**Edward Thomas House Medical Respite**

**COVID-19 (C-19) Protocol**

* Continue sanitizing protocol in clinic, community room and high touch areas.
* RNs to screen every patient, every day, for fever, new cough, new shortness of breath, sore throat.
* Patients are to be reminded to notify staff if they develop these symptoms between RN visits.
* Patients who did not see an RN during the day or were out overnight should be screened for COVID symptoms upon their return to the unit. The night RN may complete COVID symptom screening for missed RN visits, when needed. Administrative discharges will be decided on a case-by-case basis as per respite’s standard practice.
* **Social Distancing**:
  + Patients are to be reminded about social distancing
  + Patients may eat meals in their rooms, if desired.
  + Limit the number of patients allowed in the community room to allow for necessary distancing.
  + Respite security can assist with monitor appropriate distancing in the community room
  + No visitors are allowed on the respite unit until further notice
* **Symptomatic Patient Workflow**
  + Mask Patient
  + Notify provider
  + Charge RN will ensure that a Droplet/Contact sign is posted on the wall next to the ISO Room door
  + Charge RN will ensure there are trash cans inside and outside of the room, a supply of gloves in the room, Sani-wipes and hand sanitizer inside of the room
  + Move Patient to ISO Room (belongings remain in original room)
  + ISO Rooms are on Droplet Precautions
    - cart to remain in RN office to conserve PPE resources
  + Specimen Collection:
    - Provider to swab patient in ISO Room with Droplet Precaution PPE.
    - Door closed for patient privacy during testing, door does not need to be closed once testing completed.
    - Collect 1 Nasopharyngeal swab (both nostrils), send to HMC lab for Rapid RSV/Flu testing and Covid-19 Testing.
    - Write “Tier-1 test site” in the comments section of the COVID test order for rapid processing
    - Specify John Lynch as the approving infection control provider (no need to contact provider)
    - If a patient meets screening criteria, RNs may collect test specimens. Send an order to the respite provider who will be on-site the following day for a co-signature.
  + Charge RN or Program Manager would notify Infection Control of (+) C-19 results
  + Charge RN or Provider will complete an online report of all (+) C-19 results to Seattle-King County Public Health department. Link to the online reporting page can be found [**here**](https://redcap.iths.org/surveys/?s=C48H3AKJWR).
  + The HMC Covid team would perform the necessary contact investigations and monitoring of exposed patients on the unit.
  + Room & Belongings Management:
    - If C19+, move patient belongings to ISO room (while wearing PPE).
    - If the symptomatic patient tests C-19 (+), move roommates to another open room, if available
      * Roommates’ clothes should be washed and dried on hot and items outside the possession tubs should be sanitized before moving the items to a new room.
      * The original patient room would become the new ISO room
      * If another open room is not available, move the roommates to a community space for room cleaning
    - If the symptomatic patient tests (+) for C-19, terminal cleaning of the original room, including replacing curtains
    - C-19 (+) patients will be cohorted in an isolation rooms, if needed
    - Person(s) Under Investigation (PUI, aka pending C-19 test results) will be cohorted in an isolation room.
      * PUI will not be cohorted with C-19 test (+) patients
      * If isolation room is not available, PUI will await results in the community room which will be converted into a COVID Lounge and exclusively used for PUI
    - ISO rooms should have EVS cleaning on a daily basis
* **Care for Patients in ISO Rooms**
  + RN Assignments: Adjustments might be needed to assignments to account for the extra time to care for patients in ISO. Currently the census is now at 32 (down from 34). Review number of ISO patients and staffing daily. Consider requesting an extra RN for support as needed. On weekdays, Melissa, Dan, or Hilary can facilitate this. On weekends the Charge RN will complete [**this form**](https://one.uwmedicine.org/coronavirus/Pages/Staff-Resource-Request-Form.aspx) to request more staffing. If we don’t hear back regarding staffing on the weekends, contact the Nursing Supervisor.
  + Door: Doors to the ISO rooms are to remain open (unless a specimen is being collected in a test-pending ISO room).
  + Clinical Care
    - Direct clinical care will be brief and limited to hands-on nursing needs (such as wound care, IV antibiotic administration or VS checks)
    - Frequency of direct hands-on care should be minimized though not to the extent that appropriate care is compromised
      * Multi-day dressings should be utilized as much as possible
      * Consider decreasing frequency of DOT of medications
      * Consider limiting RN care to telephone visits for those who do not have direct care needs (for example, patients on radiation therapy)
    - All staff should communicate with ISO patients via telephone whenever possible
    - Routine vital signs (VS) and weights should not be checked. VS may be checked if indicated for new symptoms, if a patient’s non-COVID diagnoses warrant VS checks or if VS assessment is needed to determine a patient’s eligibility to discontinue isolation
  + Equipment in ISO Rooms:
    - Blood Pressure and heart rate monitor
    - Pulse oximeter
    - Disposable thermometers
      * Patients with COVID are expected to have fevers and the presence of fevers would not generally alter the treatment plan. Therefore, monitoring should generally be reserved for determining when a patient may be released from isolation. Water will be at the bedside and encouraged if the patients is reporting subjective fevers and this is otherwise clinically appropriate. Oral rehydration packets may be ordered if indicated.
