Beaumont

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Infection Prevention Guidance in the Setting of Ongoing COVID-19 Community Transmission

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

The purpose of this document is to provide an infection prevention framework for Beaumont Health (BH) patient care operations during ongoing COVID-19 community transmission through a safe and structured approach. The care of patients is our primary focus, and the safety of our healthcare personnel (HCP) is also paramount.

II. POLICY STATEMENT:

It is the policy of Beaumont Health to protect all in the health care environment from the risk(s) of COVID-19. This guidance is subject to changes as the situation evolves.

III. DEFINITIONS:

A. HCP: for the purposes of this policy includes all BH employees, including, but not limited to, physicians, residents, fellows, volunteers, students, contracted personnel and professional staff (including credentialed staff and physicians who provide services at any BH facility.

B. Ambulatory care refers to medical services performed on an outpatient basis, without admission to a hospital or other facility. This may include procedures performed at acute care campuses or in other settings such as ambulatory surgery centers, physician offices, or other hospital outpatient departments such as lab, imaging, physical therapy, infusion services, etc.

C. Acute care sites refers to medical services provided to patients in a hospital on an inpatient basis.

D. COVID-19 is a respiratory viral illness caused by SARS-CoV-2. It is predominantly spread from person-to-person by large respiratory droplets (droplet transmission), but in some procedures and limited circumstances there is potential for aerosolization with smaller droplets (airborne transmission). Refer to Centers for Disease Control and Prevention (CDC) for most current list of signs/symptoms.

E. Ongoing community transmission of COVID-19 is defined by the current prevalence (or estimated prevalence) within the Southeast Michigan region. Federal, state, county, and local infection prevention epidemiology can provide information about the current state of COVID-19 transmission.

IV. GENERAL INFORMATION FOR AMBULATORY AND ACUTE CARE SITES:

A. **Universal source control ("Mass Masking")**

1. To help prevent potential transmission of COVID-19, HCP, visitors and patients must follow universal masking in all ambulatory and acute care sites while there is ongoing COVID-19 transmission occurring in the community.
    a. Universal masking consists of wearing a surgical face mask or other face covering (e.g., cloth mask) over the nose and mouth.
        i. This action is to help prevent transmission from infected individuals who may or may not have symptoms of COVID-19.
        ii. Cloth face coverings or homemade masks are not considered personal protective equipment (PPE) because their capability to protect HCP is unknown; surgical face masks should be reserved for HCP, if available.
        iii. Patients must wear face coverings when leaving their room or when others (e.g., HCP, visitors) enter the room.
    b. Face masks and other cloth face coverings can become contaminated with respiratory secretions, so care should be taken to prevent self-contamination and hand hygiene should be performed before and after touching or adjusting the face mask. If the mask becomes contaminated or damaged, exchange it.
2. This is consistent with CDC recommendations, the Joint Commission guidance, and Governor Whitmer's executive order issued April 24, 2020.

B. Social Distancing

1. Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home, and includes the following:
    a. Stay at least 6 feet (2 meters) from other people.
    b. Do not gather in large groups. Group size may be limited by executive order.
    c. Stay out of crowded places and avoid mass gatherings.
2. All in the healthcare facility – patients, visitors, HCP – must wear a face mask as universal source control or "mass masking" as described above. This is in addition to social distancing.
3. Work-related meetings, conferences, and gatherings
    a. Consider using videoconferencing or teleconferencing when possible for work-related meetings and gatherings.
    b. Consider canceling, adjusting, or postponing large work-related meetings or gatherings that can only occur in-person.
    c. When either of the above options are not viable, hold meetings in open, well-ventilated spaces where social distancing can be maintained.

C. Limit potential for exposure within all ambulatory and acute care sites.

1. Before the encounter

a. Patients should be instructed to call ahead and discuss the need to reschedule their appointment if they develop fever or symptoms of COVID-19 on the day they are scheduled to be seen (e.g., elective surgery, well visit, etc.)

i. If the patient must come in for an appointment or scheduled procedure, HCP should be informed in advance so they can take appropriate preventive actions.

ii. Consider alternatives to face-to-face triage and visits by utilizing telemedicine where available.

2. Symptom screening upon arrival to the hospital or healthcare facility:

a. All persons entering the facility - including patients, visitors, and HCP - will be screened by questionnaire for fever and other symptoms of COVID-19 upon entering.

i. HCP who are performing screening assessments should wear a face mask, and hand hygiene performed between screenings if any physical contact is involved.

ii. Patients presenting with symptoms of COVID-19 should be promptly moved to an examination room (or other separate space if an exam room is not available) with the door closed; if an examination room is not readily available ensure the patient is not allowed to wait among other patients seeking care.

iii. HCP who screen positive for fever or other symptoms of COVID-19 will not be allowed entry into the facility, and will be instructed to contact Employee Health Services for further instructions.

iv. For visitors, refer to visitor section below.

