

System Incident Management Update

April 13, 2020

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

New Updates In RED

Personal Protective Equipment (PPE) Updates

YNHHS/YM PPE Policy

The most updated PPE policy includes Ambulatory guidance, as well as guidance for patients and visitors. This policy and related FAQ are available on the Clinical Resources site at: <https://www.ynhhs.org/patient-care/covid-19/for-employees.aspx>

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 use alternate size N95s or alternative PPE solutions should be prioritized to receive them. 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 fluid permeability. From an infection control perspective, all levels are equivalent. Level 3, which are more splash resistant, should be used in the ORs.

PPE reuse and 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. Please do not wear makeup such as foundation or lipstick as they soil the facemasks and respirators making them ineligible for reprocessing. *Makeup is the #1 cause of being unable to reprocess.*

PPE donation

The Health System's Corporate Supply Chain is critical to ensuring we can continue to equip our healthcare workers. While donations are not the Health System's main channel to maintain PPE supplies, they make a significant difference, and we are immensely grateful for them. Prior to distribution, all donations are inspected and verified to be safe for clinical use. For donations, send an email to donationsPPE@ynhh.org. They will contact the donor and make arrangements for donation.

Clinical Care/Operations Update

Venous access

The care of hospitalized patients with COVID-19 includes frequent monitoring of inflammatory markers. Given the need for multiple blood draws, and potential difficulties with venous access, the Inpatient Medicine, nursing, Infectious Diseases, and Interventional Radiology leadership have developed the attached modified use and management criteria for use of extended-length IVs or peripherally inserted central catheters (PICCs).

Revised guidelines for placement of nasogastric (NG)/nasojejunal (NJ) tubes

The procedure to place NG/NJ tubes is an aerosol-generating procedure. Given the concern for aerosol-transmission of SARS-CoV2, the virus that causes COVID-19, a multidisciplinary group including Inpatient Medicine, Nursing, Speech & Language Pathology, Otorhinolaryngology, and Nutrition developed the attached modified guidelines for when and how NG/NJ tubes may be placed.

Patients Own Medication (POM) SBAR

For COVID-19 positive patients/PUI, storage, handling, and administration of patient's own medications (POM) can increase COVID transmission risk to staff. In general, regardless of COVID status, POM should only be used when continuation of the drug is clinically necessary, there are no Formulary alternatives, and it is not feasible for Hospital Pharmacy to supply the medication. SBAR attached.

Hydroxychloroquine Therapy Guidance

There is currently a national shortage of hydroxychloroquine. It should NOT be prescribed for ambulatory COVID patients. For treatment of chronic rheumatologic or dermatologic conditions, decrease dose if possible, and consider alternative therapies. If hydroxychloroquine is required, prescriptions should be for a 30 day supply.

Vecuronium shortage

The COVID-19 pandemic, with its increased numbers of patients with respiratory failure, has resulted in a critical shortage of neuromuscular blocking agents often used during intubation and in difficult to manage mechanically vented patients. The Health System's pharmacy team is created the attached notice of the shortage.

Clinical decision support to identify alternative medications will be added to the Epic electronic health record today.

Updated ICU Adult COVID-19 practice guidelines

Updates have been made to the ICU practice guideline. New guideline attached.

Updated ambulatory sick call triage

A minor update has been made to the Ambulatory Sick Call Triage workflow to now include **sudden loss of taste or smell**. See attached document.