    - stethoscope
    - IV pole will be placed in the room and will stay in the ISO room (once an initial patient requiring IV antibiotics is placed in the ISO room)
    - For patients requiring glucometer monitoring, glucose checks would be performed on the patients’ glucometer machines. If a blood glucose were required for a patient without a glucometer, a respite glucometer could be used then cleaned with a steri-wipe, if needed. A glucometer should be prescribed if it will be needed on an ongoing basis.
  + Supplies/Medications:
    - Prescription medications:
      * Prn Tylenol, at a dose and quantity appropriate for patient’s history and medical conditions
      * Cough suppressants prn as indicated
      * throat lozenges prn as indicated
      * Consider avoiding ibuprofen (concern has been raised about worsened outcomes in inpatients, little supporting evidence at this point)
    - Bottled Water
    - Kleenex
    - Coffee Mug
  + PPE Supply:
    - Charge RN will count PPE each morning and report to AACS supply manager
    - Charge RN or Manager to order PPE supplies via email directly from Med Stores manager
    - AACS supply manager will deliver PPE Q 2 days and on Fridays to ensure needed supplies are available over the weekend
      * Alternatively respite staff may pick up orders directly from Med Stores if supply manager unavailable and order is awaiting pickup.
  + PPE Procedure:
    - PPE should be used in the ISO rooms
    - All staff should follow the appropriate donning/doffing procedures
      * These are posted outside the room
      * Reviewed regularly during huddles
      * MHPs and MHSs may act as COVID Resource support for donning/doffing, if needed
  + Limiting Exposure/Preserving PPE:
    - Minimize patient interactions.
    - Pts should always wear a mask, even when in the room. Patients should change their masks daily or if the mask gets wet.
    - Staff to encourage patients to package requests to preserve PPE
    - Patients must remain in the room (see below caveats). Staff should clearly inform patients that their quarantine is required by law and that the Public Health Department will consider detaining them if they do not remain in quarantine until they are considered to be no longer contagious.
    - Pt cannot be in shared spaces like the computer room, day room, dining room – this should be strongly enforced
    - Nicotine replacement therapy should be encouraged and prescribed as indicated
      * > 10 cigarettes/day, offer Nicotine Patch 21 mg,
      * < 10 cigarettes/day or less offer Nicotine patch 14 mg
      * Patches should be combined with 2 mg gum or lozenges, if patient willing
    - Provide patients with activities/books/entertainment to support quarantine
    - All services will be delivered to patient in the ISO room with PPE (exceptions noted below).
    - Meals will be brought to the room and handed to the patient across the threshold
      * Patient should have a mask on
      * RN/MHS should wear a mask, goggles or face-shield/mask combo if they wear eye glasses (additional PPE is not required)
      * Use a tray to carefully hand to the patient without touching the patient
    - Patient care will occur in the room
      * RN will bring needed supplies to the room
      * RN should check in with the patient before entering the room to ensure that they have everything the patient needs before entering the room to preserve PPE
    - Sedation Monitoring:
      * Monitoring for sedation will be performed every 3 hours during the day and every 1 hour on the night shift.
      * Patients will be placed in the beds most visible from the doorway, before filling the less-visible beds, such that some monitoring may be possible from outside the room without using full PPE.
      * Oversedation protocols, when initiated, will be managed by the assigned RN in ISO rooms.
    - Patient wants to leave ISO: If a patient insists on leaving the ISO room to smoke or for any other reasons:
      * Staff should contact PHD (COVID-19 Call Center **206-477-3977, 8 am – 7 pm 7 days/week**) to report that patient is not complying with the required quarantine. Public Health has indicated that forced detention may be considered in some cases. Ideally, this would not be required. If a patient leaves for short rare breaks to smoke, and abides by all recommended precautions below, staff may consider not contacting Public Health.
      * Patient must have a mask in-place while exiting and when reentering their rooms and the unit.
      * Patients are to be escorted by staff to the respite exit and should be informed that they need to be wearing the mask when they return to respite.
      * The escorting staff will ask security to notify staff when patient returns to the downstairs respite entrance.
      * When the patient returns, respite staff will ensure the patient is masked (bring a mask to meet the patient) and will escort the patient directly back to the isolation room.
      * Masks, without additional PPE, should be used by staff for the escorts, unless the patient is not managing their sections well.
  + **Discontinuation of Isolation**:
    - Discontinue isolation on C-19 test-pending patients if the test result is negative
    - C-19 test (+) patients may be discharged from isolation precautions 7 days after the onset of symptoms or 72 hours after fever is gone and symptoms (cough, shortness of breath, muscle aches, sore throat) resolve, whichever is longer (per Washington State Department of Health recommendations).

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Protocol created in collaboration with Leslie Enzian and Nancy Sugg and reviewed by Harborview Infection Control.