3. Visitors at the acute care or ambulatory site

a. Limit visitor access and movement within the healthcare facility.

i. Visitors who screen positive for fever or other symptoms of COVID-19 will not be allowed entry into the facility, and may be given instructions to follow up with a provider for further evaluation.

ii. Limit visitors to the facility to only those essential for the patient's physical or emotional well-being and care (e.g., care partners).

iii. Visitors should not be present for aerosol-generating procedures.

iv. Visitors should be instructed to only visit the patient room, and limit movement within facility.

v. Encourage use of alternative mechanisms for patient and visitor interactions such as video-call applications on cell phones or tablets.

vi. In ambulatory/outpatient situations where proper social distancing may be difficult, visitors may be given the option to wait outside the facility until the patient is ready to leave

D. Follow standard and transmission-based precautions for COVID-19.

1. Hand hygiene

a. HCP should perform hand hygiene by using alcohol-based hand sanitizer with greater than 60% ethanol or 70% isopropanol or washing hands with soap and water for at least 20 seconds.

b. HCP should perform hand hygiene before and after all patient contact, contact with potentially infectious material, and before putting on and after removing PPE, including gloves.

c. Hand hygiene after removing PPE is particularly important to remove any pathogens that might have been transferred to bare hands during the removal process.

2. Personal protective equipment (PPE). Refer to Appendix A PPE Grid. Other than a face mask or cloth face covering, all PPE referenced is meant for HCP.
    a. Respirator or Face mask should be worn when caring for COVID-19 patients
        i. When available, N95 respirators or respirators that offer an equivalent or higher level of protection (powered air-purifying respirator (PAPR), elastomeric respirator, etc.) must be used instead of a face mask, particularly when performing or present for an aerosol generating procedure.
            a. Commonly performed medical procedures that are often considered aerosol-generating procedures, include but are not limited to:
                i. Open suctioning of airways
                ii. Sputum induction
                iii. Cardiopulmonary resuscitation
                iv. Endotracheal intubation and extubation
                v. Non-invasive ventilation (e.g., BiPAP, CPAP)
                vi. Bronchoscopy
                vii. Manual ventilation
            b. Other situations or procedures that may necessitate N95 respirators include but are not limited to:
                i. Collecting nasopharyngeal diagnostic respiratory specimens
                ii. High-flow oxygen delivery
                iii. Other endoscopic procedures (colonoscopy, EGD)
                iv. Vaginal delivery, particularly during the second and third stage of labor
                v. Electrocautery of blood or gastrointestinal tissue
                vi. Laparoscopy
                vii. Nebulizer treatments
        ii. Reusable respirators such as PAPRs should be cleaned and disinfected per manufacturer guidance prior to reuse.
        iii. In PPE supply crisis situations where the supply of respirators is impacted, N95 reuse and extended use is permitted in conjunction with diligent hand hygiene. Refer to Appendix B COVID-19 N95 Respirators.
        iv. In PPE supply crisis situations where the supply of respirators is impacted, N95 decontamination and reuse may be implemented per institutional protocol.
        v. In PPE supply crisis situations when respirators outside of our usual supply are in use, valved respirators should be covered with a surgical mask if worn during a sterile procedure to maintain the sterile field.
        vi. In PPE supply crisis situations where the supply of respirators is impacted, CDC's Fit Under Fire strategy may be employed consisting of seal checks with each N95 donning

and just in time fit testing for HCP unable to achieve a seal.

vii. In extreme PPE supply crisis situations, changes may be required to this guidance rapidly. These changes will be communicated to the sites when the extreme PPE supply crisis is identified

b. Eye Protection

i. Goggles or a face shield that covers the front and sides of the face must be donned upon entry to the patient room or care area, if not already wearing as part of extended use or reuse strategies

ii. Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use

c. Gloves

i. Put on clean, non-sterile gloves upon entry into the patient room or care area; change gloves if they become torn or heavily contaminated during patient care.

ii. Remove and discard gloves when leaving the patient room or care area, and immediately perform hand hygiene.

d. Gowns

i. Put on a clean isolation gown upon entry into the patient room or area; change the gown if it becomes soiled.

ii. Remove and discard the gown in a dedicated container for waste or linen before leaving the patient room or care area.

iii. In PPE crisis situations where the supply of gowns is impacted, gowns may be carefully doffed and reused for the same patient provided they are not visibly soiled or contaminated. Refer to Appendix C Interim Guidance for Extended Use and Reuse of Gowns.

e. Other PPE - Other forms of PPE such as shoe covers, bouffant caps, and full body coveralls are not a part of transmission-based precautions necessary for the care of COVID-19 patients.

