirators, goggles, and face shields that are not torn, broken, or visibly soiled are not discarded in the garbage and are placed in designated collection bins for reprocessing.

Guidance regarding substitution of small-sized N95s with universal N95s given shortages

The Health System's supplies of small-sized N95 respirators have become extremely limited. We have begun to sterilize and reprocess used small-sized N95s. Healthcare workers are advised to switch to the universal-size 1870 N95 respirator for the care of COVID-19 patients. A repeat fit test is not required as long as care does not include participation in an aerosol-generating procedure such as intubation, bronchoscopy, upper endoscopy, or sputum induction. Such procedures should be carried out by individuals wearing a respirator for which they have been fit tested.

YNHHS Procedure for re-processing of personal protective equipment (PPE)

Please continue to ensure that used N95 respirators, goggles, and face shields that are not torn, broken, or visibly soiled are not discarded in the garbage and are placed in designated collection bins for reprocessing.

Use of makeup while using PPE

Our supply chain and central sterile supply departments are continuing to reprocess critical types of PPE, including N95 respirators, face shields and protective goggles. The process can only be performed on items that have not been visibly soiled. 25 percent of collected used PPE currently has to be discarded because of makeup stains. Front-line healthcare workers who use these critical PPE items should not wear makeup to work. Cooperation is critical to our ability to have a sustainable source of essential PPE items, which are in short supply across the country.

Clinical Care/Operations Update

Updated ICU practice guidelines

The System ICU action team, which is comprised of leaders from critical care, nursing, respiratory therapy, pharmacy, and other disciplines, have updated the clinical practice guidelines for patients with COVID-19 who require ICU level of care.

Triage of Pediatric Patients with Respiratory Symptoms & Care of Newborns of COVID-19 Positive Mothers

The Ambulatory action team has modified guidance regarding the triage of pediatric outpatients with respiratory symptoms. For children with mild upper respiratory symptoms, home isolation of a minimum of 7 days with at least 3 days resolution of symptoms is now advised (previous recommendation was 14 days isolation). In addition, a new guideline regarding the care of newborns of COVID-19 positive mothers has been created. See attached documents (2).

Ambulatory Pre-Visit Screening

A minor update has been made to the ambulatory pre-visit screening guidelines for both on-site arrival and telephone calls to now include **sudden loss of smell or taste**, given increasing recognition of prevalence and specificity of these symptoms in COVID-19 patients.

Ambulatory Anticoagulation Management

The Ambulatory Anticoagulation Management Workflow and Resources document was created to guide clinicians managing patients on warfarin at a time where close follow-up and availability of lab testing may be reduced during the pandemic. The guideline encourages transition to alternative therapy if appropriate. If not a candidate and warfarin is needed, reference for lab testing and path to attain home INR monitoring is provided (document attached).

