

This FAQ is for VHHP staff to help centralize all the information we are getting from different sources regarding Coronavirus. Leadership will attempt to keep this updated as new information comes out. If there are any questions you have about the information here or if it appears to not be fully up to date, please get in touch with the leadership team and we will update as quickly as possible.

Last Updated: March 13, 2020

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Clinic Related

Personal Protective Equipment

PPE Update while caring for patients with ILI (influenza like illness):

- **Patients with ILI symptoms who do not meet CDC criteria for a COVID-19 Person Under Investigation:** exposure to staff is considered to be low risk if both the patient and the staff wear a surgical mask. If the patient's mask needs to be removed (for example, during flu swab specimen collection), then staff should wear an N95 mask, face shield, gloves, and gown. N95 masks should be discarded. This applies to clinics, ambulatory urgent care sites, express care, emergency department, and inpatient settings.
- **COVID-19 Patient Under Investigation:** follow CDC recommendation regarding PPE (gloves, gowns, N95 masks, face mask/goggles). All PPE should be discarded after each encounter.
- Out of an abundance of caution, front desk registration staff are encouraged to wear a surgical mask to prevent exposure to patients with ILI who might not already be masked.
- Continue to practice proper hand hygiene.
 - Surgical facemasks are an acceptable alternative when the supply chain of N95 respirators cannot meet the demand. During this time, available N95 respirators should be prioritized for aerosol-generating procedures, which would pose the highest exposure risk to staff.
 - Eye protection, gown, and gloves continue to be recommended. If there are shortages of gowns, they should be prioritized for aerosol-generating procedures, care activities where splashes and sprays are anticipated, and high-contact patient care activities that provide opportunities for transfer of pathogens to the hands and clothing of staff.
 - N95 respirators should be prioritized for airborne infections such as tuberculosis, measles, and varicella. N95 respirators that have exceeded manufacturer-designated shelf life can be used while caring for patients with ILI concerning for COVID-19 (PUI), suspected or confirmed COVID-19.
 - Patients with suspected or confirmed COVID-19 should be cared for in a single-person room with the door closed. Airborne Infection Isolation Rooms (AIIRS) should be reserved for patients undergoing aerosol-generating procedures.