3. Discontinuation of transmission-based precautions in patients with confirmed or suspected COVID-19. Infection Prevention & Epidemiology is available to discuss discontinuation of transmission-based precautions. Refer to Appendix D Discontinuing Transmission-Based Precautions COVID-19.

a. Beaumont Health is currently recommending a non-testing-based strategy for discontinuation of transmission-based precautions in patients with confirmed or suspected COVID-19 whether inpatient or returning for care post-discharge.

i. For patients with confirmed COVID-19 (test positive), the following minimum conditions must be met:

a. No fever for three days without fever-reducing medication

b. Improvement in symptoms (e.g., stable/improved oxygen requirement, cough controlled, diarrhea <3 episodes/day) and no fever for 3 days without fever-reducing medication

c. At least 14 days from date of initial positive test

ii. For patients with suspected or presumptive COVID-19 (test negative but high clinical suspicion or test not performed), the following minimum conditions must be met:

a. No fever for three days without fever-reducing medication

b. Improvement in symptoms (e.g., stable/improved oxygen requirement, cough controlled, diarrhea <3 episodes/day) and no fever for 3 days without fever-reducing medication

c. At least 14 days since the patient was admitted or began displaying symptoms

E. Patient placement in acute care and ambulatory sites

1. Patient rooms (acute care/inpatient)

a. Place a patient with known or suspected COVID-19 in a single-person room with a dedicated bathroom and the door closed.

i. Airborne Infection Isolation Rooms (AIIRs) should be reserved for patients who will be undergoing aerosol generating procedures.

b. If room availability and staffing allows, dedicate entire units within the facility, with dedicated HCP, to care for patients with known or suspected COVID-19.

c. Limit transport and movement of the patient outside of the room to medically essential purposes.

d. Patients with known or suspected COVID-19 should be housed in the same room for the duration of their stay in the facility (e.g., minimize room transfers).

e. Whenever possible, perform procedures/tests in the patient's room.

2. Patient rooms (ambulatory sites)

a. Place a patient with known or suspected COVID-19 in a single-person examination room with the door closed.

b. Efforts should be made to utilize telemedicine or other means of assessing patients with confirmed or suspected COVID-19.

i. Use of curb-side evaluations should be considered as an adjunct to telehealth when needed

ii. If face-to-face visits are required, make efforts to prioritize ambulatory visits for confirmed and suspected COVID-19 patients at the end of the working day.

F. Environmental infection control

1. Dedicated medical equipment

a. As much as possible, dedicated medical equipment should be used when caring for patients with known or suspected COVID-19.

b. All non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and facility policies.

2. Cleaning of patient care areas

a. Routine cleaning and disinfection procedures are appropriate for SARS-CoV-2 in healthcare settings, including those patient care areas in which aerosol generating procedures are performed.

3. Laundry, food service, and medical waste
    a. Management of laundry, food service utensils, and medical waste should be performed in accordance with routine procedures.
4. Environmental Services (EVS) personnel and patient care areas
    a. Healthcare facilities may assign daily cleaning and disinfection of high-touch surfaces to nursing personnel who will already be in the room providing care to the patient.
    b. If this responsibility is assigned to EVS personnel, they should wear all recommended PPE when in the room.
5. Terminal cleaning of inpatient rooms and procedural areas
    a. EVS or other personnel performing terminal cleaning should refrain from entering the vacated room of patients with confirmed or suspected COVID-19 until sufficient time has elapsed for enough air changes to remove potentially infectious particles. If the patient wore a mask the entire time they were in the room, there is no need to wait for air clearance. Refer to Appendix A PPE Grid.
        i. After this time has elapsed, EVS personnel may enter the room and should wear a face mask, gown and gloves when performing terminal cleaning.
        ii. Eye protection should be added if splashes or sprays during cleaning and disinfection activities are anticipated or otherwise required based on the selected cleaning products
        iii. Shoe covers are not recommended at this time
    b. In the event EVS or other personnel performing terminal cleaning are not able to wait the recommended amount of time for air exchanges to remove infectious particles from the air, they should don all recommended PPE when in the room as they would in the presence of a patient with confirmed or suspected COVID-19 (refer to section IV.D.2. “Personal Protective Equipment”)

