Novel Respiratory Isolation Cart Packet

Component
Novel Respiratory Isolation Sign
"How to create a work order to change and document Negative Pressure Isolation room"
Donning/Doffing Instructions
Room Setup Checklist
Q-Shift Checklist

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. 12/8/23



Private Room with Door Closed Required¹







N95 + EYE PROTECTION *OR* PAPR



GLOVES

¹ For Aerosol-Generating Procedures (AGPs), negative pressure room preferred, when available

PATIENTS in NOVEL RESPIRATORY ISOLATION (NRI)

- Place patient in a PRIVATE ROOM with DOOR CLOSED.
 - Do not place pt in a positive pressure/protective environment room.
 - For patients receiving aerosol generating procedures (AGP), placement into a negative pressure room is preferred, if available.
 - Create work order for Facilities to change and monitor room pressurization daily—see ATD Standard (EOC Policy 3.1.2)
- Patient must REMAIN IN THE ROOM except for essential purposes (off-unit testing, surgical procedures, etc.)

Patient must wear a MASK that fits over the mouth and nose when outside the room STAFF Caring for Patients in NOVEL RESPIRATORY ISOLATION Place caddy outside patient room containing: **ISOLATION** N95 RESPIRATORS (various sizes) **GOWNS CADDY** THIS SIGN • EYE PROTECTION (face shields or goggles) • POWERED AIR PURIFYING RESPIRATORS (PAPR) **GLOVES** Use dedicated disposable equipment (e.g., stethoscope, blood pressure cuff, thermometer) when possible Clean non-disposable equipment with hospital-approved disinfecting wipe after each use Clean hands prior to donning personal protective equipment (PPE) Wear a gown, a fit-tested N95 and eye protection (or PAPR), and gloves upon entry and while inside patient room or care area. Wear N95 or PAPR when entering room during and 1 hour after AGP* *See "Guidance for Use of Personal Protective Equipment for High Risk Aerosol Generating Procedures" WORKFLOW https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/Guidance for PPE use for High Risk Aerosol Generating Procedures.pdf PPE Removal- Exiting patient room or care area, remove gown and gloves inside, N95 and eye protection or PAPR outside Grasp PPE in a manner that avoids contamination (Outside of PPE is contaminated) Clean hands prior to removing N95 and eye protection or PAPR Remove and discard disposable PPE (clean eye protection or PAPR helmet with hospital-approved disinfecting wipe) Clean hands again after removal of PPE Notify receiving department of isolation status prior to transport Patient wears mask (Not N95; pediatric patients unable to mask-cover crib with clean sheet), a clean hospital gown, covers body **TRANSPORT** with clean sheet, and cleans hands prior to exiting patient room or care area

Transporter wears fit-tested N95 and eye protection (or PAPR). If direct pt. contact is expected, add gown and gloves

ROOM CLEANING

- For occupied NRI rooms, don and doff PPE as above and clean per standard cleaning procedures
- On discharge, keep room closed and vacant for 1 hour**, then enter using standard precautions plus gown, gloves, mask, and eye protection. Note: If room entry required before 1 hour has elapsed, fit-tested N95 and eye protection or PAPR must be worn.

 **Wait times may be shorter depending upon air changes/hour (ACH)
- On discharge, *Hospitality* removes isolation sign when cleaning complete
- On discontinuation of isolation or patient discharge, Nursing removes and cleans isolation caddy

VISITORS

- Follow current visitor guidelines:
 https://infectioncontrol.ucsfmedicalcenter.org/sites/g/files/tkssra4681/f/UCSF Health COVID Visitor Guidance.pdf
- Approved visitors must adhere to the NRI personal protective guidance during their visit
- Instruct visitors to clean hands and don and doff PPE before entering and exiting patient room or care area

For additional information, indications for, and discontinuation of isolation, refer to "Standard and Transmission-based Isolation Policy" and "Isolation Table" at http://infectioncontrol.ucsfmedicalcenter.org or contact Infection Prevention at 415-353-4343.



How to create a work order to change and document <u>Negative Pressure Isolation</u> room...