Don and Doff

SEQUENCE FOR DONNING PERSONAL PROTECTIVE EQUIPMENT (PPE)	SECUENCIA PARA PONERSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)
<p>The type of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.</p> <ol style="list-style-type: none"> 1. GOWN <ul style="list-style-type: none"> Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back Fasten in back of neck and waist 2. MASK OR RESPIRATOR <ul style="list-style-type: none"> Secure ties or elastic bands at middle of head and neck Fit flexible band to nose bridge Fit snug to face and below chin Fit-check respirator 3. GOGGLES OR FACE SHIELD <ul style="list-style-type: none"> Place over face and eyes and adjust to fit 4. GLOVES <ul style="list-style-type: none"> Extend to cover wrist of isolation gown 	<p>El tipo de PPE que se debe utilizar depende del nivel de precaución que sea necesario; por ejemplo, equipo Estándar y de Contacto o de Aislamiento de Infecciones transportadas por gotas o por aire.</p> <ol style="list-style-type: none"> 1. BATA <ul style="list-style-type: none"> Cubra con la bata todo el torso desde el cuello hasta las rodillas, los brazos hasta la muñeca y dóblela alrededor de la espalda Átesela por detrás a la altura del cuello y la cintura 2. MÁSCARA O RESPIRADOR <ul style="list-style-type: none"> Asegúrese los cordones o la banda elástica en la mitad de la cabeza y en el cuello Ajustese la banda flexible en el puente de la nariz Acomódese la en la cara y por debajo del mentón Verifique el ajuste del respirador 3. GAFAS PROTECTORAS O CARETAS <ul style="list-style-type: none"> Colóquelas sobre la cara y los ojos y ajústela 4. GUANTES <ul style="list-style-type: none"> Extienda los guantes para que cubran la parte del puño en la bata de aislamiento
<p>USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION</p> <ul style="list-style-type: none"> Keep hands away from face Limit surfaces touched Change gloves when torn or heavily contaminated Perform hand hygiene 	<p>UTILICE PRÁCTICAS DE TRABAJO SEGURAS PARA PROTEGERSE USTED MISMO Y LIMITAR LA PROPAGACIÓN DE LA CONTAMINACIÓN</p> <ul style="list-style-type: none"> Mantenga las manos alejadas de la cara Limite el contacto con superficies Cambie los guantes si se rompen o están demasiado contaminados Realice la higiene de las manos
<p>SEQUENCE FOR REMOVING PERSONAL PROTECTIVE EQUIPMENT (PPE)</p> <p>Except for respirator, remove PPE at doorway or in anteroom. Remove respirator after leaving patient room and closing door.</p>	<p>SECUENCIA PARA QUITARSE EL EQUIPO DE PROTECCIÓN PERSONAL (PPE)</p> <p>Con la excepción del respirador, quítese el PPE en la entrada de la puerta o en la antesala. Quítese el respirador después de salir de la habitación del paciente y de cerrar la puerta.</p>
<ol style="list-style-type: none"> 1. GLOVES <ul style="list-style-type: none"> Outside of gloves is contaminated! Grasp outside of glove with opposite gloved hand; peel off Hold removed glove in gloved hand Slide fingers of ungloved hand under remaining glove at wrist Peel glove off over first glove Discard gloves in waste container 2. GOGGLES OR FACE SHIELD <ul style="list-style-type: none"> Outside of goggles or face shield is contaminated! To remove, handle by head band or ear pieces Place in designated receptacle for reprocessing or in waste container 3. GOWN <ul style="list-style-type: none"> Gown front and sleeves are contaminated! Unfasten ties Pull away from neck and shoulders, touching inside of gown only Turn gown inside out Fold or roll into a bundle and discard 4. MASK OR RESPIRATOR <ul style="list-style-type: none"> Front of mask/respirator is contaminated — DO NOT TOUCH! Grasp bottom, then top ties or elastics and remove Discard in waste container 	<ol style="list-style-type: none"> 1. GUANTES <ul style="list-style-type: none"> ¡El exterior de los guantes está contaminado! Agarre la parte exterior del guante con la mano opuesta en la que todavía tiene puesto el guante y quítelo Sostenga el guante que se quitó con la mano enguantada Deslice los dedos de la mano sin guante por debajo del otro guante que no se ha quitado todavía a la altura de la muñeca Quítese el guante de manera que acabe cubriendo el primer guante Arroje los guantes en el recipiente de desechos 2. GAFAS PROTECTORAS O CARETA <ul style="list-style-type: none"> ¡El exterior de las gafas protectoras o de la careta está contaminado! Para quitárselas, tómelas por la parte de la banda de la cabeza o de las piezas de las orejas Colóquelas en el recipiente designado para reprocesar materiales o de materiales de deshecho 3. BATA <ul style="list-style-type: none"> ¡La parte delantera de la bata y las mangas están contaminadas! Desate los cordones Tocando solamente el interior de la bata, pásela por encima del cuello y de los hombros Voltee la bata al revés Dóblela o enróllela y deséchela 4. MÁSCARA O RESPIRADOR <ul style="list-style-type: none"> La parte delantera de la máscara o respirador está contaminada — ¡NO LA TOQUE! Primero agarre la parte de abajo, luego los cordones o banda elástica de arriba y por último quítese la máscara o respirador Arrojela en el recipiente de desechos
<p>PERFORM HAND HYGIENE IMMEDIATELY AFTER REMOVING ALL PPE</p>	<p>EFFECTÚE LA HIGIENE DE LAS MANOS INMEDIATAMENTE DESPUÉS DE QUITARSE CUALQUIER EQUIPO DE PROTECCIÓN PERSONAL</p>