V. OTHER AMBULATORY CONSIDERATIONS DURING ONGOING COVID-19 TRANSMISSION:

A. Additional engineering controls and precautions to limit potential for exposure in ambulatory settings
    1. The following should be considered in addition to those listed under “General Information” above, and should be tailored to a site’s specific needs:
        a. Removal of pens and clipboards at sign-in desks
        b. Remove magazines and other items that cannot be easily disinfected from waiting rooms
        c. Rearranging waiting areas to allow for proper social distancing; if this cannot be easily performed due to space constraints, consider a process that allows patients to wait outside the facility and be contacted (via phone, text, or page, for example) at the time of their scheduled appointment
        d. Allow HCP to open doors for patients within facilities to limit unnecessary contact with high-touch surfaces
        e. Use axillary, temporal, or infrared scanners instead of oral temperatures where appropriate
        f. Schedule sick visits at the end of the day

g. Frequent cleaning of high-touch surfaces with an approved disinfectant

2. Ambulatory clinics and other departments should have access to the appropriate PPE according to section IV.D.2. above
    a. For asymptomatic patients who screen negative for fever and other symptoms, universal masking and standard precautions are appropriate and sufficient

VI. OTHER SURGERY/PROCEDURAL CONSIDERATIONS DURING ONGOING COVID-19 TRANSMISSION:

A. Procedures, including but not necessarily limited to surgery, cardiac and vascular procedures, endoscopy, and interventional radiology
    1. Initial considerations for procedures
        a. Procedures on asymptomatic persons should be performed under usual conditions
        b. Time-sensitive and medically necessary procedures should be prioritized to the extent this is reasonable and safe
    2. Pre-operative surgery assessment: A pre-procedure symptom assessment of the patient should be performed Refer to Appendix E Guidance for Performing Surgical Procedures for an example.
    3. Decision to proceed with procedure or postpone: Departments should develop algorithms for determining if patients may proceed with planned procedures. Refer to Appendix E Guidance for Performing Surgical Procedures for an example.
        a. If the patient is deemed clear to proceed with surgery, the patient should wear a surgical face mask if possible, and health care workers should don appropriate PPE in the operating room.
        b. If the patient is deemed not clear to proceed with surgery, the patient should be reassessed via the algorithm in approximately one to two weeks.
        c. The decision to postpone surgery is a case-by-case decision made by the surgeon or other person performing the procedure.
    4. Post-procedure room cleaning
        a. Operating rooms should be cleaned in between cases according to usual procedures.
        b. Staff who are cleaning operating/procedure rooms should don appropriate PPE. If aerosol-generating procedures were performed as part of the procedure, the appropriate PPE to be worn during environmental cleaning includes an N95 respirator.
    5. Post-procedure placement
        a. The decision to admit a post-surgical patient is at the discretion of the surgeon or proceduralist.
        b. If admission is required, a private room on a unit geographically separated from symptomatic patients with COVID-19 is preferable. Universal masking will be practiced.
        c. Patients who were admitted prior to their procedure may return to their pre-operative room if the level of care is appropriate.
        d. Safe discharge as soon as possible after the procedure is recommended to help mitigate potential for COVID-19 exposure to both patients and HCP.

6. Care of post-procedure patients
    a. Adhere to standardized care protocols as much as possible (e.g., enhanced recovery protocols) for increased reliability; such protocols optimize length of hospital stay and efficiency and are associated with decreased complication rates.
    b. Post-operative fever
        i. In the event of post-operative fever or other symptoms that may raise clinical suspicion for COVID-19, consider empiric placement of the patient into COVID-19 transmission-based precautions, and consider consultation with an infectious disease physician. COVID-19 precautions should be implemented in the patient's private room rather than relocating the patient to a COVID-19 unit unless directed to transfer by infection prevention & epidemiology
        ii. COVID-19 testing will be considered on a case-by-case basis in such situations in conjunction with appropriate clinical judgment

VII. REFERENCES:

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10. The Joint Commission. Statement on Universal Masking of Staff, Patients, and Visitors in Health Care Settings. https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/infection-prevention-and-hai/covid19/universal-masking-statement-04232020.pdf Posted April 23, 2020. Accessed April 28, 2020.

Attachments

Appendix A. PPE Configuration Grid.pdf
Appendix B. COVID-19 N95 Respirators.pdf
Appendix C. Interim Guidance for Extended Use and Reuse of Gowns.pdf
Appendix D. Discontinuing Transmission-based Precautions COVID-19.pdf
Appendix E. Guidance for Performing Surgical Procedures.pdf

Approval Signatures

Step Description	Approver	Date
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Applicability

Beaumont Corporate Shared Services, Beaumont Medical Group, Beaumont Pharmacy Solutions, Dearborn, Farmington Hills, Grosse Pointe, Post Acute Care, Royal Oak, Taylor, Trenton, Troy, Wayne