Albuterol HFA for CT Medicaid Patients

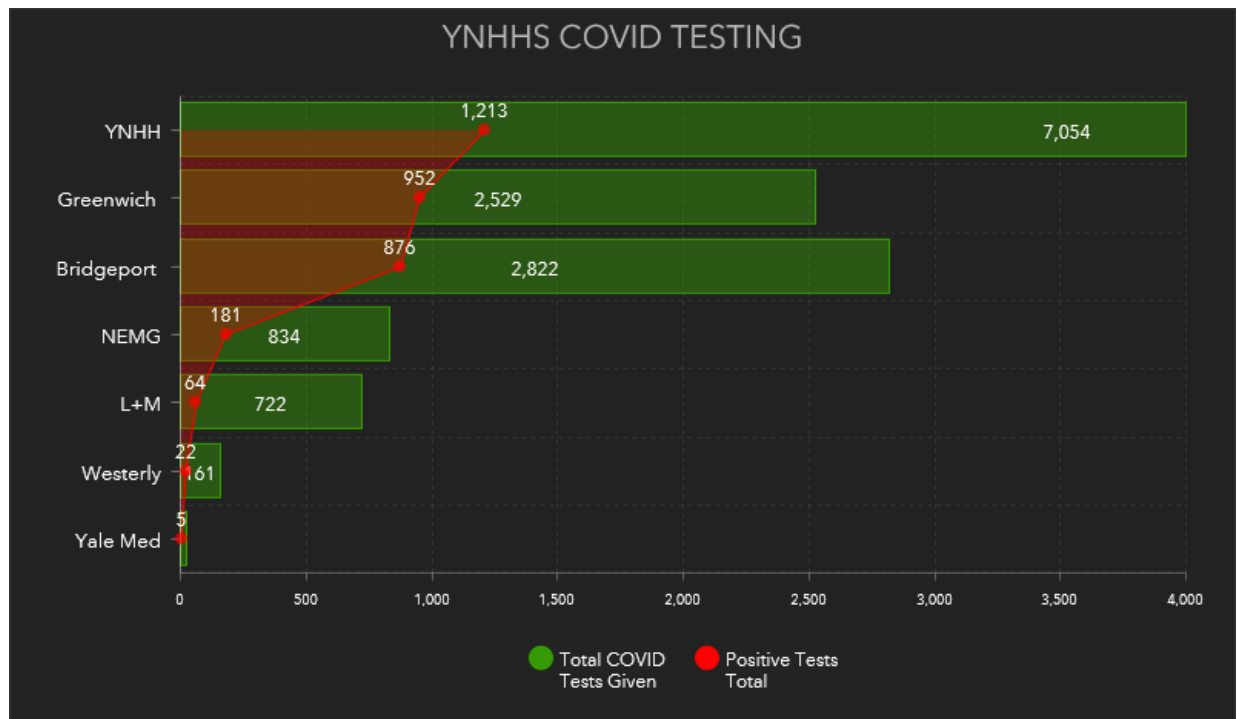
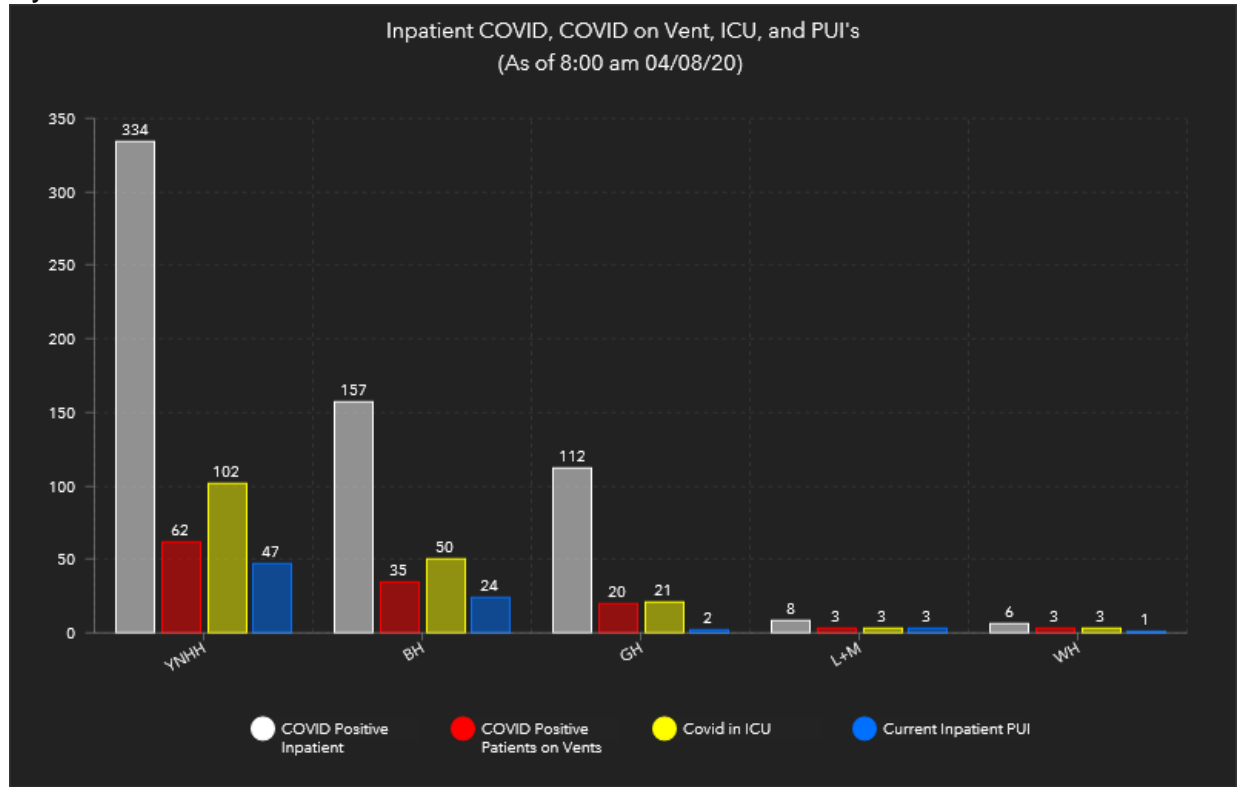
Increased inpatient use of albuterol is creating prescribing challenges for CT Medicaid outpatients who use generic products. The ProAir brand is currently covered by CT Medicaid, and is available with provider approval. Pharmacy recommends prescribing ProAir albuterol inhalers for CT Medicaid patients, which should be written as ProAir "Brand Medically Necessary" on the script to avoid rework. SBAR attached.

Infection prevention contact email

We are working to streamline the workflow as the volume of questions and requests continues to increase for our Infection Prevention colleagues. Starting immediately, please utilize the below email address for your inquiries about COVID-19 and they will be triaged with a goal of replying within 48 hours. If you require an urgent response, please indicate that in the subject line. Do not use this email for patient consults that are urgent in nature, follow your normal process for those communications.

COVID_InfectionPrevention@ynhh.org

Below you will find an overview of the total number of inpatients who are positive or under investigation with COVID-19 and updated testing results from across the Health System. These numbers are from our JDAT team.



4/8/2020 9:00am

Discharges

Across the Health System, 60 COVID-19 Positive patients were discharged yesterday.

4/8/2020 9:00am