Infection prevention contact email

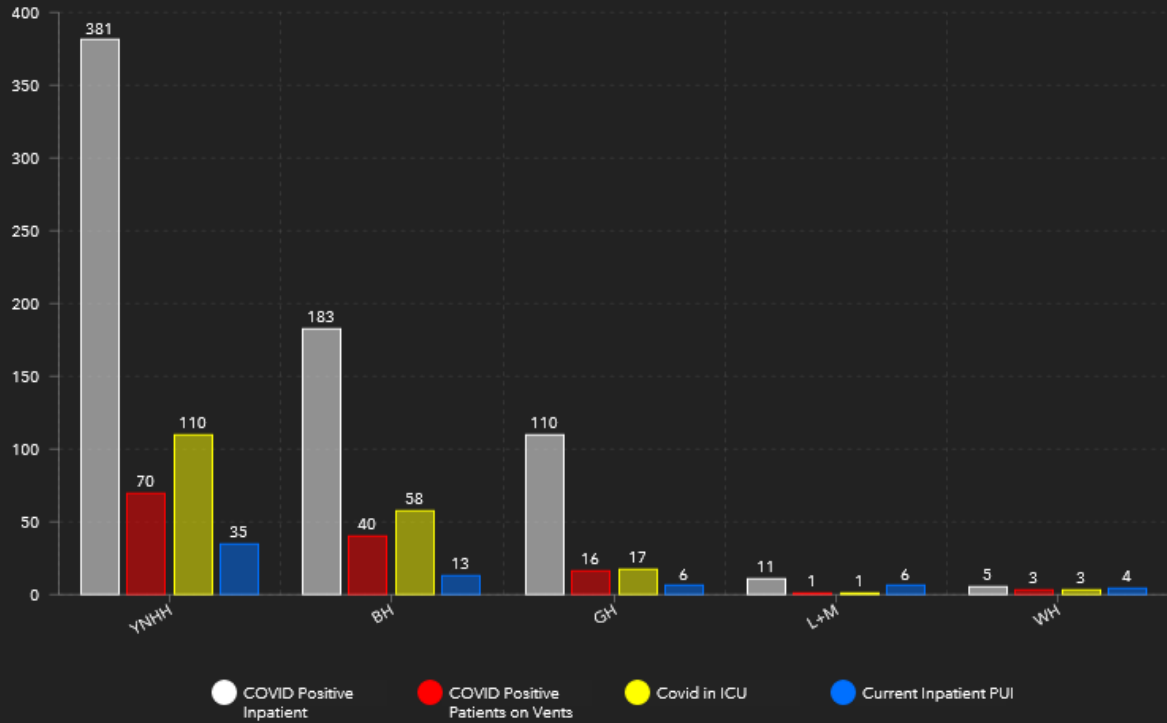
We are working to streamline the workflow as the volume of questions and requests continues to increase for our Infection Prevention colleagues. Starting immediately, please utilize the below email address for your inquiries about COVID-19 and they will be triaged with a goal of replying within 48 hours. 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

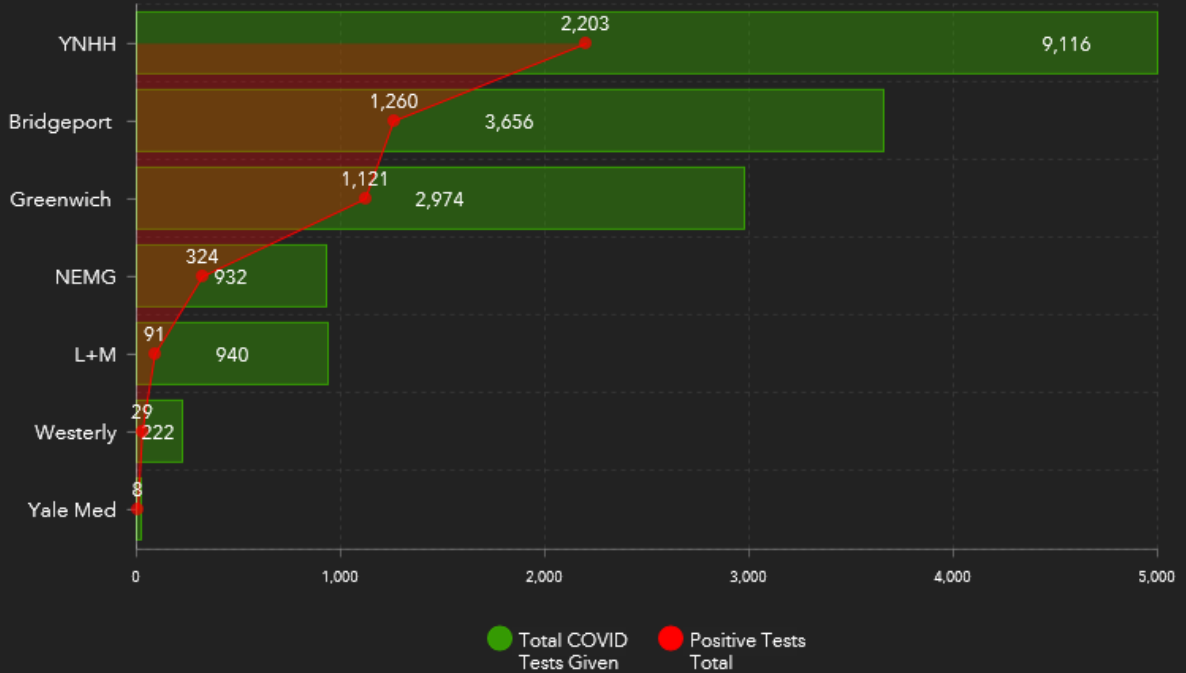
COVID-19 Related Operational Snapshot

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.

Inpatient COVID, COVID on Vent, ICU, and PUI's
(As of 8:00 am 04/13/20)



YNHHS COVID TESTING



Discharges

Across the Health System, 54 COVID-19 Positive patients were discharged yesterday.