

## System Incident Management Update

May 4, 2020

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

### New Updates

#### **Use of convalescent plasma**

The role of the use of plasma from individuals who have recovered from COVID-19 (convalescent plasma) is an area of great focus in developing effective ways to combat this devastating disease. Dr. Mahalia Desruisseaux, Associate Professor in the Yale section of Infectious Diseases has graciously agreed to help build consensus across the System regarding clear clinical standards for the use of convalescent plasma. Dr. Desruisseaux will work closely with leaders in the blood bank, hematology, critical care medicine, pharmacy, the Advanced Therapies group at the School, and our clinical action teams to develop effective workflows to provide this therapy to our patients and study their long-term outcomes.

#### **YNHHS staff return to work guidelines**

The Health System will continue to employ a time- and symptom-based strategy for return to work of employees and medical staff who have recovered from COVID-19 infections. Those with COVID-19 infection must remain out of work on home isolation for a minimum of 14 days from the onset of symptoms. Additionally, they must be fever-free (off fever-reducing medicine such as Tylenol and anti-inflammatory medications) for 72 hours, and with an improvement (but not necessarily a complete resolution) of respiratory symptoms such as cough or shortness of breath. We do not recommend follow-up COVID-19 testing to return to work, even for those returning to roles caring for immunocompromised patients. Return to work clearance documentation will be provided by Occupational Health via the COVID-19 Call Center at 203-688-1700, select a language then option 2.

#### **Standing order for converting epinephrine injection for respiratory distress**

Although albuterol nebulization is typically the first-line treatment for management of respiratory distress from hypersensitivity reactions (HSRs) or infusion-related reactions (IRRs), nebulized medications can increase the risk of COVID transmission. During the pandemic, epinephrine injection is now considered the first line treatment to manage

these symptoms. As such, pharmacists may initiate a standing order for converting epinephrine injection to first-line emergency medication.

## Personal Protective Equipment (PPE)

### YNHHS/YM PPE Policy

- The ambulatory and inpatient policy and related FAQ are available on the Clinical Resources site at: <https://www.ynhhs.org/patient-care/covid-19/for-employees.aspx>

### PPE reuse and collection

- ***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 reuse policy and other information can be found on the Clinical Resources page at: <https://www.ynhhs.org/patient-care/covid-19/for-employees.aspx>