MMU and Backpack Specific Guidelines

- We know that on the MMU or in the field we may not be fully equipped up by the time a patient approaches and we learn they have an influenza like illness. Further, we do not have the ability to fully isolate a patient in these settings. Because of this, these teams are at high risk of exposure to COVID 19.
- All backpack and MMU staff will be wearing masks at all times.
- All backpack staff will be wearing a face shield at all times and have access to full PPE if needed.
- We will be centralizing to one backpack team, meaning we will have one set of staff and providers that goes out throughout the week
- All patients with influenza like illness should be seen outside.
 - If they need to be brought inside for privacy reasons, all hard surfaces must be wiped down afterwards which public health has assured us will be adequate sanitization needed for the room to be reused.

How to Collect Nasopharyngeal Swab

Providers or nurses can collect NP swab. If a provider has already been seeing the patient, then it is preferable for the providers to collect the swab to minimize the number of staff exposed to PUI and to conserve PPE equipment.

Video from TJC regarding Nasopharyngeal Swabbing:

<https://youtu.be/hXohAo1d6tk>

If a patient becomes a PUI and is in isolation, please make sure to place soiled PPE in biohazard bag/container.

Viral Transport Medium

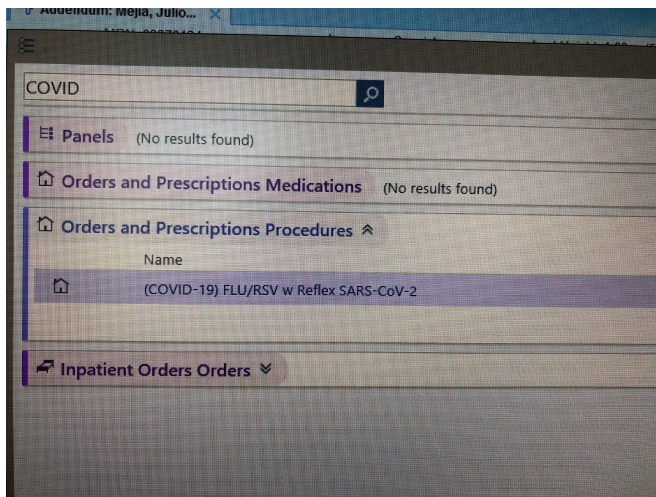
- Either **VTM** (viral transport media) which needs to be refrigerated or **UTM** (universal transport media) which does not need refrigeration are acceptable for flu/RSV and COVID-19 testing.
- Only a single nasopharyngeal swab(FLOQswab) is needed for COVID-19 tests that are being sent to Stanford at this time.



Clinic Testing Protocol

<https://drive.google.com/file/d/1X0BBVD3cNsyl6XSUxZyPFVqYryRB5FrM/view?usp=sharing>

- Order the Influenza reflex to Covid test



- Dot phrase for COVID patient info: .covidpatientinfo

Ordering Supplies

- Charge nurses should make sure that their sites are stocked with at-least 3 sets per staff member working in clinic. This includes:
 - N95s of multiple sizes and styles
 - Gowns --yellow or blue disposable gowns are acceptable
 - Gloves
 - Face shields
 - Surgical masks
- Charge nurses should make sure that they have Viral Transport Media or Universal Transport Media fully stocked as well
- If supplies are running low, please notify Julie to order. If Julie is having difficulty obtaining the supplies, she will escalate to the ANMs.

Clinic Cleaning Procedures

Clinical space

Non- clinical space

These guidelines are for non-clinical areas like offices or rooms where patients are seen that are not exam rooms. **This is for all staff, not just nursing and MDs!**

- Please wipe down all desks, chairs and doorknobs after each patient is seen. In offices that are exclusively staff offices, please wipe these down once a day. This includes computer keyboards, phones and whatever else has been used.
- Please wipe down frequently used things like doorknobs throughout the clinics (even doorknobs for the hallway bathrooms, doorknobs entering clinic, etc), the microwave and refrigerator handles, buttons on the kronos machine, etc.
- Please do not eat in the patient care areas. At all.
- Please wipe down the chairs in the lobby once a day.