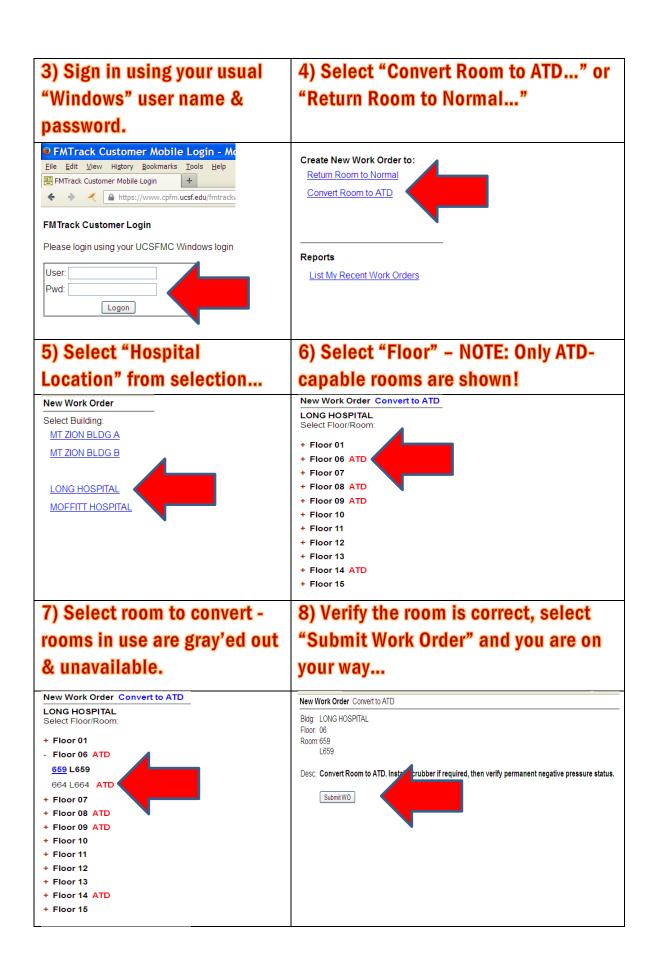
(AKA: ATD = Airborne Transmissable Disease)

1) On UCare Links, Choose "Medical Center Facilities"



2) Click on the Green Bar for "For ATD Rooms Related Work Order"





- 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 $\boxed{\mathbb{N}}$ \rightarrow WORK ORDER $\boxed{\mathbb{OUT}}$



DONNING- SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE) NOVEL RESPIRATORY ISOLATON 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:

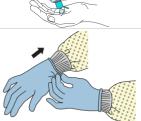
- Face Shield required
- Place over face and adjust to fit, ensuring eye coverage

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







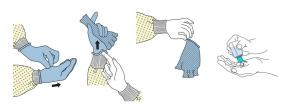
DOFFING- HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) NOVEL RESPIRATORY ISOLATON DURING UNIVERSAL MASKING (WASHABLE GOWNS)

- 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:

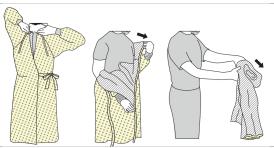
1. In Room/Anteroom: REMOVE GLOVES:

- 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



- 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-Room Setup Checklist

Date:	Time:	Unit:
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Complete (date/time/initials)	Component
,	Make sure the room is negative air pressure, <u>if</u> <u>needed</u> (Facilities Management has checked the room and a green sticker is on door jamb)
	Obtain "Novel Respiratory Isolation" cart from Material Services
	Post a "Novel Respiratory Isolation" sign outside the room and/or on the anteroom /entry door
	Donning/doffing instructions (2 pages) are posted inside the anteroom and/or outside the room-entry door
	Tall trash receptacle is placed outside the room with clear liner
	Tall trash receptacle is placed in the anteroom with clear liner

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 Isolation Room Setup Checklistv3

Novel Respiratory Isolation-Shift Room Checklist

Date:	

AM or PM (circle one)

Complete	Component	Notes
	Review par level of "Novel Respiratory Isolation"	Order and stock supplies as
	cart against the inventory list	needed
	Check patient room to ensure adequate supplies	Goal of limiting trips into the
	and frequently used patient items are ordered	patient room
	for the shift	
	Identify a colleague to help with tray passing,	Two people required
	trash/linen removal, errands, PPE doffing	
	observation, etc. as needed	
	Communicate/assist/coach ancillary staff and	To reduce risk of
	physicians when entering room and	contamination and/or
	donning/doffing	transmission

Date:

AM or PM (circle one)

Complete	Component	Notes
	Review par level of "Novel Respiratory Isolation"	Order and stock supplies as
	cart against the inventory list	needed
	Check patient room to ensure adequate supplies	Goal of limiting trips into the
	and frequently used patient items are ordered	patient room
	for the shift	
	Identify a colleague to help with tray passing,	Two people required
	trash/linen removal, errands, PPE doffing	
	observation, etc. as needed	
	Communicate/assist/coach ancillary staff and	To reduce risk of
	physicians when entering room and	contamination and/or
	donning/doffing	transmission

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.