## Clinical Care/Operations

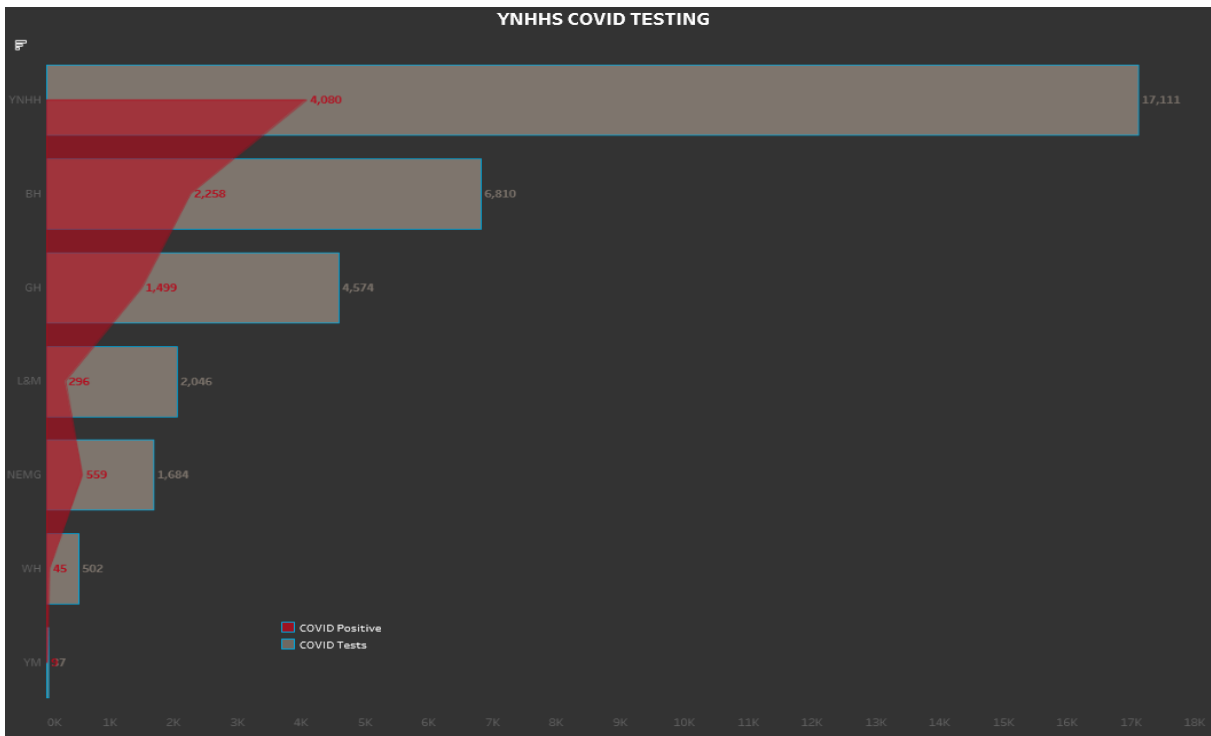
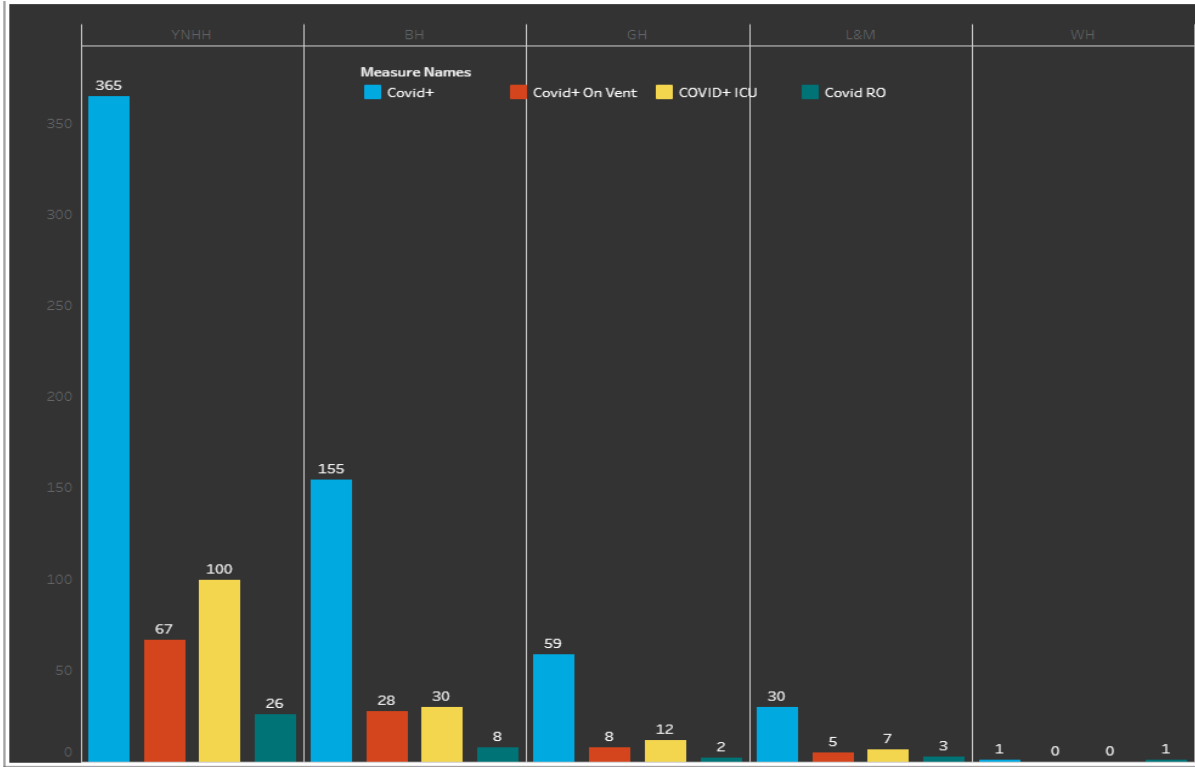
### Infection prevention contact email

Please utilize the below email address for your inquiries about COVID-19 - they will be triaged with a goal of replying within 48 hours, please indicate in the subject if urgent. Please do not use this email for patient consults that are urgent in nature.

[COVID\\_InfectionPrevention@ynhh.org](mailto:COVID_InfectionPrevention@ynhh.org)

## Operational Data

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.



5/4/2020 9:00am

Yesterday

Since March 14

22

1,854

COVID-19 patients have been **discharged** back to their lives after being treated by our **healthcare heroes**.



Resources:

Attachments to this message can also be found [here](#).

Previous updates are archived and can be accessed [here](#).