## Novel Respiratory Isolation Cart Packet

### Component

<p>| | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td></td>
<td>Novel Respiratory Isolation Sign</td>
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<tr>
<td></td>
<td>“How to create a work order to change and document Negative Pressure Isolation room”</td>
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<tr>
<td></td>
<td>Donning/Doffing Instructions</td>
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<td>Room Setup Checklist</td>
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<td>Q-Shift Checklist</td>
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</table>

### Contacts

Hospital Epidemiology and Infection Prevention (HEIP):
- Moffitt-Long or Mt. Zion: During business hours: 415-353-4343 (main office) or 415-806-0269 (on-call cell); During non-business hours: ML Hospital Supervisor Spectralink 415-353-8036 or 415-353-1964
- Mission Bay: During business hours: 415-353-4343 (main office) or 415-806-0269 (on-call cell); During non-business hours: Benioff Children’s Hospital-SF Hospital Supervisor 415-502-0728; MB Adult Hospital Clinical Resource Nurse 415-502-0562
- Benioff Children’s Hospital Oakland: (during business hours) 510-428-3733; (during non-business hours) cellphone 510-459-3702, pager 510-718-1466, or BCHO Nursing supervisor 510-428-3885 ext 6997

San Francisco Department of Public Health:
- Communicable Disease Control: (415) 554-2830
- After hours On-Call Physician: (415) 554-3613
STANDARD PRECAUTIONS+

NOVEL RESPIRATORY ISOLATION

*SEE NURSE BEFORE ENTERING

Rev. 7/24/20

• Negative Pressure Room: continuous aerosol generating procedures (AGP)¹
• Private Room with Door Closed: intermittent/discrete/no AGP

STOP

- CLEAN HANDS
- GOWN
- N95/FACE SHIELD
- GLOVES

OR

- OR
- PAPR

1. Continuous AGPs include: high flow oxygen, non-invasive ventilation, mechanical ventilation, tracheostomy in place
How to create a work order to change and document Negative Pressure Isolation room...
(aka: ATD = Airborne Transmissible Disease)

1) On UCare Links, Choose “Medical Center Facilities”

2) Click on the Green Bar for “For ATD Rooms Related Work Order”
3) Sign in using your usual “Windows” user name & password.

4) Select “Convert Room to ATD...” or “Return Room to Normal...”

Create New Work Order to:
- Return Room to Normal
- Convert Room to ATD

Reports
- List My Recent Work Orders

5) Select “Hospital Location” from selection...

6) Select “Floor” – NOTE: Only ATD-capable rooms are shown!

7) Select room to convert - rooms in use are gray’ed out & unavailable.

8) Verify the room is correct, select “Submit Work Order” and you are on your way...
9) You will receive immediate “E-mail confirmation” and can expect Facilities shortly...

10) REMEMBER: Once the patient is discharged and/or the medical record indicates there is no longer any need for airborne isolation; utilize the same steps to return room back to normal.

WORK ORDER IN ➔ WORK ORDER OUT
DONNING- SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)
NOVEL RESPIRATORY ISOLATION DURING UNIVERSAL MASKING

Perform Donning in the Hallway, prior to entering the room.

1. REMOVE UNIVERSAL MASK:
   • Use hand sanitizer to clean hands
   • Remove mask by grasping ear loops of the mask and pulling away from face. Discard mask and clean hands.
   • If extending use of N95, check fit and skip to step 3

2. N95 RESPIRATOR:
   • Avoid touching inside of N95 except with clean hands
   • Secure 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. GOWN:
   • Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
   • Secure gown at back of neck AND waist

4. EYE PROTECTION:
   • Face Shield required
   • Place over face and adjust to fit, ensuring eye coverage

5. HAND HYGIENE:
   • Use hand sanitizer to clean hands

6. GLOVES:
   • Extend to cover wrist of isolation gown

USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

• Keep hands away from face
• Limit surfaces touched
• Change gloves between patients and if torn or contaminated
• Perform hand hygiene

ADAPTED FROM: Novel Respiratory Isolation Packet- 9/2021
DOFFING - HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE)
NOVEL RESPIRATORY ISOLATION DURING UNIVERSAL MASKING (WASHABLE GOWNS)

- Remove Gown and Gloves in the patient room or anteroom.
- Remove Face Shield and N95 in the Hallway. These steps also apply when doffing after N95 Extended Use.
- Safe removal of PPE is essential to preventing contamination of clothing, skin, or mucous membranes with potentially infectious materials. External surfaces of PPE are considered contaminated. Handle with care and clean hands if contaminated.