Homeless Clients

OSH/City Response

Following discussion with CDC/PH reps last night the city and county are currently exploring the following:

- OSH currently has a protocol for quarantining patients who are ill in motels. Please see below.
- County designated the western motel as the location for people who are homeless and have the virus
 - They will acquire it on Thursday the 11th and are assessing its capability for occupancy today
 - Will work with EOC on food, security, property management
 - Will need to work with VHHP on healthcare, and service providers on case management
- City exploring resources for removing the most vulnerable from shelters or encampments to a facility. This will centralize the highest risk patients and give us the capability to have adequate social spacing and support for them.
- County is working on securing locations for additional shelter space for the general homeless population so that more people can come inside and the big shelters can depopulate to improve social spacing.
- County is getting approval on fliers to be distributed by city and county outreach staff/contractors today
- County will develop a flow chart to show client flow from symptoms to final destination
- City has halted all abatements
- City is in the process of installing hygiene and bathroom stations at large encampments - 25+ people

How to get a client in Quarantine

- This process is changing rapidly. The county is obtaining and has obtained property to establish proper quarantines. Until they are ready, here are the steps as of now:
- Patient with ILI seen at clinic, regardless of testing:
 - If staying at shelter or other group living environment
 - Instruct patient to self quarantine

- Write letter to shelter staff to notify that patient must be isolated at least 6 feet away from others or in an alternate living situation like a motel/airbnb. (Make it clear that this is not to be misconstrued to put them on the street)
- If patient is staying at a Home First shelter- notify Neelam ((408) 655-2050) or Rene Ramirez ((408) 712-1883) as well. They will track the patient and make sure they get a motel/airbnb.
- If patient is staying in an encampment
 - Instruct the patient to self quarantine
 - If the patient is in a larger encampment or around other people
 - ???? Should have answer from OSH on 3/13/20 on this

Protecting those who are at high risk for morbidity and mortality

The county is working on establishing more isolated areas for those clients in the general shelter and encampment population who are at high risk for mortality. We are working on a list of these clients to help them decide who needs to be placed.

We have developed this vulnerable patient list and working to collect more names as beds become available. Please do not add any names before talking with leadership.

S:\Valley Homeless VHP\Coronavirus\Vulnerable Patient List.xlsx

Staff

Staff Screening

The VHHP leadership team has met and has a plan in place for the commencement of screening for Physicians, Staff, Volunteers, and Contractors.

- We will be asked to screen everyone coming to work including contractors and volunteers.
- The charge nurses at HOPE, Alexian, Homefirst and REC will be responsible for screening.
- Everyone is asked to come to work 30 minutes early, allowing for screening time. You will be compensated.
- If you screen negative, you will be given a sticker. Each day the color of stickers changes.
- If you screen positive you will be asked to go home. Once you are home, notify your manager and call employee health. Employee health will evaluate if you can work or not.
- **If you begin work before 8:00 am, please go to any of the VHC Clinic sites to be screened. Everyone will be screened only once a day.**

Employee Health Notification if Ill

- If you are screened at the beginning of your shift with a temperature of 100 degrees or greater, you will be asked to go home.
- When you are home, please call/text your manager to let the manager know you are out sick.
- Please also call Employee Health Department at 408-793-2658. They will ask additional questions and determine if and when you can return to work.

If you have questions, please ask the leadership staff. We are in constant communication with each other and will get back to you ASAP.

Ideas we are working on (but may never happen)

- Setting up tents outside all clinics for screening patients (ideally negative pressure)
- Setting up telehealth stations in shelters/group homes/encampments so we can continue televisits if things become more locked down
- Turning temporary housing for COVID into permanent housing :)
- Getting empty tech companies to open up their spaces for pre and post quarantine
- Universal testing
- A vaccine
- Mobilize teams to do screenings and testings at sites and encampments
- ???