Remove PPE in the following sequence:

1. **In Room/Anteroom: REMOVE GLOVES:**
   - With a gloved hand, grasp the palm area of the opposite glove, peel off first glove, and hold removed glove in gloved hand
   - Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
   - Discard gloves in a waste container
   - Use hand sanitizer to clean hands before continuing

2. **In Room/Anteroom: REMOVE GOWN:**
   - Unfasten gown, ensuring sleeves don’t contact body
   - Grasp inside of gown at neck and shoulders and pull down and away, turning gown inside out
   - Fold or roll into a bundle and place in soiled linen receptacle

3. **In Room/Anteroom: HAND HYGIENE:**
   - Use hand sanitizer to clean hands
   - Don clean gloves for removal and cleaning of face shield (gloves not required if discarding face shield)

4. **In Hall: REMOVE FACE SHIELD:**
   - Remove face shield by grasping at the back and lifting headband upward, avoiding contact with front of face shield
   - Using an approved disinfectant, wipe external surfaces of face shield and place on a clean surface to dry
   - An alcohol wipe can be used to remove residue, if needed
   - Discard face shield if damaged or visibility is obscured
   - Remove gloves per Step 1 (if applicable) and clean hands

5. **In Hall: REMOVE N95:**
   - Extended use is permitted for clean, uncontaminated N95s if fit is maintained and worn <12 hours; if N95 is removed it must be discarded
   - Grasp bottom elastic of N95, then grasp top elastic, and pull upward off head, avoiding contact with front of N95

6. **In Hall: DON UNIVERSAL MASK:**
   - Wash hands or use alcohol-based hand sanitizer
   - Don new, well-fitting mask

Follow “Personal Protective Equipment Extended Use Guidance” and Discard When Appropriate

Novel Respiratory Isolation Packet- 9/2021
Novel Respiratory Isolation-Room Setup Checklist

<table>
<thead>
<tr>
<th>Complete (date/time/initials)</th>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make sure the room is negative air pressure, <em>if needed</em> (Facilities Management has checked the room and a green sticker is on door jamb)</td>
<td></td>
</tr>
<tr>
<td>Obtain “Novel Respiratory Isolation” cart from Material Services</td>
<td></td>
</tr>
<tr>
<td>Post a “Novel Respiratory Isolation” sign outside the room and/or on the anteroom/entry door</td>
<td></td>
</tr>
<tr>
<td>Donning/doffing instructions (2 pages) are posted inside the anteroom and/or outside the room-entry door</td>
<td></td>
</tr>
<tr>
<td>Tall trash receptacle is placed outside the room with clear liner</td>
<td></td>
</tr>
<tr>
<td>Tall trash receptacle is placed in the anteroom with clear liner</td>
<td></td>
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*Checklist is intended to assist in room setup for patients requiring Novel Respiratory Isolation. Recordkeeping decisions should be made in accordance with unit leadership.*
**Novel Respiratory Isolation-Shift Room Checklist**

Date: __________

AM or PM (circle one)

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<td>Order and stock supplies as needed</td>
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<tr>
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<td>Check patient room to ensure adequate supplies and frequently used patient items are ordered for the shift</td>
<td>Goal of limiting trips into the patient room</td>
</tr>
<tr>
<td></td>
<td>Identify a colleague to help with tray passing, trash/linen removal, errands, PPE doffing observation, etc. as needed</td>
<td>Two people required</td>
</tr>
<tr>
<td></td>
<td>Communicate/assist/coach ancillary staff and physicians when entering room and donning/doffing</td>
<td>To reduce risk of contamination and/or transmission</td>
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*Checklist is intended to assist in room setup for each shift for patients requiring Novel Respiratory Isolation. Recordkeeping decisions should be made in accordance with unit leadership.*